Community Services

Engagement and consultation mapping

March 2013 – August 2019

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1.0	Dawn Pearson Angwen Vickers	27/2/19	Draft
2.0	Dawn Pearson	11/9/19	Draft

1. Purpose of the report

This report pulls together all the engagement and consultation activity that has taken place in Calderdale from March 2013 to August 2019 on services that directly or indirectly relate to community. The aim of the report is to catalogue all the views gathered so that managers can use the information provided to inform any future design or development and identify any gaps in intelligence.

The key emerging themes including equality from all this work can be used as baseline intelligence to support the development of future service models. The information has been gathered from feedback on the following services and programmes of work:

- Cardiovascular disease
- Dermatology
- Diabetes
- MSK
- Ophthalmology
- Respiratory
- Therapies
- Hospital services including A&E
- Technology

The report highlights the wealth of intelligence that already exists and supports the approach of using what we already know before embarking on further engagement.

This report however does not mitigate the need to continually involve people at each stage of service development. If there are gaps in reach, audience and intelligence more work needs to be done to ensure the information is gathered.

For developments or service improvements that are considered as significant service change, then the legal requirement to consult local people on these changes is withheld.

2. Approach

A review has taken place of all relevant engagement and consultation that has taken place between March 2013 and August 2018 in Calderdale. The review identified programmes of work that either related directly or indirectly to community services.

The mapping consisted of 47 documents, including final reports and survey results. Some were produced by the CCGs, others came from Healthwatch, providers, voluntary and community sector or local Councils.

Some of the documents outlined engagement work about specific services such as musculoskeletal services and stroke; other documents summarised patient views on the direction of services overall such as Right Time, Right Care, Right Place.

Each document has been reviewed, and the key themes and details written up in to an evidence summary. The majority of the work reviewed had already been thematically analysed, and in those cases, the themes were copied. Some of the engagement and consultation reports that were reviewed had also been analysed to establish if there was any variation in the views expressed by people from protected groups. These themes are also included within this document.

After summarising all of the documents, the key themes were reviewed and a list of the key themes for each of the service areas created. Consideration was given to how many pieces of work that theme had been mentioned in, how many people had taken part in the engagement activity that mentioned the theme, and how much discussion there had been around that theme by the people who had been involved in that engagement. Using the mapping exercise included in this section it is clear to see that there is already a wealth of information and intelligence that can be used to support any future commissioning decisions.

Where there are gaps in this information we can progress to have further conversations based on what we already know. This means that any future service provision uses what we already have, prevents duplication of existing conversations and ultimately has the public at the centre of everything we do. In addition, work done regionally should not confuse the public who may have given their views at a local level. The communications supporting any further engagement and consultation activity needs to be managed with this mapping in mind.

The table below sets out the conversations already hosted across Calderdale, the topics of those conversations and where further plans may benefit from local intelligence. For the purpose of the mapping we wanted to know;

- Any engagement completed over the last five or six years which would provide intelligence.
- Any formal consultation which has ensured a service is in the process of being changed based on the engagement activity.

Each of the service areas is then looked at in more depth drawing on the information from each local area. This is based on what we already know but may not be exhaustive.

3. Key themes from all engagement

A significant amount of engagement and consultation has taken place over the previous years that can relate to community services. Engagement on specific functions or service areas varies in both quality and quantity.

3.1 Key themes: The key emerging these are set out below:

- **Right staff in the right setting:** people have told us they want to see the right person first time in a setting that is suitable to their needs. Suitable settings vary for example young people want young people friendly environments with free WIFI and more use of contact through technology.
- **More services closer to home and single point of contact:** Anything that can be closer to home should be, this means having services in local settings. Local settings may not always be clinical settings they could be voluntary and community groups or schools for example. One way of contacting the NHS would help navigate the system.
- **Improved access to services and waiting times reduced:** Being able to book an appointment quickly and easily, and being able to choose a time and day that is convenient is important to people. Not waiting too long for an appointment, which means making sure appointments are timely and available when needed – particularly in a urgent situation.
- **GP capacity to be increased:** People want to better access to a GP. They also want to see the same GP for the same issue. Patients have told us that being able to see a GP will help keep services in a community setting and prevent visits to hospital.
- **Co-ordinated services working together to deliver integrated health and social care** (from grass roots – community - hospital): People want services to work together at every stage, this includes teams who work together in health and social care and systems that talk to each other with data shared where appropriate.
- **Improve communication, information and sign posting (NHS 111):** A key area for improvement is how we communicate and inform local people. This includes leaflets, letters, posters and the availability of information when you need it. People have told us that NHS111 needs to improve if this is the gateway to care.
- **More on prevention and support to self-care:** people want access to the right information and support which will help them to help themselves. There is a wealth of information available which can feel confusing and sometimes conflicting. People want more face to face contact at the onset to help them navigate. More peer to peer support and investment in voluntary and community sector.
- **Utilise estates and consider travel and transport** (including parking): people want all NHS buildings to be used effectively. Sharing buildings and using buildings owned by different agencies to help keep services in local settings. Reducing the need to travel and thinking about transport (including bus and trains) and parking as part of any service design is important.

- **More involvement of VCS in delivering services:** The VCS are valued by the public and the services they deliver are often closer to home. People want to see more support and investment for groups who support health and wellbeing.
- **A workforce that can represent the community they serve:** providing services in local settings with people who represent the community is important particularly for communities who have a diverse population. This includes male and female GPs, staff who can speak community languages and who understand cultural approaches.
- **One size does not fit all**: children and young people, frail elderly, diversity and mental health all require adjustments to approaches. The CCG need to reflect on equality and diversity intelligence when planning services.

3.2 Themes by service area: The key emerging these are set out below:

3.2.1 Cardio Vascular

This function / service area includes Cardiac Nursing; Cardiac Rehabilitation; Heart Failure BNP; and Stroke ESD. The function / service specific themes raised were;

- Raise awareness of the signs and symptoms of stroke both with the public and health professionals. It was felt that the FAST campaign had raised awareness but that it should go further and talk about prevention and the whole pathway. Any campaign should have a co-ordinated approach across all organisations including the voluntary and community sector.
- People praised the high level of care they had received in hospital following their stroke, and they wanted to be receiving this standard of care once they had been discharged. They wanted to be able to access rehabilitation services quickly.
- There was support for HASUs and ASUs and people could see the positive health outcomes that can be achieved if people are able to access these services quickly. There was a feeling that most people would be willing to travel further to enable them to receive specialist care, as long as they could be transferred back to a hospital closer to home. Some needed reassurance as to how the transfer back to their own hospital would work.
- People were concerned that if the number of units were reduced this could lead to the remaining units being unable to cope with demand and impact negatively on health outcomes.
- Comments on discharge ranged from people feeling that they were in hospital longer than they needed to be, to those that felt pressured to leave too soon. When people were discharged, some were sent home without the appropriate aids, adaptations and home care being in place, and some had to source the support they required themselves.
- Many reported difficulties in being able to access rehabilitation services quickly once they were discharged, and when they did access it they were only provided the service for a limited time period which many felt was insufficient for their needs. They told us that they would like to receive regular reviews to ensure that they are receiving the appropriate level of care and support.
- Stroke can be a life changing event which can be difficult for the patient and their families to deal with. It was felt that there was a need to ensure that people are provided with the

appropriate levels of emotional support and advice, and where necessary have access to psychological therapies.
- They valued the support groups that they had attended and welcomed the opportunity to be able to speak to other people that had experienced a stroke. They felt that there should be more support groups, with specific groups for younger people and carers. Some were concerned that the funding of these organisations was inequitable and as such the provision of services was inconsistent across West Yorkshire and Harrogate. Of those that did provide services in their areas, there was some concern that the services may be cut.
- People wanted the voluntary and community sector to provide befriending services to help reduce isolation; and support people in making meals, gardening, taking people shopping and supporting them to attend appointments. To support their recovery they also wanted to be able to access leisure facilities, such as swimming pools and gyms.

3.2.2 Dermatology

The function / service area includes fully integrated specialist dermatology service, delivered predominantly across the community and some hospital care (2 week Cancer work and complex cases). This includes consultant led clinics, GPSWI's & Nurses led clinics.

There was just one piece of engagement relating to dermatology and the responses received from the questionnaire were too low to draw any conclusion to the value of the service to patients.

3.2.3 Diabetes

The function / service area includes DAFNE; DESMOND; Safer Ramadan - diabetes-risk prevention programme; Diabetic Foot Screening (new and follow up); Specialist Nursing (Adult); and Community Diabetes Service. The function / service specific themes raised were;

- Communication between GP's and Diabetes practitioners was felt to be generally poor leaving some people feeling very vulnerable especially when blood counts were low.
- Some participants felt forums made from professionals and local patients should meet regularly in order to monitor concerns or capture ideas.
- Importance of fully exploring medication options with patients. The choice of injections or pills was not consistently explored amongst patients.
- The issue of exemption cards for prescriptions seemed inconsistent – some reported their GP's ensured they were exempt based on their condition and age, others were not getting their cards despite meeting the criteria; this they felt should be looked at and corrected.
- Deliver co-located centralised services, to make a range of services easier to access at one time. People that had been able to access 'one stop shops' for diabetic patients at their GP practice were able to see a number of clinicians in one go – dietician, chiropodist, pharmacist. These people were extremely happy with this service.
- Implement emergency care plans so patients and carers know what to do if problems arise and act take action.

- Reduce variation in primary care by up skilling all practices to a standardised level of care. There should be development of care standards that have to be met.
- Ensure that everyone gets regular high quality foot checks.
- Review and increase Diabetes Specialist Nurse provision.
- Offer structured education, e.g. DESMOND, X-pert, and ongoing support to use the knowledge gained. Providing the option of E-learning.
- Encourage peer support/buddying to bridge gaps in service provision, especially for those people who are not newly diagnosed who seem to miss information about new services.

3.2.4 MSK

The function / service area includes Minor Hand Surgery; Podiatric Surgery, including biomechanics; Community MSK Service, including Extended Scope Physio; and Community based Chronic Pain Management. The function / service specific themes raised were;

- Improve the assessment process to include a triage service enabling patients to be seen by one person and being referred to the most appropriate service for them rather than having to access different services.
- Reduce the need for patients to access MSK services through prevention and the education of young people
- Patients want to self-refer directly to services (as they can in some cases) even if that’s just for advice and support to help them manage their own care.
- Support those with long-term conditions and appreciating the different need for ongoing support
- MSK service providing hydrotherapy, massage and complimentary therapies
- Most want to manage their own pain and be independent; and be offered more varied treatment and greater promotion of patient choice

3.2.5 Ophthalmology

The function / service area includes ophthalmology. The function / service specific themes raised were;

- Overall patients are happy with the current service and rated the experience of using the service as above average to excellent
- 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
- Preferred locations to receive therapy services and rehabilitation support are; GP Practice; Health Centre; and at 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.

3.2.6 Respiratory

The function / service area includes Asthma Respiratory Nurse; Respiratory ESD; Pulmonary Rehabilitation & Support; Respiratory Nursing; and Respiratory EoL Breathe Better programme. The function / service specific themes raised were;

- Parents/carers thought the Single Care Plan (SCP) would be useful as it would reduce the need to complete/update paperwork at school, out of school/holiday provision and other activity groups. They had concerns about their child losing the SCP which contains confidential, personal information.

3.2.7 Therapies

The function / service area includes Community Rehab and Dietetics. The function / service specific themes raised were;

Community rehab

- For ongoing rehabilitation people want to be treated closer to home, where they could have the support of their family and friends.
- They want to be able to access rehabilitation immediately and do not want to have to wait.
- Many reported difficulties in being able to access rehabilitation services quickly once they were discharged, and when they did access it they were only provided the service for a limited time period which many felt was insufficient for their needs. They told us that they would like to receive regular reviews to ensure that they are receiving the appropriate level of care and support.
- When it worked well people spoke positively about being provided with the appropriate rehabilitation to enable them to return to their own homes. And they valued the support both they and their carers were provided with to enable them to remain independent within their own homes

Dietetics

- Dieticians/nutritionists should be more pro-active in reaching diabetes patients/potential sufferers.
- Newly diagnosed coeliac patients should be supported by a dietician to understand what they can buy, and where to buy the food from. Patients could also be provided with a selection of foods to support them in the first few months of diagnosis.

3.2.8 Hospital services

The function / service area includes - contribute to a reduction in avoidable hospital admissions and delayed transfers of care; and avoidable admissions include admissions from A&E for non-clinical reasons and readmissions after discharge. The function / service specific themes raised were;

- Greater use of emergency and urgent health care service by people with multiple and complex needs
- People with long term health conditions and other complex needs don’t always manage their health condition effectively. When accessing urgent care, sometimes clinical staff only treat the urgent medical condition and the management of long term health conditions or other underlying health issues remain a concern.

- People with multiple and complex needs often don’t seek medical attention, even when they have concerning symptoms.
- GP’s are sometimes not informed when their most vulnerable patients have been discharged from hospital, leaving those patients without the support and follow-up they need
- The time when a resident is discharged from hospital was the most common raised issue by care homes. Care home managers reported that the hospital would give a certain time for when the patient will be discharge but then send the patient either too early or too late.
- Discharging patients with incorrect or incomplete information, meaning care homes do not have a full understanding of how to care for the person discharged to them.
- Discharge planning is done too late, when people are discharged from hospital the support services are often not in place or it is rushed as have too little notice.
- Comments on discharge ranged from people feeling that they were in hospital longer than they needed to be, to those that felt pressured to leave too soon. When people were discharged, some were sent home without the appropriate aids, adaptations and home care being in place, and some had to source the support they required themselves.
- They want to have a thorough assessment prior to being discharged, to ensure that they are ready to go home, and if they are, to have all the appropriate aids, adaptations and home care support in place prior to them being discharged. This should include assessing the needs of the whole family, especially in situations where the patient had previously been a carer for either their own children or partner.
- In the assessment that is undertaken to assess the patients’ needs prior to discharge, this should include assessing the needs of the whole family, especially in situations where the patient had previously been a carer for either their own children or partner. The patient may no longer be able to continue with their caring role and as such additional support may need to be put in place.
- More joint working between the hospital and GPs to keep people out of hospital and to avoid unnecessary readmissions.
- Telehealth in care homes and Hear, See and Treat proposal should help to reduce hospital admissions and improve efficiency.

3.2.9 Technology

People who told us about the use of **technology** said that:

- 67% would use the mobile phone,
- 55% would prefer to us a computer or laptop
- 44% would try new technology
- 25% would if supported to use new technology,
- 23% would not use it or be able to access it

In addition some of the **things we need to consider** when looking at the use of technology to support healthcare are:

- Poor Wi-Fi connection in a number of local areas
- People still want face to face contact as well as or instead of

- Expensive data usage for some with a mobile phone or no internet
- Lack of equipment or knowledge would need to be supported

Using Technology:

- Use text reminders for appointments and for those requiring more support such as people with a learning disability, a phone call would be appreciated
- Emails can be difficult to read for some, a lot of people can’t use or don’t have access to a computer and need to be considered
- Training is needed to support the use of technology
- Language, translation and literacy are a barrier to using technology

4. Equality

Calderdale CCG as a health care commissioner is required to uphold the Equality Act 2010[1] and the Public Sector Equality Duty [2]and commission services that will meet all of its diverse local population's needs. This means that it must ensure it has considered the needs of all protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy maternity, ethnicity, religion and belief, sex and sexual orientation. It has also committed to considering health inequalities and vulnerable groups including carers. It also has a duty to reduce health inequalities between patients in access to health services and the outcomes achieved.

To ensure that the commissioning process for community services is robust a review of engagement documents from February 2013 to August 2018 has been undertaken from an equality perspective. A gap analysis of demographic representation was undertaken and feedback examined to determine if there were any clear trends or themes per equality or vulnerable groups.

4.1 Summary of Equality Themes

Whilst the key themes presented from the engagement section are very relevant for much of the Calderdale population, it is important to recognise from an equality perspective that the level of priority is not the same for every protected characteristic or vulnerable group. There is also some underrepresentation for certain characteristics which is being addressed but does leave some gaps in knowledge at this time. Nor do we have this information disaggregated to local areas. There are also some equality trends or themes for some groups that are more nuanced than the engagement themes below.

The significance of the themes for certain groups has been highlighted and additional equality focussed themes/trends also identified.

- **Giving clear information to the patient about their health conditions and the plan for their care:** This aspect is important for all groups but for those who identify as disabled or who have impairments and their carers, people with long term conditions, older people aged 65+ or people who have limited English this is particularly important

- **Delivering more services closer to home:** This is important to all groups but particularly for those who are on no or low incomes, older people aged 65+, carers, disabled people and people with impairments, people with long term conditions and parents

- **Delivering flexible services that offer the right care at the right time in the right place:** Men, people who work, and parents and carers have highlighted the need for flexibility of services particularly in primary care.

- **Delivering health services through caring and competent staff and volunteers:** Whilst competency or qualifications is particularly relevant for some people for example: Asian /Asian British people who preferred to see a doctor, the more important aspect is staff being caring and aware of their different needs both clinically and in relation to their characteristics.

- **Putting the patient at the centre of their care:** important for all groups

- **Improving communication about patients both within and between primary, secondary, community and voluntary sector, and social care**: important for all groups

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[1] https://www.england.nhs.uk/about/equality/equality-hub/resources/legislation/

[2] https://www.gov.uk/government/publications/public-sector-quick-start-guide-to-the-public-sector-equality-duty

especially older people aged 65+, people with long term conditions, disabled people and people with impairments and their carers

- **Providing seamless, holistic care that links all aspects of care together and wraps around all of a person's needs:** important for all groups

- **Improving use of technology to communicate with patients and carers and other health services:** this is important for some groups but it is important to recognise that technology can have both a positive and negative impact for patients. For example a positive would be using skype or text for deaf patients to increase accessibility. A negative aspect might be insisting all information is online and not providing a reasonable adjustment so that those who cannot use online services for disability reasons or due to low income would not have equitable access.

- **Increasing public awareness of health conditions and how to minimise the risk of developing them:** important for all groups but needs to be provided in accessible ways to ensure all demographics can use this information e.g. easy read, community languages, plain English

- **Working with community and voluntary sector partners to deliver health care in the community:** important to some groups, not all of the population of Calderdale interacts with the voluntary and community sector.

- **Enabling people to care for themselves and seek help when they have concerns:** important for all groups but needs to be provided in an inclusive and accessible way.

- **Ensuring that hospital discharge is well planned and timely:** important in particular for carers and older people, and people with long term conditions.

- **Making sure all changes to services are properly planned and resourced and do not lead to problems accessing services:** Important to all groups

Additional Equality Themes
There are some additional equality themes that are found throughout many of the engagement and consultation reports:

- **Equitable access and inclusion:** is extremely important for many groups but particularly those from BME populations, LGBT people, disabled people, older people aged 65+, carers and parents. This is not only about building being accessible and closer to home, or near to public transport, or that systems and processes are accessible and that there is equitable access to them etc. But also ensuring communication support needs and community language needs are met, and that staff are aware of and had training to ensure that they are able to meet other needs that would ensure people feel that they are in an inclusive environment.

- **Continuity of care and the provision of high quality and appropriate timely care and treatment:** Continuity of care is extremely important for some people particularly for those who are carers, disabled people or people with long term conditions and older people. Being able to see the same clinician is very important.

- **Travel and transport:** Services being closer to home are preferred and important for all groups ,but it is equally important to recognise that ensuring that transport and travel is easy and low cost and accessible is paramount for people on low incomes, disable people, older people, carers and parents and for some BME groups. As more services are brought into the community there are less low cost or free transport options for some people which could limit their ability to access them.

4.2 Themes by protected groups:

Feedback from all of the engagement reports from 2013-18 has been analyzed and then themes or trends identified per equality or vulnerable groups.

Disability:

Feedback from disabled people and people with impairments indicates that:

- Services need to be more accessible: This includes accessible buildings with accessible entrances, equipment etc. being provided, easy to access locations that are closer to home and near to public transport, adequate car parking provision with dedicated disabled parking bays,
- Continuity of care and the provision of high quality and appropriate care and treatment are valued. Continuity of care is particularly important for this group as was clinicians understanding that some treatments may not be practical or possible to use due to their disability.
- There is a need for staff training on a wider range of disabilities in order to provide a more accessible/comprehensive service including: physical and sensory impairments and other conditions such as autism, dementia, and mental health. As well as training on cultural and religious aspects, or sexual orientation or gender and how this should be considered holistically alongside their disability or impairment.
- There is evidence throughout all of the reports that Accessible communication support needs are not always met. As per the Accessible Information Standard[3] they must be asked about, recorded, flagged, met and shared.
- Feedback suggests that disabled people experience access issues when they are staying in or visiting hospitals
- Access to and provision of accessible transport is an important issue for some disabled people. Particularly access to wheelchair friendly transport, many wheelchair users require a carer to accompany them, and whether wheelchair accessible travel is not always available after 5pm. **'**Disability equipment' should be transported with the patient both to and from the hospital / point of care. It was noted that currently separate transport for equipment was needed for homeward transport. With more services being brought closer to home some disabled people may still need accessible transport provision but not be able to access patient transport services.
- Whilst change may have an adverse impact when continuity of care is valued highly if specialist treatment is provided patients and carers would be willing to travel.
- There is a need for better integration and communication between all services (a more holistic approach) to ensure information is shared appropriately and needs are met.
- Waiting times for community services were of a particular concern for disabled people.
- Chemists were considered useful for explaining the use of medications, side-effects and effectiveness, however they often did not take into account someone's ability to use the medication or cream because of their disability
- People who had experienced Stroke services felt that there was not sufficient choice or support from community based services. And that some eligibility criteria for services prevented them from being able to access the support they needed.
- People who needed pain management support felt that GPs were useful and a good source of care and advice however this varied depending on the skills and knowledge of GP. Those GPs less skilled referred to services elsewhere rather than treating the pain. The emotional impact of long-term chronic pain appeared not to be recognised or supported.
- People with learning disabilities said that they would like health and self-care education information provided in easy to understand formats (easy read materials especially online)

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[3] https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf

with practical sessions to raise awareness, and staff to be provided with learning disability awareness training.

- People experiencing mental illness and mental health-related issues valued staff who were kind, caring and helpful, clinicians who understood their condition, and being able to see someone straight away in an emergency. They wanted to feel safe, with a prevention based and person centered approach being important. Those who had self-harm injuries and needed stitches had to attend A&E as there was no other provision. Travelling was difficult for people when their mental health was poor and they felt that it should be provided. Cancellation of appointments had a particularly negative impact. There were concerns about using technology and data security. And post crisis / admission treatment must be easily accessible to ensure rehabilitation.
- CAMHS: Parents fedback that it was difficult for their children to access Tiers 2 and 3, and that there was a lack of counselling / group therapy services.
- People who were deaf told us that it was very important to have access to BSL interpreters (NRCPD qualified). That they would like to be seen by a person with expert knowledge, not too far away from home (no more than 30 minutes away where possible).Patient records need to flag up BSL interpreter need so that this is booked in advance as per the AIS and that the reasonable adjustment of communication via text improves accessibility such as being able to make appointments and getting reminders. But face to face contact is preferred for appointments. Deaf awareness training should be provided to all NHS, including CCGs, frontline staff of all medical service providers. And would prefer all Deaf rehabilitation services (e.g. gym / swimming groups), this aides communication and may speed up the rehabilitation process

Ethnicity:

Feedback from people of different ethnicities was analysed to understand if there were any differences in preference or needs. The data indicates that:

- Asian/Asian British people show a preference for seeing a doctor rather than another health professional and value bilingual staff and access to a choice of gender of a clinician higher than other groups
- South Asian families who had experience of using Stroke services felt that they needed support that met their needs rather than the current generic support available.
- There are cultural differences in preferences for maternity care within different ethnicities regarding where to give birth.
- People, whose English language skills are limited and require access to interpreters, were not confident they would get this in services not provided by the hospital. They were also concerned about information not being available in different languages in the community and online services not bring accessible. They were also concerned about the impact on self-care and managing newly diagnosed conditions.
- Asian/Asian British, and Black/ Black British: African /Caribbean people had concerns about planned care waiting times
- White British people valued a choice of appointment time and shorter waiting times more than other ethnic groups
- Some services had higher usage from particular ethnicities for example there were a larger proportion of people from Asian/Asian British – Pakistani ethnicity and Islamic faith using GP based Dermatology Clinics when compared to local demographics. Whilst the Wheelchair Services Engagement indicated that Black British and other minority ethnic service users and carers were currently not using the service.
- Staff training on understanding cultural differences and needs would be useful.

Age:

Feedback from people of ages was analysed to understand if there were any differences in preference or needs. The data indicates that:

- Carers of older people with dementia felt that GPs should be more involved in prescribing creative art sessions, that diagnosis needs to occur more quickly, and that staff in health care settings need dementia awareness training. They were concerned that carers and the whole family needed a support and a break (respite).
- Social interaction, stimulation and reducing isolation were all important aspects for people with dementia and older people but respondents felt that this was not provided well.
- Access and accessibility particularly in relation to travel and transport, such as being near public transport or having access to car parking was a concern for older people (aged 60+)
- Younger people (aged 20 and under) were concerned about waiting times and younger stroke patients felt not listened to and not treated with dignity
- Young people (17 to 24) valued health education and promotion in schools and colleges helps make their better choices and increased chance of remaining in good health
- Older people (65+) valued support in their community from both NHS and local voluntary organisations, concerns about use of technology were not everyone has access/familiar with it, valued community transport and patient transport expressed frustration at its unreliability
- Older and disabled people rated being able to book an appointment highly.
- Those aged 21 and below who were wheelchair service users were significantly less satisfied than people of other ages and older service users (age 61+) and their carers appeared not to be using service

Sex/Gender:

Feedback from people who identified as Male or Female was analysed to understand if there were any differences in preference or needs. The data indicates that:

- When asked about improving primary care services women expressed a preference for specialist GP's in each surgery, more female GP's or choice of gender of clinician, and more surgeries. They wanted a right to ask for home to ask for a home visit from your GP and extended practice hours
- Women valued improving information and communication with vulnerable groups and more communication between reception staff, doctors and nurses. They suggested that there needs to be new ways of reaching people who find it problematic to go to the GP's such as GP's stationed in Children's Centres, Women Centres (with breast and cervical screening provided) Walk in Centres etc. and more services by phone or online and in the doctors surgeries i.e. community groups.
- Women wanted longer appointments, for clinicians to listen more to patients. They also supported the idea of more specialised services to be available in the community
- Women also identified a need for single sex care homes and other single sex services.
- Throughout most of the engagement reports males are far less likely to have been engaged with particularly those aged 18 – 45 or under age18. However men did express a preference for being able to make appointments around work commitments and preferred them to be in the community
- For Ophthalmology services men were more likely to access the service through an optician than a GP and wanted regular monitoring there. And if changes were made to rehab therapy services men more concerned about location women were more concerned about qualifications of the clinician.

Vulnerable groups:

Feedback from people who were identified as being from vulnerable groups or experiencing health inequalities was analysed to understand if there were any differences in preference or needs. The data indicates that:

- Some people reported negative experiences with urgent and emergency care services e.g. people with drug/alcohol problems, frail older people (including dementia), people with mental health problems, women suffering miscarriage.
- Travel and transport has been identified in many engagement reports as an issue for

people on low or no incomes, rural areas, or with accessibility needs.
- Engagement on 'Changing the way that we prescribe' highlighted a: significant negative impact on people on low incomes and/or on free prescriptions. Which evidenced the potential to cause hardship or increase health inequalities for some groups including families children young people and older people, people with long-term conditions and in some of the proposals ethnicities

Carers:
Feedback from people who identified as Carers was analysed to understand if there were any differences in preference or needs. The data indicates that:

- Travel and parking concessions are important for carers otherwise they can be restricted from travelling further away.
- Walk-in centres gave them the flexibility to manage both the health and those who are caring for better they suggested practices offering an hour a day of drop in slots for patients. And that they were concerned about waiting times community services
- Carers who had experience of stroke services felt that the whole family should be assessed especially in situations where patients have previously been caring for either their own children all partner. That they should be able to access physiotherapy and other rehab services close to home as long as required and not time-limited.
- Access to support groups and social activities to help reduce isolation and give people an opportunity to speak to other stroke patients to provide support for carers so they know what to expect and how to spot the person they are caring for and to be offered respite care
- Carers reiterated what other equality groups also highlighted which was a need for better integrated working between services, improving communication between services, and ensuring patients' communication needs were met.
- Parents and carers were concerned about being unable to access same day appointments because many practices require people to contact them in the morning at a specific time when they need to take children to school.
- Stakeholders highlighted that it is often challenging to connect with young carers. Mental Health services gave the example that workers tend to visit families when young people are at school and parents often said they didn't want workers to o visit during school holidays when the children were around. They felt that it was easy for young carers to become isolated and their needs were not recognised or addressed with the focus being on them supporting their parents and not on what support they may need as individuals.
- The use of language is important in helping young people to identify as carers perhaps talking about caring for a loved one as it may include good friends as well as family
- Teachers need to be trained to better understand the needs of young carers
- Good practice was shared where Calderdale and Kirklees developing a young carers passport. Young people carry this passport and don't need to explain to every teacher every time they need access to **a** phone to make contact with the person they care for. Or they have been unable to complete homework due to their responsibilities or it affects their time keeping in school. Good practice development of an accreditation/award scheme for schools (bronze/silver/gold standard) awarding schools who have identified and responded to the needs of young carers
- SWYPFT have worked with schools looking at mental health and their understanding of the issues which led to a young people's drama being performed in front of 100 community psychiatric nurses, social workers, etc. and led to the formation of a young person's participation group in CAMHS

LGBT:
Feedback from people who identified as Lesbian, Gay, Bisexual or Transgender was analysed to understand if there were any differences in preference or needs. The data indicates that:

- Urgent Care and Planned Care waiting times were a concern for LGBT people and they

were concerned that community services would deliver inadequate care.
- Care homes needed to provide sensitive welcoming environments for LGBT people and Care Home staff should be provided with training to ensure this.
- Practices and other healthcare services should ensure that their staff use correct pronouns for patients and not assume gender or sexual identity and training for staff could improve this. Kind and friendly staff were valued. Gender neutral facilities were preferred by many.

Pregnancy and parents
Feedback from people who identified as being pregnant, having given birth in the last 6 months or were parents was analysed to understand if there were any differences in preference or needs. The data indicates that:

- Parents valued GP Dermatology clinics which they felt enabled them to understand and care properly for the child's skin condition. –
- Pregnant women and those who had given birth in the last 6 months were keen that the NHS provides drugs and treatments whatever the cost
- Women from a range of ethnicities expressed different preferences based on culture and faith as to where they would prefer to give birth.
- Parents and carers were concerned about being unable to access same day appointments is calling time same time taking to school time
- CAMHS: Parents fedback that it was difficult for their children to access Tiers 2 and 3, and that there was a lack of counselling / group therapy services.
- Length of travel and cost was a concern for pregnant women, and parents on a low income if services were not based locally.

Religion
Feedback from people of different religions and beliefs was analysed to understand if there were any differences in preference or needs. The data indicates that:

- Healthcare staff need training to facilitate better understanding of patients' needs with regards to different religions or beliefs.
- Asian/Asian British people expressed a preference for bilingual staff who understood their culture and religion.
- Care homes and other services do not always meet the spiritual needs of service users and patients would value the provision of a multifaith room and the appropriate food such as Halal or being able to use facilities for ablution (wash area)
- Choice of gender of clinician and chaperones was a concern for some faiths in particular Islam.

Underrepresentation of groups:
The predominant groups where there is limited information on or less evidence of representation are:
- Males and in particular those aged under 18, Men aged 18 -45
- People who identify as Lesbian, Gay, Bisexual, Transgender or other associated identities
- Young people aged 16-25 and children
- Young Carers
- Pregnancy and Maternity
- Parents and Guardians of children
- People with sensory impairments
- People with Learning Disabilities
- People experiencing Mental illness from Black Minority Ethnic groups
- Asylum Seekers and Refugees
- New migrant populations
- Specific vulnerable groups: such as homeless people, sex workers, rough sleepers, people

experiencing domestic violence, people with drug/alcohol dependency, people experiencing poverty or on a low incomes

Recommendations

For future planning and the development of community services it would be recommended that:

- There is some targeted engagement to enable a better understanding of the needs of groups within the population where we have less or no feedback
- Recognising that not all equality groups have the same priorities or needs is important to ensuring equitable access and patient experience. An equality impact assessment will assist in identifying and addressing this.
- Ensuring that there is equitable access and experience for patients and carers is a theme that runs throughout the engagement reports. There is clearly a need for equality and diversity training for staff in services around the needs of various protected characteristics and improved accessible communication provision.

5. Summary of engagement activity

1. Calderdale and Huddersfield NHS Foundation Trust (April 2014) *Community Matron Service*
Location: Calderdale and Greater Huddersfield
When the engagement took place: January – March 2014
Who led the engagement: Calderdale and Huddersfield NHS Foundation Trust
Who was involved: Patients who had used the Community Matron Service
Number of people engaged: 141
Copy of report: contact CHFT

What the engagement involved: Surveys were used to capture patient experience information from patients who have recently been under the care of the Community Matron Service. Patients were given blank questionnaires by the Community Matrons during their visits and asked to complete and return the form in a freepost envelope. A summary from the surveys is shown in *'CHFT Community Matron Service Survey 2014'* April 2014

Key themes:

- Very good experience of the care provided by Community Matrons.
    - 95% of respondents stated that they would 'definitely recommend' the service to family and friends, should the need arise.
    - When patients were asked for comments on aspects of the service which are particularly good/need improvement, most commented on positive aspects of their experience.
    - *"Everything was very good. If I needed her she was only a phone call away. Before she visited me I was going to my GP perhaps twice a week. When my matron started coming I didn't need my GP half as much. She dealt with all my problems."*
    - *"She gave us the feeling that she was on our side and gave strong emotional support as well as medical advice, she was available at the end of the telephone if needed."*
    - *"(Name) feels like a very safe pair of hands, making the experience of terminal illness in the family less frightening. Very glad we've got him"*

- Communicating well enhances confidence and trust in the Community Matron Service, and allows people to feel that their privacy and dignity are being respected.
    - Many patients gave positive comments about how their Community Matron spoke to them and dealt with their needs sensitively and respectfully. Patients spoke about how the information, support and advice given by the Community Matron gave them confidence to cope and manage their condition.
    - *"She helped me to understand my illness and to help me with my fears and concerns"*
    - *"I was in quite a state when she came. I just could not get my head round the heart failure. I was really thinking life was going to be a nightmare but thanks to her way of getting me round, I have been able to be discharged"*
    - *"My community matron treated me with dignity and always listened to my choices"*

- Improving the information that is provided by the Community Matrons about side effects of medications.
    - Some patients gave a negative answer to the question ‘Did your community Matron tell you about mediation side effects to watch for?’

Equality issues: No information

2. Healthwatch Calderdale and Kirklees (January 2017) Embedding feedback into maternity services at Calderdale and Huddersfield NHS Foundation Trust
Location: Calderdale and Huddersfield
When the engagement took place: 21 November to 9 December 2016
Who led the engagement: Healthwatch Kirklees
Who was involved: patients and staff
Number of people engaged: 1260 people
Copy of report: https://healthwatchkirklees.co.uk/wp-content/uploads/2016/11/FINAL-Embedding-feedback-in-maternity-services-at-CHFT-1.pdf

What the engagement involved:
CHFT, approached Healthwatch Kirklees and Healthwatch Calderdale about leading an engagement project to look at how the Trust could improve the opportunities for parents and expectant parents to give feedback on their experience through the whole maternity service journey, from antenatal to postnatal.

Key themes: -
- Let people know how much their feedback matters. Tell them that FFT results are scrutinised every month and actions set in each clinical area as a result of comments received. If the public knew how much priority and attention is given to feedback they would be far more inclined to contribute.
- Celebrate your successes. Show people how you have listened to their feedback and made improvements as a result. Regularly updated ‘you said, we did’ boards are one way of conveying these messages but consider other ways to share this information, particularly online.
- Have a wide range of feedback options available, at various points in the maternity service journey. Let people know that FFT is not the only option – this is important when people want to leave detailed feedback or want a response to their comments. This should be done without making the process of giving feedback overly complicated.
- Improve the way CHFT use technology to ensure people can give feedback quickly and easily. This may include updating the website, having dedicated social media pages or the ability to download an app.
- Use innovative ways of gathering feedback, e.g. graffiti boards and mystery shopping. Explore whether CHFT’s volunteers could be ‘Feedback Champions’ and help to gather feedback from people.
- Involve service users in the design, implementation and on-going review of methods to gather feedback involvement. Consider how the MSLC could be publicised more widely and made more attractive to service users; this may be made easier as MSLC’s are relaunched in February 2017 as Maternity Voices Partnerships. Also consider whether the Trust’s Maternity Patient Experience Group would benefit from service user representation.
- Make birth debrief a reality for everyone. We know that birth is a unique experience and what midwives may sometimes perceive to be a straightforward birth may not be reflected in the feelings of the people who’ve gone through the experience. Could time

invested in birth debrief for everyone help to pick up issues early and avoid complaints being made?
- Manage people's expectations of maternity services. If there are things which can't be changed in the foreseeable future then make people aware of this from the outset. Be open and transparent about what will happen throughout the whole maternity journey. Use 'you said, we did' boards to show that you've listened to everything but with an explanation about things that can't be changed at that time. A regularly updated website and Facebook page and using videos (portraying real service user experience) would all help to get these messages across. Videos in community languages could help to cut across some of the cultural barriers. Managing expectations can help to prevent negative feedback further down the line.
- Triangulate all feedback, including 'soft' measures such as staff conversations with people. Currently there's a strong focus on FFT and although very useful, this measure may not represent the full picture of service user experience.

Equality issues: equality monitoring data collated

Consider how to better reach out to minority groups, for example having some videos in community languages playing in waiting rooms, using social media to reach out to young people, building relationships with community organisations who work with vulnerable and minority groups so that community midwives can work with these partners.

3. Healthwatch Calderdale and Kirklees (August 2016) What people think about the proposed changes to hospital and community services in Calderdale and Greater Huddersfield

Location: Calderdale and Greater Huddersfield
When the engagement took place: March and June 2016
Who led the engagement: Healthwatch Kirklees and Calderdale
Who was involved: public
Number of people engaged: 800
Copy of report: https://www.rightcaretimeplace.co.uk/wp-content/uploads/2016/10/Healthwatch-Response-to-Consultaton-August-2016.pdf

What the engagement involved:
Healthwatch Kirklees' role throughout the formal consultation process was:

- To listen to what people are saying.
- To provide good quality, impartial information to people about the proposed changes and explain how people could have their say.
- To reflect the views of the general public back to the CCG's and to the Calderdale and Kirklees Joint Health Scrutiny Committee.
- To remain completely independent of the process.

Due to significant potential impact of these proposals on the delivery of health services in these districts, Healthwatch Kirklees invested resource to gather the opinions of local people. This process was carried out through the use of social media and by Healthwatch staff visiting locations across Kirklees and Calderdale

Key themes: -
- Concerns around greater travelling distances for patients.
- The increased length of time before receiving appropriate treatment.
- Difficulties surrounding road and public transport infrastructures
- The cost of travel.
- Increased waiting times and a reduction in the availability of beds.

Equality issues: equality monitoring data collected

4. Healthwatch Calderdale and Kirklees (December 2014) Speaking to Outpatients - What did we learn?

Location: Huddersfield Royal Infirmary and Calderdale Royal Hospital
When the engagement took place: December 2014
Who led the engagement: Healthwatch Kirklees
Who was involved: Patients attending the following clinics:
Breast clinic, Cardiology, Colorectal, Diabetes, Endocrinology, Gastrology, General medicine, General surgery, Gynaecology, Neurology, Oncology, Plastics, Respiratory medicine, Rheumatology, Stroke, Urology, Vascular
Number of people engaged: 309 patients
https://healthwatchkirklees.co.uk/wp-content/uploads/2015/04/CHFT-Speaking-to-Outpatients.pdf

What the engagement involved: A survey completed with patients in an interview style whilst they waited in outpatient waiting areas for appointments.

Key themes:

- Providing appointments at convenient times and in convenient locations, without a long wait for care.
    - In 87% of cases, patients hadn't chosen their own appointments, they had either booked directly with the GP, who seemed to have selected the most convenient option for that patient, or had received a letter directly from the hospital, and were happy with what they had been allocated.
    - The majority of patients were happy with the length of time it had taken to get an outpatient appointment and hadn't experienced problems with cancellations.
    - *"This has been an exceptional turnaround for an appointment – seen by GP on Friday, got a phone call the following Monday to let me know I had an outpatient appointment that Wednesday"*
      Patient at Calderdale Royal Hospital, Gastroenterology

- Welcoming and easy to use check-in system
    - Most patients said they were greeted by a friendly, welcoming member of staff.
    - Where a self-check in system was used, patients generally found them easy to use, but were able to get some help if they struggled.

- Ensuring patients have all the information that they need to be able to attend the appointment.
    - Generally, patients felt that their appointment letter contained enough relevant information to enable them to attend their appointment. Some who attended multiple clinics or needed a variety of tests felt it could be made clearer in their letter what the appointment is for, so they can prepare, and what they need to do to check-in when they get there.
    - Patients lacked awareness of their right to choice when arranging an outpatient appointment, e.g. right to choose which hospital to go to.

    - For some patients in particular situations, there may be concessionary parking rates, and there is little information available about this for patients to access.

- Difficulties with persistent delays at some clinics
    - Patients at particular clinics reported long waits after their arrival, and a lack of information about how long the wait would be.
    - *"The problem is how long you have to wait – take your appointment time and add at least an hour on"*
      Patient at Calderdale Royal Hospital, Plastic Surgery

- Importance of providing a suitable and comfortable waiting area.
    - Waiting areas were often very cramped particularly at Huddersfield Royal Infirmary (although this problem will be alleviated to some extent by most outpatient clinics now being located at Acre Mills). When accompanied by long delays, some waiting rooms were full and people were waiting in corridors.
    - *"Awful. Hate coming here. Windowless, cramped. Not a great experience"*
      Patient at Huddersfield Royal Infirmary, Surgical Outpatients
    - *"Used check in screen. Told to take a seat in corridor 4 and I was then waiting over an hour. I eventually asked what was happening and was told I was sat in the wrong place"*
    - Patient at Huddersfield Royal Infirmary, Rheumatology Clinic

- Importance of respecting patient dignity in the delivery of their care.
    - *"Last time I came I had to have an injection. All the clinical rooms were full so the injection was given to me in the staff room. I was asked to lean over a desk so that the injection could be given in my bottom. Someone knocked on the staff room door whilst this was being done which made me feel a bit awkward. I didn't mind being in the staff room but I can understand why some people would find this unacceptable."*
      Huddersfield Royal Infirmary, Rheumatology Clinic

Equality issues: No information

5. Healthwatch Calderdale and Kirklees (July 2014) The experiences of HIV positive patients when accessing health and social care services in Calderdale and Kirklees
Location: Greater Huddersfield and Calderdale
When the engagement took place: Report published July 2014
Who led the engagement: Healthwatch Kirklees
Who was involved: public, professionals, HIV support group (Brunswick Centre)
Number of people engaged: - 40 members of the public who are HIV positive, 2 professionals
Copy of report: https://healthwatchkirklees.co.uk/wp-content/uploads/2015/04/The-experiences-of-HIV-positive-patients-when-accessing-health-and-social-care-services-in-Calderdale-and-Kirklees.pdf

What the engagement involved:
A discussion group with HIV positive patients at the Brunswick Centre, who shared their experiences when using health and social care services.

A Freedom of Information (FOI) to the Calderdale and Huddersfield NHS Trust and Mid Yorkshire Hospital Trust requesting that they send through their policies and procedures for providing health care to people who are HIV positive.

A survey to understand the experiences of HIV positive patients living in Calderdale and Kirklees when accessing health and social care services. The link to this survey was made available on the Brunswick Centre website and Healthwatch Kirklees website, and hard copies of the survey were available at the Brunswick Centre.

Key themes:

- Importance of NHS staff being open minded and non-judgemental.
    - Patients reported that they had experienced judgemental attitudes and inappropriate questioning by healthcare professionals about how their HIV was acquired.
    - *"…the trainee doctor was very nosy about how I got HIV, and said the words "HIV you must be gay"*

- Ensuring that the patient's privacy and dignity are fully respected.
    - In some cases, patients explained that their HIV status had been mentioned in wards and other public places in front of other patients.
    - *"When I had a sprained ankle, I was asked about any medication that I take, and the doctor at infirmary wrote on my notes that "patient with history of HIV"-- I didn't like that."*
    - *"When I was first diagnosed in March 2004, it was broadcast by the doctor on his ward rounds to the whole ward. I was mortified."*

- Understanding the patient's medication and checking for interactions before prescribing changes.

  - Some respondents explained that Doctors (excluding those working in Genito-Urinary Medicine) were not checking for possible interactions with anti-retroviral medication before prescribing other medication with potentially dangerous consequences.
  - *“I have to get a second opinion when I’m given new drugs, doctors are not checking how they interact with HIV drugs. This is negligent and dangerous. It’s placing the responsibility on the patient.”*

- The importance of supporting patients to self-medicate in hospital, rather than putting barriers in their way.
  - It’s important that anti-retroviral medication be taken at the right time. When in the hospital, some patients with HIV were not given their medication at the correct times and a faced staff refusing to do this even when asked.
  - There was variety in this as some patients were allowed to self-medicate and some weren’t.
  - *“When I was an in-patient I was told that I could not self-medicate, but the nurses were giving medication at incorrect times. Recently when I went to hospital, I was allowed but it’s not consistent”*

- Routinely testing people for HIV without making assumptions about the likelihood that they would have it based on their background.
  - In some cases, people felt they had not being tested for HIV despite having signs and symptoms of HIV due to value judgements by doctors about their situation based on their outward appearance. (e.g., a white British man in a heterosexual relationship).
  - *“I was dying in hospital, given two weeks to live, the health advisor talked me out of having the HIV test twice saying "you'll never get a mortgage or travel insurance", I had the test eventually and I have got a mortgage and have health insurance, so the health advisor was wrong on both, and I could have started treatment sooner.”*

- Facing prejudices and inappropriate cautiousness from health professionals in their treatment for conditions unrelated to HIV.
  - Some patients have experienced unnecessary delays for day surgery as they have been put at the end of the list for medical procedures due to their HIV status, e.g., tooth extraction, dental surgery, and endoscopy.
  - *“I have had bad experiences, whenever I attend my appointments at Calderdale conception unit I have to wait for longer periods, or be spoken to in way that I’m not a human being.”*
  - *“I was made to wait til the end, because of my HIV status. The nurse told me that they would have to operate on me last as they will need to wash the operating table and theatre thoroughly after me. Surely this should happen after every patient not just those who are aware of their HIV status.”*
  - For some patients, they had experienced inappropriate gowning and “covering up” for medical procedures, such as wearing 2 pairs of gloves whilst treating a patient with HIV.

    - *“Dentist when I had my implants, the doctors were in space suits. And treated me as if I was diseased. Whilst the nurse was dressed normally. This occasion was only to take a tooth out.”*

- Fearing discrimination on the basis of HIV status
    - Patients explained that they do not feel able to disclose their HIV status for fear of discrimination.
    - *“I have had to complain for discriminatory service in secondary care and occupational health due to my status in the past. On every occasion I have received an apology on the grounds that they did discriminate against me due to my HIV status.”*

Equality issues: This affects people with HIV. The Equality Act 2010, which now incorporates the protections of the Disability Discrimination Act (DDA) 2005, defines everyone diagnosed with HIV as disabled and, therefore, entitled to the same protection against discrimination.

6. Local Healthwatch (April 2017) Follow-up appointments - engagement report
Location: West Yorkshire and Harrogate
When the engagement took place: March 2017
Who led the engagement: Healthwatch Calderdale and Kirklees
Who was involved: public
Number of people engaged: 502 people completed the survey
Copy of report: https://healthwatchkirklees.co.uk/wp-content/uploads/2017/06/Follow-up-appointments-engagement-report-Final-April-2017.pdf

What the engagement involved:
Across West Yorkshire and Harrogate, the NHS is looking at improving how services are delivered. Each year in the NHS there are 'follow-up' outpatient appointments where patients are asked to return to hospital to have their progress checked, to undergo tests, or to get test results. Whilst some of these appointments are clinically required, a large proportion could be done differently.

The idea is that for some patients, follow-up appointments wouldn't have to mean a traditional face to face visit to the hospital, and that telephone calls, online services or an appointment at their GP practice could be used instead.

This would free up resources for the treatment of new patients, and would save people time and money by not having to attend the hospital when they don't really need to.

Healthwatch wanted to explore whether people agreed with this approach, and how they would like to access follow-up outpatient appointments. This work has been completed independently by Healthwatch organisations as part of our role in informing the work of the West Yorkshire and Harrogate STP. A survey was designed to gain feedback from patients and this was shared via Healthwatch communication channels. We used Facebook, Instagram and third party website advertising to promote the survey. To encourage people to respond we offered a prize draw of a fitbit

Key themes: -

- 94.6% (470) of respondents agreed or strongly agreed that the NHS should offer people different ways to access a follow-up outpatient appointment, if appropriate for their condition.
- 87.4% (424) of respondents agreed or strongly agreed that they would be happy to have a follow-up outpatient appointment by telephone rather than visit the hospital.
- 83.5% (403) of respondents agreed or strongly agreed that they would be happy to have a follow-up outpatient appointment by attending their GP practice rather than visit the hospital.
- 68.1% (323) of respondents agreed or strongly agreed that they would be happy to have a follow-up appointment by Skype or similar online tool where the consultant is able to see them, rather than visit the hospital.

- 51.5% (243) of respondents agreed or strongly agreed that they would be happy to have a follow-up outpatient appointment by email rather than visit the hospital.
- 39.2% (183) of respondents agreed or strongly agreed that they would be happy to have a follow-up outpatient appointment by text message rather than visit the hospital.
- 12.4% (56) of respondents agreed or strongly agreed that they would be happy to have a follow-up outpatient appointment by fax or Typetalk rather than visit the hospital.

The main themes raised were:

Overall, people were very supportive of the proposal to be able to access their follow-up appointments in a different way, and most wanted these to be done face-to-face so they were able to ask questions. It was felt that text messages and email were only appropriate to use when letting people know that their test results were normal and no further tests or treatment was required.

Benefits

Many commented on the positive benefits for them and the NHS. The main benefits for patients were seen to be:

- A reduction in their travel time if they didn’t have to travel to hospital.
- Not having the stress and cost of parking at the hospital.
- Not having to sit for long periods of time in the hospital waiting room.
- Not having to take time off work or arrange childcare.

The benefits for the NHS were seen to be the time and money that could be saved, that could be used to diagnose and treat other patients.

A few people talked about how they had already been offered different ways to access their follow-up appointments and that it had worked well.

Concerns

Whilst people could see the benefits of being offered an alternative way of accessing a follow-up appointment they did express some concerns. These were:

- GP practices were seen to be already running at capacity with many patients finding it difficult to access routine GP appointments. People were concerned that if they were able to access their follow-up appointment at the GP practice it would place added pressure on GP practices, and accessing an appointment would be difficult.
- That they wouldn’t be given the choice of where / how to access their follow-up appointment.
- They wanted continuity of care and were concerned that their follow-up appointment may be with someone who didn’t have the knowledge or experience to provide the care they required.

Suggestions

A few people made suggestions on how it could work, these were:

- To not automatically offer a follow-up appointment when no further treatment or monitoring is required. Instead let the patient decide if they need one.
- If people choose to have a telephone appointment, patients should be offered an actual appointment time. One person mentioned that they had been offered a telephone appointment but had only been offered a morning slot, so had to wait around all morning for the call.
- Enable patients to access their records, results and book follow-up appointments online.
- Hold clinics in community venues, and have the consultant travel to the local venues rather than patients having to travel to the hospital. This would reduce the problems with parking at the hospital and would be better for the environment.

Equality issues: equality monitoring data collected

7. Local Healthwatch (April 2017) Stroke services - engagement report
Location: West Yorkshire and Harrogate
When the engagement took place: 1st February until 15th March 2017
Who led the engagement: Healthwatch Calderdale and Kirklees
Who was involved: public
Number of people engaged: 940 surveys; 54 outreach sessions meeting with voluntary and community groups, attending GP practices, rehab units, stroke wards, and libraries talking to approximately 1,544 people; 5 voluntary and community sector clinician led events attended by 78 people; 15 semi-structured interviews with people who had experience of stroke services in Bradford.
Copy of report:
https://www.wyhpartnership.co.uk/application/files/8315/0296/9614/Stroke_services_engagement_report_-_Final_June__3_.pdf

What the engagement involved:
The NHS is developing proposals to make sure everyone in our region gets the specialist care they need in the first few hours after a stroke and that stroke care and support is sustainable and fit for the future. We also know that preventing stroke taking place in the first place, and ongoing care, such as physiotherapy, speech therapy or emotional support is really important. The NHS thinks that by coordinating services better, more people could receive the care they need in a community setting, closer to home.

And by improving people's health and supporting people to stay well, health services could prevent people from having strokes and going to hospital in the first place.

Before decisions are made on the future of stroke services in West Yorkshire and Harrogate, Healthwatch organisations across the area wanted to find out what people think about the services that are currently provided and what would be important to them should they have a stroke, or care for someone who has now or in the future.

A survey was designed to gain feedback from people who had experienced a stroke, the wider public and key stakeholders. This was shared via our communication and engagement channels and with a wide range of organisations. We also used Facebook, Instagram and third party website advertising to promote the survey.

Key themes: -
Changes to stroke services
There was some concern that a decision had already been made to reduce the number of hyper acute stroke units (HASUs), with some questioning the value of the engagement.

People were concerned that if the number of units were reduced this could lead to the remaining units being unable to cope with demand and impact negatively on health outcomes.

It was suggested by many that funding should be increased to ensure all patients are able to access the best treatment immediately. There was a range of opinions as to whether this should be available in all local hospitals or whether it should be based in a few specialist centres. Many people said that they would travel further if it meant they were able to access the best treatment and to be treated by specialists; however, they wanted their rehabilitation to be available closer to home.

The main reasons for people wanting the services to be available in all hospitals were the distance, time and cost to travel, along with the challenges of parking. People were worried not only about how the extra journey time could affect the treatment and outcome for stroke patients but also how this would impact on the ability of carers and families to visit their loved one at this critical time, particularly those reliant on public transport.

Of those people that had experienced the newly reconfigured service in Airedale, Wharfedale, Craven and Bradford and had travelled further to access a HASU, and were then transferred to a hospital closer to home for their ongoing care were satisfied that it gave them the best clinical outcomes. People highly valued the specialist staff and treatments available during the first few hours after a stroke. Even when patients were in hospital far from home, most people did not identify the distance to travel as a significant problem – for some it was an inconvenience but they understood the need for the patient to be treated in the hospital which could give them the best chance of recovery. The main criticism was the difficulties visitors encountered trying to park at the hospital.

Acute stroke services

Many people described the excellent levels of care that they received in hospital, from being seen quickly, to accessing the most appropriate treatments and being kept informed throughout. They talked about staff being willing to help, although some did feel that the staff were overworked so were sometimes unable to meet the needs of the patients.

Some reported an absence of specialist care at the weekend – no specialist consultants, and agency/bank nurses who some felt deliver poor quality care. It was also felt that there should not be a difference in care during the week and at the weekend.

Some people felt that paramedics and A&E staff need to receive more training on how to recognise and manage strokes. Particular reference was made to young people and how they are more likely to be misdiagnosed.

There were many instances where people reported delays in being seen and treated in A&E. Once they had been diagnosed some then had to wait a long time before a bed became available and they were not always admitted to a stroke ward. They felt that these delays in accessing treatment and not being admitted to a stroke ward had resulted in long term damage and had impacted negatively on their recovery.

Some people would have liked to have been given the choice of being admitted to a side room or a bay, as some felt isolated being in a side room on their own. They would have preferred to be in a bay so they could be near other people and be more visible to staff.

Whilst on the ward some patients were given the opportunity to speak to people from the Stroke Association that had experienced a stroke, they had found this very useful and felt it should be offered on all stroke wards.

Discharge process

Comments on discharge ranged from people feeling that they were in hospital longer than they needed to be, to those that felt pressured to leave too soon. When people were discharged, some were sent home without the appropriate aids, adaptations and home care being in place, and some had to source the support they required themselves.

Many people reported delays in accessing rehabilitation, such as physiotherapy and speech and language therapy.

They advised that they want to have a thorough assessment prior to being discharged, to ensure that they are ready to go home, and if they are, to have all the appropriate aids, adaptations and home care support in place prior to them being discharged. This should include assessing the needs of the whole family, especially in situations where the patient had previously been a carer for either their own children or partner.

That they, and their families are kept informed and involved throughout, so they know what to expect once they are discharged, are aware of what support is available and how to access it, this should include emotional support and financial advice. They would like to have a named person who is responsible for co-ordinating their care and who can provide them with support and advice.

For all organisations who are involved in their care to communicate with each other to ensure that the patient receives a seamless service. To support this, a suggestion was made that teams should be multi-disciplinary and include social care, speech and language therapy, physiotherapy and occupational therapy.

Stroke services in the community

Many reported difficulties in being able to access rehabilitation services quickly once they were discharged, and when they did access it they were only provided the service for a limited time period which many felt was insufficient for their needs. They told us that they would like to receive regular reviews to ensure that they are receiving the appropriate level of care and support.

Stroke can be a life changing event which can be difficult for the patient and their families to deal with. It was felt that there was a need to ensure that people are provided with the appropriate levels of emotional support and advice, and where necessary have access to psychological therapies.

It was felt that more support should be provided for carers, so they know what to expect and how to support the person they are caring for. For many people this is the first time they have had to care for their loved one, and can be a very difficult time adapting to their new role. And as such they require emotional support, guidance and to be offered respite care.

Many people were unaware of the support the voluntary and community sector could provide, and requested that more information be provided to patients and their families / carers. Of those that were aware of the support available they talked positively of the services provided by the following organisations; the Stroke Association, Speakability, Speak with It, Age UK and Scope.

They valued the support groups that they had attended and welcomed the opportunity to be able to speak to other people that had experienced a stroke. They felt that there should be more support groups, with specific groups for younger people and carers. Some were concerned that the funding of these organisations was inequitable and as such the provision of services was inconsistent across West Yorkshire and Harrogate. Of those that did provide services in their areas, there was some concern that the services may be cut.

People wanted the voluntary and community sector to provide befriending services to help reduce isolation; and support people in making meals, gardening, taking people shopping and supporting them to attend appointments. To support their recovery they also wanted to be able to access leisure facilities, such as swimming pools and gyms.

Awareness and prevention
It was felt that there was a need to educate people on how to lead a healthier lifestyle using a wide range of approaches, such as leaflets, posters, social media, radio, television adverts, apps, delivering talks to people in a range of venues including community groups, places of worship, workplaces, schools and colleges.

It was suggested that having a patient talking about the impact stroke has had on their life and their families would be a powerful message that could support behaviour change. It was also felt that any campaign should make it clear that stroke can happen at any age.

GPs should undertake regular health checks of patients, especially those that are deemed to be high risk, and provide advice and support to lead a healthier lifestyle. Including providing access to smoking cessation, weight management, and exercise classes.

Many felt that there was a need to raise awareness of the signs and symptoms of a stroke, and what to do if you think someone is having a stroke. Some felt that the F.A.S.T. campaign didn’t raise awareness of all the signs and symptoms, and that some strokes could be missed.

Equality issues: equality monitoring data collected

Younger people

Some younger people described being misdiagnosed when they first presented at A&E, the assumption was that this was because they were younger and that clinicians assume strokes occur in older people. They want to ensure that clinicians receive appropriate stroke awareness training to prevent these misdiagnoses occurring.

They also described how services that were in place to support people following a stroke were designed for older people and as such did not always meet their needs. They mentioned the negative impact on their finances and childcare, and how they want services to support them in returning to work. They felt that there should be more support groups, with specific groups for younger people.

Asian or Asian British

A few people mentioned the need to have support groups that meet the needs of different community groups, with specific mention made for support groups for South Asian women, and rehabilitation services that were culturally sensitive.

Muslim

One man thought a family member should be allowed to stay overnight. Due to his Islamic beliefs he was concerned about being tended to by a female nurse or carer when visiting the toilet and was ‘more comfortable with his wife’.

Disability

Some people highlighted the need for staff to be trained so they understand how they should support the needs of those patients that have existing conditions. Specific mention was made to dementia patients, people with mental health conditions, and learning disabilities.

Information should be provided in a range of formats to ensure that they are accessible, specific mention was made to people with hearing impairments and the need for staff to be deaf aware.

Carers

In the assessment that is undertaken to assess the patients’ needs prior to discharge, this should include assessing the needs of the whole family, especially in situations where the patient had previously been a carer for either their own children or partner. The patient may no longer be able to continue with their caring role and as such additional support may need to be put in place.

Support should be provided for carers, so they know what to expect and how to support the person they are caring for. For many people this is the first time they have had to care for their loved one, and can be a very difficult time adapting to their new role. They require emotional support, guidance and to be offered respite care.

They felt that there should be more support groups, with specific groups for carers.

8. Local Healthwatch (November 2016) Urgent and emergency care - engagement report

Location: West Yorkshire and Harrogate
When the engagement took place: 5th October – 2nd November 2016
Who led the engagement: Healthwatch
Who was involved: people accessing services
Number of people engaged: 1,306
Copy of report: https://healthwatchkirklees.co.uk/wp-content/uploads/2016/10/Urgent-and-Emergency-Care-engagement-report-FINAL-1.pdf

What the engagement involved:
In July 2015, it was announced that there would be eight new vanguards for urgent and emergency care. This included the West Yorkshire Urgent and Emergency Care Network that would oversee, with local partners, the improvement of urgent and emergency care for more than three million people in West Yorkshire. The Urgent and Emergency Care vanguard now falls under the West Yorkshire and Harrogate Sustainability and Transformation Plan (STP), and is one of the priorities for the STP.

West Yorkshire and Harrogate has also been identified as the only urgent and emergency care ‘acceleration zone’ nationally in September 2016.

As part of this work, it was identified that whilst in previous years a significant amount of engagement had already taken place both nationally and locally. To understand why patients access urgent and emergency care services, such as A&E; there was still a need to undertake a short engagement exercise to validate this existing data.

Staff and volunteers from the Healthwatch organisations across West Yorkshire and the Harrogate District attended A&E departments. It was agreed with the staff in the A&E departments, that they would identify to Healthwatch staff and volunteers which patients they felt didn’t need to be seen in A&E. It was these patients that Healthwatch gained the views from. Overall, 31 face to face sessions were held across West Yorkshire and the Harrogate District. In addition to the outreach sessions, we used Facebook, Instagram and third party website advertising to promote the survey.

Key themes: -
The majority of respondents were seen during 8am-8pm **(84.7%)** on a weekday, primarily Monday to Thursday **(78.2%). 81.9% (1042)** attended A&E, and **6.1% (78)** attended a walk-in centre. As the majority of people attended during times when other services were available, it raises the question as to why people chose to attend an urgent and emergency care service rather than access other services. When asked we were advised:

- Of those that decided to attend an urgent and emergency care service (**37.1%** of respondents), the main reasons were they had a medical condition that they felt required to be seen urgently **(64.3%)**, they felt that they might need tests or treatment that they wouldn’t be able to access elsewhere **(21.0%)**, and **16.9%** decided to attend because they couldn’t obtain a GP appointment.

- Of those that were advised to attend an urgent and emergency care service (**46.4%** of respondents), **45.5%** had been told to do so by their GP practice, with **22.1%** being advised to do so by 111. And nearly all **(80%)** felt that this was the right advice.

- **29.2%** had gone somewhere else or tried to go somewhere else prior to attending an urgent and emergency care service. The majority had either seen their GP and been advised to go to hospital or they had tried to get an appointment with their GP but could not be seen quickly enough.

The key themes raised from existing data and this engagement were:

Reasons for attendance

- Patients are often told to attend urgent and emergency care services, such as A&E by their GP practice. Either because the GP is unable to provide the patient with the treatment and / or tests that they require, or the GP practice is unable to provide the patient with an urgent appointment.
- Many patients state that they do try to obtain a GP appointment prior to attending urgent and emergency care services. But if they are unable to be seen quickly they feel they have no choice but to access urgent and emergency care services to ensure that their condition is treated.
- GP services and community-based health care are also often closed when patients need to access them, forcing them to go elsewhere, despite their preferences to use these services.
- Many had a health condition that they felt needed to be dealt with urgently, and that urgent and emergency care services was the best place to receive the care that they required, such as x-rays, scans, blood tests, stitches and other treatment.
- Some attended as it was the most convenient place for them to attend, in that it was easy to access as no appointments are required or it was close to home.
- A few people mentioned that their GP had referred them to A&E as their GP had been unable to admit them as an inpatient due to the lack of hospital beds.
- People want to be seen by the most appropriate person, quickly and in a setting that is close to home. They didn’t want to be travelling long distances when they needed urgent or emergency care.

Quality of service in urgent and emergency care services

- Whilst most commented on having to waiting long periods of time to be seen. People report high levels of satisfaction with the service they receive in urgent and emergency care services. They have confidence and trust in urgent and emergency care services and believe it provides the best place for them to get care for their condition.
- People believe urgent and emergency care services, such as A&E provide a convenient place to go, it can provide reassurance that an injury or condition is not serious and does

not need further treatment, and it is perceived as offering the highest level of expertise, with access to appropriate diagnostic equipment, such as x-rays.
- Many commented on how helpful and friendly the staff were and praised the quality of the care they received.
- Some concern was expressed about the long waits in urgent and emergency care services, such as A&E and not being told how long they would have to wait/ reasons why. In some cases, when information was displayed on expected waiting times, the information was inaccurate and out of date. And some patients were concerned that they received no, or inadequate pain relief.
- Some people mentioned that they had to endure long waiting times in A&E whilst waiting for an inpatient bed to become available.

Quality of environment

- Comments were made with regards to both the difficulties in being able to park and the high cost of parking.
- Seating provided in waiting areas was described by some as being uncomfortable.

Recommendations

Having reviewed patient feedback from both national and local engagement activities, we found that whilst people state that they know A&E is for emergencies only, many nevertheless believe they have no alternatives. There is a need to raise awareness of the most appropriate service to access, where and how to access these services. This awareness raising needs to extend to health professionals, as our engagement has found that patients are often advised to attend an urgent and emergency care service, such as A&E by health professionals. Whilst we cannot comment on whether the advice given was appropriate, 20% of respondents that were advised to attend an urgent and emergency care service, such as A&E didn’t feel they should have been.

However, we also feel that people’s expectations are changing; they want to receive treatment at a time and location that suits them. It is unlikely that we will be able to change those behaviours so we should also be looking at how we manage expectations:

- There is a need to improve access to GP appointments, many people that attend urgent and emergency care services, such as A&E have tried to access an appointment with their GP but have been unable to obtain an appointment quickly.
- A&E offers the 24/7 access people want and there is support for this to be developed further to include an out of hours primary care service / urgent care service that is co-located with A&E. Through the co-location of urgent care services on one site, patients can be triaged appropriately to the necessary emergency or urgent care service. It would relieve the pressure in the A&E departments and give people faster access to more effective treatment.

The extent to which drop-in or walk-in centres can play a key role in reducing attendance at A&E should be a factor for consideration. A significant proportion of people that had used a walk-in centre would have attended A&E if the walk-in centre had not been available. Many patients valued the provision of treatment outside of A&E departments, in minor injury units or walk-in centres. These were often popular because they were seen to avoid long waits, although sometimes led to frustration if the service was unable to deal with the presenting condition

Equality issues:
More negative experiences with urgent and emergency care services tended to be reported by particular (often vulnerable) groups, including people with drug/alcohol problems, frail older people (including those with dementia), people with mental health problems, and women suffering miscarriage.

9. Local Healthwatch (September 2016) Hear, see and treat - engagement report
Location: West Yorkshire and Harrogate
When the engagement took place: 18th July 2016 – 30th September 2016
Who led the engagement: Healthwatch
Who was involved: public
Number of people engaged: 2,585
Copy of report: https://healthwatchkirklees.co.uk/wp-content/uploads/2016/08/Hear-see-and-treat-engagement-report-FINAL-1.pdf

What the engagement involved:
In July 2015, it was announced that there would be eight new vanguards for urgent and emergency care. This included the West Yorkshire Urgent and Emergency Care Network that would oversee, with local partners, the improvement of urgent and emergency care for more than three million people in West Yorkshire. As part of this work it was identified that there was a need to undertake engagement on a proposed model for Hear, see and treat.

Healthwatch organisations across West Yorkshire and the Harrogate District embarked on engagement over an eleven week period, from 18th July 2016 – 30th September 2016. A survey was designed to gain feedback from patients about their views on the Hear, see and treat proposals.

Staff and volunteers from the Healthwatch organisations across West Yorkshire and the Harrogate District, went out to the most effective locations to ask people for their views. A wide range of activity took place, including:

- Sessions in hospital and GP practice waiting rooms
- Meetings with voluntary and community groups
- Attendance at sports days, colleges and care homes

Overall, **147** face to face sessions were held across West Yorkshire and the Harrogate District.

In addition to the outreach sessions, we used Facebook, Instagram and third party website advertising to promote an explainer animation that was developed to explain the proposal.

Key themes: -
The results show us that the majority of people that responded support the proposals. Below are some of the key results;

- **79%** either agree or strongly agree that Hear, see and treat would benefit either them or someone they care for.
- **74%** either agree or strongly agree that Hear, see and treat would make a positive difference to the care that they receive

- **45%** either agree or strongly agree that if you have an urgent health care problem, that you should always be taken to A&E after calling 999
- **84%** either agree or strongly agree that they would be confident that if a paramedic knew more about their medical history, they could decide on the best treatment option.
- **86%** either agree or strongly agree that they would prefer to stay at home and get treatment there if it isn't necessary for them to go to A&E
- **85%** either agree of strongly agree that they would like paramedics to be able to offer different options rather than just taking them to A&E**,** including urgent referral to their GP and providing medical care in their home
- **75%** either agree or strongly agree that they would be confident that a paramedic, with telephone support from doctors and nurses, could decide on the best treatment option.

The key themes raised from the existing data and this engagement were:

Benefits of the model
Overall the majority of respondents were supportive of the proposed model, as they felt that it would ensure that only those patients that needed to attend A&E would do so. It was thought that this would lead to a reduction in the inappropriate use of ambulance services, reduction in A&E admissions and as such people would be seen quicker which would result in an improvement in patient outcomes.

Although some did feel that the model was confusing and questioned the viability of the model in terms of whether there were sufficient resources available to deliver it.

Access to treatment
People want to be seen by the most appropriate person, quickly and in a setting that is appropriate for the care / treatment they require, it was felt that the proposed model would support this. They were happy for this to be in their home, at a GP practice or a walk-in centre, their main priority was to receive the treatment quickly.

Being able to be treated at a home was seen as a positive move. It was particularly liked by the elderly, people with mental health conditions, and parents with young children, as it was seen to be less stressful for both the patient and their family.

Call centre
There were some reservations about the role of the call centre. Some were concerned that a diagnosis made over the phone wouldn’t be accurate and felt that this was best done face to face. They also queried the quality of the communication and clinical skills of the call centre staff. They needed reassurance that the staff would have had communications training and that there would be an appropriate skill mix. It was suggested that staffing in the call centre should include pharmacists.

Specific mention was made with regards to the possible difficulties that people who are hard of hearing or deaf, don’t speak English or have communication problems, may have in accessing the call centre.

The role of paramedics

Whilst most people were supportive of the proposed enhanced role of the paramedic, many did seek reassurance as to the level of training they would receive, if they would be able to prescribe, what equipment they would have access to, and if the paramedics were supportive of the proposals.

They also wanted to know more about how the back up support in the call centre would work, for example, they queried if the paramedics would have access to Skype or be able to send images to the call centre to support diagnosis.

Many felt that paramedics need specific training to enable them to provide appropriate care and support for people living with HIV, people with mental health conditions, hard of hearing and deaf patients and those who don’t speak English.

Patient records

Access to patient records was seen as a positive idea by most, and it was felt that it would make it easier for paramedics to make a diagnosis. Some did express concern about the confidentiality of their records, who they would be shared with and whether they would be accurate.

Concern was also expressed that information within their record could lead to discrimination; this was a particular worry for people who were living with HIV or have mental health conditions.

Patient education

To ensure that people access the right service, first time it was suggested that there is a need to raise awareness of the most appropriate service to access, where and how to access these services. However, it was acknowledged that without improvements to access to GP appointments and other services, people will still access A&E.

Communication

If it was to be implemented there would need to be a communications campaign explaining how the new model would differ from what is currently available, describe the enhanced role of the paramedics, the treatment options that would be available and how follow-on care / treatment would operate especially out of hours when GP practices and other services are not available.

Equality issues: equality monitoring data collected

- Being able to be treated at a home was seen as a positive move. It was particularly liked by the elderly, people with mental health conditions, and parents with young children, as it was seen to be less stressful for both the patient and their family.
- Specific mention was made with regards to the possible difficulties that people who are hard of hearing or deaf, don’t speak English or have communication problems, may have in accessing the call centre.

- Many felt that paramedics need specific training to enable them to provide appropriate care and support for people living with HIV, people with mental health conditions, hard of hearing and deaf patients and those who don’t speak English.
- Concern was also expressed that information within their record could lead to discrimination; this was a particular worry for people who were living with HIV or have mental health conditions.

10. NHS Calderdale and Greater Huddersfield CCGs (October 2017) 'Pain Management Services' Report of Findings – Engagement
Location: Calderdale and Huddersfield
When the engagement took place: March to August 2017
Who led the engagement: CCG
Who was involved: people who had used pain management services
Number of people engaged: 112
Copy of report: contact the engagement team for more information

What the engagement involved:
Gather views from any patients who have used pain management services over the past two years.

The survey was separated into two sections. The first section asks patients to identify and rank pain management services, which includes self-management approaches used to manage pain. The aim of this section is to help the CCG identify how patients manage pain now and the mechanisms they find most useful. By ranking the answers the CCG can understand why patients ranked certain mechanisms above others and identify the services patients benefit from as well as those that require improvement; including any suggested improvements.

The second part of the survey is based on a public health segmentation tool. The Healthy Foundations Segmentation Tool will help the CCG identify any patterns in treatment preferences from specific cohorts of patients. The aim of this tool is to better understand local populations and in greater depth.

Key themes: -
The main themes raised from the engagement are:

- 60% of patients who completed the survey all have a recent experience of the Pain Service and had used it within the last six months.
- Overall patients are satisfied with the services they receive from pain services. Positive feedback included for following services:
    1. Orthopaedic service for an injection or surgery
    2. Chronic pain service for injection therapy
    3. Chronic pain management programme
- GP service, Physiotherapy and other NHS Services was rated positively
- Most want to manage their own pain and be independent
- The aspects that would improve the service as noted within feedback included more varied treatment and many wanted greater promotion of patient choice.
- Many would benefit from shorter waiting times
- Improvement in staff communication and attitude to patients were also noted
- Better advice and support was suggested as an aspect that would improve pain services.

Equality issues: equality monitoring data collected on feedback forms

The sample was very small which makes it difficult to identify underrepresentation or trends in data. Groups under-represented were:

- Age - Proper analysis of age to ascertain representation was not made due to issues with the data collection process. The paper survey collected age bands which could not be compared with census data and the electronic survey collected individual age. There were also a significant number (31%) who provided no information on age. Of those that could be compared there were no children or young people with only one respondent under the age of 40 with the majority aged over 46.
- Males
- Religion – majority Christian other faiths not represented
- Ethnicity – all other ethnicities apart from White British significantly under represented
- Lesbian, Gay, Bisexual and Transgender
- Pregnancy and Maternity

Because the sample was very small there would be limited value in trying to draw major themes from the data. However some analysis was undertaken on protected characteristics where there were some clear differences in experience or preference.

Disability and impairment
When looking at data from those identifying as disabled with mobility impairments or long term conditions there were some clear differences in experience in relation to other respondents.

- Chemists were viewed as useful for advice, explaining the use of medications, side effects and effectiveness. However there was concern that they often did not take into account someone’s ability to use the medication or cream because of their disability.
- GPs were viewed as useful and a good source of care and advice however this did vary dependent on the skills and knowledge of their GP. Some patients felt that their GP was less skilled in managing pain or understanding their condition and tended to refer rather than look at different options for pain management.
- Orthopaedic Surgical Advice was viewed as being very helpful although for some people there was no surgical option or solution.
- Physiotherapy was considered useful but for many of these respondents it had not improved their pain or ability to move and often increased the pain
- The Chronic Pain Service was valued highly by respondents but there were some concerns expressed about the time it took to get referred to it and for a few feelings of desperation because they were told there was nothing the service could do to help.
- Respondents’ fedback a mixed experience of acupuncture with it working for some and not for others.
- Exercise was not viewed very positively by these respondents many of whom felt it made their pain worse or it was physically impossible to do.
- People who were disabled were more likely to seek help from family and friends than other equality groups and were less likely to go to A and E
- Injection therapy was valued highly although for some it had a shorter time of effectiveness.
- Lack of communication between services was mentioned several times within this group of respondents which led to a poorer patient experience.
- The emotional impact of long term pain was evident from this particular group of respondents and there was no mention of any support provision for this.

Travel:
Respondents had clear preference for using cars to travel appointments although a smaller number would use taxis or public transport. Preferred travelling time was 15-30 minutes.

Carers
When looking at data from those identifying as a carer there were some clear differences in experience in relation to other respondents

- Carers were less likely to go chemist as they felt that they could only provide advice which they could get from a GP as well and get the prescription.
- Carers were more positive about their care from GPs in relation to pain management than other groups.
- No carers had used Orthopaedic surgical advice. People with caring responsibilities are known to prioritise the person they care and their needs - rather their own health. It may useful to look at whether carers are avoiding surgical intervention or whether it was just not applicable for these individuals.
- Physiotherapy was rated as not being very effective, time consuming and often increasing pain
- The Chronic Pain service was valued highly by carers in enabling them to manage their conditions.
- Acupuncture and exercise was not seen as effective for managing or reducing pain, and in fact exercise increased pain.
- Carers were less likely to use A &E to manage pain and none would seek support from family and friends.
- Injection therapy was regarded as very effective.

11. NHS Calderdale and Greater Huddersfield CCGs (July 2017) 'Right Care, Right Time,Right Place' Travel and Transport Reference Group. Event report of findings
Location: GH & Calderdale
When the engagement took place: June 2017
Who led the engagement: Calderdale CCG
Who was involved: a range of organisations and communities
Number of people engaged: 26
Copy of report:
https://www.cht.nhs.uk/fileadmin/site_setup/contentUploads/Publications/Travel_and_Transport_Reference_Group_Event_Report.pdf

What the engagement involved:
Working with key stakeholders to further understand Travel and Transport and identify solutions.

Key themes: -
Parking:
For this area participants consider staff and patient/visitor issues considered:
- Cycle parking – for everyone
- Drop off bay (half an hour) – outside a barrier for people to park and drop off
- Reduce parking cost/cost cap/annual or monthly fees
- Increase availability of parking
- Designated bays: parents, blue badge (various designs) with enforcement • Other designated parking and permits for specific conditions/episodes of care
- Reserved parking for regular visitors
- Space allocated as part of an appointment (London)
- Technology: parking payment/ signage – including signs that publicise availability of different spaces
- Parking barrier need to be more accessible – people with a disability can't get out of a car to operate

Access:
- More GP facilities and services to support urgent care • Communication is key: we need to ensure people understand the terms urgent and emergency. We ned to make sure future signage is clear
- Accessible leaflets and literature on travel and transport
- Work more closely with equality groups to understand access issues and improvements

Travel between hospital sites:
- Review the shuttle bus service:
    - Not advertised as part of the hospital service
    - Better access for all
    - More frequent, regular, visible service
- Identify a direct non-stop regular bus from hospital to hospital
- Identify a direct bus from both bus stations to both hospitals i.e. Halifax/Huddersfield bus station to HRI/CRH
- A potential hub for direct buses could be in Elland Public transport:

- Address bus services in rural areas
- Address attitude of drivers – people are rushed and don’t want to take transport if they are unwell or frail for this reason
- Can the NHS subsidise direct bus routes
- Appointment times need to support public transport times
- Bus stops are not in the right place – too far away
- There is no direct hospital bus from either bus station
- Can drivers announce hospital stops as standard
- Can all passing buses go into hospital grounds
- A single hospital bus ticket for complex routes
- Transport information in a range of accessible formats/languages
- Public transport is part of an integral plan

Reduce travel:

- Use of skype and telephone technology for contact with healthcare services
- Reduce referrals to A&E from NHS Direct and 111
- Good advice and sign posting from the hospital via services like PALS
- More Care Closer to home with accessible parking – see parking list above as a standard
- Better care pathways that reduce travel – one stop shop appointments

Discharge and patient transport:

- After an appointment patient not taken to collection area, need to address this
- People do not like the term discharge lounge
- Accessible transport not only for patients but visitors
- Continue Age UK ‘discharge form hospital scheme’
- Patient transport – to give notice on collection (i.e. within the area: 10-15 minutes) so people can get the coat on, use the bathroom and not just sit and wait
- Patient transport: not always on time/reliable

Greener transport:

- Greener travel options (electric car sockets and parking)
- Encourage use of cycles by everyone
- Consider air quality

Other:

- Outline Business Case and transport strategy need to be submitted together
- Clear ambulance strategy
- Broader roadwork issue – crossings, traffic lights, junction improvements (not just Elland bypass)
- Identify solutions to travel when in crisis – mental health in particular
- Care closer home may create further isolation of some and result in staff determining visiting. An appointment system should still be in place
- Care closer to home for some may mean further away or not accessible
- Better built environment for wheelchairs
- More mobile services/units such as breast screening service
- Information on how people can travel in an urgent care situation
- Part of a longer term plan at least 2030

Green flag from each table In addition to the discussions each table agreed to identify one agreed key message from each table. Key messages from each table were written on a ‘green flag’ and read out as part of the feedback at the end of the table discussions. The messages were;

- **Blue Badge Parking**
    - Spaces are at a premium often there are not enough
    - Parking spaces are not properly policed
    - Can people book a space when an appointment is booked
    - Parking bays are not always the right shape or size – some vehicles require greater rear access not side access
    - Drivers are sometimes unable to reach the barrier
- How does travel and transport fit in with regional and wider plans for road and transport improvements
- Better care pathways linked to travel – appointments and services that take into account travel and transport arrangements
- Could work with “departments” with an awareness of specific travel requirements arrangements to provide signposting and support – i.e. disability transport
- Reduce the travel time to the services that are used the most
    - More ‘Care Closer to Home’ but supported by specialists in hospital
- Treatment of people between hospital and Home o Let me know when due to arrive, 20 minutes before so that I can
    - Transport Providers – often make people feel they have to rush
- Can we ensure that any plans take into account services for the next 10-15 years (2020/2030). Make sure the vision for travel and transport is future proof
- To be responsive to patients, flexible and accessible. For a universal solution that is joined up.
- Look at the entire road network including junctions, filter systems and other initiatives such as the new Elland bus station which could act as a hub
- Communication is still the key to support the public in understanding what the changes are. Continue to support an understanding of the term urgent and emergency care and ensure future signage assures people
- Need to consider specific transport issues for example how do people in crisis who want to access mental health services travel?
- Parking should be more relaxed including a grace period and a range of concessions for various episodes of care.

Equality issues: equality monitoring data collected on feedback forms
Following the consultation on hospital and community services work took place to identify the key themes for local people. A composite report was developed to include:

- All the findings relating to travel and transport from the consultation on hospital and community services.
- Any patient opinion postings on travel and transport.
- PALS or complaints intelligence on travel and transport.
- Any reference to travel and/or transport in other engagement activities.

This information once pulled together provided intelligence to support a baseline understanding of public views. The report also had a comprehensive equality section which described the impact of travel and transport on particular protected groups. The protected groups identified as being the most likely groups to be impacted by travel and transport are:

- Disabled people and carers.
- Older and younger people (including parents).
- People living in deprived areas/in poverty (including - people without access to private transport).
- Some BME groups – Asian/Asian British (including– Pakistani), Other White groups.

In order to understand further what recommendations should be made to ensure all travel and transport impacts are considered a 'Travel and Transport Reference Group' was set up. The reference group would: advise on, and consider, any matters relating to travel and transport.

The launch of the reference group took place at a stakeholder meeting on 19th June 2017. The members invited to the initial event were;

- Engagement Champions in Calderdale.
- Community Voices in Greater Huddersfield.
- Patient Reference groups in Calderdale and Greater Huddersfield.
- Members of CHFT membership.
- Third sector organisations in Calderdale and Greater Huddersfield.

There were a number of key emerging themes from the composite report and stakeholder event. These themes were used as headings to support what people had already told us and to identify individual action plans. The themes were:

- Parking.
- Access.
- Travel between hospitals.
- Public transport.
- Reducing the need to travel.
- Discharge and patient transport.
- Greener travel.

An individual or joint action plan for each of the key emerging themes was developed which included what people told us, what the current position is, recommendations and actions. The recommendations for each of the action plans are set out below:

Car Parking:

- Identify any drop off bay improvements including ways to improve information and communication on this facility.
- Map the blue badge spaces available and any alternative access spaces. Identify any additional improvements including signage.
- Continue working on the proposal for weekly/ monthly public parking permits.
- Continue with the feasibility study including:
    - A potential multi-story car park at CRH.
    - Making Dry Clough Close a car park
    - More park and ride spaces
    - Tighten up on staff permits.
    - Assess barrier accessibility and parking to ensure car parks can be used by

people with a disability
- Whilst there are no plans to create any designated parking spaces it is recommended that further conversations take place to identify any specific needs that are not being met by designated parking spaces.
    - Identify any potential technology solutions to parking.

Public Transport

- To advertise current bus service provision with a designated hospital leaflet.
- To work with West Yorkshire Combined Authority and commercial operators to divert some current services, where possible, to improve direct access to the hospitals Calderdale Royal Infirmary (CRH) and Huddersfield Royal Infirmary (HRI).
- Work with Bus 18 to engage further with service users through existing engagement channels in line with each CCG's engagement and experience strategies for local people.
- Re-configure the existing NHS shuttle service into a local bus service.
- Work towards providing a high frequency service linking Halifax bus and rail stations, the two hospitals, and Huddersfield bus and rail stations.
- All partners to work together to do a comprehensive review of transport links between Halifax and Huddersfield, taking into account:
- Any new developments such as hospital, Elland Parkway rail station and the proposed bus/ rail interchange at Halifax station.
- Reducing car traffic, supporting active lifestyles and improving air quality.

Discharge and Patient Transport (PTS):

- Do an internal review of hospital porter arrangements.
- Publicise the discharge facility at HRI and work with the reference group to create a Calderdale facility.
- Identify the requirement to have a PTS service for those people who do not meet criteria.

Other:

- Identify future discharge requirements and continue to evaluate the current discharge service.
- Continue the development of the patient portal to implementation and work on pre-collection calls.
- Continue the development of the revised operating model to implementation. Monitor performance through the contract process.
- Identify other solutions that may reduce travel to hospital.
- Look at improvements to communication and information of travel and transport including staff training in all departments, clear timetables and website improvements.

- Look at how public transport can further support the CHFT shuttle bus service. Identify main visiting times to increase the frequency of the service and provide indoor waiting with clear information on areas such as wards and the website.
- Identify how well the current service operates and any alternatives for transferring patients between sites.

12. NHS Calderdale and Greater Huddersfield CCGs (November 2016) Engagement and Equality Report of findings: Ophthalmology services provided in a hospital setting Location: CHFT
When the engagement took place: August 2015
Who led the engagement: GH & Calderdale CCGs
Who was involved: users of the service
Number of people engaged: 65
Copy of report: contact engagement team for more information

What the engagement involved:
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.

Key themes: -
The findings from the engagement have 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 where 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.

Equality issues: equality monitoring data collected on feedback forms
In relation to adequate representation in the engagement process the sample was very small and the report is not clear in relation to numbers per characteristic so cannot be analysed nor was it disaggregated between CCG areas in relation to equality so comparison is not possible:

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:** As expected older people responded more to the survey in line with the trend of more people experiencing eye issues later in age.
- **Ethnicity:** 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.
- **Religion:** The respondents were similar to the local religion demographics, but with slightly fewer Christians and non-religious people responding.
- **Carers:** 17% of survey respondents provided care for someone. This compares to the 2011 census which found 10.5% (Calderdale) and 10.4% (Kirklees)
- **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.

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.

13.NHS Calderdale and Greater Huddersfield CCGs (September 2016) Right Care, Right Time, Right Place and Care closer to Home. Stakeholder report of findings

Location: Calderdale and Greater Huddersfield

When the engagement took place: September 2016

Who led the engagement: Calderdale CCG

Who was involved: Local Councillors and MPs; Heathwatch; GP Practice Patient Reference Groups; The Third Sector; Right Care, Right Time, Right Place, Reference group; Clinicians and staff from a number of local health and social organisations

Number of people engaged: 91

Copy of report: https://www.rightcaretimeplace.co.uk/wp-content/uploads/2016/10/Stakeholder-Event-Report-V4-Final-version.pdf

What the engagement involved:

The purpose of the stakeholder event is set out below:

- To provide an overview of the consultation process – To describe the consultation activity and provide an overview of the activities which took place over the 14 week period.
- To describe the process of how the report of findings has been developed- to describe the methodology used and how consultees responses were analysed
- To present the findings from the consultation process – To use the event to share the findings from the consultation process, in an accessible way, using the report of findings. This section would be presented by the independent provider.
- To provide the opportunity to identify the most important issues and make recommendations to address / mitigate the issues/ main themes
- To describe the next steps – To describe where we are in the process and the next steps.

Key themes: -

- A&E versus urgent and emergency care – there needs to be a clear understanding of the differences. Communication and trust are needed and case studies and stories would help.
- Travel concerns – there needs to be some explanation of what A&E is and isn't to help people understand.
- Need to communicate clearly and widely the model – the consultation suggests people still do not understand the urgent and emergency care model.
- Communicate how things will work in practice (the language we use is important) – help people to understand patient pathways, explain terminology, clarify things practically.
- Communication and culture shift– describe the bigger NHS picture and provide clear messages that hospitals are not always the answer. Make sure information is collaborative (everyone working together for both communities) and honest (including finance) to improve outcomes.
- Communicate the benefits and facts of the proposal - emphasise care closer to home.
- Need for change – clear understanding required, need to communicate.
- The rational for change needs a better explanation.
- Clinical case for change needs more describing - to help people understand how it affects 'me', this could include case studies.

- Clinical safety – emphasise the opportunity for new ways of working between hospital and GP practices and the use of new technology and better use of staff.
- The impact on GP services, including access – we need to start from the services closest to the individual and ensure community services are in place in order to design a secondary care system. This should be phased in and tested at each stage.
- Workforce planning – the system needs the right numbers of staff with the right breadth of competencies across a health and social care system. There needs to be the right balance between generalist and specialists and services need to be joined up.
- Recognition of the need for change and that all issues can be resolved – CCGs need to be sure that any issues identified can be achieved. The next stage is to win hearts and minds in order to progress further.
- 64% do not agree with the proposal – how will the CCG now flex the proposal and improve communication of any plans.
- We need to thank people for responding to the consultation – patients and public deserve a response.

Equality issues: no data provided
No relevant information in relation to equality that can be used as part of the review in this document

14. NHS Calderdale and Greater Huddersfield CCGs (August 2016): Right Care, Right Time, Right Place. Independent Report of Findings

Location: Calderdale and Greater Huddersfield
When the engagement took place: 15 March to 21 June 2016
Who led the engagement: Midlands and Lancashire Commissioning Support Unit (MLCSU) produced the Independent Report of Findings
Who was involved: public
Number of people engaged: 7,582 surveys; 1600 people who attended events and over 450 letters, emails, phone calls and texts
Copy of report: https://www.rightcaretimeplace.co.uk/wp-content/uploads/2016/08/RCRTRP-Consultation-Report-of-Findings-August-2016.pdf

What the engagement involved:
A consultation ran for 14 weeks from 15 March to 21 June 2016 on the future of hospital and community services in Calderdale and Greater Huddersfield. The proposals were:

- To have two Urgent Care Centres, one at Calderdale Royal Hospital (CRH) and one at a new hospital on the Acre Mills site at Huddersfield
- To have one Emergency Centre at CRH
- To have a new Children's Emergency Centre at CRH
- To build a new 120 bed planned care hospital on Acre Mills site at Huddersfield
- To continue with more maternity services in the community
- To have more health services out of hospital and in the community

Key themes: -
Feedback on the proposed changes
60% of all respondents stated that they felt they would be negatively impacted by the proposed changes overall. There is a significant difference between respondents from Calderdale and Huddersfield. In Calderdale around 33% of respondents believe they would be negatively affected and in Huddersfield it was around 80% of respondents.

Some of the key themes that emerged in comments included concerns around travel times, impact on other hospitals and the ambulance services, and meeting the population's needs. Some respondents did highlight the feeling that this model will deliver a high quality of care.

Feedback on emergency care proposal
When asked what they like about the proposals 60.8% of respondents from Huddersfield ticked 'none of these apply' from the list.

A higher number of residents from Calderdale ticked that they liked elements of the proposal. None of the elements had over half of respondents stating that they like the proposed changes. However, only 27.2% of residents in Calderdale ticked 'none of these apply'.

The main concerns and worries people have about the proposed changes to emergency care are whether they will be seen and treated quickly, followed by their ability to travel.

There is almost a doubling in the number of concerned respondents in Huddersfield compared to Calderdale around being seen and treated and the ability to travel.

Feedback on planned care proposal

When asked to indicate what they dislike about the proposed changes responses are low, suggesting that respondents have few worries about the proposed changed to planned care. There are generally far fewer worries and concerns about planned care proposals.

Key themes to emerge are that an increase in demand is resulting in longer waiting times for operations and that this will only worsen when one hospital has to provide care for two towns. Again travel time and access to services is a real worry for the residents of Huddersfield and Calderdale. Also some respondents questioned the source of the money for the financing of Acre Mills.

Feedback on maternity services proposal

Few respondents offered suggestions on ‘what they thought would improve the proposed changes to maternity services’. Respondents were asked if they had any future suggestions or to outline if anything had been missed. Compared to other sections there were considerably fewer comments.

Where comments were made, respondents felt that the Calderdale maternity facilities need to be explained and that at present they are understaffed.

Responses indicate that people believe both towns require their own Maternity Units and there is not enough evidence that care closer to home will work.

There was some agreement that there is evidence of the benefits to this proposal, by maternity being consultant led.

Travel times and access remain key concerns.

Feedback on paediatric care proposal

The main worries raised by respondents were the speed at which they would be seen and their ability to travel to receive treatment. Again, respondents from Huddersfield were far more likely to have concerns and worries. When considering the quality of care and receiving the right treatment low percentages indicated that this was a worry.

Key themes raised included the issue of travel times in particular in an emergency. There was considerable concern about putting children’s lives at risk. Respondents noted that children can deteriorate rapidly, which risks the lives of more vulnerable patients.

Feedback on community services proposal

The main concerns raised were around whether community services are able to achieve the proposals and meet the demand. Included within this are staff levels and community workers.

Many queried the funding for the proposal because community services have been cut over recent years. Respondents also highlighted the need for more funding for GP surgeries and associated staff.

Respondents also raised concerns about the level of information provided on the proposal and in particular on how care closer to home will be achieved.

Equality issues:

There was a good response from residents as a whole, with over 1.5% completing the Survey overall and in terms of equality characteristics the data confirms that the Respondents are close to the demographic profile of each locality.

To understand what, if any, under representation existed between known demographic profiles and people responding to the survey, the section below highlights any difference of -5% or more; • Male response rates are 15% down in both areas

- ➢ Younger people, under 20 (under 30 in Greater Huddersfield) are much lower than the demographic profiles
- ➢ Christian groups were down in both areas, in Calderdale possibly due to a good response from Muslim people. Muslims in Greater Huddersfield were also underrepresented. A significant number of people did not respond to this question or provided ‘other’ religions, such as Spiritualism, Quakers etc.
- ➢ White British respondents in Calderdale were – 15.6% lower than their demographic profile and Asian/Asian British respondents in Greater Huddersfield were -6% lower than their demographic profile.

Extracts taken from report and analysed in relation to equality aspects and summarised below:

Utilising the themes identified across the survey in the open questions, analysis has been undertaken to understand if there is any difference in the responses to these questions by people from protected groups. Caution should be applied as some themes are raised by relatively few people. Some headlines are:

- Older people (aged 60 and above), disabled people and carers were worried about travel access.
- Lesbian, gay, bisexual and transgender people raised concerns in relation to patient recovery
- Younger people (aged 20 and under) raised worries about waiting times.

Service specific feedback included:

Emergency and Acute Care,

- People aged 41-50 years raised concerns regarding ambulance services being able to cope.
- Some groups of people showed support for this part of the proposal – these included people from Asian backgrounds.
- People who were pregnant or had given birth showed concern for site capacity.

Urgent Care,

- Young people were concerned with travel access.
- Some age groups showed support for this part of the proposal –people aged 21 to 50 and people aged 71 plus.
- Disabled people raised the issue of travel access to urgent care centres.
- Lesbian, gay, bisexual and transgender people raised concern with waiting times.

Planned Care,

- There was support for this part of the proposal from young people aged 0-20, disabled people and people from Asian backgrounds.
- Lesbian, gay, bisexual and transgender people and people Asian, Black, African and Caribbean backgrounds concern with waiting times.

Maternity Services,

- This received support from younger people (0-20 yrs.) and disabled people.

Paediatric services,

- There were no significant differences from general responses.
- People aged over 31 years old raised a concern with the NHS 111 service.
- People who were pregnant or had given birth felt that the proposal would put lives at risk.

Community Services,

- Disabled people and carers were worried about waiting times.
- People who were pregnant or had given birth and Transgender people felt the service would deliver inadequate care.

Young people aged 0-20 supported this part of the proposal.

15. NHS Calderdale and Greater Huddersfield CCGs (January 2016) 'Right Care, Right Time, Right Place' and 'Care Closer to Home' Report of findings Maternity and Paediatrics. Calderdale and Greater Huddersfield
Location: Calderdale and Greater Huddersfield
When the engagement took place: October - December 2015
Who led the engagement: Calderdale CCG
Who was involved: Local Councillors and MPs; Heathwatch; GP Practice Patient Reference Groups; The Third Sector; Right Care, Right Time, Right Place, Reference group; Clinicians and staff from a number of local health and social organisations
Number of people engaged: 835 maternity and paediatric services
Copy of report: https://www.calderdaleccg.nhs.uk/download/composite-report-right-care-right-time-right-place/

Our approach to engaging women, children, young people and their families was to use two specific questionnaires;

- A questionnaire for maternity and paediatric services aimed at women and families, and
- A questionnaire on paediatric services aimed at children and young people

Key themes

The key emerging themes from both the maternity and paediatric engagement and the paediatric engagement are as follows:

Maternity services

- People want to see staff who are highly skilled, professional, calm, compassionate and confident
- People want staff who are not rushed or stressed so they can give time to each individual
- People want to see the same staff throughout their pregnancy and where possible all the way through birth. This includes more midwife time after birth to support mums transition which would include the health visitor taking over
- People want as many services as possible closer to home and where they are not to have improved waiting and appointment times that fit around the needs of the patient
- Transport And travel are key including getting about in the latter stage of pregnancy and considering people who have other children and also don't drive. Designated parking spaces with longer waiting allowances for parents
- More information and support before pregnancy to ensure the right choices for birth are made, including support for dads. Most people who had a home birth reported a good experience but a lot of people did not understand what was on offer and did not feel informed enough about what this would mean
- More awareness and training for staff on the cultural view of home birth and also how to support families including same sex partners, adoptive parents and parents with a disability or long term condition
- Parents want to have good equipment in the right location with access to services if things go wrong – this included home birth transfers and access to consultants whilst in hospital

- The environment for giving birth was also important to people. People want a calm and clean space that is private and comfortable with lots of room and good nourishing food
- People want more support whilst in hospital including help with feeding and not being discharged
- too early
- For families who face complications or loss of a baby they would like separate spaces and entrances

Paediatric services

- Most parents want support to self-manage a childs illness or condition. This was described as advice, information and drop in services or facilities where they can gather advice and guidance
- Parents want services close to home with limited travel time and have described their GP practice as their preferred contact point in an urgent care situation which has the right equipment and staff to deal with a range of urgent care situations
- Parents want access to a paediatrician when they visit hospital and to know their child is being seen by the right healthcare professional
- Parents want separate spaces for children, including child friendly environments with shorter waiting times where children can be seen straight away
- Children and young people want reassuring and understanding staff who communicate well in a non-patronising way, speak different languages and who understand mental health conditions
- Children young people want reduced waiting times in A&E, an environment with child friendly facilities such as toys and Wifi
- Children and young people also prefer the GP as the first point of contact in an urgent care situation and want to be seen straight away in services near to where they live or close to home on good bus routes

Equality issues:
Themes from Maternity Section:

- Fathers / men wanted more information and classes, and to be more involved and feel included in the pregnancy and birth
- Privacy and confidentiality was very important to them
- Fathers / men wanted to be able stay at hospital to help with looking after the baby especially after traumatic births, more privacy and facilities for fathers at the hospital would help them to do this
- Black African heritage women were unaware of or felt that they were not being offered home births as an option
- Some Indian, Bangladeshi and Pakistani heritage respondents expressed concerns about communication difficulties with community midwives. The respondents felt that because they didn’t speak English or spoke limited English the midwives did not understand them. They felt that they received the wrong or worse care because they couldn’t explain their needs. The suggestion was to recruit more bilingual staff, or staff from differing ethnicities who could communicate in other languages or provide

interpreters. This would also be useful with regard to providing ante-natal classes in community languages

- A recurring theme from many of the female Pakistani heritage respondents was that homebirth was culturally inappropriate and considered unsafe
- Whilst the Indian heritage respondents highlighted not being given the option for homebirth which they would have preferred.
- Privacy and confidentiality were very important for the Chinese heritage respondents.
- Limited choice for women to give birth if they have a disability and usually not at home, a wider choice would be preferred
- That in particular for disabled women an “under staffed birth is really scary” There was also particular concern about staff being overtired and the risk this posed.
- Post-natal services need to be more advanced (patient centred) involving mothers/parents in decisions about what services they need and when they are no longer required
- More support for women who experience post-natal depression or who have pre-existing mental illness.
- Limiting patient information sharing on a need to know basis and respecting confidentiality
- Travel for disabled respondents was important to be kept within 15 to 30 minutes with more using public transport, access bus and volunteer transport only a few used patient transport
- Fear of perceived homophobia in hospital for women who identified as lesbian: “I gave birth at home and this was really good for me as I have had bad experiences in hospitals and I think I would have ended up having unnecessary intervention at hospital. I was also scared of homophobia in hospital which I didn't feel would happen in my own home”
- Negative experiences for some women: “Visited the hospital and the midwife who showed us round, was really patronising and homophobic and told me I wouldn't be able to have a home birth with my first baby. She didn't acknowledge my partner, made inappropriate jokes and excluded me and my partner from what she was saying when we looked round. As a result I did classes with the NCT instead of the hospital and did everything I could to avoid contact with anyone at the hospital.”
- Training for staff is needed both for hospital and community midwives about LGBT families and their needs: “treat LGBT or non-traditional family models with sensitivity and understanding”.
- Women who were pregnant rated being able to have a choice of how and where they give birth much lower in importance than those who were not pregnant,
- Women who were pregnant also felt they often did not have a choice for a home birth due to lack of staff.
- Safety was also very important to pregnant women which may have been reflected in their responses.

There were themes that resonated for women who had given birth within the last 6 months and those who were currently pregnant, these were:

- Continuity of staff, with regular contact, regular check-ups, and good information which is easy to understand
- Sensitivity training for staff on how to deal with patients at emotional times, some midwives unable to be empathetic e.g. at bereavement, still birth, miscarriage etc.
- More Ante- natal classes, ante-natal exercise classes and parent craft in accessible places in the community held at times that are convenient to those attending
- "Bring back the home birth team for continuity of care. Feeling like you had a relationship with them before 25 weeks."
- "Feeling like you had support in early pregnancy when you have history of miscarriage"
- Effective pain management and skilled, experienced staff who were not too tired or overworked
- Care Closer to home
- Bilingual staff and or language support and training for staff around diversity issues
- Breastfeeding classes and support: "Had to go to the breastfeeding cafe as my baby had tongue tie. They weren't able to book me an appointment at the hospital so had to visit the cafe to book an appointment and had to wait two weeks to be seen. I had my baby at Huddersfield but a friend who had her baby at Halifax whose baby also had tongue tie was able to book an appointment via the hospital so got an appointment whereas I had to wait till I could get to the cafe myself to book the appointment and then had to wait."
- Post natal support improved including support for post natal depression, exercise classes, drop-ins, emotional support, check-ups and home visits after birth.
- Discharge planning after birth if in hospital and easy to understand and clear information
- Access to right equipment, birthing pools
- Support for high risk pregnancies
- Support for partners and families regarding the birth/pregnancy
- Reduce waiting times for appointments
- 24/7 helpline for concerns or advice
- Women who had undergone IVF, Caesarean section or high risk pregnancies felt that there was little or no support / understanding of the physical / emotional experiences they had undergone.
- It is important to have staff listening to women and being aware of previous medical history – for one respondent their concerns had been dismissed and this resulted in her child being born with disabilities.
- Care closer to home and less waiting times for appointments
- More knowledge on dealing with babies born with special needs. Less pressure to have testing for things like Down Syndrome when parents decide not to.
- Sensitivity from staff when dealing with bereavement
- To provide support and guidance e.g. parenting guide and / or "someone available to give advice when needed give more information on parenting, parenting classes from NCT too expensive.

Themes from Paediatric Section:

- In relation to Urgent Care men rated these themes significantly higher than women:
- Knowing my child can be seen straight away by a healthcare professional-men
- Knowing I will see the right health care professional who understands my child's condition

- Feeling safe
- Black African heritage respondents were mainly using public transport
- Lack of use of interpreters or staff who spoke community languages was a concern for some Pakistani heritage respondents when their child was in a life threatening / urgent care environment. They felt this meant they couldn’t understand what treatment their child was having or may have implications with regard to informed consent if they didn’t understand what was happening.
- Not having transport or access to transport when trying to access urgent care for their child is a major concern for disabled parents. “I have to rely on others if I could be somewhere straight away I would”
- Rehabilitation services need to be accessible for both children and parents, concerns raised about services being placed in unsuitable buildings with poor access.
- Being listened to by healthcare professionals and concerns taken seriously.
- Stress for parents with additional needs caused by unnecessary or lengthy travel: “Asking parents of children with additional needs to take on even more unnecessary stress by having to travel to another town for services that should be available locally.”
- GP was the majority first point of contact for carers unless emergency care was required for their child

When looking at the themes by age range 5 to 18 the key themes identified were:

- Feeling safe and being seen quickly
- Having toys to play with and not waiting round in hospital / A&E
- Not having to travel far
- Having parents with them
- “To have someone understand my mental health issues”

16. NHS Calderdale and Greater Huddersfield CCGs (December 2015) Right Care, Right Time, Right Place and Care closer to Home. Report of findings Pre-consultation stakeholder event 2
Location: Calderdale and Greater Huddersfield
When the engagement took place: December 2015
Who led the engagement: Calderdale CCG
Who was involved: Local Councillors and MPs; Heathwatch; GP Practice Patient Reference Groups; The Third Sector; Right Care, Right Time, Right Place, Reference group; Clinicians and staff from a number of local health and social organisations
Number of people engaged: 102
Copy of report: https://www.healthwatchcalderdale.co.uk/wp-content/uploads/2016/02/Right-Care-Right-Time-Right-Place-report-of-findings-from-stakeholder-event-two-December-2015.pdf

What the engagement involved:
The event was part of a planned approach for pre-consultation engagement. The aim of the event was to:

- Provide an update on the journey so far for Care Closer to Home and Right Care, Right Time, Right Place (Hospital services programme)
- Present where we are up to with the clinical model and discuss and hopes and fears
- Present the appraisal criterial, how it has been developed and used and to engage with key stakeholders further
- To explain the next steps which includes plans for formal consultation
- To use the findings to help shape the options likely to be considered for formal consultation

In addition it was to ensure both CCGs have listened to and gathered any final contributions from key stakeholders

Key themes: -
- In general people agreed with the appraisal criteria used. Additional considerations were captured that added value to the original description. There were only a few recommended changes
- The ranking of the criteria proved difficult with most tables agreeing that all were equally important. However the highest ranked criteria was ‘Quality of Care’ followed by either ‘Access to Care’ or ‘Value for Money’.
- The feedback received about the event was positive, with most attendees feeling they had been able to follow the journey.
- There was a general view that engagement had informed the plans and this was evident in the work that had been presented
- GP Practices and community services need to be working, joined up and co-ordinated with better appointment times and longer 24/7 access

- There were concerns that the plans would not deliver what was needed including the right staff with the right skills in the right locations
- Support for mental health and the services required needs to be considered as part of any transformation plan
- People need to understand how services currently work and what they will look in the future to be able to fully consult on any future service options

Equality issues: equality monitoring data collected
The demographics of the respondents have been compared to the local community profile with the caveat that the people at the events were invited key stakeholders, representing groups such as the voluntary and statutory sectors so they may not be representative of the community as a whole. The data is drawn from the Census 2011; however this provides data for the local authority areas, so the data for Greater Huddersfield will include all of Kirklees.

- Of the postcodes 38% were from Huddersfield, 45% from Halifax postcodes and 17% either did not state or were from out of area. People may have recorded their home 23 address and while they may work in Calderdale and Greater Huddersfield do not live there. This reflects a higher attendance at the Calderdale event.
- There was no representation for age groups 0-17, 18-25 and limited representation for the 75plus age group.
- There is a limited depth of representation across the local communities, some due to the small sample size but also the size of the event and response rate. However, it should be noted that successful targeting of pre engagement activity in July and August 2015 over representative of BME groups particularly of Pakistani, Indian, Black African and Black Caribbean heritage,
- Religion was not documented properly or measured against demographics
- The data from the census recorded 17.9% (Calderdale) and 17.7% (Kirklees). This was made up of people limited a lot, 8.2% (Calderdale) and 8.4 (Kirklees) and limited a little 9.7 (Calderdale) and 9.3% (Kirklees).
- Of the respondents 7% identified themselves as carers, the 2011 census found 10.5% (Calderdale) and 10.4% (Kirklees). Although this is lower than the general population, successful targeting of pre engagement activity in July and August 2105, resulted in an over representation of carer responses

Considering the qualitative data captured at the event there were some equality themes that can be drawn out as follows;

- We need to consider the needs of people with a learning disability and focus more on mental health
- Equality of access was of particular importance in particular meeting the needs of older people

Travel, transport and parking could have an impact on those with a low income, people with a disability, young people and people from particular geographical locations

17. NHS Calderdale and Greater Huddersfield CCGs (September 2015) Calderdale and Greater Huddersfield Hospital and Care Closer to Home Summary of findings from all engagement and pre-engagement Public, patients, carers and staff March 2013 – August 2015
Location: Calderdale and Greater Huddersfield
When the engagement took place: March 2013 – August 2015
Who led the engagement: Calderdale CCG
Who was involved: Stakeholders
Number of people engaged:
Copy of report: https://www.rightcaretimeplace.co.uk/wp-content/uploads/2014/03/Calderdale-and-Huddersfield-Hospital-and-CC2H-Report_Dec_2015.pdf

What the engagement involved:
Review of all engagement activity that had taken place during March 2013-August 2015.

Key themes: -

- As many services as possible should be close to home in local settings such as a GP practice with improved waiting and appointment times
- Services that are coordinated and wrap around all the persons needs involving a range of partners and agencies
- The right staff. With the right skills that are caring and competent and treat people with dignity and respect
- Services that are properly planned and that are appropriately staffed and resourced, have the right equipment and maintain quality
- More information available about health conditions and more communication about what is available to ensure people can make choices and have support to selfmanage health care
- Services that everyone can access including clean comfortable buildings aimed at the right target audience, appropriate information and staff that represent the community they serve.
- Any barriers to parking, travel and transport addressed with a clear plan which takes account of diversity and locality
- Improved communication between all agencies involved in a persons care and treatment including better communication with young people
- Services that are responsive and flexible - particularly in an urgent care situation
- Reduce delays in getting the care and treatment required and improving waiting times
- Technology that people can use to reduce travel times and unnecessary journeys – particularly for young people
- Support for mental health across all services

Equality issues:
Extracts taken from report and analysed in relation to equality aspects and summarised below:

A review of the evidence collated for this report demonstrates that there are some themes that are likely to be particularly resonant with protected groups. These include:

- Providing seamless, holistic care that links all aspects of care together and wraps around all of a person's needs
- Making sure all changes to services are properly planned and resourced and do not lead to problems accessing services
- Giving clear information to the patient about their health conditions and the plan for their care
- Putting the patient at the centre of their care
- Ensuring that all services are fully accessible for all people, including those with specific access needs
- Minimising barriers to health care caused by travel times and costs
- Involving carers and family in care planning
- Improving communication about patients both within and between primary, secondary, community and voluntary sector, and social care
- Delivering flexible services that offer the right care at the right time in the right place
- Respecting patient dignity when delivering care
- Enabling people to care for themselves and seek help when they have concerns

There was some evidence of specific issues highlighted by some equality groups during the Pre-engagement process. These were:

Disability: Location of services was important to consider with particular reference to accessibility, it needed to be considered in a wider context than the building itself.

- Changes to services can have a particular impact on patients with rare conditions requiring specialist knowledge.
- Patients / parents were prepared to travel for specialist services**.**
- An example was given by a parent with problems on the new personal budget arrangements for their child. Senior nurse questioning an occupational therapy report, delaying access to treatment. New reforms need to be properly co-ordinated ensuring different bodies / branches of NHS / Education / Social Services are working together.

Specific comments re service delivery related to disability:

  - Information about accessibility of services needs to be well communicated.
  - Access to wheelchair friendly transport, many wheelchair users require a carer to accompany them, consider whether wheelchair accessible travel is available after 5pm
  - **'**Disability equipment' (e.g. wheelchairs and other mobility aids) should be transported with the patient both to and from the hospital / point of care. This was important for the dignity and independence of the patient. It was noted that currently separate transport for equipment was needed for homeward transport.
  - The Butterfly Scheme for patients with Dementia was referred to as a way of significantly improving the experience of patients and carers.
  - Call button needs to be within reach of patients, especially those with disabilities

- **Mental health-related issues / issues raised by mental health engagement focus group:**
    - Self-harm injuries needing stitches – go to A&E as nowhere else to go
    - Staff attitude (kind, caring and helpful) is particularly important
    - Need to be able to see someone straight away in an emergency
    - Important that clinician understands the person's condition
    - Feeling safe is very important
    - Prevention and a person centred approach are important. Many health problems caused by poverty and can be prevented
    - People with mental health problems may find it particularly difficult to get from one place to another, therefore transport should be provided
    - Cancellation of appointments for has a particularly negative impact on a person's mental health
    - Concern about using technology as worried about data security
    - Post crisis / admission treatment must be easily accessible to ensure rehabilitation

- **Child Adolescent Mental Health Service (CAMHS):** hard to access (Tiers 2 & 3), lack of children's counselling / group therapy services. Parent felt let down by CAMHS service.

- **Issues raised through engagement with Deaf people:**
    - Very important to have access to BSL interpreters (NRCPD qualified – check)
    - Would like to be seen by a person with expert knowledge, not too far away from home (no more than 30 minutes away where possible).
    - Patient records need to flag up BSL interpreter need so that this can be booked in advance
    - Confidentiality is important
    - Communication via text improves accessibility for deaf people, being able to make appointments and getting reminders.
    - Deaf people would prefer face to face contact for appointments
    - Deaf awareness training to be provided to all NHS, including CCGs, frontline staff of all medical service providers
    - Would prefer all Deaf rehab services (e.g. gym / swimming groups), this aides communication and may speed up the rehabilitation process

Ethnicity

- Many said that their English language skills were limited; therefore they needed access to an interpreter, and were not confident that they would get this in services not provided by the hospital.
- They also said that this needs to be considered when providing information about services and making some services online, many were concerned that not being able to speak English would have a significant impact on accessing service.

Carers

- Travel and parking was raised as an issue. Carers said that parking concessions are important and that carers can be restricted from travelling further away.
- Same day appointments would be beneficial due to the unpredictability of when they had time to themselves.
- The loss of walk-in centres was particularly felt by carers who said this gave them the flexibility to manage both their health and those they were caring for better. They suggested practices offering an hour a day of drop-in slots for patients.

18. NHS Calderdale and Greater Huddersfield CCGs (August 2015) Right Care, Right Time, Right Place and Care Closer to Home. Report of findings Pre-consultation stakeholder events Calderdale and Greater Huddersfield
Location: Calderdale and Greater Huddersfield
When the engagement took place: August 2015
Who led the engagement: Calderdale CCG
Who was involved: public, VCS and key stakeholders
Number of people engaged: 64 @ Huddersfield event; 100 @ Calderdale event
Copy of report: https://www.calderdaleccg.nhs.uk/wp-content/uploads/2014/11/Report-of-findings-Right-Care-Right-Time-Right-Place-and-Care-Closer-to-Home-August-2015.pdf

What the engagement involved:
NHS Calderdale CCG and NHS Greater Huddersfield CCG held two events, hosted in each locality in August 2015. The events were part of a planned approach for preconsultation engagement, with the primary aim of listening to stakeholders. In addition the events were set up to:

- Provide an update on the journey so far for Care Closer to Home and Right Care, Right Time, Right Place (Hospital services Programme)
- Present the findings from the engagement activity since March 2013 to the present date
- Sense check the findings from the engagement and give stakeholders an opportunity to comment further
- To explain the next steps including stakeholder event 2, which will be a joint event
- To use the findings to help shape the options likely to be considered for formal consultation

In addition it was to ensure the CCGs have listened to and gathered all the points of view we need to consider from staff, patients, carers and the public to further develop our plans for ‘Care Closer to Home’ and ‘Right Care, Right Time, Right Place’ .

Key themes: -

- A need to communicate our plans to the wider public, explain our reasons clearly and in plain language and be honest about our constraints and resources.
- That Care Closer to Home is the way forward and some progress can be seen, more should be done to demonstrate it is working, again more publicity.
- The public want to stay involved in the development of any plans and want us to improve our engagement to ensure everyone has an opportunity to influence services in the future.
- There was a general consensus that change needs to happen, but the pace of change is slow and we need to evidence why change is necessary to wider audiences.
- Travel and transport need to be considered as part of Care Closer to Home as much as hospital services and we need a plan to address this.
- Partnerships need to be strengthened we need to show we are working with colleagues from the local authority, ambulance service and the voluntary sector to ensure our plans work.

- We have a diverse population and we need to consider all our population when designing new services, current services still don’t address patient needs in terms of access, culture, information and communication.
- Workforce skills and capacity, estates and new technology are all highlighted as key areas requiring thorough consideration if models are to be delivered.

Equality issues: equality monitoring data collected

Calderdale

- Vulnerable need support to know where to go
- Language barriers are still causing problems for access to services

Greater Huddersfield

- We need to consider a diverse population when providing services, including information and access
- One solution does not fit all
- Staff training is needed on cultural issues, closer to home should mean more responsive to local community needs and reflect the population it provides services for

Asylum seekers need to be supported to understand the NHS system in the UK

19. NHS Calderdale and Greater Huddersfield CCGs (August 2014) Right Care, Right Time, Right Place, Report of Findings – Stakeholder Event
Location: Calderdale and Greater Huddersfield
When the engagement took place: August 2014
Who led the engagement: Calderdale CCG
Who was involved: Local Councillors and MPs; Heathwatch; GP Practice Patient Reference Groups; The Third Sector; Right Care, Right Time, Right Place, Reference group; Clinicians and staff from a number of local health and social organisations
Number of people engaged: 92
Copy of report: https://www.rightcaretimeplace.co.uk/wp-content/uploads/2014/03/Final_Report-of-Findings-from-the-Stakeholder-Event-August-2014.pdf

What the engagement involved:
The purpose of the stakeholder event was to ensure that the process we had followed as part of both the Providers' and Commissioners' engagement process had adequately captured the views of all those who wanted to share a view or make a comment. In addition we wanted to provide feedback on the findings so far so we could gather any final views which could then be considered as part of the engagement process.

Key themes: -

- Participants were generally in agreement that they want services closer to home, delivered by the right staff in the right setting with transport and estates considered.
- Stakeholders want to see more detail to these plans which they felt were too vague. Stakeholders want to know what it means for them and they want to continue to be engaged in this process.
- Supported self-care and prevention was a key focus to enable these plans to work and this included the right approach, information and communication.
- Stakeholders wanted the model to reflect the diverse population and meet the needs of those who are more vulnerable and require different approaches and support.
- The third sector wanted to play a key role in developing and delivering these services at a local level in a variety of community settings.
- Participants were considered about the financial and work force considerations required by this model and whilst it looked good in principle were unsure if it could be delivered.
- Stakeholders welcomed multi agency working, single care plans and a single point of access which included information sharing, but wanted to see social care as a more central part of the community model.
- The in hospital standards confused people, they wanted to know what this would mean for hospital services and needed more information.
- People agreed with 24/7 access in primary care and saw the GP as central to this model, however access and availability of GPs were a concern.
- Stakeholders want Commissioners to address some of the issues relating to hospital discharge, transport and A and E as part of this model.

Equality issues: equality monitoring forms

Considering the qualitative data captured at the event there were some equality themes that can be drawn out;

- Information should be accessible; this is for both the future and for the materials used through the engagement
- Specific groups should be considered such as; carers, older people and women

Specific areas should be considered, such as; elderly discharge, transitions for young people to adults services.

20. Musculoskeletal Services

Location: Calderdale
When the engagement took place: June-July 2014
Who led the engagement: Yorkshire and Humber Commissioning Support
Who was involved: Public (particularly users of the musculoskeletal services), key stakeholders, providers and voluntary and community sector organisations
Number of people engaged: 40 stakeholders at an event, 114 survey respondents
Copy of report: contact the CCG engagement team

What the engagement involved: Review of local engagement work and literature surrounding musculoskeletal services, 1 public event, and a patient experience survey were summarised in 2 reports, *NHS Greater Huddersfield CCG, MSK Services Engagement Report, August 2014,* and *NHS Calderdale CCG, MSK Services Engagement Report, August 2014.* This is a summary of the information in the Calderdale based report.

The CCGs completed this work because there was a need to review the service pathway, explore opportunities for delivering care closer to home, and ensure the service is equipped for future demands.

Key themes:

- Improving the assessment process to include a triage service enabling patients to be seen by one person and being referred to the most appropriate service for them rather than having to access different services.
    - Patients said it was important that to simplifying the referral procedure, allowing them to be assessed quickly, and referred in to appropriate services
    - As some parts of the MSK service are funded by different parts of the health and social care system, they can operate in isolation and not communicate well, which can lead to delays in referral and care.
    - There were mixed reviews of the waiting times between referral and receiving the service, with some people reporting this was a good feature of the service, and others feeling they had waited too long for assessment.
    - It’s important to allow people to select the option that is best for them, which should be about their care needs, rather than their ability to travel to somewhere.
    - Some people felt that they could choose when and where there appointment was so it was convenient for them to use the service, others felt that they couldn’t get appointments at convenient times and locations.
    - Some felt that they did not always having the appropriate information to enable them to make an informed choice.

- Reducing the need for patients to access MSK services through prevention and the education of young people.
    - This could be through a screening programme for young people, using technology to make them more aware of the risk factors and how they can minimise them.

- Considering self-referral into services or back in to services where need arises.
    - Some patients want to self-refer directly to services (as they can in some cases) even if that’s just for advice and support to help them manage their own care.

- Supporting those with long-term conditions and appreciating the different need for ongoing support was also part of the feedback received.

  - For patients with long term conditions, episodic care for symptoms does not address their permanent needs; for them, a one-size fits all service isn't appropriate, and they can feel that support is being rationed.
  - It's important to give proper consideration to the person's needs and to give them time to explain.

- Providing information for patients needing advice and support but also improving communication between services and with patients.
  - It's important to provide information and advice as well as treatment, in order to help people to self-manage their pain and their conditions
  - Some patients reported feeling that they had been given exercises to do without explanation of how to do them, which had impacted their impression of the service, and made them feel that they weren't understood.

- Providing information on the services available and increasing awareness, both for patients and clinicians.
  - This was seen as helpful and something that would further improve the experience of care and referral. Patients reported a lack of awareness of what services are available from both the public and professionals.
  - Professionals need to know more about what other services are available that complement what they deliver so they are able to signpost.

- Good perception of the current service with the location within the Orthopaedics service providing opportunity for sharing of information and easy internal referral.
  - Patients thought it was helpful to have the MSK services located within orthopaedics as it led to good links between services.

- Integrating services would improve the MSK pathway and levelling the differences between contracts and models would make it easier for staff working within the MSK service to navigate.
  - There is a need to better integrate MSK services from Huddersfield and Calderdale, so there is consistency in the way the service is delivered across the whole area.

- Reducing in waiting times, increasing appointment duration and making the referral process faster were all seen as aspects that would improve the MSK service.
  - There is a need for a single point of access/triage type system to make referrals in to the services smoother and allow patients to get to the right service the first time.

- Working with the right staff to deliver care at the right place and the right time, without the need to refer back to the GPs each time, was seen as an opportunity to further develop the service.
  - Employing the right people who are knowledgeable, caring, supportive, and aware of other complimentary services.
  - The attitude of the staff was thought to be particularly crucial when dealing with more vulnerable people.

- Increasing the use of technology and looking at sharing of patient records to support care.
  - Each patient should have a single record of their care needs that can be shared between services so patients receive consistent care, and don't have to keep telling their story.

Equality issues:
Due to the limited number of responses to the survey from people who are not White British, it is difficult to identify whether there would be a specific impact. These services are accessed by some people with long term health conditions and disabilities, and older people, so it important to consider their needs more specifically in light of changes.

There is a comment in the work that there may need to be some improvements in the way that information is explained to people with learning disabilities.

21. Respiratory Services

Location: Calderdale
When the engagement took place: Between May 2013 and June 2014
Who led the engagement: Yorkshire and Humber Commissioning Support
Who was involved: Patients and service users of respiratory services and members of the Breathe Easy Group
Number of people engaged: 7 members of the Breathe Easy Group, 9 patients/carers involved with the Experience Based Design Group, unknown numbers of survey respondents.
Copy of the report: contact the CCG engagement team

What the engagement involved: An outpatient survey, and patient satisfaction survey.
Group discussion with the Breathe Easy Group and a focus group on patients' views and experiences of the respiratory service using an Experience Based Design method.
Summarised in *Experienced Based Design – Respiratory Services in Calderdale.*

Key themes:

- Positive experiences of the care provided by the community respiratory specialist nurses, but mixed experiences of hospital care.
    - It is important that organisations maintain and look to continuously improve this standard in community nursing, particularly as patients feel already that there aren't enough of these nurses.
    - Patients feel like they have to wait around in hospital for a bed, medication or transport to get home after hospital care.
    - Patients would like to see all clinics running to time and well organised.

- Improving the experience of patients accessing their GP for support with respiratory conditions.
    - Patients have a variable experience of primary care and urgent care.
    - It would be beneficial for respiratory patients to have a care plan with their general practitioner, so they could be fast tracked for appointments in urgent situations, and GPs could pick things up quickly and take action.
    - Practices should provide respiratory patient with information and signpost them to groups and organisations that can give them specialist advice, guidance and peer support.
    - In some cases, patients feel that smaller practices offer better access to care, but in bigger practices, they struggle to get past the receptionist.
    - The benefit of the community specialist nurses is that they bridge primary and secondary care.

- Improving communication between patient, their loved ones and members of staff when in hospital, including communication about the patients care, and what is available for the carer.
    - Poor experience of hospital services due to poor communication, moved between wards without an explanation, losing personal possessions and staff shortage on hospital ward.
    - Some patients are unhappy that it was possible to overhear private conversations whilst staying in the hospital ward.
    - The hospital teams need to improve the quality of communication, particularly the explanation of the care patients receive when admitted in an emergency.

  - The hospital and healthcare community should look at how they support the loved ones of patients who are admitted to hospital in an emergency, particularly what support is available for those going home from hospital alone at night.
  - Providers and commissioners should have a continued dialogue with patients in order to continue to improve and enhance respiratory services.

- Considering all barriers to accessing supported self-management programmes, peer support and clinical services.
  - Providers should consider transportation to and from meetings and events and the follow up for patients after they have completed pulmonary rehab, including accessibility by public transport and the cost of parking. Patients are concerned about car parking availability and cost information not being shared between providers.
  - Peer support is critical in motivating people to self-care
  - Some patients had positive experiences of the pulmonary rehabilitation course; they found the booklet, exercises and facilities useful, although they expressed concern about lack of follow-up after rehab programme.
  - It’s important to offer follow up support but there needs to be a full consideration of what barriers there may be to accessing that, for example there is an exercise class available at Halifax Fire Station but the cost of £5 per session is expensive for patients.

- Providing more information in all aspects for care, from self-management, to during hospital stays, and after care.
  - Patients want information about available support services e.g. support groups and self-care tools
  - Relatives need more information and support when patient is admitted late at night.

- Delivering services locally to the patient, rather than in specialist centres.
  - Patients want continuity and services to be delivered locally- not having to travel to specialist centres.
  - Patients happy to have home visits from nurses and therapists but would like to see doctor at the hospital.

Equality issues: No information

22. Self Care

Location: Calderdale
When the engagement took place: January 2015
Who led the engagement: Calderdale Clinical Commissioning Group
Who was involved: Representatives from Calderdale Health Forum, groups of service users with long term conditions.
Number of people engaged: 30 people engaged at the Calderdale Health Forum Event, 40 people engaged through the Health Connections programme of focus groups.
Copy of the report: contact CCG engagement team

What the engagement involved: Engagement tasks, facilitated by Engagement Champions, which involved focus groups to discuss Care Closer to Home/Supported Self Support Care.

Key themes:

- Importance of providing the information, advice, support and guidance that allows people to self-care, particularly for those with long term conditions and for those who are newly diagnosed.
    - *'There is loads of rubbish to sift through, so many myths and variable opinions and advice. I get told different things about sugar levels by different health professionals'*
    - The majority of people reported that following diagnosis of their long term condition, they are left to their own devices in terms of managing their illness. Health professionals assume that patients understand the illness/condition diagnosed.
    - One participant reported that despite undergoing major surgery for pancreatic cancer and subsequent diagnosis of diabetes, she was not informed of what support strategies were in place or services she could access to help her illness. She was not taught how to do sugar level testing, nor had the knowledge of what testing kits to use. She strongly felt that she had to do a great deal of independent learning.
    - *'Need to know where to go. Still uncertain if it's 111, 999, the GP. Who do you call? Where do you go?'*

- Improving communication between different organisations to ensure services are seamless.
    - Poor communication between organisations/staff can mean that people are not assessed and treated holistically.

- Difficulties with managing and getting appropriate medication from pharmacies and hospitals.
    - Pharmacies don't always hold enough or any stock of medication needed and there are supplier/manufacturer problems.
    - As medication is vital in the management of many conditions, sometimes patients share it or give it to other patients because of availability issues. These discrepancies have to be explained to Doctors who don't seem to understand this need.
    - Sometimes a hospital prescription is offered but not always; this need to be more consistent.
    - Some people feel like they face a battle to get the medication which best suits their condition.
    - *"….on researching the medication prescribed for the illness [she] became aware of some of the major side effects. Due to perseverance and countless visits to her GP she insisted for her medication to be reviewed"*

  - *"….doctors didn't accept my word about contraindications so I had to argue about what food and what other medication I could take with my specialist Parkinson's medication."*
  - Also, people want to have access to and choice of alternative, holistic therapies and treatment such as reflexology or acupuncture.

- Increasing the flexibility in accessing services, for example being able to book appointments out of work hours, being able to access walk-in centres with extended opening hours, and being able to get an urgent appointment, in between routine appointments, if they have concerns related to their condition.
  - *"Diabetics get a yearly check-up and yearly eye and foot checks. If I get concerned before then I am told there is no need for more frequent appointments and made to feel a nuisance"*
  - For some patient's, attending a hospital appointment is not in their best interest, so having services which are flexible and responsive to individual patient's needs would be beneficial.
  - *"My mum has dementia. She lives in a care home and needs a regular gynaecological procedure that could be done at home. However, she has to attend a hospital appointment where she becomes distressed and stroppy and because of this it is not always possible for the procedure to be carried out."*

- For Care Closer to Home/Supported Self Care to work it will be essential to build on and develop new ways to deliver support in the community, and people have concerns about how this will be achieved.
  - Some people want to be able to access local, community-based support to help them manage long term conditions. This could include education programmes, support groups, social groups, activity groups, peer support and local hubs.
  - Groups and one-to-one support could be delivered/supported by local volunteers, possibly asking people dealing with similar long term conditions to become involved.
  - One participant said she would love the opportunity to support other diabetes patients with understanding illness, strategies to coping with illness, approaches to de-stressing using holistic approaches.

- Increasing awareness of services that are not directly linked to their diagnosis, but that could offer them support, such as counselling services.
  - People with long term conditions often feel a huge amount of strain which can affect confidence, self-esteem, independence, finances and relationships with family and friend. This can all lead to stress, anxiety and depression. People reported that they were not aware of counselling services to help them cope with their diagnosis and the subsequent impact on their lives.
  - Also, the impact on carers, friends and family should not be underestimated.

- Concerns about how 'Supported Self Care' will work in practice. Concerns mainly relate to how and where services can be delivered in the community and the extra burden this might put on already over-stretched GP services.
  - Some people prefer going to the hospital for their appointments because *'the hospital has more autonomy and …they were in much safer hands with people having higher levels of expertise'.*

Equality issues: In one of the focus groups coordinated by Health Connections, 12 out of 14 people who accessed hospital services for their condition had to use interpreter services when they attend appointments. However, when newly diagnosed, they felt “it is not taken into consideration that due to language barriers, individuals will not necessarily understand how to cope with the illness”.

23. Unplanned Care
Location: Calderdale
When the engagement took place: June-July 2013, report produced in September 2013
Who led the engagement: Yorkshire and Humber Commissioning Support
Who was involved: The general public, with some targeted groups
Number of people engaged: 2437 people responded to the survey (statistically robust evidence base)
Copy of the report: contact CCG engagement team

What the engagement involved:
A survey asking people what features they would like from an unplanned care service that was distributed widely across Calderdale through mailing list, and direct contact with specialist groups.

People were asked a series of questions; each presented various options for ways in which services people could be delivered, and people were asked to choose what would suit them best. This provided an understanding of people's priorities for urgent healthcare issues.

Key themes:
The results show that people in Calderdale prefer the following attributes in order of priority as follow:

1) Shorter waiting times for an appointment
    - People placed most importance on access, wanting to receive same day appointments compared to waiting up to two days for an appointment.

2) Shorter journey times
    - People prefer journey times within 10 minutes compared to more than 30 minutes.

3) A health professional known to them
    - Females prefer to know the health professional they see significantly more than males.
    - People aged 66 years old more concerned with seeing a health professional they knew compared to younger people (aged up to 35 years old).
    - Participants who reported having a disability preferred to see a health professional they knew.

4) To be seen by a doctor
    - Participants who reported themselves as Pakistani were significantly more likely to prefer to be seen by a doctor than a nurse.

5) To be given a choice of appointment time
    - People who reported they were British preferred shorter waiting times for an appointment and to have a choice of appointment time.

Additional themes included:

- Ensuring unplanned care services are available from 8am to 6:30pm on weekdays
- Monday to Friday between the hours of 8am to 6:30pm were considered most useful.
- Bank holidays were considered least useful.

Equality issues: The responses were analysed against equality monitoring data and the significant results are reported above.

24. NHS West and South Yorkshire and Bassetlaw Commissioning Support Unit (July 2014) NHS Greater Huddersfield CCG Child Development Service Consultation Report
Location: Calderdale & Greater Huddersfield
When the engagement took place: May-June 2014
Who led the engagement: Yorkshire and Humber Commissioning Support
Who was involved: Carers and young people using the Child Development Service, and professionals
Number of people engaged: 15 from carers, 2 members of the public, 2 organisations and 3 professionals
Copy of report: contact CCG engagement team

What the engagement involved: Due to the pending closure of the Princess Royal Community Health Centre, it was necessary to consult with the public to explore options for the move of the Child Development Centre at PRCHC. The expectation is that this service will be relocated to be close to the paediatric care provided at Calderdale Royal Hospital. This engagement involved a review of existing data from PALS and other engagement activity, a survey and a meeting with Calderdale Parents and Carers Group, which were summarised in the *NHS Greater Huddersfield CCG Child Development Consultation Report (July 2014).*

Key themes:

- Concerns about the impact of moving the CDS out of Huddersfield on Huddersfield residents.
    - For those who rely on public transport, this could mean far long journeys.
    - For those that have access to a car, it was suggested that more parking spaces would need to be made available at Calderdale Royal Hospital that should be allocated to the CDS.
    - Families spoke very positively about the current location's accessibility and felt that some additional transport should be provided to allow families to travel to the new location, especially those with frequent appointments.
    - For specialist services, families are happy to travel further afield (up to 30mins).

- Developing the Child Development Unit into a one stop assessment centre that provided a wide range of services, such as diagnostic tests and assessments.
    - There is a positive approach by the service to meeting each individual child's needs, through a "joined up" service, especially in the assessment of babies and young children with developmental problems, and this should continue.
    - This should mean that appointments and meetings can all be accessed at once, and provides opportunities to meet with other families.
    - One location should encourage multidisciplinary work/support that child and family receive, with improved links to other services and therapies, keeping the child at the centre of their care.
    - CDS is currently delivered by a specialist team of dedicated professionals, with the appropriate knowledge and skills, and any move to a different location shouldn't mean

    loss of staff meaning families retain contact with the staff that they trust and respect families.

- Providing routine and ongoing therapies at locations that are closer to home.
    - Popular suggestions included at Huddersfield Royal Infirmary, GP surgeries and health centres.
    - Young people reported that they would like the venues to be friendly to them, as well as local, with information available on line or through youth centres/workers.
    - Appointments local health centres may be preferable for families with long travel times to a Child Development Centre.

- Improving the provision of the service by delivering it over 52 weeks a year.
    - It was felt that this was a helpful development that may help to reduce waiting times.

- Providing outreach within mainstream schools.
    - There was a feeling that children who go to special schools get better access to services than those in mainstream education.

- Concerns about the availability of appointments and potential increases in waiting times, if services for both Calderdale and Huddersfield areas are to be based at one centre.
    - Waiting lists are currently too long to get access to the highly commended services, and there were concerns that a merged site might lead to a longer waits.
    - There are concerns about the accessibility of appointments for young people; they need to be at convenient times, such as just after school, and in local venues.

- Importance of supporting and involving the family of the child using the service.
    - The priority should be providing families with a quality service that offers ongoing support and advice.
    - It’s important to support parents, carers, siblings and friends so they can support the young person.
    - There is real value in having opportunities for children and families with similar needs to interact and support each other, with parents saying that play groups for their children were particularly helpful.

Equality issues:
As this service is in place to support children with multiple health needs, changes to services and where they are provided could lead to a disproportionate impact on disabled young people.

25. Call to Action

Location: Calderdale
When the engagement took place: October – November 2013
Who led the engagement: Yorkshire and Humber Commissioning Support
Who was involved: Voluntary and community groups, Calderdale Health Forum, members of the public and people with a learning disability
Number of people engaged: 280
Copy of report: contact CCG engagement team

What the engagement involved:
A survey, available online and in paper format, was sent to voluntary and community groups, the Calderdale Health Forum and was available on Calderdale CCG's website.
Staff engaged with people with a learning disability at the 'It's My Health' event and used an easy read version of the 'Call to Action' survey to gather feedback.

Two training sessions were arranged so that voluntary and community groups could become trained on community assets for the delivery of engagement; they were asked to deliver 'Call to Action' conversations as part of the training.

There was also the opportunity for local areas to respond to 'Call to Action' using film; this was hosted at a community venue in Ovenden, Halifax.

The 'Call to Action' asked members of the public to give their views on four broad but fundamental questions:

- How can we improve the quality of NHS care?
- How can we meet everyone's healthcare needs?
- How can we maintain financial sustainability?
- What must we do to build an excellent NHS now and for future generations?

The findings are summarised in *'Call to Action: Engagement Report for Calderdale CCG, January 2014'.*

Key themes:

- All information from the NHS should be available in easy to understand formats and use a variety of different methods to reach the appropriate audience.
  - There needs to be more information about how to maintain health and wellbeing and how to avoid preventable conditions.
  - There should be more information on the services available and how to access them.
  - Education courses should be available for specific conditions and general health and wellbeing, preferably delivered by people with the condition themselves to provide peer support.
  - Education on diet, nutrition and lifestyle especially health eating and cooking skills should be available in public places through free classes in the community.
  - More education and information should be available for young people, starting in schools and Sure Start centres.

- Investing in community and primary care, as well as local community and voluntary groups that provide support for local people with health conditions.
  - Utilise youth clubs and community centres, put services in existing community buildings, and identify community representatives.
  - Give communities choice and control by talking to them and listening.
  - Engage with work places in the local area.

    - Look at transport, getting about in the area and parking.
    - Reduce isolation and inequalities in health.

- Calling for changes to be made on a national scale to preventative health initiatives.
    - Changes should be made by government, such as charging for unhealthy lifestyles such as high taxes on sugar, junk food, alcohol and smoking to help subsidise healthier lifestyles.
    - Campaigns are needed to raise awareness of exercise and healthy food options.
    - There should be an acknowledgement that society needs to change, rather than relying on the NHS.

- Encouraging self-management of health conditions is very important.
    - Respondents used the term self-help, self-management (manage) or 'helping people cope' to cover self-care.
    - To patients this includes care that is personalised with the support of specialist staff; access to support groups with clinicians attending; places where you can drop in to get advice, support, assistance and equipment in the local community; courses on self-management, nutrition, prescribed exercise; involvement of wider networks such as carers and families; community assistants, champions and buddy schemes; advice and helplines available 24/7.
    - There is also a need to offer 'Self Care' to those who are not unwell and those who have caring responsibilities to ensure that they don't become unwell. This could be through well-being courses for the community, or breaks and support.
    - It's useful to encourage people to form relationships with local pharmacists to manage medication.

- Improving access to health services.
    - This included opening times and appointment availability, particularly aimed at GP practices and primary care.
    - Provide services on varying days and times.
    - Increasing awareness of access issues for all staff, especially around disabilities.
    - People with a long term condition would like to access their services through one point.
    - Some people need longer appointment times, so more time can be spent listening to the patient.
    - Improvement should be made to home visits, GP services should be more available in community settings.
    - Reducing waiting times for appointments and change the booking system
    - Making appointment available in the evenings and at weekends, and ring fence appointments for people who work.
    - Employing the right staff who can communicate in the right language or format, and having specialist staff working in GP practices

- Training staff including changing the culture of the NHS, communication and transparency.
    - Train all staff, including medical and administrative, to change the culture of the NHS, to make the NHS transparent at all levels.
    - Improve communication with patients and ensure they understand their condition and treatment options and are able to make informed choices about their own care.
    - Recruit the right staff that represent the language and culture of the local population.
    - Train specialist staff (or have a matron lead) who understand different disabilities and mental health.

- Working together, across all agencies, not just health, to improve health and wellbeing.
  - Joint teams that are managed centrally, not just teams that work together.
  - Sharing of information and the ability to access a shared, patient owned record for those that need to.
  - All public services should have a remit to improve health and wellbeing.
  - Third sector should be an equal partner.
  - Utilise community assets and work with local communities on tackling inequalities and wider determinants of health such as housing.

- Providing regular check-ups, including annual check-ups or possibly more frequent depending on the age and condition, for everybody.
  - Patients should be offered a wide variety of health and wellbeing checks, many people described this as an MOT or health review, and more routine scans and screening.
  - There should be a call for more targeted check-ups for those groups at particular risk.
  - Early diagnosis can ensure early intervention including self-help.

- Improving hospitals and discharge planning.
  - There is a need for more staff in hospitals, respondents feel hospital services are under resourced.
  - Hospitals need to be clean and serve nutritional food to support recovery.
  - Bringing hospital services into community settings.
  - Ensure that when people are discharged they have a robust plan that is backed up with a health and social care services, available 24/7.
  - Ensure patients are fully recovered before they are discharged.
  - Assign a professional to keep regular daily contact in the first week, fund and use local VCS organisations to support the individual.
  - Train and support carers in their duties so they can manage.

- Importance of keeping people safe when they were unwell, managing risk and safeguarding.
  - Increasing community staff and regular house calls, whilst making sure that people have named key workers who consistently provide them with care, to provide more emotional and social support at home.
  - Prevent isolation through regular contact with the local community, offering good sheltered housing with wardens and more health visits for vulnerable families.
  - Providing more nurses on medical elderly wards.
  - Make sure interpreters are available so people can understand information.

- Offering more services in the community.
  - The public would like to see more staff working with and supporting local people in their own home and community, including health assistants, social workers and nurses, offering better quality home care.
  - There should be better access to equipment to use in your own home, and more day care and respite care for carers.
  - Nursing and residential care need to be affordable.

- Using technology better and investing in future technology, especially for monitoring and sharing information between services and patients.
  - Understand that things that are working should be left.
  - Educate people through social media, and consider using Apps to support people.

    - Make sure people can access training to use computers and Apps, and offer access to technology for those who do not have a computer.

- Ensuring that providers are accountable for the quality of the care they are providing.
    - There should be clear ways of measuring quality of care in all settings.
    - People should be aware of their rights and responsibilities as patient, so they know what they should expect and find it easier to report incidents.
    - The process for giving feedback should be accessible for public and staff, and there should be learning from mistakes and listening to peoples complaints and problems. This would improve openness and transparency.
    - Treat everyone equally and fairly, consider equality.
    - When contracting at scale, using money wisely and basing decisions on research and guidance i.e. NICE

Equality issues:
Specific feedback was received from some groups:
- People with a learning disability
    - Appropriate information and practical sessions to raise awareness, educate and promote healthier lifestyle choices i.e. healthy eating, exercise, smoking, alcohol.
    - Ensure all information is accessible and easy to understand for all the population.
    - Ensure ALL staff have 'Learning Disability' awareness training.
    - Encourage support mechanisms for elderly and vulnerable people.
    - Ensure information and resources are shared between services to help them work together better for the patient.
    - Make accessing healthcare easy, which will help everybody.
    - Communicate better with patients and be more open about decisions.

- People with a disability
    - Sometimes hospitals find it hard to care for disabled people, so there should be a focus on the problems that disabled people face when staying or visiting hospitals
    - Also, focus on disadvantaged groups and encourage better access to healthcare
    - Provide information in accessible formats for people with disabilities
    - Have a link between disability and different cultural groups
    - Could a forum be established to raise concerns with health professionals?

- Older people with dementia
    - Some fear that diagnosis always comes too late for dementia.
    - Help people to retain their independence through more social interaction and stimulation and getting to know them properly, not just drugs.
    - Staff should be dementia aware so they can proper support the individual, but support should also be offered to carers and their family, as they often need a break.
    - GP's should be more involved in prescribing creative art sessions

- Women
    - Make GP surgeries more accessible with specialised GP services for women and female GPs. These service should be available extended hours, in evenings and at the weekend, and over the phone and online, to make accessing an appointment easier. The appointments should be longer than 5minutes. They should be aware of their right to ask for a home visit from their GP.
    - Improving the information and communication with vulnerable groups and more communication between reception staff, doctors and nurses. Spend more time listening to patients

- Find new ways of reaching people who find it problematic to go to the GP’s
- Do more outreach work and have GP’s stationed in Children’s Centres, Women Centres etc… as well as walk in centres. This should include making specialist services more available in the community, such as breast and cervical screening programmes.

26. NHS Yorkshire and Humber Commissioning Support (March 2015) Patient Transport Services Report of Findings.
Location: **Calderdale, Greater Huddersfield, North Kirklees and Wakefield**
When the engagement took place: 1 December 2014 - 16 February 2015
Who led the engagement: Yorkshire and Humber Commissioning Support
Who was involved: public, patients, carers and service users and staff who organise transport services
Number of people engaged: 209 patient surveys and 27 staff surveys were completed
Copy of report: contact CCG engagement team

What the engagement involved:
Four commissioners across the 10 CCGs engaged with patients and staff to gain insight into their experience of the current service. The engagement team attended Dewsbury and Pinderfield’s hospitals to encourage and support users of the patient transport service to complete surveys. Each site was attended on 8 separate occasions. The team ensured that they engaged with a cross section of patients and carers within discharge lounges, outpatients and renal units. In addition to the engagement team attending hospital sites, Mid Yorkshire staff handed out surveys to patients attending during the engagement period and YAS sent a sample number of surveys to patients at home. In addition to the survey a discussion group was held with West Riding Kidney Patients Association.

Key themes: -

Patients
Overall the majority of patients were pleased and grateful for the service that they received and praised the friendliness of the staff.

In terms of improvements to the service, they wanted a service that meant they didn’t have to wait long periods of time both before and after their appointment. To ensure they were ready for when the transport arrived, they wanted to be kept up to date, either by phone or text on when they would be collected.

They wanted comfortable transport that was appropriate for their needs and for it to be easy to access.

They wanted consistency in the drivers that take them to appointments; this was specifically raised by renal patients. Patients also wanted drivers that were local to the area so they were aware of the geographical area, with some suggesting that it would be useful to have drivers that could speak the local community languages.

Staff
The comments raised by staff were very similar to those raised by patients, in that overall they were very pleased with the service being provided and praised the staff they came into contact with.

Again, staff also felt that the waiting times that patients have to endure both before and after their appointments are too long. Mention was also made of inappropriate transport being used which had led to patients being unable to attend appointments.

Suggestions were made to enable patients and care homes to book their own transport and that perhaps at times hospitals were better placed to make bookings rather than GP practices.

GP practices felt that they spent a lot of time booking transport for patients and encountered many problems and delays in being able to access the telephone booking service. At the time of the survey the online booking process had only been up and running a few months. Those that had used it gave it mixed reviews, with some encountering some teething problems. Once these have been ironed out the staff were hopeful that this would reduce the time spent on booking transport.

Equality issues: equality monitoring data collected on feedback forms

27. NHS Yorkshire and Humber Commissioning Support (November 2014) Diabetes
Location: Calderdale and Greater Huddersfield
When the engagement took place: Between January and October 2014
Who led the engagement: Yorkshire and Humber Commissioning Support
Who was involved: The public, key stakeholders, providers, voluntary and community sector organisations, in particular, members of the Calderdale Diabetes Support Group.
Number of people engaged: 65 people attended the event in January, 14 members of Calderdale Diabetes Group attended their meeting, and 47 people attended the October event.
Copy of report: contact CCG engagement team

What the engagement involved:
Group discussions and presentations about needed and possible changes to the way that Diabetes services are delivered, in light of the current challenges facing local care and support services from the ageing population and increasing numbers of people diagnosed with diabetes.

Key themes:
The engagement work took place in two stages. Stage one focused on the current services and looking at what works and what needs to be changed, whilst stage two looked at the models that had been developed based on the feedback from stage one. The key themes that have emerged from each stage are as follows:

Stage One

- Enhancing services that prevent the onset of and health issues associated with diabetes.
    - Delivering more preventative services, such as weight management and exercise classes.
    - Offering screening for diabetes through NHS health check and other avenues.

- Enabling people to self-care through access to education and information.
    - Providing more education, and education in different formats to meet the needs of the population with diabetes.
    - Making sure that information about services and support is available and accessible.
    - Implementing emergency care plans so patients and carers know what to do if problems arise and act take action.
    - Resourcing community groups to work with people with diabetes.
    - Addressing the support needs of people in isolated communities.

- Improving standards in primary care.
    - Reducing variation in primary care by upskilling all practices to a standardised level of care.
    - There should be development of care standards that have to be met.

- Developing the workforce through training and education.

  - Ensuring that there is consistency in the training provided and that staff can access mentoring.

- Ensuring that everyone gets regular high quality foot checks.
  - This would include advice and signposting, then referral where problems are indicated.
  - There should be a broader plan to train a wide range of health and social care professionals to recognise diabetic foot problems and signpost or refer accordingly.

- Reviewing and increasing Diabetes Specialist Nurse provision.
  - Support should be in place for people with diabetes in hospital (around 1 in 5 patients in hospital at any one time have diabetes), including identifying people admitted for other conditions who have diabetes.
  - Offering more accessible specialist expertise/advice, including psychological support, out of hour's services, particularly in relation to foot problems, and an expansion of outreach sessions.

Stage Two

Comments and views on self-care approaches to managing diabetes:

- Offering structured education, e.g. DESMOND, X-pert, and ongoing support to use the knowledge gained.
  - DESMOND was reviewed positively, although some felt that one full day was too long and would be better if it was delivered in shorter sessions. Some felt that there was also a need for one to one support for those that wouldn't feel comfortable in a group session.
  - Upbeat, Slimming World and Weight Watchers were also reviewed positively.
  - They highlighted the need to provide participants with ongoing support to enable them to continue / implement the changes that they had learned. Suggestion was made to provide information that they could refer too after they had attended the course.

- Providing the option of E-learning.
  - This was seen as a valuable tool to be used alongside other mechanisms and was a good option for those that would struggle or prefer not to attend groups.
  - It was felt to be something that would not appeal to everyone but to encourage uptake could look at delivering sessions to help or train people to access information.

- Encouraging peer support/buddying to bridge gaps in service provision, especially for those people who are not newly diagnosed who seem to miss information about new services.
  - There was a lack of awareness of the availability of services. During the discussion people heard about Upbeat, Calderdale Diabetes Support Group, DESMOND, Health Trainers, buddying system at PRCHC but they either weren't aware of their existence or they were only available one side of the patch.

  - Respondents had the view that most services are for newly diagnosed, and that there was a lack of services for people who needed ongoing support. Patients have reviews but don’t get offered ongoing support as part of this.
  - People felt positively about the idea of peer support and buddying and think it would give them motivation. Some preferred idea of it being in a group support format rather than 1-to-1, so there would need to be built in flexibility in the services for both.
  - Young people may access their peer support through social media such as Twitter.
  - The key to making this a success is ensuring that you have a buddy that is appropriate to you, someone you’ll get on with.

- Improving awareness of existing local support groups.
  - There was a lack of awareness of what was already in place and it was felt that existing services should be reviewed to see how useful they are and then establish what gaps, if any, there are.
  - There should be consideration given to how these groups are funded and how they are promoted.

- Developing a self-care handbook and other printed materials.
  - Mention was made of a patient handbook being in existence but people queried whether it was being used. Suggestions were made for it to be refreshed and to include dietary advice, recipes, FAQs, be interactive and consider it being available in different formats, such as large print, as an app or online.

- Increasing the use of websites for information about diabetes.
  - Websites were seen as a good way to access a lot of useful information; some people liked the idea of getting access to more online resources via their mobile phone.
  - This idea has to be considered in light of the fact that not everyone has internet access or is confident using technology.
  - Websites need to be designed in such a way that they can provide resources for the visually impaired and hearing impaired – perhaps a choice of talking videos and sign language videos, and consideration needs to be made for patients for whom English is not their first language.
  - Information on websites would be good to advise people of links between Diabetes and other conditions like Arthritis.
  - It can be difficult to know which websites are the best ones, so it was suggested that GP practices could have links on their own websites to direct patients to the best websites, both national and regional/local, then information would be more consistent and useful. This could also be linked to local CCG plans so patients could read up on what’s being done in their area to improve services and what the CCGs priorities are.
  - New Electronic Patient Record project could be tailored so that patients log in and are given advice/ signposting to advice that is suitable to their individual needs.

- Providing a telephone helpline.
    - A helpline was seen as a good idea and could reduce the impact on 111 and A&E if available 24/7. The current facility with the diabetic nurses asks for a message to be left which works but is dependent on the nature and urgency of the enquiry.
    - Diabetes UK – has a Monday - Friday 'Careline'. Information about this should be given to patients within practices.

Future models of care
Key considerations raised by the public about developing new models of care:

- Properly resourcing any change in the way services are provided
    - Participants questioned the viability of the model in terms of resources. It was felt by some that this model could be more expensive and was unclear whether the necessary staff would be available to deliver this model or receive training.
- Addressing inequity in the delivery of diabetes services across the footprint.
    - There were concerns raised about services becoming a postcode lottery, if some GP registered to provide services and others didn't. People wanted assurances that they would be able to access the same standard of care and information regardless of where they were living.

- Ensuring the involvement of multi-agency partners in the delivery of self-care models.
    - Participants queried the links to / roles of social care, community pharmacy, mental health, voluntary sector and the need for these to be factored into the models of care. Clear pathways would need to be in place, with clearly defined roles and processes.

- Considering all aspects of accessing a service and ensuring that these are accounted for in the new delivery style for the service.
    - This includes the impact on patients and carers in terms of transport, interpretation etc. whilst appreciating that the approach is 'not one size fits all'.
    - Patients / carers need to be involved, engaged and informed throughout and need to realise that for some patients the move to the community may not be viewed positively. There is a need to provide education and support for newly diagnosed patients or those with a significant change in treatment.

Equality issues:
An equality monitoring survey was distributed at the October event. Some questions were left unanswered by many respondents and it's unclear why this is. There was a reasonably even balance of men and women attending the event; no one declared they were transgender; 83% of attendees were White British, a limited number of representatives with a Caribbean background attended (9%); 89% of respondents were Christian or had no religion; 26% of attendees were carers; 27% of attendees consider themselves to have a disability.

28. NHS Yorkshire and Humber Commissioning Support (November 2014) A review of services for children and young people with Autistic Spectrum Conditions across Calderdale, Greater Huddersfield and North Kirklees Engagement report
Location: Calderdale, Greater Huddersfield and North Kirklees
When the engagement took place: October-November 2014
Who led the engagement: Yorkshire and Humber Commissioning Support
Who was involved: Parents and carers of children using the service, professionals working within the service
Number of people engaged: 60 parents, carers and professionals at events, 48 survey respondents
Copy of report: contact CCG engagement team

What the engagement involved: Four facilitated engagements events with parents, carers and professionals, and a survey for parents and carers summarised in the *"A review of services for children and young people with Autistic Spectrum Conditions across Calderdale, Greater Huddersfield and North Kirklees" Engagement Report* (November 2014)

Key themes:

- Providing a person centred system wide approach with services aligned to deliver timely, seamless and coordinated care is fundamental in the delivery of high quality care to people with autism.
    - It's necessary to put the needs of the child or young person at the centre of the way that the service is delivered. The current service model appears to focus on available resource rather than the child.
    - Involving all family in the process of assessment and service provision means that the needs of the child are met more comprehensively.

- Commissioning services coordinated across all relevant agencies and encompassing the whole autism pathway where multi agency staff work in partnership with the child or young person with autism and their family or carers.
    - The approach to delivering ASD assessments and services needs to be holistic, considering all the needs of the child and providing care that meets all those needs. This should be enabled through good multi-agency working and integrated care.
    - It's important to simplify the pathway for access for children from referral to service delivery

- Respecting and including parents and carers through appropriate communication techniques enabling them to be fully involved in the planning of their child's care.
    - Families felt that there was a lack of support for them as carers of children with ASD, and that providing more support for them would enable them to better care for their child.
    - Parents reported that in their interaction with professionals, they felt their views weren't respected, that they had to plead their case for their child. In some cases, the views of the school appeared to be prioritised over the views of the parents.

  - *“Treat service users and their families with respect… don’t assume parents are uneducated… your lack of support has made them the way they are, i.e. having to fight for help…”*

- The absence of a locally agreed model of care, limited capacity and the lack of integration between health, education, social care and the voluntary sector is creating significant delays, potential duplication and gaps in provision.
  - Different care pathways exist across the three geographical areas. Current provision is delivered by a range of providers working in distinct silos resulting in services being fragmented.
  - Parents and carers reported poor experiences with the ASD services overall. Although there were some positive references to the ASD team, largely there was critique of insufficient support, long waits for diagnosis and care, and poor links between services.
  - *“There is no service. Once diagnosed there is nothing provided.”*
  - *“I don't think there is a good enough service provided for families with an autistic child. I personally think it's a massive let down from the get go; it's like constantly banging your head on a brick wall till someone takes notice…”*
  - Despite a shift towards assessing and managing needs rather than conditions, parents without a diagnosis of ASD are still struggling to get the support they need if they did not have a diagnosis.
  - Families explained that the criteria for diagnosis of ASD and to access services were very restrictive. In their view, large numbers of children don’t meet the CAMHs criteria so don’t get the support or care they need, leading them to question just how serious and urgent a need has to be before it is addressed. They felt that access to the services should be based on needs rather than diagnosis.
  - Following delays in accessing assessment, some parents had opted for or were considering getting a private diagnosis for ASD, however they explained that these diagnoses often did not enable them to access the ASD services provided across Calderdale and Kirklees.
  - The recognition of co-morbidity is important and needs to be identified as soon as possible. Some participants felt that services may be falling short with the diagnosis of co-morbidity and the provision of necessary support.

- Lack of clear pathways resulting in families experiencing a ‘pillar to post’ experience where they were referred to and from different points of contact e.g. GPs, schools or VCS groups.
  - It’s important make sure that detailed, up to date, clear information about a patient is passed between services involved in the patient's care.
  - Details of the child’s care should be shared between departments and services so it isn’t necessary for family to tell their story again and again. This could simplify the pathway from referral to service delivery.

- Long waiting times for assessments and poor contact and communication.

- Families are experiencing excessive waiting times for assessment, and some feel that the diagnosis hasn’t then led to appropriate or timely intervention
- “I have left messages with CAMHS to try to speed things up and haven't been called back. I've given up going down this route and trying to get a diagnosis by another means.”
- Whilst waits for assessment for ASD are so long, it’s important that some support is in place to assist the child, the family and their school prior to finalising a diagnosis.
- As so many parents reported struggles in getting access to the initial assessment, and the different parts of the service after an assessment, they felt it was crucial that there was a single contact point for families where they could get information and referrals to relevant services. This would take the responsibility for coordinating the care of child away from the patient and place it with ASD services, preventing families from feeling that they are being passed from “pillar to post”.

- Limited capacity is a real concern of everyone involved.
- The views of parents across Kirklees are that all services to support children and young people with ASC are resource-driven, not needs-led.
- Many of the specialists interviewed expressed frustration and concern regarding current capacity to deliver high quality co-ordinated care to children and young people with suspected and diagnosed ASC.
- Some clinical specialists are reported as having to carry out all administrative functions wasting valuable expertise time. For many, no cover or back-up is available during periods of holidays/sickness and when a member of staff leaves the organisation they are often not replaced.
- The funding and resources for ASD services are scarce, and are far outweighed by demand; more is needed, not just to bridge the current gaps but to make provision for increased demand in the future.
- Staffing shortages should be rectified in-house
- Cuts to social care services and funding are also impacting families caring for children with ASD.
- A previous short term solution through non-recurrent funding provided an immediate answer to the waiting list problem but provided no continuity of care and support beyond diagnosis.

- Importance of experienced professionals carrying out the assessment of children with complex/behavioural difficulties, and retaining that level of expertise throughout the provision of ASC services.
- Consistency in personnel is essential to ongoing provision. When changes occur, parents and carers need to be made aware of this to ensure they can communicate this with their child.
- Awareness raising among and training for local professionals including health, social care and education sectors was also considered by participants as a contributing factor to effective delivery of ASC services.

- The provision of care for those aged 16+ also needs to be considered as part of developing local services to ensure adequate levels of support as well as smooth transition from child to adult services.
- There needs to be a consistent approach to the transition between child and adult services supporting young people with ASD

- Providing clear information about conditions and services, what services are available and what can be expected of those services
    - Enabling parents to have a clearer understanding of their child's condition, their needs, the way they are being cared for, and what they can expect to receive from services should alleviate anxieties about whether the service is going to be able to offer what the child needs and what they can do to help.
    - Information for parents and carers needs to be jargon free.

Equality issues:
As this service is in place to support children with multiple health needs, changes to services and where they are provided could lead to a disproportionate impact on disabled young people.

There was no equality analysis undertaken in relation to representation and comparison to local demographics or the findings. From data available this appears to be an unrepresentative sample.

29. NHS Calderdale and Greater Huddersfield CCGs (Summer 2015): Report of findings pre-consultation engagement

Location: Calderdale and Greater Huddersfield

When the engagement took place: Summer 2015

Who led the engagement: Calderdale CCG

Who was involved: The target audiences we engaged included public, patients, carers and their representatives

Number of people engaged: 654

Copy of report: https://www.calderdaleccg.nhs.uk/download/composite-report-right-care-right-time-right-place/

What the engagement involved:

As part of our pre-engagement process we needed 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 needed 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 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.

Key themes:

We asked people to tell us using a rating from 1-10 of their preferred contact in an urgent care situation (1 being the preferred contact and 10 being the last preference). From all the responses we received the preferred contact for people in an urgent care situation are rated below. The list is ranked in order of preference with each score representing the weighted average (the lowest score is the highest preference):

1. GP Practice (scored 2.13)
2. Chemist (scored 3.49)
3. Walk in Centre (scored 3.89)
4. Family, friend or self (scored 4.43)

For a number of people responding the main reason for attending A&E (scored 4.67) as a first point of contact was to receive an x ray. Most stated if they thought they had a suspected broken bone or fracture that they would automatically go to A&E to receive treatment.

We also asked people in an urgent care situation what the most important aspects of care were, people had to rate the question using 1 to 10, (1 being the most important to 10 being the least important). People told us **the most important aspects of care in an urgent carer situation are:**

1. To be seen straight away (scored 2.74)
2. To access a service straight away (scored 3.40)
3. To talk to someone straight away (scored 3.41)
4. I know I will get the treatment I need (scored 3.97)

Urgent Care – focus group response

Those holding focus groups provided extra intelligence on urgent care services; people told us:

- All focus groups cited the GP as the preferred first point of contact but access such as unavailable appointments, opening times and lack of drop in services prevented this being possible for some
- We want to see someone with knowledge and experience
- I want to know I can access a BSL interpreter and I want my records to flag this to staff
- Some people commented they did not like A&E as it was too long to wait to be seen
- Need more trained staff, facilities and equipment at walk in centres to treat people
- A&E was seen as a responsive service that provided what people wanted and could be developed as a ‘one stop shop’, A&E offered the 24/7 access people want

Planned Care

We asked people to rank from 1- 9 (1 being the most important to 9 being the least important)**.** From the responses we received **the most important aspects of care** for people who require a planned care procedure are:

1. To be treated by staff who understand my condition (scored 2.67)
2. To know I will get the treatment I need (scored 3.06)
3. To access a service straight away (scored 3.24)
4. For my appointment not to be cancelled or changed at short notice (scored 3.78)
5. To be treated by caring and helpful staff (scored 4.56)

It is worth noting that, services being closer to home were ranked 8 out of the 10 options with a score of 5.55.

In addition people told us **what else we should consider** when we are planning to provide planned care, from those responding people told us:

- The person treating me to have access to all the information about me they need
- Services to be joined and coordinated
- Services to be provided at local treatment centres such as the GP/drop in sessions
- Good access including follow up appointments, more use of the telephone for contact
- Recovery time to be appropriate with services in place to provide aftercare

Planned Care – focus group response

Those holding focus groups provided extra intelligence on planned care services, people told us:

- People want planned procedures that take place when they should, changes and cancellations have a big can effect on people who work, who have planned childcare, people on a low income as they have to travel again.
- Staff have poor knowledge of disabilities, require training
- We need to improve the care we provide to people with autism and dementia
- Call buttons next to the beds need to be within reach
- More disabled equipment is needed to support recovery and independence
- Radio and television charges are too high in the hospital
- Skilled staff and aftercare were more important than location
- Staff needed to be culturally appropriate
- Information provided in a planned care situation needs to be clear so people know what to expect
- Discussions early on about what will follow planned care would be useful so people know what to expect
- A treatment plan which sets out what will happen before admission and translated or interpreted would support people better
- For people with a learning disability having visitors within easy reach was important

Therapies and technology

In the survey we describe this as rehabilitation and therapy that people would receive following a period of illness or injury. A patient may receive rehabilitation or therapy in order to help them recover.

Those responding told us that the **preferred locations to receive therapies and services to support rehabilitation** would be;

- Local GP Practice
- Local Health Centre
- At home

Each of these locations almost scored equally suggesting the preferred location for therapies is out in the community and closer to peoples home. In addition 71% of those responding also suggested other locations for receiving therapy and rehabilitation services which were community buildings including community centre, church halls, voluntary groups and leisure centres. **84% of people prioritised getting to the location** to receive treatment as the highest consideration alongside **75% who wanted assurance that staff were properly qualified and trained.**

People who told us about the use of **technology** said that:

- 67% would use the mobile phone, 55% would prefer to us a computer or laptop
- 44% would try new technology
- 25% would if supported to use new technology, 23% would not use it or be able to access it

In addition some of the **things we need to consider** when looking at the use of technology to support healthcare are:

- Poor Wi-Fi connection in a number of local areas
- People still want face to face contact as well as or instead of
- Expensive data usage for some with a mobile phone or no internet
- Lack of equipment or knowledge would need to be supported

Technology and therapies – focus group response

Those holding focus groups provided extra intelligence on urgent care services, people told us:

- **Rehabilitation and therapies**
    - Want service to include alternative therapies such as reflexology and massage
    - Some rehabilitation services were seen as poor and needed to be improved

- **Technology**
    - Use text reminders for appointments and for those requiring more support such as people with a learning disability, a phone call would be appreciated
    - Emails can be difficult to read for some, a lot of people can't use or don't have access to a computer and need to be considered
    - Training is needed to support the use of technology
    - Language, translation and literacy are a barrier to using technology

Travel and transport:

We asked people how far they would be prepared to travel to receive treatment in an urgent care situation or services for planned care. The responses we received are as follows:
In an **urgent care** situation those responding told us:

- 41% of people want to travel under 15 minutes,
- 56% of people will travel15-60 minutes (42% wanting under 30 minutes)

This response coincides with the findings from urgent care that most want to receive a service in a local setting close to home and that the highest priority for urgent care is to be seen and to access a service straight away.

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

In a **planned care** situation those responding told us:

- 32% of those responding wanted to travel under 15 minutes,
- 60% of those responding wanted to travel15-60 minutes (31% wanting under 30 minutes)

In comparison to urgent care the distance people were prepared to travel has increased for planned care.

In addition those responding told us how they travel**. How people travel -** on average across all three responses is as follows:

- 80% use a car or taxi – those responding had concerns about cost of parking or journey cost
- 35% use public transport - those responding had concerns about getting to early appointment, services not on bus routes, and the cost and convenience of travel for a long distance
- 20% had supported transport – for this service there were some concerns about access including wheelchair access and journeys on patient transport taking too long.

Travel and transport – focus group response

Those holding focus groups provided extra intelligence on travel and transport care services, people told us:

- I would travel as long as the service is good and I receive the appropriate care
- I will travel as long as I am seen at my appointment time or within 15 minutes of the time given
- Concerns that patient transport does not take wheelchairs other equipment to support independence on arrival at hospital
- Patients also need to get home safely, not just arrive in hospital safely
- A many services as possible should be within a 15 mile radius
- Journey times were exhausting, early collection, long journeys and the same again to return home, a full days travel to have a 10 minute appointment
- Travelling too far can make an illness worse
- People want to understand the risks of longer journeys
- Cost of travel and affordability needs to be considered on an individual basis – solutions to help people in these circumstances need to be put in place
- Parking charges should be exempt for people whose relatives are in hospital for a long period or with a serious condition or require over 2 weeks stay
- Services that can be close to home should be

Equality issues:

Minor injuries

In terms of minor injuries women were much keener to prioritise ‘see/speak to the person I want to see’ than men. Carer gave a higher priority for ‘walk-in’ centres compared to those with no caring responsibilities.

Planned Hospital admissions

Women were much more likely to prioritise ‘To know I can plan my life around my appointment – that it’s at the time specified’ than men. Carers were also more likely to prioritise ’ To know I can plan my life around my appointment – that it’s at the time specified’ than those without caring responsibilities.

Travel and transport

To access minor injury services women were more likely to use a car than men and men were more likely to use taxis than women. Men were more likely to prioritise travelling less than 15 minutes than women to receive the right services. Disabled people were more likely to use patient transport and taxis than those without an impairment that were more likely to use cars.

30. Calderdale CCG (May 2016) Learning Disability Transforming Care programme

Location: Calderdale, Kirklees, Wakefield and Barnsley
When the engagement took place: May 2016
Who led the engagement: Greater Huddersfield CCG
Who was involved: 82 public and staff
Number of people engaged: 82 people
Copy of report: contact CCG engagement team

What the engagement involved:

The transformation plan is framed around 'Building the Right Support' and the 'National Service Model' October 2015 for transforming services. The service areas requiring transformation include:

- Mental health services
- Services that support specific neurodevelopmental syndrome
- The criminal justice system
- Lower level health or social care services
- Inpatient care

Each local area (CKWB) within the partnership had an initial programme of work to help transform services. The aim of the partnership was to share knowledge of each local plan and work towards developing a joint plan for the whole area.

Key themes:

The engagement part of the event was based on the draft 'Transforming Care partnership Plan'. The plan already set out a number of areas of transformation. Each of these areas required further engagement with key stakeholders. The areas for engagement were:

- Crisis response/safe place accommodation
- Respite care/short breaks
- Response to challenging behaviour
- Homes in the community
- Supported living services
- Personalisation
- Transition
- Finance – including how money should be spent on services.
- Engagement, Equality and communication strategy – which will gather views on our approach to engagement and communication and what we need to consider for equality.

Overall findings from this event are as follows. Key themes:

- Keeping active
  - Through exercise (especially group/team sports)
  - Through arts/community activities
  - Through socialising and relationship building

- Keeping healthy
  - Through self-management (with help where necessary)
  - Through working with staff (clinical and non-clinical)

- Being happy

    - Staying happy is easier when you try to keep active and healthy
    - Relationships are very important in keeping happy, especially parents, siblings, friends and staff.

- When asking for advice from attendees on how best to **communicate**, we heard:
    - Attendees enjoy receiving information in a written format such as a letter or newsletter.
    - Attendees also like taking part in group meetings and events like the ‘My Health Day.’

- When asking for advice from attendees on how best to **listen**, we heard:
    - Attendees enjoy taking part in group meetings and sharing their stories with others.
    - They also see the benefits of doing surveys.

- When asking for advice from attendees on how best to **involve everyone**, we heard:
    - In order to involve everyone, more easy read materials need to be available (especially online).
    - Attending more group meetings.

Equality issues:

Extracts taken from report and analysed in relation to equality aspects and summarised below:

In total 191 people attended the event. From this number 78 people (41%) were direct service users, 39 people (20%) had attended from a range of organisations to host a stand, 41 people (21%) were staff from services or service providers and 7 people (4%) were a carer.

Equality Monitoring was not analysed in detail or matched against comments so local comparison is not possible. There is no record in the report of how many people provided equality monitoring details. Of those who provided their data for monitoring it appears that:

- only 7 people were from Halifax,
- there was very limited representation from people from any BME communities
- there was very limited representation from any other faith than Christian
- there were only 30 people who identified as having Learning Difficulties
- Age data is not in the report at all.

Question 10 was particularly relevant in relation to equality:

Q10. How would you like us to tell you about what we are doing? How do we listen to your views? How do we include everyone?
When asking for advice from attendees on how best to communicate, we heard:

    - Attendees enjoy receiving information in a written format such as a letter or newsletter.
    - Attendees also like taking part in group meetings and events like the ‘My Health Day.’

When asking for advice from attendees on how best to listen, we heard:

- Attendees enjoy taking part in group meetings and sharing their stories with others.
- They also see the benefits of doing surveys.

When asking for advice from attendees on how best to involve everyone, we heard:

- In order to involve everyone, more easy read materials need to be available (especially online).
- Attending more group meetings.

31. Calderdale CCG (March 2017) Care Closer to Home Care Homes

Location: Calderdale
When the engagement took place: January to March 2017
Who led the engagement: Calderdale CCG and Calderdale MBC
Who was involved: 350 people
Number of people engaged: 28 staff and 322 people
Copy of report: https://www.calderdaleccg.nhs.uk/download/care-closer-to-home-cc2h-care-homes/

What the engagement involved:
NHS Calderdale CCG and Calderdale Council arranged a number of engagement activities and events on the future provision of care homes in Calderdale. The aim of the project is to create a vision for Calderdale and understand what's important to people of Calderdale as they get older.

Key themes:
People told us what a good care home looks like:
- People want the right staff who are skilled, trained and supported. Staff who are caring and compassionate and understand cultural needs and beliefs. They also want to see good management and homes that are staffed at all times.
- Quality of care was a significant factor to respondents. They want to see continuity of care with good quality standards and choice and be involved in their care and planning. Care that meet the needs of physical, social and mental health requirements.
- People said their environment was important to them with clean, well decorated, modern and good facilities. They want to feel safe, looked after in a warm friendly and loving environment that feels like their own home.
- Being in heart of the community was also important to people. To be near family and friends and local amenities.

People told us what is important to them as they get older:
- Staying fit, active and healthy for as long as possible is extremely important to people. They want to be able to continue with their hobbies such as playing sport (snooker, badminton) and to continue to enjoy themselves, by having trips out and meeting people, trying new activities, going for a walk, charity work. Being able to participate in activities within a care home and in the local community.
- People want to remain as independent as possible for as long possible but knowing there is help and support out there should they need it. They want the freedom to come and go as they please and be able to make their own decisions and be involved in their own care and planning.
- Family and friends are exceptionally important to people and being able to see them regularly.
- Being part of the local community is also vital to people so not to feel isolated or lonely.
- People also want to see good and wide range of services with their local communities that are easily accessible
- Respondents also said they want to be happy and enjoy life

People told us via the survey and postcards 'one thing that would make Calderdale a great place to grow old':

- People want to receive a good standard of care that’s appropriately funded and accommodates the needs of the older generation, different cultures and where people feel safe
- More activities and day care services for the elderly and disabled such as luncheon clubs that have an understanding of different need and cultures
- Well trained staff that recognise people have different needs and abilities and an understanding of the different values and cultures.
- More opportunities for older people to share their knowledge and experience with young people and volunteering opportunities within care homes
- People also said that they like Calderdale the way it is and wouldn’t change a thing

A community group produced a film on ‘The care needs of the south Asian communities’ which included the findings of an additional 100 members of the South Asian community in Calderdale. The themes from the film are below:

- **Independence** – people fear that dependence on professional care providers mean loss of independence, Asian women feel that they have no voice
- **Family links** – family ties and support are important to the community and must not be disrupted by professional care arrangements, people can feel isolated, being part of the community is important
- **Keeping active** – Body and mind need to be stimulated, people need to keep their independence, take part in activities and learn new hobbies
- **Staffing** – the community need to be assured that appropriately skilled and sensitive staff will be in place, staff need to be caring and compassionate, and have understanding of different cultures
- **Culture & Religion** – Being able to practice and maintain our culture & religion are paramount, cultural appropriate care and food i.e. Halal and being able to pray are important.

Equality issues:

There was no equality analysis undertaken in relation to findings in this report. In relation to local demographics there were some areas where the population of Calderdale were not reflected in the people who completed the equality monitoring forms. The main considerations were that:

- There were much fewer men
- People under 40 were not well represented
- Asian/Asian British – Pakistani population were not represented
- Muslims were not represented
- Lesbian, gay and bisexual people were not represented
- Carers were not fully represented.

Extract taken from report and analysed in relation to equality aspects and summarised below**:**

Under-representation:

- Males
- People aged under 17 and18-25

The main theme raised was that care homes must meet the resident’s faith and cultural needs:

- ‘The care home should also cater for spiritual needs and have a multi faith room. Also appropriate food such as 'halal'. Also facilities for ablution - wash area’
- ‘staffed by appropriate staff that understand our culture and religion’
- The requirement for staff to speak the language of the residents was also raised;
- ‘A good caring home with qualified staff that speak our language’
- ‘Appropriate staff that can speak our language’
- Concern was also raised about providing sensitive and welcoming space for lesbians and those who are bisexual, gay and transgender;
- ‘A place where I can go when I need to that accepts me as a lesbian and understands my need to be recognised as such; that makes LGBT people welcome, where I would not have to go back in the closet’
- ‘I'm a lesbian, so in addition to having great physical care I want to be confident that my carers respect who I am as an individual.’
- Other comments mentioned the needs of disabled people and that women only services may be welcome.

32. Calderdale CCG (March 2017) Mental Health Rehabilitation and Recovery

Location: Calderdale
When the engagement took place: March 2017
Who led the engagement: Calderdale CCG
Who was involved: 14 people who have experience of the service and 9 staff
Number of people engaged: 23 people
Copy of report: https://www.calderdaleccg.nhs.uk/download/mental-health-rehabilitation-and-recovery/

What the engagement involved:

Lyndhurst is an inpatient unit for people with serious mental health conditions who require treatment and rehabilitation to help them back into the community, supporting people in their recovery from mental illness. The service is a mixed gender provision providing 14 inpatient beds with service users usually having already been in hospital, on an acute ward or in a more secure hospital environment prior to transferring there. The engagement took place to gather insight on the current service.

Key themes:

We spoke with 9 service users, 5 family members and 9 staff members with the results showing the people we surveyed - in all 3 categories - feel that services like Lyndhurst are a necessary part of the recovery pathway. Service users are aware they have a Recovery Plan at Lyndhurst that gives their lives structure and focus and that staff play a positive role in helping and supporting them as they progress through their recovery pathway. It is recognised in all 3 categories that having compassion, understanding, a caring, empathetic nature, patience and being a good listener are the overriding skills that a person needs to work in Mental Health. It is clear, certainly amongst the staff we spoke with, that if it is to happen, 'Care in the Community' in this field should include the service user having 24/7 access to Mental Health Services.

Key Findings

- Staff at this point do not believe the service provided at Lyndhurst can be provided in a community setting
- Service users are aware they are at Lyndhurst for rehabilitation, to improve their Independent Living Skills and progress towards moving back into the community
- Service users feel that staff play a significant role in supporting them and helping them develop their skills through setting goals in their Recovery Plan
- Although some people are aware of the need for professional qualifications, staff, service users and family members believe the key attributes a person must have to work in Mental Health Services are: Compassion, be caring, understanding, empathetic, patient and a good listener
- Care in the community should involve having a Mental Health Recovery Hub that affords 24/7 access to service users who need it.
- Family members feel there is a communication problem with doctors at Lyndhurst in that they are not given updates on their loved ones progress. However, it is acknowledged that this may be the result of requests by service users to not have information divulged, and staff are following confidentiality policy and procedure.
- Family members feel that a further communication issue is not being made aware of their loved ones Recovery Plan.

Equality issues: No equality monitoring data collated due to small sample size.

33. Calderdale CCG (April 2015) Voluntary and Community Sector (VCS) – Capacity Building VCS Alliance
Location: Calderdale
When the engagement took place: April 2015
Who led the engagement: Calderdale CCG/ VAC/Calderdale MBC
Who was involved: 121 Local group representatives
Number of people engaged: 121 people
Copy of report: contact CCG engagement team

What the engagement involved:
The engagement event builds upon a series of previous engagement events that have been undertaken by the CCG in partnership with the Third Sector. For the past two years, Calderdale CCG has supported capacity and capability sector of the Third Sector and has commissioned infrastructure support through Voluntary Action Calderdale. The CCG s commitment to the role and value of the Third Sector is also reflected in its recent success as being chosen as a Vanguard area by NHS England of which the Third Sector is a key partner. The focus of the work of the CCG going forward will be around the delivery of the Care Closer to Home Model and supporting the Third Sector to be a partner in the delivery of this model.

Key themes: -
What can the Third Sector bring to Care Closer To Home?

- **Relationships, trust, knowledge of localities and with communities and networks**
  Examples
  - Knowledge of communities; barriers, culture, geography
  - Grass roots experience
- **Communication avenue**
  Examples
  - Making connections at local level
  - Communication routes and tools
- **Knowledge and information of needs of local communities**
  Examples
  - Specialist local knowledge
  - High levels of knowledge of local communities; their experiences, issues and needs
- **Identify harder to reach groups and Involve those not engaged**
  Examples
  - Identify individuals and groups of people who are lonely, isolated and at risk
  - More connection to vulnerable groups
- **Flexibility and responsiveness to needs**
  Examples
  - Can be flexible to shape services for both individual and communities
  - Flexible and responsive
- **Ability to identify gaps**
  Examples

  - Able to identify gaps in need
  - Intelligence – around gaps in provision/trends and patterns
- **Innovation and creativity**
  Examples
  - Independence to innovate
  - Willing to try new things
- **Value for money**
  Examples
  - Added value
  - Value for money
- **Focus on prevention and early intervention**
  Examples
  - Access to early interventions/prevention to support CC2H objectives
  - Increased involvement in prevention
- **Buildings, facilities and community spaces**
  Examples
  - Provision of physical locations and home based accessibility
  - Local buildings, resources, libraries
- **Offer services via GP and Health Centre**
  Examples
  - GP and health facilitaies are often closed when their facilities could be used by VCS org
  - Could offer services via GP and Health Centres. Some of this referrals already happens but it could be built on.
- **Facilitation of partnership working and signposting**
  Examples
  - Partnerships for local service delivery
  - Facilitate partnerships, not in competition

What would you need from the Clinical Commissioning group to help maximize this?
The following themes emerged:

- **Funding and sustainability**
  Examples:
  - A higher and more consistent level of funding
  - The involvement of the VCS needs proper recognition, support and funding

- **Communication and understanding**
  Examples
  - Communication needs to be better
  - Listen to us- we have the answers to peoples issues

- **Equality and value**
  Examples
  - See the VCS as a serious partner
  - Included in decision making

- **Work with GPs and health professionals**
  Examples
  - GPs – tell them it is ok to use us all. Also more to facilitate access to GPs
  - Partnership opportunities with GPs

Equality issues:
No specific data included in report with regard to needs of equality groups. The main target audience for the event were representatives from organisations from the Third Sector; however representatives from both public and private sectors were also in attendance. Organisations working with a range of individuals from protected characteristics were represented at the event including:

- Maternity and pregnancy
- Disability - including learning disability and mental health
- Age
- Race
- Gender
- Religion and belief
- Sexual orientation

There was no representation from organisations working specifically with individuals who identify as transgender or specifically due to marriage and civil partnership status. In addition to organisations working with the protected characteristics a range of other organisations were represented including those that work in the following areas:

- Parent and Carers
- Substance misuse
- Vulnerably housed and homeless
- Cardiac rehabilitation
- Stroke
- Welfare rights

34. Calderdale CCG (July 2017) Every ones' NHS Engagement

Location: Calderdale
When the engagement took place: May to July 2017
Who led the engagement: Calderdale CCG
Who was involved: Local people
Number of people engaged: 987 people
Copy of report: https://www.calderdaleccg.nhs.uk/download/everyones-nhs-engagement/

What the engagement involved:
Calderdale CCG has an overall budget allocation of £312million to "commission" or buy, health and care services. The CCG wanted to talk to local communities to gather ideas on how the CCG can reduce waste and save money whilst keeping the high quality services we need and; how we can reduce our spending on pharmacy services.

Key themes:
There was a clear indication from the findings that further conversations should take place to make decisions in these areas. The key findings from each of the areas are set out below:

Reduce waste and save money key findings:

- Recycle and reuse equipment whenever we can and limit the items we throw away.
- Look at alternatives to support mental health including early interventions, alternatives to medication and community support.
- Reduce bureaucracy and unnecessary paperwork particularly for frontline staff.
- Think and plan services as a whole healthcare system. Share staff, buildings, budgets and work to economies of scale.
- Educate and skill the public to so they can support their own health and wellbeing.
- More frontline staff with the right skills so care is right at the first point of contact.
- Treat staff well, retain and employ permanent staff and promote Calderdale as a great place to work to attract new staff. Look at employing people because they are the right people not just because they are qualified.
- Use more technology.
- Improve discharge and use more volunteer led transport.
- Promote NHS 111 and increase GP appointments.
- Get maximum use out of estates and use existing community buildings (not just NHS) to support services closer to home.
- Focus on prevention and work with communities and schools.
- Only treat conditions that are medical.
- Reduce the high level of DNAs and charge people for not turning up.
- Charge tourists for using NHS services and patients for hospital food. Redirect those who turn up at A&E with a non-medical need to community services.
- Increase the use of volunteers and the voluntary and community sector to support services including providing clear information and communication to communities.
- Reduce the number of visitors in hospital and manage infection control in hospital.
- Let departments manage and be accountable for their own budgets.

- Create one stop shop services so a patient can reduce attendance and get everything they need in one appointment.
- Ensure the ambulance goes to the right location first time and charge people a small amount for community transport.

Reduce spending on medicines, key findings:

- Stop prescribing anything that costs more on prescriptions if it can be bought.
- More medication reviews to reduce waste.
- Consider carefully the needs of people who are vulnerable, on a low income or who have a mental health problem when making a decision on medication.
- Ensure the pharmacists are managing waste as much as the public, its everyone responsibility.
- Drugs should be prescribed on the basis of ‘effectiveness’. Non branded products were favoured but elderly people found new brands a worry. Reduce antibiotic prescribing.
- Consider those who can’t buy large quantities of high street products and those on a low income. Consider that some people over 60 can afford to pay for prescriptions and reduce abuse of the system.
- Get the right care so drugs and treatments are reduced.
- More time with the clinician to discuss treatment options that often end in drugs and not alternatives.
- Be consitent in the criteria for prescribing so we on’t have a postcode lottery.
- Not everyone can access online systems, consideration for those who can’t get out is important for repeat prescriptions.
- Prescriptions for Long term conditions need to last longer to reduce GP visits.

Equality issues: equality monitoring data collated

The sample provided by the surveys is 0.47% of the population.

Under representation:

- males
- young people
- LGBT people

Young people (17-24) indicated that they would value health education and promotion in schools and colleges. This would help them make better choices and increase their chance of remaining in good health, and in the long term reduce cost to the NHS.

Older people (65 plus) were concerned about services being overused and people not using more self-care, they valued more support in the community from both NHS and local voluntary organisations. There was concern expressed about the use of technology when not everyone has access to it or is familiar with it. They valued community transport and patient transport but expressed frustration at its unreliability.

Asian/Asian British participants identified the need for more bilingual staff that represent the community, so that staff can communicate clearly with patients first time and ensure the right care is received. Barriers in communication can cause a number of problems including reluctance to use services until it is an emergency

Disability: many disabled people were concerned about having to purchase over the counter pain relief when they were taking it in large numbers. There were examples given of only being able to purchase limited amounts of Paracetamol per day so this would mean having to go out and purchase medication frequently which is not viable for some due to disability and cost.

Concerns:

- Risk to health of people with coeliac disease and having to pay for gluten free foods when on a low income or welfare benefits.
- Patients being denied medication due to cost, examples were given about cancer patients and others with life limiting conditions. There was a genuine fear that medication could be denied because it was too costly.
- Encouragement of social prescribing and alternative treatments rather than medication.
- If medication was to change due to effectiveness and cost, people wanted this properly explained to them and discussed; experiences shared by patients indicated that this was not always the case. As described by a carer "I have a disabled child and change of medication or treatment without proper explanation causes anxiety, stress and calls to the GP. This could all be reduced if proper discussions took place to explain changes."
- Lower cost medication wasn't always the most effective for patients with complex conditions citing experience of their conditions becoming worse because they felt they had been given lower cost medication first or denied treatment due to cost.

Carers: Greater partnership working between services and ensuring patients' communication needs are met was highlighted by carers as a concern.

Pregnant women: and those who had given birth in the last 6 months were keen that the NHS provides all drugs and treatments no matter what they cost.

Many of the themes found in the engagement occurred across all protected characteristics. However there were some key themes that appeared more prevalent within some groups. There are also some suggestions from respondents which may adversely affect some groups and therefore would need to be impact assessed if there were plans to implement them.

- Whilst reusing equipment was a recurring theme and referenced by the huge majority of respondents, there was a significant concern expressed by older people, the disabled and carers in particular about equipment being supplied and then it not being collected when no longer needed or not having anywhere to return it to.

- Medicines: regular reviewing of medication was important for those with long-term conditions and disabilities. They felt they often receive medication they didn't need any more. However, for some people on low incomes with or without a disability or long-term condition, stopping prescription of over the counter medication could cause hardship. There was also concern expressed by carers that reviewing needs to be done with the patient and any changes communicated effectively before the medication is altered. People with cancer, long-term and life limiting conditions were concerned about the possibility of medication being withdrawn or not prescribed due to cost and this having a life limiting result or a worsening of their condition.

- Mental Health: Social prescribing and support in the community could offer a solution to helping people get well. This was particularly supported by people who identified as having a mental health condition. As was more support for mental health and other traumatic experiences such as domestic and sexual violence that can result in medical conditions and addictions if intervention is not early enough.

- Whilst using technology such as text and email to book appointments was deemed useful for many and would reduce paper wastage and cost this may have negative implications for some groups. Carers were quite positive about the use of technology to access information and to organise appointments. Feedback from people with disabilities, older people and those on lower incomes indicated that they might not have access or be familiar with such technology. There was also feedback that a phone call would be the preferred option for many to be notified about appointments or changes to medication etc.

- Young people highlighted the benefit of education in maintaining health and managing health and prevention. There was general feedback from all groups about the need for more health promotion using community to community networks and resources.

- The provision of interpreters such as language and BSL was highlighted as important for people from BME communities and those with disabilities. This provision would ensure that one visit deals with the problem rather than repeated visits or misunderstandings leading to a possible deterioration in health. Employing staff who are bilingual or who are qualified in BSL would help to resolve this and reduce cost.

- Disabled people, older people and carers were keen to ensure that patient transport goes to the right location first time round to prevent numerous transfers. The reliability and poor level of service from patient transport was a recurring theme.

- It is important to consider the impact of any changes on those people with low incomes, or who are vulnerable such as people with a mental health condition, long term conditions, learning disabilities, the frail elderly, carers and those with Alzheimer’s or dementia.

- Not everyone has access to a computer or is able to use the internet: this included people with low literacy, those on a low income who did not have equipment, some older people, people who do not have English as a first language or have a learning disability or mental health problem. And some areas are not served by good internet connections: people stated they had difficulty in gaining signal for personal use in some areas.

- Not everyone is able to attend the surgery: some patients rely on family, relatives to attend the surgery. For some people on a low income this may mean extra transport costs.

- Locating services in community settings would increase attendance and access for a lot of communities. Some people suggested leisure centres, community groups and other local facilities. Chemists were identified as being more convenient and easier to get to than the surgery and some BME people fed back that Chemists/Community pharmacies are more likely to have staff that are bilingual which increases their accessibility.

- For people with a long term condition automatic ordering of standard prescription items would be beneficial as part of reducing unnecessary appointments. But this would only work if prescriptions were regularly reviewed to reduce waste.

- For people who use patient transport e.g. people with disabilities, long-term conditions, and the elderly, it was important that this improved to ensure appointments were not missed and people were able to be discharged in a timely manner.

If further work on reducing spending on medicines is to commence, it is recommended that there should be further consultation with communities in Calderdale before a decision is made and an equality impact assessment undertaken. Some groups have identified particular concerns which require further consideration and further engagement or consultation should target underrepresented groups such as young people.

35. Calderdale CCG (December 2017) Everyones' NHS Consultation
Location: Calderdale
When the engagement took place: October – December 2017
Who led the engagement: Calderdale CCG
Who was involved: Local people
Number of people engaged: 1,377 people
Copy of report: https://www.calderdaleccg.nhs.uk/download/everyones-nhs-consultation/

What the engagement involved:
The aim of the consultation activity was to capture the views of key stakeholders on the proposals for future arrangements for prescribing in Calderdale. A plan for consultation was developed which included plans for how we would promote and communicate the consultation to stakeholders as well as how we would consult with our most vulnerable and protected groups.

Key themes: -
There was a general agreement across all products that the CCG needed to prevent an impact on people who have a low income children, young people and frail elderly and measures should be in place to ensure they are protected. There was also a theme that GPs should use clinical judgement case by case. People want to see more prevention, more information and greater communication to people to ensure impact is reduced.

From those responding we were able to reach a good representation from those people who do and do not pay for prescriptions. 42% (466) of respondents were answering questions from a perspective of having to pay for prescriptions and 56% did not. There were only a small sample who stated they did not know at 1% (15 people).

Key overarching themes from all the products under consultation:

- There was a lot of evidence to suggest that people may not fully understand or have read clearly who would and would not be impacted. There were a large number of comments were people would not be impacted by a decision but felt they would.
- There was a general agreement across all products that the CCG needed to prevent an impact on people who have a low income.
- Children, young people and frail elderly were considered as potentially being most impacted by these decisions and measures should be in place to ensure they are protected.
- There was a common theme that GPs should use clinical judgement case by case and that a blanket ban may be an extreme way of managing NHS funding.
- People want to see more prevention, more information and greater communication to people to ensure impact is reduced.
- Some people were surprised that a range of these products were available on prescription to start with and wanted more information about the logic behind this.
- People want to see treatments available for medical reasons only. If there was a medical reason the majority of people feel that products should be prescribed.
- In addition to the above point, if the treatment is required as part of a broader medical condition such as cancer for example; that any products required during this period should be on prescription.

- There was concern about stopping prescribing of gluten free products due to impact on health and the high cost of purchasing them without prescription.

Equality issues:

The main impact of the proposals is the cost of proposed changes for people on low incomes and on free prescriptions. This needs to be assessed and mitigated where possible.

There is the potential to cause hardship or increase health inequalities for some groups including families, children, young people and older people, people with long term conditions and in some of the proposals to some ethnicities.

Cost was common across all the proposals, additionally;

- **Gluten free**: Respondents are concerned about access to GF foods
- **Multivitamins**: Respondents are concerned about the withdrawal of multivitamins for children with coeliac disease.
- **Branded medication**: Concern from people who are allergic to ingredients in generic medication, although they would not be affected by the proposal, or those who have found some generic brands to be less effective.
- **Unwanted Hair Cream**: Those who identified they would feel most impact was: Asian and Asian British respondents, women with Polycystic Ovary Syndrome and younger women aged 18-24 who were concerned about bullying and their emotional wellbeing.
- **Sunscreen:** those who felt they would have an impact were; parents of children with conditions such as albinism or vitiligo or who were allergic to mainstream sunscreen; Asian and Asian British respondents; people who had long term conditions or were on medication which required them to use sunscreen. Some specialist sunscreens are only available on prescription
- **Infant Formula:** People with babies who required specific formula due to allergies, access specialist brands some of whom were only available on prescription.

36. Calderdale CCG (December 2017) Improving Access to GP Services
Location: Calderdale
When the engagement took place: October to December 2017
Who led the engagement: Calderdale CCG
Who was involved: Local people
Number of people engaged: 1,489 people
Copy of report: https://www.calderdaleccg.nhs.uk/download/improving-access-to-gp-services/

What the engagement involved:
NHS England have made available additional funds between 2017/18 to 2020/21, for CCGs to commission additional capacity to ensure everyone has access to GP services, including sufficient routine appointments at evenings and weekends to meet locally determined demand, alongside effective access to out of hours and urgent care services. The hours, types of appointments and clinical staff involved are all to be locally determined.

The aim of the engagement was to gain views from members of the public on any proposed changes to GP services.

Key themes: -
A summary of the key findings from the engagement are listed below:

- The top four aspects of service that were seen as the most important (ranking 8-10) in order were:
    - Good care and treatment 92.6%
    - Being able to book an appointment 90.7%
    - A clean and safe place 73.7%
    - Staff being able to see my medical history 69.8%
    - Location 59.6%
    - Having my communication needs met 53.3%
- The least important aspects of a service (ranking 1-3) were:
    - Bi-lingual staff and interpreters 60%
    - Easy access to the building 57.8%
- This trend did not hold true for disabled people who rated access highly (score 7 and above) and Asian/Asian British people who rated bilingual staff highly.
- There were a good number of respondents (48.7%) who stated they would travel between 15-30 minutes to receive a service, 43.5% stated they wanted to travel under 15 minutes. Looking at the table the results show that 62.8% of those responding travel by car to an appointment, this may account for people being prepared to travel up to 30 minutes.
- Respondents told us that for a same day appointment the most convenient time for the majority of people responding (60.9%) would be 6:30-8pm Monday to Friday. With 67.6% stating they would not attend an appointment from 6:30am to 8:00am. The results for equality confirmed this finding.
- For those responding to additional appointments on a Saturday there was no clear time that was presented as the most convenient. For both routine (23.2%) and same day appointments (21.5%) the time of 10am-12noon seemed to be the most popular option, with 8am-10am not being favoured by some (27.4%). Looking at the data it would appear that most of the times offered would be favoured by a good majority of

the population. For Sunday a similar picture emerged with no clear indication of preferred times.

- The majority of respondents still prefer face to face contact (96.6%). The most favoured technology was the telephone (34.3%) with other types of technology using internet technology only favoured by 27.4% of those responding.
- Most people responding would wait until the practice (47.6%) is open or use NHS 111 (40.6%) or go to the pharmacy for advice (30.6%). There were still a significant number of responses who would go to A&E (20.5%).

Equality issues:

- For equality there was a difference in people ability or preference in terms of travel times, some of the groups were more likely to walk, use public transport or taxis than the overall sample. This may have impacted on people choice about how long they were able to travel.
- There were some differences in preference by equality group, but this mainly followed the trend outline above, with a distinct preference for appointments on a Saturday rather than Sunday. Disabled and older people were less keen on early morning and later afternoon appointments.
- Telephone appointments were second choice, with Asian/Asian British people putting this at near 50%. Using apps and online were least popular with Asian/Asian British, disabled people and carers.

To understand more about what is important to equality groups some of the topics likely to be important to some groups were selected for further analysis. The areas chosen were:

- Bilingual staff/interpreters
- Easy access to the building
- Being able to choose to see a woman or a man (GP or nurse)
- Having my communication needs met

Disabled people rated communication and easy access higher than the overall sample.

- Communication – 67% compared to 56%
- Access – 72% compared to 44%

Asian/Asian British people rated Bilingual staff and access to a choice of gender of practitioner higher.

- Bilingual – 59% compared to 14%
- Gender – 78% compared to 45%

Women rated gender choice more highly than men.

- Gender – women 58%, men 35% (overall 45%)

When establishing the extended services to meet the needs of all communities it would be important to take account of these issues.

People were asked to add context or comment to their views in free text boxes. These were reviewed for any comment with equality content. Where comments were found they have been detailed below. Where possible these have been themed.

What is most important to you when you visit the GP or nurse? Is there anything else that is important to you?

- Engage people into service evaluations especially disadvantaged people.

Access – physical and other

- Elderly and disabled people being able to book an appointment
- Parents or carers being unable to access same day appointments as calling time same as taking to school time.
- Access for wheelchair users
- Fully accessible surgery
- Knowledge and respect of disabled patients and their complex needs
- Autism friendly staff and communication options
- Being open to all backgrounds and not judgemental

Continuity of care: for people with mental health or progressive long term conditions, or the elderly

LGBT+

- Correct pronouns, LGBTQ+ identity, kind and friendly staff
- Understanding of transgender identity + the importance of correct pronouns/name
- That GPs and nurses do not assume I am heterosexual due to certain medications. That I feel listened to and valued & respected.
- Gender neutral toilets would be a nice option
- Not assuming gender and sexual identity

In relation to adequate representation in the engagement process:

- **Age**: The engagement sample did not reach children and young people; however, parents may have shared their views for their children. The 18-29 group, however, remain a gap. There are smaller gaps for ages 80-94, but up to age 79 there is good representation
- **Ethnicity**: data suggests that we may not have heard from newer migrants from Eastern Europe

37.Calderdale CCG (December 2017) Wheelchair Services engagement
Location: Calderdale
When the engagement took place: September to 9 December 2017
Who led the engagement: Calderdale CCG
Who was involved: Local people who use wheelchair services
Number of people engaged: 287 people
Copy of report: https://www.calderdaleccg.nhs.uk/download/wheelchair-services-engagement/

What the engagement involved:
The current provider OPCARE in partnership with the CCG and Healthwatch engaged with service users as a direct result of a number of issues raised by service users, carers and families to Healthwatch. A letter was sent with an accompanying survey and equality monitoring form to people who use the current service. The purpose of the survey was to ensure that the CCG could gather views from any patients who have used wheelchair services over the past two years.

Key themes:
The main themes raised from the engagement are:

The key areas of improvement are identified as:

- Waiting time from assessment to receiving a wheelchair – particularly for children and young people and those using powered wheelchairs
- Waiting for an assessment – particularly for children and young people, and those with long-term health conditions
- Getting issues resolved easily and quickly
- Repair service
- Communication (written and verbal) information

The other aspects of service requiring some improvement:

- How Opcare works with other professionals, such as physiotherapy or occupational therapy
- Accessibility of the clinics
- How well the assessment took into account personal and lifestyle needs
- Choice of time and location of appointments
- Assessment in general
- Equipment meets your/person you care for needs

Other considerations were:

- **Communication:** The theme of communication (written and verbal) was identified as requiring improvement overall. People wanted staff who can communicate in a timely manner including returning calls and providing accurate information on everything from assessments to equipment, delivery times to waiting times. This was the aspect of the service most reported as requiring improvement. There were a number of comments relating to phone calls not being returned and people not getting any information or the right information.
- **Staff:** some staff were reported as not communicating clearly or not being available. Respondents told us that staff require training on working with people with a disability/learning disability and families.

- **Assessments:** Timely assessment for those whose needs are changing particularly for children and young people whose needs could be anticipated in a planned approach to reassessment. Improve how clients are prioritised and more clinics to provide assessment are needed.
- **Waiting times:** Timely support was reported as being essential if the service was to improve to meet the needs of clients. Waiting times for assessments, equipment, fitting and accessories were seen as taking too long. This was of particular concern for children and young people, and those with long-term health conditions. People reported that there were not enough professionals to support improvements. In addition delivery of equipment should be in morning or afternoon timescales.
- **Equipment:** For some the quality of the product was not good or as expected. Unsuitable equipment and lack of choice were the most reported aspects that required improvement, and training on how to use the equipment once it was delivered.
- **Repairs:** repair staff were seen as good although the repairs and parts aspects of the service require improvement so that repairs are completed quickly. The waiting time for repairs requires improvement. Respondents want to see more assessors and repair engineers.
- **Staff turnover (therapists) and attitude:** Some people are worried about the high turnover of staff and the attitude of staff including lack of communication and information.
- **Estates and access:** Travel time to the service was too long for some and there should be improvements to signage, to help people locate the service. The clinics should also operate on a weekend for additional access.
- **More monitoring of children and young people:** To ensure the growing needs of children are met there needs to be a more proactive approach to monitoring and assessing need and providing the right equipment quickly.
- **General satisfaction with the service:** The service for some was seen as not fitting around the needs of the client and not being customer focussed enough to offer a good service. Those who were least satisfied were children and young people (aged 21 years and below), people whose needs change over time or have long term health conditions, people using powered wheelchairs, and carers.
- **Funding:** some people were worried about the service not being delivered by the NHS. In addition people were also concerned about adequate funding for the right equipment and to ensure there were enough staff.
- **Carers:** Improving services overall will improve satisfaction among carers. However they also need to feel the specific issues they encounter as carers are understood and responded to quickly.

People also told us the aspects of the service that work well, these were:

- **Staff:** Certain staff were reported as trying hard, being polite, knowledgeable and courteous. In particular occupational therapists and engineers were reported as providing a good service. However there were some negative comments about people not being called back and improvements to communication.
- **Repairs:** Those responding stated that repairs were carried out promptly and that overall it was a good repair service.
- **Assessments:** some respondents stated that the service user felt involved in the assessment and their views were taken into account by the professional. There were a number of good reports about the assessment process.
- **Estates:** some respondents told us they thought the building was easy to find with good access.

- **Equipment:** There were mixed reviews about the equipment people received, and whilst there were some positive comments, improvements could be made. There were some reports of good information on how to use the equipment being provided, although the waiting time for accessories was mixed.
- **Waiting times:** Again mixed reviews for the waiting time to receive a chair. Not everyone was experiencing the same standard of service.

Equality issues:

Feedback from both service users and carers suggests that service users aged 76 years and above are the most satisfied with waiting times, while those aged 21 years and below are the least satisfied. This is important, given people aged 21 years and below are well represented in this engagement.

There is a mixed picture on the views of people based on the type of wheelchair they use: service users using powered wheelchairs are the most satisfied, in contrast with carers of those with powered wheelchairs, who are the least satisfied.

Service users with long-term health conditions are the least satisfied compared to those with other types of impairment.

Feedback from both service users and carers suggests that service users aged 21 years and above are significantly more satisfied with waiting time from assessment to receiving a wheelchair, while those aged 21 years and below are significantly less satisfied. This is important, given people aged 21 years and below are well represented in this engagement.

Service users and carers of those using powered wheelchairs are the least satisfied, compared to service users and carers of those using other wheelchair types.

Service users with a physical or mobility impairment, mental health condition and long-term health condition are less satisfied compared those with a sensory impairment or learning disability.

Overall, service users tend to be more satisfied than carers.

Specific reference was made in relation to staff being trained and aware of a wider range of disabilities in order to provide a more accessible/ comprehensive service.

This service is used specifically by people who have physical disabilities and are in need of a wheelchair. Any difficulty accessing this service has a specific impact upon those people.

Equality monitoring data for the survey did not identify any specific issues for individual groups, although people under the age of 36 were not represented at all in the survey responses and most respondents were White British. The sample was not representative and very small.

38. Calderdale CCG (March 2017 and March 2018) Equality Delivery System
Location: Calderdale and Kirklees
When the engagement took place: March 2017 and 2018
Who led the engagement: Calderdale CCG
Who was involved: Local people
Number of people engaged: 15 panel members
Copy of report: https://www.calderdaleccg.nhs.uk/wp-content/uploads/2018/02/CCCG-PSED-2018-final.pdf

What the engagement involved:
Calderdale CCG worked in partnership with several large healthcare providers including the Mid Yorkshire Hospitals NHS Trust, Calderdale & Huddersfield Foundation Trust, South West Yorkshire Partnership NHS Foundation Trust and the Yorkshire Ambulance Service to deliver a joint approach to engaging with local communities and delivering the EDS2.An assessment panel was assembled with membership drawn from voluntary and community sector organisations representing a range of protected characteristics.

Key themes:
Panel members graded each programme and gave an assessment of the grading. Calderdale CCG received the following feedback:

Right Care, Right Time, Right Place: Graded as 'developing'
- Presentation could have been improved as it was difficult to determine what protected characteristics had been reached
- Some panel members felt that traditional consultation methods had been used but more could have been done to reach some groups
- Some participants of the panel had no experience of the programme and felt it was easier to grade projects that had some relevance/local context
- No panel members felt it was achieving
- Panel members felt there were gaps in engagement and underrepresentation
- The materials used for engagement were not great for people with communication or accessibility needs

Learning Disability Transforming Care Partnership: Graded as 'developing'
- The programme did not provide enough evidence of engaging with protected groups
- there is a gap in services for people from Black Minority Ethnic (BME) community with learning disabilities
- The service needs to be more consistency with regard to support and services across the Kirklees patch
- carers services and voluntary and community sector should be involved
- Would be useful to have some self-care days in practices
- Need to raise GP awareness including cultural competence training and disability awareness

Equality issues:

Panel members graded patient engagement at Calderdale CCG as ‘Achieving’. The CCG received the following recommendations from panel members:

- There should be a presence at ‘Happy Valley Pride’. Further engagement with the LGBT community through Hebden Radio and Over the Rainbow LGBT Social Group in Todmorden
- Better use of the media including radio (Hebden Radion and Sunrise Radio), TV and social media
- Identify creative methods for involving Children and Young People, including theatre based activities, film and videos, dance and links to education
- Look at what ‘Child Friendly Leeds’ are doing for inspiration
- Deliver an event that includes all the local groups working with young people – support young people to develop and deliver the event
- Create accessible versions of information for people using infographics – this would particularly benefit people whose first language is not English and people with a learning disability
- Find different ways to use the skills of Engagement Champions’, e.g. creating community hubs to map community skills and networks and run an event to share ideas about supporting a more diverse voice

39. Calderdale CCG (February 2017) Primary Medical Services (PMS) Funding Review

Location: Calderdale
When the engagement took place: February 2017
Who led the engagement: Calderdale CCG
Who was involved: Local people
Number of people engaged: 50+ patients of the service
Copy of report: contact CCG engagement team

What the engagement involved:

Nationally we were asked to undertake a review of local PMS contracts. The aim of the review was to ensure that any additional services funded in the five practices were equitable across Calderdale. The PMS services under review were:

- Dermatology (including Eczema and Dermascope)
- Diabetes – Level 3 and above
- Electrocardiogram - ECG
- Ambulatory Blood pressure monitoring

The review of each of these services required the primary care team to gather service user feedback. The two main services where patients would be directly impacted were dermatology and diabetes.

Key themes: -

The engagement activity with patients accessing services funded through PMS i.e. Dermatology and Diabetes were reviewed. The findings highlight a high degree of satisfaction with current services; however it is acknowledged that this is only for a small proportion of the population. Patients told us:

Dermatology: We received 50 responses to the engagement and used existing feedback from previous engagement activity. The general feedback from patients was that the service was highly valued and that patients felt they were seen quickly, in a convenient location and by a specialist.

- They would prefer to visit the GP practice and not the hospital
- This service could put pressure on the hospital
- Patients would not like to lose the service, they would be unhappy or upset if they did
- That services should remain closer to home
- It could have an impact on those who need it, particularly children and those who are vulnerable
- A GP specialist is a welcome addition to practice services
- Patients highly valued the service and the clinicians

The practice provided information gathered on dermatology services as part of their friends and family test. Patients told them:

- They would prefer to visit the GP practice and not the hospital
- This service could put pressure on the hospital
- Patients would not like to lose the service, they would be unhappy or upset if they did
- That services should remain closer to home
- It could have an impact on those who need it, particularly children and those who are vulnerable
- A GP specialist is a welcome addition to practice services
- Patients highly valued the service and the clinicians

The information provided has given an overview of what people think of the current service and how we could design a service that would meet local needs.

Diabetes: Patients told us that GP practices need to be central to the delivery of ‘Care Closer Home’. Patients want to see more hospital services closer to home and in a GP practice setting. People want more diabetes services and told us:

- Not enough done on the preventative agenda and we needed to stop people becoming unwell.
- More frequent checks for people who may be subject to conditions such as diabetes
- More help for people with mental health issues.
- Local support for people with diabetes, groups that can advise on diet. Lifestyle help people go the gym and back to work

Equality issues: equality monitoring data collated as part of an Equality Impact Assessment.

Purpose was to review the current PMS Premium funded Dermatology Service, currently delivered by Spring Hall Group Practice and Horne Street Surgery, and make recommendation to the Commissioning PMS Committee.

- Carers and people aged 66 plus were more concerned about travel both regarding accessibility and cost, they also valued continuity of care and familiarity with healthcare professionals.
- Men wanted to fit appointments round work commitments.
- Larger proportion of people from Asian/Asian British – Pakistani ethnicity and Islamic faith using the service when compared to local demographics
- Parents felt the service in enabled them to understand and then care appropriately for their child’s skin condition

40. Calderdale CCG (July 2018) Wheelchair Services Pre-consultation Engagement
Location: Calderdale
When the engagement took place: May - July 2018
Who led the engagement: Calderdale CCG
Who was involved: Local people
Number of people engaged: 467 people
Copy of report: https://www.calderdaleccg.nhs.uk/download/wheelchair-services-report-on-pre-consultation-engagement-work-august-2018/

What the engagement involved:
At the end of April 2018, PCAN was commissioned by the CCG to carry out pre-consultation engagement work to find out from local people what a good service would look like to them, what changes are needed to the current service and whether the CCG's are spending their money on the service effectively.

The purpose of these questions is to:

- Inform the current service improvement plan
- Inform the future service specification for the service (the current provider's contract runs out in September 2019)
- To determine whether the clinical model of funding all levels (low to specialist) requires review.

The first consideration to the approach to be used was the tight timescale of the project. The project timeline was to start with a stakeholder event on the 11th May 2018 and would finish with a further stakeholder event on 20th July 2018, both events to be organised and by Greater Huddersfield CCG and co-presented with PCAN. This gave a window of only 10 weeks to gather the required data.

Key themes: -
People told us the areas of improvement they would expect to see from the service and identified solutions to inform the service specification. People told us:

- They would like the right good quality equipment first time
- Equipment that supports independence and consideration of lifestyle and a wider range of equipment
- 24/7 repair service for all that is responsive and includes same day repair service for complex wheelchair users
- Well trained staff and a clear referral process and information about what to expect, when and how
- Complex service users and children and young people who have changing needs over time getting planned reviews regularly and timely re-assessments
- Timely honest communication, including calling people back, and updates on progress
- Accessible communication – type talk, language interpreters (including staff who can speak different languages) and more use of technology
- Regular clinics in other areas and settings and appointment bookings managed in a timely way

- Fast track appointments for urgent needs
- Holistic approach to providing information for people who use a wheelchair – multiagency approach to creating information to support people
- Personal budgets, equipment and advice on buying equipment independently
- Comprehensive training on the use and maintenance of equipment
- Employ service users in the organisation, look at a the role of the voluntary and community sector in providing non clinical services with a clinical partner
- Develop service user led service evaluation, principles and information and robust monitoring of the service involving service users
- Investment in the service to keep people healthy and well
- Look at areas where people can contribute costs – rental equipment, topping up funding and personal budgets
- Recycle and repair

Equality issues: equality monitoring data collated as part of the Equality Impact Assessment – please see this document for more information.

No equality information available.

41. Calderdale CCG (March 2017) Psychological Therapies

Location: Calderdale
When the engagement took place: 13th March to 24 April 2017
Who led the engagement: Calderdale CCG
Who was involved: Local people who use mental health services
Number of people engaged: 175 people
Copy of report: https://www.calderdaleccg.nhs.uk/download/psychological-therapies-engagement-report/

What the engagement involved:
In 2017, South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) gave notice to the therapists providing art therapy in Calderdale, with a view to art therapy stopping. As SWYPFT had not undertaken any prior engagement with service users and following a report on the decision to give notice to Overview and Scrutiny Committee, service users were then invited to provide evidence of the impact the withdrawal of art therapy would have on them. This evidence was pulled together by service users into a submission which was received and discussed by the OSC.

One of the outcomes of the OSC discussion was a recommendation that the CCG should undertake a review of adult psychological services. Engagement is a key part of that review.

The engagement process started on 13th March 2018 and was due to finish on 24th April 2018. However due the low responses received the survey remained live until the end of July 2018 to encourage further responses.

Key themes: -
The CCG received 175 responses to the survey and the findings are set out below.

The services people had most used are as follows, with the highest rating included:

- Counselling (50%) – rated as good-excellent by 50%
- Cognitive Behaviour Therapy (45%) - rated as poor by 54.3%
- Art Therapy (23%) - rated as good-excellent by 80%
- Self guided help (19%) – rated as poor by 52.5%
- Interpersonal Psychotherapy (8%) – rated as good-excellent by 61.1%
- EMDR (7%) – rated as good-excellent by 58.8%

The services that had only been used by 2-3% of respondents that could not be rated due to low numbers were: Integrative Therapy, Acceptance and Commitment Therapy and Cognitive Analytical Therapy.

People told us that services scored higher (ranked 4-5) were because:

- People felt like the therapist was interested
- People felt safe - trusting the process and therapist
- Staff were competent, non-judgemental, compassionate and well qualified
- The service worked in supporting the client and there were positive outcomes

  - The service promotes long term improvements and has a positive impact on the individual and wider relationships including family, friends and other healthcare professionals
  - Quick access to the service including booking an appointment
  - Access to the service is ‘open ended’ no restrictions or boundaries
  - The service was accommodating to the persons needs
  - The service supports recovery providing practical coping strategies and being person centred

People told us that services scored lower (ranked 1-2) were because:

  - Waiting time to access the service, particularly for longer term support
  - The service did not last long enough to have a benefit or support an outcome
  - Staff attitude was poor
  - Access to the service was impersonal, face to face is preferred
  - Staff did not have the skills, lack of confidence in staff ability, skill or experience
  - Inconsistency in staff and ability, relationship was poor
  - Staff changes
  - The service was not right for the persons condition
  - Lack of trust in therapist or service
  - The service did not result in a positive outcome, for some it made a condition worse
  - Services are short term and focus on symptoms rather than root cause
  - Not enough self-help groups
  - The service could not help me with my needs – some describe these as complex or when they were very unwell

Respondents (49.7%) told us they would like to travel between 15-30 minutes to receive a service but some (36.88) would travel between 30-60 minutes.

Respondents have told us what the most important aspects of care are:

1. Compassionate Staff (88.7%) and seeing the same person (88.6%) were a top priority for the majority of respondents.
2. A service that responds quickly to a person’s need (75.4%)
3. Being able to choose the type of support a person receives (72.2%)
4. Being clear on what outcomes the support will provide (71.6%)
5. A safe place (70.9%)
6. Being able to book a convenient appointment time for my life (68.1%)

When asked what was the most important aspect of a service, people told us:

- Treatment that lasts for as long as is needed and suitable to the persons needs
- Holistic care
- Staff who are caring with the right skills and information
- Longer term support
- Appointments and waiting times
- Suitable environments

The support people would like to see commissioned is:

- More services that are long term including services not clinically led – use the voluntary sector more
- Specialist sexual violence services and for those who been sexually abused
- Peer support services such as Andy's man club
- Adult ASD services and ADHD support
- More IAPT services and links to substance misuse
- More specialist support for those who have experienced severe trauma such as refugee and asylum seekers
- Services suggested were: neurofeedback, sensorimotor psychotherapy, art psychotherapy, long term EMDR, trauma informed yoga, hynoanalysis, IMET, NLP, Psychdynamic music and drama therapy, mindfulness, CFD, gardening, outdoor therapy, art therapy, DBT, reflexology
- More drop in sessions
- Work place based services
- Support and education
- More money in to the services currently provided before looking at others, reduce current waiting list
- Out of hours support – helpline, face to face
- Young people's service and services that can support victims of child abuse
- Eating disorder and bereavement support groups for all ages
- Campaigns to reduce stigma
- Help and support for carers and families
- Help and support in community settings such as parent and toddler groups, schools and gyms
- Support which is personalised
- Support for flood victims
- More staff and workers to support the gap between IAPT and secondary care services
- Additional CPNs and more crisis support
- More support from the GP

Equality issues: equality monitoring data collated

Analysis of the engagement indicates that a relatively small number of people took part – and of those who took part, 60.2% (100) were service users and 8.4% (14) were Carers. It was not possible or meaningful to analyse answers to specific questions according protected characteristic.

The engagement does highlight the importance of meeting the needs of Carers.

In addition, there are some gaps in information from certain equality groups, who were under-represented in this engagement:

- **Males** – under-representation may be typical for psychological/mental health services but should be considered further.
- **People aged 61 years and above**.

- **People who are Christians and Muslims -** it may be worth exploring the relationship between mental health and spirituality/religion.
- **People from Black and Minority Ethnic (BME) groups** – issues such as health inequalities and cultural factors may need to be considered further.
- **Women who are pregnant or who have recently given birth** – support particularly for women affected by post-natal depression may need to be explored further.
- **Transgender people -** may be more likely to experience mental health issues compared to cis-gender people. As the engagement does not provide any meaningful insight from this group, it is worth considering how the views of transgender people can be captured as part of the review of adult psychological services.

42. Patient Opinion (June 2015) Patient experiences of urgent and emergency care in Yorkshire and The Humber: An analysis of stories from Patient Opinion

Location: Yorkshire and the Humber

When the engagement took place: between January 2012 and November 2014, report published June 2015

Who led the engagement: Patient Opinion

Who was involved: Members of the public who had left reviews of urgent and emergency services on Patient Opinion

Number of people engaged: 156 patient stories taken from the Patient Opinion website

Copy of report: http://s3-eu-west-1.amazonaws.com/yhahsn.org.uk/wp-content/uploads/2015/09/Patient-Opinion-emergency-care-report-June-2015.pdf

What the engagement involved: A review of key patient stories that were shared on the Patient Opinion website discussing experiences of urgent and emergency care in Yorkshire and the Humber, comprised in to a report, *Patient experiences of urgent and emergency care in Yorkshire and The Humber: An analysis of stories from Patient Opinion.*

Key themes:

- Avoiding extended waits for treatment and offering an explanation for any longer waiting times.
    - Patients appreciate short waiting times and resent longer ones.
    - *"I called 999 and a paramedic was there within 5 minutes followed by an ambulance 5 minutes later"*
    - longer waits were more acceptable where patients were kept informed of their own progress, reassured they had not been forgotten, offered refreshment when appropriate, had information on the reason for waiting, and did not feel that their own wait was the result of inappropriate demand by others.
    - *"I understand they were busy with another patient but there were no apologies, no explanations, just a 'wait there till I call you'. If they had just smiled and said I'm really sorry I'm dealing with another patient it would have been a different experience …"*

- Delivering a high quality of consultation.
    - Patients placed high value on a "professional" consultation: this term encompassed ideas of expertise, competence, experience, thoroughness, efficiency and explanation.
    - *"I was cared for by specialist trauma nurse whose knowledge and handling of the situation was second to none."*
    - *"From the minute we came into A&E we were dealt with professionally, efficiently and thoughtfully."*
    - In addition patients placed emphasis on the importance of two-way communication: feeling "listened" to as well as talked to. Consultations which lacked these features tended to result in frustration, dissatisfaction and a loss of confidence in the care provided.

  - Patients lost confidence in their care if health professionals contradicted one another on treatment advice/decisions.
  - *"The doctor who saw me said I was to have an enema and sent home. The nurse insisted that neither of these should happen as I was in too much pain."*

- Delivering high quality of interpersonal interactions.
  - Experiences of interpersonal interactions were by far the most frequent element of patient and carer stories, from those with receptionists through to doctors.
  - They remarked on where staff appeared to work effectively as a team, or failed to do so.
  - *"The whole atmosphere was of kindness and exceptional care… this has been the very best experience of NHS care that I have witnessed. Thank you to the excellent support staff, managers, nurses and doctors…"*
  - Patients valued what they saw as personal, human care for them as an individual. Professionals who introduced themselves by name were seen as exemplifying this kind of care.
  - Where patients did not feel they were recognised or respected as individuals, they quickly lost trust in the professionals treating them, even to the extent of feeling unsafe and exiting the service.
  - *"There was no eye contact from staff. I think so that you didn't ask them anything as they were passing… They didn't ask how patients, families were feeling even though some looked extremely scared…"*

- Maintaining a clean physical environment that provides patient privacy.
  - The environment of care is important to patients, specifically in relation to cleanliness or its absence.
  - *"The ward was spotless and been cleaned constantly."*
  - Some care settings clearly led to failures of confidentiality or privacy, with some patients feeling they lacked privacy at moments when they most needed it.
  - *"I was inconsolable as I knew I was losing our baby and yet me and my partner were left with no privacy of a cubicle or room… just left in the corridor. Eventually we were moved to a curtained area but one which the public could look in to… We were just left with no privacy."*

- Delivering a joined up service, reducing the need to access multiple services.
  - Many patients commented on how well their care was "joined up" across multiple services, and conversely, on how sometimes it was not. Where the system did not seem to be "joined up", patients reported accessing multiple services to resolve their problem, recognising that this carried greater costs to both themselves and the NHS.
  - *"The Dr who took charge of my care made every possible effort to ensure that longer-term community support was put in place to help me to avoid acute admissions in future - so they didn't just patch me up and ship me out, they enrolled me into the services I'll need ongoing help from too".*
  - Many patients valued the provision of treatment outside of A&E departments, in minor injury units or walk-in centres. These were often popular because they were seen to

    avoid long waits, although sometimes led to frustration if the service was unable to deal with the presenting condition.
  - *"Very grateful this service (MIU) is available. Would definitely use and recommend this service, sure beats waiting in … A&E for hours. Thank you."*

- Learning from patient stories about what works well and what needs to improve.
  - Patients posting their stories often gave explicit reasons for doing so. Positive stories were presented as expressions of thanks (and often as redressing what was seen as unfair media reporting) while negative stories were often intended to help improve care for others.
  - As well as expressing gratitude for the specific episode of care, patients would often also say how much they valued the NHS as a whole.

Equality issues:
More negative experiences with urgent and emergency care services tended to be reported by particular (often vulnerable) groups, including people with drug/alcohol problems, frail older people (including those with dementia), people with mental health problems, and women suffering miscarriage.

43. West Yorkshire and Harrogate Health and Care Partnership (May 2018) Stroke Care Report of findings – Stakeholder event
Location: West Yorkshire and Harrogate
When the engagement took place: May 2018
Who led the engagement: WY&H HCP
Who was involved: stakeholders
Number of people engaged: 41 people (including presenters, facilitators and scribes)
Copy of report:
https://www.wyhpartnership.co.uk/application/files/7315/3146/9458/Stroke_event_held_in_May_-_Final.pdf

What the engagement involved:
Before decisions are made on the future of stroke services in West Yorkshire and Harrogate, we wanted to find out what people think about the services that are currently provided and what would be important to them should they have a stroke, or care for someone who has now or in the future.

The stakeholder event was held on 30th May 2018 and builds on the public engagement work from February and March 2017, and a clinical summit in May 2017, where consultants, doctors and other health care professionals came together to consider how they could further improve stroke care across the area. A stakeholder event and six workshops that were held in February and March 2018 which provided an opportunity for mangers and clinicians to engage with key stakeholders to seek people's views on the development of a decision making criteria for specialist stroke services to further inform our next steps.

Key themes: -
Support for change
All were in agreement that there was a need for change. There was a feeling that progress has already been made in how services are being delivered but there is still a lack of consistency across the patch in terms of quality and service provision. And more still needs to be done around prevention; supporting people following discharge; rehabilitation and ongoing emotional support.

Hyper Acute Stroke Units (HASUs) and Acute Stroke Units (ASUs)
There was support for HASUs and ASUs and people could see the positive health outcomes that can be achieved if people are able to access these services quickly. There was a feeling that most people would be willing to travel further to enable them to receive specialist care, as long as they could be transferred back to a hospital closer to home. Some needed reassurance as to how the transfer back to their own hospital would work.

There was some concern that the focus is on HASUs and some felt that it should be about the whole pathway including prevention and post discharge. Suggestion was also made that alongside HASUs and ASUs should also look at implementing Early Supported Discharge (ESD) model.

When discussing the criteria around being able to access a HASU within 45 minutes, people felt that the focus should be on the time it takes people to access treatment, and this could be measured from the time the call is made to the time of treatment.

People from the Harrogate area did express some concerns about losing their HASU, and needed reassurance for both patients and staff as to what this would mean for their area. Although it was acknowledged that the main priority was to ensure that patients receive the best care even if this means that a HASU is no longer able to be provided in Harrogate.

Case for change

A few people felt that there was a general lack of awareness amongst the public as to what services are already available. The focus of any communications should be about what is available, how we can improve upon this and the benefits to patients if these changes are made. People also need to be reassured that funding is available to implement any of the proposals, and that any good practice in their local area will not be taken away.

Workforce

Staff need to be kept up to date as the plans progress and be given opportunity to be involved in the development of the plans. There was concern that some staff feel that there is a lack of clarity and some uncertainty about what the future holds for them.

To improve the recruitment and retention of staff we should be looking at career progression, learning and development, and opportunities to be involved in research and innovation. And developing a flexible team of staff with specialist skills to meet the needs of the service.

People’s experience

In terms of people’s experience in the first 72 hours, access to the highest standard of care was seen as more important than travel times by public transport. Access to services using public transport becomes more important when people are transferred back to their local hospital.

People want to see support for families and carers to be improved. And to look at ways for families who live far away to be able to keep in touch with their family member and hospital staff.

Equality issues: equality monitoring forms collected on feedback forms

Extracts taken from report and analysed in relation to equality aspects and summarised below:

The engagement was undertaken across West Yorkshire and 940 surveys were completed and in addition to this:54 outreach sessions were undertaken talking to approximately 1,544 people, 5 voluntary and community sector clinician led events were held attended by 78 people and15 semi-structured interviews with people who had experience of stroke services in Airedale, Wharfedale, Craven and Bradford

- 74 of respondents (7.9%) were from Calderdale

- Most protected characteristics were sufficiently representative in relation to Calderdale demographics however the under 44 age range and Asian/ Asian British ethnicity were both underrepresented'
- The area with the highest percentage of respondents who had a stroke or a suspected stroke was Calderdale with 63% of respondents,

There was no analysis undertaken in relation to difference in views from people with different characteristics or whether this data differed per area.

Comments on other areas that they viewed to be important when accessing aftercare following a stroke:

- Carers: To ensure that the needs of the whole family are assessed, especially in situations where the patient had previously been a carer for either their own children or partner.
- Closer to Home: To be able to access physiotherapy and other rehab services close to home for as long as required, and for it not to be time limited.
- •Carers: Access to support groups and social activities, to help reduce isolation and to give people an opportunity to speak to other stroke patients. To provide support for carers, so they know what to expect and how to support the person they are caring for. For many people this is the first time they have had to care for their loved one, and can be a very difficult time adapting to their new role. And as such they require emotional support, guidance and to be offered respite care.

Calderdale Healthwatch met with Heath Stroke Group, Calderdale Stroke Support Club, and Calderdale Health Forum, and held an event for the VCS. During these activities they spoke to 70 people.

- There needs to be variety in the types of support available. There is very limited choice in Calderdale – even less so now that Heath Stroke Club is closing. Stroke survivors felt it was so important to have community support available – something that's like a family wrapped around you to stop you from feeling alone and to help you get through.
- Younger patients were not always listened to and often were not treated with dignity
- There is a need for more support from voluntary sector/local authority/community services with less eligibility criteria. At the moment, it can feel like there are a lot of barriers to access these types of support and that your need has to fit certain criteria for you to be able to get help you need.

Findings from the stakeholder event which brought people together to talk about the future of stroke services across West Yorkshire and Harrogate

A total of 41 people attended the stakeholder workshops. Of those 41 people, 37 completed or partially completed an equality monitoring form, representing 90% of attendees. Although it should be noted that 18 forms were completed on the day of the event, and 19 were submitted with their registration forms and as such there could be some duplication in numbers as some people may have completed both forms. There is also the possibility that someone may have registered to attend but may have subsequently not attended.

Under-representation:

- Males
- Younger people under the age of 25 and older people over the age of 75

- Muslims and people from other faith communities
- Asian or Asian British people
- Black/African/Caribbean/Black British people
- People of ethnicities other than White British
- People with a disability
- Pregnancy and maternity
- LGBT people

Where there are gaps in gathering the views of specific groups relating to the protected characteristics, these will need to be addressed prior to any formal consultation.

In terms of people's experience in the first 72 hours, access to the highest standard of care was seen as more important than travel times by public transport. Access to services using public transport becomes more important when people are transferred back to their local hospital.

People want to see support for families and carers to be improved. And to look at ways for families who live far away to be able to keep in touch with their family member and hospital staff

44. West Yorkshire and Harrogate Health and Care Partnership (February 2018) Stroke Care Report of findings - 2nd February 2018 event
Location: WY&H
When the engagement took place: February 2018
Who led the engagement: WY&H HCP
Who was involved: health and social care professionals, community organisations, councilors, people who have experienced stroke and carers
Number of people engaged: 50
Copy of report:
https://www.wyhpartnership.co.uk/application/files/8215/2689/2835/Final_2.pdf

What the engagement involved:
Over 50 health and social care professionals, community organisations, councilors, people who have experienced stroke and carers attended an event organised by West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) in Bradford on Friday 2 February. The event builds on the public engagement work from February and March 2017, and a clinical summit in May 2017, where consultants, doctors and other health care professionals came together to consider how they could further improve stroke care across the area.

Key themes: -
Support after stroke for patients, carers and families was extremely important to people. Many described how consideration needs to be given to physiological and emotional therapies, speech and language therapies and support for patients, carers and their families after discharge taking into account re-enablement. People also said they wanted quick access to rehabilitation services. It was also felt that more support is needed for stroke survivors 5 / 10 /15 years later. Many also felt it was important to recognise the different types of support that may be needed for example different cultures, wellbeing of carers and families and younger people who have had a stroke which can affect the rest of their lives and careers.

People also felt that **communication** is key. Some people thought there wasn't enough background or detail and that more clarity was needed. Some thought discussions were not clear around what the options were and the wording and language on the decision making criteria. There was mixed responses on the previous engagement, some people thought the engagement was very good whilst some wanted to know that our engagement was meaningful and that we needed to manage public understanding.

People want to see **promotion around prevention** and learning from other areas that have done this well and the impact it has had by learning from their experiences and using campaigns that already exist such as the FAST campaign to create the awareness. Promotion of the work currently being done and keeping the conversation going, promotion also around younger people having strokes. Some people also felt that education plays a big part.

People want to see more **joined up working** with other organisations such as local authorities, public health, voluntary and community sector, and primary care. People were concerned about it being NHS driven with an acute focus and other organisations not being involved therefore not reflecting the needs of a whole 3 system. The involvement and investment of voluntary and community organisations is extremely important to people and many felt the need for more services in the community. Peer support in recovery is also important and the awareness of what services / support there is available within communities.

People want assurance around the consistency of how data it's collected and reported. People were concerned with issues around workforce, such as retention of staff, a skilled workforce, career possibilities and staff being over worked.

People also want to see recognition of the whole workforce not just specialist staff or consultants.

Equality issues: data collated via event feedback forms
A total of 57 people attended the stakeholder event. Of those 57 people, 30 completed or partially completed an equality monitoring form, representing 53% of attendees. While the numbers of attendees who completed the equality monitoring form was relatively small, it is possible to use the data to gain some insight into who the event reached and whether or not it was representative of our local communities in West Yorkshire and Harrogate.

Representation
The communities that were underrepresented and will require further targeted engagement are:

- Males (while males were underrepresented at the event, it should be noted that there were enough men in attendance to ensure that their views were heard)
- Younger people under the age of 25 (it should be noted that this is a low risk group for stroke)
- Older people over the age of 75
- Muslims and people from the smaller faith communities
- Asian or Asian British people, people from Black/African/Caribbean/Black British backgrounds and other Black and Minority Ethnic communities including Eastern European migrants
- Disabled people
- Carers
- LGBT people

Carers: More support needed for the wellbeing of carers. Calderdale stroke support group meet every two months and have around 30 members who give both stroke victims and carers support

Age: Younger people are having strokes which can affect the rest of their lives and careers. Young people require different services to meet their needs. There are limited services to signpost young survivors

For future engagement: people said we need to consider using different approaches to engagement and address the gaps in the previous engagement around the different communities and the need for targeted engagement and how communities might like to be communicated with recognising language barriers. Other approaches people suggested were; o design questionnaires with people who have had strokes, o use patient stories at different stages of the pathway o engagement also needs to be around prevention o more engagement needed with carers o engage more with groups that support stroke survivors

- **Communication** is key for people. Tone and wording is also important to people for example practical questions need to be highlighted such as; what it will mean for patients. Some people thought there was misinformation getting out and clarity was needed around;
  - the engagement report being published
  - making sure people have the right information
  - what it is happening next o formal consultation o information should be about the whole pathway not just acute care
- **Support for stroke survivors and** carers was also important to people;
  - what support is there for stroke survivors who have had a stroke a long time ago
  - the experience of those who have had a stroke and what issues they may have
  - speech and language
  - more 1:1 approach
  - south Asian families need different types of support
  - support needed for carers is different
  - lack of awareness of what is out there for stroke survivors
  - more support for patients after discharge and re-enablement should be taken into account

45. West Yorkshire and Harrogate Health and Care Partnership (March 2018) Stroke Care workshop report of findings

Location: WY&H
When the engagement took place: March 2018
Who led the engagement: WY&H HCP
Who was involved: colleagues working in health and social care, voluntary and community organisations, carers and people who have experienced a stroke.
Number of people engaged: 48
Copy of report:
https://www.wyhpartnership.co.uk/application/files/5415/2689/3419/Final_march_2018.pdf

What the engagement involved:
West Yorkshire and Harrogate Health and Care Partnership held six stakeholder workshops which brought people together to talk about the future of stroke services across West Yorkshire and Harrogate. The workshops were held across West Yorkshire and Harrogate during the week commencing 26th March 2018.

Forty-eight people attended the events this included colleagues working in health and social care, voluntary and community organisations, carers and people who have experienced a stroke. The feedback from each of the workshops was reviewed to establish whether there were any local variations in the views expressed. It was found that there were no themes or issues discussed that related to a particular locality, and any differences in the discussions that took place related more to the mix of participants at each of the workshops rather than locality.

Key themes: -
Raise awareness of the signs and symptoms of stroke both with the public and health professionals. It was felt that the FAST campaign had raised awareness but that it should go further and talk about the whole pathway. Any campaign should have a co-ordinated approach across all organisations including the voluntary and community sector.

Raise awareness with all our communities of how to prevent stroke. Specific mention was made to the diverse population of West Yorkshire and Harrogate and how some communities have a higher risk of stroke. We need to tailor our communications to educate and raise awareness of the risks for each of our communities.

Improve communication and support for carers. Carers should be provided with support immediately and this should include a resource pack whilst the patient is still in hospital, setting out what is available to them, what they need to do next, FAQs, financial information, support groups, and manual handling. Carers should also be supported in being involved in discussions about the care of the person they care for. And we need to be ensuring that the information provided is accessible and appropriate for all communities.

People want to see more **joined up working with other organisations** such as local authorities, voluntary and community sector, and primary care. The involvement and investment of voluntary and community organisations is extremely important to people and many felt the need for more services in the community. Peer support in recovery is also important and the awareness of what services / support there is available within communities.

People want **consistency in the quality and availability of care, treatments and ongoing support across the patch**. This consistency of care should be wider than just NHS and local 4 authority services and should include the services provided by the voluntary and community sector; they don't want a postcode lottery.

People praised the high level of care they had received in hospital following their stroke, and they wanted to be receiving this standard of care once they had been discharged. They wanted to be able to **access rehabilitation services quickly**. Many felt it was important to recognise the different types of support that may be needed for example different cultures, wellbeing of carers and families and younger people who have had a stroke which can affect the rest of their lives and careers.

People were concerned with issues around **workforce**, such as retention of staff, a skilled workforce, career possibilities and staff being over worked. People also want to see recognition of the whole workforce not just specialist staff or consultants.

Equality issues: data collated via event feedback forms
A total of 48 people attended the stakeholder workshops. Of those 48 people, 32 completed or partially completed an equality monitoring form, representing 67% of attendees

- 8 People attended the Calderdale workshop
- **Sex** Less than a third of attendees were male so although men were underrepresented at the event, there were enough men present to ensure that their views were heard.
- The event did not reach younger people under the age of 25. Those people between the ages of 25-84 were well represented. There was also an underrepresentation of people over the age of 85
- **Religion** Whilst Christians were underrepresented at the event, they made up 48% of the attendees, so their views were adequately represented. Muslims were underrepresented and there was no representation at all from the smaller faith communities. Nearly all ethnic groups were slightly overrepresented, the only exception being for people of Asian or Asian British backgrounds which were underrepresented.
- Disabled people were represented at the event.
- Carers were overrepresented at the event
- sexual orientation was significantly underrepresented at the event, as none of the attendees identified as lesbian, gay or bisexual. There was some representation from the transgender community but numbers were very small.

- Pregnancy and Maternity 0% of the attendees at the event stated that they were pregnant or had been pregnant in the previous 6 months.

Representation: The communities that were underrepresented and therefore require further targeted engagement are:

- Males
- Younger people under the age of 25 and older people over the age of 85
- Muslims and people from the smaller faith communities
- Asian or Asian British people
- Pregnancy and maternity
- LGBT people

Where there are gaps in gathering the views of specific groups relating to the protected characteristics, these will need to be addressed prior to any formal consultation.

Themes:
Themes raised primarily for ethnicity, disability and carers though not disaggregated by characteristic:

- Raise awareness of the signs and symptoms of stroke and how to prevent stroke both with the public and health professionals. Tailor our communications to educate and raise awareness of the risks for each of our diverse communities.
- Improve communication and support for carers and ensure involvement in discussions about the care of the person they care for.
- Ensuring information provided is accessible and appropriate for all communities.
- More joined up working with other organisations
- The involvement and investment of voluntary and community organisations is extremely important and many felt the need for more services in the community.
- Peer support in recovery is important and the awareness of what services / support there is available within communities.
- Consistency in the quality and availability of care, treatments and ongoing support across the patch.
- People praised the high level of care they had received in hospital following their stroke, and they wanted to be receiving this standard of care once they had been discharged.
- Being able to access rehabilitation services quickly.
- Important to recognise the different types of support that may be needed for example different cultures, wellbeing of carers and families and younger people who have had a stroke which can affect the rest of their lives and careers.
- People were concerned with issues around workforce, such as retention of staff, a skilled workforce, career possibilities and staff being over worked.
- People also want to see recognition of the whole workforce not just specialist staff or consultants

46. West Yorkshire and Harrogate Health and Care Partnership (December 2017) A vision for unpaid carers event – report
Location:
When the engagement took place:
Who led the engagement:
Who was involved:
Number of people engaged:
Copy of report:
https://www.wyhpartnership.co.uk/application/files/9115/1670/3461/Unpaid_carers_event_findings_report_Dec_17.pdf

What the engagement involved:
West Yorkshire and Harrogate Health and Care Partnership held an unpaid carers event On Thursday 14 December 2017 at St. Swithuns Centre in Wakefield. The event was the first of its kind across WY&H which was to start conversations with the unpaid carers and representatives from carers organisations.

The aim of the event was to:

- To build on work to date
- Heighten the profile of carers in a more holistic way, rather than as an add on
- Recognise and celebrate what is happening already across WY&H and identify good practice
- Discuss how we can embed the carers agenda into the WY&H workstreams
- Identify a 'gold standard' approach to supporting carers in the work place.

This event was an essential part of our engagement process and included a range of local voluntary and community organisations which represented unpaid carers

Key themes: -

- Organisations had individual examples of good practice and shared that information within their groups.
- Some common themes that came out of the discussions were
    - Need to be better at early identification of carers
    - Primary care is key to help with early identification of carers
    - Listen to what carers have to say
    - Connecting with young carers can be challenging
    - Teachers need to be trained to identify young carers
    - Small local hubs are needed
    - Better signposting for carers to the various services available to them
    - Helping carers who are employed. E.g. employers having a better understanding of who carers are and their caring responsibilities. Better policies to support carers in the workforce.

- Of the people who attended the event the majority thought it was a positive and worthwhile event. However, there were some people who thought it was hard to hear the presentations and round table discussions.
- Some participants were unsure how accessible the venue was for those that use public transport
- Some participants would have liked the event to have been longer to allow for Q&A during the presentations and longer round table discussions
- Participants seem enthused and keen for next steps

Equality issues: data collated via event feedback forms

In total 25 people completed or partially completed the equality monitoring form from a total of approximately 60 attendees.

Of the six areas across Yorkshire and Harrogate the majority of attendees were from Wakefield. There were an even attendance from Bradford, Huddersfield and Leeds. Darlington and Harrogate were also represented.

- The age range was between 24 and 66 with one person preferring not complete this section.
- Most people recorded the country they were born in as the UK/England/Britain. In addition there was representation from a person born in Wales UK and one person born in Pakistan.
- The majority of people recorded as belonging to no religion or Christianity. Two people recorded Islam, one person recorded other and one person preferred not to say.
- With the exception of three people, everyone was recorded as White: English/Welsh/Scottish/Northern Irish/British. One person who did not complete this section, with one person recorded their ethnic group as Asian British – Indian and another person recoded as Pakistani.
- One person recorded they had a disability and one person preferred not to complete this section. All others recorded as not having a disability.
- There was an almost even split between those that recorded themselves as carers and those that were not carers. One person preferred not to say.
- No-one was recorded as pregnant or given birth in the last 6 month.
- From the 25 evaluation forms the majority of people recorded themselves as Heterosexual/Straight. Two people recorded they are bi- sexual, one person recorded as being gay with two people preferring not to say

The sample was not representative and the data and themes in the report were not analysed in relation to characteristics or demographics. However Q2 provided some insight in relation to age:

Q2: What are the big issues around young carers, primary care, hospitals, supporting working carers and how can we embed the carers' agenda into these four work streams and STP partner organisations? Nb. Due to time constraints, discussions focused on Young Carers.

- It is often challenging to connect with young carers – in mental health, for example, workers tend to visit families when the young people are at school and parents often 8 say they don't want their support workers to visit in school holidays when the children are around. Easy for young carers to become isolated.

- Those who are in receipt of services need to be supported to understand the value and the specific needs of young carers.
- Easy to only focus on one model of caring for young people i.e. caring for their parents, but it is far more complex than that. Lots of different models.
- Use of language is important when helping young people to identify as carers – perhaps talk about caring for a ‘loved one’, as it might include good friends as well as family.
- Teachers need to be trained to better understand the needs of young carers.
- Good practice, Calderdale and Kirklees – development of a young carers’ passport. Young people carry their passport and so don’t need to explain to every teacher, every time, as and when they need access to their own or another phone to make contact with the person they care for; or they have been unable to complete homework due to their responsibilities; or need timeout in class.
- Good practice – development of an accreditation/wards scheme for schools, bronze/silver/gold standards, based on how schools identify and respond to the needs of young carers.
- SWYFT – work with schools looking at mental health and their understanding of the issues led to a young people’s drama/play being performed in front of 100 community psychiatric nurses, social workers, etc. and led to the formation of a young person’s participation group in CAMHS

47. Cardiovascular Disease (CVD)

Location: Calderdale
When the engagement took place: 8th August 2014
Who led the engagement: Yorkshire and Humber Commissioning Support
Who was involved: No information
Number of people engaged: No information
Copy of report: contact CCG engagement team

What the engagement involved: A stakeholder event took place at which attendees discussed:

- What works really well in CVD services?
- What works well but needs tweaking?
- What needs to change and how?
- Other ideas
- General comments

Key themes:

- Good quality care available for urgent problems, but greater variation in care for non-urgent/planned care.
    - Several comments were made that the parts of the service responding to urgent cardiac problems and offering rehabilitation were working efficiently with specific reference to first responders, cardiac and stroke rehabilitation, the delivery of angiogram and angioplasty at the same time, and thrombolysis.
    - Providing the automatic defibrillator in GP practices has been effective and needs expanding to other public places where people can be trained to use them appropriately.
    - Further improvements to services are needed for early diagnosis and long term conditions.

- Developing clearer and simpler referral procedures.
    - Many comments indicated that pathways both between and within the CVD services needed to be clearer. This applies at any stage in the care of the person, from their initial assessments to moving from service to service. Along the patient journey, professionals report poor quality referral processes and forms and limited preparation of patients, and felt that some service pathways needed to be integrated, e.g. there is not currently a clear pathway to the anticoagulation service, which is likely to be a service used by people with cardiovascular problems.
    - Early diagnosis and long-term condition pathways are not being fully utilised as heart disease and risk of heart failure are not always detected soon enough.
    - It’s important to make sure an appropriate assessment has been completed before referring someone for an appointment, e.g. some people are referred in to the CVD service when they have gastric problems.
    - A lack of referral form for assessment of Peripheral Vascular Disease has meant that up to 70% of the service users have not had an assessment.
    - There are delays in discharge to tertiary services in the amputee pathway.
    - Patients should be able to access information about social and preventative support, and be signposted or referred on.
    - Early supported discharge was seen as a good part of the CVD service.

- Developing effective and timely discharge procedures.
    - There were some concerns around the care that people receive following a stay in hospital under the CVD service. Patients are waiting up to 4 weeks for a post-

    procedure social care assessment, which is extending their stay in the hospital beyond there being any clinical need.
  - It was felt that there should be an increase in the number of check-ups in the community to make sure people are safe, and that there should be more follow up about medication to make sure it is being used appropriately.

- Maintaining a strong public health programme encouraging people with cardiovascular conditions to stay active, eat well, and stop smoking.
  - The focus on public health initiatives in Calderdale was highly commended, with CREW and Upbeat, and stop smoking support all being mentioned as assets to reducing the impact of CVD.

- Ensuring patients have the information they need to properly manage their condition.
  - Both patients and clinicians need to be more aware of the services available and how you should be referred in to them.
  - Public awareness of the pathway should empower patients as they could question and ask for what they need and should have had.
  - If GPs were more aware of the diverse range of services available, they could market these to people who are regularly accessing their services for support, reducing confusion and boosting confidence in self-caring.

- Making better use of primary care and community services and staff in the delivery of CVD services.
  - Community nursing staff and specialist staff should be working together to meet the needs of people with CVD, but there should be understanding between the two as to who has responsibility for what and how this will work so there isn’t overlap and discrepancies in the quality of the service
  - Practice nurses could also be utilised to deliver care to people using a GP surgery as well as the CVD service.
  - If GP services could be made more accessible to people this could increase the early detection of CVD, but people are hesitant to go to their GP because they struggle to get appointments.
  - Pharmacies are key in the provision of medication for CVD, but are underutilised. They could assist in the diagnosis of hypertension, reviewing medications and helping people to understand what they are used for, and identifying through review when people are not taking medication as they should.

- Developing the use of technology in delivery of CVD services.
  - There is only limited use of technologies to share information and communicate with patients at this time, and more could be done that would drive up standards.
  - Consideration should be given to using text message and social media to make contact with patients and carers for reminders or with public health messages.
  - Telehealth could be used to communicate with some patients from home.

Equality issues: No information

48. Calderdale CCG: A week in the life of A&E
Location: Calderdale and Greater Huddersfield
When the engagement took place:
Who led the engagement: Calderdale CCG
Who was involved:
Number of people engaged:
Copy of report: https://www.calderdaleccg.nhs.uk/download/a-week-in-ae-engagement-report/

What the engagement involved:
Calderdale and Huddersfield NHS Foundation Trust, NHS Calderdale Clinical Commissioning Group and NHS Greater Huddersfield Clinical Commissioning Group worked together on a new engagement that focuses on Calderdale and Huddersfield NHS Foundation Trust A&E departments, interviewing patients anonymously about their experiences of using the two A&E departments.

The aim of the engagement activity was to gather views of people who were attending A&E over a period of 7 days. The work was delivered by the Calderdale CCG 'Engagement Champions' jointly with 'Community Voices' who support Greater Huddersfield CCG. VAC are the voluntary organisation that manage the project on behalf of both CCGs.

Key themes:
The key themes from existing data and the engagement were as follows;

Reasons for attending A&E

- People often report that they have sought advice from a health professional prior to attending A&E, and that they have been advised to attend A&E. Either because they have a health condition that needs to be dealt with urgently; that A&E is the best place to receive the care that they require; or they have been advised to attend if their condition doesn't improve.
- Many people attend as they have been unable to get an appointment with their GP, or if they have been offered an appointment they don't want to wait as they are concerned about their condition and want to be seen quickly; or the appointment is at a time that isn't convenient for them. And for some people their health condition has occurred in the evening or at the weekend and as such they have been unable to access their GP practice.
- A few people attend A&E as they are not happy with the advice and or treatment they have received and want a second opinion.
- Some people don't seek advice as they feel that A&E is the right place for their condition.
- Those people that attend A&E at the evening and weekends often aren't aware of where else they could seek medical advice and support.

Quality of service in A&E

- People report high levels of satisfaction with the service they receive in A&E and praise staff for their quality of care. Although some felt that staff seemed rushed which impacted on the waiting times and the quality of the care provided, and felt more staff would improve this.

- Many described long waits to be seen; to receive their test results; and to be discharged. If the waiting times for each of these had been shortened this would have improved their experience. They also wanted staff to keep them informed of expected waiting times.
- When asked what they expect out of their visit to A&E, people report that they want to be able to access the appropriate diagnostic tests to support them in being provided with a diagnosis of their condition so they can be provided with the appropriate advice and treatment / medication.
- Seating provided in waiting areas was described by some as being uncomfortable.

Alternatives to A&E

- Many people report that if they had been able to access a GP appointment at a time that was convenient to them they may have not attended A&E. Suggestions were made on better access to GP appointments.
- People have also suggested if GP practices were able to undertake diagnostic testing such as blood tests, x-rays, scans and treat minor injuries this would reduce the need for people to attend A&E. Some suggested having a minor injuries unit or a 24 hour walk-in centre.

Equality issues:

Please refer to the published report of findings which has a very detailed equality section.