Hospital

Engagement and consultation mapping

March 2013 – August 2018

Health issues, inequalities and barriers in Kirklees

1. Purpose of the report

This report pulls together all the engagement and consultation activity that has taken place across Calderdale and Greater Huddersfield during March 2013 to August 2018 on services that directly or indirectly relate to hospital services. The aim of the report is to catalogue all the views gathered so that hospital managers can understand what people are telling them about local NHS services and inform any future design or development.

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
- End of Life
- MSK
- Ophthalmology
- Respiratory
- Therapies
- Specialist Nursing
- Other Generic
- Seamless home from Hospital
- 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 and Greater Huddersfield. The review identified programmes of work that either related directly or indirectly to hospital services.

The mapping consisted of 61 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, like the Musculoskeletal services and the Stroke service; other documents summarised what patients had said about a change in the direction of services overall, such as Right Time, Right Care, Right Place.

Each document was reviewed, and the key themes and details were 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 Greater Huddersfield and 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 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

As can be seen a significant amount of engagement and consultation has taken place over the previous five years that relates to hospital 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:

- **Improve the provision of information on self-care and prevention** - People want to be given the information they need to help manage their own health and wellbeing. They want more focus on prevention and innovative opportunities to keep themselves well. They feel that more information about healthy lifestyle choices should be available with professionals being provided with the relevant skills and knowledge to advise and support individuals with any changes they may wish to make.
- **Raise awareness of the services available** - People feel that there is a need to use a wide range of communication methods to raise awareness of the services available, when and how to access them. It was felt that this would help people select the most appropriate service for their needs.
- **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 authority services and should include the services provided by the voluntary and community sector; they don’t want a postcode lottery.
- **Provide more care closer to home** - People want to see more care closer to home and in a variety of community settings, delivered by the right staff. They see GP practices and community buildings as convenient locations at which to receive services, as getting to them reduces travel times and costs. Although they would travel further for urgent or specialist care.
- **Deliver flexible services that offer the right care at the right time in the right place –** People want to improve access to services and appointment systems, with greater availability at evening and weekend. There also needs to be some variety in the way that appointments can be booked and how services are accessed, like drop-in centres, telephone appointments and online booking. People with long-term conditions want to be able to self-refer directly to services.
- **Consider travel and transport to access services** – People want consideration to be given to travel and transport, as people could neither afford the time to travel; the cost, or find suitable parking on premises. It was felt that there should be an adequate number of parking spaces available at any site, with special focus on making sure there is enough disabled parking available. The car park should be in a safe location and the price of parking should be as low as possible. Public transport, particularly to our major hospitals, is a challenge to many people.
- **Provide patients with information to enable them to make informed choices** - people want to receive clear and good quality information to help them to make informed

choices about their treatment, and to be able to have the choice to access a wide range of services / treatment options.

- **Involve patients, carers and families in care planning** - they want to be involved in decisions about their care. And that they and their families are kept informed and involved throughout, so they know what to expect, are aware of what support is available and how to access it. Where appropriate they would also like to have a named person who is responsible for co-ordinating their care and who can provide them with support and advice.
- **Ensure that hospital discharge is well planned and timely –** Patients 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.
- **Staff to treat patients with dignity and respect** – People want to consistently receive high quality care throughout the different services; for staff to be friendly, helpful and to treat patients with dignity and respect. It is also important to have consistency in the staff who deliver the services, so people can build a rapport with the person caring for them.
- **Staffing levels** - Patients want to be reassured that any changes to services have taken into account the impact on existing workforce. Staffing levels were also felt to be under stress by some, and there was reference to the need to recruit more staff and to ensure their morale and motivation was maintained, however there was concern with regards to the availability of trained staff and the financial viability of this.
- **Provide seamless, holistic care that links all aspects of care together and wraps around a person's needs** - People expressed frustration that different parts of their care don't run smoothly together, instead they face gaps between services and a lack of clarity of which services to access to get the care they need. Care pathways should encompass all of the care needs of the patient, not just their condition, and should support patients at all stages of their health care journey, including reviews, follow-up and ongoing support.
- **Improve communication about patients both within and between organisations involved in their care.** Patients want their healthcare records to be shared by organisations, to enable health and social care professionals to be able to make a more informed decision about their care and so they don't have to repeat their story. To ensure high standards of care, efficiency and good patient experience there is a need for all organisations who are involved in their care to communicate with each other to ensure that the patient receives a seamless service.
- **Increase the involvement of the voluntary and community sector** - Support available through the voluntary sector was praised. People said there should be more groups to support people.
- **Provide services that meet the needs of a diverse population** - 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.
- **Improve use of technology to communicate with patients and carers and other health services –** patients and staff are interested in being able to use technology to

access services differently such as telephone appointments, Skype consultations and online services.

- When we are looking at changing how or what we provide people want us to take into account the **impact those changes can have** on people on low incomes, and people who rely on public transport
- **Involve the public in the design of services -** we need to ensure that we give the public the opportunity to be listened to, and be involved in the design and delivery of services in their communities.

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 End of Life

The function / service area includes GSF Facilitator; MacMillan Benefits Advisor; MacMillan Rehab Team; MacMillan Care Home Nurse Educators; Community End of Life Care Facilitator; and Palliative Care - Adult and Child. The function / service specific themes raised were in relation to respite care and awareness of end of life services in South Asian communities;

- Generally people felt positive about their experiences of respite care services.
- People wanted to see an increase in the variety of services currently available to them, stating that home visits for a few hours every day would be the most beneficial. In addition, people felt that bespoke care, i.e. the right type of care for the cared-for person would be the most helpful.
- Most people were willing to travel between 2 and 5 miles in order to access respite care services, stating that this distance would be manageable both time-wise and taking into consideration public transport.
- 45% felt that booking respite services one month in advance would be the most beneficial for them to manage their own lives. However, shorter timeframes were linked to requiring more urgent help and longer timeframes were selected in order to help people plan for holidays or more complex travel arrangements.
- People wanted access to respite care services to be improved in addition to simplifying/streamlining procedures in order for their experience to be both less stressful and time consuming.
- People coming in for respite need to be able to share their records
- Need to provide respite to carers and young carers
- Need to raise awareness of end of life services with South Asian communities

3.2.5 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

3.2.6 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.

3.2.7 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.

3.2.8 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.

3.2.9 Specialist Nursing

The function / service area includes Colorectal; Continence; MS; Parkinson’s; Stoma; TB; and Tissue Viability. The function / service specific themes raised were;

Continence

- The need for understanding that there is a difference between the assessed clinical need of a person and the practicalities of dealing with incontinence.
- Difficulties affording continence products when the allocation does not meet the practical needs of the individual and the carer.
- Difficulties accessing the required amount of products. For some patients, the need for additional pads is linked to observing religious traditions, and the need to be clean when praying.
- The impact of struggling to access incontinence pads on patients dignity and wellbeing.
- Continence issues have a significant impact on both the carer and the cared for, and managing this can be one of the most stressful parts of being a carer. There is a need for additional support to be in place to meet the needs of carers who are struggling with this.

3.2.10 Other Generic

The function / service area includes Continence; Hospital at Home; Neurology; and Day Surgery (plastics, podiatry). The function / service specific themes raised were;

Continence

- The need for understanding that there is a difference between the assessed clinical need of a person and the practicalities of dealing with incontinence.
- Difficulties affording continence products when the allocation does not meet the practical needs of the individual and the carer.
- Difficulties accessing the required amount of products. For some patients, the need for additional pads is linked to observing religious traditions, and the need to be clean when praying.
- The impact of struggling to access incontinence pads on patients dignity and wellbeing.

- Continence issues have a significant impact on both the carer and the cared for, and managing this can be one of the most stressful parts of being a carer. There is a need for additional support to be in place to meet the needs of carers who are struggling with this.

Minor surgery

- Many services could be moved from hospitals in to the community. These services could be minor surgery, such as cataracts, removal of skin tags.
- Surgeries should consider expanding to offer access to minor surgery.

3.2.11 Seamless Home from Hospital

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.

3.2.12 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

As a matter of routine all engagement activity undertaken by NHS Greater Huddersfield CCG and Calderdale CCG are subject to equality monitoring. This helps support and informs decision making by contributing to the development of equality impact assessments, analyses and other service improvement activity.

When considering feedback it is important to understand who has given their views and sometimes more importantly, who has not. The equality monitoring is compared to local demographics to understand if a representative sample of the community has been reached.

Equality monitoring is also used to help compare views and outcomes for different groups of people to understand if there are any trends in opinion which need taking into account.

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

Some protected groups are likely to have differential access, experience and outcomes when they use NHS services, in listening to feedback it is important to try and consider if we can identify any of these potential issues in order to fully understand what the likely impact is and how it can be addressed or minimised.

4.1 Key Themes

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, 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 and this includes involving patients and carers in decisions about care received in an inclusive way.
- **Improving communication about patients both within and between primary, secondary, community and voluntary sector, and social care**: important for all groups 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 and particularly relevant to the move to more integrated working with health and social care.
- **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:** whilst important to some groups, not all of the population of Kirklees interacts with the voluntary and community sector or perceives third sector to be somewhere to seek advice or support. Some individuals and groups clearly express a

preference to seek support from health professionals based within recognised public sector organisations
- **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 and should be evidenced through equality impact assessments which include engagement or consultation with groups affected or most likely to be affected.

4.1.2 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, young people, disabled people, and older people aged 65+, carers and parents. This is not only about a 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, young people, 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, disabled people, older people, young people, carers and parents and for some BME groups. As more services are brought into the community there are fewer low cost or free transport options for some people which could limit their ability to access them.

4.2 Themes by protected group

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

4.2.1 Disability

Feedback from disabled people and people with impairments indicates that:

- Services need to be more accessible: this includes accessible buildings with accessible entrances, hi-contrast surroundings, 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, but also having accessible systems and processes that are easy to understand and use by all.

- Continuity of care and the provision of high quality and appropriate care and treatment are 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/impairments 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[1] 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, when many wheelchair users require a carer to accompany them, and wheelchair accessible travel is not always available after 5pm. Equipment and aids 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 may 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) with practical sessions to raise awareness, and staff to be provided with learning disability awareness training.

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

- 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.
- Parents and carers wanted better access to Children and Adolescent Mental Health (CAMHS) services for their children and young people particularly to accessing Tiers 2 and 3. More provision of counselling / group therapy services and shorter waiting times particularly for Autism Spectrum Disorder (ASD) assessments. Responsive proactive crisis support was needed.
- They felt that the importance of involving service users (and carers/parents where appropriate) in care planning and decision making was not always recognised.
- Parents felt that there were gaps in provision for some young people and children that did not meet certain criteria.
- Mental health and autism awareness training was needed for staff in primary care and also for families and carers of children with these needs.
- The Wheelchair Services engagement identified a need for the service to be proactive and responsive to the needs of children and young people (aged 21 or below) (whose needs change over time as they grow and develop, or due to the nature of their impairment/health condition)
- People who were deaf identified 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. D/deaf people would prefer ‘all Deaf’ rehabilitation services (e.g. gym / swimming groups), this aids communication and may speed up the rehabilitation process.
- Visually impaired people highlighted that signage and landmarks can be a problem in hospitals and many mainstream services in the community can be difficult to access because for example they have steps where people cannot see where they start and end; no handrails to guide people; no contrasting flooring; and very few ramps. These are all barriers that prevent visually impaired people from navigating safely in indoor and outdoor environments, escalating their risk of falling and jeopardising their independence. Visual impairment awareness training is needed for staff.
- Those respondents with a disability are more likely to travel by public transport or taxi and less likely to walk. The journey times/distances to, and accessibility of GP practices via public transport routes are therefore important.
- The availability of public transport to attend appointments at weekends, bank holidays,

very early morning, evenings is a concern to people with a disability.

- Being treated with respect, compassion, empathy and dignity by staff who have appropriate training is important (e.g. as related to autism, learning disability, mental health).
- Home visits and the availability of minor procedures on-site e.g. blood tests, other tests/procedures are important to people with a disability.
- Being referred to hospitals some distance away has major implications for people with sensory impairment or other disabilities and may result in them being unable to access treatment.
- Disabled people prefer to see a GP rather than a nurse or other trained professional.

4.2.2 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
- Some BME people are concerned about how their dignity and privacy is respected in relation to gender of carers/ health professional for personal care and hygiene or examination, or the need for a chaperone.
- South Asian families who had experience of using stroke services felt that they needed support that met their specific 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 and some felt that they were unaware of any choice for example: women who identified as Black/Black British - African were unaware of, or felt that they were not being offered, home births as an option whilst women who identified as Asian/Asian British - Pakistani women expressed a preference for a hospital birth. Chinese women were concerned about privacy and confidentiality.
- 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.
- Some services had lower usage from particular ethnicities for example the Wheelchair Services Engagement indicated that Black /Black British and other minority ethnic service users and carers were currently not using the service.
- New migrant communities may have needs or experience health inequalities that affect access or influence choices/ access to healthcare that service are not aware of. Apart from language barriers, this may include attitudes to health promotion such as drinking alcohol or smoking, cultural views on health professionals and access to care, gender roles, self-medicating, maternity and post-natal care.
- Staff training on understanding cultural differences and needs would be useful.
- Local South Asian groups and health professionals such as GPs and Social workers are held in high regard by their local community and people will listen to their advice. GPs

and Social Workers play an important role in providing information about the hospice and end of life care services. There is a need to ensure that local South Asian groups and health professionals understand Kirkwood Hospice's services and refer patients from South Asian backgrounds

4.2.3 Age

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

- Younger people experiencing stroke**:** 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.
- More negative experiences with urgent and emergency care services tended to be reported by frail older people (including those with dementia)
- Some less mobile older people may need services in their home.
- Older people valued continuity of care and being able to see the same clinician, services closer to home and near to public transport or with good parking. Buildings with better accessibility including toilets and seating were valued as was being able to get an appointment or advice when needed.
- Technology and electronic systems were not always viewed as accessible by older people
- Services need to be proactive and responsive to the needs of children and young people (aged 21 or below) (whose needs change over time as they grow and develop, or due to the nature of their impairment/health condition)
- Young carers needs not always identified and supported
- Younger people and children valued continuity of care and developing relationships with professionals they trusted. They were concerned about confidentiality and privacy and valued being involved in decisions being made about their care.
- The timing of appointments during the day is important particularly for people of working age (25 -65).
- Young people experiencing mental health conditions wanted; to have the right adults working with us - people we can trust, who we can talk to in confidence, who are not judgmental, who like young people, young-people-friendly venues, flexible and accessible services, to know what we can expect from a service and are able to make choices, to understand and be reassured by confidentiality policies, to be involved in planning and delivering services and activities.

4.2.4 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:

- 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
- Data indicates that more men prefer to see a GP whilst more women would be happy to see a nurse or other trained professional.
- 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.
- Men indicated that during their partners' pregnancy they wanted more information and classes, to be more involved and feel included in the pregnancy and birth. Privacy and confidentiality was very important to them and 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.
- 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
  - ➢ Knowing I will see the right health care professional who understands my child's condition
  - ➢ Feeling safe
- Women valued the provision of well women clinics and blood tests on site at their GP practices.
- Termination of pregnancy services: it is crucial that there is a choice of where women go for their appointments, the type of procedure they have, and where possible, the time and date that it happens. Professionals expressed concern that TOP services may not always be accessible for people with complex social needs:
- Travel, transport and costs are a concern for women from the Huddersfield area if travelling to Calderdale for treatment in relation to early pregnancy or miscarriage who may be on low incomes with young families.

4.2.5 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 by Healthwatch Kirklees on 'Over-the-counter medicines'highlighted

concerns about negative impacts 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

- Refugees and Asylum seekers: flexible working, double-length appointments, assertive outreach, multiple needs consideration, support and advocacy,' need for specific specialist centres due to difficulty with 'mainstream' services, holistic support, adequate data collection and effective interagency working. That consideration needs to be given to: people with substance and alcohol issues, language barriers, needs of LGBT people, needs of children and young people and appropriate safeguards, effective interagency working, mental ill health support including PTSD, survivors of FGM and domestic violence, sex workers both female and male, and religious and cultural practices.

4.2.6 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 their 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
- More support for parents and carers when they have a child or young person who is ill and needs help
- Being able to get to practices and their physical accessibility are important.
- Carers want communication needs to always be met and feel there should be a focus on being treated with respect, compassion, empathy and dignity by staff who have appropriate training (e.g. as related to autism, learning disability, mental health):
- Carers highlight the need for efficient, up to date and easy to use websites e.g. for booking appointments and providing accessible online access to medical records.
- The availability of appointments during the day and how child friendly services are, are important to parents/carers of children.
- Home visits, the availability of minor procedures on-site e.g. blood tests, other tests/procedures and the option of phone consultations with a medical professional and being able to collect a prescription without taking up an appointment are important to carers.
- Carers want to feel able to use a patient complaint procedure without fear of reprisal.

4.2.7 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:

5. Summary of engagement activity

1. Attain (August 2016) *Kirklees Healthy Child Programme Stakeholder Engagement Summary*

Location: Kirklees
When the engagement took place: August 2016
Who led the engagement: Attain on behalf of Kirklees Council and Kirklees CCGs
Who was involved: children, young people, VCS and key stakeholders
Number of people engaged: 1500
Copy of report: https://www.kirklees.gov.uk/beta/working-with-children/pdf/future-in-mind/2016-17/KIHCP-stakeholder-engagement-summary-presentation.pdf

What the engagement involved:
Engagement to support the development of the Healthy Child Programme

Key themes: -
Children and Young people consistently raised:
• the needs for services to be accessible
– Longer hours
– Local
– In places they know
– Some could be in school, some not
– Instant access to advice
• Using fun activities including ones that can be done with friends and family
• The importance of relationships
• Supporting their families and friends to be able to help them
• The need to be able to trust those they talk to
• The need for services to talk to each other and know about each other so they can be signposted
• The concept of feeling safe
– The environment
– Their community
– To talk

Parents and carers

- Of the respondents, 39% of the children have had mental health issues. The main concerns from parents highlighted are the very long waiting lists for CAHMs (up to 3 years) and CHEWs which has impacted on their child’s behaviour and wellbeing in and out of school life. Access and response times were also highlighted as a major issue.
- Parents/carers have to rely severely on school support voicing that a lot more support around children who have severe additional mental needs should be met outside of school. Support networks should be put in place. School is seen as a supportive figure.
- There is a demand for health visitors to be increased as they are seen as a vital link between parent and early support for mother and baby.

- Parents/carers want school nursing provision to be increased and not seen as a stigmatised service as children often do not wish for their peers to find out that they are accessing the service.
- Parents/carers are happy to utilise schools as a provision for learning as well as local centres
- It was highlighted that there is a need to put more information/signposting about the various agencies and support networks on the website as parents do not feel that there is enough information to support them.
- More local groups/sessions/more Autism/SEN 'Out of School' activities like youth clubs, Saturday mornings/weekends are in need.

Providers – Survey Summary

- The main barriers identified by providers are ensuring there is an appropriate budget for delivery and also to allow for transformation. This is backed up by ensuring the length of contract is long enough and that the contract managers approach is flexible enough to allow for changes throughout the lifetime as needs are better understood.
- Other issues highlighted also include data sharing between providers and with the authority, resistance to change within the workforce and changes not yet realised with the commissioner’s organisations (e.g. Children’s Centres) –
- The enablers reflect the barriers, requesting flexible, long term commitment (5-10 year preferable), with effective data sharing agreements and communication between all. This is all supported by the desire to build strong and meaningful relationships.
- When considering the model for delivery we have to consider the impact on smaller organisations, ensuring that we consider cultural clashes and are mindful of the proposed governance and data sharing structure. The main concern raised was that lead providers would ignore the rest of the group and this would lead to clashes within the model.
- To balance these providers would like to see a sensible approach to liabilities and controls retained by the commissioner, ensuring that clear governance is promoted and that the focus is on the wider service, allowing for relationships are built throughout the whole system and HCP isn’t isolated.
- Some of the innovation offered include the SPA, mentoring schemes, links to adult provision (resource sharing), wider targeted support (community/sports groups), co-production and the use of IT as a method for transformation and support.
- To ensure integration the providers hoped to see an inclusive, cross programme outcome monitoring process, having data systems which can be accessed by all and not hidden, giving autonomy, yet inclusion and allowing time to implement and build relationships.

Consistent feedback **across all stakeholders** groups highlighted the need for:

- Single Point of Access across all services within the KIHCP
- Access – Localities – Availability
- Early Intervention
- Sharing of knowledge and skills across professionals, services users and communities
- Ability to share information across services
- Clear pathways to ensure services users do not feel the impact of a fragmented model
- Ability to develop strong relationships

- Service not bound by contractual requirements with outcomes and impact being the focus
- Staff need to have the right knowledge, skills and attitude
- Flexibility for individual, whole family and community approaches
- All parties recognise the need for transformation, with professionals and providers specifying the need for long term contracts to enable it
- Strong recognition of the relationships required between commissioners and providers to enable transformation across services and workforce cultures
- All parties stated that the current system was too fragmented and difficult to navigate
- The need for consistent supports for services users throughout their journey

Equality issues: no data

2.Calderdale and Huddersfield NHS Foundation Trust (October 2015) Emergency Gynaecology and Early Pregnancy Assessment Services. Engagement and equality report of findings
Location: Huddersfield
When the engagement took place: 27 July and 30 September 2015
Who led the engagement: Calderdale and Huddersfield NHS Foundation Trust
Who was involved: women
Number of people engaged: 369
Copy of report: https://www.greaterhuddersfieldccg.nhs.uk/wp-content/uploads/2016/07/EMERGENCYGYNAEEPAUREPORT-EPAU.pdf

What the engagement involved:
Calderdale and Huddersfield NHS Foundation Trust, in partnership with NHS Greater Huddersfield Clinical Commissioning Group, developed a proposal to centralise Emergency Gynaecology and Early Pregnancy Assessment services currently provided from the Cedarwood Unit at HRI, with services provided from a purpose-built Gynaecology Assessment Unit (GAU) at Calderdale Royal Hospital (CRH).

Engagement activity was specifically targeted to reach women across the Greater Huddersfield locality and included women from diverse backgrounds to make sure that the views of people covered under the Equality Act's nine protected characteristics were captured.

Trust worked closely with colleagues in NHS Greater Huddersfield CCG, seven general practices, nine Childrens' Centres, and the Voluntary Sector, to deliver a Communications and Engagement Plan on the proposed changes to Emergency Gynaecology and Early Pregnancy Assessment services.

Key themes: -

- Comments from women indicating that they are not overly concerned which site the services are on, and changing the site would have no real impact on them
- Women have stated that the benefits of improved services in a dedicated environment outweigh perceived concerns about travel and access
- Women have described awaiting assessment for miscarriage alongside mums-to-be with healthy pregnancies as a distressing experience
- The need for adequate car parking facilities at CRH
- Travel, transport and costs are a concern for some women – particularly those in outlying areas and women from the Huddersfield area who may be on low incomes with young families.
- 28.69% of respondents said that would be prepared to travel for under 15 minutes if the services moved, 55.9% of respondents said that they would be prepared to travel 15-30 mins and 15.3% said that they would be prepared to travel 30-60 mins.

Equality issues: equality monitoring collected

3.Calderdale and Huddersfield NHS Foundation Trust (September 2014) ***Cancer***
Location: Calderdale and Greater Huddersfield
When the engagement took place: Early 2014, report published September 2014
Who led the engagement: Calderdale and Huddersfield NHS Foundation Trust (CHFT)
Who was involved: Patients who had been discharged from receiving cancer care from CHFT between 1st September and 30th November 2013.
Number of people engaged: 423 patients (70% response rate)

What the engagement involved: A patient satisfaction and experience survey that was distributed by post, which asked questions about a patient's experience of using cancer care services.

Key themes:
Calderdale and Huddersfield NHS Foundation Trust (CHFT) scored in the top 20% of hospital trusts across the country for these elements of patient care:

- Giving clear explanations of necessary clinical tests.
    - Staff gave complete explanation of purpose of test(s)
    - Given easy to understand written information about test
    - Given complete explanation of test results in understandable way

- Involving patient fully in their care and treatment.
    - Patient definitely involved in decisions about care and treatment
    - Taking part in cancer research discussed with patient
    - Doctors and nurses did not talk in front of patient as if they were not there
    - Hospital staff told patient they could get free prescriptions
    - Got understandable answers to important questions all/most of the time
    - Patient never thought they were given conflicting information
    - Patient offered written assessment and care plan

- Delivering care through competent ward nurses, allowing the patient to have trust in them.

- Planning and delivering effective discharge from care.
    - Given clear written information about what should or should not do post discharge
    - Staff told patient who to contact if worried post discharge
    - Family definitely given all information needed to help care at home
    - Patient definitely given enough care from health or social services

- Coordinating with the GP practice to make sure a high standard of care is ongoing.
    - GP given enough information about patient`s condition and treatment
    - Practice staff definitely did everything they could to support patient

CHFT scored in the bottom 20% of hospital trusts across the country for these elements of patient care:

- Some improvement is needed in parts of interpersonal interaction at a time when the person is very vulnerable.
    - Patient felt they were told sensitively that they had cancer
    - Patient definitely told about treatment side effects that could affect them in the future
    - Clinical Nurse Specialist definitely listened carefully the last time spoken to

Equality issues: No information

4.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

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

5.Healthwatch Kirklees (November 2017) Asylum Seekers, Refugees and People from Emerging Communities: Health issues, inequalities and barriers in Kirklees
Location: Kirklees
When the engagement took place: January to October 2017
Who led the engagement: Healthwatch Kirklees
Who was involved: service providers and/or service users
Number of people engaged:
Copy of report: https://healthwatchkirklees.co.uk/wp-content/uploads/2017/12/Emerging-Communities-Final-report.pdf

What the engagement involved:
In order to gain a better understanding of health issues, inequalities and barriers in newer migrants, Healthwatch Kirklees felt it was important to conduct engagement work in our area. The points listed below relay the information we collected in Kirklees over the period of January 2017 to October 2017, when we visited various organisations that help migrants or deal with migrant health and wellbeing, in addition to attending meetings regarding asylum seekers or migrant-related issues.

Key themes: -

- Mental health was the most prevalent issue raised; health barriers are caused by stigma, lack of sufficient information provided between healthcare services and insufficient services being available for children, in particular those who have experienced severe trauma.
- People struggle to understand how systems work in the UK, which is exacerbated by factors including staff confusion surrounding accessibility to services, financial difficulties, being fearful of financial penalties, negative consequences of completing forms incorrectly, and insufficient periods of time allocated to providing information to people unfamiliar with Kirklees or the UK in general.
- Women and children can be the most vulnerable and voiceless migrants.
- The way in which demographic information is currently collected is a missed opportunity to understand the views and feelings of people from emerging communities.
- Life is very challenging for people who lack or possess limited English literacy skills and accessing ESOL (English for Speakers of Other Languages) classes is very difficult due to high demand and financial pressures. In addition, people struggle to communicate without interpreters and this sometimes acts as a barrier to accessing services.
- Lack of cultural awareness, or not taking into account cultural differences can lead to people who are new to the UK mistrusting advice or services, unnecessarily worrying about their health or feeling unnerved in a service setting.
- Migrants seem to be more accustomed to a comparatively more medicalised healthcare system than that in the UK.
- Cultural beliefs and expectations contribute to feelings of mistrust, stigma, taboos and myths. There is a need to acknowledge that cultural conflict exists for newer migrants by developing programmes to help people experience an easier acculturation process in the UK. However, more also needs to be done to promote the value of different cultures in

order to help people feel accepted, welcome and encouraging integration. In addition, the health literacy in some migrant populations can lead to health disparities.

Equality issues: As above

6.Healthwatch Kirklees and Kirklees Council (October 2017) Respite Care Services in Kirklees

Location: Kirklees

When the engagement took place: October 2017

Who led the engagement: Healthwatch Kirklees and Kirklees Council

Who was involved: users / carers of the service

Number of people engaged: 106

Copy of report: https://healthwatchkirklees.co.uk/wp-content/uploads/2017/12/Respite-Care-report-003.pdf

What the engagement involved:

Kirklees Council want to ensure that respite provision within Kirklees meets the needs of service users and carers. The current model of respite provision relies heavily on a buildings-based, bed-based model and ideas for change include remodelling the current provision to offer an increase in the choice of community-based options.

This engagement focuses on pre-bookable respite provision for older people and people with mental ill health who access respite breaks in Kirklees. Kirklees Council has already undertaken similar engagement with individuals with learning and physical disabilities and their carers.

Key themes: -

- 106 people responded to the respite care services questionnaire and consisted primarily of carers with past or current experiences of these services.
- Generally people felt positive about their experiences of respite care services, which were given an overall rating of 7 out of 10 from respondents.
- However, people wanted to see an increase in the variety of services currently available to them, stating that home visits for a few hours every day would be the most beneficial. In addition, people felt that bespoke care, i.e. the right type of care for the cared-for person would be the most helpful.
- Most people were willing to travel between 2 and 5 miles in order to access respite care services, stating that this distance would be manageable both time-wise and taking into consideration public transport.
- 45% felt that booking respite services one month in advance would be the most beneficial for them to manage their own lives. However, shorter timeframes were linked to requiring more urgent help and longer timeframes were selected in order to help people plan for holidays or more complex travel arrangements.
- Finally, people wanted access to respite care services to be improved in addition to simplifying/streamlining procedures in order for their experience to be both less stressful and time consuming.

Equality issues: equality data collected

7.Healthwatch Kirklees (June 2017) South Asian People with Learning Disabilities: Why don't they access learning disability services as much as other groups in Kirklees?

Location: Kirklees
When the engagement took place: June 2017
Who led the engagement: Healthwatch Kirklees
Who was involved: Masoom Care
Number of people engaged: 22 in-depth responses to a questionnaire
Copy of report: https://healthwatchkirklees.co.uk/wp-content/uploads/2018/02/South-Asian-Learning-Disabilities-Final.pdf

What the engagement involved:
Kirklees Council were already aware that South Asian people with learning disabilities don't access support services and wanted to better understand the reasons for this, which is why Healthwatch Kirklees wrote an initial report on this subject in 2017. However, we decided to conduct further research, this time with the help of a peer researcher, in order to gain more insight directly from South Asian people in Kirklees with learning disabilities and/or their carers.

Healthwatch Kirklees recruited the help of a peer-researcher; a South Asian carer of a relative with a learning disability who also runs a carer support group, Masoom Care in Huddersfield, which primarily targets South Asian people but also attracts a few people from other ethnic backgrounds.

Key themes: -
There is a general dissatisfaction by South Asian people with learning disabilities and their carers when it comes to accessing information, help and support. Although some people find the information they need easily, it seems that most people generally find accessing services to be frustrating and difficult, which can result in feelings of isolation, mental health issues and poorer outcomes for people with learning disabilities whose needs aren't being met.

A report by the Department of Health highlights the need for more outreach that is inclusive of people who can't attend groups, in addition to accessible and understandable publicity that increases the South Asian community's awareness of available services. In addition, service providers should accept that language and cultural barriers currently exist and address this in proactive ways that increase participation (and ultimately trust); it is felt that this could help to potentially narrow the gap for South Asian people with learning disabilities and carers when it comes to using learning disability services.

Equality issues: As above

8.Healthwatch 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.

9.Healthwatch 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

10.Healthwatch Kirklees (December 2015) Health visiting service Kirklees
Location: Kirklees
When the engagement took place: October and November 2015
Who led the engagement: Healthwatch Kirklees
Who was involved: parents and carers
Number of people engaged: not stated
Copy of report: https://healthwatchkirklees.co.uk/wp-content/uploads/2016/09/Health-Visiting-Services-Infographic-FINAL-VERSION.pdf

What the engagement involved:
Healthwatch Kirklees spoke to parents and carers to understand their expectations of the health visiting service in Kirklees; where and when people get information about this service and whether people are aware of how and where to access additional support or advice from health visitors.

Key themes: -
56% of pregnant women agreed that during pregnancy is the best time to be told about the Health Visiting Service
63% of participants had not seen a health visitor during their pregnancy
22 % of people did not think that the information in the red book helped them to understand what to expect from the health visiting service
77% of people did not feel like they needed any additional support from health visitors
24% of participants were not sure what the Health Visiting Service could offer
94% of health visitors told people when they would be visited or contacted again in the future
31% of people did not know about the out of hours telephone advice line
73% of people were told about the health visiting service before the birth of their baby and 98% of those felt this was the most suitable time to receive this information
Those participants who were told about the Health Visiting Service after their baby was born, all agreed that they would have preferred to be told about the Health Visiting Service prior to baby's arrival

Equality issues: no data

11.Healthwatch Kirklees (December 2015) A discussion with South Asian groups on their understanding of end of life care services in Kirklees

Location: Kirklees
When the engagement took place: October and November 2015
Who led the engagement: Healthwatch Kirklees
Who was involved: parents and carers
Number of people engaged: 61
Copy of report: https://healthwatchkirklees.co.uk/wp-content/uploads/2016/07/Kirkwood-Hospice-Report-Nov-2015-Final.pdf

What the engagement involved:
Low referral rates from South Asian communities prompted the Kirkwood Hospice to work in partnership with Healthwatch Kirklees to explore the awareness and understanding of end of life care services among South Asian communities in Kirklees.

We held four discussion groups; two with women aged over 45 and two with men aged over 50 years old. We also carried out an online survey. In total we engaged with 61 people

Key themes: -
Local South Asian groups and health professionals such as GPs and Social workers are held in high regard and people will listen to their advice. GPs and Social Workers play an important role in providing information about the hospice and end of life care services. There is a need to ensure that local South Asian groups and health professionals understand Kirkwood Hospice's services and refer patients from South Asian backgrounds.

Equality issues: no data

12. Healthwatch Kirklees (July 2015) When life is already tough……The experiences of patients with multiple and complex needs as they interact with NHS and Social Care Services in Kirklees
Location: Greater Huddersfield and North Kirklees
When the engagement took place: Across various locations in Kirklees although most of the engagement took place in Huddersfield report produced July 2015.
Who led the engagement: Healthwatch Kirklees
Who was involved: Providers of services for people with multiple and complex needs and people accessing those services.
Number of people engaged: Around 40 people.
Copy of report: https://healthwatchkirklees.co.uk/people-with-multiple-and-complex-needs/

What the engagement involved: Healthwatch Kirklees spoke to people with multiple and complex needs at a variety of locations including Huddersfield Mission; The Corner Recovery Project, Huddersfield; The Whitehouse Centre, Huddersfield and to clients being supported by Simon on the Streets in Huddersfield.

A survey was made available on-line and this was sent to staff working with vulnerable people.
Some people requested individual meetings so that they could share their experiences in detail.
Huddersfield Mission collected case studies specifically about people's experiences of discharge from hospital and mental health units. These case studies contributed to Healthwatch England's first ever Special Inquiry and also informed this piece of work.

Key themes:

- Greater use of emergency and urgent health care service by people with multiple and complex needs.
    - Half of the people we spoke to had used A&E in the last 18 months.
    - 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. We spoke to a man who had sustained a serious injury to his arm but would not seek medical attention and said he would just drink until the pain went off. We spoke to another lady who had a burn on her arm and who said she had broken her finger. She said she wouldn't go to get treatment as she had no money to get to the doctors or A&E.
    - It appears that people sometimes neglect their health until it becomes a critical issue.

- Experiences of discharging people with multiple and complex needs in an unsafe way.
    - There is a need to have more co-ordinated, flexible and responsive services to support people once they are discharged.

  - Huddersfield Mission told us about a man with a history of depression and psychosis who was discharged after a one month stay in hospital. He was sent home with no claim for benefits, no food, no toiletries, no bed linen and no kitchen equipment. His support plan had been left blank by the hospital.
  - 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.

- Importance of providing flexibility in the ways to access health and care services for people with multiple and complex needs.
  - A single approach to offering health and care services to these individuals is unlikely to work, and excludes those whose needs don't fit neatly into the package on offer.
  - More drop-in sessions are needed, rather than appointment only systems.
  - It would be helpful to have more outreach health and care services, based where people with multiple and complex needs already access services.

- Vulnerable people were not used to being asked their opinion on the services they access.
  - More opportunities should be available to give a voice to those who are often the most easy to ignore.

Equality issues:
Patients with multiple and complex needs often experience a different NHS and social care system to other patients. Standard, mainstream services on offer do not always work for those patients who struggle to make and keep traditional appointments or are unable to travel to access services. This contributes to a wider picture of health inequalities, with life expectancy significantly below the rest of the community in Kirklees.

13. Healthwatch Kirklees (January 2015) Summary of feedback on Huddersfield Royal Infirmary Location: Huddersfield Royal Infirmary, Greater Huddersfield
When the engagement took place: January 2013 – 2015
Who led the engagement: Healthwatch Kirklees
Who was involved: Public providing feedback about Huddersfield Royal Infirmary over the phone, in meetings, by email, and on patient feedback websites.
Number of people engaged: 169 comments

What the engagement involved: Healthwatch Kirklees gathers feedback from people who have used health and social care services in Kirklees. The feedback has been analysed to identify themes across the range of services being considered as part of the strategic review.

Key themes:

- Ensuring that discharge is timely and that an appropriate level of care is in place after someone has been discharged.
  - Some patients felt they had been discharged from hospital too early, with not enough support available once they returned home.
  - *"…spent two and a half months in ICU. Was unable to walk when he got home. If I (wife) hadn't been able to look after him at home I don't know what he would have done as he kept falling. reharilitation was promised but it didn't happen. I tried to chase this up but it was a 6 week wait to do initial assessment."* (Cancer Services)
  - *"…..a call was received from HRI to say she could come home. The manager (at Mencap) asked if she was mobilising and was told 'yes she has been up to the toilet'…..Mencap staff noticed she could not use her right arm and was not able to walk unaided. Doctor said he would send her to physio. Mencap manager said she needs to be admitted to find out what has happened to her, not to a physio. She was then admitted to the Medical Assessment Unit"* (Patient with a learning disability – Cardiology Services)
  - *"Discharged whilst still in a lot of pain. I was refused medication to help with pain. The pain killers I needed were crossed off my medicine chart. I went home but after two days I was in agony and was taken back to hospital by ambulance where I was re-admitted. I was told that whoever had crossed out my medicine should not have done that"* (service unknown)

- Importance of employing staff with the right attitude and approach to caring for someone.
  - Some patients felt that they had not been treated well by staff working in the hospital, with a lack of care and empathy shown by some staff.
  - *"The staff on ward 3 are extremely rude. They need further training on how to provide care and cleanliness. Their attitude stinks and it seems to me they don't think of their patients whatsoever. They don't have any dignity towards caring"* (Ward 3)
  - *"I was insulted not only by the nurses but by the doctors too. One doctor told me that I was not in pain when I winced at him touching my stomach and another nurse yelled at me for being sick on the floor when she had taken my bowl away"* (A&E)

  - Other patients had nothing but praise for the staff who treated them, giving recognition to staff who were compassionate, reassuring and understanding despite working in often stressful and busy departments.
  - *"The staff were approachable, friendly and very helpful, despite being very busy. They explained what had happened and the medication I would need. I cannot rate them, the speed with which I was treated and the effectiveness of that treatment, highly enough"* (A&E)
  - *"…feel very grateful to the staff for their professionalism and compassion. Nurses and health assistants are very good – providing treatment, support and understanding"* (Urology)
  - *"The nurses are fantastic and extremely caring. I was very nervous but felt extremely at ease, especially by the level of care and time from the nurse who took me to theatre and who explained every stage to me of what was happening"* (Minor/Day Surgery)
  - *"A wonderful hospital where the staff deserve much more appreciation or the excellent jobs they do* (A&E)

- Reducing any concerns raised around the quality of care to zero.
  - Some patients were concerned about the clinical treatment they received:
  - A manager from Mencap Kirklees felt that there may have been an assumption by medical and nursing staff that a patient's symptoms were the result of her learning disability, rather than looking for the real cause which was actually a stroke. Symptoms had been dismissed by clinical staff which delayed stroke treatment by 5 days.
  - A parent told us about her 7 year old daughter being admitted to HRI with a locked right knee, in extreme pain. She wasn't given appropriate pain relief until 84 hours after being admitted. She then developed deep bed sores from being left in a urine-soaked bed and because staff didn't use an appropriate air bed during her stay.

- Importance of reducing delays and providing information about why a delay might have happened and how long a patient could be waiting.
  - There were significant delays in some outpatient clinics and when waiting for surgery. There was very little information given to patients to explain the reason for the delay and how long they should expect to be waiting.
  - *"I had an outpatient appointment on Friday 14 June 2013 at 4.10pm…..I waited and waited until approx. 5.50pm then had to leave due to having other commitments (I am a carer for my elderly mother….). No-one explained that there was going to be a long wait or posted any comments on the white board on the corridor giving details that there was a long wait"* (Urology Outpatients)
  - *"Took my son to HRI for an adenoid operation. Arrived with my son being nervous and frightened. He wait 6 hours before taken to theatre, so more time spent being scared. It's abysmal"*
  - *"Hospital appointments and not seeing patients at the time stated on the appointment card. People turning up for appointments shouldn't have to wait over half an hour*

before they're seen. If this happens someone needs to apologise and given an idea of length of time they need to wait" (Outpatients)

- Minimising clerical and administrative errors which can result in wasted time and unnecessary cost for both staff and patients.
    - *"I saw a different consultant, who was excellent, but explained that my GP's referral was to dermatology, whereas his specialism was colo-rectal and….he could do very little for me beyond making sure that I was fast-tracked to a relevant specialist. Thus the whole wonderful system sabotaged by petty administrative incompetence"* (Dermatology)
    - *"I got a letter 12 months in advance and then received 3 or 4 letters rearranging my appointment. It would be better not to send out the annual review letters so early"* (Service unknown)

- Delivering excellent specialist care and treatment to patients with learning disabilities, and improving to consistency of this across the hospital.
    - Treatment and care is excellent when specialist staff are involved, but at other times the quality of the care and treatment of these patients can be below the standard expected.
    - *"On the second day, with Community Learning Disability Team support, the medical care greatly improved….The Learning Disability matron has trained Learning Disability champions on the wards, but it is still not certain you'll get someone who understands your needs"* (Urgent Care)
    - *"[the Learning Disability Matron] is very experienced and is a source of support for people with learning disabilities, accessing their appointments and treatments. She will fast-track people with learning disabilities through A&E (if necessary) and is a general all round help. Unfortunately, when [she] is on leave or sick the good practice grinds to a halt as other parts of the hospital (reception, A&E etc) are unaware/unskilled in dealing with people with learning disabilities.*

- Concerns expressed about potential closure or changes to services available at Huddersfield Royal Infirmary.
    - *"Reading in recent news that this hospital was at risk of closure of the A&E department absolutely petrifies me. Had it not been for the services of this hospital, I would have been in agonising pain to travel further"*
    - *"Do we have to set off hours before needing A&E services if it is moved to Halifax?...I think we need an A&E at each hospital"*
    - *"I am concerned that more of these services will now take place at Calderdale Royal Hospital according to the planned changes to hospital services and I have to travel on public transport so I'm going to really struggle to get there. I have already cancelled one appointment in Calderdale because it was too far to travel on public transport, especially when you have to do all that waiting when you get there"*

Equality issues: Specific issues have been raised around the experience of people with severe learning disabilities. When specialist staff are available, reasonable adjustments are made to the way that care is provided, but on occasions when those staff are not available, more problems are experienced with care.

14. Healthwatch Kirklees (December 2014) Medical Assessment Area Huddersfield Royal Infirmary

Location: Greater Huddersfield
When the engagement took place: 17th December 2014
Who led the engagement: Healthwatch Kirklees
Who was involved: Patients and visitors in the Medical Assessment Area
Number of people engaged: 8 patients or carers, 1 staff survey completed
What the engagement involved: A 2 hour observation of the Medical Assessment Area at Huddersfield Royal Infirmary (HRI). Semi-structured interviews with patients and visitors to the ward on that day, who were willing and able to speak to us. Not all questions were asked of every individual.

Key themes:

- Efficient, understanding and helpful staff delivering high quality care.
    - Patients and visitors commented that they had received excellent care during the period of time that they had been on the ward, and that they had gone out of their way to go above and beyond the level of care they expected.
    - *“If I need help I just ask. A young guy came and helped me earlier, brought me a commode. It could have been embarrassing but he didn’t make me feel that way.”*
    - *“They’ve been exceptional, brilliant since we got on this ward.”*

- Concerns about the welfare of the staff.
    - Some patients expressed concerns for the staff working with them who they felt were run off their feet and struggling to fit in the correct breaks.
    - *“I worry about the staff; they’re always telling me to slow down and have a drink, but they aren’t getting their breaks and they need them.”*

- Providing clear information about the patient’s health and the care they are receiving.
    - Most patients and visitors spoke positively about the information that they had received from staff on the ward. They felt that they were being kept up to date with their assessment and treatment and knew what was planned for their care, but were also being reassured.
    - *“They’ve given me information about my treatment, but they give it with a comforting message, saying ‘you will live longer’ which helps me.”*
    - There was a great deal of signage around the ward providing information about what to expect there, health conditions, etc… but this was a little cluttered and could have been overwhelming. Some signs needed to be updated daily as they reported staffing levels/gender of people on the ward, but these hadn’t been updated.

- Long waits for initial care at the Accident and Emergency Department.
    - Some of the patients had experienced long waits in A&E for initial assessment for their health problem, and whilst they acknowledged that this wasn’t unexpected because A&E was so busy, it hadn’t been a positive experience.

    - "I've been on here for a couple of hours, but I've been in A&E since 4 o'clock this morning. It's really busy so it's understandable." (Comment received between 2 and 4pm)

- Importance of discharging people in a timely way.
    - Staff at the ward explained the discharge procedure and the use of dedicated discharge coordinators during the week, and that they were working well, however, the Medical Assessment Area is an urgent care area, which means that it doesn't only admit patients during the week and there is a need for effective discharge at a weekend.
    - One patient had been on the ward for over 5 days, although the maximum stay on this ward should really be 48hrs.

Equality issues: No information

15. Healthwatch Kirklees and Calderdale (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

16. Healthwatch Kirklees (November 2014) Hospital discharge into care homes
Location: Greater Huddersfield and North Kirklees
When the engagement took place: November 2014
Who led the engagement: Healthwatch Kirklees
Who was involved: Staff at the discharge lounges at Huddersfield Royal Infirmary and Dewsbury and District Hospital, care home managers in Kirklees.
Number of people engaged: 25 care homes took part in the survey. Engaged with 2 staff members at Dewsbury hospital and 2 at Huddersfield Royal Infirmary.

What the engagement involved:
Visiting the hospital discharge lounges to observe and speak with the staff about their experiences.
A survey asking care home managers about their experience of hospital discharge, which could be accessed online or completed over the phone as part of a telephone interview.

Key themes:

- Difficulties coordinating and discharge times with care homes.
    - 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.
    - In some cases, care home managers described instances when residents had been discharged without discharge letter and where care home staff had not been informed of changes to medication.
    - Some residents were in need of additional equipment following a hospital stay, but care homes were not always provided with information about this.
    - 25% of care home surveyed strongly disagreed that they are given accurate care plans, whilst 29% strongly disagreed that they were being notified of any changes to the care plan.
    - *“Residents often arrive at the home without notice, without discharge letters, catheterized residents are sent to us without catheter books, no information on size or type of catheter and nothing to say when the catheter was last changed. Residents often have pressure sores and no dressings are sent. Care plans are never sent to the homes.”*

- Importance of accurate and up to date care plans.
    - 83% of the care home staff said good care planning and good discharge had a significant impact on the resident.
    - *“If you’re not given good care package it’s not going to be a good impact on the residents”*
    - *“A good discharge, including full care plan/information would ensure a smooth transition from hospital to care home and not put a strain on our resources, which are*

needed for the client. More often than not clients are discharged with no paperwork or inadequate paperwork. Medication is often missing.”

- Discharging patients at inconvenient times.
    - 30% of care home reported that hospital discharges were never convenient. The key reason for this was lateness.
    - Some care homes reported that they are not always notified when a resident has been discharged.
      “The patient sometimes arrives later than agreed with hospital or two patients will arrive together.”
      “Times that residents arrive at the home, often late at night when there are fewer staff to greet, settle and make the resident comfortable. We often have residents discharged from hospital with zero notice.”

- Importance of being respectful to patients during discharge.
    - Care home reported that they felt the hospitals weren’t always respecting the dignity of the person when they were being discharged, in some cases sending people home inappropriately dressed, without medication, or without their personal belongings.
    - *“Never dressed, not dignified, come out in slippers soaking wet!”*

- Improving verbal and written communication between the hospitals, care homes, patients and families.
    - *“Communication needs to be improved. Thought needs to be given to the care home, i.e. ensure client is discharged with all medications, care plan and or discharge notes. It is essential that medications are returned with the client. More often than not the DNAR is not returned with the client. This causes the care home significant inconvenience. Timing of discharge needs to be improved in effort to discharge before evening.”*

Equality issues: Elderly people or vulnerable adults are most likely to be transferring between hospitals and care homes, so problems with this process disproportionately impact them.

17. Healthwatch Kirklees (September 2014) Continence service in Kirklees

Location: Greater Huddersfield and North Kirklees
When the engagement took place: September 2014
Who led the engagement: Healthwatch Kirklees
Who was involved: Carers group C3, Locala Continence Service, St. Matthew's Carers Group.
Number of people engaged: 17 members of the public, 7 professionals
What the engagement involved:
An online survey, asking people about their experiences of using continence survey.
Attending meeting with different carers groups to discuss issues around continence services.
Speaking with professionals/ service providers.

Key themes:

- The need for understanding that there is a difference between the assessed clinical need of a person and the practicalities of dealing with incontinence.
    - There is often a marked difference between what people are assessed as needing and what carers and individuals feel they need to manage their personal care.
    - Specific types of pads suit certain types of individuals, for example, pull ups might help someone with dementia who still has the urge to pull up their underwear after going to the toilet, but they are often not assessed as having that clinical need, so are allocated different pads.
    - *"There are limits to how many pads you can have regardless of clinical need. Pads are being rationed, pull up pants are impossible to get, I don't know of anyone that is receiving them."*

- Difficulties affording continence products when the allocation does not meet the practical needs of the individual and the carer.
    - As many carers feel that the allocation of continence products doesn't match with the level of need, they often have to spend their own money on buying additional pads for the person they care for. This puts strain on their finances which can have a negative impact on their ability to manage.
    - *"Caring is expensive when you have to incontinence to deal with as well. I spend money from my own pocket. I don't bother buying new clothes for myself as the pads are more important. My appearance, diet and health all are affected when I don't have enough money left over."*

- Difficulties accessing the required amount of products.
    - *"I used to get 4 pads a day and 1 kylie, but when I asked for another kylie they took away one of the pads. I used to use that pad inside the bigger pad as due to the nature of my husband's incontinence that was the best way to manage. I thought it was a trade-off that was worth it."*
    - *"It's ridiculous the way the service decides how many pads a person needs, when my wife is at home they expect us to make do with 3 pads a day but when she's in hospital they'll use up to 7 pads for her."*

  - For some patients, the need for additional pads is linked to observing religious traditions, and the need to be clean when praying.
  - *“I have to buy extra pads for my grandma as she prays 5 times a day, praying helps her keep calm and it’s the only thing she really remembers and finds comfort in. Locala only give 3 pads and they’re not exactly the best quality. I have tried to explain to them but they’re not interested, they just don’t understand why people want to keep clean when praying.”*

- The impact of struggling to access incontinence pads on patients dignity and wellbeing.
  - Using pads can be a source of embarrassment or difficulty for service users and carers, particularly if there are limited numbers of pads, meaning that some individuals are spending time wearing used pads. Continence products can enable people to live with dignity, but for some carers, the limited number makes them feel like the dignity of the person they care for isn’t respected by the service.
  - *“If we received more pads I could take him out more. His incontinence should not be a barrier to him socialising and doing the things he likes to do, but unfortunately it’s preventing him from doing activities that he really enjoyed before he became dependant on pads. I think the incontinence is the only issue that makes me think of sending him into a home, it’s the last thing I want, but I have to think about myself and his quality of life”*

- Offering more support to carers to help them to care for the person with the continence issue.
  - Continence issues have a significant impact on both the carer and the cared for, and managing this can be one of the most stressful parts of being a carer. There is a need for additional support to be in place to meet the needs of carers who are struggling with this.
  - *“At night if he has a leak or an accident on the floor, I have to clean it up straight away in case he gets up and slips. If they gave me pull ups then this would eliminate this problem, but pull ups are expensive so I don’t expect them to give me them. Changing the pad of a fully grown man, who doesn’t understand what is going on is not an easy task! The NHS need to think of us carers who have to deal with this without any training, support or equipment. We save the NHS so much money but as carers we are being run into the ground.”*

Equality issues:
This issue impacts people who follow a religion that requires them to be clean and have a clean pad on when praying.

18. Healthwatch 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.

19. Healthwatch Kirklees (July 2014) Understanding patients' views of Section 136 of the Mental Health Act 1983 in Kirklees
Location: Greater Huddersfield and North Kirklees
When the engagement took place: January – April 2014
Who led the engagement: Healthwatch Kirklees
Who was involved: Service users and carers with experience of Section 136, professionals from South West Yorkshire NHS Partnership Foundation Trust (SWYT), Kirklees Council Emergency Duty Service and Approved Mental Health Professional Service, and West Yorkshire Police.
Number of people engaged: 33 service users and carers, 9 professionals working with people with mental health issues.
Copy of report: https://healthwatchkirklees.co.uk/wp-content/uploads/2015/04/Understanding-patients-views-of-Section-136-of-the-Mental-Health-Act-1983-in-Kirklees-Full-Report-Final-version.pdf

What the engagement involved:

- Review of existing national research looking in to the use of Section 136.
- Attending 4 existing support groups and forums for people with mental health problems and carers provided by SWYT and St Anne's Community Services to have an informal discussion with the attendees about their experiences.
- Distributing a survey that asked questions specifically about individual experiences of Section 136. This survey was added to Healthwatch Kirklees website, tweeted to the general public, and was distributed to the contact list held by the Inclusion Team at SWYT.
- One to one meetings with professionals

Key themes:

- Working better together both between agencies, and senior management and front line staff
  - Professionals from all of the different agencies expressed frustration with each other; there was a lack of understanding of the role of each organisation, their limitations and how they should be coordinating the care for someone in crisis. Despite a multi-agency policy being in place, there was limited awareness of this.
  - In particular, there was tension between Yorkshire Ambulance Service and the other parties involved, as the conveyancing of patients in crisis should be done by ambulance, but when other agencies were already involved, it was difficult for them to deploy resource to assist. As service users reported that they felt criminalised by being transported in police cars, it was particularly crucial to resolve this issue.
  - Service users and carers explained that there had been a lot of variety in their experiences, and that in some cases, police had taken them to a Section 136 suite that was closed or full. Better communication was needed between the police and the suites.

- Increasing awareness of mental health issues and awareness of the care options available for individuals in crisis
    - Service users and carers reported that they had experienced a lack of awareness of mental health issues from the police in some cases. They did not expect that the police should have a full understanding of mental health issues but wanted to see more of this.
    - In their interaction with mental health professionals, service users and carers felt they had faced a greater level of stigma and assumption about their mental health.
    - Professionals highlighted that sometimes police had not chosen the best option for the person in crisis, and that there needed to be a greater awareness of the options available.

- Keeping patients at the centre of all services and ensuring that those hardest to reach are not marginalised
    - Some service users felt that their treatment in crisis was dependent upon their history rather than their current presentation, and that assumptions were made about how they would behave or what they needed, and that they wanted staff to treat their current problem, not refer back to the past.
    - Carers and service users felt that crisis services were very inaccessible. Often someone had to be critically mentally unwell before services would act to treat that person. There was a feeling that more services should be available to intervene earlier, protecting the service users and keeping them at the centre of their care.
    - Carers were concerned that if they cared for someone who was difficult to support, that the services did not make enough effort to maintain engagement with them, especially when that person has a dual diagnosis, such as substance misuse.

- Improving consistency of record keeping and ensuring that recorded information adds value.
    - The picture of detention under Section 136 in Kirklees was unclear during the completion of this work because records held by the police, SWYT and the AMHP service did not match. It's important to have an accurate record so we can clearly understand the issues.

- Assuring the quality of the service people receive under Section 136
    - More needed to be done to seek the views of service users and carers around Section 136, as due to the interaction of lots of different agencies, little had been done to make sure that the process was fit for purpose in Kirklees.

- Developing ways in which Section 136 and crisis mental health care could be delivered to meet the needs of patients and carers
    - Service users and carers felt that crisis care across Kirklees was not of a high enough standard. It does not do enough to support people who are struggling prior to going in to crisis and not paying attention to carers who can highlight the signs that someone's mental health is deteriorating.

  - As there is no Section 136 suite in Kirklees to act as a place of safety, there was a feeling from professionals that additional capacity in appropriate places of safety would be beneficial.

- Reviewing the need for a Section 136 Suite and in-patient beds in Kirklees
  - Psychiatric inpatient care is no longer available in Huddersfield; instead patients from Huddersfield are placed in a ward in Calderdale. Carers in particular felt that this was unsuitable, and there should be ongoing review of whether beds should be made available in Greater Huddersfield.

Equality issues:
Equality monitoring was not completed as part of this piece of work. This focus of the work is people with severe mental health problems, who are a vulnerable group. Some national work has looked at the impact of Section 136 detention in police cells on young people.

20. Healthwatch Kirklees (February 2014) Welcome to my world Issues affecting people in Kirklees who are Deaf and Hard of Hearing as they interact with Health Services- Full Report

Location: Greater Huddersfield and North Kirklees
When the engagement took place: September – October 2013, report published in February 2014
Who led the engagement: Healthwatch Kirklees
Who was involved: People registered with Sensory Services at Kirklees Council who have a hearing impairment
Number of people engaged: 410 surveys completed, 50 people attended focus groups.
Copy of report: https://healthwatchkirklees.co.uk/wp-content/uploads/2015/03/Welcome-to-my-world-Issues-affecting-Deaf-and-Hard-of-Hearing-People-in-Kirklees-as-they-interact-with-Health-Services-002-Full-Report-Final.pdf

What the engagement involved: A survey sent to 1400 people registered with Kirklees Council Sensory Services with hearing impairments, distributed by post available online.
5 focus groups run at specific Deaf groups across Kirklees, coordinated with support staff and volunteers at those groups.

Key themes:

- Difficulties using existing telephone appointment booking systems to access GP and hospital services.
    - Most GP and hospital appointments are made over the phone; this can be very difficult for people with a hearing impairment. 39.5% of the people we asked said they felt they could call for an appointment themselves, but 39% rely on friends and family to call, and 48% have at some point visited in person to book an appointment.
    - Although many people were content to continue booking appointments in this way, around 25% of people would like to contact their surgery by email or text.

- Lack of awareness of whether medical records make a specific note of the individuals hearing impairment, prompting reasonable adjustment to services.
    - Over 50% of respondents did not know whether their impairment is recorded on the GP or hospital systems, so were unsure whether staff would be prompted to make adjustments for their needs, such as booking a BSL interpreter or passing on details of hearing impairments in referrals.

- Difficulties with verbal calling for appointments at the GP and the hospital.
    - Some patients reported missing appointments they had attended because they were verbally called in the waiting room and they could hear that. This was a particular issue in waiting rooms where the TV or radio was on leading to greater difficulty hearing someone calling you in for your appointment.
    - Some respondents preferred to be collected by the clinician from the waiting room, or to have a display screen showing who was being called in for an appointment.

    - Particular difficulties with this were experienced at Huddersfield Royal Infirmary (HRI) audiology clinics, where the environment was no conducive to being able to hear verbal calling, and the staff seemed to lack awareness.

- Difficulties with all types of staff at the GP and hospital lacking deaf awareness and communicating inappropriately.
    - Many respondents said that reception staff lacked awareness of the needs of hearing impaired people, and did not make arrangements that would help them through their appointment.
    - Patients are concerned about missing important information about health conditions and medications because the doctor or nurse doesn’t communicate clearly with them; key problems are medical staff not speaking clearly, or not facing the patient.

- Misunderstanding the information provided by clinicians.
    - Some people had asked a family member to interpret for them at appointments, but they felt this was inappropriate. Some had resorted to researching online when they got home.
    - Some medical staff have written things down for patients with hearing impairments, but staff don’t seem to understand that Deaf people don’t always find written English easy to understand.

- Negative experiences with BSL interpreters at HRI.
    - Several of the people involved in the focus groups communicated through BSL and raised concerns about the quality of BSL interpreters provided at HRI. Additionally, these weren’t always gender appropriate, with male interpreters being sent to gynaecology appointments.

- Difficulties accessing other primary care providers.
    - The survey found that, of the 139 people who had communication problems with other NHS service, 60% struggled at opticians, 59% at the dentist, 34% with pharmacies, 30% had problems accessing the NHS 111 service and 29% had problems with community healthcare services.
    - People felt that these providers were not deaf aware, and didn’t make adjustments to allow deaf people to access their services.

- Lack of awareness amongst Deaf people of their rights as consumers of other NHS services, especially specialist services such as maternity or emergency services.

- Further difficulties travelling for appointments at the hospitals for hearing aid aftercare, such as battery replacement etc.

Equality issues:
The difficulties reported here are experienced by people who having hearing impairments across Kirklees. Health outcomes for people who are Deaf are typically poorer and barriers

to accessing health services could certainly be contributing to problems around understanding health conditions and knowing how to take medication.

21. Involving Young Citizens Equally (June 2016) My Journey: The day-to-day experiences of young people with SEND
Location: Kirklees
When the engagement took place:
Who led the engagement: IYCE
Who was involved: young people with SEND
Number of people engaged: 53 young people with SEND
Copy of report: https://kirkleesyc.org.uk/wp-content/uploads/2016/11/My-Journey-day-to-day-experiences-of-yp-with-SEND.pdf

What the engagement involved:
The Voice & Influence team (IYCE) were commissioned by the SEND (Special Educational Needs & Disability) Children's Strategy Group to carry out an engagement project which aimed to:

- Enable young people with SEND to share their experiences with regards to their dayto-day lives, education and health
- Identify and discuss their perceived support needs and gather suggestions on ideas and improvements to current provision
- Explore young people's aspirations for the future and discuss their path for achieving them

In meeting the above aims, the project sought to:
- To provide decision-makers with an insight into the day-to-day life experiences of young people with SEND
- Identify and make recommendations about key issues that have affected their health and wellbeing as young people with SEND

Key themes: -
- Some young people described that part of their day involved taking medication and physiotherapy. This usually took place during designated times of the day and often meant that they missed lessons.
- At school or college all of the young people were accessing some form of additional support to meet their learning and/ or physical needs.
- In particular the younger participants discussed 'booster' sessions and the older young people talked about 'intervention' sessions.
- Most students saw the benefit of participating in supported sessions to improve their learning. On the whole they felt that school had an inclusive approach to helping them achieve their potential.
- The young people were all aware of peers who had physical disabilities. They felt that their schools made activities and learning accessible to all. They spoke of activities being customised and additional support staff helping where necessary.
- Some young people spoke about the informal support in and out of the classroom they received from their friends. Others with hidden disabilities felt that their peers were often

unaware of their disabilities and how it impacted on their everyday lives which often made making and maintaining relationships with their peers difficult.

- Languages were recognised as a barrier to learning for some multi-lingual young people. They said parents/ carers struggled to support them with homework and were not able to engage with staff as English was not their parent’s first language.
- Several young people spoke about the role their parents played in taking them to medical appointments during and after the school day and making sure they take medication/ prescribed treatment.
- Several young people felt confident to cook but usually parents and carers prepared their meals. For some, upon their return from school, they had to complete homework and undertake house chores.
- Three of the young people involved had regular placement hours with local businesses or charities which they very much enjoyed. Others spoke about wanting to volunteer in their spare time but not knowing how to go about it. Whilst it wasn’t clear how young people acquired their money, some young people also spoke about managing their own money:
- Some young people reported feeling anxious and nervous about adult working life. None of the young people were able to report seeing a careers advisor or receiving careers advice and of those who were asked ‘who helps you to think about the future’ nearly all of them said their parents.
- Some young people reported wanting to remain at home with their families as opposed to living in their own home. Two young people involved lived independently with one recently moving into supported living accommodation.

Equality issues: no data collected

22. Kirklees Council – Diabetes
Location: Greater Huddersfield, particularly Ashbrow and Greenhead Wards
When the engagement took place: Unknown
Who led the engagement: Community Development – Kirklees Council
Who was involved: Specific groups of people from the general public including white British, Pakistani (predominant group), Indian (predominant group), Sikh (predominant group) and Polish.
Number of people engaged: 126 members of the public

What the engagement involved:
A combination of small and large group discussions and one-to-one interviews asking:

- What is working well?
- What is working but needs some adjustments
- What needs changing?

Plus the use of a specific survey developed for use by the Sikh community, asking more detailed and focused questions.

Key themes:

- Good local services are based on good relationships and clear communication between patient, GP and clinicians.
    - 40% were generally happy with the services they receive.
    - 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.
    - Metformin/Insulin is readily prescribed and is of benefit to patients.
    - GP's don't always look close enough at the contents of what they are prescribing to patients. Some diabetic tablets contain sugar (Sugar coating) which some people have had to point out to their respective GP's.
    - GP's should explore/consider a wider range of prescriptions to address the problem of upset stomachs; some felt that GP's don't always explore offering alternatives.

- Ongoing inconsistency in the level of care and support provided for people with diabetes.
    - 60 % of participants felt that there was a general inconsistency in the level of care and support provided by their GP's and Diabetes practitioners
    - 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.

    - Some diabetics in the groups were unaware of this entitlement based on condition or age and some were clearly of pensionable age within the target groups but were still paying for prescriptions.
    - Regular and consistent appointments with diabetic nurse with a good friendly rapport helps.

- Delivering co-located centralised services, to make a range of services easier to access at one time.
    - A small number of participants had been informed of One Stop Shops for diabetic patients at their respective practices, one being the Grange practice in Freetown. They see a number of clinicians in one go – dietician, chiropodist, pharmacist. These participants were extremely happy with this service with a large number of other participants not aware that this service existed.
    - Increasing provision like this would avoid some patients having to visit a number of location's e.g. hospital appointments, eye clinics, podiatry to receive their services.

- Increasing awareness of services available to people with diabetes.
    - GP's and practice staff should make patients at diabetes clinics more aware of the variety of services that exist.
    - There should be much better promotion of local diabetic support and services to raise local awareness, although there is a plethora of advice is available in all forms – leaflets, online etc…

- Local and accessible facilities where people are greeted by a friendly and approachable face.
    - Offering more out of hour's appointment times to accommodate working hours.

- Continuing to provide annual retina checks, foot care and so on which are currently routinely conducted.

- Being proactive more proactive in supporting those who are potential diabetes sufferers.
    - Dieticians/nutritionists should be more pro-active in reaching patients/potential sufferers.
    - PALS should do more to encourage patient participation in physical activities, than just dishing out leaflets and activity timetables.

- Improving the quality of training around diabetes for people with diabetes.
    - DESMOND is not fit for purpose; this is two days of training wasted at a critical time when patients who become aware of their illness need correct and effective advice programme.

Equality issues:
Views were sought specifically from South Asian people, for whom it is keenly important that diabetes services are accessible, as there is a higher incidence of diabetes in this community.

23. Kirklees Council (October 2016) Kirklees Future in Mind Transformation Plan. Children and Young Peoples Mental Health and Wellbeing 2015-2020
Location: Kirklees
When the engagement took place: 2013-2015
Who led the engagement: Kirklees Council
Who was involved: children, young people, parents, teachers
Number of people engaged: not stated
Copy of report: https://www.kirklees.gov.uk/beta/working-with-children/pdf/future-in-mind/2015/kirklees-future-in-mind-transformation-plan.pdf

Key themes: -
What do children and young people want from a service?
The work undertaken with young people to understand what sort of emotional and mental health services they need provided fundamental messages which remain constant:

- Have the right adults working with us - people we can trust, who we can talk to in confidence, who are not judgemental, who like young people.
- Provide young-people-friendly venues – with a range of services in one building, friendly and welcoming, relaxed and informal culture, clean and safe, choice of venue within walking distance of home or something more central for anonymity.
- Offer us flexible and accessible services – not 9am-5pm or wait until Monday, access to all inclusive services that can support all aspects of our lives, drop in services and self-referral, opportunity to take part in activities that are creative and fun and help build a range of softer skills such as friendships.
- We want to know what we can expect from a service and are able to make choices – choice about the kind of therapist we see, to be offered a range of treatment options, not just medication or counselling, we'd like to try other therapies including music, art, drama and equine therapy.
- We need to understand and be reassured by confidentiality policies.
- Involve us in planning and delivering services and activities.

Support from family and friends
Children and young people have been consistently clear that they see combined support for their parents, carers, siblings and friends as being very important. They suggest "skilling up" the family to help each other; enabling families to reflect on their behaviour, communicate effectively and learn how they impact on each other. Children and young people want to be able to discuss problems, knowing parents and carers have the knowledge and resources to help support them.

Some children and young people feel most able to share their difficulties with their friends but many "supportive friends" felt they needed training or skills to be able to help the person in difficulty and maintain their own emotional and mental health.

The development of peer mentoring and support groups in school is seen as valuable by some children and young people, particularly where the support is provided by young people who have themselves encountered and been helped to manage their own emotional or mental health difficulties. However, they did add that it could be unhelpful too when people advised the wrong things.

Help us to help ourselves

Children and young people suggest they need better education about mental health, such as feelings, emotions and reactions to environments and events so that they have a better awareness of how their mental health might be affected as they grow up. Encouraging open dialogue about mental health will help children and young people to feel more confident in approaching an adult or peers about their problem.

A common theme that emerged from young people is that if a person can manage a difficult experience without adult intervention, it is better for them. Helping children and young people to develop coping strategies in advance of any difficult situations was a clear suggestion from young people. Providing young people with the knowledge of what support is on offer and where to seek it was vital.

Young people say that information about who to contact when in crisis or need support should be readily available, preferably on line. They have suggested that services explore digital emotional health and wellbeing approaches in partnership with young people, looking further at how text, apps and web resources could be created to help support their emotional and mental health.

What have parents and carers told us?

Through consultation and feedback with parents and carers including several representatives from PCAN (our local Parents of Children with Additional Needs group), we have identified a number of common themes in relation to their experience of the CAMHS system along with wider service provision. Firstly, parents feel that the whole system is difficult to navigate, and there is a lack of communication in relation to the “right” entry point. Therefore when they are trying to get help for their son or daughter they spend a lot of time ringing different agencies and are told different things.

When parents do eventually find the correct referral mechanism for example, their G.P or school, referrals are made but access to support takes too long and communication back to referrals and parents is poor. Therefore a strong message from parents was the need for a single point of access and a system without tiers.

Secondly, parents told us they need some support in their own right when managing their children’s conditions or behaviours. This is important because parents feel their own health and social circumstances can suffer due to their caring role, and ultimately impacts on them and the wider health and social care system. Parents have suggested that programmes such as mindfulness training would be helpful, which we have recently piloted, as well as taking whole family approaches to care including care planning for the whole family.

Thirdly, parents told us that given the right support that they want to be part of the solution for helping their children. Therefore if a CAMHS system gave them more support and training in how to manage certain behaviours and difficulties that they could manage certain aspects of their children’s behaviour without need one to one support from services.

Equality issues: no data provided

24. 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 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

25. 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
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.

26. 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: equality monitoring collected

27. 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.

28. NHS Calderdale and Greater Huddersfield CCGs (October 2017) 'Pain Management Services' Report of Findings – Engagement
Location: GH
When the engagement took place: March to August 2017
Who led the engagement: GHCCG
Who was involved: people who had used pain management services
Number of people engaged: 112
Copy of report: https://www.greaterhuddersfieldccg.nhs.uk/wp-content/uploads/2018/07/Pain-Management-Engagement-Report-of-Findings.pdf

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

29. 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: GH & Calderdale CCGs
Who was involved: a range of organisations and communities
Number of people engaged: 26
Copy of report: https://www.greaterhuddersfieldccg.nhs.uk/wp-content/uploads/2017/09/Travel-and-Transport-Reference-Group-Event-Report.pdf

What the engagement involved:

Key themes: -
Activity 1: Is there anything else we need to know? What do you think the key areas of improvement are?
Participants told us the following which were scribed or taken from post it notes by the note taker. The findings are set out below under each themed heading:

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
- Idenyify 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

30. 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: https://www.greaterhuddersfieldccg.nhs.uk/wp-content/uploads/2016/07/Final-engagement-Ophthalmology-report.pdf

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

31. 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 and Greater Huddersfield CCGs
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

32. 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:

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.

33. 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 and Greater Huddersfield CCGs
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: no online copy available

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”

34. 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 and Greater Huddersfield CCGs
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
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

35. 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 and Greater Huddersfield CCGs
Who was involved:
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:

- 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
- 10.Respecting patient dignity when delivering care
- 11.Enabling people to care for themselves and seek help when they have concerns

36. 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: GH and Calderdale CCGs
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

37. 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 and Greater Huddersfield CCGs

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.

38. NHS Greater Huddersfield and North Kirklees CCGs (September 2018) Intermediate care engagement report

Location: Kirklees
When the engagement took place: 7th July to 3rd September 2018
Who led the engagement: Joint piece of work with NKCCG and GHCCG and LA
Who was involved: users of the serivce
Number of people engaged: 76
Copy of report:

What the engagement involved:
NHS North Kirklees and NHS Greater Huddersfield Clinical Commissioning Groups (CCGs) are working jointly with Kirklees Council to improve local intermediate care services.

The engagement was scheduled to run from 7th July to 19th August 2018, however as the response rate was low it was agreed to extend the deadline for a couple of weeks until 3rd September 2018. We provided the opportunity for people to have their say using a questionnaire (see appendix B). To raise awareness of the survey and to encourage feedback the survey was shared via our existing internal and external communication and engagement mechanisms. In addition to these mechanisms staff handed out surveys to people accessing intermediate care services during the engagement period.

We received feedback on the engagement via **76** completed surveys.

Key themes: -
The views expressed in this piece of engagement reflect the views raised in previous engagement exercises across Kirklees in relation to intermediate care services. The key themes from existing data and the engagement were as follows:

- Of those people that have accessed intermediate care services most speak highly of the care and support they receive from the staff, describing them as very friendly and professional.
- 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.
- Feedback from the Short Term and Urgent Support Team surveys showed that people felt that there had been some improvement in their health.

Suggestions for how the service could be improved were;

- Ensure that, as far as possible, the intermediate care is provided by the same small team of providers who "get to know the patient" and vice versa - as opposed to different people turning up each time.
- Adhere to a timetable so that patients know when they can expect a visit and also let them know as regards any delays that are encountered that will lead to a late arrival.

- Provide clear written guidance, both on-line and in paper leaflet format - to enable patients to make a fully informed decision relating to giving/refusing consent for their records to be shared.
- Ensure patients and their families / carers are fully involved in the development of their care plan and have continued involvement throughout their care. The development of the care plan should commence early enough to allow time for the appropriate care package to be put in place. To enable greater continuity of care and avoid duplication or confusion the care plan should be held electronically, and be accessible to the patient and anyone involved in their care.
- Acknowledge the role of carers and take into account their needs as well as the patients.
- Have multi-disciplinary teams with partnership working between health, social care and the voluntary and community sector. With staff who are skilled, caring and competent and treat people with dignity and respect. That provides a seamless, co-ordinated service that wraps around the needs of the patient.
- Ensure appropriate packages of care are in place to support people in their own homes. Recognising that one size does not fit all and needs to be tailored to meet the needs of different people.
- Provide early intervention through better identification of patients at risk and targeted support.

Equality issues: equality monitoring forms used

39. NHS Greater Huddersfield and NHS North Kirklees CCGs (May 2017) Health optimisation for non-urgent elective surgery - Engagement report

Location: Kirklees
When the engagement took place: 6th March 2017 and ran for 5 weeks.
Who led the engagement: NK & GH CCGs
Who was involved:
Number of people engaged: 584 surveys were collected via the Community Voices
Copy of report: https://www.northkirkleesccg.nhs.uk/wp-content/uploads/2017/07/Health-optimisation-engagement-report-May-2017-FINAL.pdf

What the engagement involved:
It had been agreed by NHS Greater Huddersfield and North Kirklees Clinical Commissioning Groups (CCGs) to scope the introduction of a Health Optimisation programme that would include new criteria which asks patients with a BMI over 30 to lose weight and smokers to quit before undergoing non-urgent elective surgery.

As part of the scoping exercise we needed to understand the needs of people that may be impacted by the introduction of health optimisation. Some initial work had been undertaken during September 2016 – February 217 by Healthwatch Kirklees and both CCGs, which had provided some insight, but as these views were mainly from White British people they were not representative of our communities. And as such this work needed to focus on gaining the views from those people who are seldom heard and those within protected groups.

To support this work we recruited 13 Community Voices to have conversations within their communities. To gain views on what support and information people would require to help them lose weight or stop smoking. In addition to the work undertaken by the Community Voices, a task and finish group was established to support the scoping of the health optimisation non-elective surgery pathway. The membership of this group included five lay representatives from the following organisations; S2R, Kirklees Local TV, Saathi, Honeyzz and Denby Dale Centre

Key themes: -
Views on asking people to lose weight or stop smoking prior to a routine operation

- Whilst this engagement did not ask people for their views on asking people to stop smoking or lose weight prior to a routine operation, previous engagement has. Although people were supportive of the idea to encourage people to give up smoking or lose weight prior to a routine operation. It was felt that these decisions should be made by the consultant on a case by case basis. And the decision should be based on the effectiveness of the treatment, impact on the patient if the surgery is delayed (there was some concern that delays in treatment could also lead to further health complications) and impact on the patient if the surgery goes ahead without them giving up smoking or losing weight.
- Many felt that BMI was not a useful indicator of how healthy a person is, many cited examples of people that were physically fit but had high BMI due to muscle mass.

- It was felt that people should be provided with realistic weight loss goals. Views on how much time people should be given to achieve these goals ranged from 2 weeks to 12 months. For smoking this ranged from 6 weeks to 6 months.
- Some questioned why this should be restricted to people who smoke or have a high BMI, and suggested that it should be extended to include people who drink alcohol or take drugs.

Prevention

- It was felt that there was a need to look at prevention by educating adults and children on healthy eating, not smoking and promotion of the benefits of exercise. This should start in schools and include teaching children how to cook.
- For many cost was seen as barrier to leading a healthy lifestyle, it was therefore suggested that people should be provided with reduced or free access to gym memberships, swimming, exercise classes and sport. And ensure these activities are available in local communities. Particular mention was made to enabling all children to be able to access activities for free. And provide fruit and vegetables for free or at a reduced cost. And educate people on how to eat healthily on a budget by running cooking workshops.
- GP practices should target 'at risk' patients to come in for regular health checks and advice. And run drop-in sessions where people can obtain support and guidance.
- Provide people with rewards / incentives if they lose weight or stop smoking, such as healthy food vouchers or subsidised recreational facilities.
- Reduce the number of takeaway outlets.
- Increase the number of free outdoor gyms in local parks.
- The Government should ban smoking and impose restrictions on fat and sugar levels in processed foods.

Supporting people to lose weight and / or stop smoking

- Many felt that the need to lose weight or stop smoking should have already been addressed by the GP prior to the need for surgery, through regular health checks. And support should be offered even if they are not waiting for an operation.
- People highlighted that it can be extremely difficult for some people to lose weight or stop smoking, as there may be an underlying reason as to why they are overweight or smoke. Therefore need to establish if there is any underlying cause and provide appropriate support to tackle this, such as counselling or CBT.
- Explain to people what the risks are if they don’t lose weight / stop smoking, and the benefits if they do. Use patient stories / case studies of people from Kirklees telling the benefits of losing weight / stopping smoking.

Supporting people to lose weight

- If patients were expected to lose weight prior to a routine operation, they should be provided with the appropriate support to enable them to do this. This should include a referral to a weight management programme such as Slimming World and Weight Watchers. These support services should be provided for free. Some respondents had

been referred to these programmes and spoke positively about them. However, many felt that 3 months was not long enough to make a change in lifestyle.
- Provide reduced or free access to gym memberships, personal trainers, swimming, exercise classes and sport. And ensure these activities are available in local communities. The support should be available at a range of times of the day and days of the week to enable people who work or have caring responsibilities to attend.
- Provide fruit and vegetables for free or at a reduced cost. And educate people on how to eat healthily on a budget by running cooking workshops.
- A few people suggested that should look at alternative ways to help people to lose weight, such as hypnotherapy, acupuncture, medication and herbal remedies.

Supporting people to stop smoking
- People who have been asked to stop smoking prior to an operation should be referred to a smoking cessation service and be provided with free counselling, online support, apps, group support, medication, nicotine patches, gum, e-cigarettes or hypnotherapy. The support should continue up to and after their surgery.
- Stop smoking sessions could be held in GP surgeries and community venues, where people could hear ex-smokers talk about how they did it and the benefits they have seen to their health and lifestyle. The sessions should be available at a range of times of the day and days of the week to enable people who work or have caring responsibilities to attend
- There was some concern by some people that if people give up smoking it may lead to them putting on weight, so it was suggested that as part of the support services provided to them this should also include healthy eating and exercise.

Equality issues: equality monitoring data collected on feedback forms

Asian / Asian British
The following suggestions were made:
- That there should be healthy eating classes specifically focused on Asian food.
- Information that is provided should be in community languages and be culturally sensitive.
- Hold healthy living sessions in local communities and have members of the Asian community trained as health champions.
- Hold more women only exercise classes.
- The services provided need to understand Asian community culture and eating habits.

Disability
A couple of people mentioned that the sports facilities provided by Kirklees Active Leisure are not accessible for wheelchair users.

Carers
The following suggestions were made:
- It was felt by some that there was a need to provide support services specifically for carers, which would support them in being able to undertake exercise and eat a healthy

diet. These activities would need to fit in around their caring responsibilities and should be provided for free. Suggestions made were gym membership, walking groups, weight management course, managing stress and support groups.

- Health professionals need to be more aware of the issues faced by carers, and how this can impact on their mental and physical health. Some felt that carers should have regular health checks to monitor their health so they are able to continue to be carers.

40. 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:

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.

41. 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:

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

42. 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:

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”.

43. 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:

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.

44. NHS West and South Yorkshire and Bassetlaw Commissioning Support Unit (August 2014) NHS Greater Huddersfield CCG MSK Services Engagement Report
Location: Greater Huddersfield
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: https://www.greaterhuddersfieldccg.nhs.uk/wp-content/uploads/Consultations/GHCCG_MSK_Engagement_Report_-_FINAL.pdf

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 Greater Huddersfield 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.
  - Terminology used during treatment and when explaining a condition was also noted as an area where improvements could be made. All services need to speak in a unified language so that patient understand what is happening with their care, and whether all the treatment they are receiving is work correctly together.

- 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.

- Integrating services was seen as a positive step in improving the MSK services.
  - 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, and improve referral to treatment time.

- Increasing availability of complimentary therapies to patients as part of treatment.
  - Patients would like to see the MSK service providing hydrotherapy, massage and complimentary therapies.

- The MSK service was rated positively with patients appreciating the partnership approach.
    - 95 survey respondents answer the question about what was good about the MSK service, and many of them stated they had received a good quality service.
    - Listening to patients and taking a partnership approach with them when planning their care was greatly appreciated, and helped patients to feel their care meets their needs and focuses on the outcomes that can be achieved.

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.

45. 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: https://www.greaterhuddersfieldccg.nhs.uk/wp-content/uploads/Consultations/Child_Development_Service_-_consultation_report_-_July_2014_v4.pdf

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.

46. NHS West and South Yorkshire and Bassetlaw Commissioning Support Unit (June 2014) Patient Reference Group Network – Vulnerable Adults / Over 75s

Location: Greater Huddersfield
When the engagement took place: June 2014
Who led the engagement: Yorkshire and Humber Commissioning Support
Who was involved: Members of GP Surgery Patient Reference Groups who attend the quarterly network meetings
Number of people engaged: No information

What the engagement involved: Table top discussions about services that will help vulnerable adults and over 75s maintain and enjoy their independence for longer, focused around 6 key options that could help to achieve this:

- Practice based discharge coordinator service (not hospital based)
- Care co-ordination
- Targeted social care services
- Practice attached district nursing
- Dementia care workers
- Review of poly pharmacy for over 75s

Key themes:
Overarching themes

- Ensuring that carers are fully support and respected through the development of new initiatives.
    - Family carers provide crucial support to NHS services; without them often patients would often need far more care at a greater cost to the system.
    - Additional support should be made available for carers as part of the changes to the way services are delivered.

- New proposals should be considered in light of their impact on crisis avoidance.
    - When people are left without the right care and support for extended periods, they can end up in crisis, which is very detrimental for that individual and their family, but also very costly for the NHS. Any proposals to change the way services are delivered should be considered in light of this.

Themes for each option discussed by the network

Practice based discharge co-ordinator service (not hospital based)

- This proposal was seen as a good idea that met all the aims.
- There were questions over the level of support that would be required for different individuals.
- The service should have the patient at the centre acting as a central contact for a wider multidisciplinary team.

Care co-ordination

- There was concern that this could duplicate on work already being done, but was seen as the most beneficial proposal if this could be avoided.
- It was recognised that regular meetings must take place and that this has worked well where it already exists.
- There was a call for more social care involvement if this was to work as this has been missing in current similar meetings.

Targeted social care services

- The group felt that this proposal did not meet all the aims and was unrealistic, but they could see the improvements that it could bring.
- They did not understand whether the role was about signposting or care coordination, and felt that a Care Coordinator may be better placed to do this kind of role.

Practice attached district nursing

- It was felt that this proposal may bring better communication between district nursing and general practice, but that it did not meet all the aims.
- The current district nursing service was considered to be good.
- They suggested that consistency and a familiar face was important to this particular client group, but that this might just be a ‘nice to have’ and that an efficient service was more of a priority.

Dementia care workers

- The group recommended that this proposal should be considered as it met all the aims.
- Discussions centred around crisis avoidance which would have a positive impact on patients and families as well as being cost effective to the NHS.
- It was also seen as a way to promote independence and provide joined up care for patients.

Review of poly pharmacy for over 75s

- The group felt that this proposal met all the aims.
- Medication reviews were seen as an easy way to save money through preventing unnecessary prescriptions. It was suggested that this would benefit other groups, not just over 75s, especially people on numerous medications.
- The group discussed the current inconsistency in medication review dates across the area and the need for patients to have more information and understanding of what medication they were taking. More involvement from pharmacies was seen as a way of improving this.

Equality issues: No information

47. NHS West and South Yorkshire and Bassetlaw Commissioning Support Unit (January 2014) Call to Action: Engagement Report for Greater Huddersfield CCG

Location: Greater Huddersfield
When the engagement took place: October – November 2013
Who led the engagement: Yorkshire and Humber Commissioning Support
Who was involved: Voluntary and community groups, members of GHCCG, members of the public and people with a learning disability
Number of people engaged: 195
Copy of report - https://www.greaterhuddersfieldccg.nhs.uk/wp-content/uploads/Consultations/Call_to_Action_-_Engagement_Report_for_Greater_Huddersfield_CCG.pdf

What the engagement involved:

A survey, available online and in paper format, was sent to voluntary and community groups, GHCCG members, the Patient Reference Group Network and was available on GHCCG's website. Social media was used to reach members of the public. 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.

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 Greater Huddersfield CCG, 12 January 2014'*

Key themes:

- 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.

- 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.

- 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.
  - The 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 heating 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.

- 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.

- 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.

- 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.

- 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

- 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.

- Using technology better and investing in future technology, especially for monitoring and sharing information between services and patients.
  - Understand that things that 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.

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.

48.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:

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.

49. NHS West and South Yorkshire and Bassetlaw Commissioning Support Unit (October 2013) Patient Reference Group Network – Use of technology

Location: Greater Huddersfield
When the engagement took place: October 2013
Who led the engagement: Yorkshire and Humber Commissioning Support
Who was involved: Members of GP Surgery Patient Reference Groups who attend the quarterly network meetings
Number of people engaged: No information

What the engagement involved: Table top discussions about using technology to improve health care systems and experiences.

Key themes:

- Using new technologies can be difficult for older people.
    - People are wary of the accessibility of technology, mostly assuming that older people will be adversely affected.
    - Many of the attendees called for 24/7/365 support for anybody using health technology.

- Offering an alternative to a face to face appointment through technology for low level interaction is positive and can release resources for people who can't use technology.
    - Technology is seen as being most useful for sharing test results, booking appointments and sending reminders, repeat prescriptions and information giving about health advice and available services.

- Consulting using different technologies could mean less waiting and travel for patients and professionals.
    - Consultations can be given using different methods such as telephone, e-mail and video conferencing.
    - There was a note of caution that these should be a choice and not the default.

- Sharing patient information respectful, whilst enabling other professionals to respond appropriately to a patient's need.
    - Privacy concerns were raised about the sharing of patient information and who should have access to this.
    - The benefits of transparency and information being available to health professionals so that people don't have to repeat their story were also noted.

- Peer support and the support of self-care were seen as areas where technology can be effective.

- Addressing barriers to the implementation of new technology.
    - The need for a culture change for health professionals and patients was seen as essential to integrating technology into healthcare.
    - Costs were also seen as a barrier to introducing technology.

Equality issues: No information

50. NHS Yorkshire and Humber Commissioning Support (March 2015) Patient Transport Services Report of Findings. Calderdale, Greater Huddersfield, North Kirklees and Wakefield
Location: North Kirklees
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: https://www.northkirkleesccg.nhs.uk/wp-content/uploads/2014/05/PTS-report-of-findings-NK-Final.pdf

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

51. 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.

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.

52. 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: https://www.greaterhuddersfieldccg.nhs.uk/wp-content/uploads/Consultations/Autistic_Spectrum_Conditions_Engagement_Report_November_2014.pdf

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.

53. 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:

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.

54. 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.

55. 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

56. 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

57. 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

58. 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

59. 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:

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