

## Agenda for a meeting of the Health and Social Care Overview and Scrutiny Committee to be held on Thursday, 5 March 2020 at 4.30 pm in Committee Room 1 - City Hall, Bradford

### Members of the Committee – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT AND INDEPENDENT GROUP	BRADFORD INDEPENDENT GROUP
Greenwood Mir Godwin Lintern Humphreys	Goodall Hargreaves	J Sunderland	Khadim Hussain

### Alternates:

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT AND INDEPENDENT GROUP	BRADFORD INDEPENDENT GROUP
Akhtar Berry Iqbal Jenkins H Khan	Barker Riaz	Griffiths	Sajawal

### NON VOTING CO-OPTED MEMBERS

G Sam Samociuk  
Susan Crowe

Former Mental Health Nursing Lecturer  
Bradford District Assembly Health and Wellbeing Forum  
Healthwatch Bradford and District

Trevor Ramsay

### Notes:

- This agenda can be made available in Braille, large print or tape format on request by contacting the Agenda contact shown below.
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- If any further information is required about any item on this agenda, please contact the officer named at the foot of that agenda item.

### From:

Parveen Akhtar, City Solicitor  
Agenda Contact: Jane Lythgow  
Phone: 01274 432270  
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### To:

## **A. PROCEDURAL ITEMS**

### **1. ALTERNATE MEMBERS (Standing Order 34)**

The City Solicitor will report the names of alternate Members who are attending the meeting in place of appointed Members.

### **2. DISCLOSURES OF INTEREST**

(Members Code of Conduct - Part 4A of the Constitution)

To receive disclosures of interests from members and co-opted members on matters to be considered at the meeting. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

*Notes:*

- (1) Members may remain in the meeting and take part fully in discussion and voting unless the interest is a disclosable pecuniary interest or an interest which the Member feels would call into question their compliance with the wider principles set out in the Code of Conduct. Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.*
- (2) Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.*
- (3) Members are also welcome to disclose interests which are not disclosable pecuniary interests but which they consider should be made in the interest of clarity.*
- (4) Officers must disclose interests in accordance with Council Standing Order 44.*

### **3. INSPECTION OF REPORTS AND BACKGROUND PAPERS**

(Access to Information Procedure Rules – Part 3B of the Constitution)

Reports and background papers for agenda items may be inspected by contacting the person shown after each agenda item. Certain reports and background papers may be restricted.

Any request to remove the restriction on a report or background paper

should be made to the relevant Strategic Director or Assistant Director whose name is shown on the front page of the report.

If that request is refused, there is a right of appeal to this meeting.

Please contact the officer shown below in advance of the meeting if you wish to appeal.

(Jane Lythgow - 01274 432270)

#### **4. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE**

Any referrals that have been made to this Committee up to and including the date of publication of this agenda will be reported at the meeting.

### **B. OVERVIEW AND SCRUTINY ACTIVITIES**

#### **5. ADVOCACY SERVICES ACROSS THE BRADFORD DISTRICT 1 - 32**

The report of the Strategic Director, Health and Wellbeing, (**Document “AE”**) provides an update on the Council and Clinical Commissioning Group’s jointly commissioned Independent Advocacy, Self and Group Advocacy, Volunteering and Capacity Building services.

**Recommended –**

**That the report be noted.**

(Alexandra Lorrison – 01274 435064)

#### **6. SHIPLEY HOSPITAL - ENGAGEMENT UPDATE 33 - 70**

The Deputy Director of Contracting, NHS Bradford Districts CCG, will present a report (**Document “AF”**) which provides an update on the engagement work undertaken by Engaging People on behalf of the Clinical Commissioning Group (CCG) in relation to Shipley Hospital.

**Recommended –**

**That the content of the report and the next steps to be undertaken, including the development of a business case, Clinical Senate Review and consultation timescales, outlined in Document “AF” be noted.**

(Helen Farmer – 01274 237704)

#### **7. HEALTHWATCH BRADFORD: UPDATE ON ACTIVITIES 71 - 202**

The Manager, Healthwatch Bradford, will present a report, (**Document “AG”**) which provides an overview of Healthwatch Bradford and what it does, before continuing to consider its main activities over the last

year. The report summarises Healthwatch Bradford's engagement activities and sets out some of the insights regarding health and care services shared by the public.

**The views of Members are requested.**

(Sarah Hutchinson – 01535 665258)

**8. WORK PROGRAMME 2019/2020**

203 -  
206

The Overview and Scrutiny Lead will present a report, (**Document "AH"**) which presents the Committee's work programme for 2019/2020.

**Recommended –**

**That the information contained in Appendix A to Document "AH" be noted.**

(Caroline Coombes – 01274 432313)



**Report of the Strategic Director of Health and Wellbeing  
to the meeting of Health and Social Care Overview and  
Scrutiny Committee to be held on 5<sup>th</sup> of March 2020**

**AE**

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**Subject:**

**Advocacy Services across the Bradford District**

**Summary statement:**

**This report provides an update on the Council and CCG's jointly commissioned Independent Advocacy, Self and Group Advocacy, Volunteering and Capacity Building services**

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**Portfolio:**

**Healthy People and Places**

**Overview & Scrutiny Area:**

**Health and Social Care**

## 1. SUMMARY

- 1.1 This report provides an update on the Council and CCG's jointly commissioned Advocacy Services across the Bradford District.

## 2. BACKGROUND

- 2.1 On 21<sup>st</sup> of March 2019 the Health and Social Care Overview and Scrutiny Committee, in line with Standing Order 4.7.1, considered the report on the outcome of the joint commissioning by the Council and the CCGs of Independent Advocacy, Self and Group Advocacy, Volunteering and Capacity Building services.
- 2.2 It was resolved at the above committee that a report on performance information and outcomes, and consideration of demand for services including the cultural competency and diversity of the services was to be submitted to the Committee in 2020.
- 2.3 This report therefore sets out to provide updates on the;
- **Independent Statutory and Non-Statutory Advocacy** service contract. This is being delivered by Voiceability and provides for several different types of advocacy support to meet the Council's statutory obligations under the Mental Capacity Act 2005, the Mental Health Act 2007, the Care Act 2014, Deprivation of Liberty Safeguards (2015), Safeguarding and issue-based professional Advocacy. A description of the services Voiceability provide as well as the different types of Advocacy is available in Appendix 1. *Please note that due to the coming year- end, not all information for 2019-2020 is available. Where this is the case 2018-19 data has been used.*
  - **Self and Group Advocacy, Volunteering and Capacity Building** service contract. This is being delivered by Equality Together and provides support to improve outcomes for individuals and groups who wish to represent their own or shared interests to obtain the care and support they need. Equality Together also subcontract with People First Keighley and Craven, Bradford People First and now Age UK who were added in late 2019. A description of the services Equality Together provide as well as the different types of advocacy is available in Appendix 1.

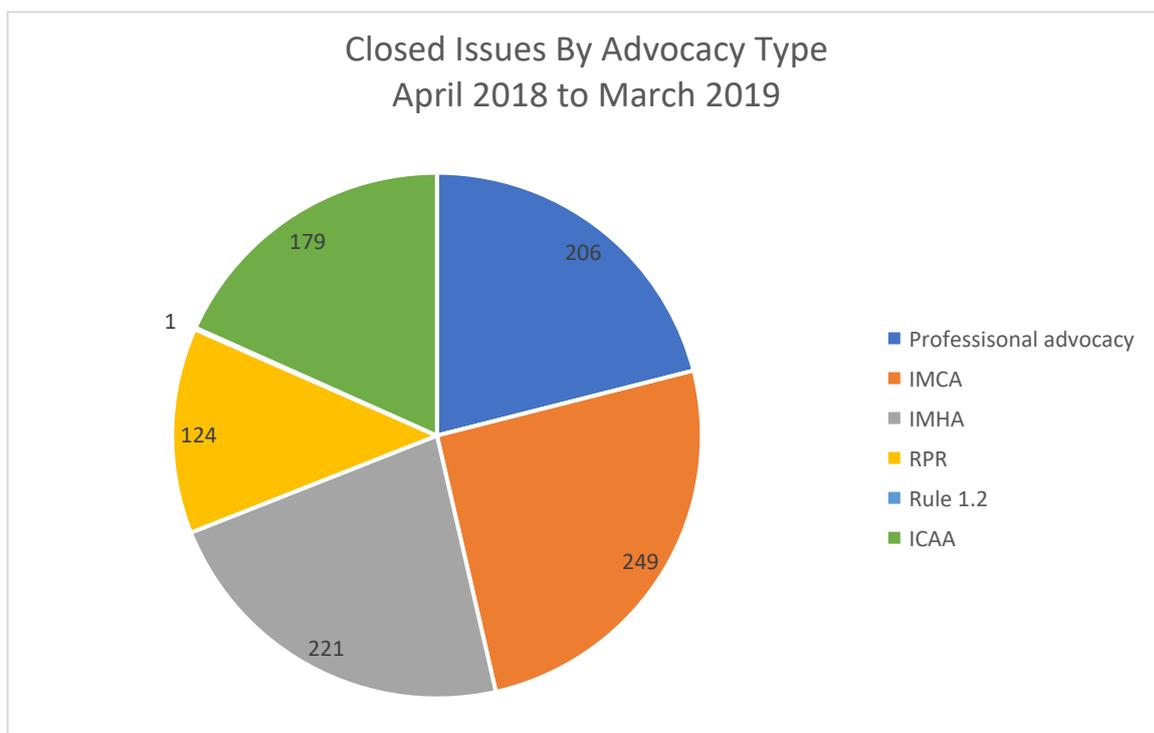
## 3. REPORT ISSUES

### 3.1 Performance - Independent Statutory and Non-Statutory Advocacy

- 3.1.1 Overall, the service provided by VoiceAbility is performing well with good outcomes for people and positive feedback from operational staff. Fuller details of performance are contained in APPENDIX 2, with a summary below.
- 3.1.2 The service is essential due to the number of statutory duties it has to meet under the legislation referred to above, and commissioners feel confident that the move to a unified service with a single gateway, using consolidated Council and CCG funding, gives much greater assurance that the Council is meeting its obligations.

3.1.3 The chart below shows the type of cases taken on over 2018- 2019. This shows that the large majority of cases taken on are where there is a statutory duty. Professional advocacy includes areas such as family or housing issues and are only seen if there is sufficient capacity. Tables 2 and 4 in Appendix 2 of this report provides a further breakdown of the types of issues referred in and taken on.

Closed issues information 01/04/18 to 31/03/19



3.1.4 In terms of outcomes, VoiceAbility report that of the 1,364 referrals received (Table 1) which involved providing advocacy support on 1,392 issues (Table 2), 980 were successfully handled to conclusion (Table 4).

3.1.5 In terms of support delivered, this was slightly lower than projected demand (see 3.1.8). However, we believe this to be the short term impact of the changed service delivery model and change of service provider. More recently, VoiceAbility have recruited new staff and retrained trained existing staff and are now operating to closer to a full staff team.

3.1.6 The current service model allows people to be triaged quickly, so that they can be prioritised and seen accordingly. The service operates a short waiting list, with 74% of all referrals become open cases with advocates assigned within two weeks, of the remainder a further 17% are assigned an advocate within six weeks of referral. The majority of these waiting six weeks are when there is not a statutory need. A quick turnaround also means that problems are less likely to escalate and the waiting list is regularly reviewed to ensure that the nature of the issue has not changed.

3.1.7 Cases are dealt with efficiently, this allows more people to be seen. The below indicates the average time advocates spend on cases by type of advocacy. VoiceAbility also have in place processes to review and close cases appropriately so that new referrals can be picked up.

<b>Closed Referrals - Average Time Recorded</b>	<b>Average of Recorded Time (mins)</b>	<b>Average of Recorded Time (hh:mm)</b>
Care Act	514	08:34
IMCA	421	07:01
IMHA	282	04:42
Professional Advocacy	781	09:44
RPR	519	08:39
Rule 1.2 representative (3a representative)	230	03:50
<b>Grand Total</b>	<b>408</b>	<b>06:48</b>

3.1.8 The service responds flexibly to meet the demands of the district. Since the contract has been in operation, the type of referrals received has differed from the indicative amounts predicted, and the following table shows indicative number of referrals over a year, against the actual number received during this financial year (10 months).

<b>Advocacy Type</b>	<b>Indicative Numbers (1 year)</b>	<b>Actual Advocacy Referrals from Apr 19 to Feb 20 (10 months)</b>
IMHA	318	134
Professional Advocacy		128
DOLS - Paid RPR	240	260
Safeguarding	240	20 alerts 68 Safeguarding Support
IMCA Advocate	130	227
Re-X	65	11
Litigation Friend	200	
Care Act	220	164
<b>TOTAL</b>	<b>1413</b>	<b>1140</b>

3.1.9 The service has been able to meet unexpected demands through putting in place a different type of operating model to previously- this has more staff trained up in more than one area of advocacy, so the service can react flexibly. Therefore the provider can respond to fluctuating levels of demand across the district and support people where it is needed most.

- 3.1.10 The new contract supports this approach as it requires the organisation to deliver an overall amount of hours as a service, rather than a target against each area of advocacy, as long as statutory needs are prioritised. An explanation of the difference in actuals against predicted can be found in Appendix 3
- 3.1.11 The introduction of a single pathway means that people are much less likely to fall in between different services, and internal referrals can be made if necessary. This is important as often people need support with secondary issues that are not always evident on presentation. Where the advocate is trained up in one area of law, they may support with more than one issue.

### **Partnership Working**

- 3.1.12 Anecdotal feedback from practitioners, including the DoLS Team and Social Workers is that the standard of work being provided by Advocates has much improved since VoiceAbility took over the contract. This includes an improved working relationship, with advocacy now functioning as an intrinsic part of the Mutli-disciplinary Team on the Assessment and Treatment Units (ATUs). The DoLS team report they now have a lot more information and are more assured that people who are deprived of their liberty are now being properly represented.
- 3.1.13 The role of the service can (and should) mean that advocates still challenge professionals and practice, and a case study, supplied by VoiceAbility, illustrating an Independent Mental Health Advocacy case can be found in Appendix 4

### **Safeguarding Adults Board**

- 3.1.14 As noted in a SAB report, IMCA plays an important role in keeping adults safe directly when there are specific Safeguarding concerns, but also through ensuring a deprivation of liberty is lawful and appropriate or that people have support around their long-term accommodation and medical treatment.
- 3.1.15 It was also noted that the service is coping well with demand, but that the introduction of the new Liberty Safeguards (which replace the current DoLS) was likely to have a large impact on demand, but was yet unknown. Bradford however has been very involved in the development in this work, and is at the forefront of this nationally in terms of preparation due to its relationship with Voiceability and a strong DoLS Team. More information on this can be found at section 3.4.1.

### **Recruitment**

- 3.1.16 Following the transfer of previous staff teams, VoiceAbility invested heavily in training up the current team. The next step was then review their staffing base and identified where there are gaps, such as where there are skills and/ or language shortages, followed by a drive to recruit more staff that are reflective of the district through targeted recruitment. This has included sharing adverts for prospective new staff with organisations that support or work with cultural groups and BME groups, and using links in Adult Services such as the Safeguarding Adults Team, social worker teams, Mental

Health staff teams and clinical teams for IMCA . This has resulted in an increase of people from more diverse backgrounds applying for the positions and the employment of a new member who can speak Punjabi, Urdu and Hindi. .

3.1.17 Staff at Voiceability can now communicate in a range of languages and formats including:

BSL, Makaton, Talking mats, BLISS and PECS

Points of reference/intensive interaction

Punjabi, Urdu, Hindi, with translators and interpreters where appropriate

English, Sign Supported English, Paget Gorman

3.1.18 There are still challenges in recruitment and VoiceAbility are committed to further increasing the diversity of their staff base.

## **Referrals**

3.1.19 It should be noted that the service is largely reliant on referrals from other professionals, rather than self-referral, in order to meet eligibility criteria (this enables the Council to focus its resources on meeting its statutory duties). To ensure that they are receiving referrals from all areas, VoiceAbility have built up a good relationship with staff, for example on Mental Health Units, and undertake advocacy awareness raising to refresh with people how to access the advocacy service and expectations regarding when they should, ideally, be instructed. This aims to increase the number of referrals received as well as people's understanding of advocacy.

3.1.19 Referrals for statutory advocacy support are generally linked to DoLS or similar issues which to a large degree explain the figures reported on ethnicity of referrals by Voiceability. Information taken from the Council's SALT report shows the ethnicity of clients in residential and care settings. A broad analysis of these statistics suggests that the majority of people in these settings, and from which a significant proportion of statutory advocacy referrals derive, are White British with only 9% from BAME communities. (Appendix 2). Therefore, referrals received are representative of the care home population. See also section 3.4 Going forward

3.1.20 Whilst it is difficult to compare the diversity of clients that have had cases opened by VoiceAbility to that of the previous providers', broad analysis suggests that overall the service is reaching the same levels of service delivery to BAME communities as before – previously 82% of clients accessing advocacy support were White British and only 18% of clients were from BAME communities (Appendix 2, Chart 6).

3.1.21 To increase the penetration of statutory and non-statutory services to BAME communities VoiceAbility have started holding 'hub' advice sessions with cultural and faith groups and making better links with LGBT groups locally to raise awareness of the service and how to access if appropriate. (See also 3.1.10 and 3.1.13)

3.1.22 More information on the background (diversity) of cases received can be found at Appendix 2.

## Capacity Building

3.1.23 VoiceAbility are starting to deliver work more sessional outreach in different locations. This has the dual benefit of being able to deliver more advice to people through cutting down on travel time, but also increase the number and diversity of the referral received and raises their profile with organisations in the community. A couple of these have taken place with plans for roll-out being developed for 2020

## 3.2 Performance - Self and Group Advocacy, Volunteering and Capacity

3.2.1 As noted in the previous Advocacy report to OSC, it is not possible to produce similar demand projections for Self and Group Advocacy, due to the less formal nature of the support provided. Instead revised performance indicators were established for year one of Self and Group Advocacy service delivery from which baseline demand and performance data would be produced.

3.2.2 Performance reports for Self and Group Advocacy, Volunteering and Capacity Building Support by nature reflect a more static client group. People the service support and develop as self and group advocates often continue to be involved with the service for some time. Examples of service impact in supporting local forums, training and advocating on specific issues through awareness sessions are provided in **APPENDIX 4**.

3.2.3 It should also be noted that demand for the service and the nature of the work it takes on can be reliant on the type of referral received. Clients on the Self and Group Advocacy, Volunteering and Capacity Building service are not dependent on referral from or confirmation of eligibility by Council staff. The provider is free to accept all clients self-referred or referred clients subject to capacity considerations.

## Recruitment

3.2.4 The advocacy services provide support by staff and also through the use of experts with lived experience and service users. The services are working to ensure that their staff and experts with lived experience are reflective of the communities they are working with and making extra steps to recruit and engage with people from communities with protected characteristics, including people from BAME and LGBTQ communities and people who have long term conditions including mental health issues or are carers. This is also supported by effective partnership working and networking.

## Capacity Building

3.2.5 The four delivery partner organisations look at “Capacity Building” in four ways: -  
a) As an “Expert with Lived Experience” and “Self-Advocate Volunteer”  
b) As a “Service User/Client”  
c) As a delivery organisation  
d) Organisations and agencies supporting or working with vulnerable people

3.2.6 Expert with Lived Experience and Self Advocate Volunteer: Over the past twelve months we have invested in our approach and dedicated training programmes for

volunteer self-advocates or as we describe them “Experts with Lived Experience”. *Experts with Lived Experience are people who have personal experience either as an individual through a long term health condition, disability or through facing disabling barriers of using or caring for someone who uses all areas within the health and social care systems, who in turn can provide “Voice” or support and enable others in the aim to live “Healthy Happy and at Home” and to be active and involved within the community.* We introduced an accredited Training Programme via CERTA either at Level Two or Three for “Experts with Lived Experience” which has seven dedicated learning objectives based over a nine-week programme, details in Appendix 4

3.2.7 Service User or Client: This is provided through either dedicated one-to-one support or through group advocacy sessions the individual (service user/client) develops:

- Confidence and Self esteem
- Communication
- Understanding and awareness of the system and the community in which they reside
- Reduced isolation and loneliness
- Prioritising of issues and concerns
- Action planning
- Individual choice and control
- Voice
- Improved mental wellbeing

3.2.8 Delivery Organisation: Each partner organisation regularly reviews its operational framework to support the needs of the individual and groups/forums through a “People Centred Approach” which we serve, that has resulted in one-to-one appointments and group sessions operating at various times through the week including evenings/weekends delivered either on site or at other facilities/locations around the district. There is an ongoing commitment to increase the knowledge, skills, understanding and awareness of our teams in relation to the health and social care system to provide “Voice” or to enable and support others to live “Healthy, Happy and at Home” plus active and involved in their community. Comprehensive training is provided, including in-house training for all staff and volunteers. Regular recruitment campaigns are taking place to increase the amount of “Experts with Lived Experience” and “Self-Advocates” to support our pool of volunteers across all areas of service delivery.

3.2.9 Organisations & Agencies supporting or working with vulnerable people is delivered through partnership working, networking, engagement events and forums with organisations and agencies from both the statutory and voluntary sectors, the opportunity to provide “Voice” combined greater understanding and awareness of the issues and concerns facing our service users/clients.

### **3.3 Cultural Needs**

3.3.1 Equality Together actively engage and support both individuals and groups from across all communities of interest and have been able to recruit both paid staff and volunteers that truly reflect the diversity of the district in which we live and operate within plus have the need “Lived Experience” as defined. Our staff are able to converse and support clients throughout the majority of South Asian Languages, including Urdu, Punjabi

(Mirpuri/Pahari), Punjabi, Hindko, Gujarati, and Hindi, and where we are unable to provide in-house support, we engage with other locally based organisations that can provide interpreters primarily in relation to European Languages. Staff and volunteers are from wide diverse backgrounds, and have in-depth cultural knowledge. Individuals are connected to supporters who have cultural understanding (disability and ethnicity) and where appropriate, individuals are paired with the appropriate gendered worker. The service is fortunate to have internally staff that specialise with BSL and are able to provide information and support in accessible formats.

- 3.3.2 We recognise that BAME communities can experience additional barriers to access and when combined with other factors such as mental health, lead to further isolation. The CCGs have commissioned community engagement and development work with BAME communities who experience mental health difficulties. We will use the outcomes from this work to inform service improvements and developments with our advocacy providers and statutory services.

### **3.4 Going Forward and Future Demand**

#### **Introduction of the Legal Protection Safeguards**

- 3.4.1 In July 2018, the government published a Mental Capacity (Amendment) Bill, which passed into law in May 2019. It replaces the Deprivation of Liberty Safeguards (DoLS) with a scheme known as the Liberty Protection Safeguards (LPS). The target date for implementation is spring 2020. Prior to then, a revised Mental Capacity Act Code of Practice will be published, which aims to bring clarity to some outstanding questions about how LPS will work in practice.
- 3.4.2 The amendment bill will;
- Widening the scope of people covered to include people aged 16.
  - Include supported living, shared lives, domestic settings and children's residential homes as well as hospitals and care homes already covered by DoLS.
  - Expand role of the Council as Responsible Body.
- 3.4.3 Whilst it remains uncertain what the full impact of these changes will have on demand for Statutory and Non-Statutory Advocacy support it is clear there will be an increased demand for Independent Mental Capacity Advocate's (IMCA).
- 3.4.4 In Bradford, the MCA Lead and DoLS Manager have been heavily involved from the start, working with the Department of Health's committee to draft the LPS Code of Practice, with VoiceAbility inputting from an advocacy perspective. Locally, we have taken numerous steps to prepare for this including raising awareness with social workers across adults and children's services, care homes, self-advocacy groups as well as the creation of a small implementation team. This steering group also comprises of multi-agency heads of service comprising of the 3 hospitals trusts in Bradford (AGH, BRI CMHT) as well as the CCG and Voiceability. This and other work is captured in an LPS action plan which the DoLS Team holds.
- 3.4.5 In terms of demand the Council and VoiceAbility have started to gather information such as expected number of LPS cases, where referrals will come from, where training needs to be targeted, who should manage referrals etc. They have also working

towards having all their advocates IMCA trained to meet the potential demand.

- 3.4.6 Having this information early and through being heavily involved at a national level, has allowed Bradford to prepare for LPS as far as possible at this stage. Consequently we are well placed to take mitigating actions that will minimise any impact caused by LPS.

#### **Culturally Appropriate Advocacy**

- 3.4.7 Very recently the department have been approached by researchers at the Institute for Mental Health at the University of Birmingham who researching current approaches that Councils and CCG's have adopted in terms of commissioning culturally appropriate Independent Mental Health Advocacy with regard to the Code of Practice, existing regulations and the Public Sector Equality Duty placed on LA's. From this a best practice model will be developed and piloted. We are supporting this by reviewing the questionnaire for Commissioners which is to go out nationally to LAs and CCGS, and then involvement in a Bradford focus group which will follow this. The work with the University of Birmingham will scope and evaluate the efficacy of our current provision and we will work together to develop policy and understanding for commissioning culturally appropriate advocacy. The scoping work has commenced and we will hope to see this work complete in time to inform the next contracting round.

- 3.4.8 Commissioners wish to work with providers to ensure that services are reaching people in Bradford and are representative of the make-up of the district. We acknowledge that the statistics provided in Graphs 3-6 are not statistically significant and we will continue to work with VoiceAbility to improve this in order to make a better comparison against population subgroups eg people on ATU, Care homes.

### **4. FINANCIAL & RESOURCE APPRAISAL**

- 4.1 The contract will continue to be funded at the current budget levels however, resources will need to be reviewed once more information is gathered regarding the impact of the LPS as described in 3.4.5

### **5. RISK MANAGEMENT AND GOVERNANCE ISSUES**

- 5.1 The governance structure of this work will sit within the Health and Wellbeing Department and will report to Departmental Management Team (DMT), to the CCG's Joint Clinical Commissioning Board and to the Integrated Commissioning Board and the Health and Wellbeing Board where both the Council and CCG's are represented.

### **6. LEGAL APPRAISAL**

- 6.1 There are no legal issues arising out of this Report in addition to the statutory references made within the body of the Report or detailed in the previous legal appraisal set out in the Report dated 21 March 2019 regarding commissioning of services.

### **7. OTHER IMPLICATIONS**

#### **7.1 EQUALITY & DIVERSITY**

- 7.1.1 The Advocacy services provided through these contracts are designed to support some

of the most vulnerable residents in Bradford District communities. As such they are an important part of the approach to equality and diversity as the Council and CCGs through this service seek to empower citizens.

- 7.1.2 The on-going monitoring of the contract will provide information on any changes and ensure they are addressed.

## **7.2 SUSTAINABILITY IMPLICATIONS**

- 7.2.1 None.

## **7.3 GREENHOUSE GAS EMISSIONS IMPACTS**

- 7.3.1 The commissioned service providers are required to support the Council's commitment to reduce CO2 emissions through the contracting arrangements it enters into with the Council.

## **7.4 COMMUNITY SAFETY IMPLICATIONS**

- 7.4.1 There are no community safety implications arising from this report.

## **7.5 HUMAN RIGHTS ACT**

- 7.5.1 The implementation of the Council's and CCGs duties under the Care Act 2014 must be discharged in keeping with the positive obligations incumbent of the Council and NHS to uphold and safeguard people's human rights in keeping with the European Convention on Human Rights and statutory principles of the Mental capacity Act 2005 Code of Practice.
- 7.5.2 In implementing the Care Act 2014 must safeguard peoples Human Rights whether or not the person has capacity to consent.
- 7.5.3 The Human Rights Act 1998 provides a legal basis for concepts fundamental to the well-being of older people and others who are in need of Home Support. The Act provides a legal framework for service providers to abide by and to empower service users to demand that they be treated with respect for their dignity.

## **7.6 TRADE UNION**

- 7.6.1 Not applicable.

## **7.7 WARD IMPLICATIONS**

- 7.7.1 There are no direct implications in respect of any specific Ward.

## **7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)**

- 7.8.1 Not applicable

## **7.9 IMPLICATIONS FOR CORPORATE PARENTING**

7.9.1 None.

## **7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESSMENT**

7.10.1 There may be a need for partner agencies to share data however this would only be with the express permission of the individual affected in the full knowledge of why and what it would be used for. GDPR principles relating to any individuals data and rights under the Data Protection Act 2018 will be respected.

## **8. NOT FOR PUBLICATION DOCUMENTS**

8.1 None.

## **9. OPTIONS**

9.1 There are no options associated with this report. Its contents are for information only.

## **10. RECOMMENDATIONS**

10.1 That the content of the report be noted.

## **11. APPENDICES**

Appendix 1: Statutory and Non Statutory Advocacy Services Overview

Appendix 2: Statutory and Non Statutory Advocacy Services 2018-19 Performance Summary

Appendix 3: Statutory and Non Statutory Advocacy Services – Predicted against Actual

Appendix 4: Statutory and Non Statutory Advocacy Services Case Studies

Appendix 5: Self and Group Advocacy, Capacity Building and Volunteering Services

Appendix 6: Self and Group Advocacy, Capacity Building and Volunteering Services 2018-19 Performance Summary

Appendix 7: Self and Group Advocacy, Capacity Building and Volunteering Services Case Study

## **12. BACKGROUND DOCUMENTS**

None

## APPENDIX 1

### Statutory and Non Statutory Advocacy Services

The service provided by Voiceability provides a single gateway for the provision of statutory and non-statutory advocacy services that can be accessed by health and social care professionals, as well as self-referrals.

The requirement of the contractor is to ensure the Council and the NHS meets its statutory requirements in relation to the Care Act 2014, the Mental Capacity Act 2005 and the Mental Health Act 1983 (amended 2007).

The service also accepts referrals for non-statutory advocacy where it has capacity to do so once statutory advocacy obligations are met.

The key objective of the statutory advocacy services is to provide the statutory advocacy services to any eligible people in accordance with the three principal statutes and all associated regulations and code of practice:

- The Care Act 2014
- The Mental Capacity Act 2005, including the Deprivation of Liberty Safeguards (2009)
- The Mental Health Act 1983 (amended in 2007)
- The Equality Act 2010
- The Health and Social Care Act 2012

Set out in the table below is the various advocacy service roles that are required in relation to statutory advocacy services:

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#### **Independent Mental Health Advocacy (IMHA)** – Mental Health Act 1983 (amended 2007)

This is an independent advocate who is trained to support people to understand their rights under the Mental Health Act 1983 (amended 2007) and will participate as necessary in decisions about the individual's care and treatment.

#### **Deprivation of Liberty Safeguards and Paid relevant person's representative (DoLS – Paid RPR)** – Mental Capacity Act (MCA) 2005

Where there is a Standard Authorisation of a deprivation of an individual's liberty, the local authority must appoint a relevant person's representative (RPR) to represent the person who has been deprived of their liberty.

The role of the RPR is to maintain contact with the relevant person, and to represent and support the relevant person in all matters relating to the deprivation of liberty safeguards, independent of the commissioners and providers of the services they are receiving.

## **Safeguarding – Care Act 2014**

An independent advocate is appointed to support and represent the person for the purpose of assisting their involvement in a Safeguarding enquiry or Safeguarding Adults Review. This will only happen in situations where the following two conditions are met; the person has substantial difficulty in being involved and if there is not an appropriate individual available to support them.

## **Independent Mental Capacity Advocate (IMCA) – Mental Capacity Act 2005**

IMCAs are a legal protection for people who lack the capacity to make specific important decisions. These include making decisions about where they live and about serious medical treatment options. IMCAs are usually instructed to represent people when there is not a family member or friend available, or who is able, to represent the person.

## **Rule 1.2 Representatives (Re-X) – The Court of Protection Rules 2017**

A 1.2 Representative is a person who is able to consider whether, from the perspective of an individual's best interests (A 1.2 representative can be but not always an advocate), they agree or do not agree that the Court should authorise the individual's package of care, which would result in a deprivation of the individual's liberty.

## **Litigation Friend – The Court of Protection Rules 2007**

A 'litigation friend' is a suitable, willing and able person appointed by the court to represent a 'protected party' (a litigation friend can be is not always an advocate). The litigation friend must act in the protected party's best interests and can give instructions on the behalf of an adult who lacks the mental capacity to conduct their own court case.

## **Care Act – Care Act 2014**

Local authorities must involve people in decisions made about them and their care and support. No matter how complex a person's needs, local authorities are required to help people express their wishes and feelings, supporting them in weighing up their options, and assist them in making their own decisions. The service is commissioned to promote awareness and understanding of statutory advocacy services to those people in receipt of service, their carers, voluntary and community organisations, health and social care professionals.

## **Equality Act – Equality Act 2010**

Local authorities and CCGs must consciously consider the need to do the things set out in the general equality duty: eliminate discrimination, advance equality of opportunity and foster good relations and ensure contracts with providers are designed in such a way as to meet the advocacy needs of people who share protected characteristics.

## **Health and Social Care Act – Health and Social Care Act 2012**

Public sector organisations must provide support to people who want to make a complaint about the NHS, and need some support to do this. Support may range from receiving a self-help pack, information and options, to support from an advocate, depending on needs.

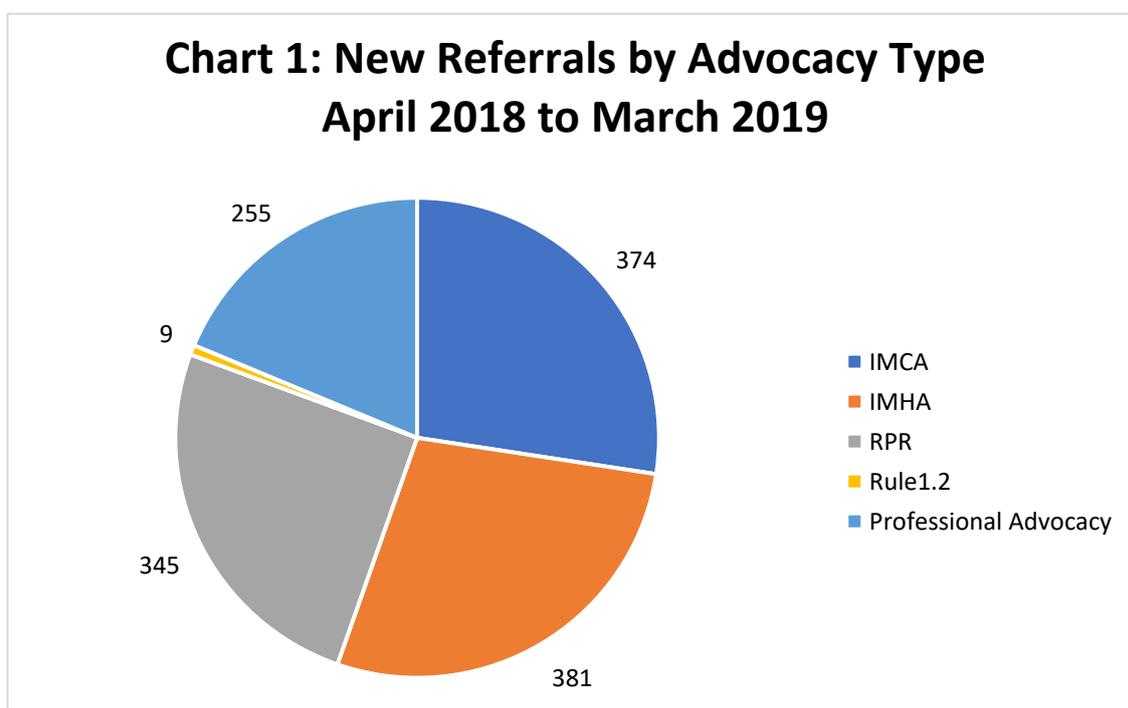
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The service also provides advice and support around statutory advocacy issues to the general public and health and social care professionals.

The role of the service is also to develop good working relationships with health and social care organisations, wider advice/advocacy organisations and the voluntary and community sector.

## APPENDIX 2

### Statutory Advocacy Performance Summary April 2018 – March 2019



**Table 1: Support Need of New Referrals April 2018 – March 2019**

Not Recorded	85
Acquired Brain Injury	18
ASD	11
Carers	3
Dementia	273
Eating Disorder	2
Learning Disability	351
Mental Ill Health	532
Neurological Condition	4
Older Person	7
Physical Disability	14
Physical Ill Health	29
Prefer not to say	2
Profound and Multiple Learning Disabilities	2
Sensory Impairment	14
Stroke	13
Substance Misuse	3
Victim of Abuse	1
<b>Grand Total</b>	<b>1364</b>

**Table 2: Issues Information 01/04/18 to 31/03/19**

Advocacy support requested for the following issues over the year:

Accessing professional support	126
Accommodation (IMCA)	83
Appeal	1
Assessment	70
B1 – 39a Urgent and Standard Authorisation	148
B3 – 39c Relevant Person without Peron’s Representative	3
B4 Relevant Person requested support	1
B5 Persons Rep requested support	2
B6 – 39d Relevant Person will benefit	4
B7 – 39d Relevant Person’s Representative will benefit	9
Building ability to self-manage	2
Building confidence	1
Care Planning and Care Plans	44
Care Review (IMCA)	23
Caring Responsibilities	6
Challenge a decision / assessment	6
Complaint about co-patient	1
Complaint about staff	4
Concerns about Provider	1
CPA	17
CTO	10
CTR	1
Discharge and Aftercare	12
Employment	1
Family and Other Relationships	6
Financial	12
Guardianship	1
Health service – access to	2
Health Services not meeting need	1
Health Services Withdrawal	1
Housing	1
Housing and Accommodation	4
Identifying Issues	5
Information & Advice	13
Legal	5
Leisure	1
Medication	3
MHA contest section	4
MHA Rights	96
MHA Section 17 Leave	1
Placement	1
Relationship with Professional	1
Review	28

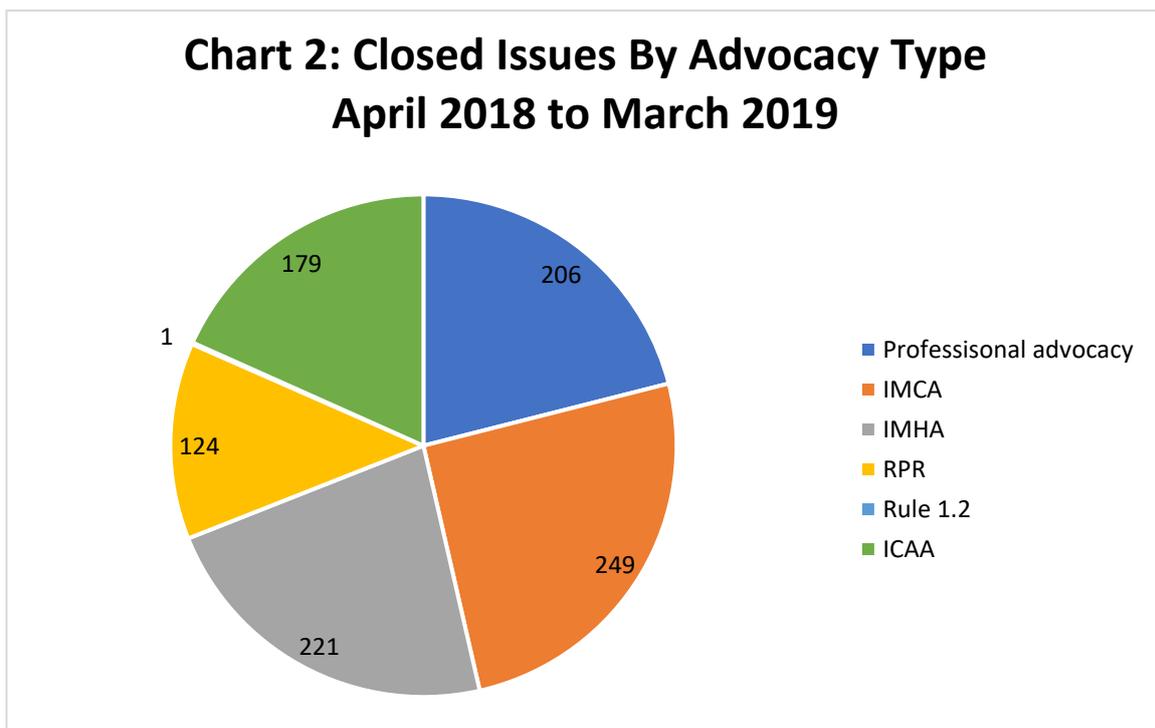
Rule 1.2 representative	5
Safeguarding Children and Young People – Support	1
Safeguarding Children and Young People – Support for Parents	20
Safeguarding Support	47
Safeguarding Vulnerable Adults – Alert	24
Safeguarding Vulnerable Adults – Support	6
Safeguarding Vulnerable Adults (IMCA)	34
Serious Medical Treatment (IMCA)	70
Social Care Services – Not Meeting Need	3
Support during Standard Authorisation	260
Support Planning	86
Tribunal	1
Ward Round	10
Total Issues	1392

**Table 3: Capacity Information 01/04/18 to 31/03/19**

Did Partner have Capacity for the issue requested support for:

Not Recorded	22
Does Not Have Capacity	691
Fluctuating Capacity	173
Has Capacity	443
Total	1392

Closed issues information 01/04/18 to 31/03/19



**Table 4: Closed Issues Information**

Accessing professional support	116
Accommodation (IMCA)	74
Appeal	1
Assessment	50
B1 – 39a Urgent and Standard Authorisation	128
B2 – 39A Standard Authorisation	14
B3 – 39c Relevant Person without Peron’s Representative	3
B4 Relevant Person requested support	1
B5 Persons Rep requested support	2
B6 – 39d Relevant Person will benefit	2
B7 – 39d Relevant Person’s Representative will benefit	6
Building ability to self-manage	2
Building confidence	1
Care Planning and Care Plans	40
Care Review (IMCA)	17
Caring Responsibilities	5
Challenge a decision / assessment	5
Complaint about co-patient	1
Complaint about staff	2
Concerns about Provider	1
CPA	7
CTO	6
Discharge and Aftercare	10
Employment	1
Family and Other Relationships	1
Financial	10
Guardianship	1
Health service – access to	2
Health Services not meeting need	1
Health Services Withdrawal	1
Housing and Accommodation	2
Identifying Issues	4
Information & Advice	9
Legal	4
Leisure	1
Medication	2
MHA contest section	2
MHA Rights	85
Placement	1
Review	20
Safeguarding Children and Young People – Support	1
Safeguarding Children and Young People – Support for Parents	14

Safeguarding Support	36
Safeguarding Vulnerable Adults – Alert	15
Safeguarding Vulnerable Adults – Support	4
Safeguarding Vulnerable Adults (IMCA)	25
Serious Medical Treatment (IMCA)	59
Social Care Services – Not Meeting Need	2
Support during Standard Authorisation	113
Support Planning	59
Tribunal	1
Ward Round	10
Total Closed Issues	980

**Table 5: Capacity to instruct to Closed Issues or not?**

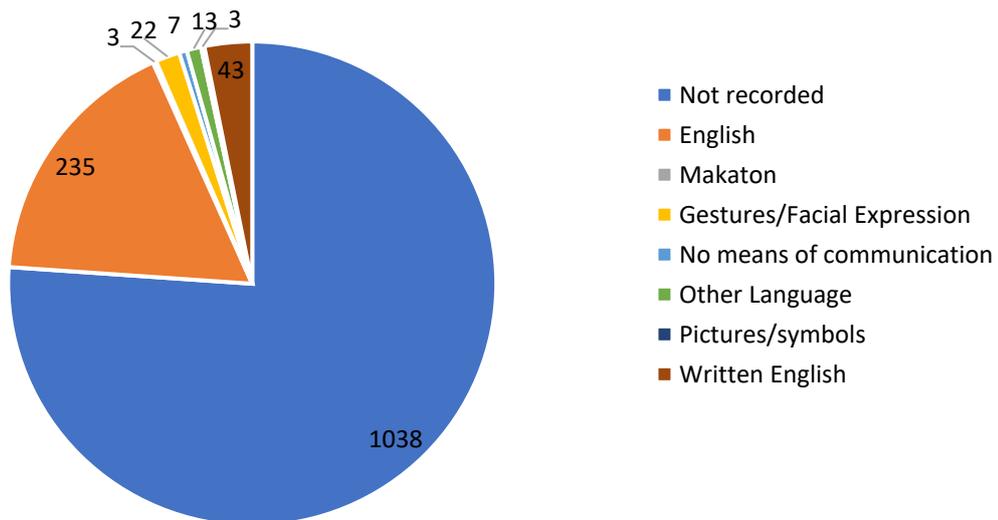
Not Recorded	14
Does Not Have Capacity	476
Fluctuating Capacity	135
Has Capacity	355

**Table 6: Closed Issue Outcome**

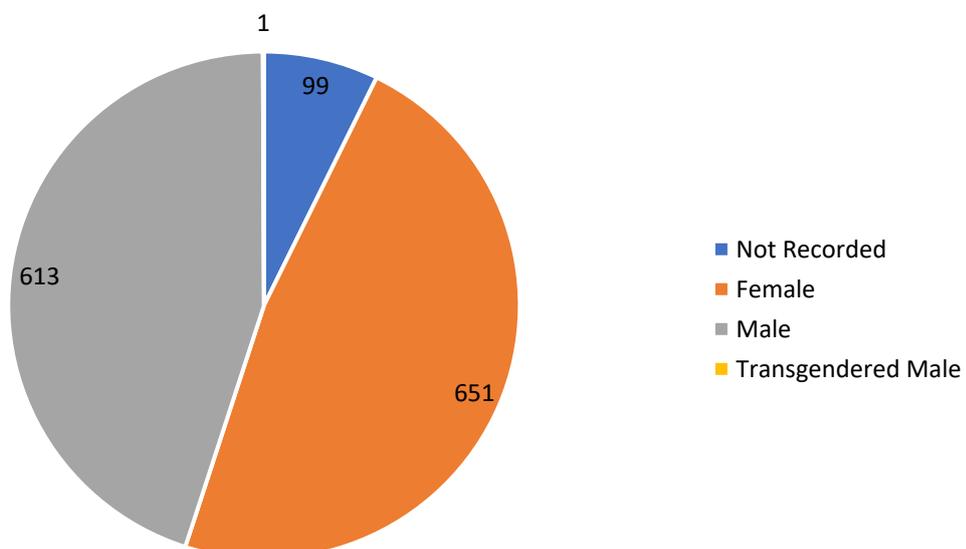
Completely Achieved	538
Not Achieved	240
Partly Achieved	124
Partner supported to access appropriate service to resolve issue	33
Referral subject to data transfer	10
Unknown Outcome, despite attempts to contact Partner	35

## Breakdown of referrals by communication method and characteristics

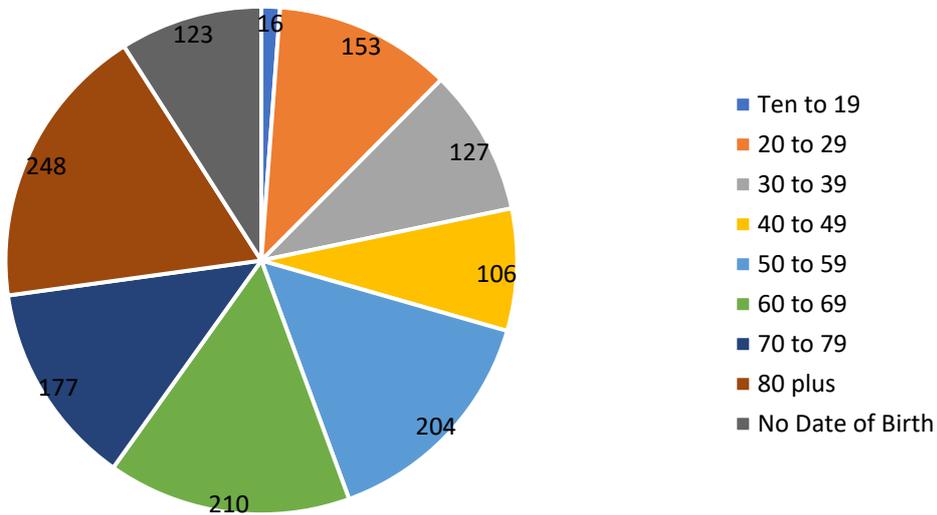
### Chart 3: New referral by Communication Method April 2018 to March 2019



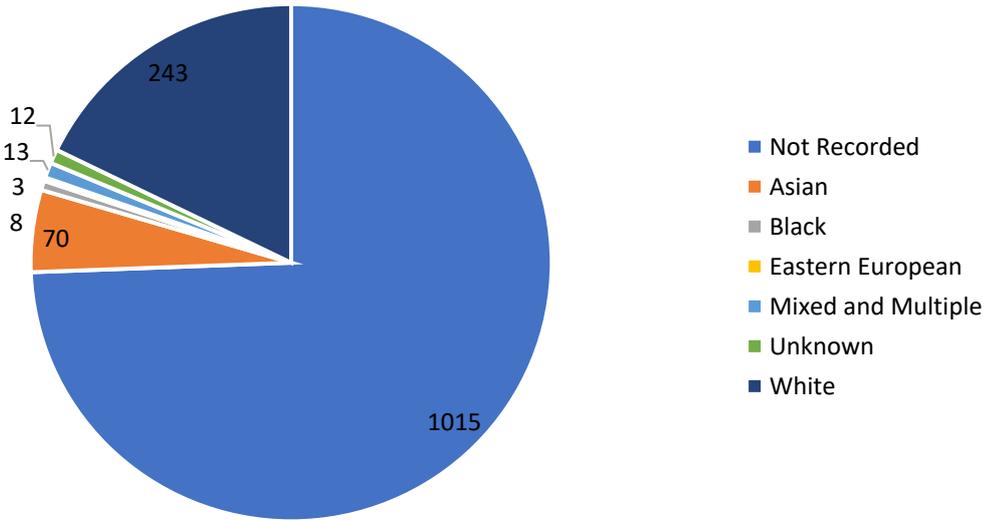
### Chart 4: New Referral by Gender April 2018 to March 2019



**Chart 5: New Referrals by Age  
April 2018 to March 2019**



**Chart 6: New Referrals by Ethnicity  
April 2018 to March 2019**



**Table 7:**

The following table taken from the Council's SALT report shows the ethnicity of clients in residential and care settings.

Ethnicity	Long term support Female clients		Long term support Male clients		Totals
	Nursing	Residential	Nursing	Residential	
White English / Welsh / Scottish / Northern Irish / British	189	521	103	300	1113
Irish	3	10	0	10	23
Gypsy or Irish Traveller	0	0	0	0	0
Any other White background	12	24	4	6	46
White and Black Caribbean	2	3	0	2	7
White and Black African	0	0	0	0	0
White and Asian	0	1	0	2	3
Any other mixed / multiple ethnic background	0	0	0	0	0
Indian	3	5	3	6	17
Pakistani	1	5	5	14	25
Bangladeshi	0	0	1	1	2
Chinese	0	1	0	1	2
Any other Asian background	0	0	0	0	0
African	2	0	1	1	4
Caribbean	2	5	3	3	13
Any other Black / African / Caribbean background	1	0	0	1	2
Arab	0	0	0	0	0
Other	3	1	2	1	7
Refused	0	0	0	0	0
Undeclared / Not known	85	201	56	106	448

A broad analysis of these statics as indicated in Table 9 below suggests that the majority of people in these settings and from which a significant proportion of statutory advocacy referrals derive are White British with only 9% from BAME communities.

**Table 8:**

White English / Welsh / Scottish / Northern Irish / British	65%
All Others	9%
Undeclared / Not known	26%

### **APPENDIX 3 -Difference in actuals against predicted**

A comparison of projected demand against referrals received shows that

- demand for Independent Mental Health Advocacy (IMHA), Deprivation of Liberty (DoLS), Independent Mental Capacity Advocacy (IMCA) and Independent Care Act Advocacy (ICAA) was higher than predicted
- demand for Litigation Friend, Safeguarding, Re-X and Professional or Non-Statutory Advocacy support were lower than predicted.

The difference in numbers predicted and received can be explained as the original estimates were calculated by pulling together the performance data from across the 5 previous grant-funded projects and from referral sources and comparing with national and regional benchmarking. Due to the inconsistency in the way previous grant funded services had been monitored demand projection figures were always considered 'indicative' and flexible. In addition to this, the team were aware that there was likely to be an increase in referrals to people needing support under DoLS legislation, but the impact of that was yet to be seen.

In terms of Safeguarding, (see table above) the reduction in the numbers of cases recorded can be accounted for as a result of changes in the way categories of cases are now recorded. Many cases previously recorded simply as safeguarding cases but involve support of an IMCA are now actually recorded as IMCA cases.

## **APPENDIX 4 Statutory Advocacy Case Studies**

### **Case Study 1: Independent Care Act Advocate**

KH is a young Muslim man diagnosed with Autistic Spectrum Disorder. Following admittance to hospital under the Mental Health Act KH was referred for an advocate for a Care Act assessment on discharge. The advocate pursued attempts to use section 117 aftercare funding for adaptations to the family home and contacted the assistant director of social services to escalate this. However as part of the assessment it was identified that a residential placement with overnight stays at weekends at the family home would be the most appropriate plan for KH.

The advocate visited, with KH, a proposed placement. Although this seemed at first to be a good fit for his needs on further investigation by the advocate it was established that there would be difficulties in ensuring he was able to attend mosque for Friday prayers and with providing a halal diet. Although these were not insurmountable KH wished to look at alternative placements and one was identified which was more able to meet his needs. After a visit by KH and his advocate, he moved in and he appears settled.

### **Case Study 2: Independent Mental Health Advocate**

–  
The advocate was assigned a partner with LD, Cerebral Palsy and dysexecutive syndrome about a year ago. P was placed on an acute ward and intensive care ward as the ATU declined to take her after a number of incidents on the ward. P can be very wary of others and chooses who they are prepared to work with.

Initially the advocate felt out of their depth having never engaged with client with Cerebral Palsy and LD before joining VoiceAbility. The assigned advocate's background up to this point was purely Mental Health. Understanding this client was a challenge for the advocate but with time and patience they have been able to adjust their listening skills and now understand P's every word.

She has grown to trust and confide in her Advocate to such an extent that she will now share information with the advocate and no one else. The advantage of coming from a place of non-judgement combined with a pro-service user has allowed the advocate to be the conduit for her deepest held feelings and wishes.

The journey has been quite something. The advocate has supported P to contact CQC, senior managers and others in a bid to find appropriate accommodation for herself. Services argue that because of her complex needs and mobility issues (P can crawl on her knees but generally uses electric wheelchair to move around) finding a place that hits all of her needs has been thus far nigh on impossible.

Her advocate has supported and has applied consistent pressure on services to address the issue of housing for P. We have had numerous meetings and assessments before an investigation was triggered.

The advocate supported to request another fresh assessment in order to challenge the S37/41 which resulted in the assessor concluding that the section was not appropriate at all, that the risks being fielded were grossly exaggerated and that once accommodation has been found the section has to be lifted and allow P her full liberties again. (Section only in place to allow for duty of hospital accommodation till proper long term placement found.) P now has extended leave to go into Bradford, go shopping, hairdressers etc.

The advocate is currently supporting P to look at 3 possible accommodation options, one of which is very local and with a Disabled Facilities Grant should make the property accessible for P. Hopefully we are finally looking at a happy ending to a long and arduous road for P.

### **Case Study 3: Independent Mental Capacity Advocate**

In April 2019 Social Work colleagues working with a female client identified that in order for her to fully engage in work with her she would need the support of a female, Mirpuri Punjabi speaking advocate. It was clear from the outset that it would be difficult to source these specific needs, Mirpuri Punjabi is a regional Punjabi dialect quite rare in itself.

Following discussions with Voiceability about the clients very specific needs Voiceability set about trying to source a Mirpuri Punjabi speaking advocate from other Voiceability teams in the region. Here again this drew a blank.

Voiceability's Bradford office Manager then contacted a number of other advocacy service providers in the region with the view to sourcing a Mirpuri Punjabi speaking advocate. Peter contacted the following agencies;

- Advonet Leeds
- Oldham Advocacy Together Hub
- Advocacy Together Hub Rochdale
- Cloverleaf, Oldham
- Stockport Advocacy
- Touchstone Kirklees
- Leeds Touchstone
- Rochdale Advocacy Together
- Manchester Advocacy Hub
- Bolton Advocacy Hub
- Blackburn with Darwen Advocacy Hub
- Advocacy Focus
- Tameside, Oldham and Glossop Mind
- Barnsley Rethink Advocacy

Unfortunately a female Mirpuri Punjabi speaking advocate could not be sourced so consideration was given to use of a female advocate and female interpreter. A female Mirpuri Punjabi speaking interpreter was successfully sourced by Voiceability and a female advocate from their staff team allocated the case. This proved to be a satisfactory arrangement acceptable to the client.

## APPENDIX 5

### Self and Group Advocacy, Capacity Building and Volunteering Services

The Council and CCGs have commissioned Equality Together to deliver the above advocacy services. The Council and the NHS are required to:

“Consider the person’s own strengths and capabilities and what support might be available from their wider support network or within the community to help in considering what else other than the provision of care and support might assist the person in meeting the outcomes they want to achieve”.

The service is open to any resident in the Bradford District by direct referral from a range of health and wellbeing agencies e.g. GPs, hospitals, other NHS agencies, Community Mental Health workers, Social Workers, etc., and through self-referral. The service is for all persons requiring support to express and/or represent their own interests and obtain the care and support they need.

Self and group advocacy refers to a range of measures which may support a person to express and/or represent their own interests and obtain care and support. The service has developed an infrastructure of volunteer peer supporters who work across local communities, supporting people who are in receipt of health and social care services.

The key aims and objectives of the service are to:

- Improve outcomes for Service Users and their Carers who are in need of Self and Group Advocacy;
- Improve awareness and understanding of Self and Group Advocacy concepts amongst service users, Carers, professionals and health and wellbeing partners across the public, private and voluntary and community sector.
- Ensure sufficiency of supply of Self and Group Advocacy and contribute to developing self-advocate capacity and infrastructure.
- Provide a contact point and relevant information for people who need Self and Group Advocacy, their Carers, friends and family members.
- Promote awareness campaigning opportunities and projects aimed at increasing the understanding of issues faced by people with learning disabilities, for example Healthy Living, Hate Crime, and self care
- Provide or commission appropriate training for volunteers within Bradford to ensure sufficiency of supply of volunteer peer support.
- Provide advice and support around Self and Group Advocacy, Capacity Building and Volunteering to the general public and health and social care professionals.
- Develop good working relationships with health and social care organisations strategic partnerships, wider advice / advocacy organisations and the voluntary & community sector.

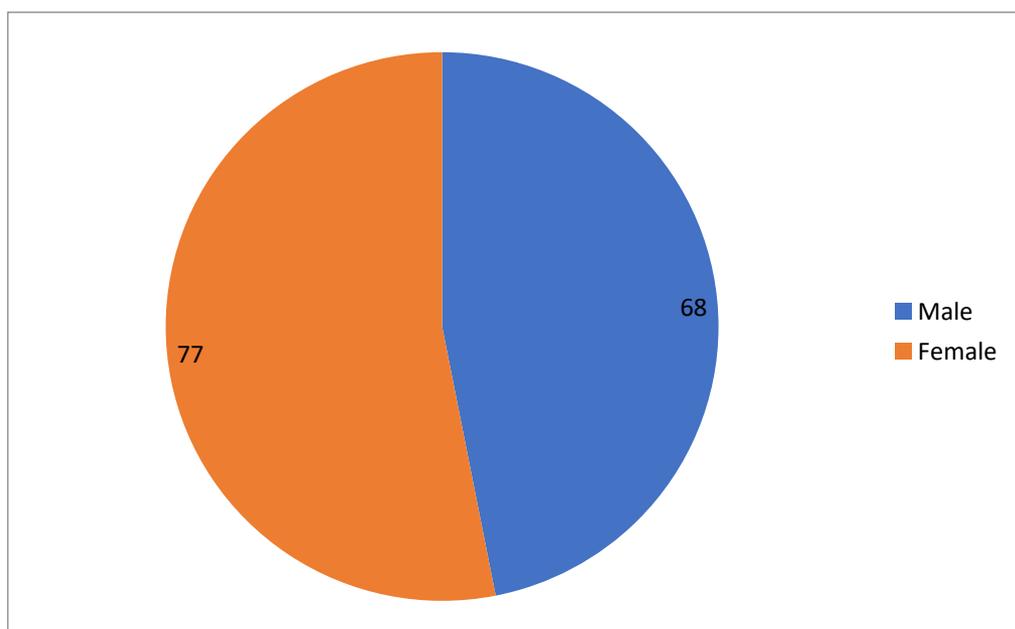
## APPENDIX 6

### Self and Group Advocacy, Volunteering and Capacity Building 2018-19 Performance Summary

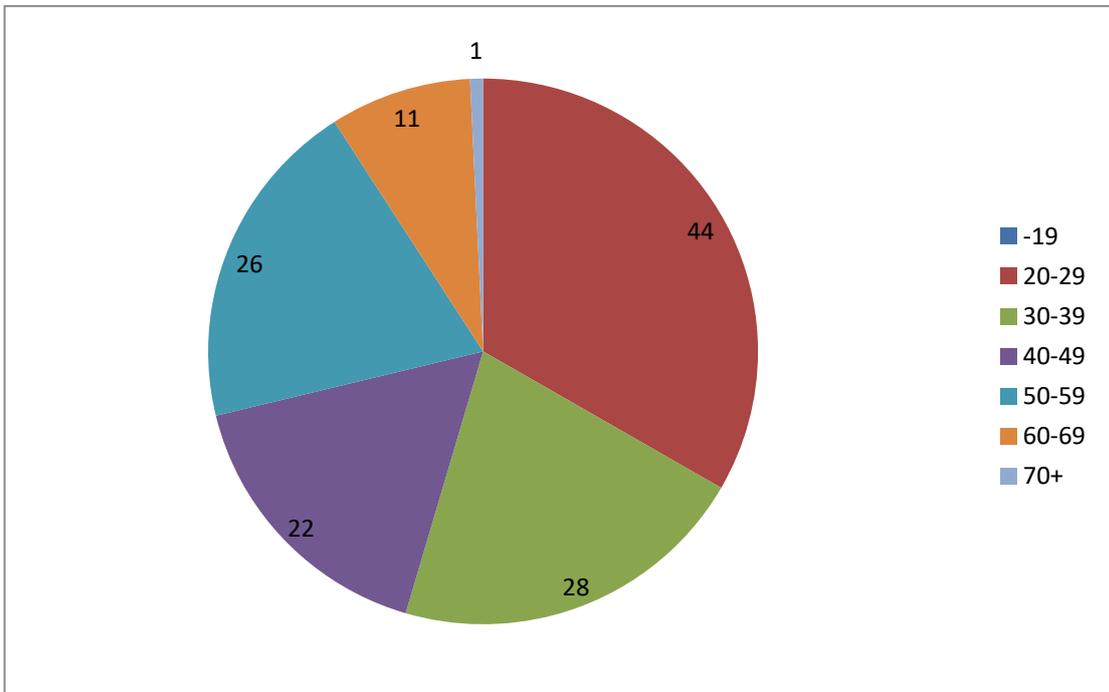
**Table 10: Average Number's per Quarter by Activity 2019-18**

Self-advocates engaged with the service	181
Attending awareness raising activities	271
Training sessions completed	87
Local forums attended and supported	178
Number of people made contact with through newsletters, social media etc.	9,015

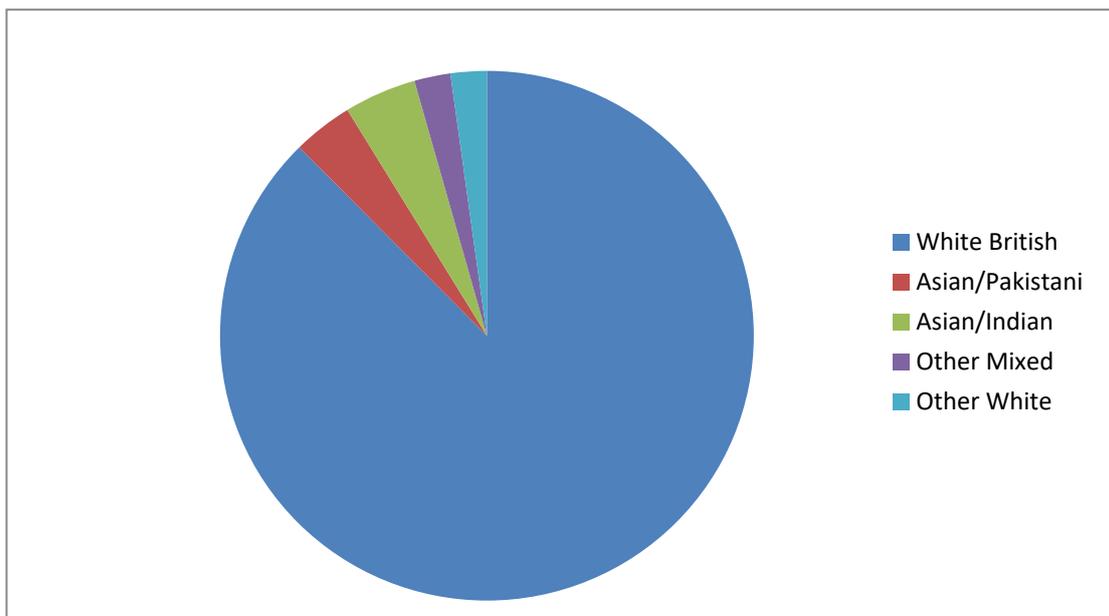
**Chart 7: Referral by Gender**



**Chart 8: Referral by Age**



**Chart 9: Referral by Ethnicity**



## **Appendix 7:**

### **Self and Group Advocacy, Capacity Building and Volunteering Services Case Study**

#### **Case Study 1: Added Value**

Equality Together: Working with the Disable People Forum to develop a quality improvement approach to support future advocacy activity of the forum.

Equality Together: Working with the Action to Information Action Group supporting the groups work to promote and implement the Accessible Information Standards in the statutory and voluntary sector.

Bradford People First; Working with Electoral Services to improve the voting experience of people with learning disabilities. Helped to create a voting passport and quick guide to voting to help people take part in elections. Currently in the process of creating a learning disability awareness pack for polling station staff.

People First Keighley and Craven: Attended a national conference on 'Preventing Deaths of People with Learning Disabilities' advocating for people with learning disabilities from Bradford District.

#### **Case Study 2: Capacity Building**

From an individual's perspective: -

"Self-Advocacy" is about taking control of decisions about yourself and telling others what you want.

As four organisations, part of our advocacy work is to support individuals to "Self Advocate". Along with running one to one sessions, we also run a number of focused self-advocacy groups, where people like you can meet and work to resolve the issues that you all face.

For example:

A client with learning disabilities, our organisations will build a relationship with the client, developing their understanding and confidence that in turn will empower them to make informed choices and decisions to "Self Advocate" what they want.

"Self-Advocacy" is about: -

- Taking control of decisions
- That are made by you
- Telling others what you want

Most people "Self Advocate" every day and take it for granted, that they can.

Learning to "Self Advocate" is part a process; we aim to support and enable you to feel confident enough to tell others what you want.



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**Report of the Chief finance officer/deputy chief executive to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 5<sup>th</sup> March 2020**

**AF**

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**Subject: Shipley Hospital – Engagement Update**

**Summary statement:**

This paper provides an update on the engagement work undertaken by Engaging People on behalf of the CCG in relation to Shipley Hospital.

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**Portfolio:**

**Healthy People and Places**

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## 1. Summary

This paper provides an update on the engagement work undertaken by Engaging People on behalf of the CCG in relation to Shipley Hospital.

## 2. Background

A report was presented on the proposed closure of Shipley Hospital to this Committee on 1 August 2019. As an action from this meeting, there was a requirement to bring back a report on the engagement work undertaken regarding Shipley Hospital.

The CCG, NHS Property Services and Bradford Teaching Hospitals NHS Foundation Trust met with NHS England/Improvement as part of the NHS England Service Change Assurance process in October to present the outline business case for the proposed closure of Shipley Hospital.

Immediately following this meeting, the CCG then commenced a period of engagement via Engaging People, their Voluntary and Community Sector partners. Because of the Cabinet Office guidelines to public sector organisations during pre-election time, the CCG shortened its promotion of the engagement activity and this therefore may have impacted on the number of people we were able to reach. Appendix two details the places that Engaging People visited to conduct the engagement activity.

The engagement document (Appendix one) and report (Appendix three) are included in section 7 of this report.

## 3. Report issues

The engagement activity focused on reaching people most likely to be affected by any changes to outpatient services at Shipley hospital, and therefore targeted Shipley and the surrounding areas. The engagement team from our VCS partners held sessions in Shipley Hospital itself, therefore a higher proportion of respondents have recent experience of outpatient services than would be expected in the general population. In addition the team attended community settings such as GP practices, libraries and leisure facilities to talk face to face and gather people's views.

The questionnaire was split into two sections. Section one captured people's views on their recent experiences of outpatient services, including which service they had used and what method of transport was used. Section two focused on Shipley Hospital specifically to determine people's awareness and usage of services. This section also asked people to consider the future of services at Shipley Hospital. A final section asked about people's preferences about how they would like to be consulted.

454 individual responses were collected and the key points are summarised as:

- Most people in the local area were aware of the services provided at Shipley Hospital
- Around 70% of people had some experience of Shipley Hospital, for a number of these their experience was longer than three years ago, and for some they described experiences that were longer than ten years ago

- People who had experienced care or used services at Shipley, were also likely to have accessed the same service(s) at St Luke's or BRI, or in their GP practice.
- Over half of people with recent experience of outpatient services had driven to access these services
- People's feedback about their experience of outpatient services was mostly positive, particularly around the attitude of staff working in these services
- When it comes to the future of outpatient services, almost a third of people talked about the importance of keeping outpatient services in the local area, in order to meet the needs of local people
- People also raised concerns about travel times, access to public transport, and problems with parking at the main Bradford hospital sites
- Three quarters of people felt that we should explore the option to repair the building and retain services at Shipley Hospital
- Around half of people wanted to explore the option of moving services into local GP surgeries
- People wanted to be assured that local views and the impact on patients would be taken into account when making decisions.

This information supports the CCG and partners to have an informed view from a range of people before entering into the consultation process. In particular, the information gathered in relation to changes to outpatient services will help us inform the next stages in the proposal for Shipley Hospital. As part of this, we need to ensure the business case takes into account all likely scenarios from the cost of keeping the site open, to the impact of a closure and relocation from both a patient and staff perspective. As requested at the previous Overview and Scrutiny Committee, a full analysis on transport and the impact of this on patients will be undertaken. The Committee should also be assured that all services discussed at the last meeting continue to provide clinics and appointments from Shipley, and there is no intention to relocate services on a piecemeal basis.

The full business case on the next steps for Shipley Hospital is currently being drafted to and this will form part of NHS England/Improvement's *planning, assuring and delivering service change for patients*. This is an assurance process with various checkpoint meetings that requires significant evidence of the proposed options being considered and the resultant impact on patients and service users.

Alongside the assurance process, we have taken the decision to engage with the Clinical Senate who will provide independent clinical advice on the proposed options for Shipley. The Senate panel would be made up of clinical members from outside the district who are representative of the services provided in Shipley.

The business case, outputs of the checkpoint assurance meeting(s) and the findings of the Clinical Senate will then inform the options that are part of the consultation.

It is likely that consultation will commence following the elections in May to ensure there is no risk of minimising the consultation activities as a result of Purdah. The outputs of the consultation would be available in September.

The current timescales for progressing the proposal for Shipley Hospital are:

February to April 2020	Develop full business case
April 2020	Review undertaken by the Clinical Senate
April/May 2020	Present full business case to NHS England and NHS Improvement
May 2020 (post elections)	Commence Consultation
September 2020	Decision taken on outcome of consultation

#### 4. **Options**

Not applicable

#### 5. **Contribution to corporate priorities**

Not applicable

#### 6. **Recommendations**

Recommended:

- 6.1 To note the content of the report, and the next steps that will be undertaken including the development of the business case, Clinical Senate review and consultation timescales.

#### 7. **Background documents**

None

#### 8. **Not for publication documents**

None.

#### 9. **Appendices**



Appendix 1 Shipley Hospital engagement



Appendix 2 Shipley Hospital Activity Log.



Appendix 3 Shipley Hospital Engagement

# Outpatient services at Shipley Hospital: Tell us your views

We are thinking about the future of the services provided at Shipley Hospital and would like to hear what you think about the outpatient services provided there. No decisions about the services, or the hospital, have been made; we will use your views to help us think about how and where the services should be provided in the future.

Your answers to the questionnaire on page two will help us to understand your preferences about how outpatient health services (such as physiotherapy or x-ray) are provided. They will also help us to think how and where these services may be offered in the future, and to plan and run a future consultation about our proposals for the services.

## Shipley Hospital – the building

Built over 100 years ago, Shipley Hospital (at 98 Kirkgate, Shipley BD18 3LT) is a large converted house. Over time, it was a maternity home and a community hospital. Today, outpatient services and a support group occupy the ground floor. The first floor inpatient ward was closed in May 2010 because of significant fire safety issues.

Whilst it is safe to provide services to patients on the ground floor, the building continues to pose issues for staff and patients due to its age and condition. Frequently there are issues with the roof and the fabric of the building, for example. Sadly, the age and structure of the building mean it is not possible to improve the standard to that of a modern, purpose-built, health facility. This is why we are considering the future of the services at the hospital. If these move to other locations, the hospital could be closed and the proceeds from its sale returned to the NHS.

## Services at Shipley Hospital

NHS services include physiotherapy (five days) and occupational therapy (four half days), x-ray (four mornings), and outpatient clinics (one half day a week) for general surgery and memory assessment, and two half day sessions for older people's psychiatry. Bradford Bereavement Support also provides a counselling service (two days).

## What happens next?

Before making any final decisions about the services, we will talk to you again about what we have heard as a result of this engagement, and how this information has influenced our proposals for the future. At this time, we will present full proposals for the future for you to comment upon.

Thank you for taking time to help us plan the future of your health services.

You can share your views online at: [www.surveymonkey.co.uk/r/ShipleyHospital](http://www.surveymonkey.co.uk/r/ShipleyHospital)

or by completing this form and returning to:

**Freepost NHS BRADFORD DISTRICT & CRAVEN**

(please note that this is the full address and, for Royal Mail purposes, must be set out exactly as above)

**The closing date for your comments is 22 November 2019.**

## Your views

If you do not have enough space to write your answers, please feel free to add another sheet of paper.

### SECTION 1: Your experience of outpatient services

1. Have you used any of the following services **in the last year**? If so, where did you go for them? (if yes, please continue to question 2; if no, go directly to question 7)

	Please circle your answer	Where did you use these services (location)?
Radiology (x-rays)	Yes/No	
Physiotherapy	Yes/No	
General Surgery outpatient clinics	Yes/No	
Older people's mental health (memory clinics)	Yes/No	
Bereavement support service	Yes/No	
Occupational therapy	Yes/No	

2. How did you travel to the service that you used?

	Please circle your answer
Patient transport	Yes/No
Driving	Yes/No
Public transport	Yes/No
Walk/cycle	Yes/No
Taxi	Yes/No
Other (please state below)	Yes/No

3. What was your experience like at the service that you used; what was good, what could be improved?

4. Were you offered a choice about where you could go to use these services? (please tick)

Yes  No  Don't know

5. Are you aware of any other places where you could go to use these services?

	Please write here any locations where you are aware of these services
Radiology (x-rays)	
Physiotherapy	
General surgery outpatient clinics	
Older people's mental health (memory clinics)	
Bereavement support service	
Occupational therapy	

6. Where would you have preferred to go to use these services?

## SECTION 2: Outpatient services at Shipley Hospital

7. Which of the following services are you aware of at Shipley Hospital?

	Tick all that apply
Radiology (x-rays)	
Physiotherapy	
General surgery outpatient clinics	
Older people's mental health (memory clinics)	
Bereavement support service	
Occupational therapy	
Other (please state)	

8. Have you or a family member **ever** received care at Shipley Hospital?

Yes  No

a) what did you attend for?

	Tick all that apply
Radiology (x-rays)	
Physiotherapy	
General surgery outpatient clinics	
Older people's mental health (memory clinics)	
Bereavement support service	
Occupational therapy	
Other (please state)	

b) when was this?

	Please tick
Within the last year	
Over a year ago	
Over three years ago	
Over ten years ago	
Any additional comments	

Local NHS organisations are exploring options for the future of services which are currently provided at Shipley Hospital. This is prior to any decisions being made or a formal consultation process.

9. Thinking about the future of services which are currently provided in Shipley Hospital, what do you think are the most important things for us to consider?

10. If any of the current services provided at Shipley Hospital moved, what difference would it make to you or your family?

11. What possibilities do you think should be explored when considering the future of the services at Shipley Hospital? (tick all that apply)

	Tick all that apply
Moving some services into local primary care settings (GP surgeries)	
Moving some services to empty space at Eccleshill Community Hospital site	
Moving some services to St Luke's Hospital in Bradford	
Repairing Shipley Hospital and maintaining some services there	
Other (please state)	

Please tell us about other ideas you have for potential service locations:

12. What information would help to reassure you that the right decisions are being made about the future of these services?

### SECTION 3: Future consultation

This initial engagement won't immediately change current services, but it will help to inform a future consultation. We will consider your views and ideas, along with issues like patient safety, clinical effectiveness, workforce and financial sustainability, in order to determine viable options for future services. At the consultation stage, we will report back on our engagement findings, and we will ask your opinion on more detailed options for the future of Shipley Hospital.

#### 13. We'd like to hear from you about the way we should run a future consultation:

##### a) How would you expect to hear about the consultation?

	Tick all that apply
Local newspapers/radio	
Written information (eg posters/leaflets in libraries/community centres/GP surgeries etc)	
Social media (eg Twitter or Facebook)	
Local NHS organisations' websites	
Other (please state)	

##### b. How would you like to take part?

	Tick all that apply
Public events	
Online survey	
Paper survey	
Other (please state)	

##### c. How would you like to be kept informed?

	Tick all that apply
Local newspapers/radio	
Written information (eg posters/leaflets in libraries/community centres/GP surgeries etc)	
Social media (eg Twitter or Facebook)	
Local NHS organisations' websites	
Other (please state)	

#### 14. Please provide your contact details, if you would like to be kept informed of future consultation and receive a copy of engagement report.

Name \_\_\_\_\_

Postcode \_\_\_\_\_

Address \_\_\_\_\_

Email address \_\_\_\_\_

##### Preferred form of communication:

	Tick all that apply
Email	
Post	
Other (please state)	

# Equality Data Collection Form

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

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

Please tick the relevant circles or write in the answer

Postcode (first part only) \_\_\_\_\_ eg. BD18  Prefer not to say

Sex – what is your sex?

- Female  Male  Prefer not to say  Prefer to self-describe: *please specify:*

Age – How old are you?

- Under 16  16-25  26-40  41-55  56-65  66-75  76+  Prefer not to say

What is your country of birth? Please write in \_\_\_\_\_

Ethnicity – what is your ethnic group?

Asian or Asian British

- Indian  
 Pakistani  
 Bangladeshi  
 Chinese  
 Other Asian background

Please write in \_\_\_\_\_

Black African/Caribbean or Black British

- African  
 Caribbean  
 Any other Black/African /Caribbean background

Please write in \_\_\_\_\_

Mixed/multiple ethnic groups

- White and Black Caribbean  
 White and Black African  
 White and Asian  
 Any other mixed/multiple ethnic group

Please write in \_\_\_\_\_

White

- British - English/Scottish/Welsh/Northern Irish  
 Irish  
 Gypsy/Traveller  
 Any other white background

Please write in \_\_\_\_\_

Other ethnic group

- Arab  Other ethnic group  Prefer not to say Please write in \_\_\_\_\_

## Disability - Do you consider yourself to be disabled?

The Equality Act 2010 states that a person has a disability if 'a person has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities'

Yes (detail below)  No  Prefer not to say

### If yes, please tick impairment below (tick more than one if relevant)

Physical or mobility  Visual  Learning disability  Mental health condition  Hearing  
 Long-standing illness or health condition eg cancer, diabetes, HIV  Other \_\_\_\_\_  
 Prefer not to say

## Transgender - Is your gender identity different from the sex you were assumed to be at birth?

Yes  No  Prefer not to say

## Sexual orientation – what is your sexual orientation? (Please tick)

Bisexual (both sexes)  Lesbian (same sex)  Gay man (same sex)  
 Heterosexual (opposite sex)  Prefer to self-describe: please specify below \_\_\_\_\_  Prefer not to say

## Religion and belief – do you consider yourself to belong to any religion?

Yes (please tick below)  No  Prefer not to say  Christianity  Judaism  Buddhism  
 Islam  Sikhism  Hinduism  Other (please state) \_\_\_\_\_

## Pregnancy and Maternity

Are you pregnant?  
 Have you given birth within the last 26 weeks?  Prefer not to say

## What is your relationship status?

Married/civil partnership  Live with partner  Single  
 Widowed  Other  Prefer not to say

## Carer

Do you provide care for someone, such as family, friends, neighbours or others who are ill, disabled or who need support because they are older?

Yes  No  Prefer not to say

**Thank you for taking the time to complete this form.**

**8**

**If you need help with completing the survey, please call 01274 237290 and ask to speak to a member of the engagement team.**

## ShIPLEY Hospital Engagement Log

Date	Location	How many people were engaged?
22nd October	Mens Group in BD9	7
22nd October	ShIPLEY Walking Group BD18	10
23rd October	St Huges Coffee Morning BD17	20
24th October	Idle Medical Centre	13
24th October	ShIPLEY Women Group	11
25th October	ShIPLEY Library Group	6
29th October	Eccleshill Pool	6
29th October	Eccleshill Library	5
30th October	Windhill	15
31st October	Baildon Wesleys Cafe	6
1st November	Ravenscliffe Community Association	11
2nd November	St Hughes Knit and Knatter BD17	24
4th November	Bingley Library - BD16	3
4th November	Kirkgate Coffee Morning	7
5th November	Ravenscliffe Community Association	14
6th November	Kirkgate Mens Group	8
7th November	Baildon Wellbeing Cafe	4
7th November	Frizingall CC, Senior Citizens Group	9
8th November	Windhill Medical Practice	8
11th November	Kirkgate - Line Dancing Group	8
11th November	ShIPLEY Hospital	21
13th November	ShIPLEY Hospital	25
13 <sup>th</sup> November	Frizinghall CC - Elderley Womens Group	14
13th November	ShIPLEY Medical Practice	14
13th November	Westcliffe Medical Practice	6
14th November	Crag Community Allotment	5
14th November	Eccleshill Library	3
16th November	ShIPLEY Hospital	16
18th November	Wrose Buddies	7
19th November	Age Concern Group - Eccleshill & idle	10
20th November	Westcliffe Medical Practice	10
21st November	ShIPLEY Hospital	16
21st November	Bolton Woods	18
21st November	Morrisons outdoor area Girington	46
22nd November	Windhill Community Centre	8

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Outpatient services at Shipley Hospital

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*Public Engagement Report December 2019*

DRAFT

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## Background

### ShIPLEY Hospital – the building

Built over 100 years ago, Shipley Hospital (at 98 Kirkgate, Shipley BD18 3LT) is a large converted house. Over time, it was a maternity home and a community hospital. Today, outpatient services and a support group occupy the ground floor. The first floor inpatient ward was closed in May 2010 because of significant fire safety issues.

Whilst it is safe to provide services to patients on the ground floor, the building continues to pose issues for staff and patients due to its age and condition. Frequently there are issues with the roof and the fabric of the building, for example. Sadly, the age and structure of the building mean it is not possible to improve the standard to that of a modern, purpose-built, health facility. This is why we are considering the future of the services at the hospital. If these move to other locations, the hospital could be closed and proceeds from its sale returned to the NHS.

### Services at Shipley Hospital

NHS services include physiotherapy (five days) and occupational therapy (four half days), x-ray (four mornings), and outpatient clinics (one half day a week) for general surgery and memory assessment, and two half day sessions for older people's psychiatry. Bradford Bereavement Support also provides a counselling service (two days).

### Purpose of engagement

Following a request by Bradford Teaching Hospitals Foundation Trust to relocate Radiology services to St Luke's Hospital, the CCGs and the Trust have worked with NHS Property Services to review the current utilisation of the site.

To help inform our decision about the future of Shipley Hospital and its services, we need to understand the views of local people on options for future service delivery. A period of engagement was planned to inform further development of options for the future of services, in order to:

- collect further insight into how people currently use services and awareness of these services within the community;
- gather insight about potential future options which should be explored in more detail prior to formal consultation;
- understand who is most likely to be impacted by the proposals, and how;
- understand what is important to people, and why;
- understand how local people want to take part in a future consultation..

Detailed Quality and Equality impacts have been carried out and will continue to be updated to take into account new information, including the insight from engagement. The engagement report will inform the formal consultation with patients, the public, our partners and wider stakeholders.

## Approach

The CCG worked with stakeholders to develop a communications and engagement plan that was proportionate to the intended change and enabled a wide range of people to participate.

### Engagement period:

Before the engagement launched, we discussed our plans and gathered views from patient and carer representative organisations:

- Healthwatch Bradford and District
- NHS Bradford district and Craven People's Board
- Engaging People partners, BTM, CNet, HALE

Our Engaging People partners have strong community links in the local area, and were well placed to lead on this engagement, in order to actively promote it in the local area and gather responses.

An engagement document (Appendix 1) was developed which included information about services at Shipley Hospital and a questionnaire. This was available to complete online and printed copies were also produced and distributed.

Engaging People attended community settings such as GP practices, libraries and leisure facilities to talk face to face and gather people's views. They also attended several sessions at Shipley Hospital to gather views of people currently accessing services. Posters were produced advertising details of when and where Engaging People teams were attending. Appendix 2 contains a full list of locations covered.

The survey was also promoted through sending information out to our existing contacts, and our voluntary sector partners also included information in their newsletters, e-bulletins etc.

The survey was promoted on Bradford District CCG's website. Regular posts were planned on social media throughout the engagement period, however after the engagement had launched we were advised by NHS England to cease promotion of the survey and engagement activities during the general election campaign period.

Press releases were not issued to local media due to pre-election restrictions. However information about the engagement was picked up from other sources and appeared in the Telegraph and Argus newspaper and website on 6 November 2019.

**454 individual responses were collected.**

## Engagement findings

Our engagement activity focused on reaching people most likely to be affected by any changes to outpatient services at Shipley hospital, so targeted Shipley and the surrounding areas in line with the usage data provided for current services.

The engagement team from our VCS partners held several sessions in Shipley Hospital itself in order to reach people most likely to be affected, therefore a higher proportion of respondents have recent experience of outpatient services that would be expected in the general population.

### Summary of key findings:

- Most people in the local area were aware of the services provided at Shipley Hospital
- Around 70% of people had some experience of Shipley Hospital
- Over half of other respondents said their experience of Shipley Hospital was longer than three years ago, with almost a third of respondents describing experiences longer than ten years ago
- Over half of people with recent experience of outpatient services had driven to access these services
- People's feedback about their experience of outpatient services was mostly positive, particularly around the attitude of staff working in these services
- When it comes to the future of outpatient services, almost a third of people talked about the importance of keeping outpatient services in the local area, in order to meet the needs of local people
- People also raised concerns about travel times, access to public transport and problems with parking at the main Bradford hospital sites
- Three quarters of people felt that we should explore the option to repair the building and retain services at Shipley Hospital
- Around half of people wanted to explore the option of moving services into local GP surgeries
- People wanted to be assured that local views and the impact on patients would be taken into account when making decisions.

"I was born in Shipley hospital and to see it close would be so sad. Our elderly people rely on a local hospital, refer to a local hospital. The amount of people who rely on patient transport but complain of the waiting times [...] Keeping Shipley open offers more services and would cut down on this"

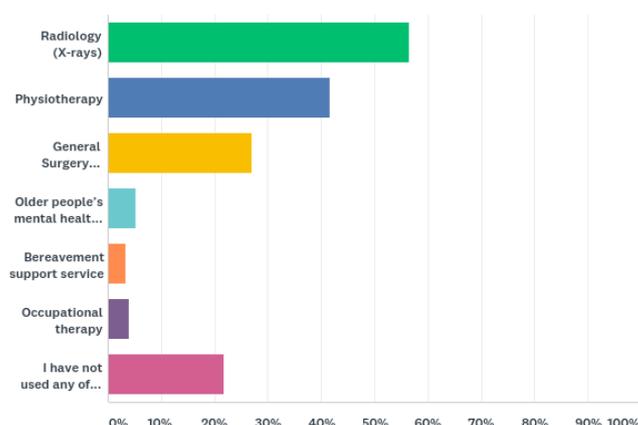
"If all the services were still going to be offered locally, I would be in agreement with the decision to close the hospital. People living in Shipley, Baildon, Bingley, Esholt, Eldwick, Gilstead don't want to trail to Bradford. It would put pressure on hospital patient transfer service."

## Section1: People with recent experience of outpatient services

People were asked whether they had experience of outpatient services in the past year; 419 people answered this question and the majority of them indicated that they had used one or more service in the last year, 328 people (78% of respondents) said that they had used a service.

Radiology (x-rays) has the highest reported usage, with 237 people having accessed radiology (56%), 174 people accessing physiotherapy (42%) and 113 people had experience of general surgery outpatients (27%). Other outpatient services which we asked about had much lower numbers of people reporting direct experience: older people's mental health or memory clinics, 22 people (5%); occupational therapy, 17 people (4%); bereavement support services, 14 people (3%). Some people indicated that they had used more than one service.

Q1 Have you used any of the following services in the last year? Tick all that apply.



If people indicated that they had used these services, they were asked to say where they had gone for these services. 272 people answered this question.

Overall the most common response was Shipley Hospital, with 150 having accessed services there in the last year (55% of people who recently used services or 33% of all respondents). Many people had accessed services at more than one location.

Q2 Where did you go to use these services	
Shipley Hospital	150
Bradford Royal Infirmary	81
St Luke's Hospital	52
Other*	23
GP practice	22
Yorkshire Clinic	17
Airedale Hospital	7
Eccleshill	6

\*Within 'other', people's answers included services out of the area (most often in Leeds or Calderdale) and private physiotherapy services.

### **Service location breakdown**

It is not possible from the data collected to determine exactly which service was accessed at each location, as many people indicated multiple services and locations, however we can see some trends and variation depending on which services people had used.

People who had used radiology (x-rays) were equally likely to have accessed services at either Shipley Hospital (114 people) or at one of the Bradford hospital sites (115 people in total at BRI & St Luke's). A smaller number of people also reported attending Yorkshire Clinic (12) or Airedale hospital (5).

People who had accessed physiotherapy were most likely to have attended Shipley Hospital with fewer people attending Bradford hospital sites (94 at Shipley Hospital, 38 at BRI and 26 at St Luke's).

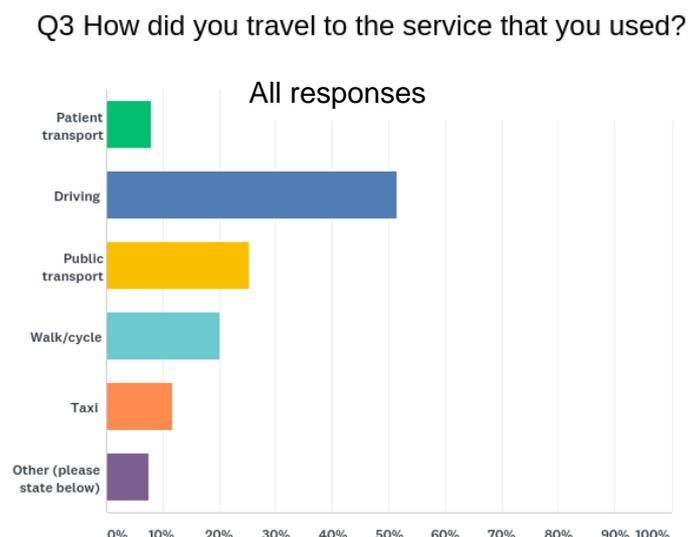
People who had used physiotherapy were also most likely to have reported accessing outpatient services at their own GP practice (three quarters of people who reported accessing services at GP practices had used physiotherapy).

Most people with experience of general surgery outpatient clinics reported that they had attended Bradford Royal Infirmary (46 people) or St Luke's Hospital (28 people), rather than Shipley Hospital (24) or Yorkshire Clinic (11).

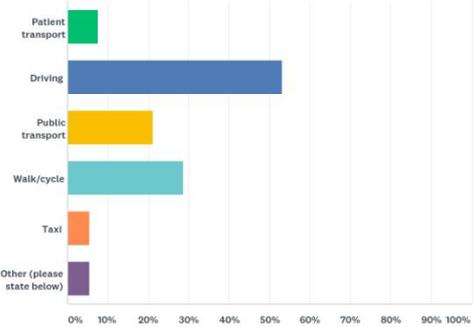
Only a small number of people reported having accessed Eccleshill, all of whom said they had used radiology services.

### **Travelling to use outpatient services**

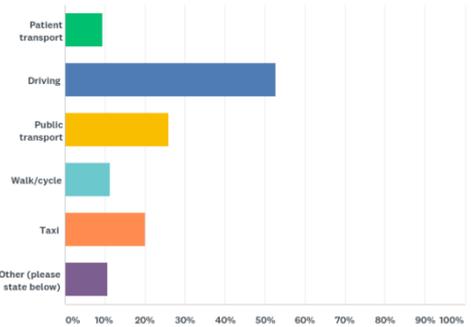
People were asked to tell us how they had travelled to access the outpatient services they had used in the last year. Over half of people had driven, and a quarter had used public transport.



Filtered for people who used Shipley Hospital



Filtered for people who used any other location



There is slight variation in the most common travel methods between people who report accessing services at Shipley Hospital or in other locations; people seem to be more likely to walk or cycle to Shipley Hospital than to other sites, which is to be expected given that it is closer to home for most respondents to this survey. More people reported travelling by taxi or public transport to services beyond the Shipley area. However the proportion of people driving to access services is consistent regardless of the location, varying only very slightly.

## Patient experience

People were asked to briefly describe their experience of the outpatient services they had used in the last year. 298 wrote an open text response to this question, although many comments were very brief (e.g. 'fine' 'ok' 'good').

As many respondents indicated that they had used more than one service and attended different locations, it is not possible to draw clear conclusions about variations in experience between services/locations, however some themes have emerged.

Overwhelmingly, most comments about services were positive. 208 (70%) of the comments were analysed as positive, and only 20 (7%) as negative. The remaining feedback was either neutral (showing neither negative nor positive sentiments) or mixed (showing both positive and negative sentiments).

173 comments contained enough detail to be categorised by theme as well as sentiment. The most commonly occurring theme was staff attitude, followed by waiting times.

Theme	% total comments which relate to this theme	% comments in this theme which are positive
Staff attitude	30%	78%
Waiting times	18%	35%
Location	13%	80%
Parking	10%	14%
Size of hospital	6%	33%
Transport	5%	29%
Quality of treatment	5%	29%
Cleanliness & environment	4%	71%
Communication & information	3%	60%

## **Staff attitude**

Almost a third of the comments were about the staff working in their services, and over three quarters of this feedback was positive.

“Very positive, encouraging and supportive staff.”

“Excellent service, really well looked after by all the staff.”

“The staff help me a lot as I have bad mobility. They are very nice.”

“All the staff friendly and helpful, also made you feel comfortable.”

People shared positive feedback about the caring and helpful attitude of staff members across all the outpatient services and locations. There was very little negative feedback related to staff attitude, but some was categorised as mixed where comments contained both positive and negative sentiment.

“All staff 100%. Just the system is overloaded.”

“Good helpful staff but I struggle with English, not always having interpreters.”

## **Waiting times**

Many people mentioned waiting times in their comments about their experience of outpatient services. On the whole, comments from people with experience of services at Shipley Hospital were more positive about waiting times than those who had accessed BRI or St Luke’s. People commented mostly about the time spent waiting on the day of their appointment, rather than referring to waiting lists or delays in accessing a service.

“The service was brilliant. Prompt and no waiting time at the time of the appointments - got seen either dead on time or within 3 minutes of the appointment time.”

“I always got in on time for my appointment.”

“Very quick and prompt unlike BRI or St Luke’s which are already over worked.”

## **Location, Transport & Parking**

There were a large number of comments about the convenient location of services at Shipley Hospital for people who live in the local area.

“It was great because it was local, I could park on a side street & it was quick, no waiting around.”

“It was extremely convenient to be able to go to a local hospital.”

By contrast, many people with experience of other hospital sites described challenges with transport, and in particular parking.

“Car parking is difficult at St Luke’s and BRI expensive.”

“Bus issues, struggle to get back as bus services stop at 5pm. Had 5+ appointment and really struggled to get to BRI & St Luke’s.”

A small number of people commented specifically on challenges for disabled people accessing the main hospital sites.

“Journey parking difficult, frustrating, disability poor mobility.”

“Difficult to get to by bus. Struggle with mobility and far too busy.”

### Size of hospital

Several people’s comments were about the comparative size of Shipley Hospital opposed to other sites such as BRI or St Luke’s. Some people said that Shipley Hospital felt more comfortable because it is a smaller and quieter setting.

“Over the years I have used the services at this hospital as have my family. We have always felt it offers a more personal service, in a smaller environment than a larger hospital.”

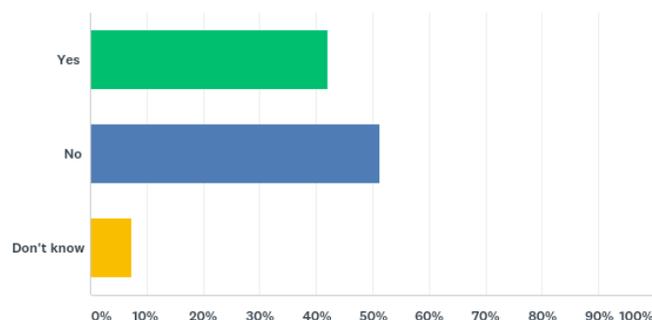
### Other themes

There were only small number of comments relating to quality of treatment, cleanliness and environment, or communication and information. These comments related to individual experiences across a range of services and there were no clear themes. All comments received will be fed into our Grassroots database of patient experience and also shared with the providers to help shape future improvements.

### Choice

We asked people whether they had been offered a choice about where to access outpatient services. Around half of them answered that they had not been offered a choice.

Q5 Were you offered a choice about where you could go to use these services?



This proportion varies between people who accessed services at Shipley Hospital, rather than those who accessed services at other locations. Over half of people who had used Shipley Hospital were more likely to say that they had been offered a choice (55%), against around a third of people who had used other locations (32%).

## Section 2: People who have not used outpatient services in the last year

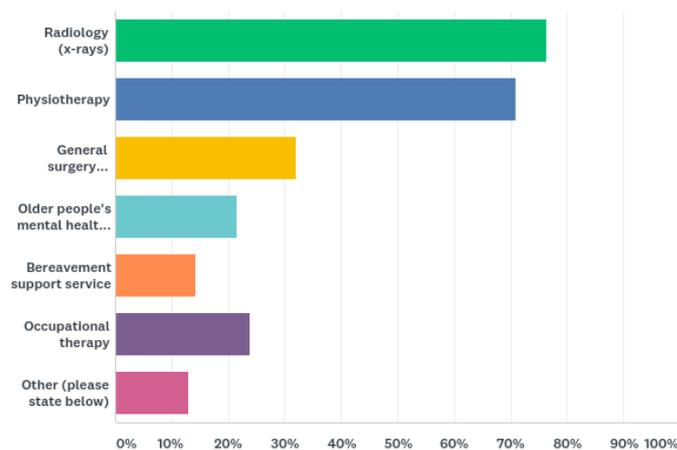
### Awareness of services at Shipley Hospital

People were asked which services they were aware of at Shipley Hospital, as our VCS engagement partners had suggested that many local people were not aware. From 454 respondents, 336 people selected one or more service, 102 people selected none of the options and 16 people wrote a specific comment to say that they were not aware of any outpatient services at Shipley Hospital.

“None, thought Shipley hospital wasn't in use.” “Never heard of it.”

The services that people were most likely to be aware of are radiology and physiotherapy.

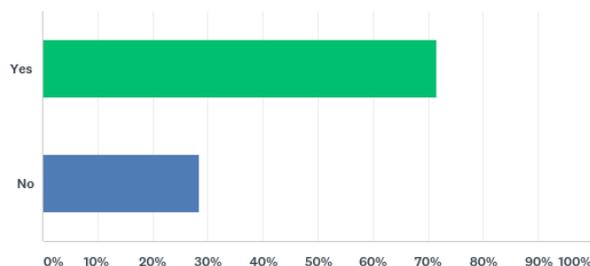
Q8 Which of the following services are you aware of at Shipley Hospital?



### Previous experience of Shipley Hospital

In addition to the questions about people's direct experience of outpatient services, we asked a broader question to those who hadn't used services recently, about whether they had ever experienced care at Shipley Hospital itself. 402 people answered this question, with 288 people responding positively.

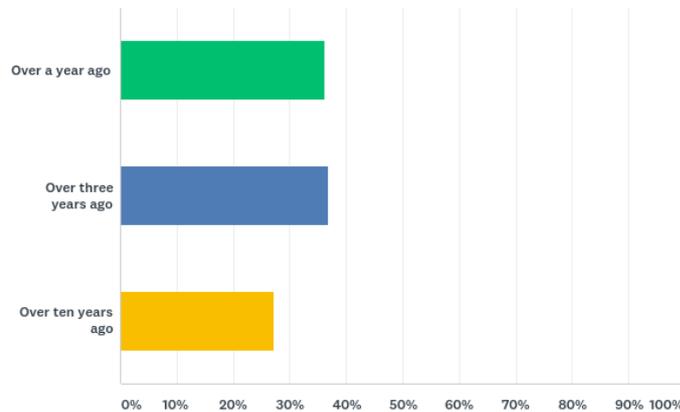
Q9 Have you or a family member ever received care at Shipley Hospital?



*N.B. 114 people had used services within the last year; insight about their experience has been covered in the earlier section.*

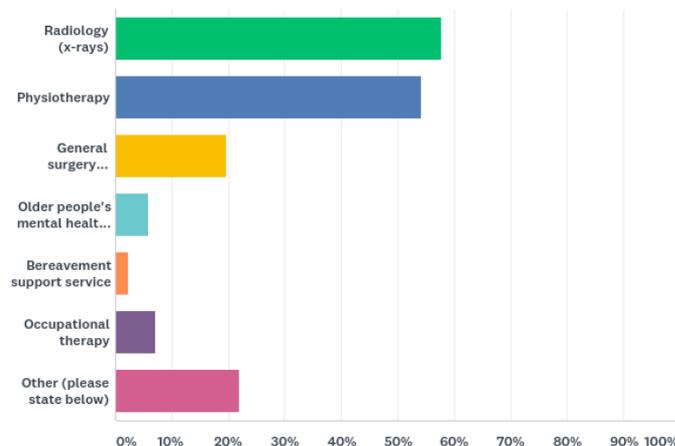
Over half of other respondents said their experience of Shipley Hospital was longer than three years ago, with almost a third of respondents describing experiences longer than ten years ago.

Q11 When was this?



We asked these people what they had attended Shipley Hospital for, and the responses follow a similar pattern to those with more recent experience of outpatient services; radiology and physiotherapy are the most common services used. However around a fifth of people described accessing Shipley Hospital for other services?

Q10 What did you attend for?



37 people who selected 'other' wrote a comment; however 11 of these comments did not specify what service they had accessed. The services listed in people's answers have been grouped into categories:

Diabetes clinic	4
Respite care	4
MSK	4
Out of hours GP	4

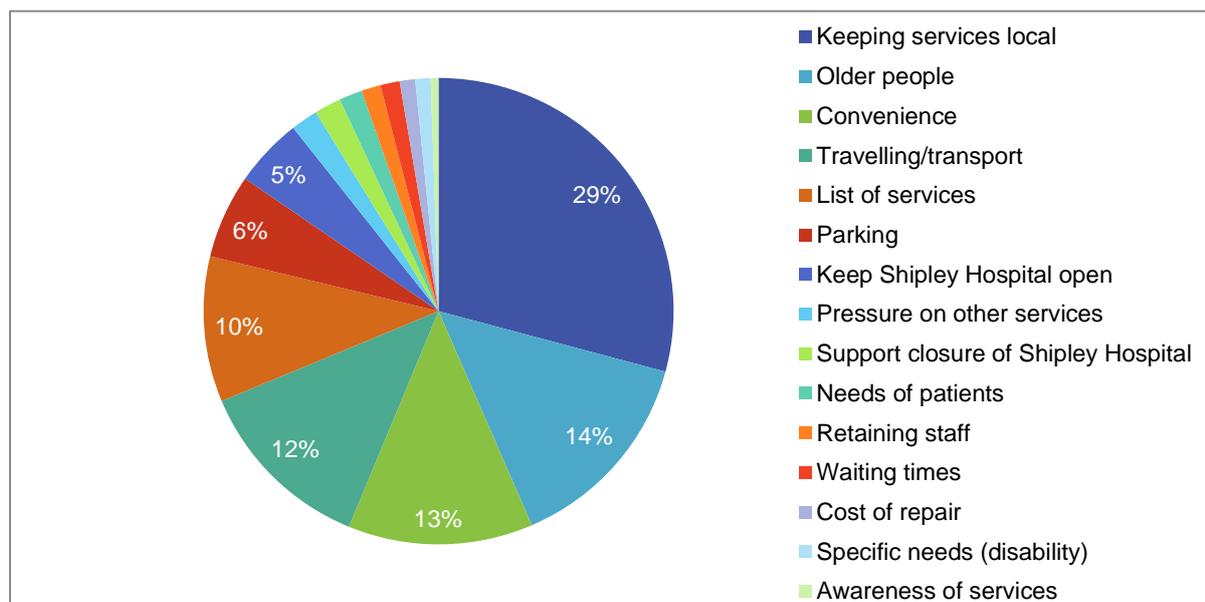
Dental	3
Maternity	3
Acupuncture	2
Palliative care	2

### Section 3: Changes to outpatient services

The engagement document explained that Local NHS organisations are exploring options for the future of services which are currently provided at Shipley Hospital, prior to any decisions being made or formal consultation process.

#### What matters most

We asked people to think about what would be most important things to consider when thinking about the future of outpatient services. 349 people provided a response to this question, and these comments have categorised by theme.



Almost a third of people talked about the importance of keeping outpatient services in the local area, in order to meet the needs of local people.

“Local facilities for local people, the ease of getting there is half the battle.”

“Local service for people living in this area. Convenient.”

“Making sure that all services are provided locally.”

“Local services are always more convenient for the elderly to get to.”

People talked in particular about the needs of older people. They emphasised the importance of taking into account the difficulties that elderly, frail or disabled people might face in accessing services further away.

“Ease for patients, especially the elderly & frail.”

“Better to stay local so elderly have less to travel.”

“Majority of people in Shipley are elderly, going to other places would be a trek for them.”

“Services for the elderly and disabled, who cannot travel.”

Similar comments were made in relation to the convenience of Shipley Hospital, and ensuring that if any changes are made that services are easy for people to access.

“Convenience for people in surrounding area. Ease of access.”

“Easy access and convenience reducing the footfall in the main hospitals which are busy and confusing for older people.”

Some people described travel and/or parking as particularly important to take into account when considering the future of services.

“People not having to travel too far. If cost is an issue than maybe relocation is a good thing just make sure new place got good public transport links!”

“Location. Public transport links to other hospitals if moved. e.g it is very difficult to get to St Luke’s from Shipley.”

“Getting to the main hospital is not easy by public transport and that could be a disincentive to continuing treatment for physiotherapy.”

“Have a local provider eliminate excessive travel - parking charges etc.”

“BRI and St Luke’s are difficult to get to and expensive for parking.”

In their responses to this question, around 10% of people simply named the services they considered to be most important – the majority of these comments included all services currently provided at Shipley Hospital.

“I believe all services at Shipley Hospital are important.”

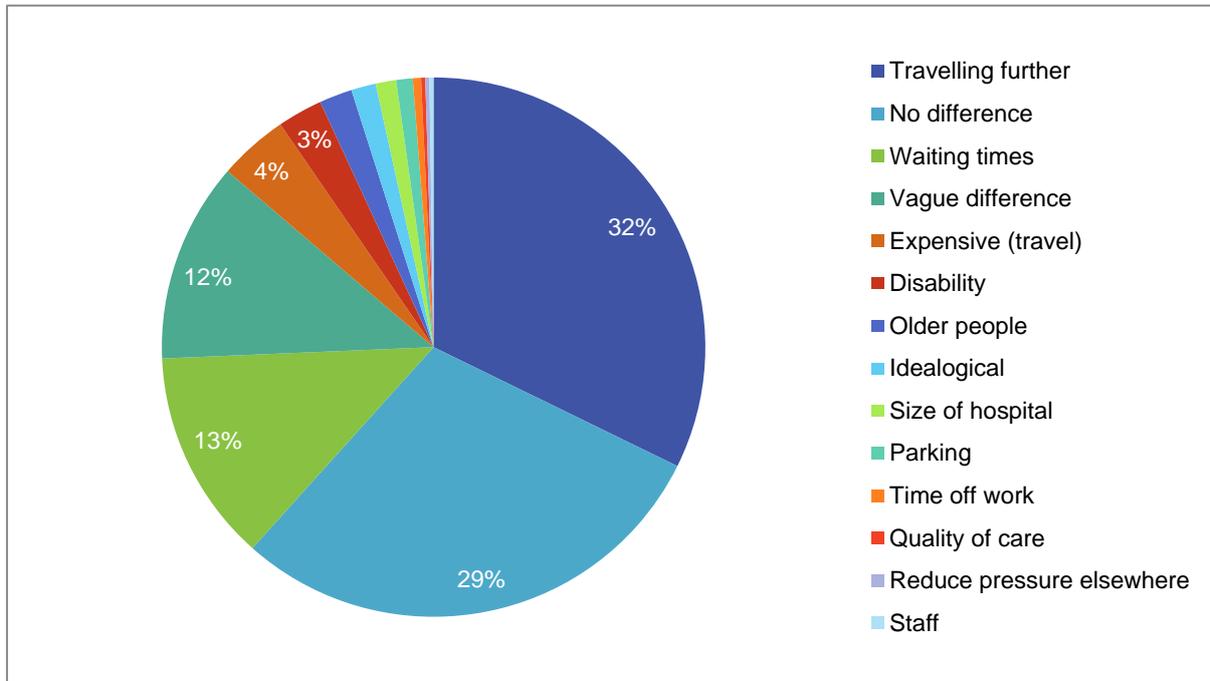
Q12 Thinking about the future of services which are currently provided at Shipley Hospital, what do you think are the most important things for us to consider?



## What impact would changes have

People were asked to consider what the potential impact on themselves or their family if outpatient services were moved from Shipley Hospital to a different location.

360 people wrote a response to this question, and these comments have been categorised into themes.



The most common impact that people described is the potential of having to travel further to access services; bus services in particular were highlighted by several people.

“Not as convenient, further to drive and problems with parking.”

“As I no longer drive transport to other hospitals would be difficult.”

“Struggle to get to other locations especially with poor bus services. 9.30 late 10/15 minutes next bus 11.45am?? regular misses.”

“I could take two buses and two hours travelling.”

Almost a third of people said that it would make no difference to them if outpatient services moved to a different location.

“None, I wasn't aware that the building was operational.”

“No difference at the moment can access other services with public transport or family.”

“It won't make much difference to me.”

“Not make too much of a difference.”

Many people expressed concern that if services moved it would lead to longer waiting times to access services.

“Inconvenient, having to attend the hell that is BRI - no parking, no seats, endless waiting for appointments.”

“If Shipley closes it would be very sad for everyone in the area. Longer waiting for treatment.”

“Longer waiting time to be seen ... more lengthy time to wait for results to come through to GP.”

Some people’s comments said that it would make a difference, but did not explain what that difference would be; these have been categorised as ‘vague difference’ and include brief comments such as “a lot”, “yes”, “difficult” or “maybe”.

A small proportion of people described the financial impact of any changes, and these were mostly linked to the potential increased cost of travel or parking if services moved to a different location. A few comments related to the potential loss of earnings from additional time off work.

“It would make a massive difference, I would have to completely go out of my way to get to other places, also having it in Shipley means if I get an appointment there I could take a bit of time off work to attend my appointment instead of a full day, make my time up at the end of my shift and not have to lose a day’s wage.”

“If they were moved to Bradford, it would be financially difficult for me to get to those places. £6 each way and on a pension”

“Having to travel to St Luke’s Hospital or BRI would be so much harder. Taxis would be expensive.”

“It would take much longer BRI parking is a nightmare and costly.”

Disabled people described a significant potential impact if services they currently access locally were relocated to one of the main hospital sites.

“Registered blind, far easier for me to get to Shipley. Would like to see minor injury triage at Shipley.”

“Make a huge difference and difficulty. My mother is disabled and doesn’t drive.”

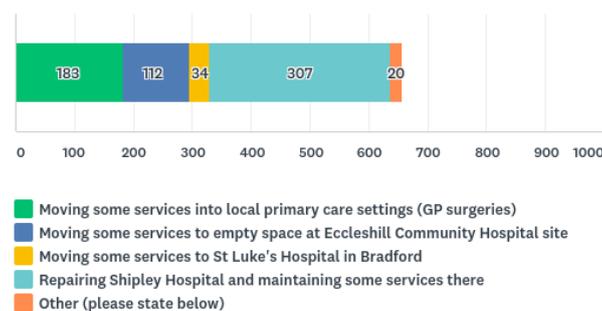
“It wouldn’t be as easy to attend these services, it would cost more to travel to and from these services and as an anxiety sufferer I’d struggle with the crowds and bigger hospitals.”

## Options to be considered

As this engagement is to help us explore future options for the services provided at Shipley Hospital, we wanted to understand people's views on a range of possibilities. 398 people answered this question; over half of respondents (53%) selected more than one of the possible options.

- Three quarters of people (77%) answered that one of the options which should be explored is to repair the building and retain services at Shipley Hospital.
- Almost half of people (45%) wanted to explore the option of moving services into local GP surgeries.
- 28% of people selected the Eccleshill site as a possible option.
- Only 9% of respondents favoured exploring the option of moving services to St Luke's hospital.

Q14 What possibilities do you think should be explored when considering the future of services at Shipley Hospital? (tick all that apply)



Where people selected 'other' they were asked to describe additional options which could be explored. Within these comments people suggested: bringing additional services into the Shipley Hospital building (14); moving services to Bradford Royal Infirmary(3); using community venues such as libraries; building a new hospital (2); or referring patients to the Yorkshire Clinic (1).

## Decision making

We asked people what information would help to reassure them that the right decisions are being made about the future of these services, 206 people wrote a comment in response to this question and some clear themes have emerged.

Around 10% of comments for this question indicated that there was nothing that would reassure them, except for Shipley Hospital being kept open.

“The only reassurance I want is to hear that Shipley Hospital will be kept open and its services enhanced.”

However most people gave answers linked to the following themes:

- Keeping services in the local area
- Honest explanations for change
- Detailed information about options
- Transparent decision making
- Continued access to high quality care
- Patient experience and public views taken into account
- Involvement of staff

Many people said that they wanted honest explanations about why organisations were considering moving outpatient services. They want transparency, and for detailed information to be made available during a future consultation.

“Honest simple breakdown of reasons for closure.”

“Honest break down of WHY?”

“stats expert opinion financial”

“What the current demand for the services are, and what the alternative provisions would be.”

“Public being able to access information regarding the plan/future plans for Shipley Hospital.”

Several people mentioned publishing minutes of meetings about the future of outpatient services at Shipley Hospital, and including detailed costings of all options in a future consultation.

People said they wanted evidence of how decisions were being made, and reassurance that patient experience and local need was being taken into account alongside financial considerations.

“Putting the patient first, and costing second”

“They think long and hard about it. Long term gain. Don't make short term cost saving decision. Burden on St Luke's, BRI & Eccleshill.”

“Keeping in touch after any meetings. Minutes of meetings would help.”

“An in-depth study of local population needs and decisions not based on selling the site to developers.”

Some people said that they would be satisfied with a decision to move services, if they were assured that the quality of services would be maintained, and there would not be longer waiting times.

“That there is not going to be a decline in services.”

“That it will be quick service and easy to get to and the results will come back quick to GP.”

“Impact on waiting lists - would it be longer to go?”

People suggested that decision-making should involve staff currently delivering outpatient services, as they would have a good understanding of the needs of patients as well as the pressure on services.

“Only trust NHS doctor who is purely committed to NHS [*i.e. not working privately*].”

“Consultation with the medical and nursing staff, caring staff that provide the services.”

“Up to the staff and doctors.”

Q15 What information would help to reassure you that the right decisions are being made about the future of these services?

doctors want taken consultation Updates transport area aware comment another listened  
save CONSIDER much public see decisions long community kept open  
need Please local people place building going Shipley  
NHS Shipley Hospital open people full  
services first local best Keep population hospital  
living close repaired cost putting patients GP make treatment use ones  
will say decisions made closure making decisions Transparency information  
moving services think moved people use available informed us

## Other concerns

Throughout the engagement, people's comments contained common themes which weren't addressed by specific questions.

People often expressed the view that changes to services were linked to politics, and under-funding of the NHS. They expressed broad concern about a perceived loss of local public services, and saw the proposals around Shipley Hospital as another example of services being centralised.

Some people were concerned about the impact on the local area, if the site was redeveloped into housing for example.

“It is a very nice building and it would be a disaster for it to be sold off and houses built.”

A few people referred to the history of the Shipley Hospital building, and felt that it should be retained as an asset for the local community.

“Norman Rae gifted Shipley Hospital to the people of Shipley. It needs to remain a service for the people of Shipley.”

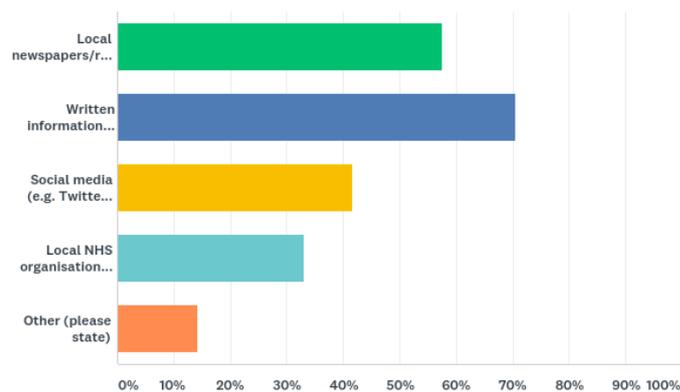
“Bradford Council should consider that Shipley is losing far too many services. Norman Rae would turn in his grave at the appalling way North Cliffe Park, Shipley Hospital and Carnegie Library have been targeted for their own means.”

## Section 4: Future consultation

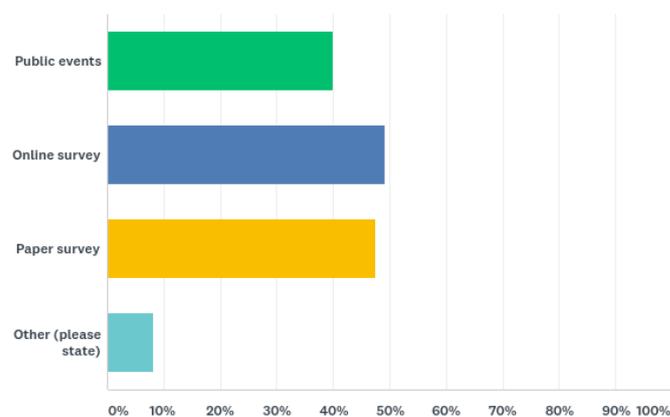
In order to ensure that a future consultation is accessible to as many people as possible, we gathered views about how people would expect to hear about the consultation and take part.

Most people indicated that they wanted to receive written information about the proposals and would like to take part in surveys. 129 people indicated that they would like to take part in public events as part of a future consultation.

Q16 How would you expect to hear about a future consultation?



Q17 How would you like to take part in a future consultation?



When developing our plan for a future consultation, we will shape it around the insight collected through this engagement.

237 people asked to be kept informed of future consultation; they will all be sent a copy of this engagement report and we will keep in touch with them throughout the future consultation period.

Engagement Report written by Victoria Simmons, Head of Engagement,  
NHS Bradford District and Craven Clinical Commissioning Groups  
[victoria.simmons@bradford.nhs.uk](mailto:victoria.simmons@bradford.nhs.uk)

December 2019

Appendices:

1. Engagement document
2. Engagement sessions timetable
- 3. Equality monitoring**

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## **Report of Healthwatch Bradford and District to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 5<sup>th</sup> March 2020**

**AG**

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**Subject: Healthwatch Bradford: update on activities**

### **Summary statement:**

This report provides an overview of Healthwatch Bradford and what it does, before looking at its main activities over the last year. It summarises Healthwatch's engagement activities, and sets out some of the insights about health and care services shared by the public.

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Sarah Hutchinson  
Manager

**Portfolio:**

**Healthy People and Places**

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E-mail:  
[sarah@healthwatchbradford.co.uk](mailto:sarah@healthwatchbradford.co.uk)

## 1. Summary

This report provides an overview of Healthwatch Bradford and what it does, before looking at its main activities over the last year. It summarises Healthwatch's engagement activities, and sets out some of the insights about health and care services shared by the public.

## 2. Background

Healthwatch Bradford and District works to ensure that people across the area are supported to share their views and experiences of health and care services. We work with the public to ensure these experiences are heard and are used to help improve the support on offer. Healthwatch Bradford and District also provides a signposting service, helping people to find the right services for them.

Established in 2013 following the Health and Social Care Act 2012, there is a Healthwatch in each local authority area. We are independent from the NHS and funded by the local authority. Healthwatch Bradford and District is hosted by Community Action Bradford and is based in Central Hall in Keighley. We are a small team of five, assisted by two freelance consultants and a team of volunteers. We publish an annual report which provides an overview of our financial situation and details of team and activities for the year in July each year.

We work in a number of ways. We carry out a range of engagement activities, doing outreach sessions at health services, community centres, and other public places to gather feedback on services, which we report to the CCG on a bimonthly basis, and to the relevant providers. We have the legal power to carry out 'Enter and View' visits to services to provide insight on provision. We will undertake specific surveys and projects on particular services, e.g. in 2018 we published reports on people's experiences of the NHS complaints process, and on access to autism diagnosis and support. We also receive feedback from the public via our information line, and webform.

Strategic engagement with health, care and voluntary services across the district is another important area of our work. As well as meeting with leaders across services, we sit on a number of boards including the Health and Wellbeing Board, Early Help and Prevention, the CCG Joint Quality Committee, and we were on the JSNA working group.

This report provides a summary of our main activities over the last year.

## 3. Report issues

### Local insight

In 2019 we carried out two large-scale pieces of engagement work, focusing on this rather than more generalised programme outreach work, as well as restarting our Enter and View programme. These are discussed below. However, we continued to seek and receive information from the public on their experiences.

Between February 2019 and January 2020 we received 573 pieces of feedback from the public. 50 per cent of this was received through outreach work, and the rest came to us through our phone line, email or webform.

- 68 per cent of feedback related to primary care services
- 11 per cent secondary care
- 6 per cent social care
- 3 per cent urgent and emergency care
- 11 per cent community services
- 3 per cent mental health

Over the last year, 55 per cent of the feedback we received was positive about the service being reported on, and a third was negative. 11 per cent was mixed, i.e. contained both positive and negative feedback.

### **NHS Long Term Plan**

In January 2019 the NHS in England published a 10 year plan for how it would spend an additional £20 billion a year. This plan set out the NHS's priorities including:

- Improving how the NHS works so that people can get help more easily and closer to home
- Helping people stay well
- Making care better
- Investing more money in technology

West Yorkshire and Harrogate Health and Care Partnership was asked to formulate a local five-year strategy in response, and Healthwatch England commissioned the six Healthwatch organisation across the area to find out local people's views to help shape this. Two surveys were carried out and 15 focus groups, engaging with 1806 people in total over two months.

This engagement found that:

- The main things people do to keep healthy are exercise and healthy eating. People wanted support from the NHS and its partners to make it easier and affordable to keep fit and eat healthily as well as more pro-active support around weight loss
- There was a commitment to self-care, with 9 per cent of people saying the NHS could help by providing more information and advice about healthy lifestyles and about how to better monitor their own health
- Access to appointments was the single most mentioned theme (18 per cent) when asked what the NHS could do differently to help people stay healthy and well
- Mental health was a recurrent theme running throughout responses to many questions
  - People wanted mental health services to be more accessible for people of all ages, with shorter waiting times and easier and quicker assessments
  - People felt that the waiting times for counselling and therapy were far too long
  - Mental health services need to be more appropriate and accessible for people with autism, deaf people and speakers of other languages who may need an interpreter
  - Children's and young people's mental health services were highlighted as an area of concern – referral thresholds were said to be too high and waiting lists too long

- A fifth of respondents mentioned education as being crucial to ensuring children and young people live healthy lives. Schools were cited as having a key part to play.

### **Enter and View**

Healthwatch Bradford and District has a statutory power to enter NHS and social care services to see them in action. This offers a way to identify what is working well with services and where they could be improved. We have carried out four Enter and View visits in the last year after re-launching our programme. These will be continuing this year.

Enter and View visits can be announced, semi-announced (where we let people know a time we will visit but not which day), or unannounced. They are carried out by staff and volunteers, who observe a range of factors including the quality of the environment, state of the décor, how staff interact, how person-centred the care is, and what activities are on offer. Following the visit a report is drafted which is first sent to the provider who has 7 days to respond. Once finalised, the report is sent to the CCG, NHS England, Healthwatch England and the local authority, and is published on our website. A month after publication Healthwatch will follow up with the provider to find out what progress has been made on any recommendations made. We can revisit if necessary to find out if these have been implemented.

Based on feedback from the public, we have focused on care homes, starting with visits to three outstanding homes, to help us understand what 'good' looks like, followed by one that requires improvement. So far we have found a consistency of good care across the care homes, although in one case some recommendations have been made regarding the building and external environment. Following this work we have been asked to contribute to the Quality Framework.

### **Healthwatch Stroke Project and the Stroke Ambassadors' Network**

Healthwatch Bradford and District has previously carried out public engagement to look at better ways to delivery care for people who have a stroke. We have also supported public engagement on stroke care carried out by the West Yorkshire and Harrogate Health and Care Partnership.<sup>1</sup>

Bradford Teaching Hospitals NHS Foundation Trust and Airedale NHS Foundation Trust currently work together to provide care for stroke patients across the Bradford District. In January 2019 Healthwatch Bradford and District established the Healthwatch Stroke Project.

The project is a partnership between

- Local Healthwatch: Bradford and District and North Yorkshire
- Voluntary and community sector groups across Bradford and District
- Bradford Teaching Hospitals NHS Foundation Trust
- Airedale NHS Trust
- NHS Bradford, District & Craven Clinical Commissioning Groups

As part of this project a network of Stroke Ambassadors (Stroke Community of Interest) has been created from individuals affected by stroke and their representatives from community groups and organisations who support those affected by stroke. The network directly feeds the experiences of patients and carers in to the Stroke Service Improvement

Project Group, focusing on the service experiences of patients who have recently received stroke care in Bradford District and Craven. They ensure the exchange of ideas and information, ultimately influencing and improving stroke services and patient experience.

The Healthwatch Stroke Ambassadors meet four times a year, and send representatives to the operational meetings. They aim to establish communication pathways between community groups, ambassadors, Healthwatch, and the operational group.

The Stroke Project, and the Stroke Ambassadors, have helped to capture a range of experiences of stroke services and feed these into improvements. So far:

- Stroke ambassadors have participated in ongoing experience based co-design workshops to plan for 7/7 therapy working across Bradford and Airedale
- Stroke ambassadors' feedback has been incorporated into a document highlighting the gaps in service provision across Bradford and Airedale. Clinical teams are also starting to attend meetings to hear the patient and carer voice directly, which is helping to drive improvements
- They have co-designed a map of stroke services (NHS and voluntary sector) available on discharge to stroke patients across Bradford, Craven and Airedale. The map will be handed out on wards by staff and volunteers
- Gathered views for pilot on weekend working on weekend working for Occupational Therapy, Physical Therapists and Speech and Language Therapists on Airedale Stroke Ward

### **Happy, Healthy, at Home**

In 2017, the CCG commissioned Healthwatch Bradford to carry out the 'Big Conversation'<sup>3</sup>, to find out people's health and care priorities as part of a process of updating the Bradford Local Plan (Happy, Healthy, & at Home).<sup>4</sup> In 2019, the Health and Wellbeing Board and Integration and Change Board commissioned a follow up to this work.

This new project aims to understand local people's views and develop the conversation with them, moving away from talking about services and how people use them to what keeps people *Happy, Healthy at Home* – how people approach self care and prevention, and the role of community assets.

This work has been carried out collaboratively with Community Partnerships, combining resources, expertise and knowledge, and to align with the Integration and Change Board's 'Movement for Change'.

The project has worked to identify:

- what Community Partnerships want to achieve
- key stakeholder views of what's working well/not so well
- past/planned engagement – jointly develop engagement plan and deliver
- existing co-production/approach to/community view of involvement
- the community view of what is good, supportive, missing, available locally

To achieve this we carried out a three-month engagement period of extensive outreach across the 14 community partnerships within the district. This involved:

- 58 focus groups, held in community centres, libraries, GP surgeries, and sports facilities
- 12 drop in sessions
- Street-based outreach
- Community artist workshops
- Filmed 'Vox Pops' talking heads for the production of a short film
- Online and face-to-face questionnaires

Effort has been made to ensure that all the protected characteristics groups are represented within the project.

We are now in the analysis stage of the Happy, Healthy, at Home project. The local data gathered is now being produced into mini reports for the Community Partnership areas to inform their priority setting and spending plans post March 2020. An overall report will draw on city wide themes and share models of best practices from through out the district in terms of involvement and engagement, and steps forward.

The emerging themes from the data link into the Ways of Wellbeing:

- volunteering is a theme that runs through the lives of people who identify with being happy and healthy
- self care is linked to people's placement in the economy
- people generally feel connected, referencing voluntary sector organisations as being key to connecting communities
- voluntary sector organisations are particularly important in supporting people from less well off backgrounds to live active and healthier lives.
- environmental factors, air quality and feeling safe are priorities for people
- older people are more likely to have self-care routines.

The reports will be published in March.

#### 4. **Recommendations**

- 4.1 That the Committee consider the details presented in the report and agree any specific recommendations and/or further scrutiny activity.

#### 5. **Appendices**

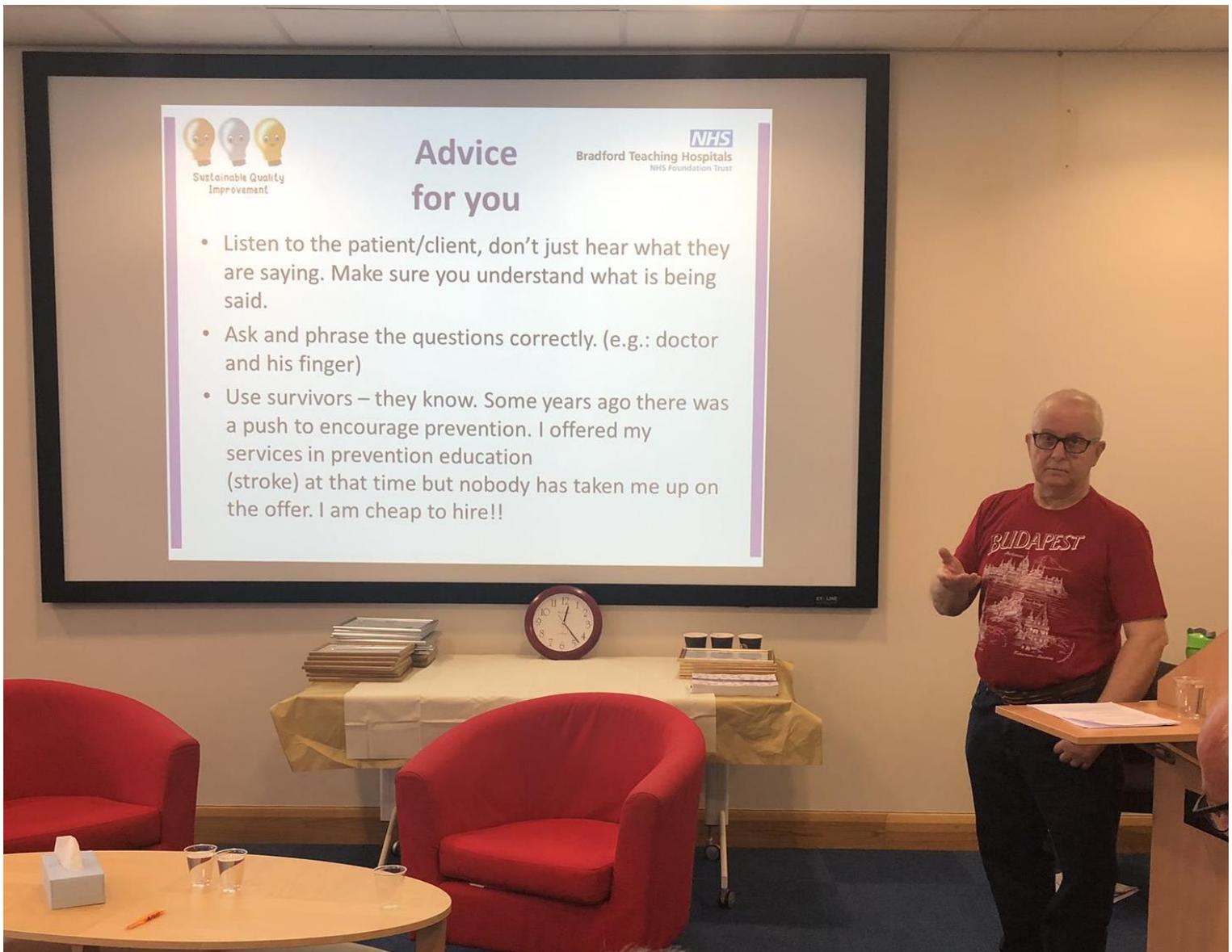
- 5.1 Stroke Ambassadors report  
5.2 Long term plan report



# Stroke Ambassadors

## How we've made

## a difference



  
Sustainable Quality Improvement

**Advice for you**

  
Bradford Teaching Hospitals  
NHS Foundation Trust

- Listen to the patient/client, don't just hear what they are saying. Make sure you understand what is being said.
- Ask and phrase the questions correctly. (e.g.: doctor and his finger)
- Use survivors – they know. Some years ago there was a push to encourage prevention. I offered my services in prevention education (stroke) at that time but nobody has taken me up on the offer. I am cheap to hire!!

## Healthwatch Stroke Ambassadors are helping to improve stroke services, and their engagement is having impact and creating real change

We have previously undertaken public engagement to look at better ways of delivering care for people who have a stroke. The latest of these reports was in [2017](#).

Bradford Teaching Hospitals NHS Foundation Trust and Airedale NHS Foundation Trust currently work together to provide care for stroke patients across the Bradford District. In January 2019 Healthwatch Bradford and District established the [Healthwatch Stroke Project](#).

The project is a partnership between the following organisations:

- Local Healthwatch: Bradford and District and North Yorkshire
- Voluntary and community sector groups across Bradford and District
- Bradford Teaching Hospitals NHS Foundation Trust
- Airedale NHS Trust
- NHS Bradford, District & Craven
- Clinical Commissioning Groups

A network of Stroke Ambassadors (Stroke Community of Interest) has been created from individuals affected by stroke and their representatives from community groups and organisations who support those affected by stroke.

The network directly feeds the experiences of patients and carers in to the Stroke Service Improvement Project Group, ensuring the exchange of ideas and information and ultimately influencing and improving stroke services and patient experience.



## You said, we did

**You said:** Car parking at the hospitals for stroke survivors attending subsequent appointments is an issue which needs to be looked at

**We did:** Stroke Services' Head of Collaboration approached Estates Leads to explore the Red Badge idea/temporary permit and is awaiting an outcome to this request

**You said:** Acronyms such as TIA is often used by staff and it is not understood what it means

**We did:** The clinical teams have devised a table detailing the breakdown of commonly used abbreviations and the use of this will be promoted. There are plans to have this table also included in the recently devised patient therapy rehab file

**You said:** We would like to be involved in training sessions and use patient story for training sessions

**We did:** Invited stroke ambassadors to recent quality improvement events and meetings; subsequent action plans have incorporated the views of our past patients. There are plans to record a stroke ambassadors vlog that will be shared at training events and meetings

**You said:** Develop activities for patients

**We did:** We now have dedicated breakfast clubs and afternoon activities for our patients. We are also planning on running some art classes for staff and patients in the near future



*Healthwatch Stroke Ambassadors:  
Rosie, Margaret and Michael*

## You asked, we answered

**You asked:** What stroke training are staff offered?

**We answered:** Regular multi disciplinary training (MDT) training sessions on stroke conditions, scenarios training, monthly programme in place and some training takes place across the teams jointly

**You asked:** If a person has a stroke secondary to another health condition, how are they referred for specialist stroke support if they're not on a stroke unit?

**We answered:** Teams liaise with a stroke specialist and decide which area is deemed clinically fit for the patient to be cared for

**You asked:** Do community stroke nurses still exist in Bradford and Airedale?

**We answered:** Yes

**You asked:** Who is responsible for stroke care in the community across Bradford and Airedale?

**We answered:** Pam Beaumont (Airedale General Hospital) and Trish Summersgill (Bradford Royal Infirmary)



*The Bradford and Airedale Single Stroke Service is committed to ensuring the patient voice is the common thread that runs through all service and quality improvement plans. Working with Healthwatch has enabled the Bradford and Airedale stroke teams to start using lived experiences from stroke survivors of varying ages when decision making, co-designing and co-delivering service provision.*

*There is nothing more powerful than change that is brought about due to the lived experience of a patient.*

Sayma Mirza  
Head of Collaboration  
Stroke Services  
Bradford and Airedale

**You asked:** What happens after discharge from a hospital?

**We answered:** Both trusts currently offer a 6/52 package of care following discharge from hospital. Frequency of contact depends on clinical need as well as capacity within the team

**You asked:** What the process is for accessing physiotherapy and/ or speech and language support once out of hospital as experience shows this is difficult?

**We answered:** These services are offered by both trusts under the 6/52 package of care following discharge from hospital. Frequency again depends on clinical need as well as capacity within the team

**You asked:** How do GP practices prioritise care for stroke survivors? -Example given about accessing appointments

**We answered:** Our GP colleagues support patients by focussing on needs led assessment and input not condition specific therefore stroke patients are not explicitly prioritised. However great effort is made to improve secondary prevention and identify and control comorbidities that could cause further stroke events. Our GP colleagues are very interested in hearing suggestions for further co-design of services.

**You asked:** What stroke awareness training is done in schools and college?

**We answered:** This is outside of our remit as representatives for health but we are aware Age UK have previously delivered some training in local schools.



*‘As a stroke survivor myself, being a Healthwatch Stroke Ambassador is a great opportunity for me, because I’m working with professionals to improve stroke services for future patients’*

**Geoffrey Render**  
Healthwatch Stroke Ambassador



## Impact so far

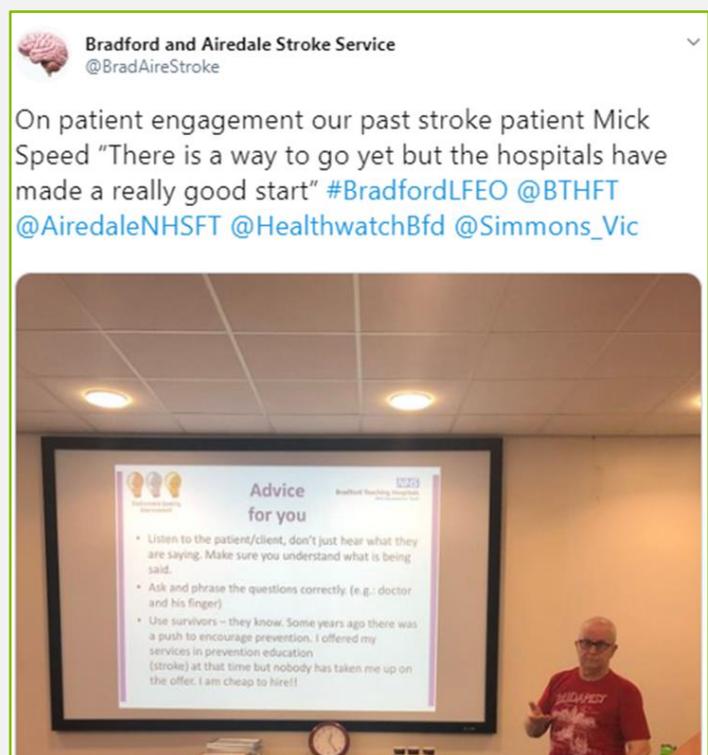
**Co-design:** Healthwatch Stroke Ambassadors are attending and contributing to the ongoing experience based co-design workshops to plan for 7/7 therapy working across Bradford and Airedale

**Co-delivery:** Healthwatch Stroke Ambassador are attending the stroke operational group meetings to talk about the impact of the Healthwatch Stroke Ambassador network and project so far. The ambassadors are also involved with sharing their lived experiences at quality improvement events held across Bradford and Airedale

**Decision making:** The stroke ambassadors feedback has been incorporated into a document highlighting the gaps in service provision across Bradford and Airedale; this document is currently being reviewed regionally by the West Yorkshire Association of Acute Trusts (WYAAT). Clinical teams are also starting to attend some of the Healthwatch Stroke Ambassador network meetings to hear the patient and carer voice directly; which is helping to drive improvements.

**Service and quality improvements:** Through close working various improvement initiatives are underway; one such example includes the Stroke Ambassadors helping to create a map of stroke services available on discharge to stroke patients across Bradford, Craven and Airedale. This includes available NHS services for stroke care on discharge, as well as voluntary stroke groups in the community. The purpose of this map is to visually represent services and to highlight their contact details. The map will be handed out on wards by staff and volunteers

As a lot of feedback from Healthwatch Stroke Ambassadors relates to care at home in the community provided by social services, it is being considered whether a representative from Adult Services may join the project.



## The future

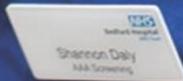
Over the coming year Healthwatch Bradford and District will continue to support the Stroke Ambassadors and Network so that services and patient experience can continue to improve. We are also excited about our plans to extend the Healthwatch Ambassador Programme and model to cover other patient groups and communities of interest.

## **NHS Long Term Plan**

**#WhatWouldYouDo?**

**People from West Yorkshire and Harrogate  
and Craven share their views**

**April 2019**



**wh**  **t**  
**would you do?**

*It's your NHS. Have your say.*

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## Summary

### Introduction

In 2018, the government announced that the NHS' budget would be increased by £20 billion a year. The following January, the NHS in England published a 10-year plan for spending this extra money, covering everything from making care better to investing more money in technology.

The plan sets out the areas the NHS wants to make better, including:

- **Improving how the NHS works so that people can get help more easily and closer to home;**
- **Helping more people to stay well;**
- **Making care better;**
- **Investing more money in technology.**

For more information about the NHS Long Term Plan, visit

<https://www.longtermplan.nhs.uk/>

West Yorkshire and Harrogate (WYH) Health Care Partnership were asked to formulate a local plan in response, specifically a 5-year strategy. To ensure this reflected what local people want, our six Healthwatch organisations were commissioned by Healthwatch England to find out local people's views. To do this, we used two surveys and 15 focus groups, engaging with 1806 people in total over a period of two months.

This report sits alongside two reports that the WYH Care Partnership have also completed. One brings together previous information regarding people's thoughts about digitalisation and personalisation; and the other is an engagement and consultation mapping report which sets out the work that has taken place in the six local areas and at a West Yorkshire and Harrogate level.

### Key Findings: General survey and focus group

- People told us that the main things they do to keep healthy and well are **exercise and healthy eating**. People wanted support from the NHS and its partners to make it **easier and affordable to keep fit and eat healthily**, as well as more pro-active **support around weight loss**.
- There was a commitment to **self-care** from people who responded to our survey. 9% of people told us that the NHS could help them with this by providing **more information and advice** about healthy lifestyles and how they can better monitor their own health. People were also keen for more prevention of ill health through increased

access to **regular general check-ups** as well as screening for specific conditions.

- People want the NHS to provide **easier access to appointments**, mainly with their GP but also with hospitals. Access to appointments was the single most mentioned theme (18% of responses) when people were asked what the NHS could do differently to help them stay healthy and well. The speed with which people could make an appointment was cited as one of the most important things for people when talking to health professionals about their care. People wanted the option of longer appointments, more appointments outside working hours, more appointments available to book online (including same-day appointments) as well as more availability of virtual and telephone appointments.
- **Mental health** was a recurrent theme running throughout responses to many of the questions in the survey. The main findings were:
  - People wanted mental health services to be **more accessible** for people of all ages, with shorter waiting times and easier and quicker assessments.
  - People felt that the **waiting times** for counselling and therapy were far too long, risking a detrimental effect on a person's mental health during the wait.
  - We were told that there needs to be **better emergency support** for people in mental health crisis, and current services are not working well.
  - Mental health services need to be more appropriate and **accessible for people with autism, deaf people and speakers of other languages** who may need an interpreter.
  - There should be more investment in **community support** before people reach crisis point.
  - People want to see more of a focus on prevention of poor mental health through **raising awareness around looking after your mental health** and how to help yourself (e.g.: running mental health first aid courses and general awareness sessions in schools and communities).
  - **Children and young people's mental health services** were highlighted as an area of concern. Respondents said in particular that referral thresholds were too high and waiting lists too long,

and they also cited concerns about the detrimental effects of children having to travel to inpatient units out of area.

- People who were using **digital services** told us that they were mainly booking appointments, ordering repeat prescriptions, finding information and making contact with health professionals. The positives cited for digital services were that they were **convenient and easy to use**. Negatives that were mentioned were that there is not enough access for online patients (e.g.: to appointments or medical records) and that some digital services needed to be **more user-friendly and joined up** with other health and care service systems.
- Whilst the majority of people were in favour of having the option to access the NHS digitally, more than 500 people (41% of respondents) told us about **barriers to using online services**. These included **access to digital technology** (e.g.: not having a suitable device or internet access) and **lack of skills and confidence**. People were concerned that too much dependence on digital technology could create **inequalities** in the system, where particularly older or disabled people and those on low incomes or with language or literacy issues were disadvantaged. Many people were also clear that personal contact was important to them and may be a factor in whether or not they would choose to access the NHS digitally.
- When asked where they would go for an **urgent medical need** (other than A&E or their GP), the majority of respondents told us that they would either call NHS 111 (31%) or attend a minor injuries unit/urgent care centre (22%) or other urgent care provider (31%). A significant number of responses (16%) indicated people weren't sure where to go. There was also **much confusion around the difference between minor injuries units, urgent treatment and walk-in centres**.
- The majority of respondents were satisfied or very satisfied with their experiences of the different **urgent care services** in the last 12 months. The highest rates of dissatisfaction were with out of hours GP services (i.e.: out of hours telephone consultations, home visits, or referral to another GP practice) which had an average dissatisfaction rate of 27%.
- 21% of responses mentioned **education as being crucial to ensuring children and young people live healthy lives** and have the best start in life. This included the NHS and its partners educating parents and carers about making healthy lifestyle choices for their children.

Schools were cited as having a key part to play and people felt that there should be a whole system approach to children's health and wellbeing, and for it not just to be the responsibility of the NHS.

- As well as education, **early support** was an area that people saw as key to children living healthy lives. This included supporting mothers during pregnancy, supporting families with new-born babies, early diagnosis of conditions and support through childhood.
- 22% of people who answered the survey question about **personalised care** were unable to give a definition of it, either because they didn't know, hadn't heard of it or said it wasn't applicable. This figure was higher for BAME communities (37%) and young people aged 15 or under (33%). Those who were able to give a definition understood some of the different elements of it. This included recognising that it is about what matters to individuals and that they are at the centre and a key partner with choice and control over their care. People also mentioned how personalised care looks at the person as a whole and includes physical and mental health, as well as other factors such as housing, family and support networks.
- **Communication** came up throughout the survey responses as key to good personalised care. Primarily people told us they **wanted to be listened to and spoken to as individuals**, as well as **treated with dignity, care, compassion and respect**. Particular communication issues were raised by people with sensory impairments around making information accessible and adhering to the **Accessible Information Standard**.
- When people were asked if they could change one thing about the way the NHS works, the most common response was that people wanted it to be **more efficient**. People wanted to see a change in the structure so that there is less management, more efficient administration systems and more front-line staff who are well trained, supported, and have a good work environment.

### Key Findings: Specific Conditions survey

- People with physical conditions are **generally more satisfied** with the initial support they get than people with non-physical conditions (see p.70 for definitions of physical and non-physical conditions).
- People with physical conditions are **more likely to get support quickly**

than people with non-physical conditions.

- People with non-physical conditions are **more likely to find ongoing support** inaccessible and unsatisfactory.
- Having more than one condition often **makes it harder to get initial support**, especially if you have non-physical conditions.
- Ongoing support is most likely to be considered helpful when it involves **reliable, regular person-to-person contact**.
- Respondents feel that ongoing support could be improved if it were made **more reliable and personalised and if it recognised their emotional needs**.
- People with **mental health conditions** are particularly likely to feel their ongoing support is inadequate because they have been given the **wrong diagnosis or therapy**.
- **Cancer services** often provide **effective communication**, whereas mental health and autism services' communications are often felt to be inadequate.
- Most people **get around in their own car and are willing to travel slightly longer to see a specialist than to get a diagnosis**.
- At the beginning of the care process, people prize speed over familiarity with health professionals, but once they are in a treatment routine they prefer familiarity over speed.

### Next steps

This report will be shared with West Yorkshire and Harrogate Health and Care Partnership. We will work with them to ensure that people's views expressed in this report are taken into account throughout their five-year strategy. We will also share the content of this report with as many other strategic partners as possible in health and care and beyond.

We will share findings with people who took time to share their views and the report will be published on all of the West Yorkshire and Harrogate and Craven local Healthwatch websites, as well as the West Yorkshire and Harrogate Health and Care partnership website.

Each local Healthwatch involved in this piece of work will also be looking at the data for their local area to pull out any local variations and themes.

## Response from West Yorkshire and Harrogate Care Partnership

We are delighted that Healthwatch colleagues have reached over 1800 people with the local survey on digitalisation and personalisation, as well as many others for the long-term health conditions national survey. It's also helpful to read further comments gathered on other areas of our health and care work, including the importance of: *'partners working together to make it easier and affordable for people to stay fit and eat healthily, as well as 'more pro-active support around weight loss'; and concerns around 'better emergency support for people in mental health crisis' - an area we are working hard to address together.*

It's also heartening to hear that as well as the surveys, local Healthwatch colleagues have coordinated over 15 focus group sessions across the area with seldom heard people from different equality groups such as those with mental health conditions; dementia and carers, LGBTQ, disability, faith groups and young people. The voice of carers taking part in the focus groups endorses our programme approach that: *'carers need more support to keep them safe and healthy including regular health checks, respite care and flexible appointments to fit round caring responsibilities'.*

The comments received around quicker appointment times are very helpful. This is a fundamental part of the primary care and urgent and emergency care programmes. For example, Yorkshire Ambulance Service NHS Trust (YAS) had been awarded the contract for NHS 111 telephony, call handling and core clinical advice service (referred to as IUC) in Yorkshire and the Humber. This will see an increase in clinical advice and direct booking; clinical validation for emergency department referrals and managing dental calls for children under five.

We will be sharing this eagerly awaited report with all our priority programme leads and asking for their response on how they intend to make best use of the findings in their work plans.

This engagement report will also be discussed at our leadership meetings, including the Clinical Forum; West Yorkshire Association of Acute Trusts (hospitals working together); The Mental Health, Learning Disability and Autism Collaborative; and Joint Committee of the Nine Clinical Commissioning Groups; as well as the Partnership Board which meets in public in September 2019. Members of all leadership groups are keen to read the report and to act on the findings wherever possible.

Key to all of the above is our next steps. I'm sure colleagues working in Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and

Wakefield will find the report very useful when planning any further engagement work needed at a local level as we will for the West Yorkshire and Harrogate priority programmes. The engagement findings are an important part of developing our Five Year Strategy.

One clear theme worth noting is that people want us to work: *‘towards stopping folk getting ill rather than curing illnesses*. This message of preventing ill health, early help and intervention is consistent with the conversations held at the Partnership Board meeting in public in June.

The importance of joining up services for people at a local level in Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield will remain at the heart of local and West Yorkshire and Harrogate Plans. All decisions on services are made as locally and as close to people as possible.

With this firmly in view, our Five Year Strategy (which we hope to publish at the end of the year) will describe how the health and social care workforce of over 100,000 in West Yorkshire and Harrogate is changing to meet the current and future needs of the 2.6 million people living across the area - the approach we will take is in line with the recently published [‘Interim NHS People Plan’](#).

Our strategy will recognise the huge contribution community organisations and volunteers make; and the vital role of the 260,000 unpaid carers who care for family and friend’s day in day out and whose numbers are more than that of the paid workforce. All significant areas mentioned in this helpful engagement report.

As work on the strategy gets under way, ambition must be joined with realism, transformation and sustainability. Framing the ambition around improving people’s health and a new deal with the public offers the best opportunity for the future - having the Healthwatch engagement report to hand will help us develop this further.

People’s comments around self-care, communications, and the personalisation agenda will be well received - for example the [West Yorkshire Cancer Alliance](#) Focus Group said: *‘they wanted communication to be improved between primary and secondary care and time between follow up appointments to be reduced’*.

The wider determinants of health, for example housing, employment and household income are ever present in our Partnership approach and it’s helpful that this is an identified theme in the report.

## Background

In 2018, the government announced that the NHS budget would be increased by £20bn a year. In January, the NHS in England published an ambitious ten-year plan showing how this extra money will be spent.

The plan sets out the areas the NHS wants to make better, including:

- **Improving how the NHS works so that people can get help more easily and closer to home.** This includes, for example, being able to talk to your doctor on your computer or smart phone; access more services via your GP near to where you live; use other community services which could improve your health; and leave hospital without delay when you are well enough.
- **Helping more people to stay well.** This includes things like helping more people to stay a healthy weight or to stop smoking. It covers helping to tackle air pollution and making sure your health isn't worse because of where you live, the services and treatments available and the amount of money you have.
- **Making care better.** The NHS wants to get even better at looking after people with cancer, mental ill health, dementia, lung and heart diseases and learning disabilities such as autism.
- **Investing more money in technology** so that everyone is able to access services using their phone or computer, and so that health professionals can make better, faster decisions.

The NHS hopes that by spending more money on services in the community, and by making sure that care works as well as possible, it can save money overall and ensure people have all the support they need. For more information about the NHS Long Term Plan, visit

<https://www.longtermplan.nhs.uk/>

## Why we did it

West Yorkshire and Harrogate (WYH) Health and Care Partnership were asked to come up with a local plan explaining how the priorities in the NHS Long Term Plan will be delivered in our area, specifically a 5-year strategy. In order to make sure that this plan responds to what local people want, our six local Healthwatch organisations (Leeds, Bradford, Kirklees, Calderdale, Wakefield and North Yorkshire) were commissioned by Healthwatch England to find out local people's views of priorities in the plan. After looking at all the different engagement work that has taken place in our area, the WYH Care Partnership team wanted to hear from

different communities and groups who may not ordinarily get their voice heard, or people with the greatest health inequalities. They also identified that it would be great to know more about what digitalisation and personalisation meant to those different communities.

This report sits alongside two reports that the WYH Care Partnership have also completed. One brings together previous information regarding people's thoughts about digitalisation and personalisation; and the other is an engagement and consultation mapping report which sets out the work that has taken place in the six local areas and at a WY&H level.

## What we did

This piece of work was completed over 8 weeks, between March and May 2019. We gathered people's views using two surveys and speaking with them at 15 focus groups. The surveys were completed face to face during outreach sessions with different groups and services in the West Yorkshire and Harrogate and Craven area, and were also available online. The online surveys were shared and promoted through all of the West Yorkshire and Harrogate and Craven Healthwatch networks and communication channels as well as those of the West Yorkshire and Harrogate Care Partnership.

There was a focus during both the outreach work and the focus groups on reaching different communities and groups of people who may not ordinarily get their voice heard, and who may also experience the greatest health inequalities. We spoke to people in libraries, community centres, children's centres, bus stations, colleges, Gypsy and Traveller sites, markets, hospitals, local events, GP surgeries, faith establishments, luncheon clubs, youth groups and women's centres. For more information about where we ran the focus groups and did outreach, see Appendices 3 and 4.

The general survey was hosted by Healthwatch Leeds (HWL) and adapted by West Yorkshire and North Yorkshire Healthwatch organisations from a generic Healthwatch England national survey. The revised survey was more relevant to local plans and we made it more user-friendly, accessible and simple to complete. It asked what was important to people when it comes to staying well and accessing health services. Part 1 of this report is structured around the questions from this survey which can be found in Appendix 1.

The second survey was hosted by Healthwatch England and asked what the NHS could do differently or better to help people stay well and provide improved support for people with specific long-term conditions. These included cancer, mental health conditions, heart and lung conditions, learning disabilities, autism, dementia and other long-term conditions such as diabetes and arthritis. Part 2 of this report outlines the findings of this survey and the survey questions can be found in Appendix 2.

Promotional materials for the project were arranged by Healthwatch England and adapted to suit our local needs. They were accompanied by Healthwatch England's social media campaign, #whatwouldyoudo.

To ensure we had a good spread of people geographically and in terms of communities of interest, each Healthwatch was asked to identify groups in their local areas. HWL developed the resources and co-ordinated most of the focus groups. The focus groups asked people who wouldn't always have a chance to voice their opinions about their views on digitalisation and personalisation. If a person was unable to attend a focus group or felt uncomfortable in a group setting they had the option of filling in a survey individually. Focus groups lasted no more than an hour each.

Both surveys took around 20-25 minutes to complete. All respondents gave their written consent for Healthwatch and the NHS to use their responses and were reassured about personal details being kept confidential and the content of their answers remaining anonymous.

In total, we engaged with 1806 people. The general survey was completed with 1437 people, 233 completed the Specific Conditions survey and 136 attended the focus groups. To see a breakdown of this by local area, see Appendix 3. Equal opportunities monitoring data for both surveys can be found in Appendices 5 and 6.

It should be noted that there were an additional 47 responses to the Specific Conditions Survey from the Harrogate and Craven (North Yorkshire) area. However, due to timescales in which we received the data for this area we were unable to include the quantitative data in the analysis, although we have included some quotes where appropriate.

## Part 1: Findings - General survey and focus groups

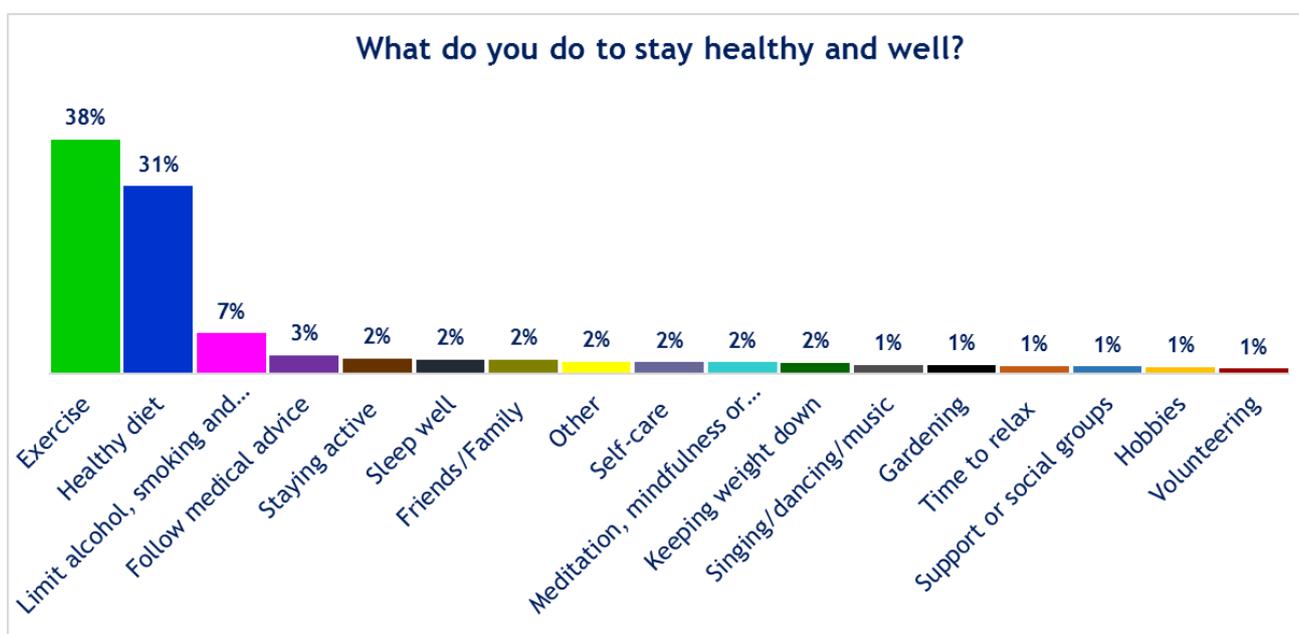
**what**  
**would you do?**  
It's your NHS. Have your say.

### Note about our data

A total of 1437 people completed the general survey and 136 people attended the focus groups. However, it should be noted that not everyone who responded to the survey answered every question and, as a result, the percentages cited under each heading are worked out on the basis of the number of responses to that particular question.

Question 1 asked people to give their permission for us to use their survey responses, and question 2 asked which area people lived in. See Appendix 1 for full details of the questions and Appendix 4 for a breakdown of responses by geographical area.

### Q3. Tell us up to three things you already do to stay healthy and well



This question was asked both in the general survey and in all focus groups. In total there were 3972 individual responses from the survey (people were asked to state up to three things each, resulting in multiple responses).

By far the most common answers were doing some form of exercise (38%) and maintaining a healthy diet (31%). Walking, running and going to the gym were the most common forms of exercise mentioned. ‘Following medical advice’ covered taking medication, having regular check-ups and screening, as well as seeking medical advice when needed. The 78 (2%) responses covered under ‘other’ included, amongst other things, accessing alternative or talking therapies and being in work or education.

### Spotlight on how different cultural groups stay healthy and well

During a focus group attended by 13 people from a **Black Caribbean Elderly group in Bradford District and Craven**, members told us how West Indian food has a good variety of grains and pulses which is good for a healthy diet.

They told us about the things they do to stay well: playing dominoes, singing, dancing, painting and laughing. Participants also told us how they liked to reminisce about the past and enjoyed sharing their stories with young people who sometimes visit their group. One person said about attending the social group, “as soon as I get out of my house my pain is over”.

The 11 men who attended a focus group with **South Asian Men in Bradford District and Craven** told us how they walk to the mosque five times a day and how the physical attributes of the five daily prayers contribute significantly to their physical and mental health. Five participants also told us how attending these social group gatherings reduces loneliness and isolation.

15 people from a **Hindu Faith Group in Leeds** told us how they try to eat healthily and have reduced ghee and other fats traditionally used in Indian cooking. They told us how being part of the community and doing things together brings meaning and joy to their lives. One regular volunteer said *“I feel lonely and isolated at home as my children are married and have left home”*.

### Q4. What could the NHS and its partners do differently to help you stay healthy and well?

In the survey, we asked people to tell us three things that they thought the NHS and its partners could do to help them stay healthy and well. There were 2416 responses in total encompassing a broad range of ideas which are summarised by theme in the table below. The issue was also addressed in the focus groups.

Theme	More detail	Number of responses
<b>Appointments</b>	<ul style="list-style-type: none"> <li>• The main issue was around making it easier to get a GP appointment, including having an easier booking system and more appointments available, and being able to see a GP quicker.</li> <li>• Having an option of longer appointments so that people could fully discuss their issues.</li> <li>• More NHS appointments available at evenings and weekends for working people, as well as more access to telephone and online appointments.</li> </ul>	<p>441 (18%)</p>
<b>Fitness initiatives</b>	<p>People wanted it to be easier and more affordable to get fit. This included having free or subsidised gym membership, exercise classes and swimming. Many people commented that current gyms and other leisure facilities were not affordable and working with local authorities to reduce gym prices was suggested.</p> <p>Other suggestions were:</p> <ul style="list-style-type: none"> <li>• Fitness activities such as walking groups and/or gym equipment based at GP surgeries.</li> <li>• Tailored facilities and classes especially for the elderly, disabled and those with complex conditions.</li> <li>• Personalised exercise plans.</li> <li>• GPs prescribing things like exercise classes to patients was also suggested.</li> </ul> <p><i>“Make it easier to use gyms etc. by making them cheaper and more readily available - don’t have to be great big places in leisure centres or with pools - just some pieces of equipment available indoors all year round and locally.”</i></p>	<p>243 (10%)</p>

	<p><i>“Whole family health activities - e.g. I can’t go to exercise groups or weight loss classes as I have no childcare for my autistic teenager, would be good to have somewhere we can all go together.”</i></p>	
<p><b>Advice on self-care/health promotion</b></p>	<ul style="list-style-type: none"> <li>• Information on self-care and healthy lifestyles both in surgeries and online.</li> <li>• Health advice sessions and talks in the community and in schools.</li> </ul> <p><i>“More awareness for both children and parents of the long-lasting problems from living an unhealthy lifestyle and the benefits of being healthier.”</i></p> <ul style="list-style-type: none"> <li>• Educate people about different conditions and how they can monitor their own health.</li> <li>• Public health campaigns on social media and TV.</li> </ul> <p><i>“A text/email service to remind you what you can do to stay healthy (perhaps an app that links your appointments and medical records).”</i></p>	<p>217 (9%)</p>
<p><b>Health check-ups/screening</b></p>	<p>The majority of people who suggested this wanted regular ‘MOT’ type health checks to be routinely and proactively offered, particularly to the elderly. Some mentioned targeting them at younger people (as well as over 40s) and carers. People also mentioned:</p> <ul style="list-style-type: none"> <li>• Better follow-up after health checks and better sharing of results.</li> <li>• More testing of blood pressure, BMI, heart and lungs.</li> <li>• Younger and older age limits for cancer screening including breast, cervical and bowel cancer.</li> <li>• Having health test drop-ins, more home testing or check-ups by Skype.</li> </ul>	<p>175 (7%)</p>

	<i>“Cancer screening compliance in Bradford city is amongst the worst in England especially bowel cancer at 34 per cent compared to a target of 60 percent and a pilot project aimed at faith and community leaders rather than individuals is needed”</i>	
<b>More resources</b>	<ul style="list-style-type: none"> <li>• This section included more resources and funding generally as well as more doctors, nurses, nurse practitioners and hospital beds. It also included people’s wish for there to be more services available, in particular physiotherapy, one to one support, Well Women clinics, health and wellbeing centres, minor injuries, walk in and urgent care centres.</li> </ul>	142 (6%)
<b>Mental health</b>	<ul style="list-style-type: none"> <li>• Make mental services more accessible for people of all ages.</li> <li>• Reduce waiting times.</li> <li>• Have more access and shorter waiting lists for counselling and therapy.</li> <li>• Make mental health services more appropriate for people with autism.</li> <li>• Invest in mental health awareness (e.g. run mental health first aid courses in schools and communities).</li> </ul> <p><i>“Make it easier for parents of young children to access mental health and wellbeing services for maintenance of their mental health. I've found most services do not provide for parents to take children which makes them very difficult to access whilst breastfeeding a young baby.”</i></p>	130 (5%)
<b>Support or activity groups or classes</b>	A whole variety of groups and activities were suggested as being helpful. These included men’s and women’s health, meditation, mindfulness, relaxation, wellbeing, self-help and lifestyle sessions. Targeted groups for specific people such as the elderly, disabled or those with specific health issues (e.g. people who want to lose weight, stop	116 (5%)

	<p>smoking, improve their mental health, etc.) were suggested. The need for more groups in rural areas was mentioned, as well as groups that met outside of normal working hours.</p> <p><i>“Have a room at the surgery available to self-help support groups.”</i></p> <p><i>“Have more focus/action groups where patients can get together and share experiences and hints and tips”</i></p>	
<b>Healthy eating initiatives</b>	<ul style="list-style-type: none"> <li>• Make healthy eating more cost effective for those on low incomes (e.g. offering vouchers, lobby government to increase taxes on unhealthy food). It is cheaper and easier to eat badly.</li> <li>• More healthy eating/cooking advice through workshops/taster sessions, leaflets in GP surgeries, on TV and social media. Also more education for children in schools and for parents with small children.</li> <li>• Clearer nutritional information on packaging.</li> <li>• Help with providing personalised diet/meal plans (this could be through an app).</li> </ul> <p><i>“It's not the NHS itself, but the benefits are not enough to buy fresh food and vegetables all the time”</i></p>	113 (5%)
<b>Accessibility</b>	<ul style="list-style-type: none"> <li>• People wanted services generally to be easier to access when needed.</li> <li>• Improved access for particular groups was also mentioned including those with autism, ADHD and learning disabilities; asylum seekers and refugees; people from BAME backgrounds and LGBTQ groups.</li> <li>• People wanted interpreting support (including BSL) to be more routinely offered and easier to access.</li> </ul>	94 (4%)

	<ul style="list-style-type: none"> <li>• Making information clear and easy to understand was frequently mentioned.</li> </ul> <p><i>“Make appointment letters understandable instead of NHS speak e.g. my elderly mum doesn't know what 'Endocrinology' means and other terms - this raises anxiety in relation to appointments”</i></p>	
<b>Person-centred care</b>	<ul style="list-style-type: none"> <li>• People said they wanted to be listened to, trusted and taken seriously as experts of their own bodies.</li> <li>• People wanted medical professionals to take a more holistic approach and not see individual symptoms/conditions in isolation.</li> <li>• Carers wanted to be listened to.</li> </ul> <p><i>“Listen to the needs of carers instead of putting obstacles that hinder the care of our loved ones - so increasing stress to carers.”</i></p> <p><i>“See the context of people’s lives and help them to connect to what’s around them.”</i></p>	82 (3%)
<b>Weight management initiatives</b>	<p>People wanted to see a more positive and proactive approach to weight loss rather than “blaming everything on being overweight”. Things they suggested were:</p> <ul style="list-style-type: none"> <li>• More advice on healthy diets and help to lose weight, also tailored to specific conditions.</li> <li>• More access to dieticians and ways to monitor weight (e.g. drop-ins, clinics or groups).</li> <li>• Help with diet plans.</li> <li>• Referral to and helping with the costs of slimming clubs for individuals who need it.</li> </ul> <p><i>“I get told to lose weight but never any support given to do so”</i></p>	73 (3%)

<p><b>Alternatives to medication</b></p>	<ul style="list-style-type: none"> <li>• People didn't just want to be given medication but also other ways of improving their health such as exercise or nutrition.</li> <li>• A lot of people saw social prescribing as a positive and wanted more of this, as well access to other therapies such as talking and alternative therapies to be offered by the NHS.</li> </ul> <p><i>“Offer more information on nutrition or things you can do to help a condition rather than just medication”</i></p>	<p>61 (3%)</p>
<p><b>Joined up care/continuity of care</b></p>	<ul style="list-style-type: none"> <li>• Some people wanted to see the same GP or nurse (suggestions of having a named nurse were made), so that they could develop a relationship and didn't have to explain their issues again and again.</li> <li>• Some people suggested one point of contact or a specialist centre for all long term conditions, not just some (e.g. Crohn's nurse).</li> <li>• People wanted specialists and GPs to be better at talking to each other.</li> <li>• Health and social care to work closer together.</li> </ul> <p><i>“More joined up thinking between departments. E.g.: we have different consultants for each condition with one not being aware of the other.”</i></p>	<p>61 (3%)</p>
<p><b>More focus on prevention</b></p>	<p>People wanted to see more investment in prevention generally, rather than treatment of conditions which could have been prevented.</p> <p><i>“Work towards stopping folk getting ill rather than curing illnesses”</i></p>	<p>43 (2%)</p>
<p><b>Reduce waiting times</b></p>	<p>This was mainly about making referrals to specialists easier and quicker, but also reducing waiting times specifically for</p>	<p>35 (1%)</p>

	<p>physiotherapy; mental health; ear, nose and throat; and dermatology services. People also mentioned wanting diagnoses to be made quicker.</p>	
<p><b>Links to local groups</b></p>	<ul style="list-style-type: none"> <li>• People felt that knowledge of what is available in local communities could be better and help signpost patients more effectively.</li> <li>• More funding of community groups and centres to provide health-related initiatives, particularly for those on low incomes.</li> <li>• Use volunteers to give advice and support on particular conditions.</li> </ul> <p><i>“Train more people in community organisations, so that they can help with low level mental and physical health conditions at a fraction of the cost, they also have shorter waiting lists, are easily accessible as they are locally based and have good knowledge about the local population”</i></p> <p><i>“Have partnership work e.g.: in library or supermarket”</i></p> <p><i>“Allow NHS staff to visit community groups so they understand how they work”</i></p>	<p>34 (1%)</p>
<p><b>Improve support for long-term conditions</b></p>	<p>People said they wanted better support generally for long-term conditions. This included:</p> <ul style="list-style-type: none"> <li>• Regular access to GP and specialist medical professionals with understanding of particular long-term conditions.</li> <li>• Free prescriptions for all those with long-term conditions.</li> </ul> <p><i>“Make access to medical services easier and quicker if you have long-term health conditions”</i></p>	<p>33 (1%)</p>

	<i>“It would be good to be able to have direct contact with my specialists if there is a problem between appointments”</i>	
<b>Communication</b>	<p>Better communication between staff and patients was mentioned. More specifically, people wanted:</p> <ul style="list-style-type: none"> <li>• To be kept updated about why waiting times are long, or appointments have been cancelled.</li> <li>• Better communication of referral routes and waiting times.</li> <li>• Better use of email, text and social media. For example, appointment notes could be emailed to patients rather than sent by letter.</li> </ul>	32 (1%)
<b>Better Systems</b>	<p>This was mainly around having more efficient systems, and less unnecessary paperwork so that professionals can spend more time with patients.</p> <ul style="list-style-type: none"> <li>• Better organised clinics so that appointments aren’t cancelled at the last minute.</li> <li>• Better use of IT and electronic records.</li> </ul> <p><i>“To have all trusts having the same computer systems or ones that talk to each other”</i></p>	31 (1%)
<b>Transport</b>	<ul style="list-style-type: none"> <li>• Improve transport links to main hospitals.</li> <li>• Invest in public transport and improve cycle and pedestrian infrastructure (e.g. cycle lanes, etc.) to help combat pollution.</li> <li>• Provide patient transport to GP appointments.</li> <li>• Provide access bus to support groups.</li> <li>• Public transport concessions for all retired people.</li> </ul> <p><i>“Work with local councils and bus companies, etc. to ensure that people can and do use public transport to get to hospital”</i></p>	29 (1%)

<p><b>Improve support for carers</b></p>	<p>People felt that carers needed more support to keep them safe and healthy including:</p> <ul style="list-style-type: none"> <li>• Clarity and choice of options available to them.</li> <li>• Regular health checks.</li> <li>• Respite care.</li> <li>• Flexible appointments to fit round caring responsibilities.</li> <li>• Ensure people get the care they need to reduce burden on carers.</li> </ul> <p><i>“Support for family/carers’ mental health when one member has long-term health condition”</i></p>	<p>27 (1%)</p>
<p><b>More localised care</b></p>	<ul style="list-style-type: none"> <li>• People want to see more services ‘closer to home’ including more specialist hospital services available in community hubs. This is particularly an issue for people with complex health conditions who have to travel to hospital for multiple appointments.</li> </ul>	<p>27 (1%)</p>
<p><b>Prescriptions</b></p>	<ul style="list-style-type: none"> <li>• Free or cheaper prescriptions.</li> <li>• Make it easier to order prescriptions online.</li> <li>• Less wastage on prescriptions.</li> </ul> <p><i>“GPs to be stricter and smarter prescriptions, e.g. addressing concerns with patients, and not ending up with medicine you don't need”</i></p>	<p>25 (1%)</p>
<p><b>NHS dentists</b></p>	<ul style="list-style-type: none"> <li>• People want more NHS dental places as there is a current shortage in some areas.</li> <li>• Reduce dental costs for those on low income, as the cost of dental care means that people don't seek treatment when they need it.</li> </ul> <p><i>“Extend free dental care to those with incomes below £18,000”</i></p>	<p>24 (1%)</p>
<p><b>Patient responsibility</b></p>	<p>Some people felt that everyone needs to take more responsibility for their own health and be educated about this. People also felt there should be greater awareness and responsibility taken for not using services</p>	<p>20 (1%)</p>

	<p>unnecessarily. People should be made aware of the costs to and impact on the NHS of not attending appointments, etc.</p> <p><i>“There is a lot of information already available, we should help ourselves to find it. Not be wholly dependent on NHS”</i></p> <p><i>“Educate everybody about when to use the doctor, when to use A&amp;E and when to stay at home and recover”</i></p>	
<b>Improve support for elderly</b>	<ul style="list-style-type: none"> <li>• More things for older people to do to reduce isolation.</li> <li>• More access to home visits and care at home.</li> <li>• More access to information about exercise and exercise classes for older people (also in different formats, not all online).</li> <li>• Regular health checks for older people.</li> <li>• Weekly visits for elderly people living alone.</li> </ul>	19 (1%)
<b>Stop privatisation</b>	<p>Stop privatisation and keep the health service free.</p> <p><i>“Take out profit motive to optimise resource allocation to focus on health needs.”</i></p>	14 (1%)
<b>Other</b>	In this section people talked about increased awareness of services available, more compassionate attitudes, better online services and parking at NHS services.	75 (3%)
<b>Total</b>		<b>2416 (100%)</b>

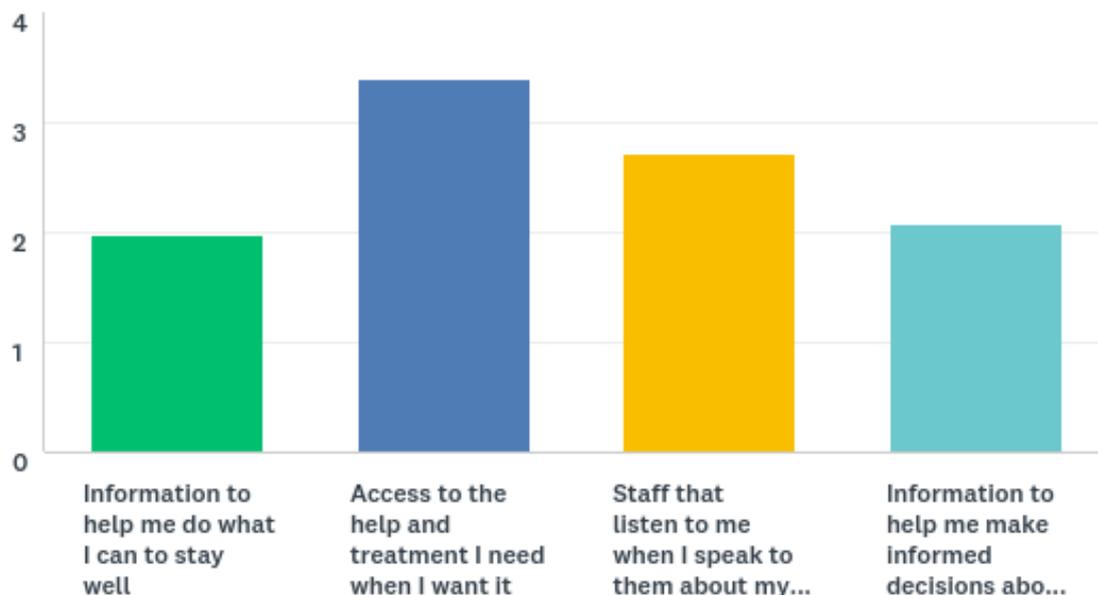
### Q5. What is most important to you in relation to health services?

We asked people which of the following were most important to help them live a healthy life:

- Information to help me do what I can to stay well
- Access to health and treatment I need when I want it
- Staff that listen to me when I speak to them about my concerns
- Information to help me make informed decisions about my health and care

The graph below shows that all of these were important to people, but that access to help and treatment when needed was the most important, followed by staff that listen.

When it comes to health services, what is most important to you, to help you live a healthy life? Score 1-4 with 1 being the most important

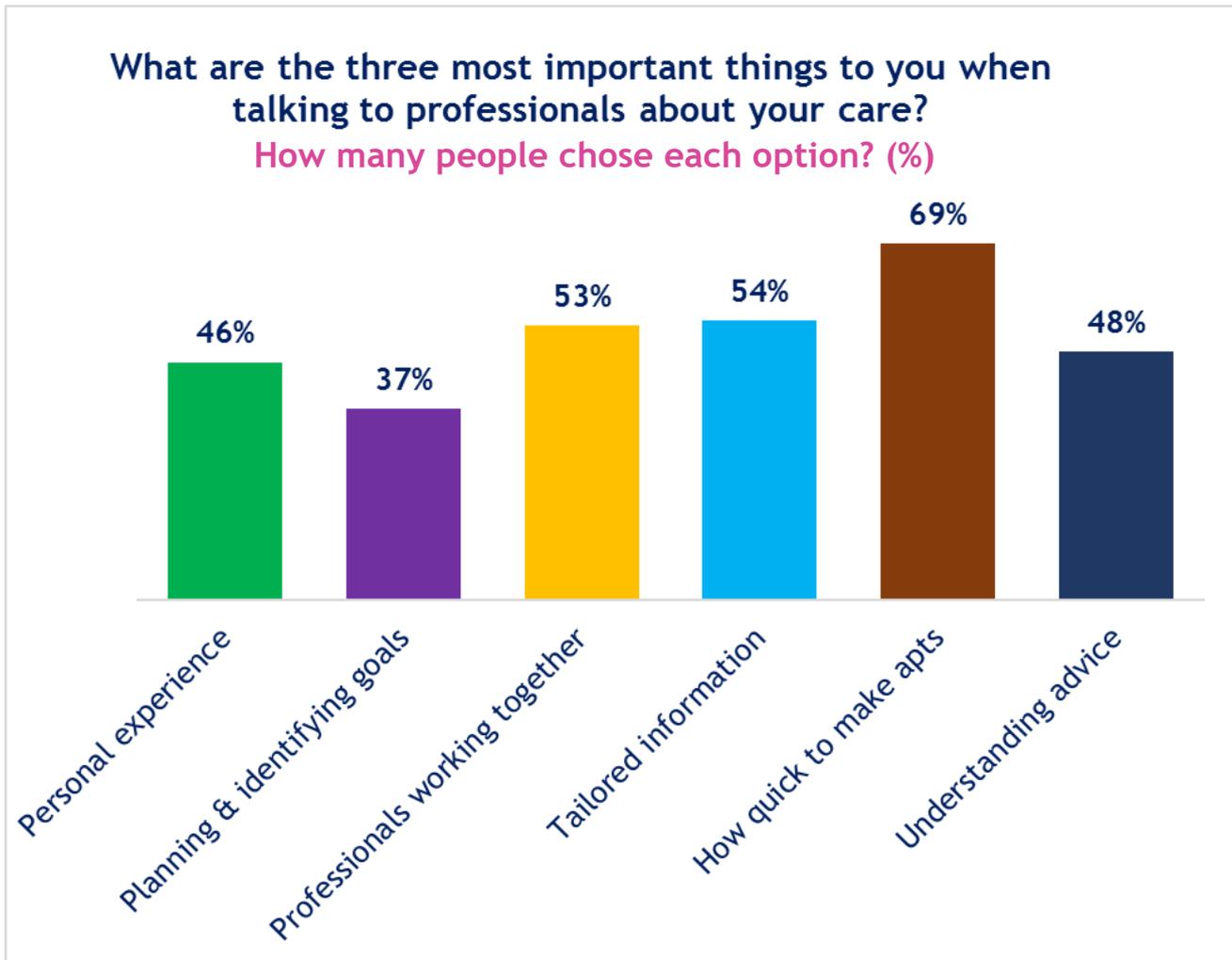


**Q6. What are the three most important things to you when talking to health professionals about your care?**

1405 people responded to this question. They were given the following options to choose from:

- That my personal experience and expertise is valued and recognised
- That I am involved in planning and identifying my own goals, not just about my healthcare but about my life in general
- For services and professionals to work together and share information in providing care and support
- That the information I receive is tailored to my individual needs
- How quickly I can make an appointment or have chance to talk with them
- That I understand what they are advising me to do and I can go away and be confident that I am doing the right thing

The chart below shows that all of these things were important but that the speed with which people could make an appointment was the most important overall, with 69% (969 people) choosing this option.



People were also given the opportunity to suggest anything else that was important to them when talking to professionals about their care. 320 people made comments, some mentioning more than one issue.

The following themes could be identified from the comments:

Theme	No. of times mentioned in comments
Communication	185
Having more time in appointments	59
Service users' interactions with health professionals being systematically documented	28
Joined-up services	24
Holistic treatment	24
Ease of access to services	20
A culture of openness	11
Disability-related issues	10
Consistently seeing the same professional	10
Other (including interpreting provision, issues faced by carers, prevention and personal responsibility and signposting to other services)	37

### Spotlight on Communication

While speed of making appointments was the multiple-choice option cited by the largest number of people (see above), communication was, by a long distance, cited the most frequently in the comments, with nearly 59% of all responses touching on it.

Good communication means different things to different people:

- 79 people said they wanted to feel that they have been listened to.
- For some people, an important part of being listened to is for professionals to take their assessments of their own health and bodies seriously.
- Some emphasised the importance of people being spoken to as individuals.
- Others cited the importance of eye contact and of professionals looking at them rather than a computer screen.
- Some people told us they wanted to be treated respectfully and without any judgements being made about their lifestyle.
- In terms of the level of information patients want to receive, health professionals clearly have a difficult balance to maintain: while a small number of people expressed their dissatisfaction at being “spoken down to”, others complained of being spoken to in inaccessible, sometimes specialist terms that they did not understand.

## What do the comments tell us about the ideal patient journey?

Here are some of the comments most commonly made by respondents. We have used them to imagine what their ideal appointment journey would be.

Step	Comment	The ideal patient journey
1	<i>“That the GP has read ‘all about me’ before I go into the surgery to see them, and if not that, at least the referral from the consultant before I go into the surgery”</i>	Before the appointment, the professional reads the patient’s notes.
2	<i>“That they explain things and not use funny words/jargon”</i>  <i>“Don’t treat me like an idiot”</i>	When the patient enters the consultation room, the professional introduces him or herself and invites the patient to ask for a clearer explanation if they don’t understand anything during the appointment. The professional understands that different people want to be communicated with in different ways.
3	<i>“Health professional should listen and make eye contact, not just look at their computer and issue a prescription”</i>  <i>“That they listen, and are not rushing you out of the door because your 10 minutes are up”</i>	The professional makes eye contact with the patient and actively listens to their issue, keeping their computer use to a minimum, and giving them the time they need to explain their assessment of their own health.
4	<i>“A printed copy of agreed care and support plan with timescales”</i>	Once the appointment is over, the professional documents it. This information is then provided for the patient in hard copy or online, according to patient preference.

## Spotlight on carers

7 people told us about how they could be better supported in their role as a carer for a loved one. Here are some of their comments:

*“I would like the GP to recognise my role and there seems to be this notion that the community or relative will help, but what about my/our help”*

*“If you want to use carers/relatives as a resource to save money then look after them too and reward them in different ways so they could keep healthy too”*

*“Listen to carers, especially because people with mental health issues say that they are fine when the carer is doing a lot for them”*

People at a focus groups for older black Caribbean residents of Bradford and people with mental health conditions and their carers in Kirklees said that health professionals should involve carers more, and that they felt ‘invisible’ in their role as carer.

## Spotlight on hearing impairments and medical appointments

5 people responded to our survey to tell us how their hearing impairment made it harder for them to interact with health professionals. Some of their suggestions include:

*“Understand how difficult it is for patients who wear hearing aids to grasp all that is said”*

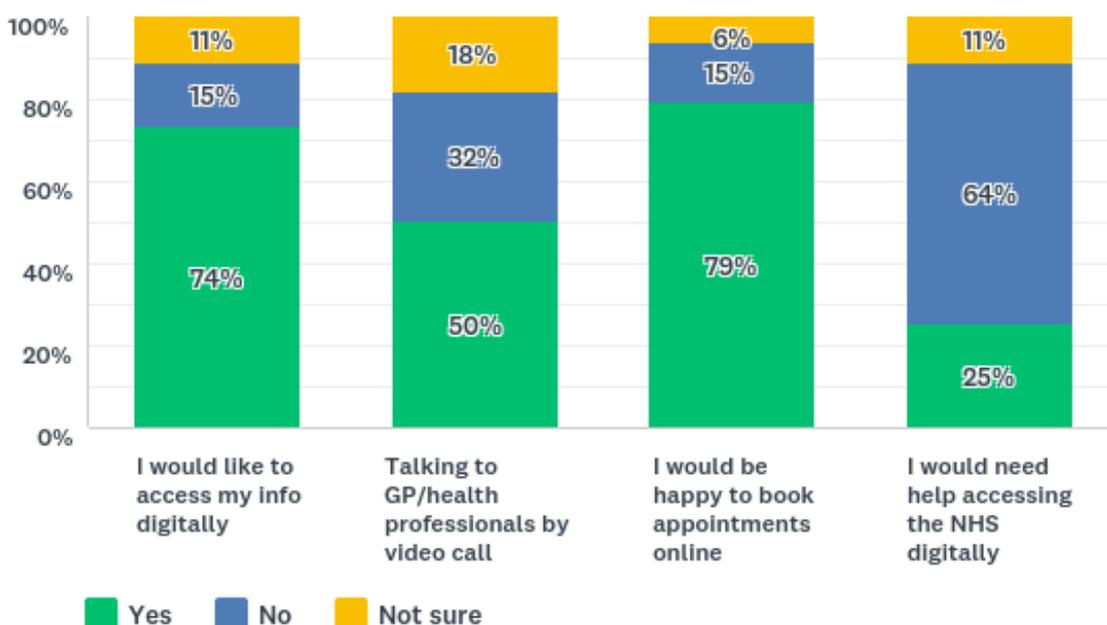
*“Make eye contact throughout the appointment! Especially for people who are hard of hearing - elderly people often say they have understood what has been said because they do not wish to appear stupid”*

*“Have interpreting services for the deaf”*

Providing an interpreter was also suggested by attendees at a focus group attended by deaf people in Wakefield. They said health professionals could be clearer about a person’s condition. Some people with impaired hearing know for example that they have a problem with their heart, but do not know what the condition is called.

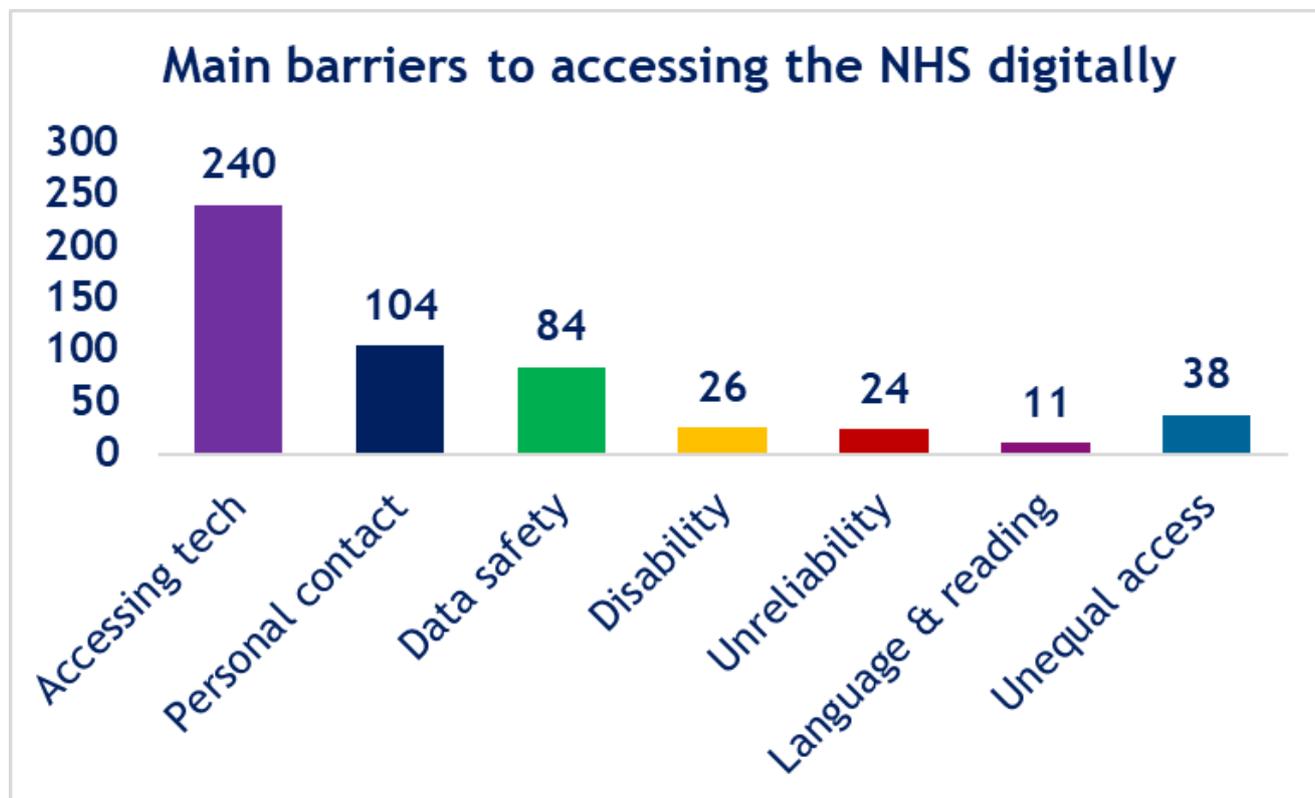
An attendee at a focus group for people with dementia and their carers in Calderdale said they would like the health professional to sit closer so the patient could understand what is being said: *“my father is totally deaf and they talk to him as if he can hear. I think that is totally disrespectful”*.

**Q7. The NHS wants to work more digitally, offering more services online such as accessing your health records or having video calls with your GP or health staff.**



While a majority of respondents are in favour of accessing the NHS digitally (see chart above), more than 500 people (41% of respondents) told us about why they, or others they know, would not use online services.

The key themes from their answers are detailed below.



### Difficulties accessing technology

This was the factor most frequently suggested by respondents. The 240 people who cited this gave several reasons why people might not have the tools or skills to access NHS digital services:

- **Not having a compatible device or internet access:** 102 respondents pointed out that not everyone has a computer, mobile phone or internet access. Some expressed concerns that not all services will be compatible with the mobile devices they rely on to access the internet. Those who do not have home internet or whose home internet is poor (if, for example, they live in a rural area) are obliged to access digital services in public spaces such as libraries. Others may not have their own device and have to use a public computer. They might therefore feel less safe accessing digital health services. *“I would not like to try book an appointment using a PC in a library; not open all the time, not private enough and no good if you are not well.”*
- **Lack of skills and confidence:** 94 people viewed a lack of computer skills and digital confidence as a potential barrier to accessing online

## Spotlight on Digitalisation Focus Groups

At our 15 focus groups, we took some time to discuss digitalisation. Multiple issues were covered each time, but the table below provides a snapshot of attendees' thoughts and experiences.

Focus Group	Example comment
South Asian Men's Group (Bradford District and Craven)	A fear of using computers and learning at an older age represent significant barriers.
Black Caribbean Elderly (Bradford District and Craven)	Internet-related costs are far too expensive - subsidies should be provided.
People with Dementia and their Carers (Calderdale)	Passwords often seem to be faulty and a third of the group prefer face-to-face contact.
Young Volunteers (Calderdale)	All 7 participants are happy to use digital services.
Residents Group for Older People (Calderdale)	Although attendees are prepared to learn how to use digital services, they have no one to teach them.
Parents of Children with Disabilities (Calderdale)	The NHS needs systems that communicate with one another and share data, especially when people are referred out-of-area.
People Living with Mental Health Conditions and their Carers (Kirklees)	Signing up for online services is very difficult and there is a real fear of data breaches.
Hindu Faith Group (Leeds)	GPs should provide translated instructions for people whose first language isn't English.
YouthWatch (Leeds)	Two participants have found mindfulness apps helpful and a good way of saving their own and their doctor's time.
LGBTQ (Leeds)	Most of the attendees work full-time so find online services a handy time-saver.
People with Sight Loss (Leeds)	<b>"There can be a lack of personal connection and digital devices can be too regimented. They offer only check box advice, not advice tailored to me."</b> For more information on what this group had to say, see <a href="#">Spotlight on Sensory impairment and digital services (p.38)</a> .
Working Age People (Wakefield)	Attendees said that information-sharing between NHS departments does not work well, so they have had to repeat themselves over and over again. They said this not only wasted NHS time but was potentially dangerous.
Deaf Group (Wakefield)	SystemOne is useful for prescriptions and the sign-in screen at the GP surgery is good - so long as it is working. For more information on what this group had to say, see <a href="#">Spotlight on Sensory impairment and digital services (p.38)</a> .
People Living with Mental Health Conditions (North Yorkshire)	Of the 8 participants, 7 said they found online services too stressful to use and 3 reported that living in a rural area made it hard to get a good internet connection.
Cancer Alliance (West Yorkshire)	Attendees said that not enough GPs were offering video calls and that patients who wanted them should be able to get appointment letters, clinical reports and so on digitally.

## Spotlight on Digital services: BAME groups

*“I don’t mind learning but could do with some support”*

Just over 25% of people told us that they would need help to access the NHS digitally. This figure was much higher for BAME communities, with a lack of skills and confidence and access to the internet being the main barriers cited. The survey data showed that 42% of BAME respondents said they would need help accessing the NHS digitally, compared to 25% respondents overall.

A Bradford-based South Asian Men’s Group said their fear of computers and learning at an older age represented a significant barrier to them.

At our focus group with a Hindu Faith Group in Leeds, people talked about how GP surgeries could run workshops on how to use online services and provide instructions for people whose first language is not English. 3 of the 13 people who came to our focus group with older black Caribbean people living in the Bradford district said they were already using online services, with the remainder claiming they would love to learn - but the cost of internet access was a barrier and should be subsidised.

## Preference for Personal Contact

104 people stated that a preference for personal, one-to-one contact might make them or others less likely to access digital services. There was an aversion to *“impersonal”* services and *“machine contact”*.

*“[It’s] too impersonal. I like to communicate with a real person”*

*“I want to speak to my GP, not a screen”*

A number of respondents felt that digital services would be a poor substitute for a person-centred doctor-patient relationship. A few also expressed concern that using digital services would entail them seeing a different health professional every time, instead of building up a rapport with one.

*“I have some concerns about how the use of digital changes the culture of the NHS - good bedside manner can already feel like a scant resource - how does reducing one-to-one interaction encourage professionals to respond with compassion?”*

Some respondents said they felt that communication was clearer, easier and less stressful in person. This was an area of particular concern for people living with mental illness or learning disabilities.

*“[I’m] not sure about video calls - [I] might not remember to ask the right questions that I would perhaps feel more relaxed to ask if the consultation was in person”*

*“I suffer from Irlens syndrome and dyslexia so my comprehension and understanding of things can sometimes be misunderstood. I prefer a person so I can clarify rather than getting upset that I have misunderstood”*

*“[Because of my] mental health [I feel] more pressure and fear. I need to talk one-on-one”*

A small number of respondents worry that digital services would feel less private.

Respondents sometimes felt digital services could lead to lower quality care. Some felt that health professionals accessed digitally would be able to offer a less holistic service, and potentially miss symptoms which may be more apparent through face-to-face contact.

*“So much communication is non-verbal. Lots is lost via video”*

*“This is not an appropriate way for a healthcare professional to assess and triage patients, nor how they have been trained to do so. If professionals cannot carry out basic assessments such as vital signs it undermines training and knowledge and will ultimately lead to misdiagnosis.”*

*“Digital services break down human contact which can be used to identify issues such as mental illness”*

Some queried whether digital services would slow down their access to treatment and a few respondents were concerned that digital channels would lead to a de-professionalisation of NHS care.

*“Any need for physical examination would mean another appointment and drawing out the process”*

*“When it comes to my health I want to see and be seen by a professional”*

It is also worth noting that not everyone with tech skills wants to use them to access the NHS.

*“I’m young and tech savvy but there is so much to be said for human connection. I have a good relationship with my GP and I want to continue to see her in person”*

*“Not personal enough, I work on a computer all day at work and the last thing I want in my free time when I am not feeling well is to access technology, coals to Newcastle!”*

*“I am already having to go online for everything - banking, utilities, booking a holiday, getting information from school about my child's education etc., I would rather speak on the phone or face-to-face to a human about my health”*

Some people are happy to access certain services online, but not others. 18 respondents said their level of comfort with digital services depended on what they wanted to do (for example, simply book an appointment rather than have a consultation) or on the type of condition they wanted care for.

*“I would prefer to speak to my doctor in person but anything else I don't object to doing digitally”*

*“If this was for mental health concerns, I would not like to use a digital route. It may reinforce isolation”*

*“In many situations it is important for a doctor to see and examine a patient, however, there are some situations where a video call would be appropriate (e.g. review of a chronic and currently stable condition)”*

### Data Safety Concerns

84 people said that data safety concerns would deter them from accessing digital services.

While most respondents cited hacking as their main worry, fears were occasionally expressed about personal information being released accidentally or shared with bodies such as the DWP, or about digital services making service users more vulnerable to scammers.

*“I worry about security and being scammed by someone or a site pretending to be the official one”*

*“The system could get hacked then my information would be exposed”*

### Concerns around increasingly unequal access to the NHS

38 respondents expressed worries that digitalisation would leave certain sections of the population behind, including some vulnerable groups such as older or homeless people. People who gave this response sometimes commented that digital services should be just one option out of many, rather than being imposed on service users.

*“I would not want them if it gave me an unfair advantage over others - I worry digital healthcare will widen inequality”*

*“Worried that older people cannot always use technology so can be waiting longer to access appointments on telephone as they are already booked by others using technology”*

*“I would urge you to take in to consideration to the fact that many of today's online systems are only compatible with high end technology such as Apple, Microsoft, Google products etc., which gives an obvious advantage to the more privileged in society, creating further barriers for those most vulnerable.”*

*“Not EVERYTHING has to be online, and if it is it should be because that is YOUR choice at that time, not because it is forced upon you, as it often is”*

## Spotlight on Internet access and inequality

Some members of our society currently have less access to the internet than others. They include:

- Older people
- People with low or no income
- The homeless
- People with limited reading or English skills
- People who find computer use daunting due to mental health conditions or learning disabilities or difficulties
- People with sensory impairments
- People with limited movement in their hands (due to arthritis, for example)

People with disabilities were less likely than survey respondents as a whole to want to access all aspects of digital services (61% compared to 71%) and more likely to say they would need assistance to do so (35% compared to 19%). People with mobility or sensory impairments were the least likely to say they were ready to use digital services (55% and 49% respectively).

As a general rule, the older people get, the less likely they are to want to access digital services and the more likely they are to require assistance to do so. 75% of people aged 11 to 24 said they would access digital services; 73% of people aged 25 to 64; and 51% of people aged 65+. 17% of 11 to 24-year-olds said they would need help; 22% of 25 to 64-year-olds; and 38% of people aged 65+.

The attendees at a focus group for [older people in Calderdale](#) said that, while they cannot afford a smartphone or computer and currently have no one to show them how to use one, they would be prepared to learn how to use digital services.

Some of the 38 people who expressed concerns about increasingly unequal access to the NHS feared that an increase in digital services would correspond to a decrease in face-to-face services.

*“I am concerned that introducing GP video consultations may make it more difficult to see a GP face-to-face”*

*“Digital should be an enhancement to services not a replacement for it”*

A smaller number of people felt that some service users will use their digital skills to advantage themselves over others (in other words, they will

“*game the system*”) or that more appointments will be wasted by people booking online.”

“*It furthers people who don't need to see a GP that day booking appointments they don't need.*”

“*I would be afraid of wasting appointments*”

## Disability

26 people said their disability was a barrier to accessing digital services, citing, among other conditions, visual and hearing impairments, arthritis, dyslexia, autism and the effects of stroke and brain damage as limiting factors.

### Spotlight on sensory impairment and digital services

11 of the people we surveyed told us about how sight loss affected their experience of digital services. 8 of these said their visual impairment influenced their choice not to use digital services; a further 2 noted how the services' font size was too small for them; and 1 respondent said they had been helped by a specialist organisation to get online.

We also held a focus group with 6 people living with sight loss in Leeds. While some found the services easy to use and pointed out that “*fully accessible and multilingual digital services in A&E and GP surgeries can be helpful*”, they also said people with limited sight needed online platforms to be as simple as possible. One person said that “*I fear that this will become a two-tiered service, you will get quicker service if you can access it digitally*”.

Digital services also need to be carefully managed to ensure that they are equally accessible to people with hearing impairments. Three people said that their hearing impairment made them less likely to try digital services, commenting that there would need to be special provision for people with limited hearing if video calls were rolled out (especially bearing in mind that not all deaf people are signers). At a focus group with 7 deaf people in Wakefield, for example, the participants discussed how it can be difficult to rely on text type services for long periods of time.

### Lack of trust in IT systems' reliability

24 people said that their belief that digital services are unreliable would make them less likely to access the NHS online.

*"I would want to make sure appointments were booked properly"*

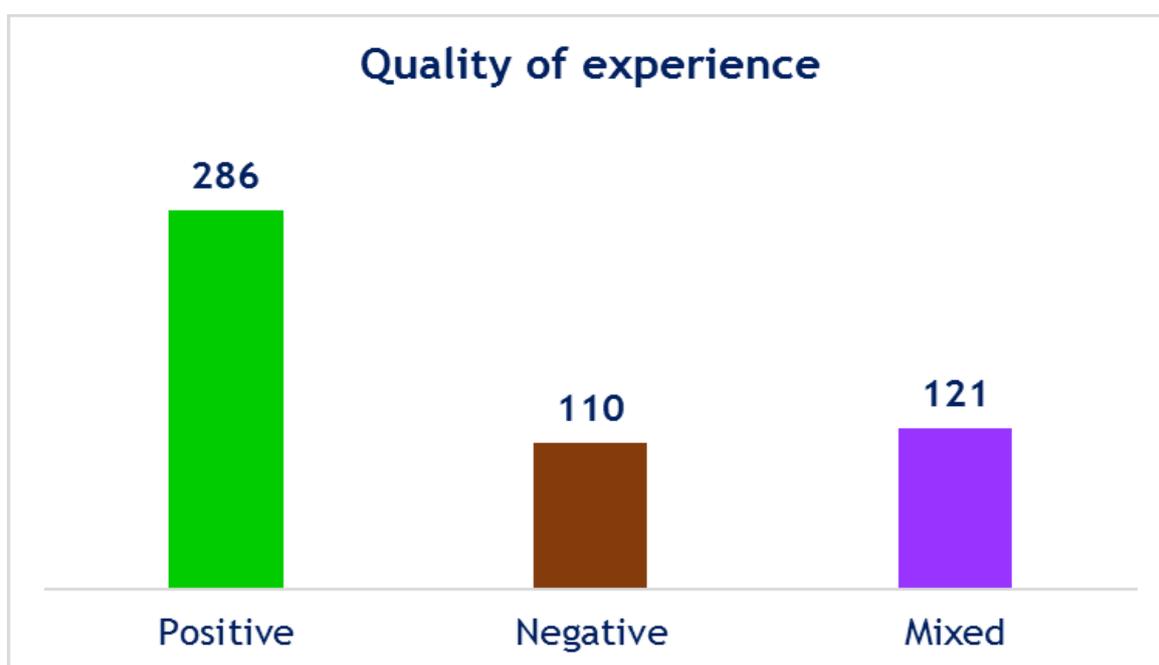
*"Most of the time it doesn't work"*

### Language and Reading Skills

11 people said their lack of English language and literacy skills would make it impossible for them to access online services independently.

### Q8: If you are already using NHS digital services, can you tell us about your experiences?

517 people told us about their experience of using NHS digital services. Just over half (55%, 286 people) said they had positive experiences of using digital services, 121 (24%) said they'd had mixed experiences, and 110 (21%) negative experiences.



492 (95%) people told us that they use digital services to access services for themselves, whilst 17 said they use them for someone else. 7 people told us that someone uses online services on their behalf and one person said they used online services in a professional capacity.

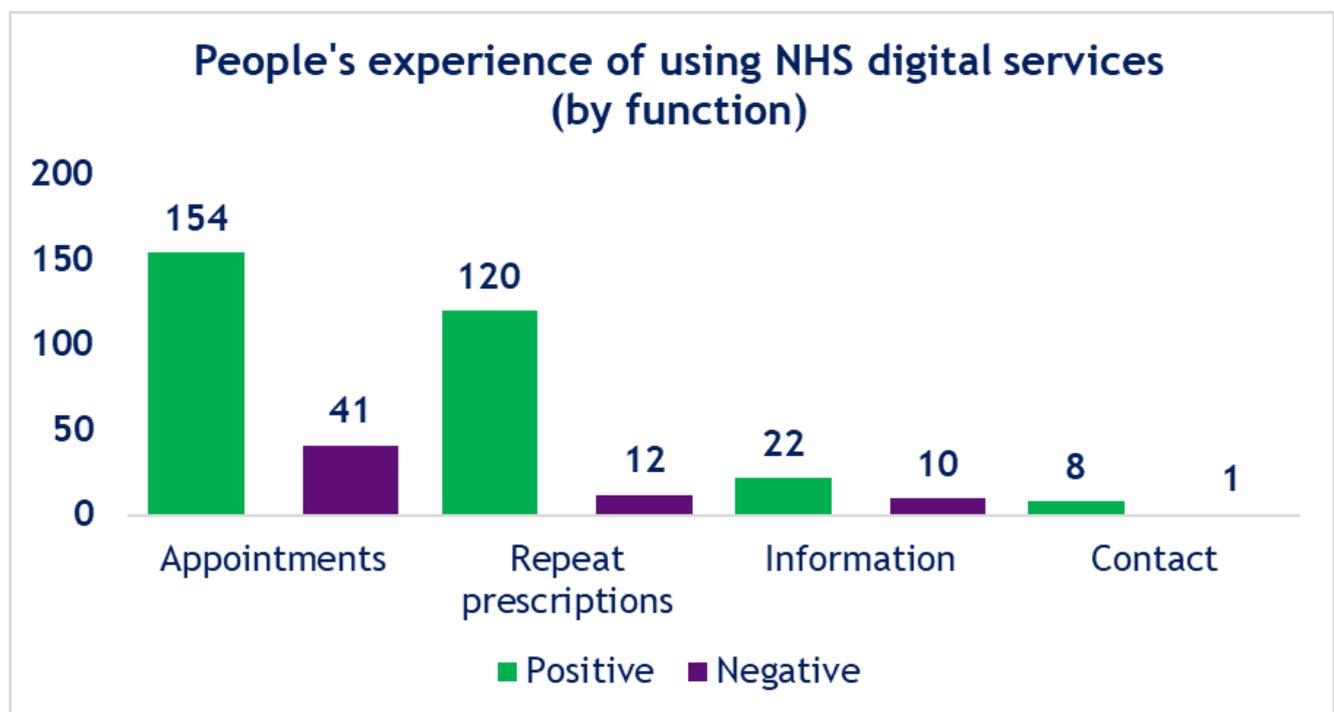
Of the 17 people who said they used digital services on behalf of someone else, 11 (65%) reported having a mixed or negative experience. This was

higher than the corresponding figure reported by direct users (45%). Carers' comments indicated this was because they were more likely to have encountered problems getting the right permissions to access digital services on another person's behalf.

### What are people using digital services for?

Our findings reveal that people are using digital services for four main functions:

- Booking appointments
- Ordering repeat prescriptions
- Finding information
- Making contact with health professionals



While appointment booking is the most commonly used function, it is not proportionally the most appreciated service.

Function	% negative	Chance of having a positive experience vs a negative experience
Repeat prescriptions	10%	10 times more likely to have a positive experience
Contact	12.5%	8 times more likely to have a positive experience
Appointment booking	26.6%	3.75 times more likely to have a positive experience
Information	45.4%	2.2 times more likely to have a positive experience

While users are likely to have a good experience of all services, they are most likely to have found ordering a repeat prescription online helpful and least likely to have found information services helpful. However, information services are accessed by a significantly smaller number of people. From the data we were able to collect, it is not possible to discern whether fewer people are using information (and contact) functions because they find them less attractive or because they are simply not offered. There is some evidence that users would like to see more information functions provided (see section below).

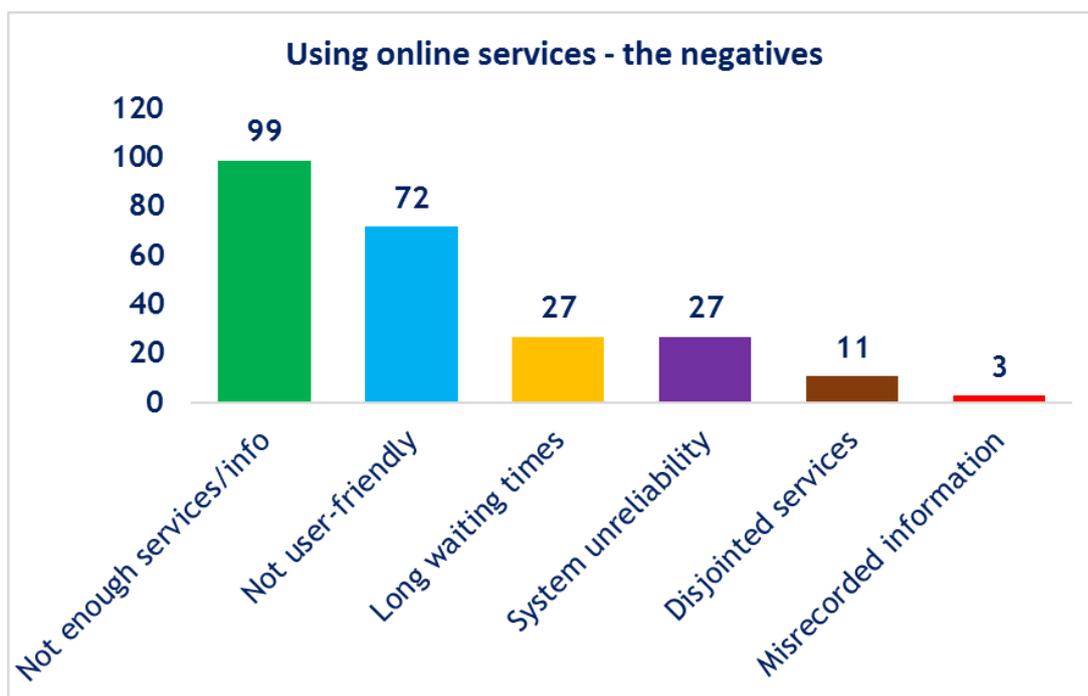
When we compare the frequency with which the function is used against the likeliness of having a bad experience of it, it is clear that more users would see their experience improved by changes to appointment booking functions than to any other area.

### What is working well?

The two most commonly cited reasons why people found online services useful were that they were convenient or efficient and that they were easy to use. A smaller proportion said that online services gave them more options or made them feel more informed and in control of their own healthcare. A small number of respondents (fewer than 10) said that their mental health or other condition made it difficult for them to use the phone, for example, so online services improved their access to healthcare.

### What doesn't work well?

The most common reasons people gave for not finding online services useful are detailed below.



### There are not enough services or information (42%)

This was the most commonly cited problem. Comments reveal that online services simply did not enable them to do the things they wanted to, such as booking appointments (the most frequent issue) or consulting their medical records.

While many appreciated the convenience of an online booking service, they did not feel that it made up for a scarcity of appointments. Some found themselves ultimately contacting their surgery via a standard channel, resulting in online services actually making their experience more long-winded than it otherwise would have been.

*“I rarely book appointments online because there are never appointments available”*

*“Mostly OK except that 'Choose and Book' often shows that no appointments are available, yet a phone call proves otherwise”*

*“It's OK but you still have to talk to the reception staff”*

*“Online appointment booking is okay as long as you stay up till midnight when the appointments are updated”*

Some have been disappointed with the lack of information and detail they are able to access online.

*“I feel you should be able to access all your records as they are all about you”*

*“It's great but needs to include more things such as test results”*

*“I have accessed my results, but only results acquired since I was granted access - no historical data to compare”*

*“Very limited information on my personal records - would have liked more from my medical history and explanation of what results meant”*

### The services are not user-friendly enough (30%)

Nearly a third of those with negative experiences felt that online services were offputtingly complicated to use or inefficient.

*“System online to order prescriptions is a nightmare, if you press the back button, it cancels the order”*

*“Interface was amateurish and processing slow. Also, staff in hospitals often seem unaware of their own web services, or give contradictory information”*

Passwords were a particular issue and some users felt that the initial access authorisation process was excessive, involving going in person to the GP surgery with identification to get passwords reset.

*“Annoying log on. Cumbersome usernames and passwords cannot be modified by user”*

*“I tried to use System Online but I had difficulty logging on and now I have lost that option. Getting a password requires me to go to the GP surgery and I work and cannot get there”*

*“I only use it occasionally and the system (and thus log in / passwords etc.) seem to be new / different every time”*

A very small number of users note that the font size on websites was too small.

### **Online appointment waiting times are too long (11%)**

27 people commented that it was not possible to book urgent ‘on the day’ appointments online and that this would be a welcome option.

*“Fine if I want to book an appointment in several weeks’ time (for a meds review etc.) but no use to get an appointment if you are actually unwell.”*

### **System unreliability (11%)**

People made comments about online actions not being processed (e.g.: ordering prescriptions which then weren’t actioned), or not getting confirmations when carrying out online activity. There were also comments about problems with websites not working or crashing.

*“I book appointments online, but one recently didn't go through. When I went for the appointment, I didn't actually have one, same with prescriptions, I ordered online but when I went to collect it hadn't gone through.”*

### **Services are too disjointed (5%)**

People noted that systems in different areas didn’t talk to each other and that they would like to see more joined-up systems.

*“Cancer care is started in Bradford and carried out in Leeds and your systems don't talk to each other”*

*“There are too many different initiatives... SystmOne, Evergreen, NHS app... what about one thing that does everything? Digital is supposed to be convenient... I struggle to know where to go for what and I’m tech savvy.”*

## Mis-recorded information (1%)

Three people were put off using online services when they saw information about their healthcare had been incorrectly recorded.

### Spotlight on mental health conditions and digital services

Some people living with mental health conditions prefer to use online services over others, while others avoid using them altogether.

Four people told us that their mental health condition and the “*pressure and fear*” that comes with it made them less likely to access digital services, with one person concerned they might reinforce isolation. On the other hand, two people told us that online services enabled them to avoid the stress and anxiety of talking on the phone or face-to-face.

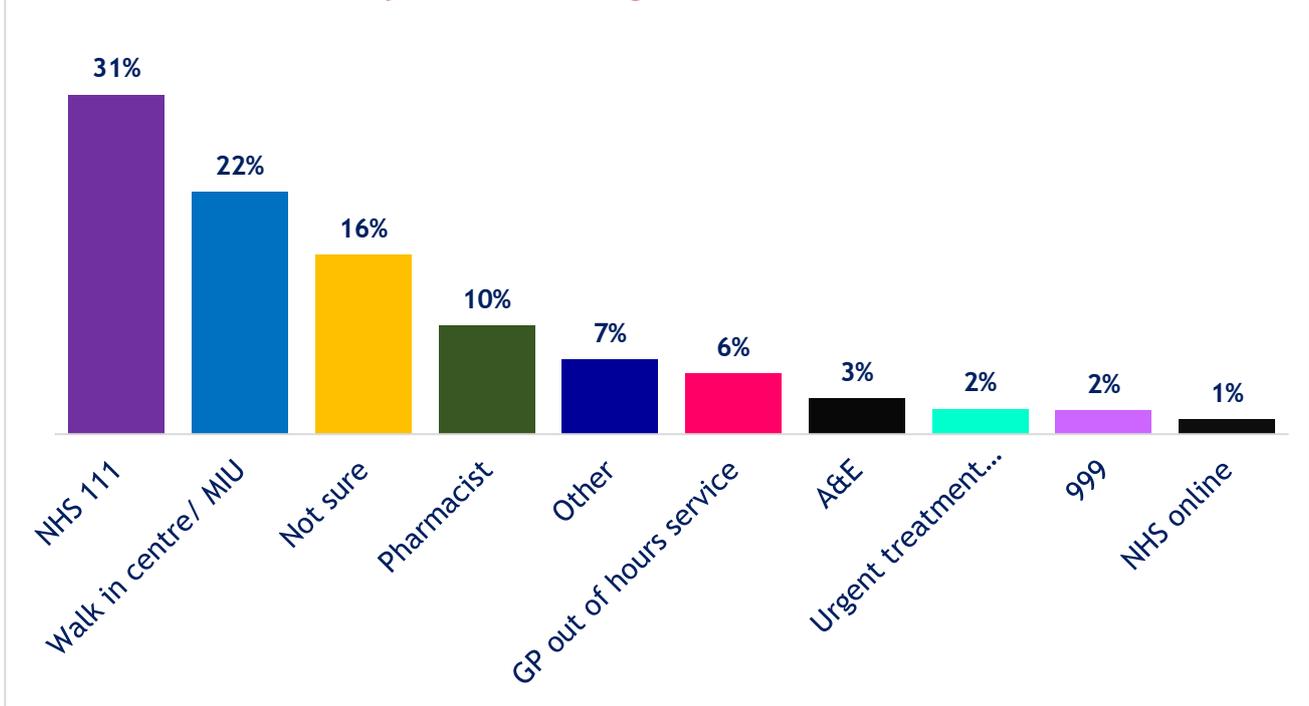
We held a focus group with 8 people living with mental health conditions in North Yorkshire. Only a quarter of them used online services. The reasons the remaining six give for not accessing healthcare online were as follows:

- They couldn't afford it
- The internet connection in rural areas is poor
- They don't have a smart phone or computer
- Using online services is too stressful
- They prefer face-to-face contact

**Q9. Do you know where to go if you have an urgent medical need (when you need urgent help on the same day) other than your GP practice or A&E (which is for emergencies only)? Please tell us where.**

Although 1225 people provided a response to this question, many people gave more than one answer as to where they could access urgent care, giving a total of 1741 responses.

### Where would you go (other than your GP practice or A&E) if you had an urgent medical need?



### NHS 111 Service

This was the most common response, as 535 (31%) of respondents said they would contact the 111 telephone service if they had an urgent medical need. Comments on the service varied, with a just less than half dissatisfied with it. Just over half were either satisfied or very happy. Some people seemed confused between the 101 and 111 telephone number, with some indicating that they knew an NHS helpline existed but hadn't ever called it.

*“I rang 111 and they are fabulous! They help a lot and enable you to see a GP if you really need one that day in various locations. It's brilliant!”*

*“It's difficult to navigate. I have had two dreadful experiences of 111 services where two loved ones could have died had I listened to and not strenuously challenged their advice. It needs more TV and radio advice campaigns.”*

A common complaint was that many people were still referred to A&E despite trying to avoid going there in the first place.

### Walk-in Centres/Minor Injuries Unit

Walk-in centres are mostly located in big cities and are for dealing with urgent problems. These are usually minor illnesses such as small infections,

conditions or cuts and sprains. They're run by nurses and people can walk in without an appointment.

Minor Injuries Units (MIUs) can treat less serious injuries and illnesses and can also do x-rays. They can treat cuts, bites, sprains, or minor injuries to bones, muscles or joints.

Almost a quarter (22%, 382 people) of respondents indicated that they knew that walk-in centres and Minor Injury Units were an alternative to A&E. However, it is clear from the comments that much confusion exists around the difference between the two services and what they are called, with people referring to 'MIUs', 'walk-ins', 'drop in centres' or 'drop in clinics' amongst others. Some respondents told us that some of these services occasionally close early due to high demand.

*“There are not that many of these walk ins, and they are not always in easy to reach locations or open at convenient times! They seem to be an alternative if you cannot get in to see your GP in the daytime.”*

### Pharmacy

All comments regarding experiences with pharmacies were positive, indicating this was a useful way to access urgent care. 171 people (10%) said that they would access a pharmacy with an urgent medical need.

*“I would attend my local pharmacy as they are very knowledgeable and supportive.”*

### NHS online

Only 23 (1%) responses indicated they would use NHS online services. It should be noted however that this figure may be higher if we take into account those people who told us they would 'google' what to do if they needed urgent treatment, as this might result in them being directed to one of the NHS websites.

*“I always refer to NHS Choices to see if there are any local services or walk-in centres and only call 111 if I need to speak to health care professional.”*

It is evident that some people were confused between NHS Choices and NHS Direct and some people had concerns about the accuracy of some of the information available online.

### Urgent Treatment Centres

Urgent Treatment Centres (UTCs) are defined as GP-led, open at least 12 hours a day, every day, offering appointments that can be booked through

111 or through a GP referral, and they are equipped to diagnose and deal with many of the most common ailments people attend A&E for. UTCs also ease the pressure on hospitals, leaving other parts of the system free to treat the most serious cases.

Only 40 (2%) responses indicated they had or would use an Urgent Treatment Centre. Reasons for this varied across West Yorkshire, with some people having heard of them but not knowing where they were located.

*“I recently tried to take my mum to St George's Urgent Treatment Centre following a fall - the website said it was open until 11pm. We got there at around 9:30pm and it was closed. We then drove to Burmantofts and our experience was the same. I have little confidence in centres such as this outside of 'office hours' as a result of this experience.”*

It was apparent from the comments that people are confused by the names of places. For example, St Georges Centre was often referred to as an MIU, UTC and a walk-in centre by people in Leeds.

### Other alternative services

Some of the 118 (9%) responses which indicated ‘other’ are listed below:

- Contact a friend or family member for advice
- Internet search
- Several people carry a care ring or have an emergency button fitted at home
- Contact specialist team or district nurse
- Administer first aid / self-care
- Social prescribers / care navigators
- Dentist, if urgent dental care
- Phone Samaritans or crisis team (mental health)

*“How do you know something is urgent? I attended a GP appointment at 4pm was sent away with medication and because of concerns from family I was admitted to hospital 3 hours later with sepsis and fighting for survival - the GP did not think it was urgent!!!”*

*“I've tried to access alternatives for my child's mental health in a crisis, contacting first response. But ended up being told to call 999 and have her taken by ambulance to A&E which was a horrendous experience for everyone.”*

## A&E / 999

Despite the question asking for alternatives to Accident and Emergency, 56 (3%) still answered that they would go to A&E, mainly due to not knowing where else to go:

*“I do not know where out-of-hours services are other than A&E!”*

*“I'd go to A&E even though I know this isn't appropriate. As far as I am aware there isn't an urgent care centre in Huddersfield?”*

This is further confused by the fact that some hospitals' A&E departments have been downgraded, but the minor injuries unit is still based in the hospital. 37 (2%) responses also mentioned calling 999 for an urgent medical need.

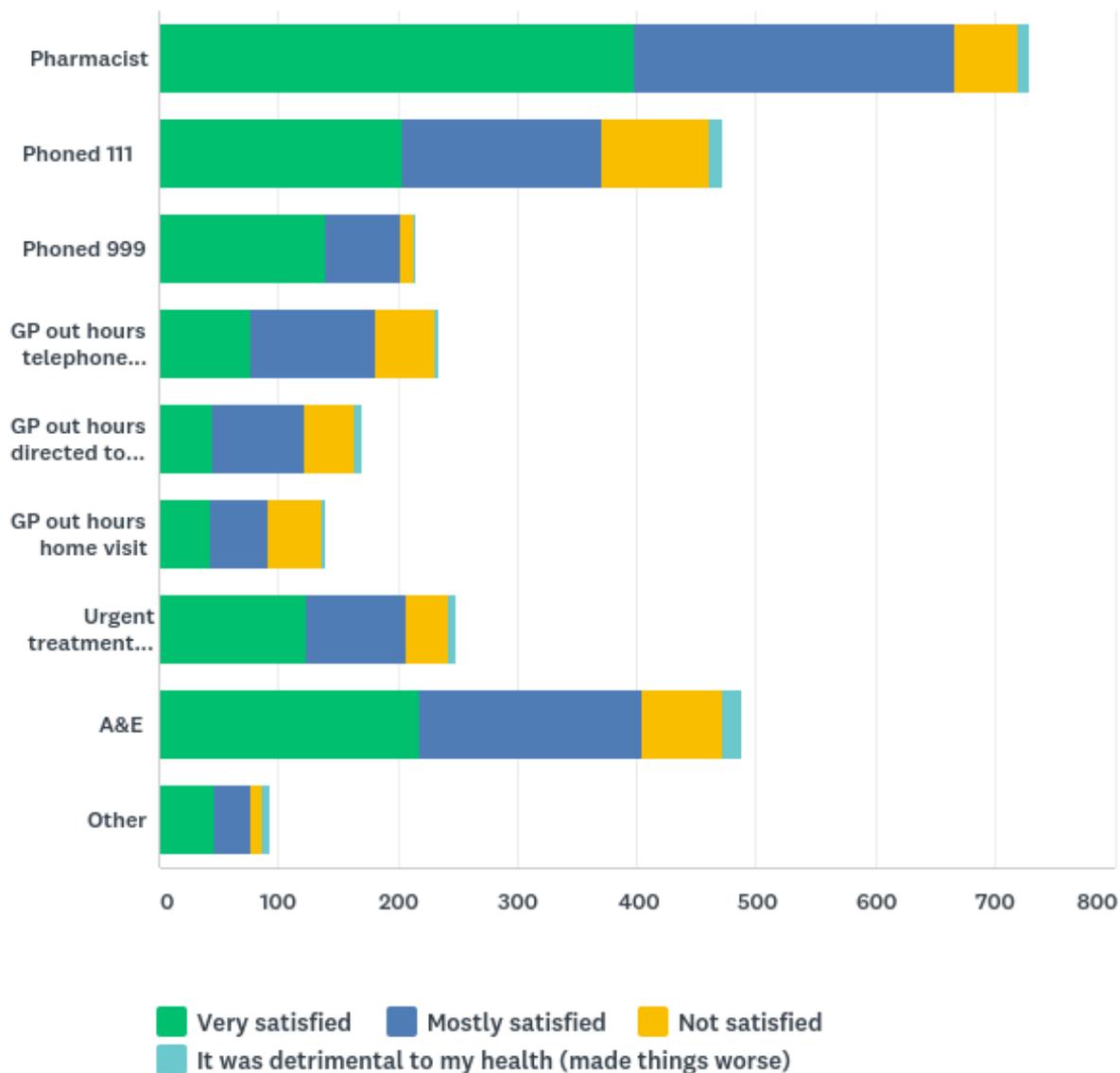
## Don't know

A significant number of responses (16%) indicated people weren't sure where to go. This figure was significantly higher amongst respondents from BAME communities (27%), those aged 80+ (31%) and people with a physical and mobility impairment (26%). Many seemed to be confused, with people mentioning changes where they live which adds to the confusion.

*“I know there used to be a walk-in centre in the Light, which was very good, but this has closed. I wouldn't know where else to go other than my GP or A&E (which I try to avoid using).”*

*“As I don't get ill very often, I don't really know how things work anymore.”*

**Q10. In the last 12 months have you accessed any of the following services for an urgent medical need? Please rate how it was.**



A total of 1017 people responded to this question.

### Pharmacy

729 (72%) people who responded to this question said they used pharmacies for their urgent care need. There was a high satisfaction rate amongst these people, with 667 (92%) saying they were either very satisfied or mostly satisfied.

*“I have an excellent pharmacist who I can speak to at any time for reassurance regarding my medication and my sons.”*

### Accident and Emergency (A&E)

Approximately 489 (48%) of people said they attended A&E for an urgent medical need, of which 83% were very satisfied or mostly satisfied.

However, it should be noted that the reason some people said they were using A&E was because they were unable access other appropriate services.

*“People continue to use A&E services because they can’t see their GPs in a timely manner. 111 often direct you to A&E! The hospitals are burdened with non-urgent medical cases. Primary care needs to address this gap urgently.”*

### NHS 111

473 people (47%) used the 111 telephone service if they had an urgent care need. 371 (78%) of those were very satisfied or mostly satisfied. A significant percentage were either not satisfied with this service (19%) or felt that it made things worse (3%). Some people commented that NHS 111 were too quick to send an ambulance.

*“I personally didn't find 111 helpful...I felt their response was to send an ambulance...even though I was confident I could get to A&E in the car.”*

### Urgent treatment centre

249 respondents (24%) attended an urgent treatment centre, of which 208 (84%) were very satisfied or mostly satisfied with the service received. Among those not satisfied, a common complaint was that they felt that they had attended the correct place but then ended having up having to go to A&E for various reasons.

*“I attended an urgent treatment centre then was told to go A&E - this meant we were further down the queue.”*

*“I called 111 and requested a call-back from a doctor. I explained my daughter was ill, and that I’m the main carer for my disabled son and I don’t drive. My request was refused, and I was advised go to an out of hours/urgent care centre. When I got there, it was closed! My daughter had a chest infection and the temperature that night was below freezing - we had to wait outside for a return taxi in the cold.”*

*“They need more doctors. I have waited nearly 3.5 hours so far today. Went to an urgent medical centre and waited but no one available to do my X-rays so had to come to A&E.”*

## Telephoned 999

94% of the 216 people who told us they called 999 were either very satisfied or mostly satisfied.

## GP out-of-hours services

234 people reported using GP out-of-hours telephone consultation services, 139 people used GP out-of-hours home visits, and 170 had been redirected to another GP out of hours.

Although the majority of people were satisfied with their experiences of out-of-hours GP services, these were also the services with the highest rates of dissatisfaction.

49 (22%) of the 234 people who reported the out-of-hours telephone consultation said they were either dissatisfied (21%) or that it was detrimental to their health (1%).

42 (25%) of the 170 who reported having been directed to another GP practice also said they were not satisfied, whilst of the 139 people who said they'd had a home visit from their GP, 45 (32%) were not satisfied and 2 people (1%) indicated it was detrimental to their health.

Little explanation was given as to why people gave these ratings apart from a few comments about difficulties in accessing GPs and making appointments, as well as being directed to out-of-hours practices which were too far away.

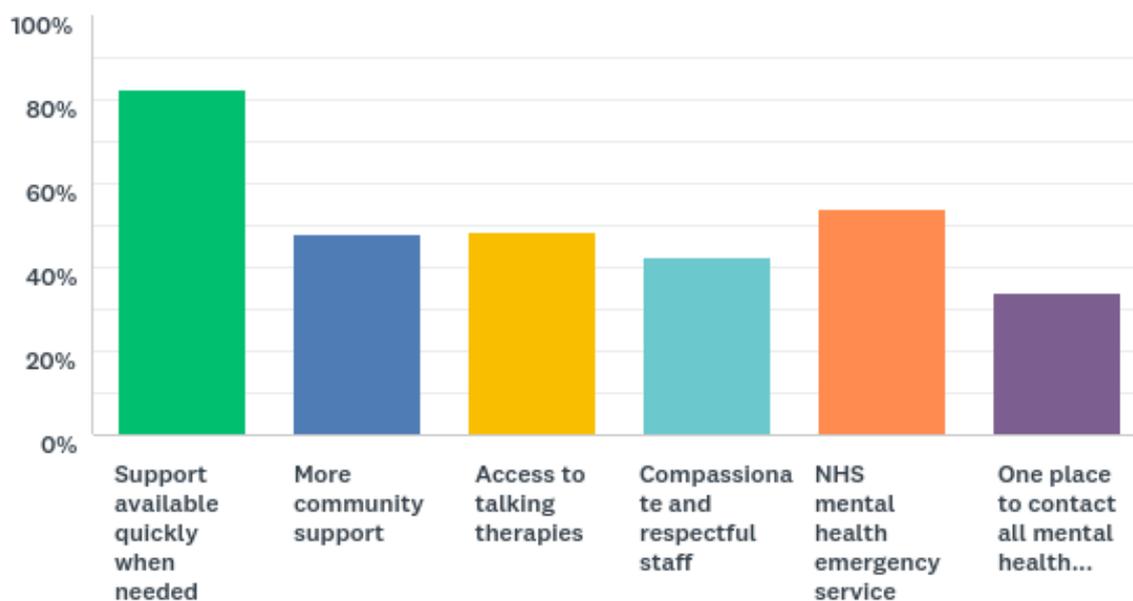
*“I tried getting hold of out-of-hours doctor as I needed a home visit via the 111 service but due to my complex health needs 111 were not able to arrange a home visit. I only wanted advice about something, but they decided I needed an ambulance, paramedics then decided I needed A&E. I was not happy I wanted to stay in my home. After 5 hours I was allowed home, I had an infection.”*

## Other services accessed for urgent medical needs

93 (9%) people told us they had used 'other services' when experiencing an urgent medical need. Most commonly mentioned were mental health services and walk-ins. Other services mentioned were: 111 online, an advanced nurse practitioner at the local health centre, sit and waits to see a GP, Boots the Chemist hearing centre, the clinical assessment team, the district nursing team via the Hub, the emergency dentist, the emergency breast clinic, the maternity assessment centre, the medical assessment unit, the oncology 24 hour helpline, One You dietary advice, the optician and the sexual health clinic.

*“My GP service offers walk in appointments for emergencies every morning, which is fantastic.”*

**Q11. What three things do you think are the most important to improve support for people’s mental health?**



1375 people answered this question. They were given the option to choose up to three answers. Many people commented that they thought that all of the options were important, which reflects the fairly equal spread of responses. Below are some of the reasons why people chose each option.

### **Support to be available quickly when needed**

This was rated as important by 82% of people who answered this question. The main comments in relation to this were that waiting lists for services are too long and that initial assessments need to be easier and quicker. People explained how this often had a detrimental impact on their health and that there needed to be flexibility or a change in the criteria for receiving help.

*“If you don't meet the threshold or fit in the category, you can expect to be shunted from place to place whilst your health deteriorates. This has to stop.”*

*“I have personal experience (through work) of supporting clients who were told they were too unwell for primary mental health care, yet classed not unwell enough for secondary mental health care services. This meant they bounced around in circles becoming more unwell and frustrated. This needs resolving.”*

Other comments included the need for:

- Better communication following assessment both with the service user and with other professionals.
- The option to do assessments face-to-face rather than over the phone.
- More information and support for the individual following assessment so that they are clear what the next stage will be.

### **An NHS mental health emergency support service available 24 hours a day, seven days a week**

People talked about the need for 24/7 mental health emergency support, with 54% of respondents mentioning this as an important issue. Some people were critical of current mental health crisis services, saying that they didn't receive the help they felt they needed and that A&E often wasn't well set up for people experiencing a mental health crisis. People commented how having a 'mental health A&E' would enable the right environment to be provided as currently many A&Es don't have a quiet room for people in crisis.

*“A&E is not appropriate and can have a detrimental effect on mental health”*

Whilst a lot of the respondents thought that around-the-clock support would be beneficial, especially for those in crisis, there was a recognition that the NHS in its current guise may not be able to provide that (without further funding and restructuring).

*“In an ideal world mental health support would be available 24/7 (as mental health doesn't just slot into office hours) however I don't believe it is the sole responsibility of the NHS; it should be a partnership between the community and the health services.”*

People raised the issue of how the time-limited nature of interventions with little follow-up support was often a contributing factor in a crisis.

*“I feel like I am going to be completely unsupported until I am next in crisis, at which point I will be assigned to a CMHT until I am no longer at risk and then discharged with no further support again. The mental health services are completely unprepared for our current levels of mental ill health, and with rising levels of poverty, and mental illness, it is only going to get harder to get adequate support.”*

## Access to talking therapies e.g. counselling or Improving Access to Psychological Therapy (IAPT)

48% of people talked about the importance of good counselling and therapy services. The majority of comments relating to this were critical of the long waiting times for counselling/talking therapies (these are frequently over 6 months in most areas), with concerns that these would contribute to deteriorations in mental health.

*“Waiting lists for counselling are extremely long, a family member waited over 18 months which is totally unacceptable for someone struggling with mental health issues.”*

*“My husband has been waiting over 6 months now and is still waiting to have 1-2-1 counselling for a mental health issue, has been assessed and been put on list, still waiting. This is not good enough.”*

There were some comments relating to a lack of talking therapy for people whose first language is not English, and that there was a need for more accessible services.

*“Have interpreting services for counselling and IAPT - people with language differences are not offered these services because it costs the NHS too much for interpreting.”*

Other comments related to people’s experiences of not even being offered talking therapies and simply being prescribed medication. Some also talked about an over-reliance on cognitive behavioural therapy (CBT) in general and more specifically CBT delivered online, which is not appropriate for everyone.

*“The online therapies and CBT are no good for people who are already overwhelmed.”*

## More community support, e.g. local drop-ins where you can talk to people about how you are feeling

Almost half of those who responded (48%) felt that there was a need for more community support. This support should come from community mental health services, but there should also be a recognition of the important role of community groups and schools in helping prevent people facing potential crises in the future.

*“A lot of mental health could be improved with access to excellent local community support (via VCFS sector), social prescribing and nipping it in the bud before it becomes a bigger issue.”*

One professional pointed out that useful monitoring data could be gathered from community services to identify causes and therefore invest in prevention.

*“As a professional who regularly encounters people in need of mental health intervention, I would like to see more community support available, and for monitoring of these services to identify any patterns which may be the cause of mental health problems... For example, many of the people I work with suffer with increased mental health problems due to lack of income and difficulty accessing the benefit system, therefore it is my opinion if funding was made available for more free and independent money/benefits advice there would be a significant decrease in mental health crises.”*

One person talked about the importance of having different ways to access support:

*“I believe a text or email service for people wanting to reach out for help with their mental health would be beneficial to people who find a telephone call or appointment with a GP daunting.”*

### **Compassionate and respectful staff**

Having compassionate and respectful staff was highlighted as important by 42% of respondents. People told us that, in their experience, staff weren't always compassionate and respectful. They described how it can take them a lot to ask for help only to then feel like they're not being taken seriously. They explain that this can make things worse.

*“I once had a very bad experience with an NHS mental health professional who was very brusque with me. I was extremely vulnerable at the time due to being at my lowest point during chemotherapy and this lady suggested I should try harder to pull myself together because this approach worked with a friend. She decided I didn't have a mental health issue even though I felt suicidal at the time.”*

There were also a number of comments relating to the need for more investment in staff, specifically having more staff with better pay and conditions.

### **One place to contact all mental health services**

Having one place to contact for support was rated as one of the top 3 things that were important by 34% of people. It was apparent from the comments that people did not always know where to turn for help with their mental health.

Although the general feeling was that there wasn't enough mental health provision overall, people also thought that it would be beneficial if there was one contact point that was easily accessible (including on evenings and weekends). However, people noted it would need to be properly funded and staffed to enable this to happen. People wanted such a service to provide quick and professional advice, information and signposting and, where appropriate, referral to organisations that could help.

*“One big team split by area with clearly defined roles, clearly defined types of support they give, would be good. Also, an advice line where non-urgent queries can be directed to a trained professional who can properly advise patients, their friends and families with general mental health guidance - no matter who the call is about or what information the caller is willing to give.”*

### Other Themes

Several other themes came out of people's comments on this question:

#### Children and Young People

Children's mental health services, in particular CAMHS, consistently came in for criticism across the region. This was mainly regarding waiting times, high referral criteria, staffing and treatment.

*“My son has dyspraxia and was referred to CAMHS for cognitive behavioural therapy to treat his anxiety, a short assessment over the phone indicated that he was appropriate for a "stress reduction" group session, this was completely inappropriate. This decision was very difficult to challenge and actually added to his stress levels.”*

*“I took a teenager to a CAMHS appointment and was shocked at the leading questions that the professional used. I was particularly shocked as it took so long to get the appointment, I thought they would be experts.”*

*“Bradford CAMHS [Child and adolescent mental health] is understaffed and there are children being lost in the system including my son. This service should be seen as the gateway to adult services. My son felt abandoned by them at least 3 times in 7 years, he does not have a lot of hope for the adult services because of this and neither do I.”*

Concerns were raised about the damaging effects of having to travel out of area for inpatient care, resulting in children and young people being isolated from their friends, family and community.

*“NHSE funding for tier 4 inpatient care out of area should be redirected to local support in the community. I have spoken to several families with*

*experience of their children being admitted to out of area inpatient care. In every case their child was traumatised and further damaged by the environment and separation from their families.”*

### **Services better tailored to specific needs**

There was a call for mental health services to be better tailored to individual needs, in particular for people with autism or hearing impairments. Others called for more support for drug users with mental health issues.

*“Mental health support is inadequate. When you make contact with IAPT, you might get offered 6 CBT (telephone) appointments. As mentioned above, I'm deaf and this is a non-starter for me. I was offered an alternative of face to face, however when I actually attended, I was told we could only work on one issue. This again was not helpful and felt as though the service had shut down its offer of help before it started.”*

*“Autistic children with mental health issues are not treated because there are no trained staff that can adapt existing treatments to meet their needs.”*

### **More joined up services**

Some people felt that there needed to be better communication between staff from different agencies and that as a result of poor communication they sometimes fell ‘between the gaps’ or faced numerous different assessments.

*“I have had a lot of issues in trying to get proper help for my 42-year-old daughter with serious mental health issues.... Lack of communication between services. Long waiting times for proper treatment. The feeling of being 'fobbed off' as you are referred to another service.”*

*“Her GP offering a predominantly walk-in based service meant that each time she was experiencing symptoms (essentially chronic vomiting resulting from anxiety and other underlying mental health issues) she had to explain the issue to someone different who would often come to a different conclusion to the last person she'd seen or sometimes be outright dismissive.”*

*“Our current provision involves a huge, poorly understood and disjointed service with isolated pockets of brilliance. It needs much better IT systems that work across multiple care providers and share data to ensure joined up care.”*

## Staff training

A lot of the comments related to better training for all staff working in health and care, not just mental health professionals. This included better training to spot mental health issues and signpost or refer, with the aim of making services more accessible.

It was felt that mental health staff would also benefit from continuous professional development, especially around things that they might not specialise in.

*“Better understanding of an individual's needs - e.g.- how someone with severe anxiety finds it hard to attend clinics, drop ins and would do better with initial home support”*

*“There are many psychology graduates every year in the UK, most will have studied mental health as part of their degree and are accredited by the British Psychological Society. The clinical structure which we currently operate within means that many positions within the mental health sector are largely limited to only those with nursing degrees. Nurses are valuable and are stretched but we have a large psychology graduate resource which is not being used.”*

GPs came in for some criticism, with people saying that they are often too quick to prescribe medication. People wanted GPs to have more knowledge of what other help was available so that they can better refer to other sources of support.

*“I suffer with my nerves and I have only ever been given tablets and that is not really what I want. I want to be helped to get better. GPs need to be more understanding and refer you to services. I don't know where else to go. I am stuck.”*

## Prevention

There was a general feeling that more needs to be done to prevent mental ill health where possible.

*“Community and public health programmes to improve people's mental health and support people whose mental health is failing but is not yet an acute episode.”*

People told us that they felt the public should be made more aware by staff and services of what help is out there, including the third sector, but also the importance of self-care in maintaining good mental health.

*“NHS direct involvement with all local community groups to teach all leaders how to identify possible red flags and where to direct people.”*

People felt that there was a need to improve perceptions around mental health so it is recognised as being no different from other illnesses. Mental health first aid courses in communities were suggested as one possible way to help with this.

*“Ways to reduce the stigma in families that may not be aware about the detrimental effects it can have on individuals i.e. community classes with translations in different languages”*

### Carers and families

Several people commented that it was particularly important to remember that families and carers of people with mental health issues need support too. This includes children of people with mental health issues.

*“The carer is put under a great deal of pressure during this time, which can make them unwell themselves... The carer must be looked after too as their health is paramount in helping the sufferer to keep going when things get tough.”*

Other carers or family members noted how they often don't feel as involved as they would like to in the care of the person they look after and that they want more information shared between carers and staff.

### Q12. What could the NHS do to make sure children and young people have the best start in life and to live healthy lives?

1006 people (70% of all respondents) answered this question. The main themes arising from answers were as follows.

#### Education and information for parents and children

209 (21%) responses mentioned education as being crucial to ensuring children and young people live healthy lives. This included educating parents and carers about making healthy lifestyle choices for their children, for example by making sure their children have a balanced diet and do regular physical exercise. People also highlighted the importance of educating children from a young age in nurseries and schools about living a healthy life.

*“Ensure children are taught about health and staying healthy all the way through their education. Public health and use of social media has big role to play in getting healthier lifestyle message out.”*

Many people commented that it was important for the whole family to get involved in activities, in order to ensure motivation and encouragement continues at home.

*“Provide useful guidelines to parents and implement strong messages through interventions about the critical nature of families all collectively following healthy routines. Also, provide more family-orientated sessions in the community to involve all ages and educate all ages with better tips”*

### **Advice and support from the NHS**

130 people (13%) suggested that the NHS should provide non-judgemental support and enable good access to advice and information for parents and carers according to their needs.

114 (11%) respondents felt that that it was important for support and services to be available during the early stages of a child’s life. This included supporting mothers during pregnancy; supporting families with new-born babies; early diagnosis of conditions; and support through childhood. Some people also said that more health visitors should be available for families and in schools.

*“Give parents access to support/advice in early years. These years are a crucial time and support is being cut back at every level, from a reduction in the amount of visits you have from a midwife and health visitor to lack of access to early years health professionals in places like Children's Centres which have closed. We talk constantly of early intervention and prevention yet services do the exact opposite of providing this valuable support.”*

22 people (2%) mentioned Sure Start centres as a model that worked well for supporting children to have the best start in life and wanted to see these kinds of services reinstated for both parents and children.

*“Sure Starts were brilliant. There really needs to be something like that.”*

### Spotlight on parents of children with disabilities

Parents of disabled children attending a focus group in Calderdale wanted to see the services that are already in place working properly - wheelchair services were mentioned as a key issue. *“Nothing seems to work”* was a phrase that was heard in this focus group, as well as frustration expressed at being passed from pillar to post.

People suggested providing a flowchart detailing where they need to go with regard to managing care for someone with a disability. People said that they often found out about a service or useful NHS contact by word-of-mouth.

They want young people to move to adult services with an automatic referral. At the moment they require a GP referral and if this is not done, the young person is at risk of dropping out of services unintentionally.

They want to see diagnosis times improved so that people do not have to wait many years. They would also like improved access to assessments for people with learning disabilities and other conditions, as having a learning disability can sometimes make it hard to follow the usual assessment route.

### Integrated services and the role of schools

A number of people agreed that there should be a whole-system approach to children’s health and wellbeing, and that it is not just the responsibility of the NHS. They felt that services should be provided in partnership with local authorities, voluntary and community organisations, schools and nurseries.

Some people spoke about more promotion of healthy lifestyles in school, educating schools about providing healthy school meals, bringing back cooking sessions for children and making health and wellbeing a compulsory subject.

40 people (4%) suggested that schools should proactively provide regular physical and mental health checks through school nurses.

Some people said that more help was needed for vulnerable children who lived in poverty and those from disadvantaged backgrounds, and that the NHS should reach out to those who don’t attend school.

## Children and young people's mental health

68 people (7%) mentioned the importance of looking after children and young people's mental health. They felt that there is a real need for mental health education and support to be available in school. People wanted to see the NHS working with primary and secondary schools to raise awareness and understanding of mental health, as well as providing more regular mental health checks in addition to those currently done for physical health.

### Spotlight on young people and mental health

Young people from a focus group held with YouthWatch Leeds talked about how they thought more mental health services should be open during the night and on weekends. They wanted the NHS to provide better information on where to get mental health support, and suggested it should offer more well-being and mindfulness support. They thought school assemblies, lessons and websites that address young people's mental and physical health should be widely available.

Some people suggested teaching children and teens practical skills such as mindfulness meditation and other relaxation techniques to look after their mental health.

People mentioned the importance of support for parents' mental health, in particular new parents, as their mental health has a huge impact on their children's health and wellbeing.

16 people (2%) spoke about under-resourcing and long waiting times in Child and Adolescent Mental Health (CAMHS). They felt that young people require quicker access to mental health services.

*“Treat children and young people with respect, make services easier to access, reduce waiting times.”*

They also mentioned the need to invest in community services.

*“There needs to be more funding for community and children's centres and for young people to have better access to mental health services”*

### Q13. What is your understanding of personalisation?

1042 people responded to this question. Out of these, 223 (22%) were unable to answer, either because they didn't know, hadn't heard of it or

said it wasn't applicable. This figure was higher for BAME communities (37%) and young people aged 15 or under (33%). Our data suggests that people with disabilities weren't any more or less likely than people with disabilities to understand the term.

### About the individual

Over half of the respondents (543, 52%) understood personalised care to be about the individual, what matters to them and that the person is at the centre and a key partner in all aspects of their care. Some people said that it requires having a care plan or package in place that is tailored to meet the specific needs of the individual. They also understood that it is not a one-size-fits-all approach, that it looks at the person as a whole and includes physical and mental health, as well as other factors such as housing, family and support networks.

*"I am in an equal partnership when there are decisions to be made and health professionals LISTEN to what I have to say."*

*"The whole person looked at in a joined-up way with all services they are accessing, physically and mentally supporting the individual."*

*"Personalised care requires the individual to be fully involved in all discussions regarding care planning and the care plan meets the individual's needs as far as possible. It is not a one-size-fits-all."*

### Values and principles

109 respondents (11%) spoke about some of the values and principles that underpin the delivery of personalised care and said it was about the individuals having choice and control over their care. People mentioned that when receiving care they should be listened to and treated with dignity, care, compassion and respect.

*"Giving people more control over their healthcare"*

*"Suited to individual needs of individual, consistent, respectful with dignity"*

### Working together

65 people (6%) said they thought personalised care was a whole-system approach and a partnership between staff, the person receiving care and anyone who cares for that person. The importance of having one professional to oversee and review a person's care was important in providing continuity and effective personalised care.

*"A care plan which is set up by all involved in my care, including myself,*

*and/or caregivers, which acknowledges my own personal needs and wishes, provided in ways that work for my circumstances and needs.”*

*“When there is some continuity in being able to see the same professional through your care journey.”*

## Other

Various other interpretations of personalised care were given, including:

- 44 people (4%) thought that personalised care was about an individual taking responsibility of their own care and looking after themselves.
- 43 (4%) thought it was care delivered in a person’s home or in a care home.
- 15 (1%) thought it was about professionals having joined-up access to all of an individual’s medical records.

## Q14. If you could change one thing about the way the NHS works, what would you change?

1154 people responded to this question through our online survey. There was significant overlap with the responses to question 4.

### Improve the efficiency of the NHS

330 people (29%) said they wanted the NHS to become more efficient.

153 people (13%) said they thought there was a need to change the staffing structure so that there is less management, admin support is streamlined and there are more front-line staff such as doctors and nurses.

*“I would stop the continuous reorganisations and have less managers and more staff working on the coal face”*

14 people (1%) spoke about the impact bureaucracy had on the system and that they wanted the NHS to get rid of unnecessary paperwork and checks.

*“So much red tape and expensive bureaucracy. Which leads to not enough money and resources available for the real part of NHS - doctors and nurses.”*

48 people (4%) said they felt the NHS should improve collaborative working with social care and voluntary organisations to provide integrated care for patients.

58 people (5%) said that they thought communications should be improved between different departments and areas of health care. For example, 14

people said they would like patients' medical records to be shared more effectively.

*“Joined up thinking about the whole person so that if a person is referred to a lot of different professionals they are seen quickly. So I am not having to wait months to get a diagnosis and treatment.”*

### Spotlight on cancer treatment

The West Yorkshire Cancer alliance focus group said they wanted communication to be improved between primary and secondary care and time between follow-up appointments to be reduced.

### Funding and resources

180 people (15%) said funding is the one thing they wanted the NHS to improve on. 95 people (8%) said they wanted more funding generally to be invested in the NHS.

106 people (9%) specifically said they thought more resources should go to front-line health professionals to provide better support and training and a better working environment for them. People from the working-age population focus group in Wakefield and the West Yorkshire Cancer Alliance group said they wanted the NHS to provide better care for its staff.

*“The NHS needs to “walk the walk” by exemplifying good health and well-being in its management of staff. There is much evidence to show that shift patterns are detrimental to health, well-being and family life. Instead of flogging the front-line staff with poor contracts and bad management practices - recent figures show that 160,000 nurses have left the NHS in eight years because of poor work/life balance - put people before money.”*

### Appointments

161 people (14%) said they wanted the NHS to improve their access to appointments, in particular GP appointments (103, or 9% of all responses). The issues raised echoed the responses to question 4, including making it easier and quicker to book an appointment and having more appointments outside working hours. Issues were also raised around people wanting longer GP appointments and their preference for seeing the same GP.

### Spotlight on LGBTQ

Some people in the survey mentioned how they felt receptionists at GP practices were “gatekeeping” appointments. In a LGBTQ group focus group in Leeds, people said they wanted the NHS to review whether the reception staff should ask triage questions to determine whether the patients should have an appointment.

### Reduce waiting times

149 people (13%) wanted the NHS to reduce waiting times for treatment and offer quicker access to services.

### Spotlight on Mental Health

A focus group for people with mental health conditions in North Yorkshire expressed that it was especially important for people with specific and multiple conditions to have easy access to GP appointments and also to be able to see the same doctor each time. They also talked about the importance of reducing the time it took to get a diagnosis so that they can access appropriate treatment.

### Communication, language support and the Accessible Information Standard

68 people (6%) wanted the NHS to improve its communication. 10 people wanted their communication needs to be better met (e.g. by providing information in an accessible format and providing more language support).

*“The NHS should hold accessible information for all patients on one system that can be utilised by GPs, patient transport and any referral that you’re made so they understand whether you require transportation, a different format of appointment letter and whether you need assistance through the clinic. I feel this would change the way the NHS works completely and stop people being confused over letters and missed appointments.”*

### Spotlight on Sensory Impairments and Communication

A focus group for people with sight loss in Leeds said they wanted the Accessible Information Standard to be implemented more widely as there are still many services in the NHS that are not adhering to it since it became law.

Both deaf and sight loss groups (i.e.: the focus group for people with sight loss in Leeds) asked for better staff training in regards to sensory impairment and other long term conditions.

### Spotlight on Language Support

A focus group with a Hindu faith group in Leeds said they wanted the NHS to provide a Level 3 interpreting service so that people could understand and manage their health conditions fully.

### Other

- 50 people said they wanted to see more patient-centred services that would suit individual needs and treat people more holistically.
- 35 people wanted easier access to and better mental health services.
- 31 people wanted to introduce penalties for unattended appointments and unnecessary use of services to make people more responsible for using the NHS.
- 29 people said they were happy with NHS services and required no changes.
- 28 people said they wanted to stop privatisation in the NHS. This view was echoed by three of the focus groups, attended by a total of 24 people.
- 27 people wanted improvements in A&E services, particularly around waiting times.
- 12 people wanted better information-sharing between agencies and with patients.
- 11 people wanted improvements in elderly care.
- 6 people wanted to see more NHS dentists available.
- 3 people wanted a quicker response time from ambulances.
- 3 people wanted to see improvements in autism services.

## Part 2: Findings - Specific Conditions Survey

**what**  **t**  
**would you do?**  
It's your NHS. Have your say.

## Note about our data

Not everyone who responded to the survey answered every question. Where people have not answered or indicated that they didn't know, these responses have not formed part of the total percentage.

Our data does not tell us when each respondent was diagnosed; as a result, it is likely that some received treatment several years, if not decades, ago.

Analysis has revealed that many respondents view their care as a single experience rather than a process with discrete stages (initial diagnosis, post-diagnosis treatment, ongoing support). As a result, we have sometimes amalgamated responses from several questions into a single section of the report.

A total of 280 people completed the specific condition survey. 47 of these responses were from people in the Harrogate and Craven (North Yorkshire) area but due to the data being received later than anticipated, timescales meant we were unable to include the quantitative elements from this area in the analysis, although we have included some quotes from respondents where appropriate.

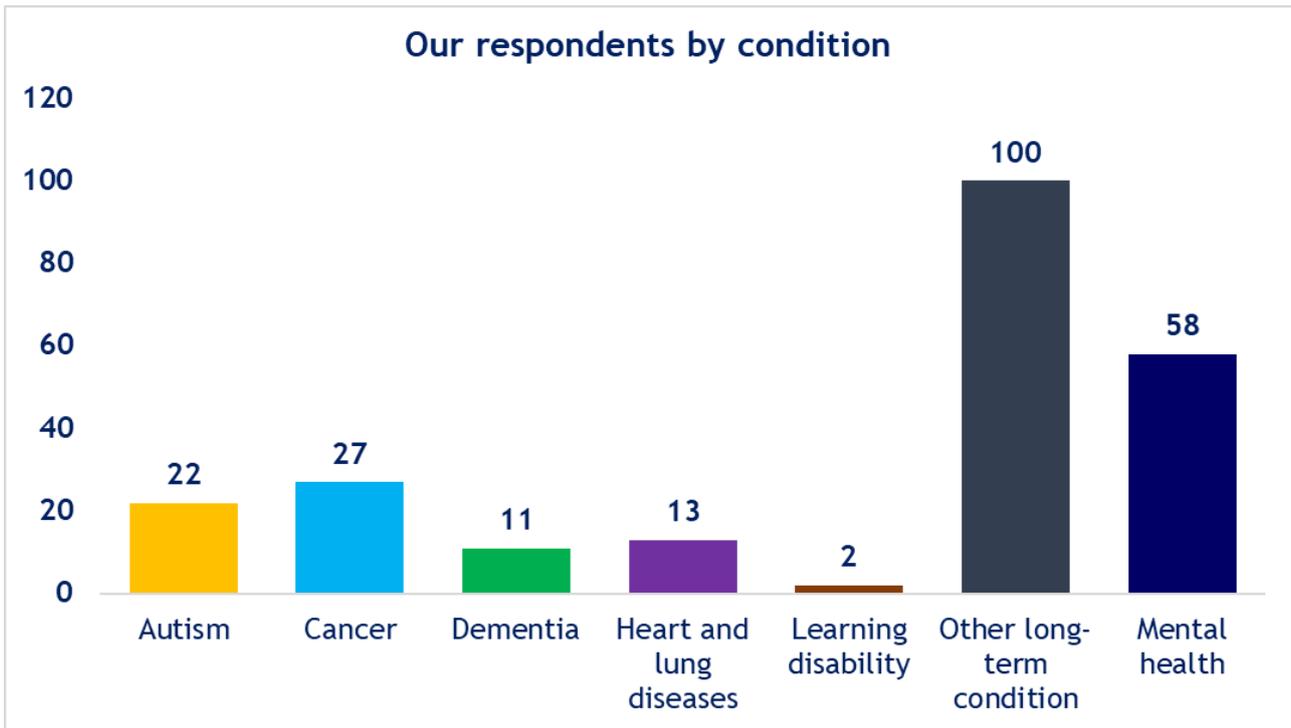
## Terminology

For the purposes of this report, cancer; heart and lung conditions; and other long-term conditions will be referred to as “**physical conditions**”. We will use the term “**non-physical conditions**” to refer to mental health conditions, dementia, autism and learning disabilities.

We have tried to reflect respondents' own understanding of NHS terminology as accurately as possible. As such, we use the term “**ongoing support**” to refer to all post-diagnosis treatment services or professionals, such as physiotherapists, specialist nurses and consultants. The term “**specialist**” refers only to consultants.

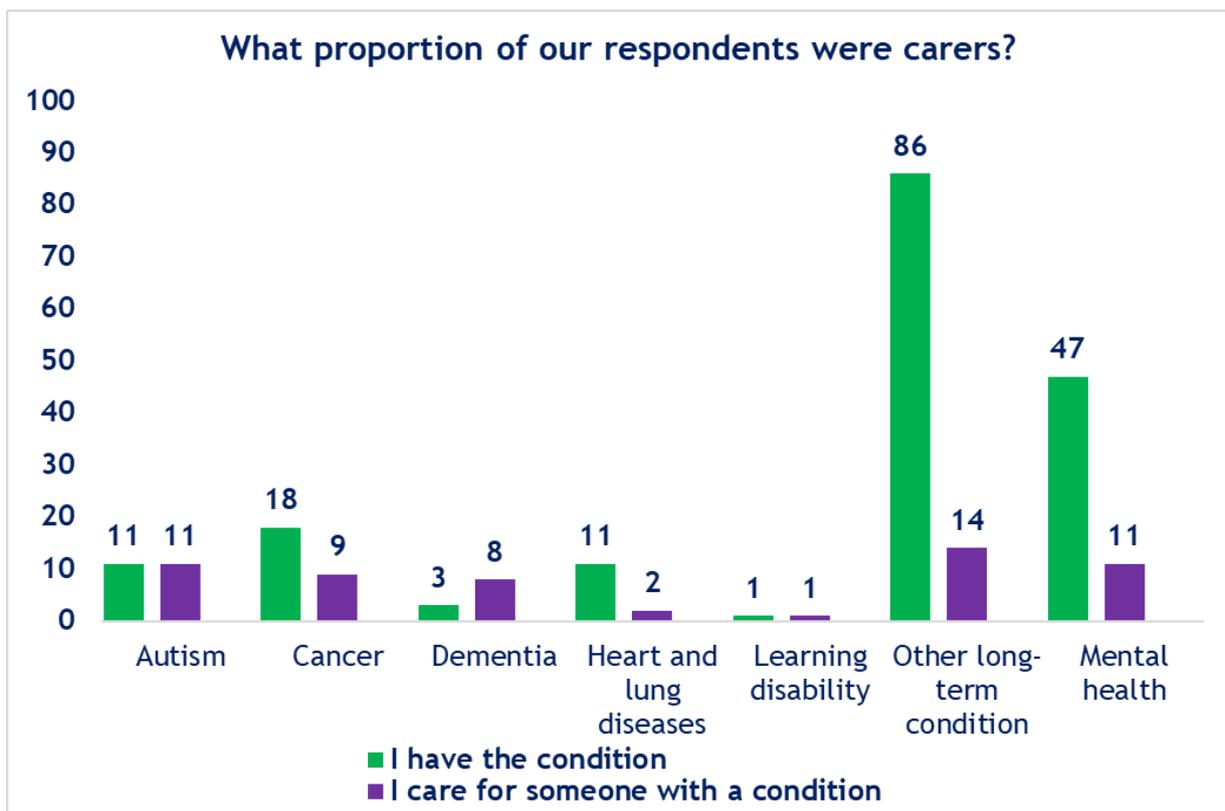
## Section 1: About our respondents

### Q1: What condition do you have experience of?

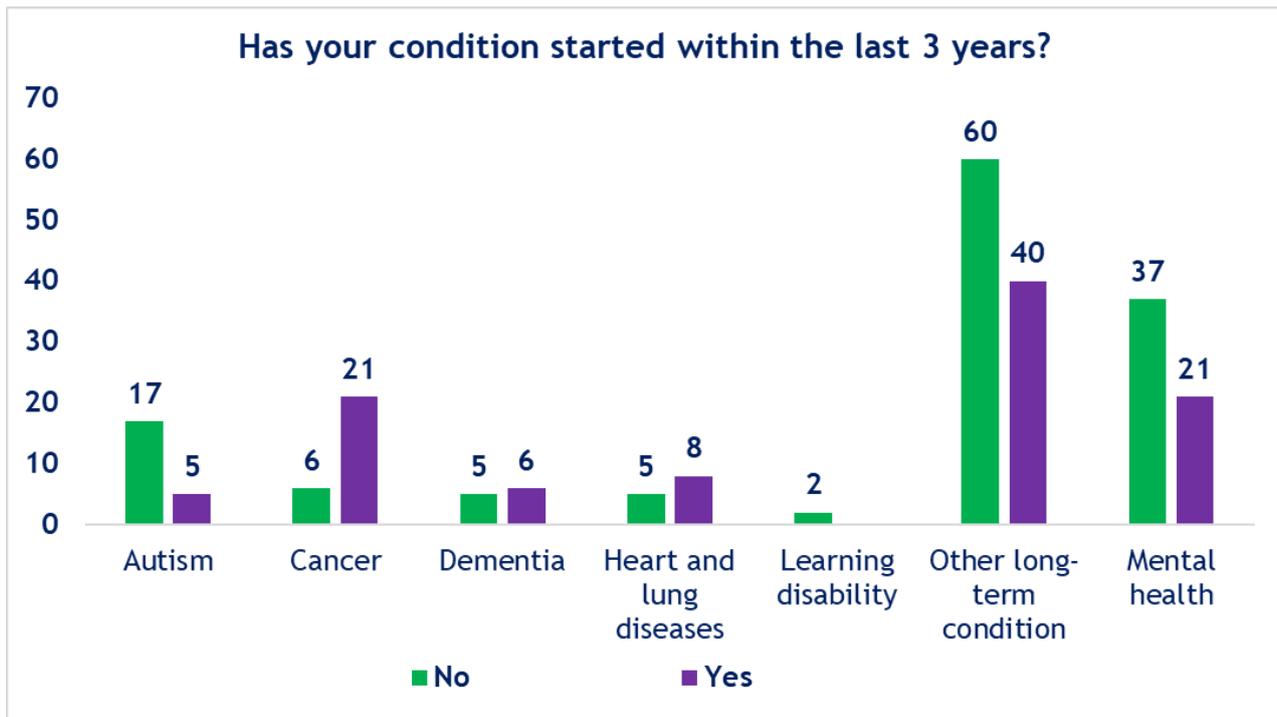


### Q2: Do you have this condition, or do you care for someone who has it?

Most of our respondents were speaking on behalf of themselves. However, in the case of autism and dementia, carers made up at least half of our respondents.



### Q3: How long have you had your condition for?



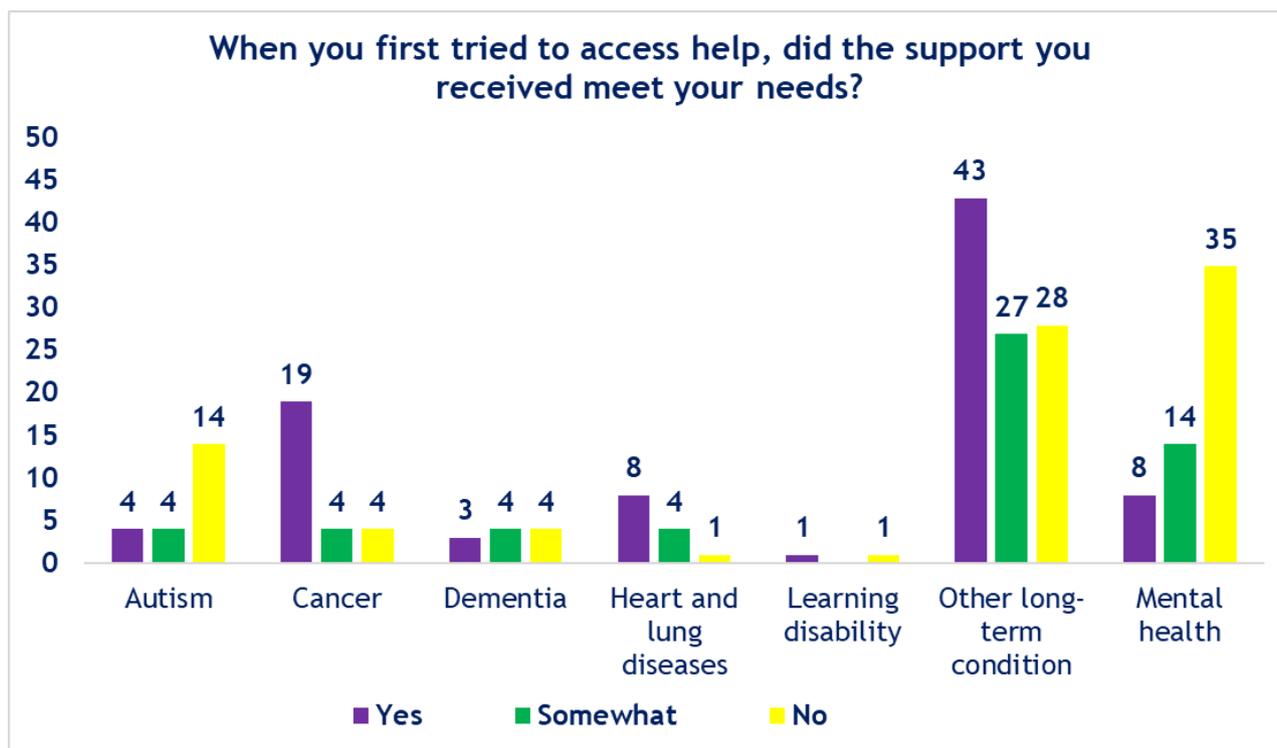
Most respondents with cancer, heart and lung conditions and dementia said they had been living with their condition for less than three years.

Conversely, most people with autism, learning disabilities, mental ill health and other long-term health complaints said they had been living with their condition for more than three years. (Note that in the case of life-long condition autism, we suspect that respondents interpreted this question as meaning “Were you diagnosed in the last three years?”.)

## Section 2: Accessing initial support

On the whole, people living with physical conditions reported a more positive experience of getting help and support than people with non-physical conditions.

#### Q4: When you first tried to access help, did the support you received meet your needs?



76% (105 out of 138) of people with a physical condition found that the initial support they received met their needs fully or partially.

41% (38 out of 92) of people with a non-physical condition found that the initial support they received met their needs fully or partially. People with experience of dementia are more likely to be satisfied than those living with mental health conditions or autism, with 64% (7 out of 11) saying their needs were at least partially met.

#### Q5: How could initial support have been improved?

Although people with physical conditions were more likely to have a better experience of getting initial support than people with non-physical conditions, we found evidence that people in both categories felt care fell short in two ways.

Firstly, people reported long waits, inefficient services and being left to cope alone in the meantime.

*“It took a lot of time and appointments with different doctors and 2 A&E visits and being referred to physio (unnecessarily) before eventually getting a diagnosis. My cancer referral went missing resulting in a long*

*wait even though I rang to chase it up [...] GP surgeries and hospitals should work together more effectively” (cancer)*

People living with autism or mental health conditions often mentioned the distress they experienced while waiting for diagnosis or assessment.

*“Getting a diagnosis took over 4 years and there was no support available during that period” (autism)*

*“Lots of support is only available once you get a diagnosis, nobody helps you by explaining what you need to go through to get one, the waiting list is 3 years” (autism)*

*“When depression or anxiety is bad we need to access psychology immediately. Joining a waiting list of months for just a basic CBT therapist is useless. And when a psychologist is needed waiting 2 years as I am is a disgrace” (mental health)*

Secondly, people felt there was a lack of knowledge among non-specialist health professionals, particularly GPs and regarding autism and other long-term health conditions.

*“It took 2 years to get a diagnosis. GPs need more understanding of hypothyroidism” (other long-term)*

*“I tried to access help and support from my son's GP. I was told ‘we just deal with physical health’” (autism)*

*“The health visitor was not trained in understanding the symptoms of autism and completely overlooked them” (autism)*

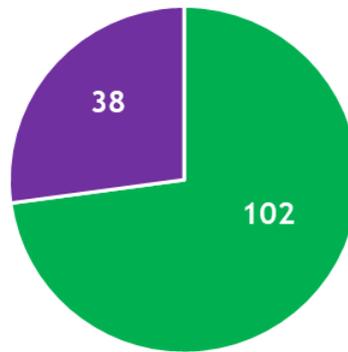
*“Went to the GP and just felt they were fobbing us off” (dementia)*

#### **Q6: How would you describe your overall experience of getting initial help?**

Again, there is a divergence between the experiences of people with physical and non-physical conditions.

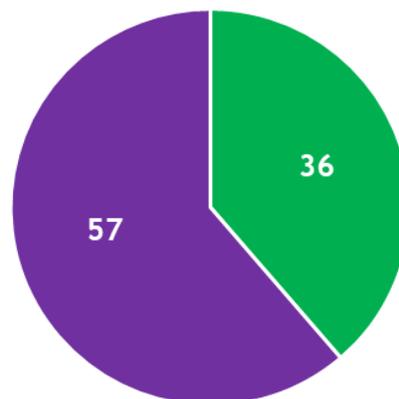
People with non-physical conditions were more than twice as likely to have a negative experience of seeking help than people with physical conditions.

**Physical conditions: how would you describe your overall experience of getting help?**



■ Very positive, positive or average    ■ Negative or very negative

**Non-physical conditions: how would you describe your overall experience of getting help?**



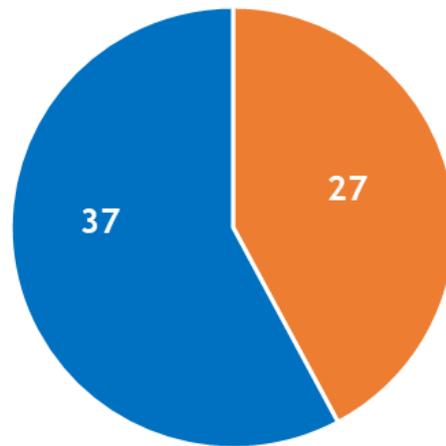
■ Very positive, positive or average    ■ Negative or very negative

**Q7: Do you have any other conditions? If you do, did that make it easier or harder to get initial support for your main condition?**

People with physical conditions were as likely as people with non-physical conditions to have another health concern. 53% of people in both groups have another condition.

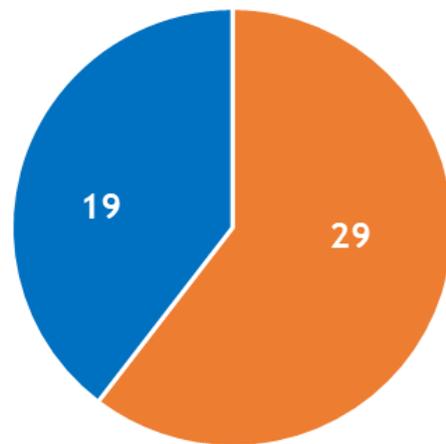
A significant number of people with conditions of all kinds said that having more than one condition made it harder to get support. However, people with a non-physical condition are more likely to give this response.

**Physical conditions: does having more than one condition make it easier or harder to get support?**



■ Harder ■ Easier or no difference

**Non-physical conditions: does having more than one condition make it easier or harder to get support?**



■ Harder ■ Easier or no difference

### Section 3: Waiting times

As we saw in Section 2, long waiting times to get initial support were a particularly significant issue for people living with non-physical conditions. This trend largely appears to persist as they move further through the care journey.

As a general rule, people with physical conditions reported quicker access to support than people with non-physical conditions, whether they were waiting for an initial assessment, treatment or an appointment with a specialist. However, the picture was subtly different across each condition group.

### **Q8: How long did you have to wait for your assessment, treatment or appointment with a specialist?**

#### **Cancer: very fast**

People with cancer have the most consistently positive experience with waiting times at every stage in the care process, with “very fast” being the most commonly chosen option to describe diagnosis, treatment and specialist care.

- 69% (18 out of 26) said waiting for a diagnosis was fast or very fast;
- 74% (20 out of 27) said waiting for treatment was fast or very fast;
- 70% (16 out of 23) said seeing the specialist was fast or very fast.

#### **Heart or lung conditions: mainly fast**

While most people reported a fast service at every stage in the care process for heart or lung conditions, the trend was notably less marked than for cancer patients.

- 54% (7 out of 13) found waiting for a diagnosis fast or very fast;
- 50% (6 out of 12) found the process fast or very fast at the treatment stage;
- 55% (6 out of 11) found waiting to see a specialist fast or very fast.

#### **Other long-term conditions: mixed**

The care process was slow overall for people with other long-term conditions, but appeared to speed up a little post-diagnosis.

- 52% (50 out of 96) found getting an initial assessment slow or very slow;
- 43% (40 out of 94) of patients found waiting for treatment slow or very slow. 36% (35 out of 94) of people found this stage of the process fast or very fast;
- 38% (27 out of 72) found seeing a specialist slow or very slow, compared with 32% (23 out of 72) who found it fast or very fast.

#### **Autism and learning disabilities: mainly slow**

64% (14 out of 22) of people with autism and learning disabilities find getting an initial assessment a slow or very slow process. The picture improves slightly once they have got their diagnosis:

- 53% (10 out of 19) say the wait to get treatment was slow or very slow (7 out of 19 or 37% said it was OK);
- 11 people with autism or learning disabilities we spoke to were able to tell us about waiting to see a specialist, of whom 4 (36%) said it was OK and 4 (36%) very slow.

### **Dementia: mainly slow**

55% (6 out of 11) of the people we spoke to found the wait for an initial assessment slow or very slow. Again, the picture improved slightly post-diagnosis, with fractionally fewer people having a slow or very slow wait for treatment (45%, or 5 out of 11). However, of the 8 with experience of waiting to see a specialist, half thought the waiting period was OK, with the remaining half saying it was slow or very slow.

### **Mental health: very slow**

People with mental health conditions appear to have experienced the longest waiting times.

- 43% (23 out of 54) of the people who were able to tell us about waiting for an initial assessment said the process was very slow; a further 19% (10 out of 54) said it was slow;
- The picture does not improve post-diagnosis, as 43% (21 out of 49) again found the wait for treatment very slow and 24% (12 out of 49) slow;
- This trend continues but becomes less marked when people are waiting to see a specialist. 43% (13 out of 30) said the wait was slow or very slow, and 27% (8 out of 30) said it was OK.

### **Q9: Tell us more about the length of time you waited**

Some of the people who answered this question told us how their wait affected them. The comments below provide an idea of the impact of waiting times at every stage in the care process:

*“It took three months to diagnose which seemed a long time for me because of the pain and discomfort I was in” (cancer)*

*“My son was diagnosed with dyspraxia at 5, dyslexia at 7, but although autism was suspected, that diagnosis didn't come until he was 13. By that time the impact on his mental health was irreversible” (autism)*

*“From the time he noticed signs of dementia to diagnosis was approximately three years. I had to write to our MP on two occasions in order to get the diagnosis”* (dementia)

*“6 weeks which was then another 2 weeks for a referral and another 2 weeks or more for another referral which may or may not happen. Each time I have to talk about multiple traumas without any follow-up support other than crisis numbers.”* (mental health)

*“If I tried to take my life and got sectioned it would be shorter but I shouldn't have to take that step to get help faster”* (mental health)

Around 8 respondents told us that waiting times had influenced their decision to seek private care:

*“I saw doctor privately and they then placed me on their NHS list for follow-up treatment and tests. It was much faster”* (other long-term)

*“When seeking an assessment for my daughter the waiting time was around 4 years. We had to pay for a private assessment which cost £3k”* (autism)

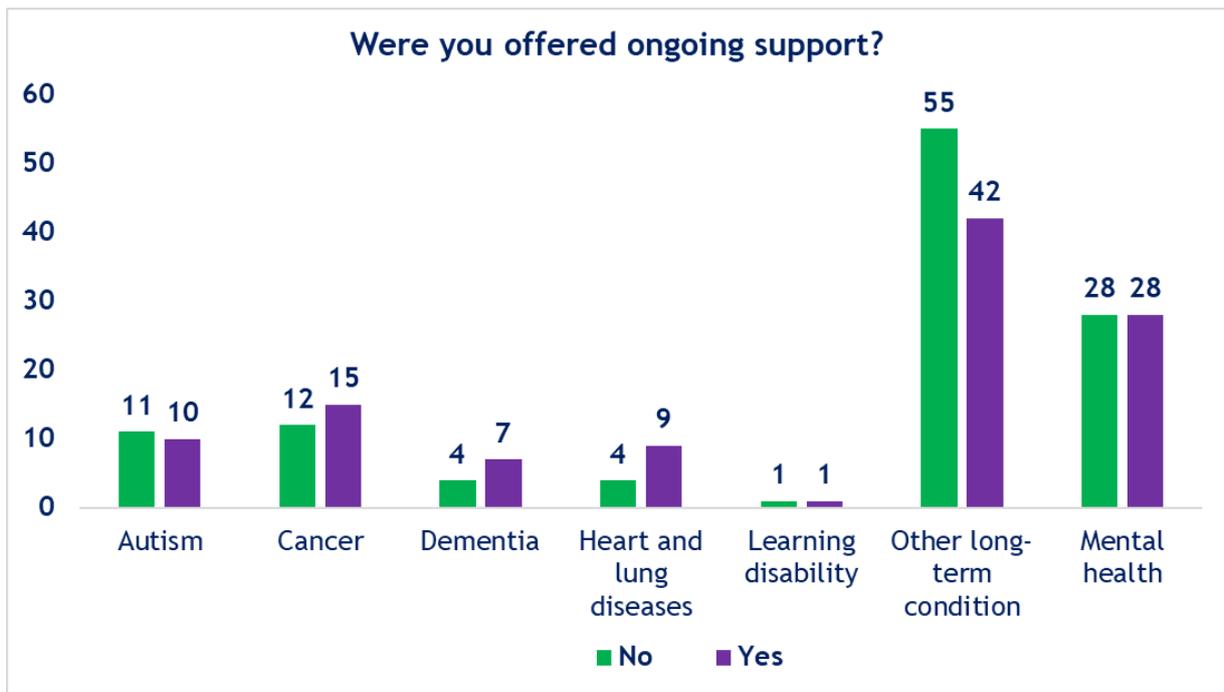
*“Less than 6 months but still that's far too long, so I ended up going private, which has left me with significant financial problems”* (mental health)

## Section 4: Ongoing care and support

**Q10: After being diagnosed or assessed, were you offered access to ongoing support?**

Overall, there were only small distinctions between physical and non-physical conditions when it comes to being offered ongoing care. 48% (66 out of 137) of people with physical conditions report being offered support; the figure for non-physical conditions is 51% (46 out of 90).

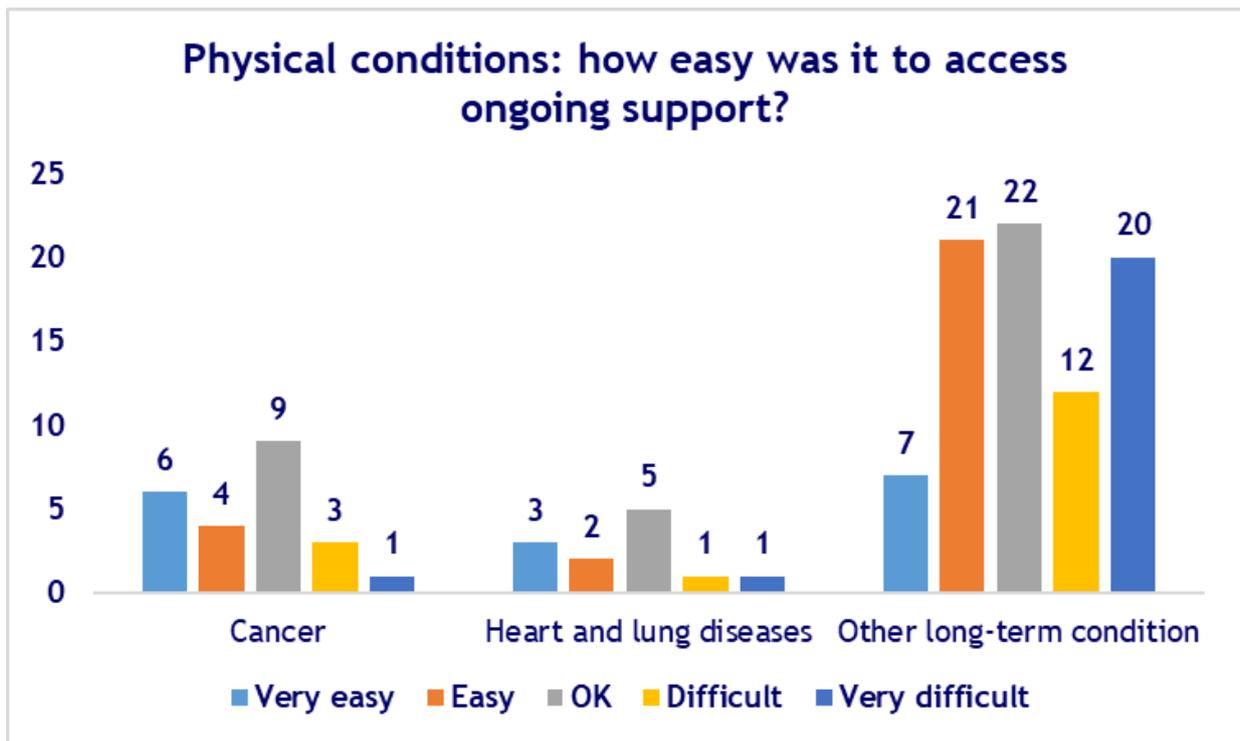
Of all the conditions, people with an “other” long-term condition were least likely to report being offered support.



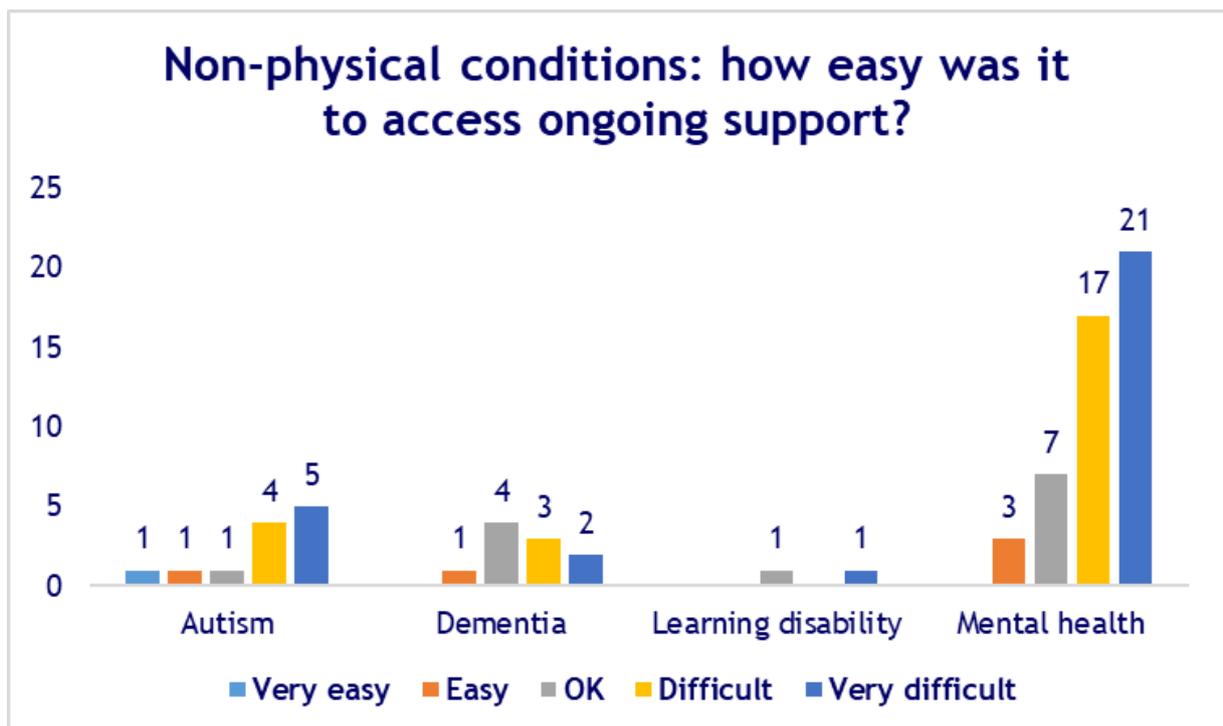
### Q11: How easy did you find it to access ongoing support after you were diagnosed?

We have seen that people with non-physical conditions were slightly more likely on the whole to be offered ongoing help than people with physical conditions. However, people with physical conditions generally found it easier than people with non-physical conditions to access that support.

This said, it should be noted that while people with cancer, heart and lung disorders and so on find it easier on the whole to get support than people with, for example, mental health conditions, that is not to say they always find it “easy”. A significant number (31% or 36 out of 117) describe their access to ongoing support as merely “OK”. Furthermore, people with long-term conditions other than cancer or heart and lung disorders are comparatively likely to report difficulties.



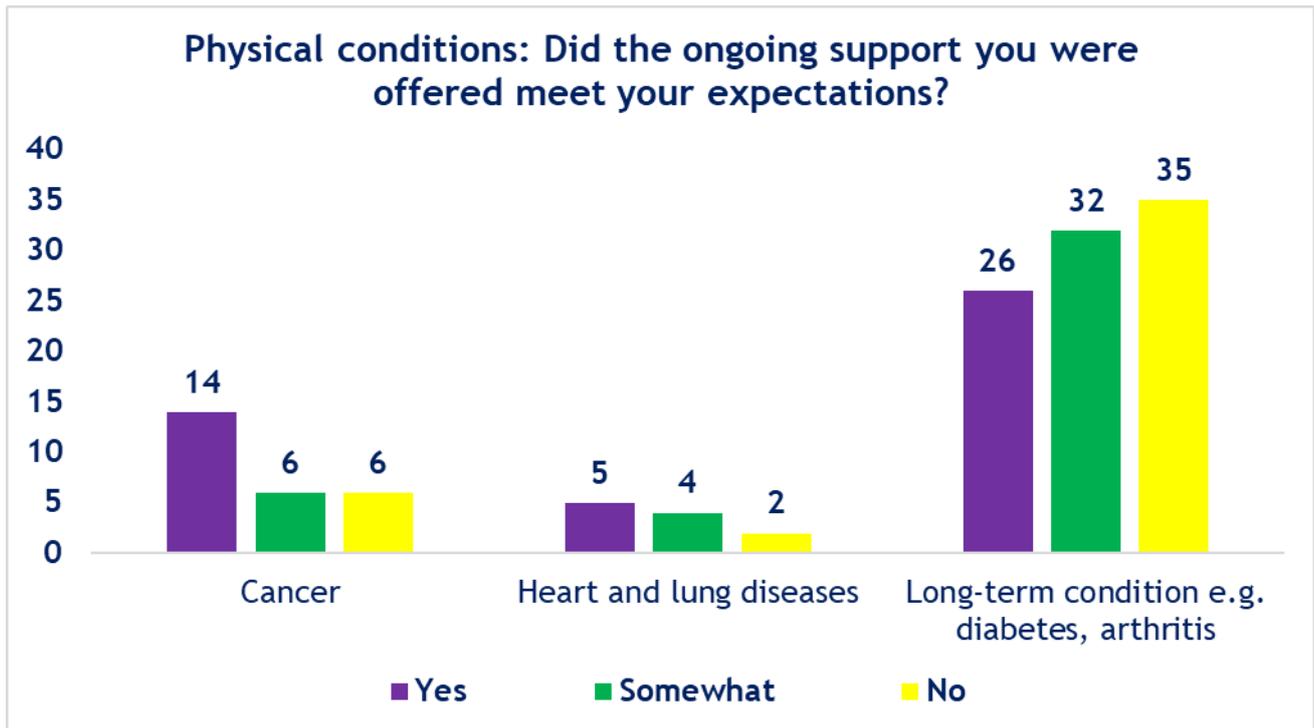
Whilst a person with a non-physical condition is likely to find accessing support difficult or very difficult, this is even more the case if he or she has a mental health condition or autism. 79% (38 out of 48) of people in the former group reported difficulties, as did 75% (9 out of 12) of people with autism.



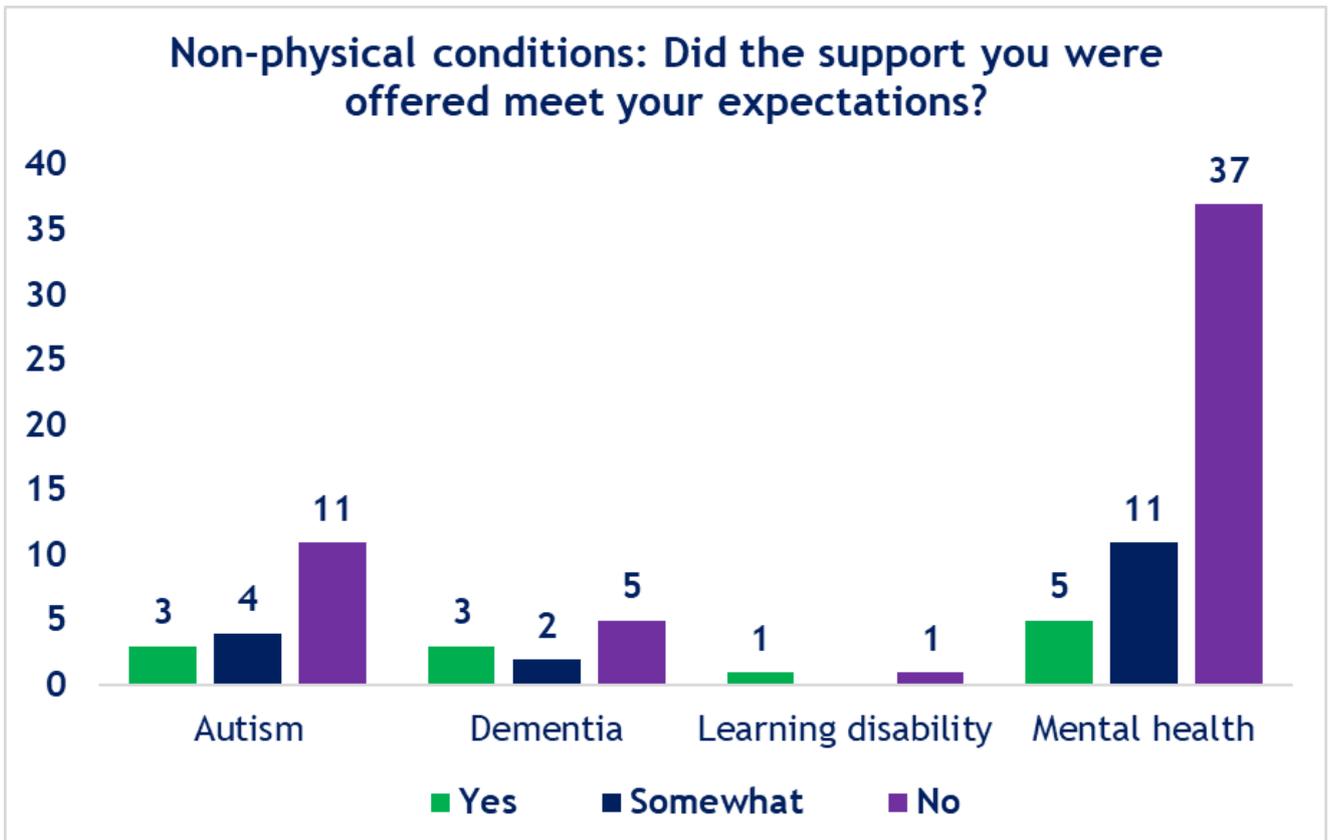
### Q12: Did ongoing support meet your expectations?

When they did get support, people with physical conditions were also more likely than those with non-physical conditions to find it met their expectations.

People with cancer or heart and lung disease are likely to be at least partially satisfied with their post-diagnosis support. This is less often the case for people with other long-term conditions, 38% (35 out of 93) of whom reported that ongoing support did not meet expectations.



At least 50% of people with any non-physical condition felt the ongoing support offered was inadequate; that figure rises to 61% (11 out of 18) in the case of autism and 70% (37 out of 53) in the case of mental ill health.



**Q13: What aspects of ongoing support worked well?**

People’s responses to this question showed that having regular and reliable contact was the main positive, irrelevant of condition.

While different professionals were mentioned as providing ongoing support (for example physiotherapists or Macmillan nurses), what worked well for people was having ongoing access to some kind of person-to-person support.

Condition	Support cited	What people said...
<b>Cancer</b>	NHS/Macmillan nurses (including palliative care nurse)	<i>“I established contact with MacMillan through whom I received much support at a time when I was somewhat bemused by the diagnosis and the rapidity with which things were moving. Their calm, no nonsense attitude to the problems perceived by me helped me to face the situation. I still have regular contact with them”</i>
	Age UK	
	Support groups	
	Cancer mental health service	
	Occupational therapist	
<b>Heart and</b>	Cardiac rehab	
	Lung function nurse	

<b>lung</b>	Nurse practitioner	
	Support groups	
	Heart specialist	
	Respiratory physio	
<b>Other long-term</b>	Physiotherapist	<p><i>“Being seen regularly at outpatients appointment”</i></p> <p><i>“Having a named person who was there to help and with whom a rapport could be built”</i></p> <p><i>“I now go to a regular clinic once a month and feel very knowledgeable of what I can and can’t do”</i></p>
	ABA Leeds (support organisation)	
	Regular clinic	
	GP, specialist doctor, nurse	
	Dietician	
	Occupational therapist	
	Desmond group	
	Health groups	
	Low vision clinic	
<b>Autism/LD</b>	SCIP school	<p><i>“Quality of preschool support good, but only for 1 hr per week. NHS support for school age autistic children is non-existent.”</i></p> <p><i>“Signposted to Leeds Autism Hub which was very helpful”</i></p>
	Portage visits	
	Speech & language	
	Pre-school support	
	Autism Hub	
<b>Dementia</b>	Social worker	<p><i>“We had a support person come to the house with a wealth of recommendations, most of which we accessed and found useful”</i></p>
	Mental health clinics	
	District nurse	
<b>Mental health</b>	Touchstone	<p><i>“I was offered regular appointments”</i></p> <p><i>“Counselling was hugely helpful, and I only wish I could have got more of it, more regularly.”</i></p>
	Respite service	
	Support groups	
	LADS	
	Counsellor	
	Community psychiatric nurse	

## Q14: What aspects of ongoing support could be improved?

People across all conditions reported the following gaps and problems in their ongoing care.

Problem	What people said...
<p><b>I feel that I have been left to cope on my own</b></p>	<p><i>“After my initial referral to mental health support worker I have just been cut loose”</i> (mental health)</p> <p><i>“I think you should be given a dedicated supporter to contact with concerns during and after treatment (with contact times of course and not forever)”</i> (cancer)</p> <p><i>“Absolutely no holistic, wrap around care and support with living with a progressive condition [...] This meant that my husband and I were left totally behind and constantly scrabbling to keep up with everything”</i> (other long-term)</p> <p><i>“All the support is means tested and we do not qualify. I therefore have no support in looking after G’s needs and I care for him on my own”</i> (dementia)</p> <p><i>“Waited months for a social worker. Then didn’t have one for long. [My relative is] mainly left to struggle on her own”</i> (dementia)</p> <p><i>“Initially, I had a mental health support worker - I was making real progress. After 6 sessions this came to an end and I am now struggling”</i> (mental health)</p>
<p><b>The support wasn’t tailored to my circumstances</b></p>	<p><i>“We don't understand what support is out there. We live in a household where both parents work full-time and we have a child under the age of 10 - so we're busy. We need to know what's available [...] outside of working hours.”</i> (long-term other)</p> <p><i>“I was referred to a stroke club for old people but I was only in my 40's, it was not suitable for a younger person”</i> (long-term other)</p> <p><i>“There only seems to be services which cater for people with higher dementia needs. There should be some support for people who have dementia but can still function in society”</i> (dementia)</p>

<p><b>I have to constantly chase services up</b></p>	<p><i>“If you're willing to work hard to pursue the care you need, you can access it” (mental health)</i></p> <p><i>“Felt as a parent I needed to be well educated about my son’s condition and proactive in asking for help in some areas.” (autism)</i></p>
<p><b>The mental health or emotional support I needed wasn’t there</b></p>	<p><i>“Better emotional support. Annual diabetic reviews do not provide the right platform for meaningful discussion unless you are extremely comfortable in your ability to articulate your needs” (long term other)</i></p> <p><i>“One aspect that may have been missing is the support regarding the impact the cancer had on my day to day life in terms of mental impact. I obviously had a lot of issues to deal with and whist there is offers of support it is often somewhat lacking” (cancer)</i></p>

We also noted a significant trend in responses from people living with mental health conditions. It was particularly common for people in this group to say support was inadequate because they felt that their diagnosis was incorrect or therapy did not meet their needs:

*“I'm still waiting to see a real person. Am using an online supporter but it's not really what I need.”*

*“GP didn’t recognise I had bipolar for years, just giving me antidepressants, which were actually making me worse even though I said I was hallucinating”*

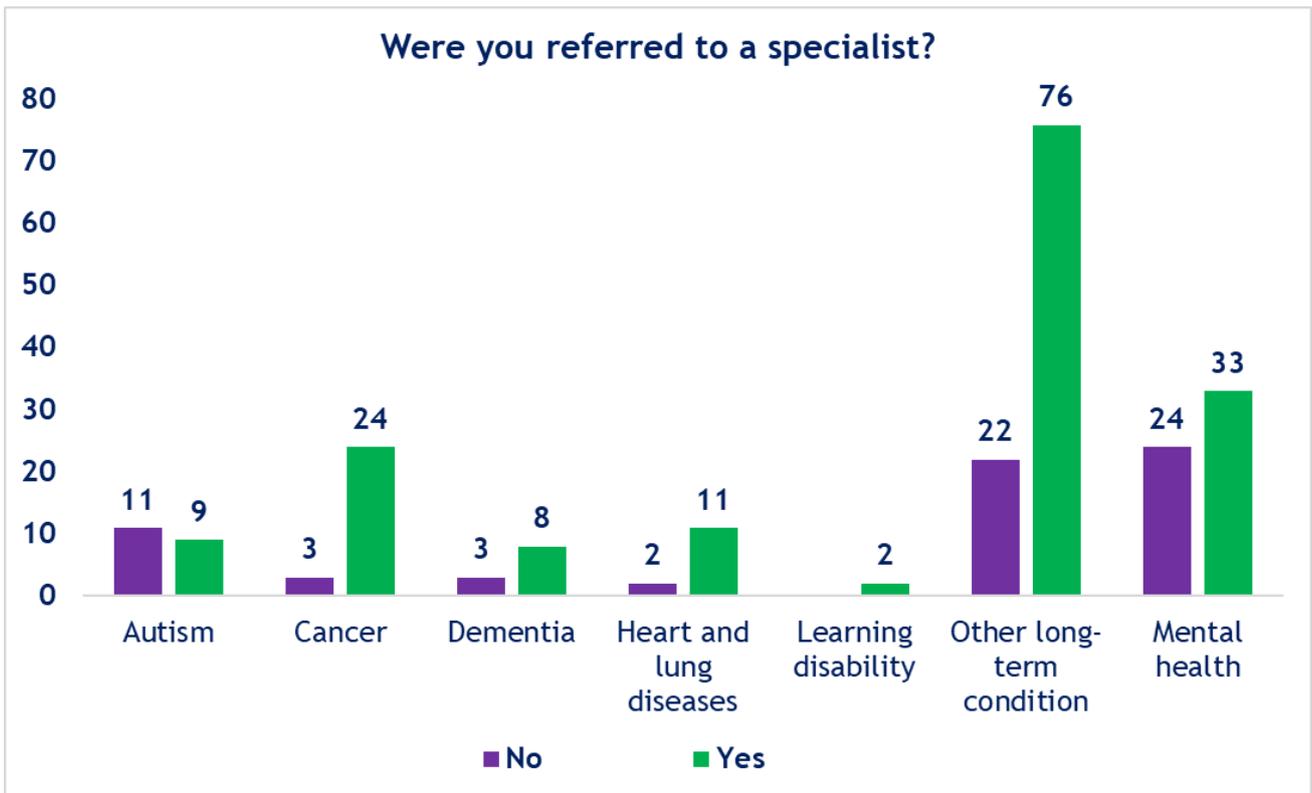
*“I accessed IAPT talking therapies/CBT but did not find this to be very helpful. A more supportive coaching type of approach could have been better.”*

*“It would have been better to have a full assessment. I found out recently that I have autism which causes my depression. This was missed and I had years of unsuccessful treatment in the form of medications which caused lots of side effects.”*

**Q15: Were you referred to a specialist?**

More people than not were referred for specialist care - except in cases of autism. More research is needed to determine why this might be, but it is worth bearing in mind that a number of respondents with autism note

elsewhere in the survey that they have been waiting many months or years to get the care they need.

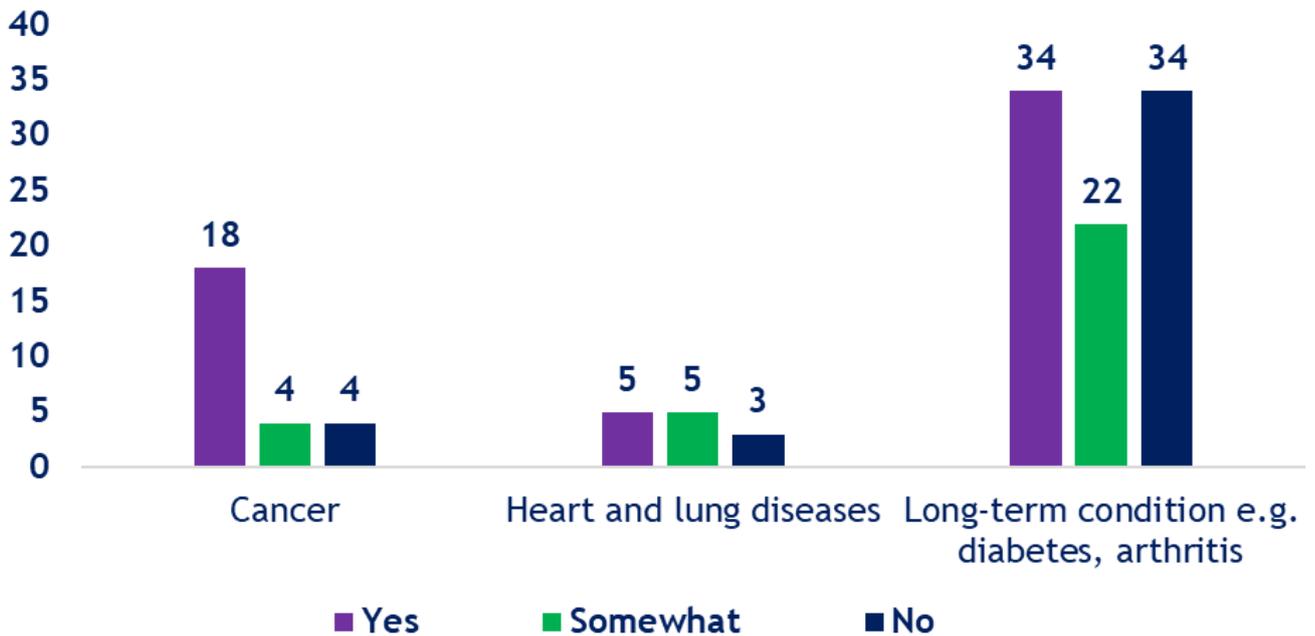


## Section 5: Communications

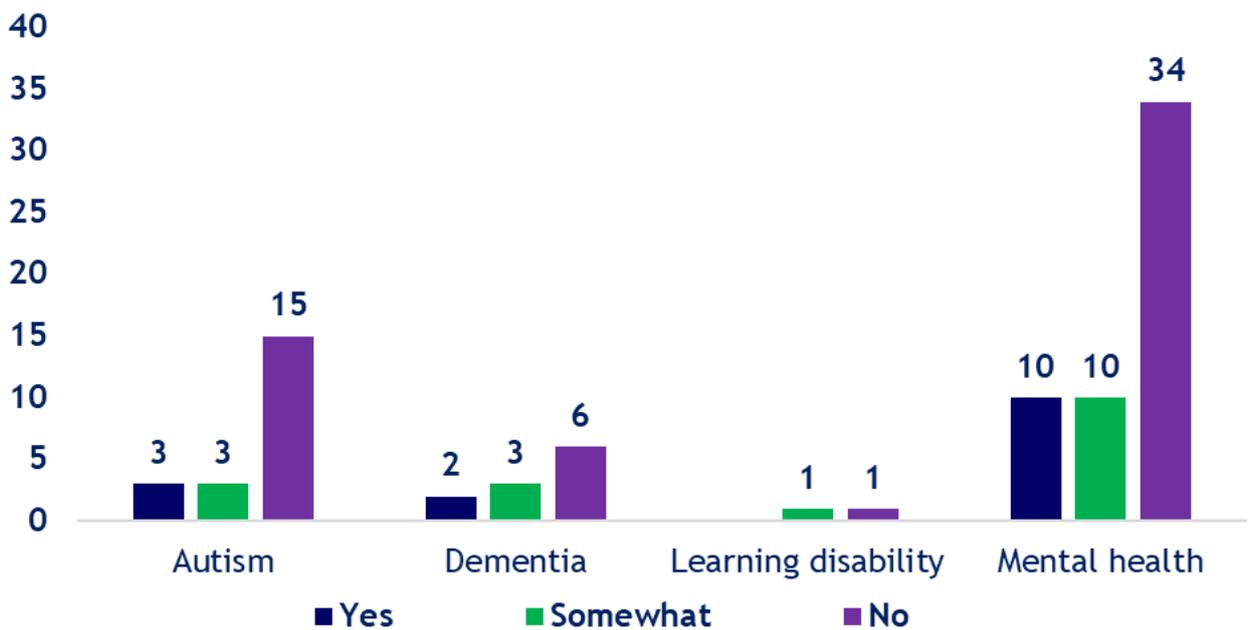
**Q19a: During your whole experience of getting support, did you receive a timeline and consistent communication from all the services you came into contact with?**

Cancer services appear to be particularly good at communicating consistently, whilst people using mental health and autism services reported significant difficulties in this area. 71% (15 out of 21) of people with autism and 63% (34 out of 54) of people with a mental health condition say they did not get consistent communications, as opposed to 69% (18 out of 26) of cancer patients who say that they did.

### Physical conditions: Did you get a timeline and consistent communications?



### Non-physical conditions: Did you get a timeline and consistent communications?



### Q16: Did the communications you got meet your expectations?

Answers to this question largely mirrored responses seen elsewhere in the questionnaire, touching on, for example, a feeling of being left to cope alone and having to chase up professionals.

We received a small amount of evidence around the following issues:

Problem	What people said...
<p><b>Inconsistent messages</b></p>	<p><i>“Local nurse says grapes are “sugar bombs”, expert says they’re ok to have a few as part of healthy diet - how can they be polar opposites?”</i> (other long-term)</p> <p><i>“Some clinicians will say you should qualify for foot care and then others tell you that this isn’t the case”</i> (other long-term)</p>
<p><b>A lack of clarity when managing multiple conditions or referrals</b></p>	<p><i>“Calls aren’t returned, you speak to someone different each time, no joint working between mental health and learning difficulties, their databases don’t even match up”</i> (mental health)</p> <p><i>“Constantly being told we need new referrals here there and everywhere makes you it feel like no-one can be bothered unless they have the correct piece of paper”</i> (other long-term)</p>
<p><b>A lack of communication</b></p>	<p><i>“It should be easier to ask queries. It’s difficult to think straight during and after treatment and any minor concerns seem huge. Do you ring your GP or the specialist? How do you contact a specialist direct? I ended up not getting help at all and gave myself avoidable anxiety.”</i> (cancer)</p> <p><i>“Mental health team discharged me claiming I’d not responded to the letter but I never received letters”</i> (mental health)</p> <p><i>“Not getting the check-in phone calls they told me would happen while I waited. Limited communication through letters and sometimes not telling me who I was seeing for what reason. Not good for anxiety!”</i> (mental health)</p>
<p><b>Communications weren’t tailored to my needs</b></p>	<p><i>“Everything was given in easy read, not appropriate for my ability level. Felt like a child. Need diversity for all adults”</i> (autism)</p> <p><i>“I have serious sight loss but they still send letters, appointment cards, emails with inaccessible attachments”</i> (other long-term)</p>

	<p><i>“Whilst there is a place for written information, the amount of leaflets that are used to convey information rather than it be explained means that you often can't ask questions when appropriate” (cancer)</i></p> <p><i>“Letters sent straight to my father who has dementia. [...] I think people who have dementia should be asked if they want a "nominated person" to send information to” (dementia)</i></p>
<p><b>Communications didn't include the whole family</b></p>	<p><i>“More collaborative working with the family” (dementia)</i></p> <p><i>“My daughter was discharged from CAMHS without our knowledge. Although an adult, she is like a child and nobody will speak to me because she's over 18, even though I care for her.” (autism)</i></p>

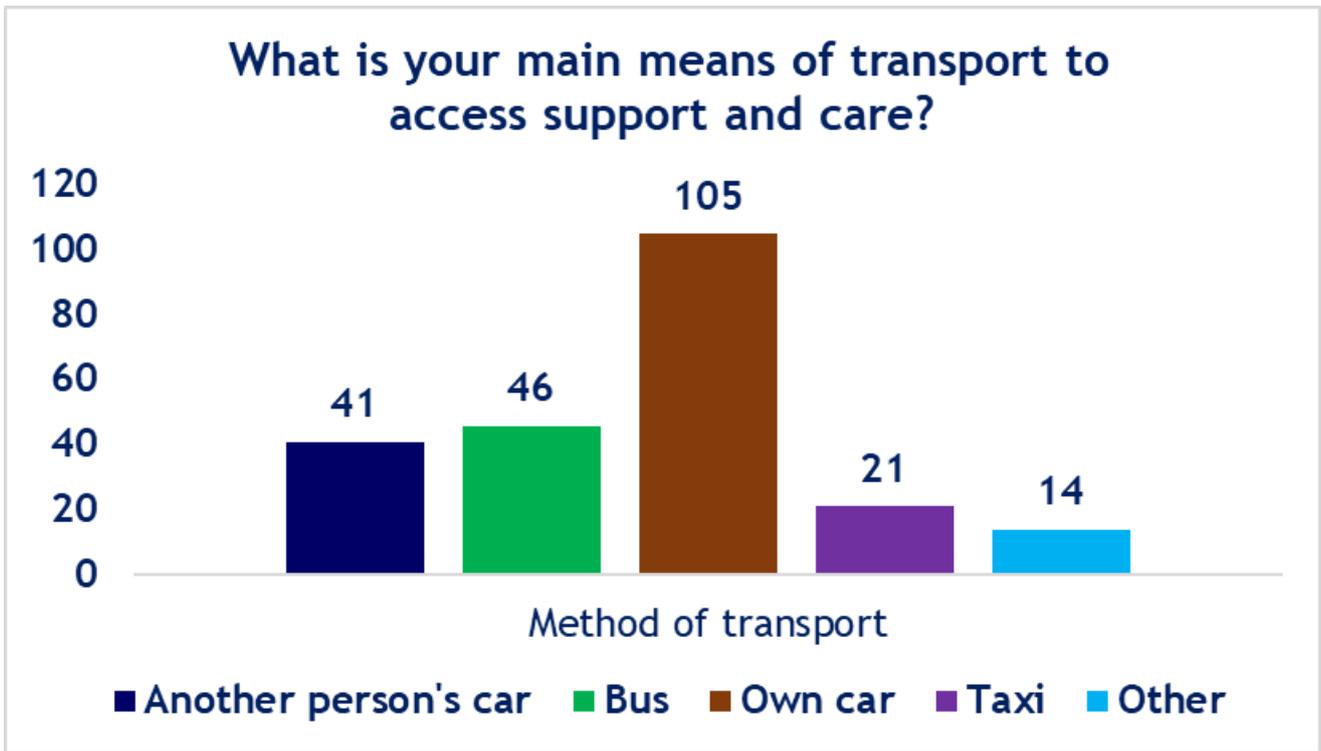
## Section 6: Travelling to access support and care

Our data suggests there are no significant differences between conditions in terms of:

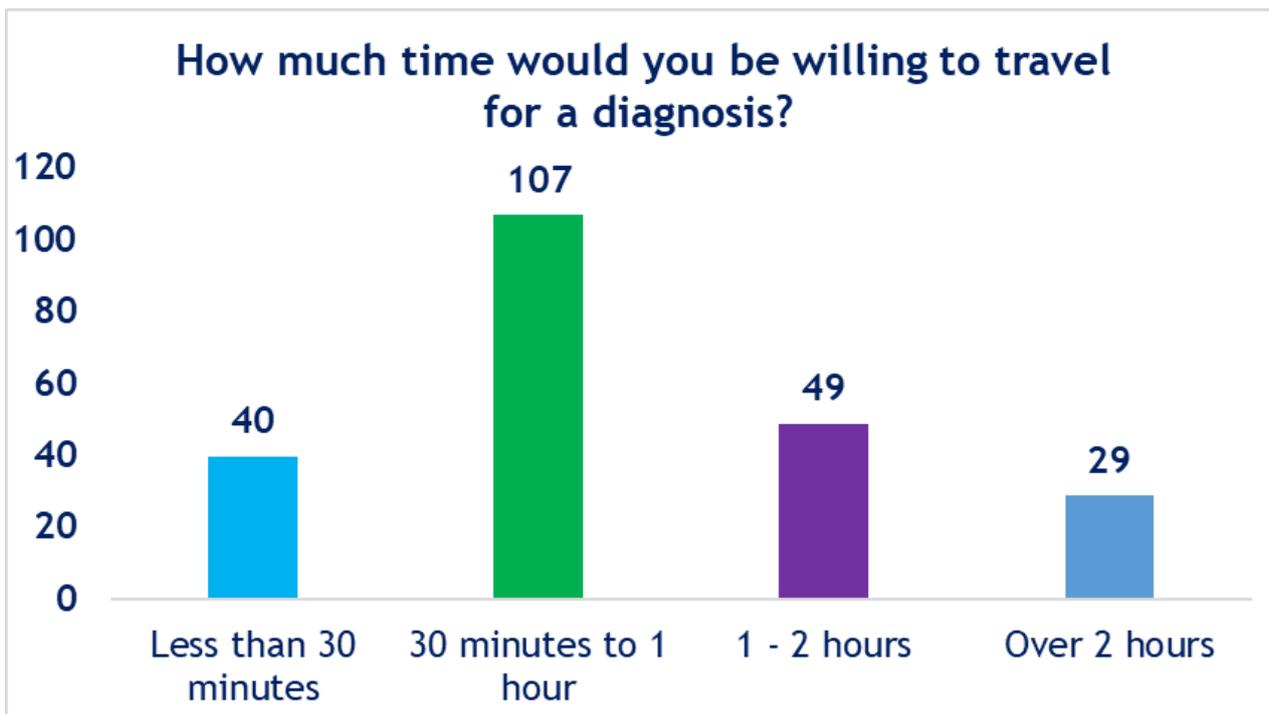
- How people travel to appointments
- How far they would be willing to travel to get a diagnosis
- How far they would be willing to travel to get specialist treatment

People are generally slightly more willing to travel further to see a specialist than to get a diagnosis.

Most respondents drive. People are more likely to rely on public transport (bus) than private transport (taxi).



Most people felt it was reasonable to travel up to an hour to get a diagnosis.



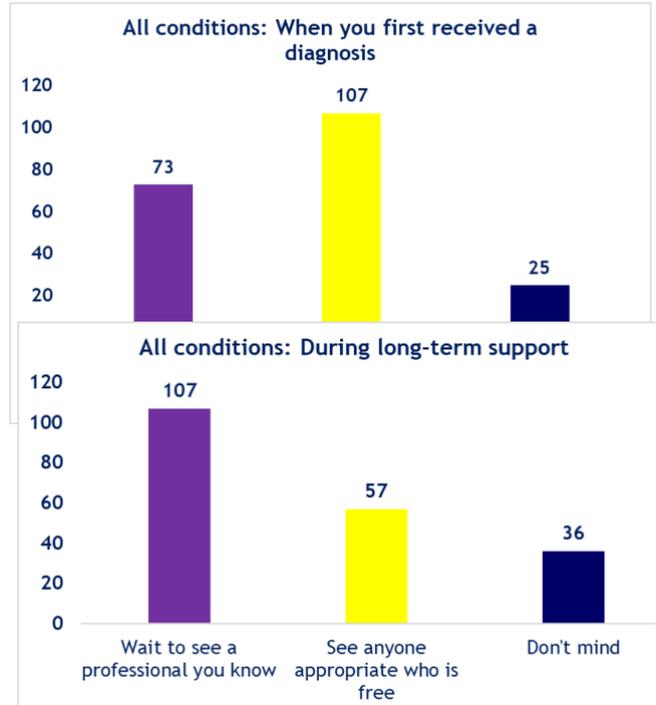
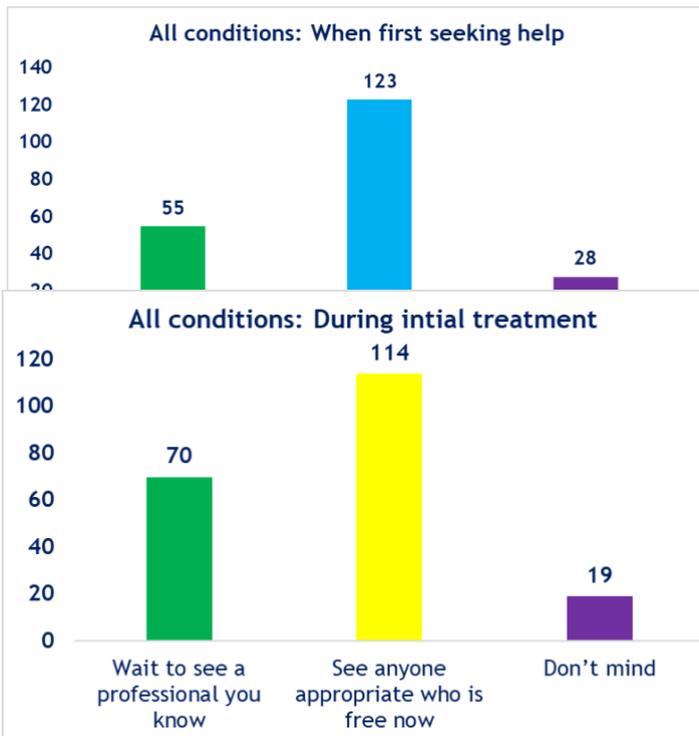
People are slightly more willing to travel longer distances to see a specialist: 22% (49 out of 225) of people would be willing to travel up to 2 hours for a diagnosis, but that figure rises to 33% (75 out of 226) for consultations with a specialist.



## Section 7: Do you prefer to see someone quickly or to see someone you know?

As a general rule, during the initial stages of the care process, people prized speed over familiarity with individual health care professionals.

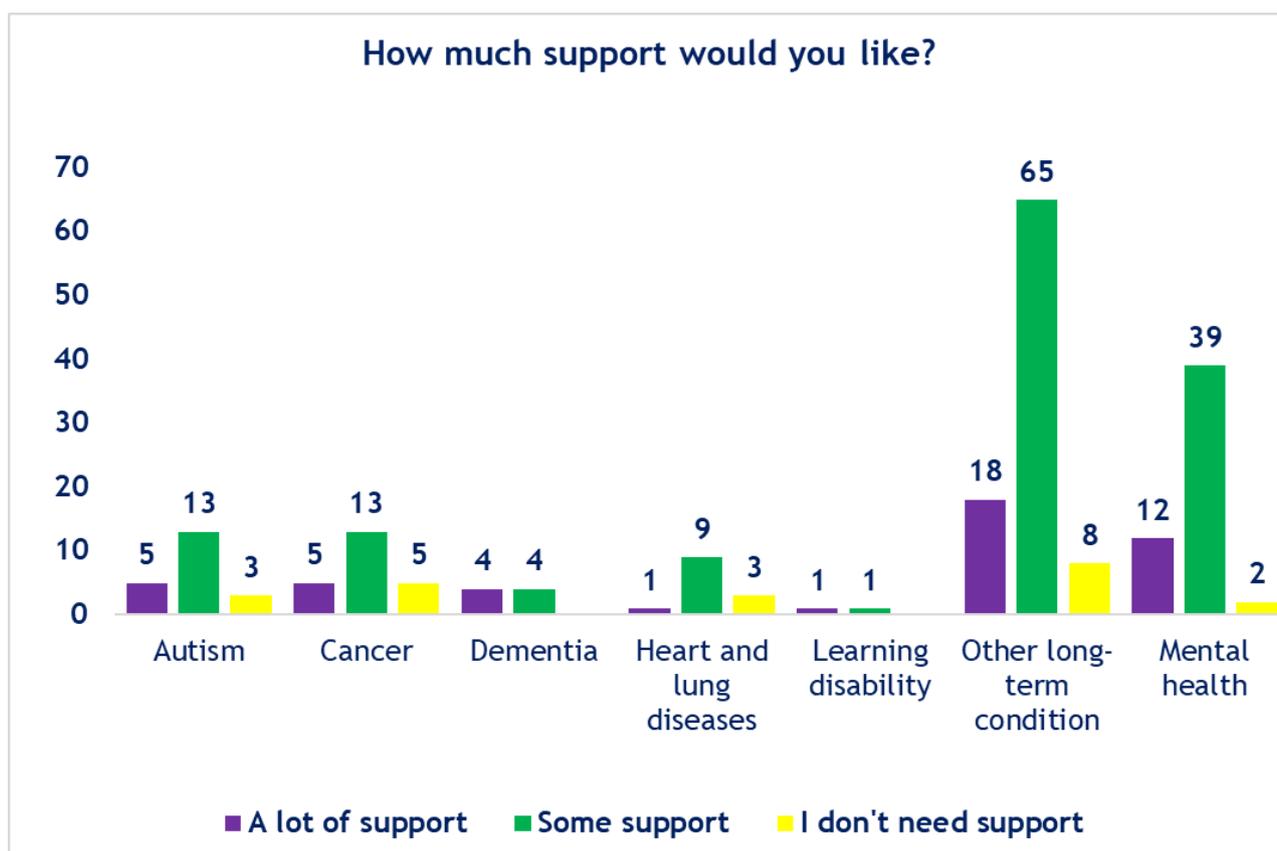
However, once they have had received their initial diagnosis and treatment, they would then generally prefer to wait longer to see a professional they knew.



## Section 8: Supporting you to have more control over your care

### Q17: What level of support do you want the NHS to provide to help you stay healthy?

Most people across every condition said they would like “some support” to stay healthy.



### Q18: What could the NHS do to help you stay healthy or manage any condition you have?

#### Across all conditions

Individuals expressed a wide range of suggestions in response to this question. As reflected by the word cloud below, the most common responses across all conditions were around getting relevant information and advice and access to help and support from health professionals when needed.



*someone and other patients with long term conditions and get information. Even once a month would help.”* (other long-term)

*“Open a telephone line to an expert advisor. It might save some newer patients having to call an ambulance. We need more active help to learn to self-manage our condition.”* (heart and lung)

Some people expressed how they were happy with the care and support they receive from the NHS and expressed their gratitude with how it had helped them. Some were happy to self-manage their condition, whilst others said they needed support to do this.

*“I manage it myself. If there was a problem I would like there to be someone out there to help”* (other long-term)

The NHS providing more continuity and co-ordination of care were important for a significant number of people with long term conditions, particularly those with more than one condition.

*“I like to see someone who knows me and can see the whole picture - fragmented care where I see different doctors all the time is no good”* (heart and lung)

*“Don't look at conditions separately - one person should have a team of professionals”* (dementia)

*“There should be more input from the community nursing team... If someone is classed as housebound, would it not be better to have a housebound co-ordinator, for example a community matron, who can take ownership of the person and co-ordinate all that is required, including all these referrals? Just having one person to contact would make life so much easier for us.”* (other long-term)

Other people said they wanted:

- Emotional support for long-term conditions
- Support groups and courses to educate about specific conditions
- More access to physiotherapy, occupational therapy and neurology
- More info and advice around diet and nutrition and opportunities to exercise that were local, affordable and tailored to people with long-term conditions

*“Giving dedicated swimming facility to disabled persons at a free or reduced rate. Having access to a dedicated swimming place all day would encourage more disabled persons to maintain as much good health as they*

*could in a place where others aren't judging or we feel we're in their way"* (other long-term)

*"Get more neurologists so waiting times are reduced. Neurology is abysmal now compared to what it used to be"* (other long-term)

- To be treated as a person and not just seen as a condition
- Medical professionals to have more knowledge of rare conditions
- Better care for vulnerable people in A&E

*"I have accompanied my mum [to A&E] and time spent there is definitely an eye opener as there were a number of elderly people there who were too ill to do anything but mainly left to their own devices due to the shortage of staff. The 89-year-old man in the next cubicle had both his buzzer and his calls ignored for some 20 minutes until my nephew collected and furnished him with a urinal to enable the poor desperate patient to relieve himself. Similarly, we were providing basic care for my mum as the staff were just not there to do this for her"* (heart and lung)

## **Mental health**

For those with mental health conditions, there was a focus on having more access to appropriate professionals, not just support for those people in crisis, and also people said they wanted to be listened to. Some people suggested that more mental health support available from GP surgeries, and less reliance on their GP.

*"I think there should be more focus on prevention rather than the cure. Making people understand the cause of things could help. Need to educate people, especially in my community (Muslim) where people don't know so much about healthy eating and especially about mental health"* (mental health)

## **Autism**

What also comes across for people with autism is the need to be listened to and understood.

## **Dementia**

Some people commented on the good support they'd received from their GP and that this was something that the NHS was doing well to help them manage their condition. The main thing that stood out for dementia was that there needed to be more help and support for carers to cope and know what to expect.

## Next Steps

Each local Healthwatch involved in this piece of work will be looking at the data for their local area to pull out any local variations and themes.

This report will be shared with West Yorkshire and Harrogate Health and Care Partnership. They have said that they will use what is said in this report to develop their plan setting out their ambitions for the next five years and identifying any work needed to align with the NHS Long Term Plan. It will build on their work to date and will be a refresh of their '[Next Steps to Better Health and Care for Everyone](#)'.

We will work with West Yorkshire and Harrogate Health and Care Partnership to ensure that this is done throughout their five year strategy and that people's views are taken into account.

We will also share the content of this report with as many other strategic partners as possible in health and care and wider.

We will thank participants and share findings with them via direct email where they have requested it and also more generally by sharing through all local areas' communications networks. The report will also be published on all of the West Yorkshire and Harrogate and Craven local Healthwatch websites, as well as the West Yorkshire and Harrogate Health and Care partnership website.

## Thank you

This report has been written by Harriet Wright and Anna Chippindale, project workers at Healthwatch Leeds, in collaboration with Parveen Ayub, Tatum Yip, Stuart Morrison and Craig McKenna.

Thank you to Healthwatch Bradford, Calderdale, North Yorkshire and , Kirklees, and Wakefield for being key partners in making this work happen and to Parveen Ayub who co-ordinated most of the focus groups and pulled the project together. Thank you also to Mark Gerdes, volunteer from Healthwatch Bradford who helped us with some of the data analysis, report writing and the word cloud.

Finally, a big thank you to everyone who took the time to share their views and to all the community groups who kindly hosted us to do a focus group: a full list can be found in Appendices 3 and 4.

## Appendix 1: General survey questions



### NHS Long term plan #WhatWouldYouDo?

Make your voice count

NHS England has just released its NHS Long Term Plan, which tells us how the NHS should change to better fit the needs of people in England and Wales. It includes information about different ways to spend the money invested in the NHS to concentrate more on helping us all stay healthy, have more control of our personal health, and prevent ill health.

We want to understand more about what is important to you when it comes to staying well and accessing health services. Please respond to the questions in our survey to share your views.

This survey will close on the 3rd May.

**\* 1. Do you consent to Healthwatch and the NHS using your responses? Any information you share with us will be used anonymously in a report. 'Anonymously' means that we will not use any information that would identify you.**

- Yes
- No

**\* 2. In which area do you live?**

**3. Tell us up to three things you already do to stay healthy and well.**

1

2

3

**4. Tell us up to three things the NHS and its partners could do differently to help you stay healthy and well.**

1

2

3

**5. When it comes to health services, what is most important to you, to help you live a healthy life? Score 1-4 with 1 being the most important**

<input type="checkbox"/>	<input type="text"/>	Information to help me do what I can to stay well
<input type="checkbox"/>	<input type="text"/>	Access to the help and treatment I need when I want it
<input type="checkbox"/>	<input type="text"/>	Staff that listen to me when I speak to them about my concerns
<input type="checkbox"/>	<input type="text"/>	Information to help me make informed decisions about my health and care

**6. What are the three most important things to you when talking to health professionals about your care?**

- That my personal experience and expertise is valued and recognised
- That I am involved in planning and identifying my own goals, not just about my healthcare but about my life in general
- For services and professionals to work together and share information in providing care and support
- That the information I receive is tailored to my individual health needs
- How quickly I can make an appointment or have chance to talk with them
- That I understand what they are advising me to do and I can go away and be confident that I am doing the right thing

Would you like to suggest anything else when talking to professionals about your care?

**7. The NHS wants to work more digitally, offering more services online such as accessing your health records or having video calls with your GP or health staff. Please tick yes, no or not sure for the following statements.**

	Yes	No	Not sure
I would like to access my medical information digitally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like the option of talking to my GP or other health professional by video call	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would be happy to book appointments online	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would need help accessing the NHS digitally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is there a reason why you would not use digital services, please tell us your reasons? For example, you do not have internet access

**8. If you are already using NHS digital services, can you tell us about your experiences?**

**9. Do you know where to go if you have an urgent medical need (when you need urgent help on the same day) other than your GP practice or A&E (which is for emergencies only)? Please tell us where.**

**10. In the last 12 months have you accessed any of the following services for an urgent medical need? Please rate how it was.**

	Very satisfied	Mostly satisfied	Not satisfied	It was detrimental to my health (made things worse)
Pharmacist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telephoned 111	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telephoned 999	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GP out of hours service - telephone consultation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GP out of hours service – directed to another practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GP out of hours service - home visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attended urgent treatment centre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attended A&E	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

**11. What three things do you think are the most important to improve support for people's mental health?**

- Support to be available quickly when needed
- More community support e.g. local drop-ins where you can talk to people about how you are feeling
- Access to talking therapies eg. counselling or IAPT
- Compassionate and respectful staff
- NHS mental health emergency support service 24 hours a day 7 days a week
- One place to contact all mental health services

Is there anything else that you would like to add about mental health services?

**12. What could the NHS do to make sure children and young people have the best start in life and to live healthy lives?**

**13. What is your understanding of personalised care? Please tell us in the box below**

**14. If you could change one thing about the way the NHS works, what would you change?**

**Optional**

With this survey we are aiming to try and hear from people with as many diverse backgrounds as possible, by taking a couple of minutes to tell us about your background it will help us know who we have reached.

**Equality and Diversity - (Please provide monitoring information about yourself or if you are a carer about the person you have filled it in for)**

**15. What is the first part of your postcode**

example:

HD6

**16. Gender**

- Female  Transgender  
 Male  Prefer not to say  
 Or if you describe your gender in a different way, please tell us

**17. Your age**

- 11-15  50 to 64  Prefer not to say  
 16 to 24  65 to 79  
 25 to 49  80+

### 18. Individual ethnicity

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- White & Black Caribbean
- White & Black African
- White & Asian
- Indian
- Pakistani
- Bangladeshi
- Chinese
- African
- Caribbean
- Arab
- Prefer not to say

Any other ethnic group - please describe

### 19. Do you consider yourself to be disabled?

- I do not have a disability
- I have a physical and mobility impairment ( such as using a wheelchair to get around and/or difficult using your arms)
- I have a sensory Impairment (such as being blind/having a serious visual impairment or being deaf/having serious hearing impairment)
- I have a mental health condition (such as depression or schizophrenia)
- I have a learning disability (such as Downs syndrome or dyslexia) or cognitive impairment e.g. Autism or head-injury)
- I have a long term condition (such as cancer, HIV, diabetes, chronic heart disease or epilepsy)
- Prefer not to say

### 20. Are you a carer?

- Yes
- No
- Prefer not to say

### 21. Sexual orientation

- Bisexual
- Gay/lesbian
- Heterosexual/straight
- Lesbian
- Other
- Prefer not to say

## Appendix 2: Specific Conditions survey questions

1. Do you consent to Healthwatch using your responses?

Yes (If yes, go to Q2)

No (If no, go to Q27)

2. Where do you live? E.g. Bradford, Wakefield, Calderdale, Leeds

3. Please select the condition you would like to tell us about

Cancer

Learning disability

Heart and lung diseases

Autism

Mental Health

Long-term condition e.g. diabetes, arthritis

Dementia

4. Who are you responding on behalf of?

Myself

Someone else

5. Has the condition you are telling us about started within the last three years?

Yes

No

Your experience of getting help and support

6a. When you first tried to access help, did the support you received meet your needs?

Yes

Somewhat

No

Not applicable

6b Tell us whether the support met your needs and how it could have been improved

7. How would you describe your overall experience of getting help?

Very positive

Negative

Positive

Very negative

Average

Don't know

8. Do you have any other/additional conditions including long term conditions or disabilities?

Yes

No

**9. If so, how would you describe the experience of seeking support for more than one condition at a time?**

- |   |   |
|---|---|
| <input type="checkbox"/> It made getting support easier | <input type="checkbox"/> I don't know   |
| <input type="checkbox"/> No difference                  | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> It made getting support harder |   |

The health and care support you received after initially seeking help

**10a. How would you describe the time you had to wait to receive your initial assessment or diagnosis?**

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Very slow | <input type="checkbox"/> Fast       |
| <input type="checkbox"/> Slow      | <input type="checkbox"/> Very fast  |
| <input type="checkbox"/> Ok        | <input type="checkbox"/> Don't know |

**10b. Please tell us more about the length of time you waited**

**11a. How would you describe the time you had to wait between your initial assessment/diagnosis and receiving treatment?**

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Very slow | <input type="checkbox"/> Fast       |
| <input type="checkbox"/> Slow      | <input type="checkbox"/> Very fast  |
| <input type="checkbox"/> Ok        | <input type="checkbox"/> Don't know |

**12 After being diagnosed or assessed, were you offered access to further health and care support?**

- |   |  |
|---|--|
| <input type="checkbox"/> Yes ( <i>Go to Q13</i> ) | <input type="checkbox"/> No ( <i>Go to Q15</i> ) |
|---|--|

**13. If you accessed support, what aspects worked well?**

**14. If you accessed support, what aspect could be improved?**

**15. Were you referred to a specialist? For example, a hospital consultant, psychiatrist or physiotherapist**

- |   |   |
|---|---|
| <input type="checkbox"/> Yes ( <i>If yes, go to Q16</i> ) | <input type="checkbox"/> No ( <i>If no, go to Q17</i> ) |
|---|---|

**16a. How would you describe the time you had to wait between the initial appointment and seeing the specialist?**

Very slow

Fast

Slow

Very fast

Ok

Don't know

**16b. Please tell us more about the length of time you waited**

**17. If you needed it, how easy did you find it to access ongoing support after you were diagnosed or assessed?**

Very easy

Very difficult

Easy

Don't know

OK

Not applicable

Difficult

**18a. Did the support option you were offered meet your expectations?**

Yes

Somewhat

No

**18b. Please explain how the care did or did not meet your expectations and how it could have been improved.**

**19a. During your whole experience of getting support did you receive timeline and consistent communication from all of the services that you came into contact with?**

Yes

Somewhat

No

**19b Please explain how the care did or did not meet your expectations and how it could have been improved.**

Time spent travelling to access support and care

**20. What is your main means of transport?**

- Own car
- Another person's car (getting a lift)
- Bus
- Train
- Bicycle
- Taxi
- Other

**21. How much time would you be willing to travel for to receive a quick and accurate diagnosis?**

- Less than 30 minutes
- 30 minutes to 1 hour
- 1-2 hours
- Over 2 hours

**22. How much time would you be willing to travel for to receive specialist treatment or support?**

- Under 30 minutes
- From 20 minutes to one hour
- From one to two hours
- More than two hours

Your expectations at each stage of your care

**23. What is most important to you?**

	Seeing a health professional you normally see but you may have to wait	Seeing any medically appropriate health professional who is free immediately	Don't mind
When first seeking help			
When you first received a diagnosis and explanation of treatment or support options			
During your initial treatment or support			
During your long term support			

Supporting you to have more control over your own care

**24. What level of support do you want the NHS to provide to help you stay healthy?**

- A lot of support
- Some support
- I don't need support
- Don't know

**25. What could the NHS do to help you stay healthy or manage any condition you have?**

**26. If you have any further comments please write them below**

Tell us a bit about you – Optional

By telling us more information about yourself, you will help us better understand how people's experiences may differ depending on their personal characteristics. However, if you do not wish to answer these questions you do not have to.

**Your age**

- |                                   |                                |
|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 45-54 |
| <input type="checkbox"/> 18-24    | <input type="checkbox"/> 55-64 |
| <input type="checkbox"/> 25-34    | <input type="checkbox"/> 65-74 |
| <input type="checkbox"/> 35-44    | <input type="checkbox"/> 75+   |

**Your ethnicity**

- |   |   |
|---|---|
| <input type="checkbox"/> African                  | <input type="checkbox"/> Indian                     |
| <input type="checkbox"/> Arab                     | <input type="checkbox"/> White British              |
| <input type="checkbox"/> Asian British            | <input type="checkbox"/> Pakistani                  |
| <input type="checkbox"/> Bangladeshi              | <input type="checkbox"/> Any other white background |
| <input type="checkbox"/> Black British            | <input type="checkbox"/> Any other mixed background |
| <input type="checkbox"/> Caribbean                | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Gypsy or Irish Traveller |   |

**Do you consider yourself to have a disability?**

- |                              |  |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I'd prefer not to say |
| <input type="checkbox"/> No  |  |

**Are you a carer?**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

**Do you have:**

- |  |  |
|--|--|
| <input type="checkbox"/> a long term condition | <input type="checkbox"/> multiple conditions |
|--|--|

Neither

**Which of the following best describes you?**

Heterosexual

Gay or lesbian

Bisexual

Asexual

Pansexual

Other

**Your gender**

Male

Female

Other

Prefer not to say

**20. Your religion**

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

Other

No religion

I'd prefer not to say

### Appendix 3: Focus group and survey numbers

Healthwatch	General survey	Specific condition survey	Number in focus group	Total engagement
Bradford District and Craven	361	29	24	417
Kirklees	146	10	8	164
Calderdale	216	39	28	284
Leeds	369	111	34	506
Wakefield District	230	52	29	307
North Yorkshire	115	47*	13	128*
<b>Total</b>	<b>1437</b>	<b>233*</b>	<b>136</b>	<b>1806*</b>

\* Although 47 people from North Yorkshire completed the specific condition survey, due to significant delay in receiving the data from Healthwatch England, we were unable to include the quantitative data from this area in the analysis. We have however used some quotes from the data in this report. The total figures represent do not include the 47 North Yorkshire responses.

Healthwatch Area	Special Characteristics	Number of participants
Bradford District and Craven	South Asian Men's Group	11
	Black Caribbean Elderly	13
Calderdale	People with Dementia and Carers	15
	Young Volunteers	7
	Residents Group	3
	Parents of children with disabilities	3
Kirklees	People with a Mental Health Condition and Carers	8
Leeds	Hindu Faith Group	15
	YouthWatch	8
	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ)	5
	People with Sight Loss	6
Wakefield District	Working Age Population	14
	People with Hearing Loss	7
	Cancer Alliance	8
North Yorkshire	People with a Mental Health Condition	13

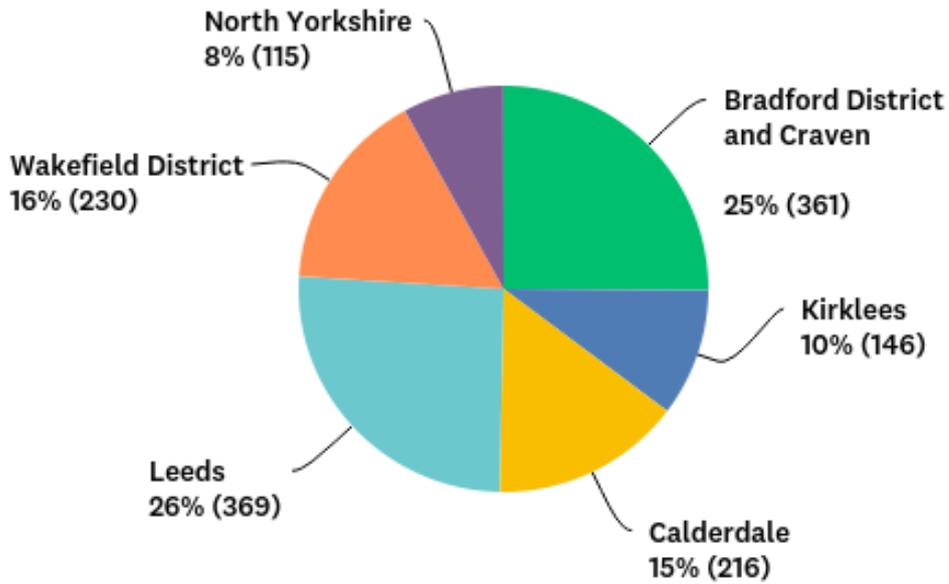
## Appendix 4: Outreach data by area

Healthwatch Area	Where surveys were completed
Bradford District and Craven	Have been to many other places but would like to especially mention these groups: South Asian Men group @ Sangat Centre, Bradford Keighley College Learning Disability group @ Keighley People First, Keighley BME Elders @ Dominican Association, Bradford
Calderdale	Life changes women's support group Illingworth Moor Methodist Church
Kirklees	Mirfield over 50's group Calderdale Huddersfield Foundation Trust (CHFT)
Leeds	Roscoe Methodist Church, Hindu Temple Sanskar group - cardigan centre Leeds Teaching Hospital Trust A&E and Outpatients Café Slate BAME Centre Touchstone BME Dementia café Autism Hub YouthWatch Angels of freedom - LGBT
Wakefield District	South Elmsall Library St George's Community Centre Tieve Tara Medical Centre Wakefield District Sight Aid (multiple groups) Ryhill Councillors surgery Hemsworth Library Breastfeeding Group Cedars Children's Centre Havercroft and Ryhill Learning Centre Eastmoor community centre Pontefract Library Kinlsey and Fitzwilliam Community Centre Families and Babies (FAB ) Yorkshire MESMAC Carers Wakefield St James Church Ryhill City of Sanctuary Health Common Gypsy and Traveller Site

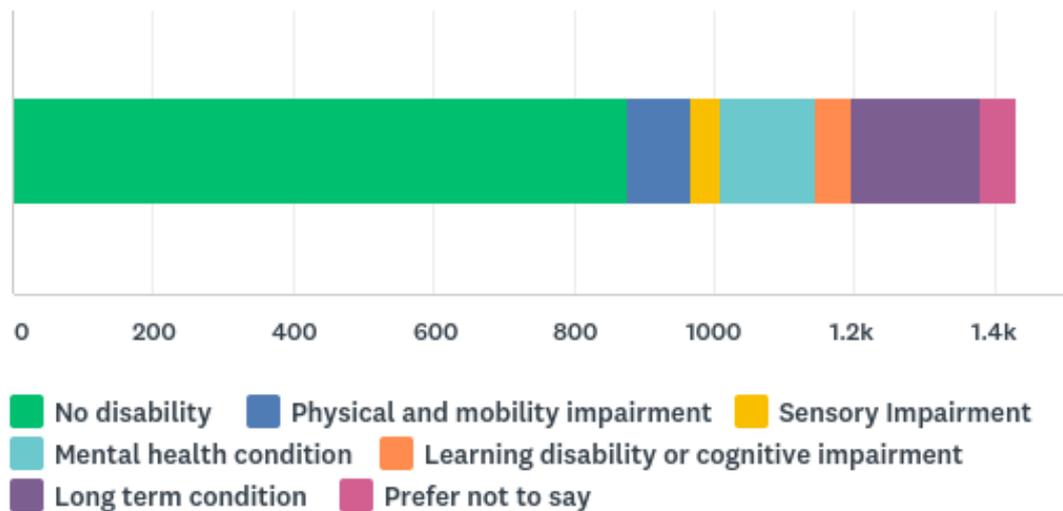
North Yorkshire	North Yorkshire Disability Forum Youth Voice Conference North Yorkshire Learning Disability Partnership Board Harrogate Service User and Carer Involvement Tesco in Skipton Skipton Library Harrogate Library Ripon Library Boroughbridge Library Craven Communities Together
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Appendix 5: General survey monitoring data

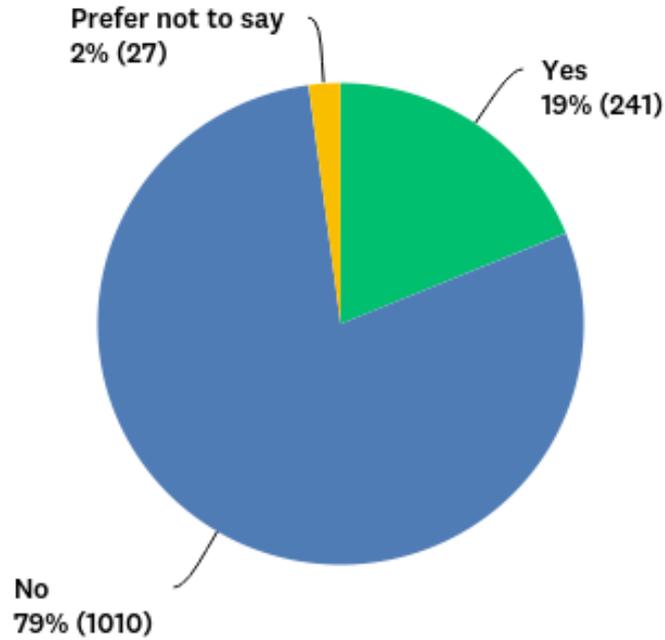
Q2 In which area do you live?



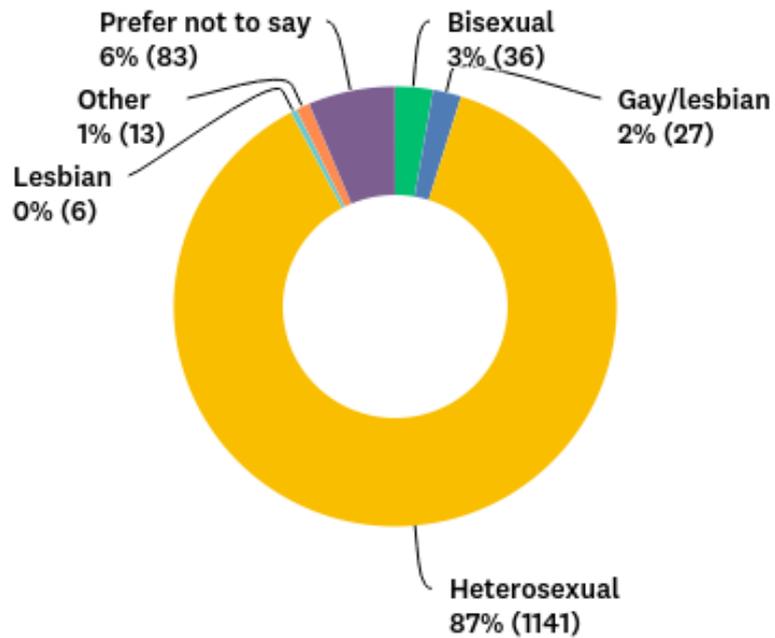
Q19 Do you consider yourself to be disabled?

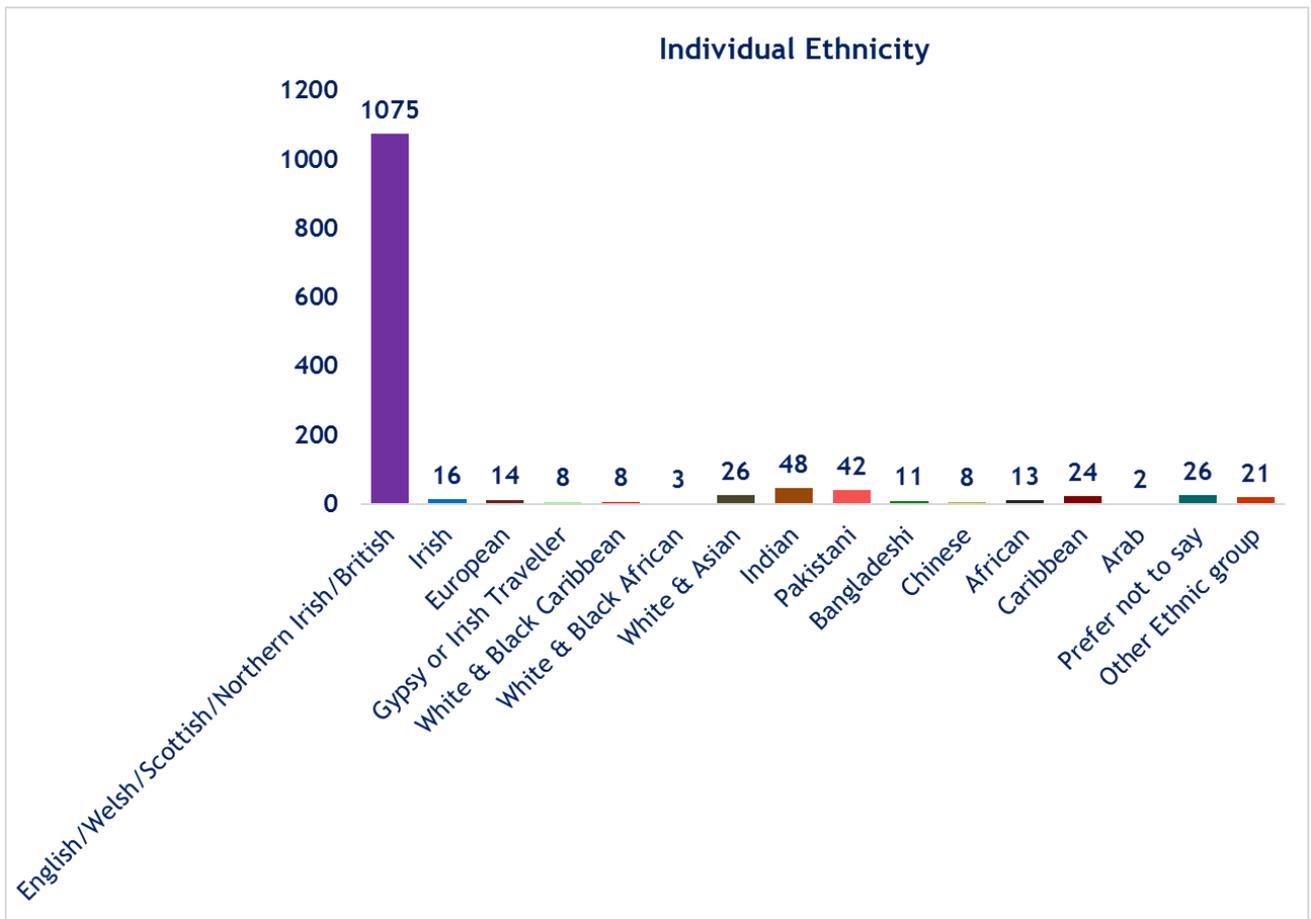


## Q20 Are you a carer?

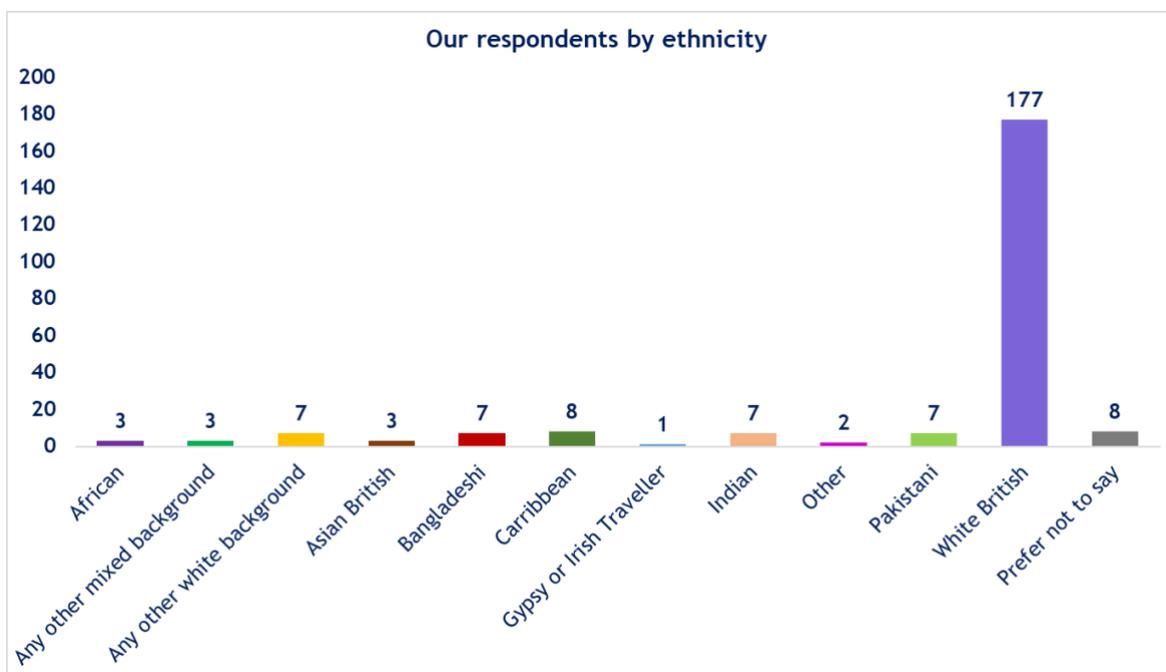
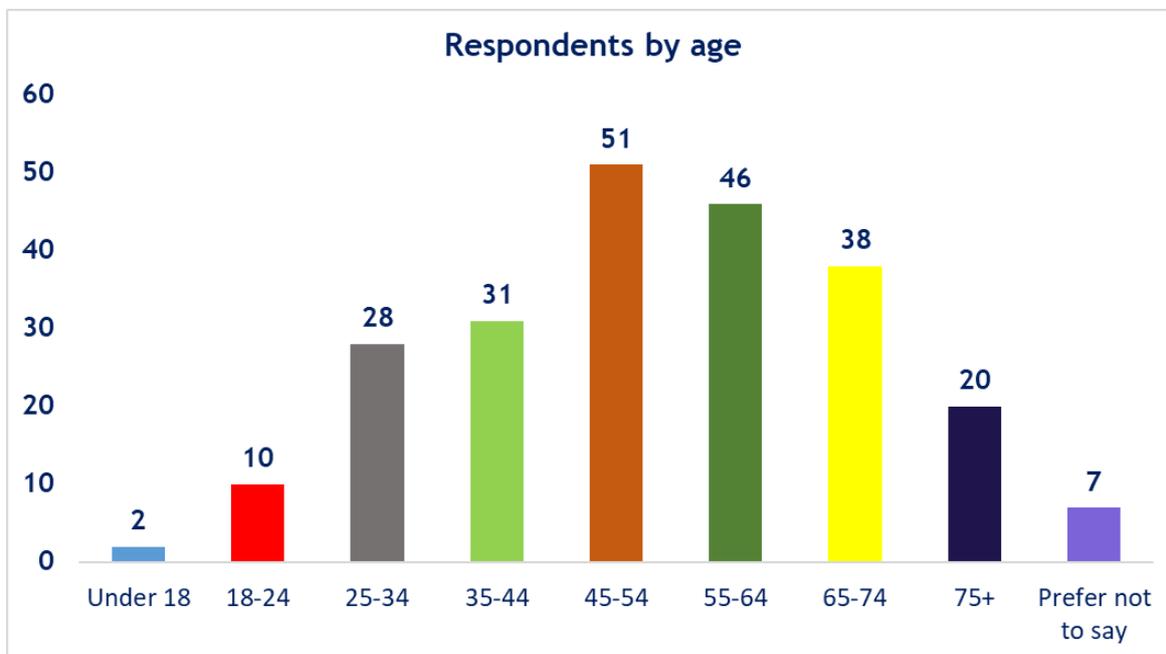


## Q21 Sexual orientation

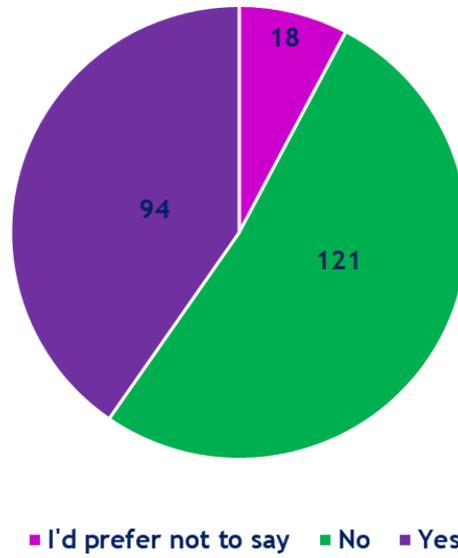




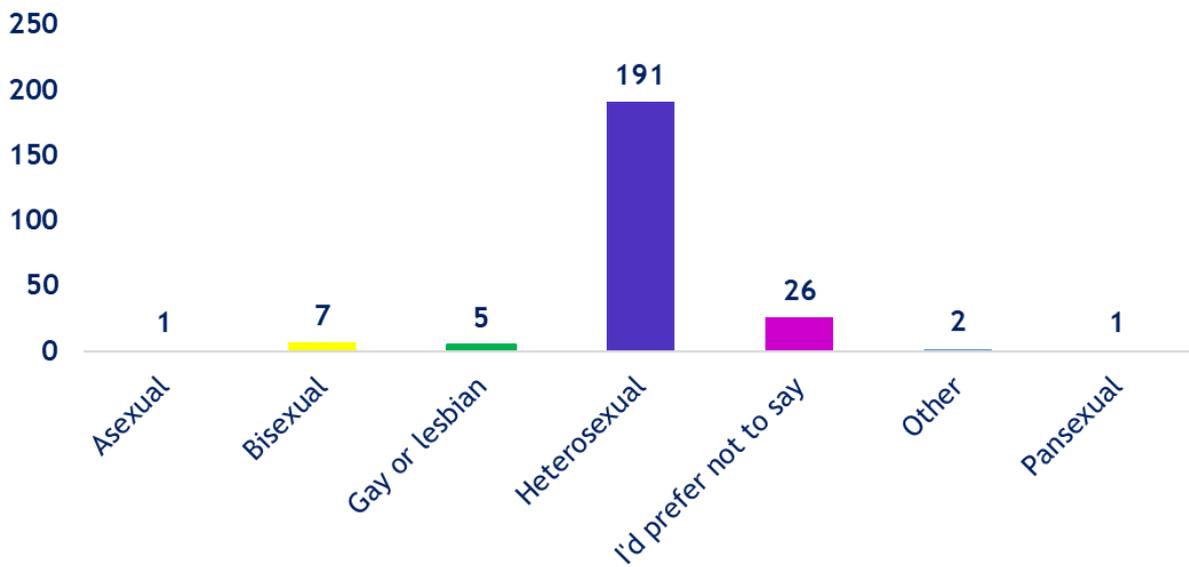
## Appendix 6: Specific conditions monitoring data

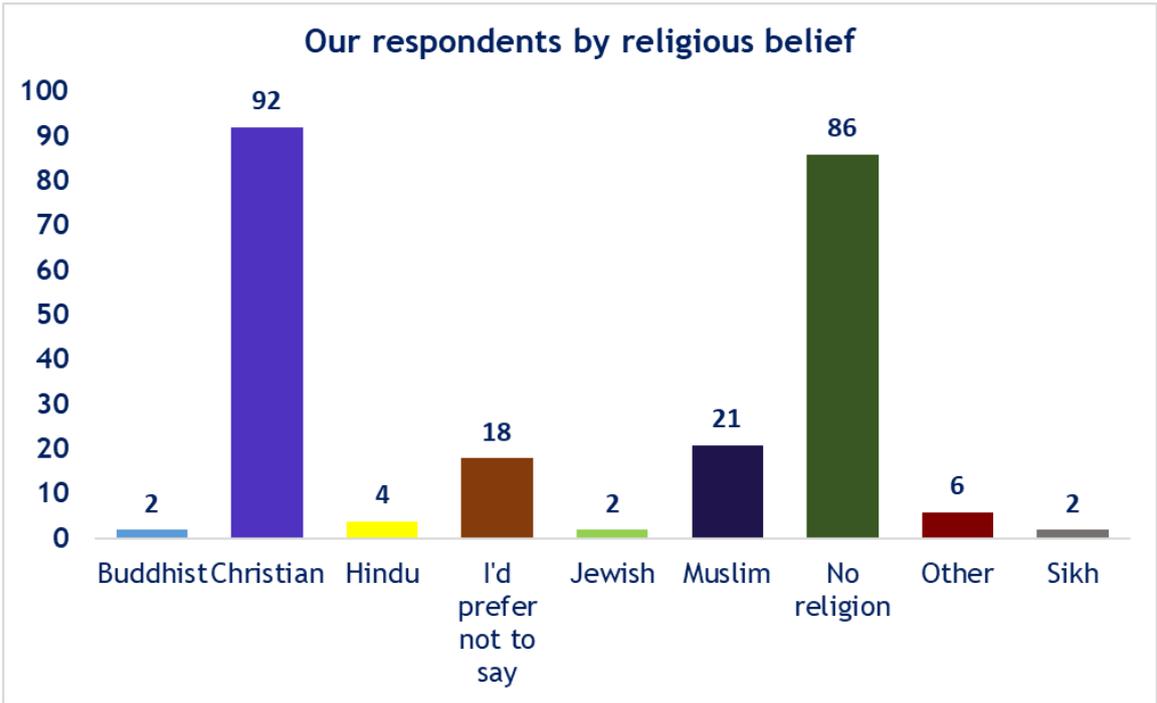
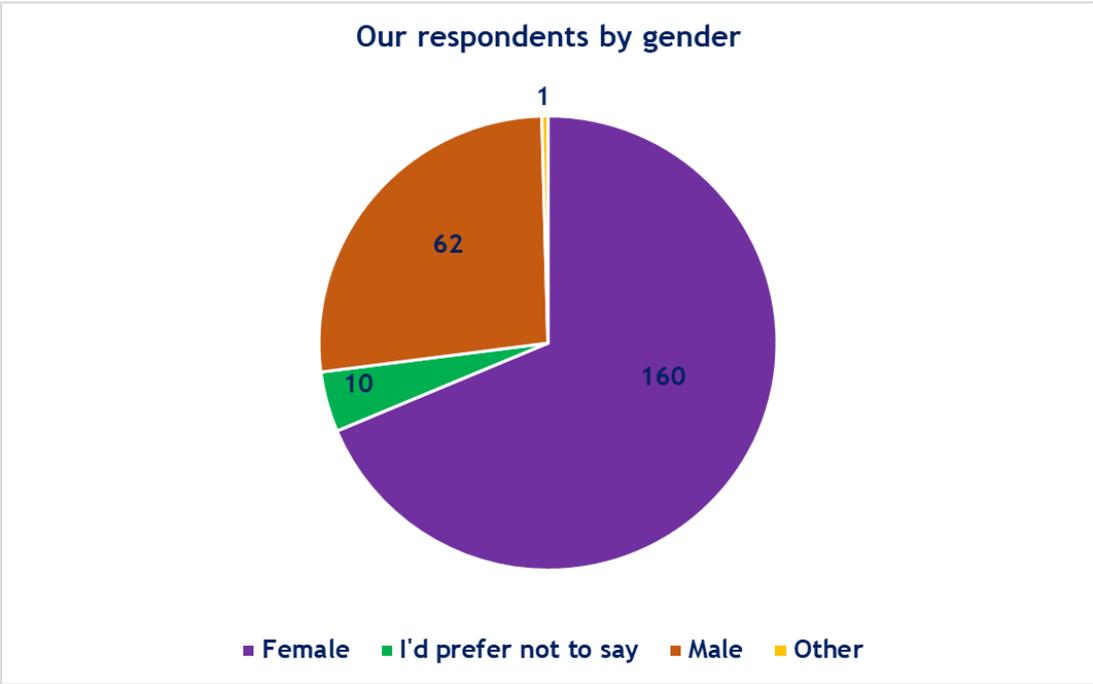


### How many of our respondents have a disability?



### Our respondents by sexuality





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## **Report of the City Solicitor to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 5 March 2020**

**AH**

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**Subject: Health and Social Care Overview and Scrutiny Committee Work Programme 2019/20**

### **Summary statement:**

This report presents the work programme 2019/20

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Parveen Akhtar  
City Solicitor

**Portfolio:**

**Healthy People and Places**

Report Contact: Caroline Coombes  
Phone: (01274) 432313  
E-mail: [caroline.coombes@bradford.gov.uk](mailto:caroline.coombes@bradford.gov.uk)

1. **Summary**

1.1 This report presents the work programme 2019/20.

2. **Background**

2.1 The Committee adopted its 2019/20 work programme at its meeting of 1 August 2019.

3. **Report issues**

3.1 **Appendix A** of this report presents the work programme 2019/20. It lists issues and topics that have been identified for inclusion in the work programme and have been scheduled for consideration over the coming year.

4. **Options**

4.1 Members may wish to amend and / or comment on the work programme at **Appendix A**.

5. **Contribution to corporate priorities**

5.1 The Health and Social Care Overview and Scrutiny Committee Work Programme 2019/20 reflects the ambition of the District Plan for 'all of our population to be healthy, well and able to live independently for as long as possible' (District Plan: Better health, better lives).

6. **Recommendations**

6.1 That the Committee notes the information in **Appendix A**

7. **Background documents**

7.1 Constitution of the Council

8. **Not for publication documents**

None

9. **Appendices**

9.1 **Appendix A** – Health and Social Care Overview and Scrutiny Committee work programme 2019/20

# Democratic Services - Overview and Scrutiny

Appendix A

Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

## Work Programme

Agenda	Description	Report	Comments
<b>Thursday, 2nd April 2020 at City Hall, Bradford</b>			
<b>Chair's briefing 17/03/2020 Report deadline 19/03/2020</b>			
1) Cancer	Report on the development of a district cancer strategy	Janet Hargreaves	
2) Home support services	Update	Paul Hunt	Resolution of 12 July 2018
3) Assessment And Diagnosis Of Autism In Adults	Update report	Ali Jan Haider	Resolution of 24 October 2019

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