INSPIRING CHANGE

making Leeds the best city for health and wellbeing

Urgent Care in Leeds

What is the user experience?

Report of a survey conducted by NHS Leeds North Clinical Commissioning Group on behalf of the city wide Urgent Care Transformation Programme (Inspiring Change) and other NHS Clinical Commissioning Groups in Leeds.

Analysed by Health Together at Leeds Beckett University.

April 2015

Leeds City Council

NHS

Leeds Beckett University

Institute for Health & Wellbeing

Contents

Figures

Tables

List of Appendices

List of Acronyms

A&E	Accident and Emergency
BME	Black and Minority Ethnic
CCG	Clinical Commissioning Group
CEED Plan	Communications, Engagement, Equality and Diversity Plan
SPSS	Statistical Package for the Social Sciences

Summary

- The views of 2375 patients/carers who had recent experience of dealing with a sudden health problem were gathered and analysed
- A range of urgent care services had been accessed with just under half using A&E
- Much urgent care takes place at 'in hours' primary care – just over half of those who did not go to A&E accessed in hours primary care and a further 7% used out of hours GP services.
- Satisfaction with urgent care services was high – 84.7% said that they got the service they needed and the majority were confident that the service they accessed was right for their health problem.
- Those with a disability, some BME groups, people living in the most deprived areas and those with long term conditions – were more likely to say the services accessed did not provide them with the service needed – but differences were small and satisfaction still high.
- 42% of respondents commented on the service received and of these nearly 60% made positive comments about the staff and/or services.
- Those from more deprived areas and to a lesser extent from some BME groups, were slightly more likely to just access A&E and less likely to go direct to other urgent care services. The reasons for this would warrant further investigation.
- 31.5% of those surveyed had an on-going problem/long term condition but only 11.1% of this group accessed only A&E – the majority used other urgent care services. Why this group are accessing urgent care and for what, warrants further investigation.
- Reasons for choosing the service were varied but overall convenience of access appeared more likely to inform choices than previous experience of the service. However knowledge (or lack of it) about the services available and having the means to access them, may be factors.
- Reasons for choosing a service varied by service with walk-in centres more likely to be chosen because of their convenience and in hours primary care based on previous experience and/or positive perceptions.
- A minority of respondents with mental health problems or who were elderly, felt that their experience of urgent care had been poor - this warrants further investigation.
- When asked 'was there anything else you want to tell us about your experience?' 996 respondents (42%) made a comment and of these nearly 60% (n = 576) made positive comments about the service and the staff. Staff were repeatedly described as being *"professional", "caring", "helpful", "efficient", "understanding", "friendly", "excellent".*

Introduction

As part of its review of urgent care in the city, Leeds Clinical Commissioning Groups (CCGs) conducted a survey during 2014, to gather patient and carer opinion.

The aims of the survey were to:

- Understand the factors influencing patient choices when accessing urgent care within the current system.
- Gain insight into the experiences of patients accessing urgent care within the current system.
- Gain insight on patient understanding of the range of urgent care services currently available to them.
- Understand the issues important to individuals from specific groups within the community.

Health Together at Leeds Beckett University was commissioned to undertake the analysis of the survey. In this report we briefly describe how the analysis was conducted before setting out the views of the 2375 patients and carers who responded. We compare the findings with those from a user survey in Accident and Emergency services in Leeds conducted by Healthwatch Leeds and conclude with some reflections about urgent care from the patient/carer perspective in relation to the aims of the survey.

1.1 How the survey was conducted and analysed

Invitations to take part in the survey were distributed via GP patient representation groups and newsletters between 23rd May 2014 and end of July 2014 with a prize draw as an incentive to take part (see Appendix A for the promotional plan). Patients/carers were offered the opportunity to do the survey online from home using SNAP survey. 2132 respondents completed the survey electronically.

In order to capture the views of groups which might be under-represented in the online survey, Leeds North CCG partnered with voluntary organisations working with people from the defined 'Protected Characteristic' groups (Equality Act 2010). Voluntary organisations were asked to complete the questionnaire face to face with individuals from those communities or groups they had contact with, and who had used urgent care recently. 261 'hard copy' responses were received through this method. Responses came from groups including:

- Gipsil, (Gipton Supported Independent Living). A charity providing support, including housing and related services, to people who are vulnerable and in need;
- Hunslet Club. An organisation dedicated to providing development for young people through physical and mental activities that help them reach their full potential.

- Asha Neighbourhood Project. A women's one stop centre, providing a wide range of support services to women and their families, working primarily with the South Asian community.
- BHI (Black Health Initiative) Chapletown. A community engagement organisation which works towards equality of access to Health and Social Care within Leeds and surrounding areas.

There were discrepancies in the formatting of the paper and online surveys (see Appendix B for the survey questions) and problems with the setup of the online questionnaire – therefore we have allowed for multiple responses for questions that were originally set up as single responses. As a result percentages in the findings reported below often add up to over 100%.[1]

The data was transferred from SNAP Survey into SPSS (Statistical Package for the Social Sciences) to enable a more sophisticated analysis. Analytical tests were run through SPSS enabling analysis of the data by demographic characteristics. Geoconvert was used to calculate ranking by the index of multiple deprivation. Analysis of the qualitative data (the comments made) was done using a simple thematic analysis process.

In May 2014 Healthwatch Leeds conducted a survey to capture patient and carer experience of Accident and Emergency services in the city. It was not possible to make direct comparison between the two surveys but similarities and differences between the findings have been noted.

1.2 Who took part in the survey?

2375 respondents were included in the analysis (18 returned surveys were excluded because they were incomplete). 72.5% (n=1721) of this sample were patients, 7.6% (n=181) were a carer, 15% (n=356) were a parent and 8.2% (n=194) completed the survey on behalf of someone else (107 respondents completed the survey from multiple perspectives e.g. a parent and patient).

A detailed breakdown of the demographics of respondents is given in Appendix C. In summary 57.3% of respondents were female and 39.3 % male (data missing for 3.3%); there was a wide spread of ages, with 36-46 year olds being marginally the largest age category responding (18.4%) and 20.7% of respondents were from a black or minority ethnic group.

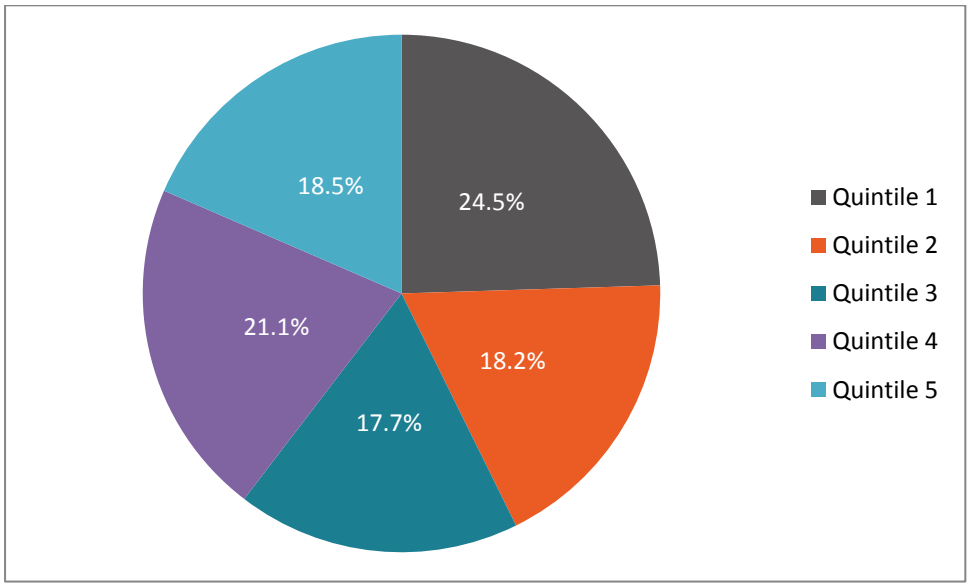
Where a full postcode was provided (n=1089) we were able to use Geoconvert to calculate deprivation using postcodes to map the lower super output areas they lived in. Through this we found that:

- 24.5% resided in the most deprived quintile (quintile 1)
- 18.5% resided in the least deprived quintile (quintile 5)

[1] For example in relation to Q2 Why did you choose that service? On the electronic version respondents could only select one answer or write multiple answers in the open text box. On the paper version, no instructions were given and respondents often selection multiple options. It is also important to note that demographics reported (referred to as 'respondents demographics') could relate to either the patient or person completing the questionnaire since no instructions on how to complete this section were given.

For a full breakdown of respondents by deprivation see Figure 1 below.

Figure 1. Breakdown of respondents by deprivation



Sample size=1089

Just under 30% of Leeds residents live in super output areas in quintile 1 (i.e. in the most deprived 20% in the country) so are slightly under-represented in this survey. Nevertheless this is a relatively high representation of this section of the population compared to other surveys and may be due to efforts to engage across all populations, by for example promotion through Leeds Rugby Foundation.

Which services did respondents access and with what health problem?

Respondents were asked to reflect on their most recent experience of dealing with an unexpected health problem. A breakdown of the services they had accessed is given below:

- 37.3% (n=886) went to only A&E
- 53.1% (n=1262) accessed only other urgent care services (e.g. Walk-in-centre, called NHS 111)
- 8.1% (n=192) went to A&E and also accessed a different urgent care service
- 1.5% (n=35) did not state what service they accessed
- Total who went to A&E: n=1078 (45.4%)
- Total who accessed another urgent care service: n=1454 (61.2%)

A breakdown of which A&E services were accessed is given in Table 1 – the vast majority (87.5%) of respondents had been to A&E in Leeds Hospitals.

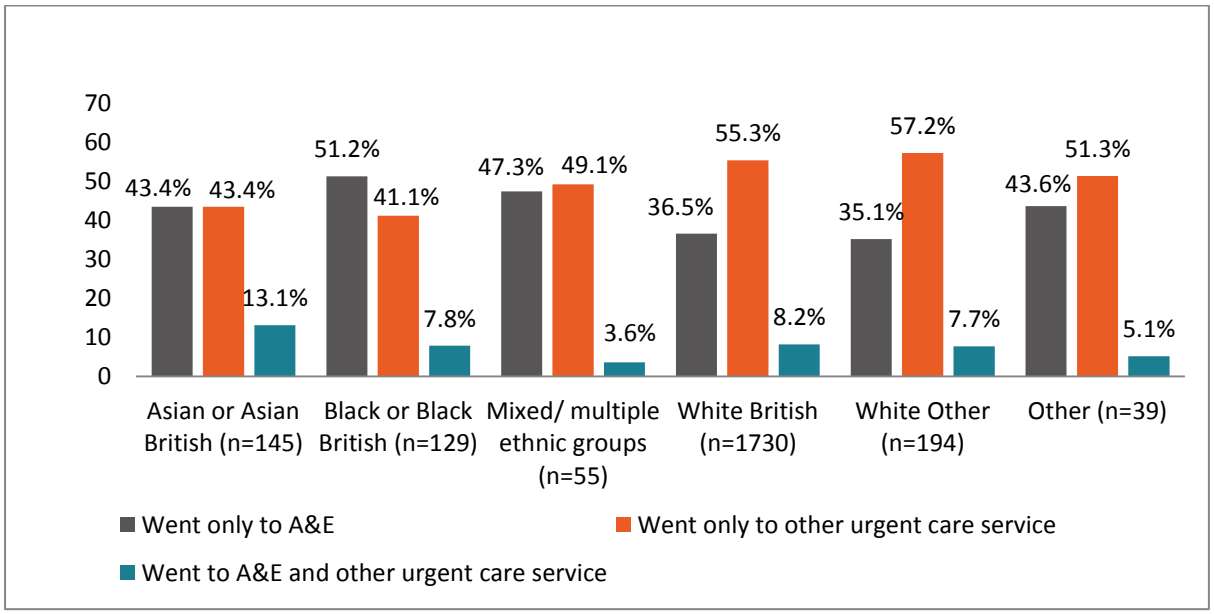
Table 1. Breakdown of which A&E services were accessed

	Frequency	Percentage
Leeds	943	87.5
York	5	0.5
Harrogate	23	2.1
Wakefield	41	3.8
Dewsbury	20	1.9
Pontefract	4	0.4
Bradford	12	1.1
Airedale	8	0.7
A&E visited – name of hospital not given	31	2.9

2.1 Variation in which services were accessed by ethnicity

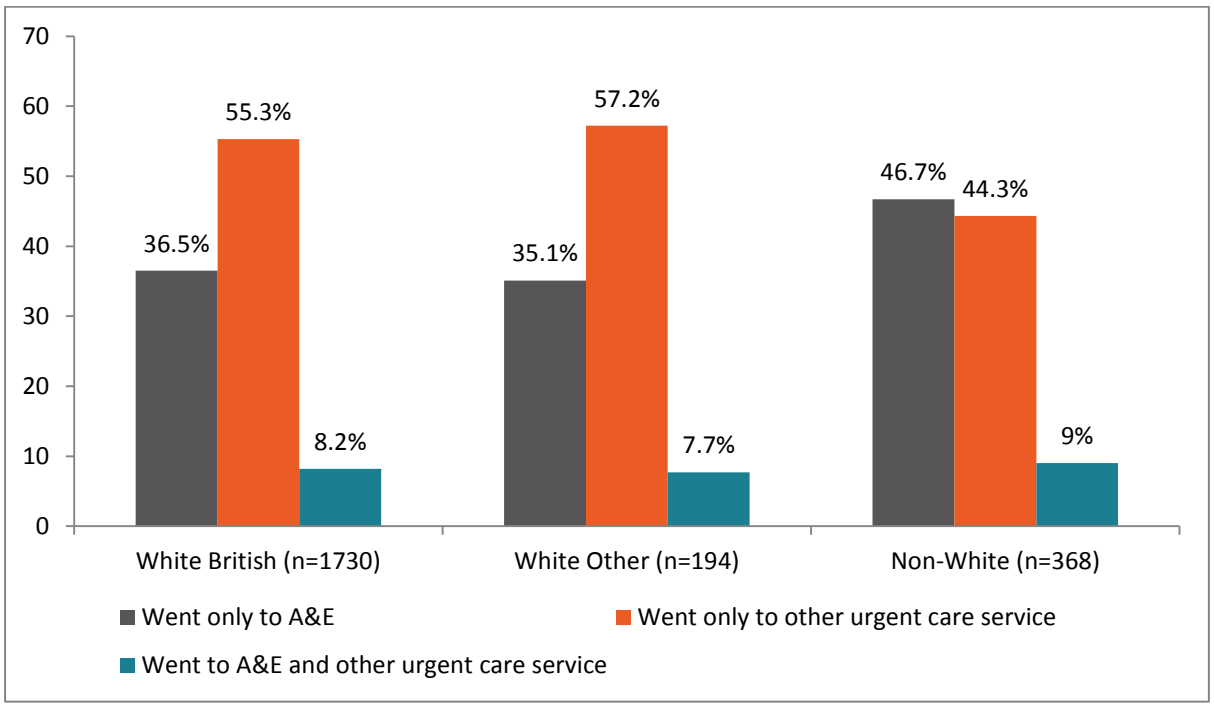
There was some variation in which services were accessed by ethnicity with those respondents of Asian, black or mixed ethnic backgrounds being more likely to go to A&E as the figures in the bar chart below illustrate:

Figure 2. Service accessed by ethnic background



When respondents are grouped into three broad ethnic groups – White British, White Other and Non-White – the differences in how ethnic groups access urgent care services become more apparent (see Figure 3 below). Although these differences are not large, the Non-White group is the only one who accessed A & E more than other urgent care services.

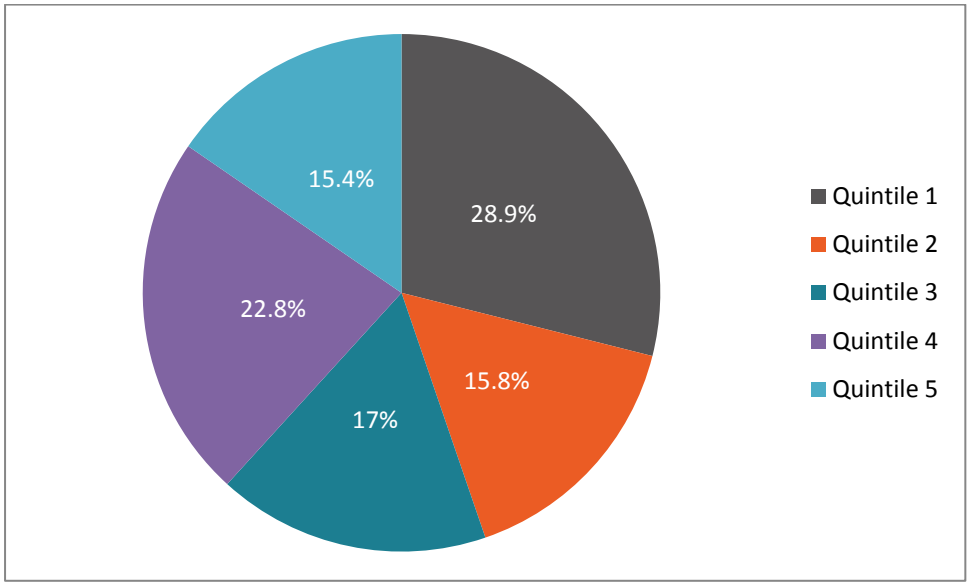
Figure 3. Service accessed by ethnic background (combined groups)



2.2 Differences in how respondents used services when mapped against deprivation

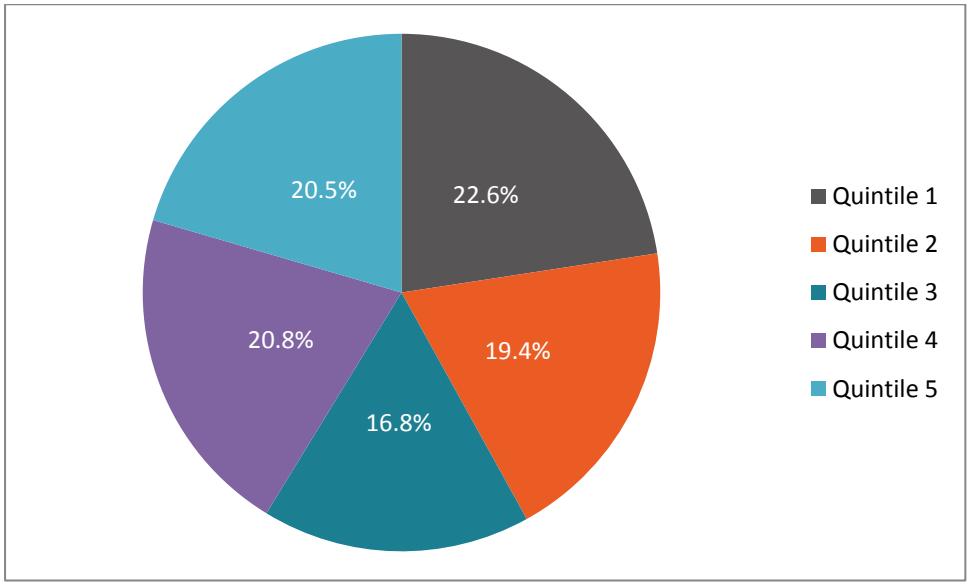
There were also some slight differences in how respondents used services when this was mapped against deprivation, with those from more deprived areas being somewhat more likely to just access A&E and less likely to go direct to other urgent care services as is illustrated by Figures 4 and 5 below. The relationship between ethnicity and deprivation warrants further investigation.

Figure 4. Respondents who accessed only A&E by deprivation quintile



Sample size=311

Figure 5. Respondents who accessed only other urgent care services by deprivation quintile



Sample size=674

2.3 The health problem which led respondents to access urgent care services

Respondents were asked to describe what their health problem was that led them to access urgent care - their responses are detailed below:

Table 2. How respondents described their health problem

At the time would you	Frequency	Percentage

describe your health problem as:		
An accident or injury	600	25.8
On-going problem/long term condition	734	31.5
One off symptom/sudden illness	999	42.9
Other	45	1.9

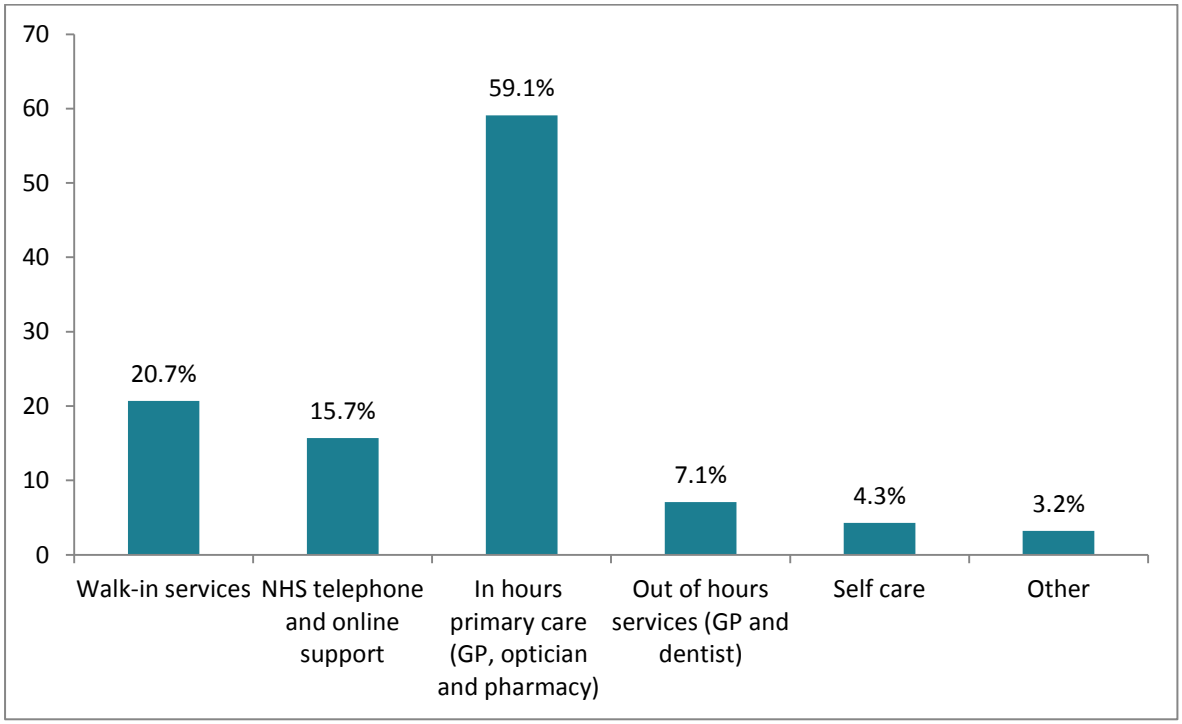
NB. 45 people did not answer the question

Of the 2286 who gave further information on what their health problem related to, 3.1% (n=70) said it related to mental health problems. 4.3% to eyes (n=98), 2.1% (n= 49) to teeth and gums, and 0.7 to alcohol/substance abuse (n=17). The overwhelming majority – 87.2% stated their health problem related to physical symptoms (n= 1993).

Perhaps of most interest here is that nearly a third of respondents (31.5%) were accessing urgent care in relation to an on-going problem or long term condition. This group were more likely to have accessed other urgent healthcare services rather than only A&E (30.4%). Those with an accident or injury were most likely to have gone to only A&E (55.6%), but of those with a one-off symptom or sudden illness, only 11.1% accessed only A&E.

For those that accessed a service other than only A&E, over half (59.1%) went to in hours primary care, just over 15% called NHS 111 and 13.6 % went to a minor injuries unit – illustrating that much urgent care takes place in 'in hours' primary care. See the bar chart (Figure 6) below for more detail.

Figure 6. Urgent care services other than A & E that were accessed

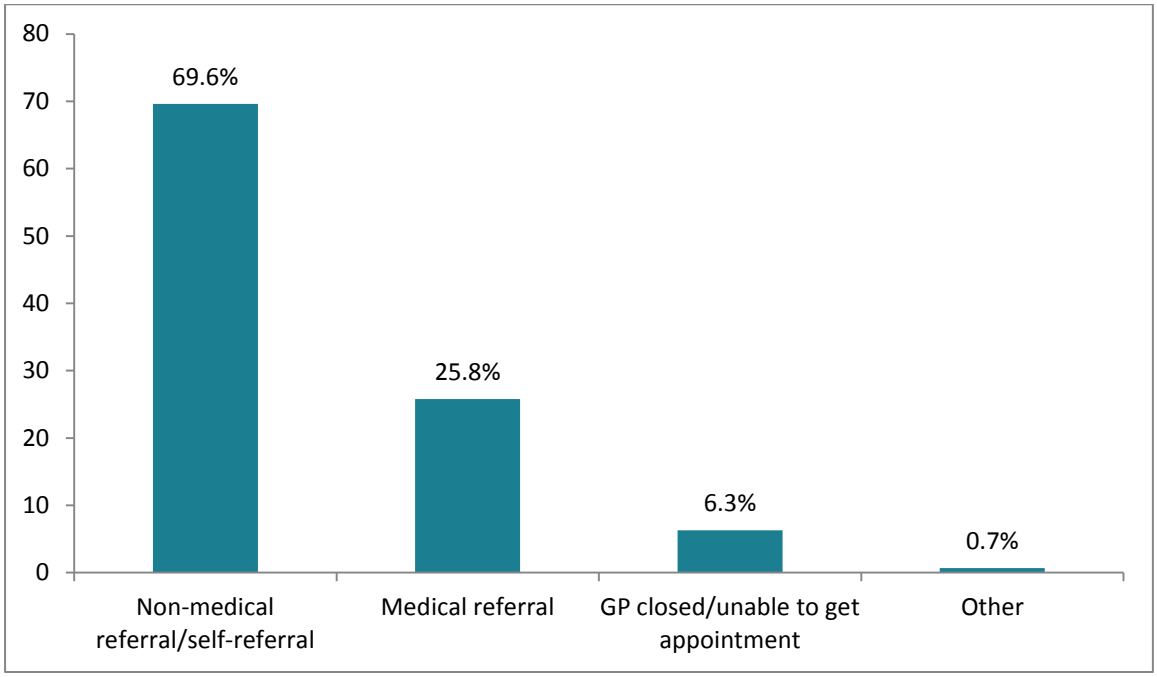


Sample size=1454

Which services respondents chose and why

2349 people responded to this question with the majority (69.6%) saying that they chose the service without a referral or advice from a medical professional – i.e. they self-referred. For a breakdown of other reasons for choosing the service see the bar chart below (Figure 7):

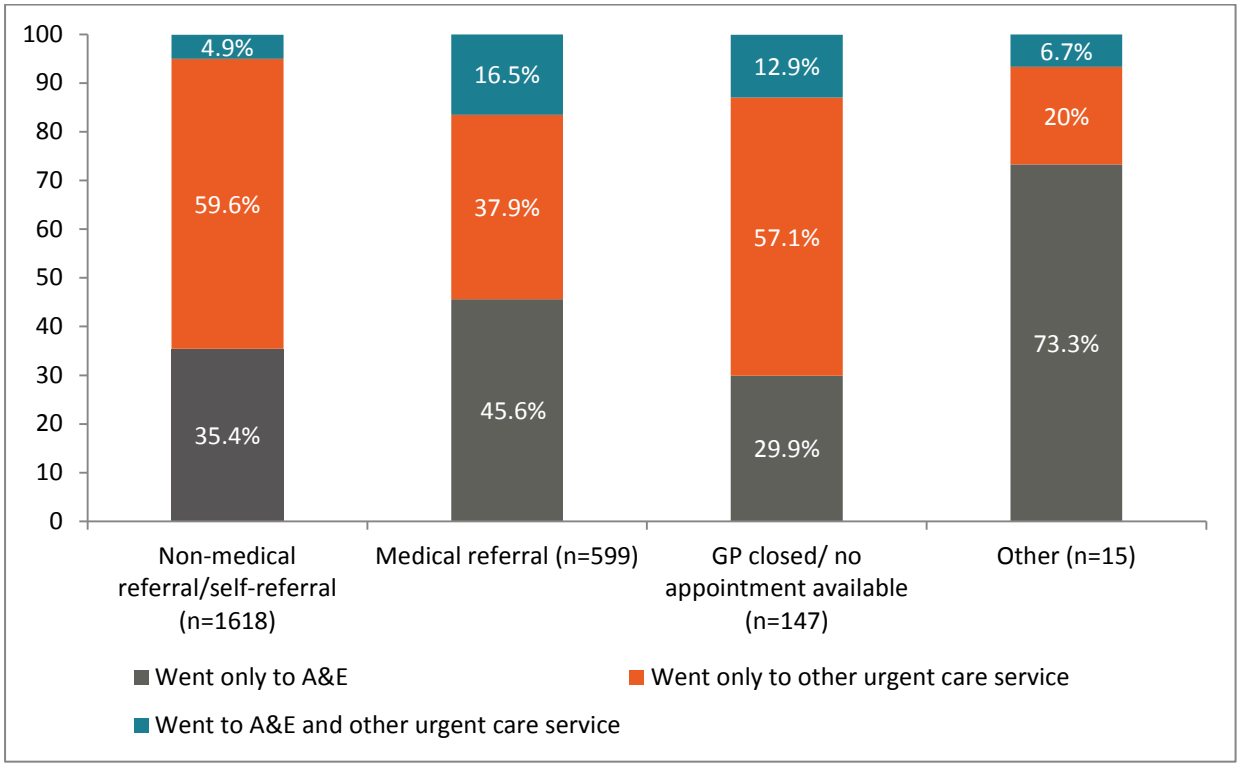
Figure 7. Reasons for choosing service(s)



Sample size=2349

Those who were medically referred were slightly more likely to go only to A & E, whereas those who self referred or had a non-medical referral were more likely to go only to another urgent care service as is illustrated by the bar chart in Figure 8:

Figure 8. Reasons for choosing service(s) by service(s) accessed



3.1 Choice of service by age group

The pie charts below illustrate how services chosen varied slightly by age group with children slightly more likely to access A&E. Although it should be noted that the numbers in each group are very different – ranging from 39 for under 16s to 1417 in the 'working age adult' group aged 16 – 55 years:

Figure 9. Services accessed by under 16 years olds (n=39)

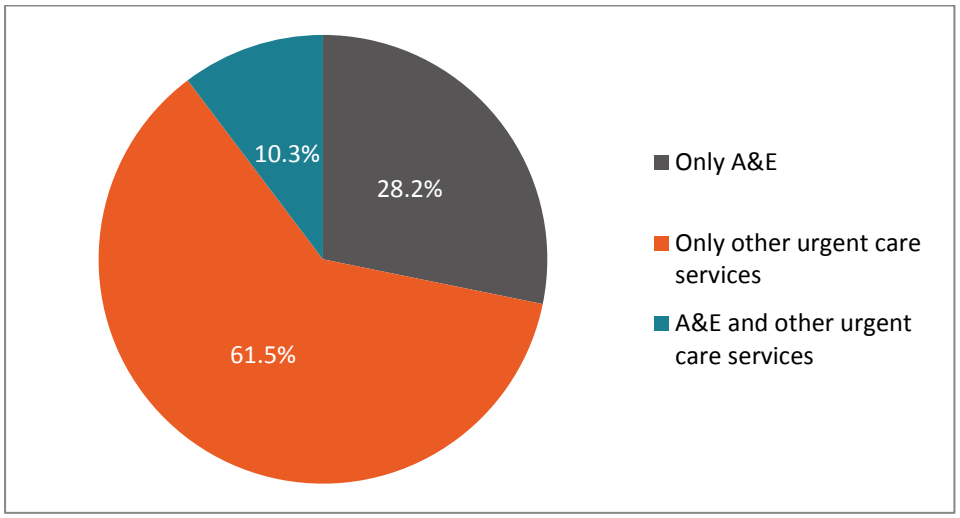


Figure 10. Services accessed by working age adults - 16-55 year olds (n=1417)

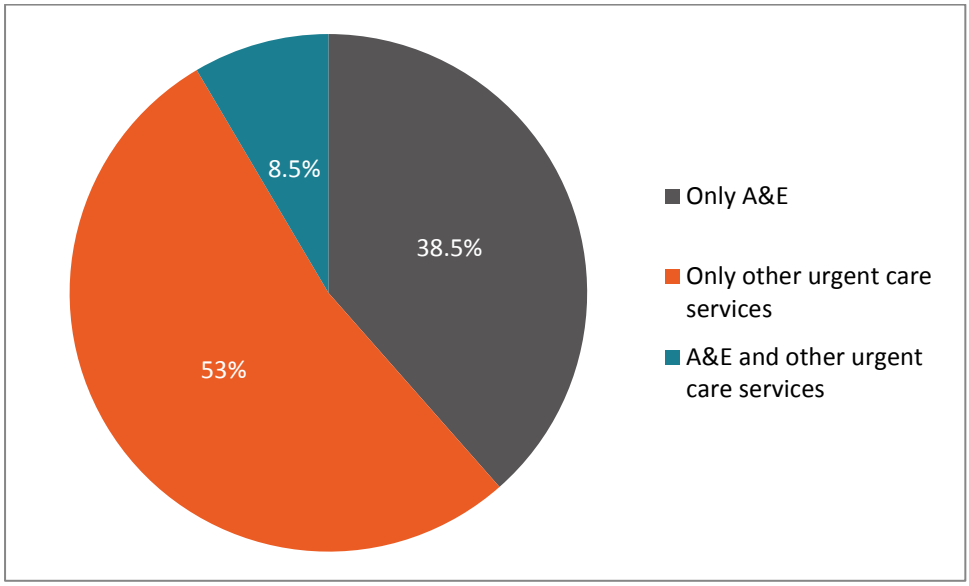
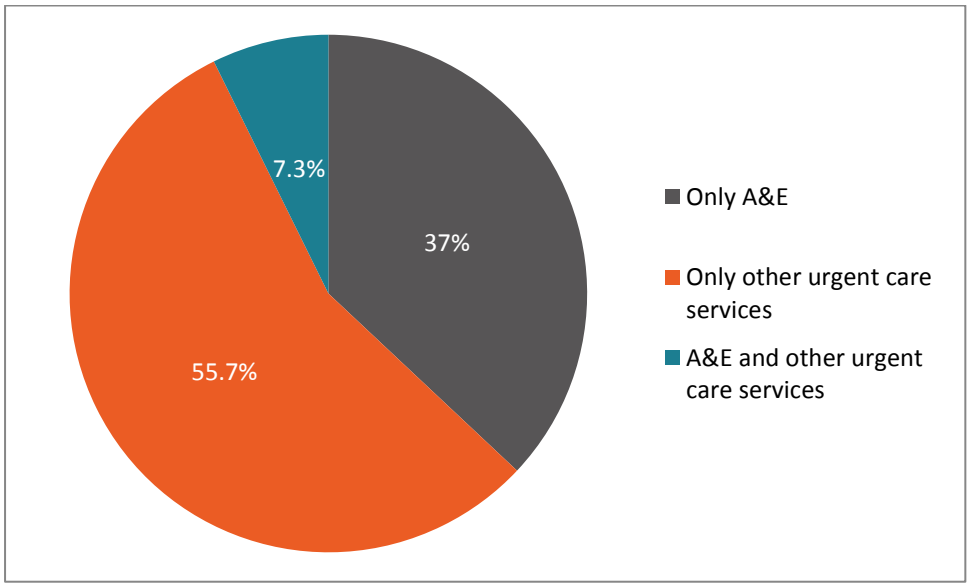
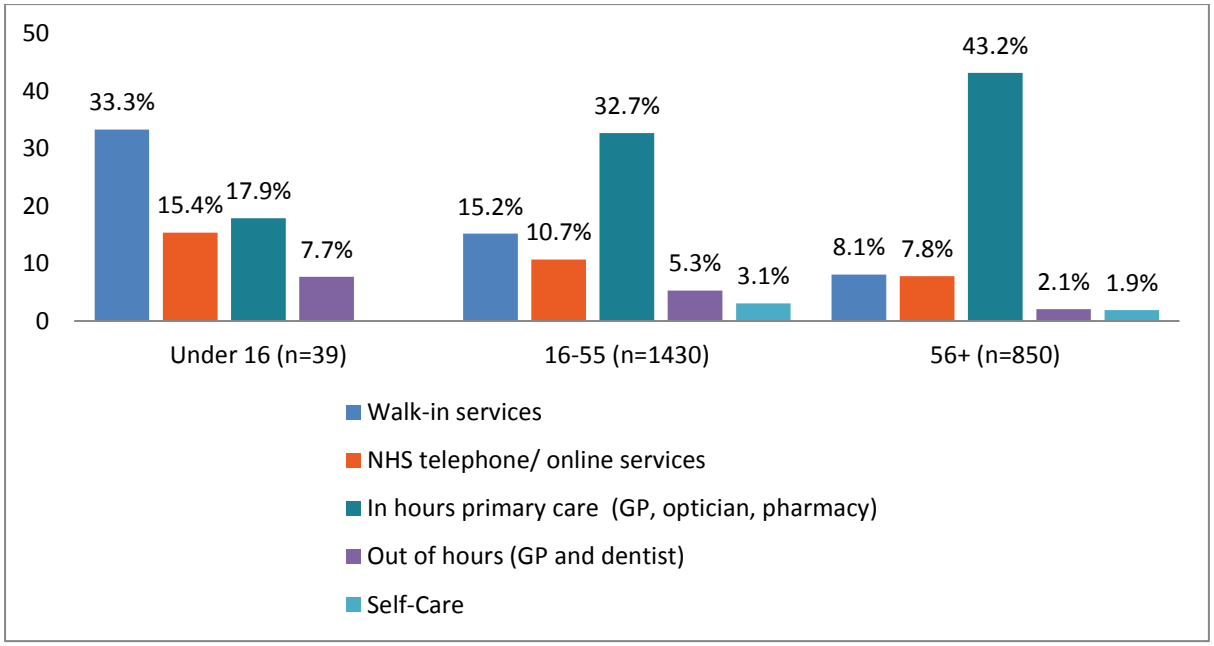


Figure 11. Service accessed by older people – 56+ year olds (n=833)



A breakdown of which respondents accessed other urgent care services by age (see Figure 12 below) suggests that older people may prefer to access primary care whilst children and working age adults are more likely to access walk in centres, although the different sample sizes means that this finding should be treated with caution.

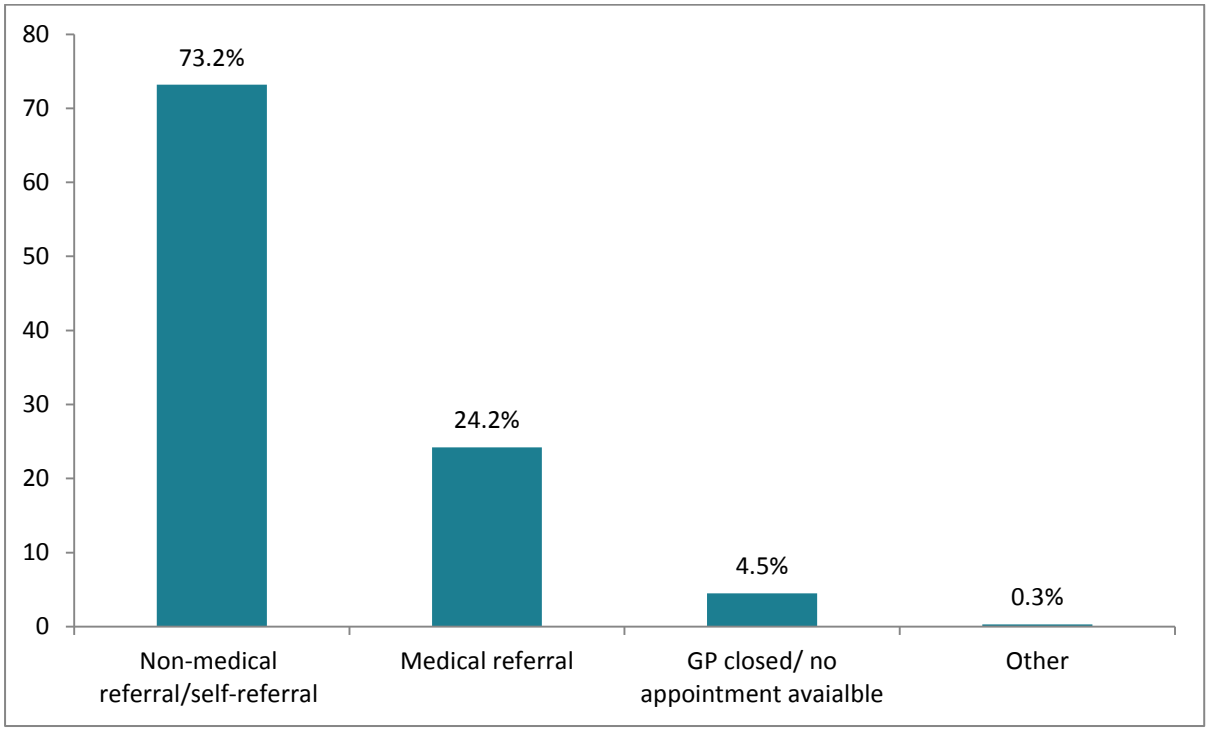
Figure 12. Breakdown of other urgent care services accessed by age group



3.2 Those with only a long term condition or on-going health problem

This group were slightly more likely to self-refer as the bar chart below (Figure 13) illustrates:

Figure 13. Why those with only an on-going health problem chose the service

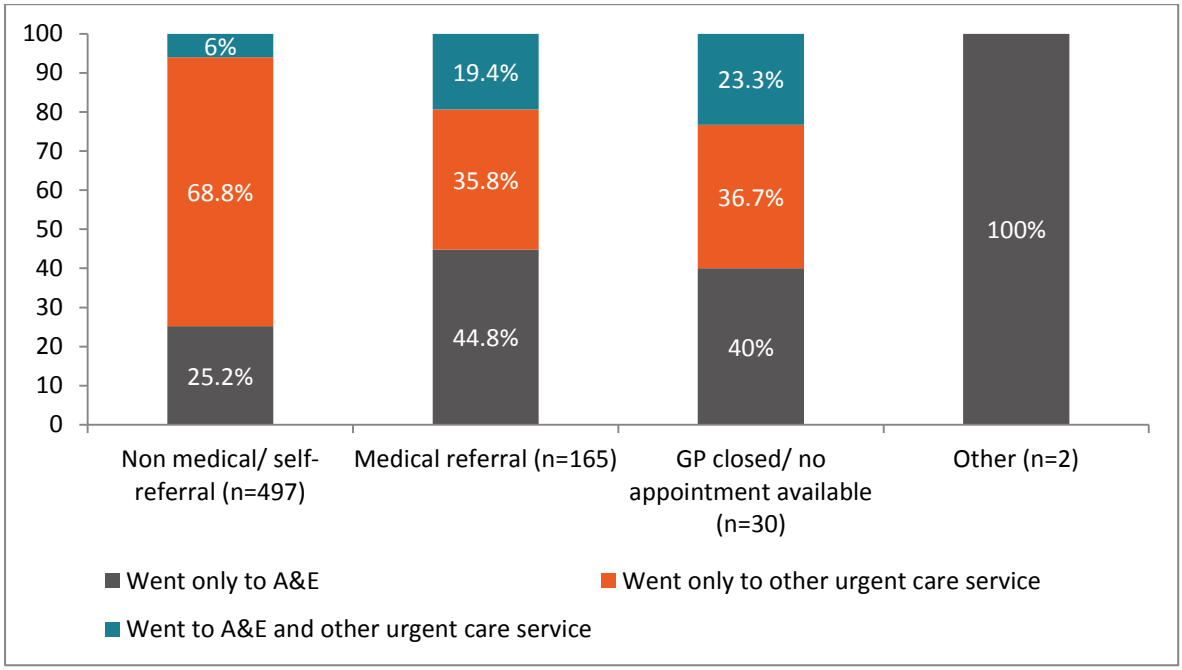


Sample size: 693

A breakdown of those with an on-going health problem or long term condition (see Figure 14) shows that those self-referring or with a non-medical referral were much more likely to

go only to an urgent care service other than A & E than those with a medical referral who were more likely to go to A&E.

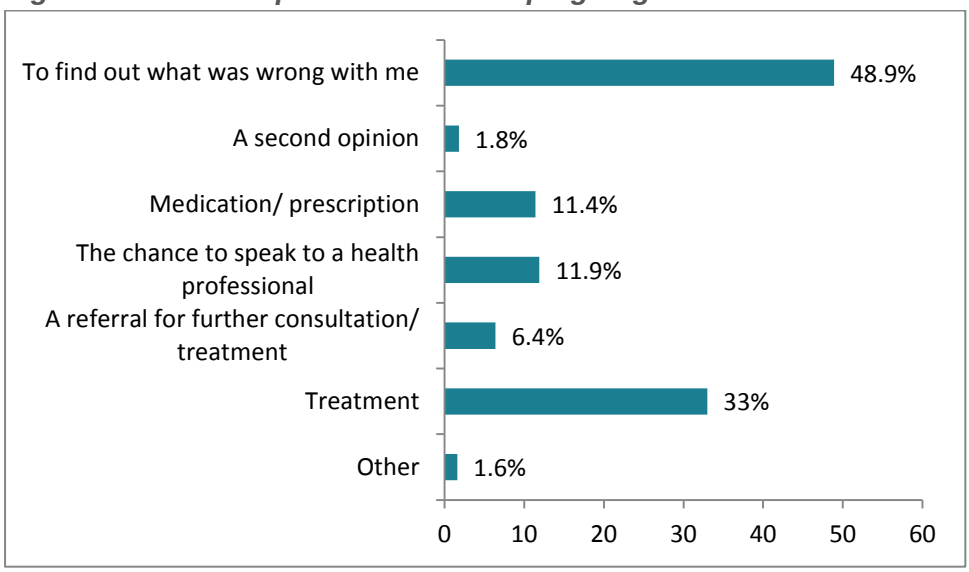
Figure 14. Service(s) accessed by respondents with an on-going health problem/ long term condition only by reasons for choosing the service



What respondents hoped they would get from their choice of service

Predominately, respondents accessed urgent care services to find out what was wrong with them (48.9%) and/ or for treatment (33%). For a full breakdown of why respondents accessed urgent care services see Figure 15 below:

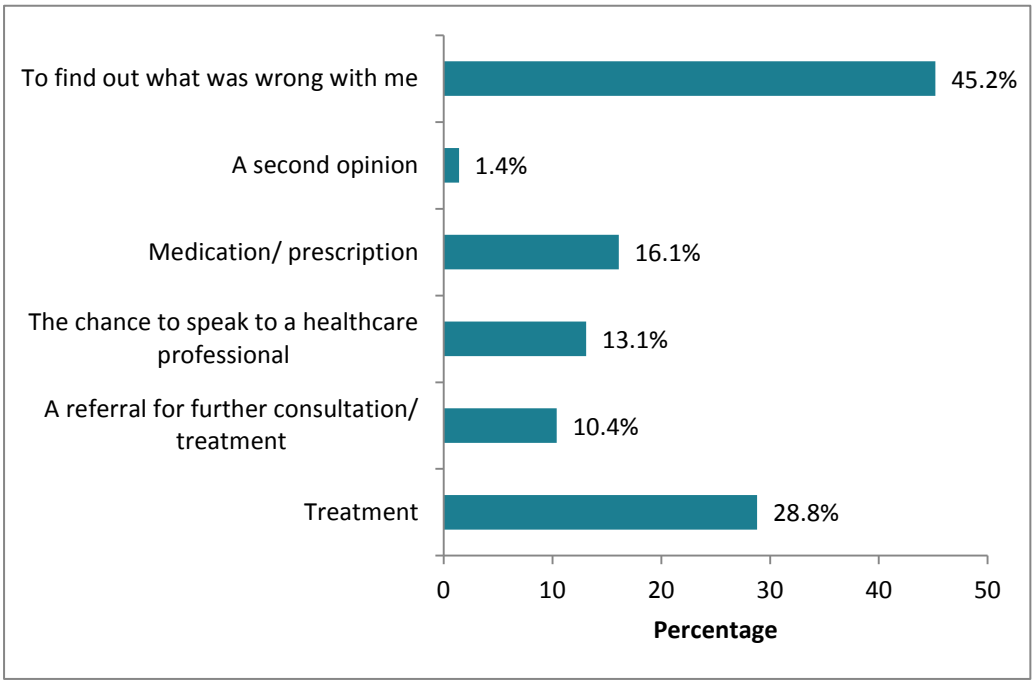
Figure 15. What respondents were hoping to get from their choice of service



Sample size: 2343

Respondents with only a long term condition gave a variety of responses as to what they hoped to get out of the service as indicated in Figure 16. Why this group (who are likely to be in regular contact with health services) are accessing urgent care and for what, warrants further investigation.

Figure 16. What respondents with only a long term condition were hoping to get from the service(s)

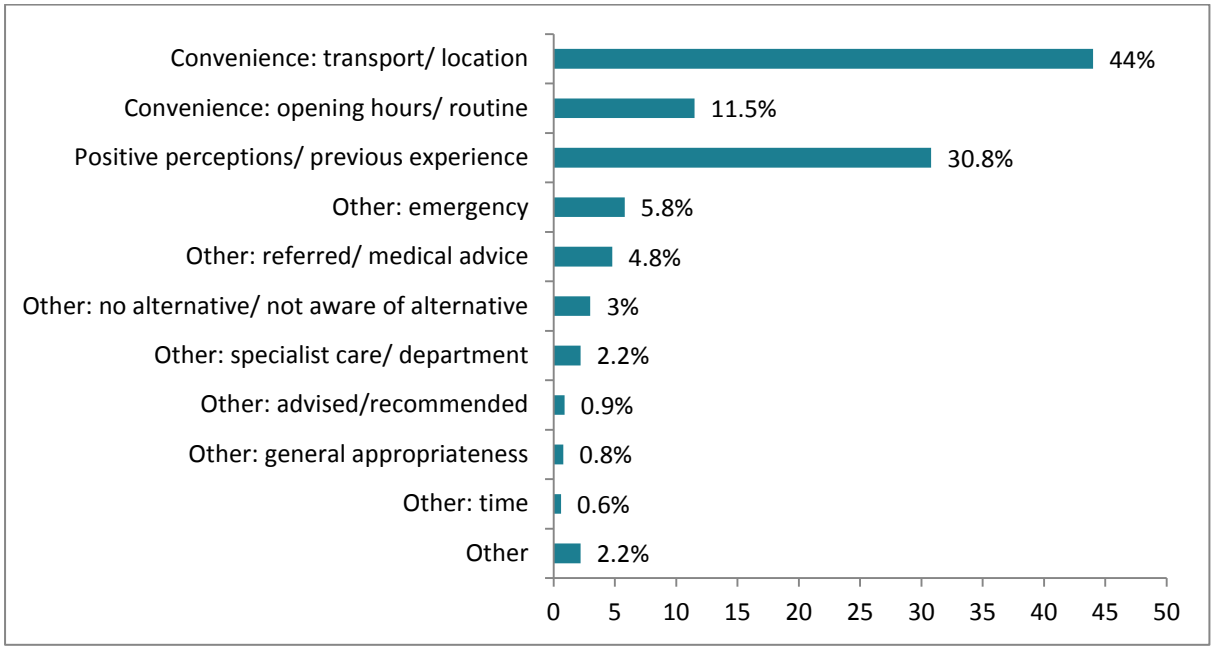


Sample size: 694

Reasons for choosing the service

Respondents' reasons for choosing the service were varied but overall convenience of access appeared more likely to inform their choice than previous experience of the service, as is illustrated in Figure 17 below.

Figure 17. Reasons for choosing the service

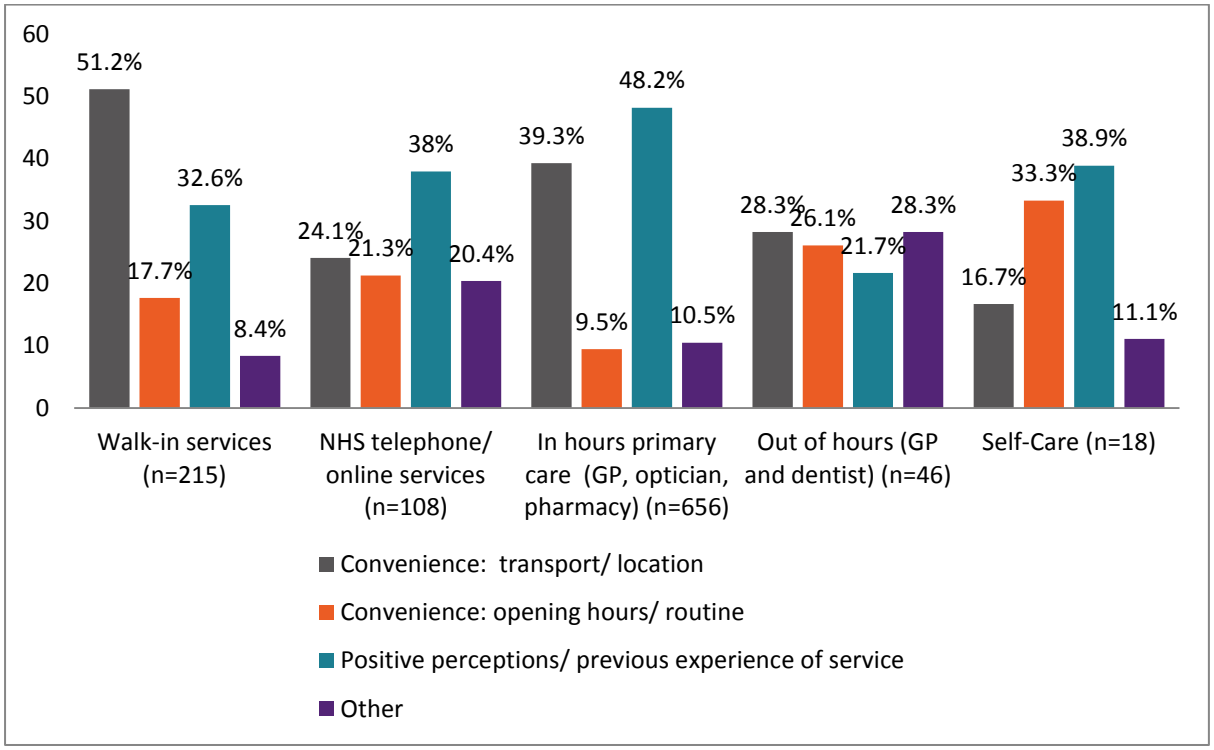


Sample size: 2191

5.1 How reasons for choice varied between services

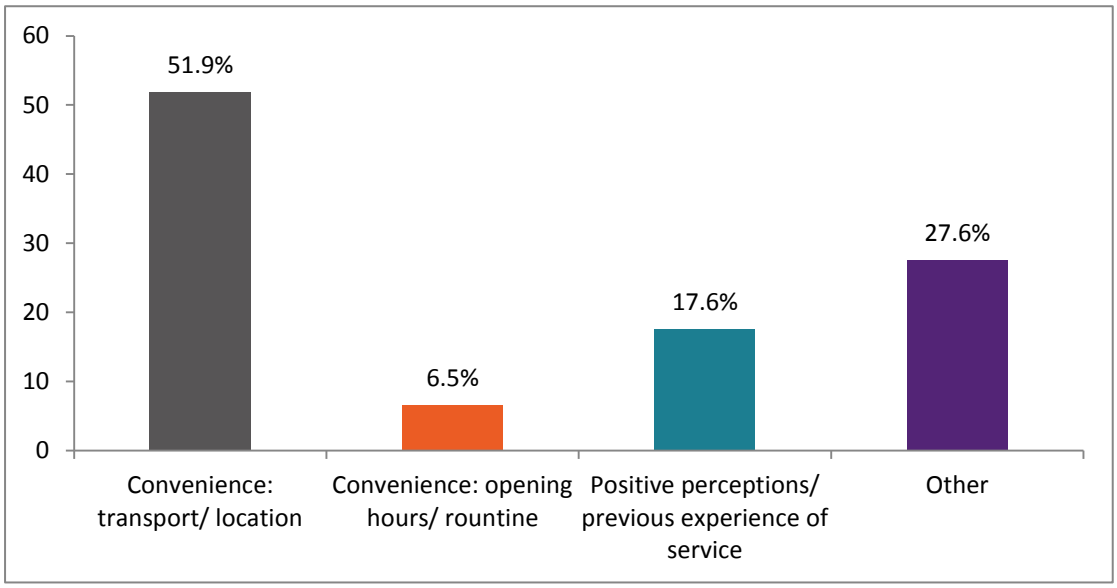
Reasons for choosing the service varied between the different services within urgent care as the breakdown in the bar chart below (Figure 18) illustrates. Perhaps not surprisingly walk-in services were more likely to be chosen because of their convenience and primary care based on previous experience and/or positive perceptions.

Figure 18. Reasons for choosing other urgent care services



Convenience in terms of location and access to transport became an even more important factor in relation to access to A&E as can be seen in Figure 19:

Figure 19. Reasons for choosing A&E

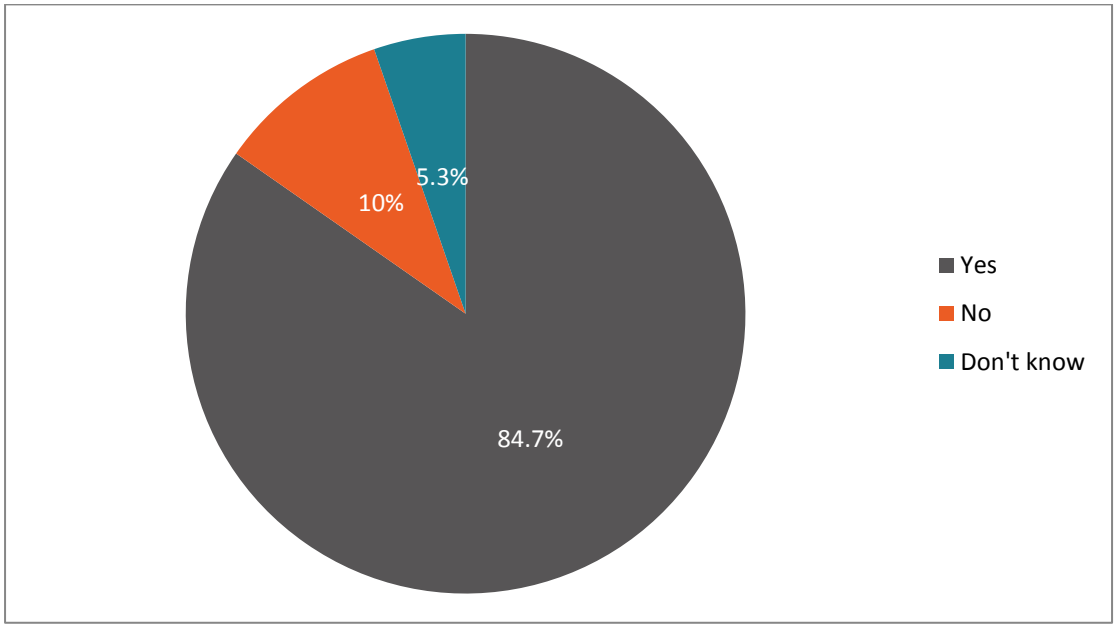


Sample size: 803.
Other includes Emergency 12.3%, referred/ medical advice 5.2%, no alternative/ not aware of alternative 4.2%, specialist care/ department – 3%

Views on the service received.

A substantial majority (84.7%) of respondents felt that they got the service they needed as illustrated in Figure 20:

Figure 20. Did respondents feel they got the service they needed?



Sample size= 2261

6.1 Confidence that the service accessed was right for them

When asked to score their confidence that the service accessed was right for them on a scale of 1 to 5 (with 5 high), the majority of respondents overall expressed confidence with 82% (n=1874) scoring 4 or 5 and only 7.7% (n=175) scoring 1 or 2.

Individuals that were confident the service they chose was right for their health problem (scored 4 or 5 out of 5) commonly gave the following reasons for their high score:

- Issue Resolved (n=202)
- Appropriate (n=201)
- Convenient/ quick (n=121)
- Specialist department or procedure needed (n=105)
- Based on previous experience or recommendation (n=105)
- Professional referred/ advice (n=88)

Individuals that were least confident the service they chose was right for their health problem (scored 1 or 2 out of 5) commonly gave the following reasons for their score:

- Had bad experience (n=56)
- Not resolved/ unsatisfactory response (n=37)
- Long wait/ slow (n=21)
- Would access a more appropriate service next time (n=19)

6.2 Other comments on their experience of urgent care

When asked whether 'was there anything else you want to tell us about your experience?' 996 respondents (42%) made a comment and of these nearly 60% (n = 576) made positive comments about the service and the staff. Staff were repeatedly described as being *"professional", "caring", "helpful", "efficient", "understanding", "friendly", "excellent".*

Some examples of positive comments about services overall are given below:

"It was really excellent. From NHS 111 through to the walk in centre - we had a diagnosis and began treatment within a few hours of my contacting NHS direct - on a Saturday."

"The A&E staff who treated me at the LGI were exceptional and couldn't have done more to help me at a critical time. When my condition was stable and I was transferred to Jimmy's, the staff there were also great. I really couldn't find fault with the treatment I received."

Less positive comments about staff and services were made by some respondents (n=223). The negative comments about staff were relatively few (44) and can be broken down into three issues: problems with administrative staff (n=8); the attitude of medical staff (n=26); and dissatisfaction with the professional knowledge/ practice of medical staff (n=10).

There were more negative comments about services generally than about staff (n 176) some examples are given below:

"The experience was bad due to short staff and doctors not taking an interest in patients due to demand of people waiting to be seen"

"Not happy. I should have been able to see my GP and not had to phone 111 and then have to go to St. George's in Leeds 10."

And some people experienced long waiting times which they were not happy with:

"The A&E unit do their very best to see patients within a specific timescale however, the unit is always overcrowded and the staff overworked. The atmosphere is uncomfortable due to overcrowding; long delays and lack of resources including staff."

6.3 Suggestions for improvements in services

A small number of respondents made suggestions for improvements to services (in order or priority)

- More staff (n=11)
- More provision/alternatives (n=10)
- More information on expected waiting times (n=7)
- Improvements to parking (n=5)
- It should be made clearer what services offer e.g. does the minor injuries unit have x-ray facilities (n=3)
- Triage and organisation (n=1)

Of the respondents that made suggestions regarding improvements, the most common areas were increasing staffing levels to take the pressure off overstretched services and more service provision, particularly alternatives to A&E:

"Considering that the doctors and nurses seemed to be working under extreme pressure, they were superb. Having now spent 14 days in hospital, I could see some of the problems that were caused by not enough nurses and doctors actually on the ward."

"There should be more nurses walking around and support help"

"I believe that Leeds would benefit from a number of small units which could undertake minor procedures rather than having "hubs" with long waits and factory style processing."

"More walk in centres should be available to help A&E for emergencies"

Other common suggestions for improvement were connected to receiving information on timescales to have an idea how long patients would have to wait.

"At times felt a bit isolated and left waiting with no update. My wife had to check that I had not been forgotten as we were sat in the waiting area for nearly 2 hours and when she asked

she was told they were waiting for blood test results. It would have been helpful if someone would have told us that."

"A &E was very busy that night but the staff were friendly and efficient. It would have been useful to know waiting times."

"It would be better if it was quicker, would be nice if they could tell me how long it'll be."

Other suggestions included: providing more information about what different services offer e.g. where x-ray facilities are available; improvements to parking; and improving triage to increase efficiency.

Although many people were critical of NHS111 ("*The 111 line was a waste of time*."), there was one suggestion to make it the main triage service:

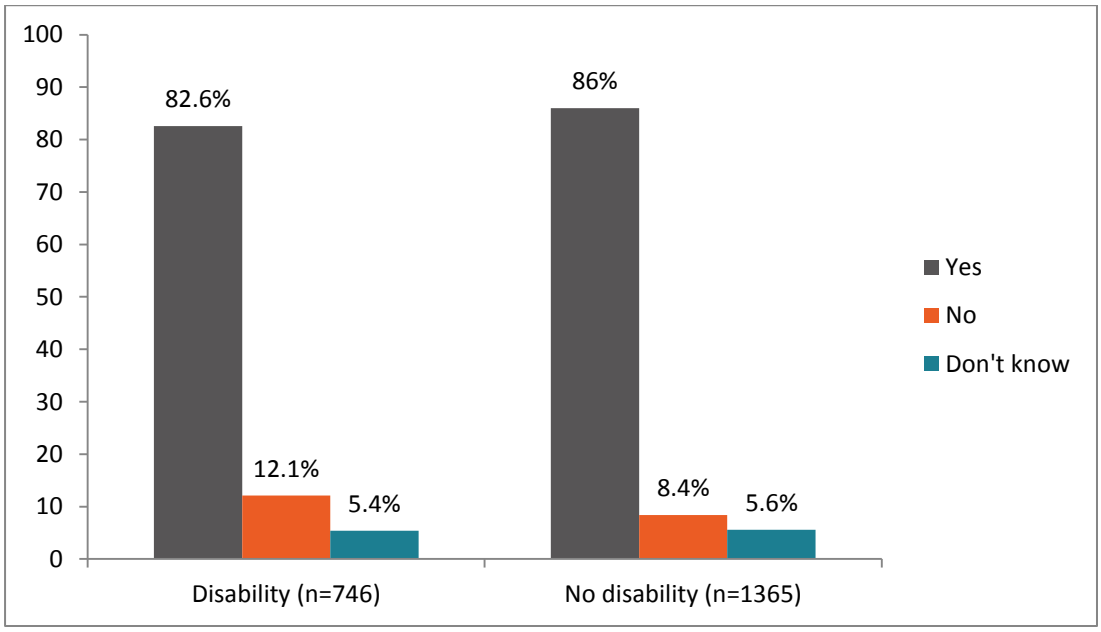
"I believe that calling 999 should incur costs, to the caller, say £5 per minute unless you have gone through 111, and been patched onwards to the correct service. ''

Experience of specific groups

Those with a disability, some BME groups (particularly Asian/ Asian British and 'other'), people living in the most deprived areas (Quintile 1) and those with long term condition – were more likely to say the services accessed did not provide them with the service needed – differences are however small. A slightly higher proportion of over 65's said the service met their needs in comparison to those 65 and under. The figures below provide more detail on how, groups which could be considered more vulnerable, responded to the question 'Do you think it (ie the facility accessed) provided you with the service you needed?'

7.1 Experience of those with a disability

Figure 21. Did respondents feel they got the service they needed? By disability

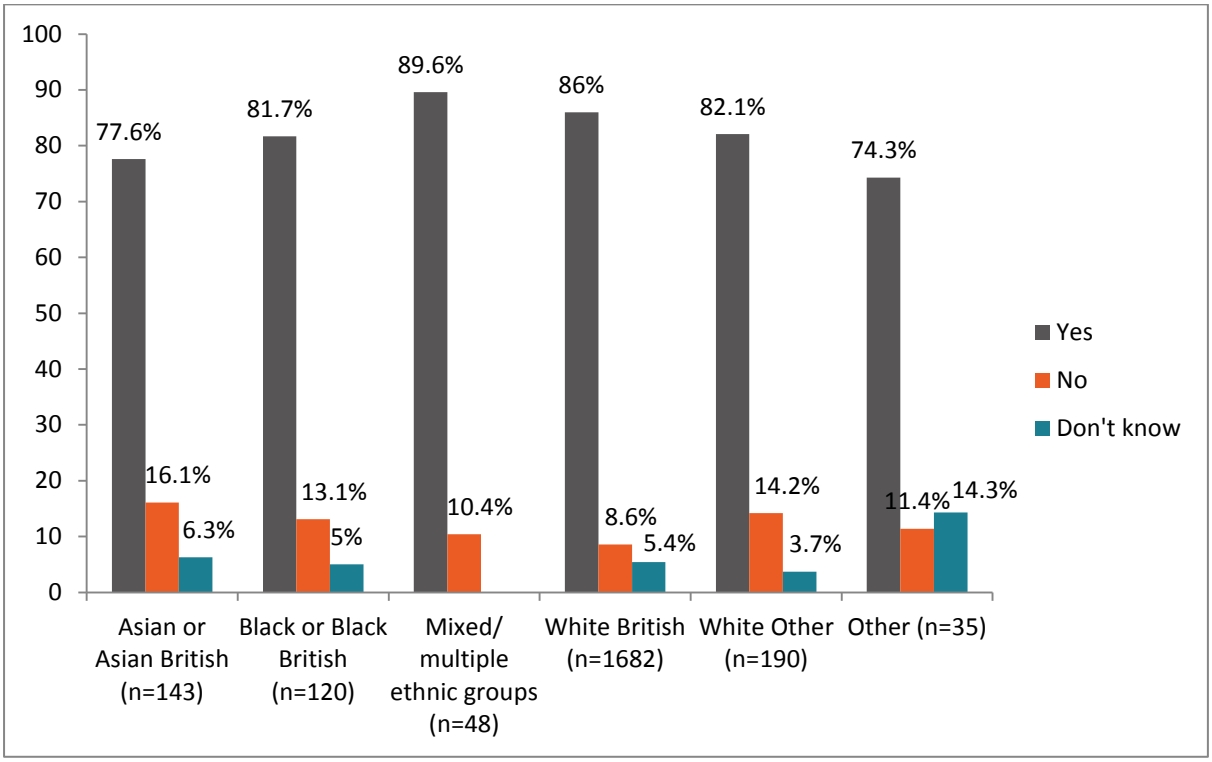


As can be seen in Figure 21 those with a disability are slightly less likely to say that they got the service they needed – but the difference is small.

7.2 Experience of those from black and minority ethnic groups

There was also some variation in level of satisfaction by ethnic group, with those who identified themselves as from mixed/multiple ethnic groups and White British having the highest levels of satisfaction, and that of Asian/Asian British and 'other' being lower as illustrated in Figure 22. When grouping participants in broad ethnic categories, White British and Non-White British, small differences in the proportion of respondents who felt they got the service they needed were found - 86% of White British respondents compared to 81% of Non-White British respondents. Furthermore, 14% of Non-White British respondents said no, they did not feel they got the service they needed, compared to 8.6% of White British respondents.

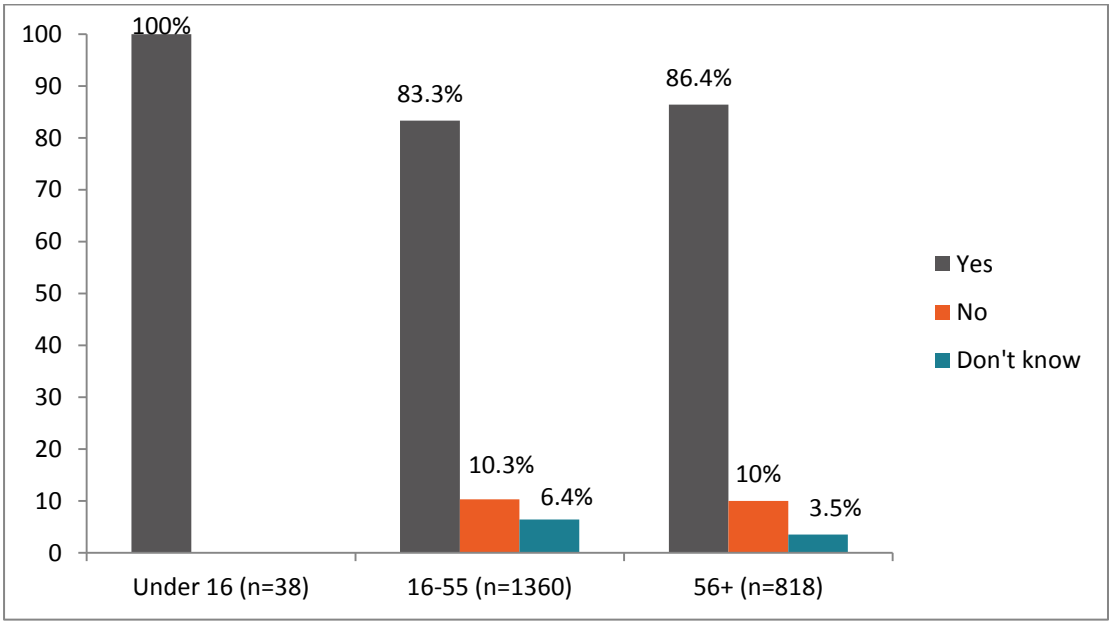
Figure 22. Did respondents feel they got the service they needed? By ethnic background



7.3 Experience of different age groups

A breakdown of satisfaction by age shows all under 16s (or at least their carers) were satisfied, albeit the total number was small and that older people were slightly more likely to be satisfied that working age adults – see Figure 23.

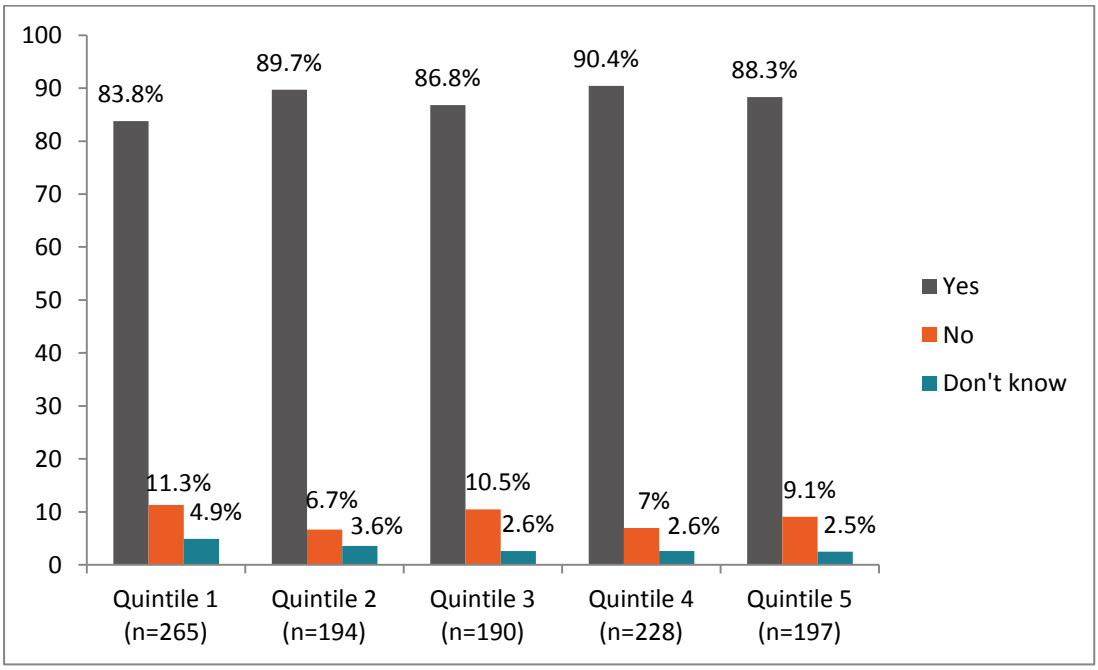
Figure 23. Did respondents feel they got the service they needed? By age group



7.4 Experience of those from deprived areas

Again when responses were analysed by deprivation (with Quintile 1 being the most deprived) there were some slight variations, with those in Quintile 1 being slightly less satisfied than those in other quintiles:

Figure 24. Did respondents feel they got the service they needed? By deprivation quintile



7.5 Experience of elderly people and those with mental health problems/dementia

A small number (n=26) of respondents commented that they felt there were failings in care for people with mental health problems and the elderly, particularly those with dementia.

"Elderly care provision is appalling. Patients with a chronic condition who then present with new acute symptoms are not prioritised. We waited for 6 hours before being moved to an admissions ward and them my mother was finally found a bed at midnight, having received no treatment in the intervening period other than her own pain relief."

"The experience was disgusting he was treated as a complete dummy they saw the word 'dementia' and automatically thought he could not communicate and would wonder off which was NOT TRUE! It was so upsetting for both Dad and family."

"…my experience with my doctor (at A&E) as a mental health patient left me extremely vulnerable and isolated."

"I think that it really does not work to channel everyone through the emergency wards. It is incredibly traumatic and undignified for vulnerable elderly people."

There were also positive comments (n=6) regarding the treatment/ experiences of elderly patients and people with mental health problems:

> *"Nurse had a professional, approachable manner and treated my elderly father with respect and understanding"*
>
> *"ALL the A&E staff treated us with understanding, compassion and sensitivity at all times. We were allowed to wait in a private room, a key consideration for someone who is feeling suicidal and suffers from acute social anxiety. We were offered a drink, a kind word and privacy while we waited to see the CAMHS doctor. This helped my daughter regain some composure more quickly…"*

Although the number of respondents raising concerns re the treatment of elderly people and those with mental health problems is relatively small, the issues they raise are clearly of concern and warrant further investigation.

Comparison with the findings of the Healthwatch Leeds survey of user views in Accident and Emergency

In May 2014 Healthwatch Leeds undertook a survey on patient experience of A&E services in Leeds. The Healthwatch team went into both Leeds General Infirmary and St James to conduct the survey. They were primarily interested in finding out why people had gone to A&E, what their experience was and how long they had had to wait. The survey report can be accessed on the Healthwatch Leeds website:
http://www.healthwatchleeds.co.uk/sites/default/files/ae_report.pdf

One of the key findings of the Healthwatch survey was that 40% of people were at A&E because they could not get an appointment with their GP. Whilst this clearly flags up an important issue with regards to access to general practice, the urgent care survey with its wider brief, found that much urgent care takes place in primary care. Just over half of respondents who did not go to A&E went to their GP surgery and a further 7% used out of hours GP services. This provides the other side of the picture of which urgent care services are being accessed and why. Both surveys found that many people (nearly half in the A&E survey and nearly 70% in the urgent care survey) are deciding where to go for help without seeking advice, by for example, ringing 111. Levels of satisfaction with the service received were at a similar high level (80% +) in both surveys.

Reflections on the findings

Below we offer some reflections on the findings in relation to the aims of the survey.

1. **Understand the factors influencing patient choices when accessing urgent care within the current system.**

    - Access in terms of location, being easy to get to and opening hours seemed to be the most important consideration for the majority, although a previous good experience was important for some.

    - Reasons for choosing a service varied by slightly by service with walk-in services more likely to be chosen because of their convenience and primary care more likely to be chosen based on previous experience and/or positive perceptions.

2. **Gain insight into the experiences of patients accessing urgent care within the current system.**

    - The majority (85%) were positive about their experience - their views represent a strong potential asset for future improvement and sustainability

    - Most (82%) of respondents were confident that the service they accessed was right for them and confident about the outcome.

    - However a minority of respondents reported negative experiences and this was slightly more the case for those who accessed only A&E.

3. **Gain insight on patient understanding of the range of urgent care services currently available to them.**

    - People living in areas of deprivation and to a lesser extent from some BME groups were more likely to have used A&E than other respondents.

    This may reflect the following:

        - configuration of services where they lived,

        - their access to transport or a range of other socio-economic factors,

        - a lack of awareness of other urgent care services for example amongst recent migrants or young adults living independently for the first time such as students

        - their greater exposure to situations that might require emergency treatment

        - lack of knowledge about the relative gravity of their presenting health condition - for example amongst young adults such as students and new parents

- People with an on-going health problem or long term condition were much less likely to use A&E which may reflect their knowledge of their own health condition and of the

health system. Further investigation needs to be done to gain understanding of the usage of urgent care services by people with an on-going health problem or long term condition.

4. **Understand the issues important to individuals from specific groups within the community.**

- Those with a disability, some BME groups (particularly Asian/ Asian British and 'other'), people living in the most deprived areas (Quintile 1) and those with long term condition – were more likely to say the services accessed did not provide them with the service needed – difference are however small. A slightly higher proportion of over 65's said the service met their needs in comparison to those 65 and under There were some comments from people with mental health problems and elderly people who had had a poor experience of services and this would merit further investigation in order to find out how wide spread this experience is.

Concluding remarks

This survey provides some useful insights into the experience and views of those using urgent care services in Leeds. Those providing urgent care can be proud of the high level of satisfaction generally expressed by service users.

However the survey does raise issues which warrant further investigation. In particular the somewhat variable experience of different sections of the population suggested by the survey is a cause for concern. This is particularly the case given that it is groups which could be considered vulnerable who are expressing slightly less satisfaction with services, in particular those with long term conditions, some elderly people and their carers and some people with mental health problems. There also appear to be differential use of services by people from black and minority ethnic groups and those living in the more deprived areas of the city which again warrants further investigation.

Capturing the experience of service users in a way that provides a true reflection of the experience of users as a whole is difficult and needs to be an on-going endeavour in order to ensure that patient experience informs commissioning going forward.

APPENDIX A: Urgent Care CEED Plan

NHS
Leeds North
Clinical Commissioning Group

Engaging local people in the Urgent Care Strategic Review

Communications Engagement Equality and Diversity (CEED) Plan for
NHS Leeds North

Introduction
NHS Leeds North Clinical Commissioning Group (CCG) is currently reviewing the provision of urgent care on behalf of the city. The way urgent and emergency care is provided needs to change to keep up with medical science and to ensure that everyone, wherever they live, has the best, most up to date care as close to home as is reasonably possible. The local Urgent Care Strategy will complement and supplement a national review of urgent and emergency services to ensure that what is important to the people of Leeds is included in service redesign whilst simultaneously meeting national requirements. Both the national and local engagement processes are following common objectives, which are:

- Determine patients' priorities when accessing care
- Determine the clinical principles by which urgent and emergency care should be organised
- Clarify the evidence base for these principles and where further evidence is required
- Build consensus on the key components of the emergency care system; and
- Develop options for possible models that could be used

- **Aims and objectives of the engagement**

We are in the very early stages of the process and are focusing on experience rather than solutions. The first phase of this conversation is to ascertain from patients, carers and healthcare professionals, across all our diverse communities, their experiences of urgent care across the city and to learn from others what the term 'urgent care' means to them. It is important to recognise that 'urgent care' is potentially relevant to the entire population for a comprehensive range of reasons. We are seeking a nap shot of current behaviour and the public's understanding of what we mean by "urgent care". The engagement programme therefore needs to be similarly comprehensive and ensure we take the views of the whole population into account. With this in mind our engagement strategy is continually evolving, but is built around flexibility – doing what works with such a range of user groups is key,

rather than the CCG setting the terms of engagement and expecting service users to fit around us.

What do we know so far?
A stakeholder workshop took place in October 2013 which involved health professionals, third sector and patients and carers across the city. The purpose of the workshop was to understand the needs around urgent care and identify any gaps. It is known that certain groups of individuals do find it difficult to access urgent care. These include:

- Those with long term conditions
- Those with mental health issues
- Those who are frail and elderly
- Those with alcohol and drug use problems
- young people (13 – 25)

In view of this, we were keen to ensure that these groups were represented at the workshop. Feedback from the workshop has been instrumental in defining the work streams which will be taken forward.

We are also keen to ensure that we engage with all groups protected by the Equality Act 2010, in addition to other vulnerable groups and seldom heard communities. Healthwatch Leeds have recently gathered views from the homelessness around their health needs. Homeless practice in Leeds are about 34 times more likely to attend ED than the general population, and as all those who are homeless will not be registered with that practice this is an underestimation of the service usage of this group. "The Homeless" are therefore a clear population of need that we'll need to account for in our planning.

Feedback from the workshop included the following themes. A full report from Leeds University can be accessed.

- Disconnected practitioners
- Surprise at the definition of "Urgent Care" – this means now
- Listen to the patient
- Public need to know what is available
- Appropriate signposting to on-going services
- If professionals struggle to negotiate the system what chance do patients have?
- Adequate triage pre-clerking in on presentation to A&E
- Delay in seeing the right person for right assessment
- Lack of trust in Out Of Hours GP service
-

A number of other organisations across the city, for example, Healthwatch, and Brain box are currently undertaking activities around collecting patient experience around A&E. This recent data is currently being collated and will be included in the patient experience data produced.

In addition, a patient experience research project recently commissioned from Public Health England and collated from national surveys, provides equality data available,

which has been pooled across West Yorkshire to create a statistically significant sample of patient experience in A & E.

Resources
We have identified who our stakeholders are and the list below looks at the range of resources we will use to ensure we can target the broad range of groups we need to engage and involve.

- **Online questionnaire:** the online questionnaire will be available directly from Survey Monkey as well as through the CCG websites. We will promote this using a range of channels including CCG bulletins, partner bulletins, the media, social media, direct emails and through community engagement events.

- **Paper based questionnaire:** a paper-based version of the questionnaire will be made available to our community and voluntary sector partner and to Leeds Involving People who will attend events on behalf of the CCGs in Leeds. A limited number of copies are being printed in line with the sustainability policies of all CCGs in Leeds however further copies can be made available upon request, in all accessible formats.

- **CCG website:** a prominent link from the home page of the CCG's website will be set up so that people can quickly access information and take part in the survey as well as a number/email address so that people can request a hard copy if they wish to do so. There is a specific urgent care website which has been created **www.leeds.nhs.uk/ucleeds** which is being used to provide the public and professionals with information. Embedded is a short video which neatly explains to the public what we mean by urgent care. There is an additional website (www.leeds.nhs.uk/isitforme) which provides the public with options and information around unplanned care.

- **Urgent care engagement pack:** member practices and community sector partners will be offered the opportunity to hold urgent care engagement sessions within their premises with the opportunity to request a pack. The campaign pack will consist of flipcharts and printed questions/prompts.

- **Social media:** we will be using the CCG's social media accounts to promote and encourage debate. We will also encourage partner organisations to use their own accounts to spread the word.

- **Engagement events:** we will either attend, or ask Leeds Involving People to attend a range of existing events and hold stalls/awareness sessions so that people can participate. Our engagement activities will be a mix of attendance at events, focus groups and one to one interviews.
-
- **Leeds NHS Equality Advisory Panel:** We will circulate our questionnaire round the Leeds NHS Equality Advisory Panel members. Members of the Leeds NHS Equality Advisory Panel provide useful "community voice" which will support our Strategic Urgent Care review and assist us in ensuring that for

all local people including protected groups, vulnerable groups and seldom heard communities are involved.

- **Staff engagement:** we will promote the urgent care strategic review within the CCG's e-bulletin and also set up a staff workshop (or workshops) so that staff can take relay their stories.

- **Media:** a press release will be issued to alert the media that we are wanting to have a conversation in Leeds about urgent care. We could work with Yorkshire Evening Post to look at the feasibility of setting up a live Twitter chat and we will look to offer similar opportunities to other local media outlets.
-
- **Leeds Rugby Foundation: Our Approach:** will make use of the good community links Rugby Foundation has to work with a cross section of their local community to implement proactive events that supports the NHS Campaigns. Through their club/business ambassador scheme, they will promote the campaign and present the appropriate messages to players, staff and parents.
-
- **Radio Aire Street teams:** Members of the radio Aire street team to hold conversations on our behalf with the public in shopping centres such as Trinity Leeds, White Rose Centre and the train station
-
- **Virtual Focus Groups :** Work with the click room to undertake a number of virtual focus groups.

Delivery of plan
The next phase of activity for gathering patient experience across Leeds will be undertaken between 23 May (take into account purdah) with an update report by the end of June. 014. However further targeted work will take place in late Summer/Autumn using the asset based engagement pilot to gather views from all our diverse communities, paying particular regard to the Equality Act 2010 protected characteristics, seldom heard groups and other vulnerable groups.

See action plan from page four onwards for further details.

Evaluation of data and analysis of findings
Initial findings at the end of June will be analysed and evaluated by the Engagement team and fed into the CCGs local urgent care strategy. Engagement will not cease after June and will continue but this will give us an opportunity to examine the equality data received and the intelligence we have collated to ensure that we have engaged with the relevant target audience in relation to the protected characteristics and identify any gaps of where we need to seek further views.

The information gathered as well as the proposed engagement initiatives with patients, carers and the voluntary and community sector will be analysed by the Engagement Team and uploaded onto the public website. Feedback to participants will be provided by the Engagement Team. For those participants who have shared their details during the engagement process, feedback will be sent directly.

Budget –
Below are the additional costs for you to consider. At the time of writing this plan the costs were not conformed and are based on past experience of similar products or services.

• Design and print of 1,500 questionnaires	£700
• GP practices texting patient lists	£?
• Telephone questionnaires (200)	£1000
• Extra engagement support	£1000
• Analysis of survey responses	£4,200 (for up to 1,000
responses) – could we use CSU BI	
• Radio Aire Street team 10x4 hour shifts using 4	£2,900
Member of staff	
• Virtual focus group	Already purchased

A further recommendation if budgets allow

Radio Aire have supported us with running similar patient insight/patient experience surveys with an excellent return on investment. To run an online campaign with Radio Aire there would be a cost of **approximately £2,000** and based on past experience we could receive in the region of 1,000-5,000 responses.

Action plan April 2014- June 2014

Resource	Stakeholders	Citywide	w/c23 May dates	w/c date	w/c date	w/c date	w/c date	w/c date	w/c date
Online questionnaire	- Patients and the public - Citizens' Panel - Staff and member practices - Partner organisations including local authority and providers - Third sector incl. HealthWatch - Political incl. HWBB, Scrutiny, MPs and councillors - Professional bodies including LMC and Community Pharmacy West	Citywide or CCG specific	Questionnaire online and promoted through internal and external bulletins Promotion on social media channels (Facebook and Twitter) Links available on website	Prepare social media text for partners to use Identify any other opportunities for social media promotion such as #LeedsHour	Team Brief item and staff engagement workshop. Online questionnaire to be made available for staff who don't want to openly write their thoughts	Push questionnaire on social media Take part in Twitter chat with Yorkshire Evening Post and promote link to questionnaire	Use #twitter name on during citywide event and reference online survey	Ongoing promotion of questionnaire on web, social media and internal bulletins	Ongoing promotion of questionnaire until closing date

Resource	Stakeholders	Citywide	w/c23 May dates	w/c date	w/c date	w/c date	w/c date	w/c date	w/c date
	Yorkshire Leeds NHS Equality Advisory Panel								
Paper based questionnaire	- Patients and the public - Third sector partners including HealthWatch and Leeds Involving People	Citywide with some LN specific events	Disseminate printed copies of questionnaire to partner organisations	Use at citywide and local events	Use at citywide and local events	Use at citywide and local events		Use at citywide and local events	Use at citywide and local events
CCG website	- Patients and the public - Staff and member practices - Share link with other stakeholders in tailored comms materials such as emails or letters	Citywide with facility to tailor content to CCG needs	Web pages uploaded and signposting available from home page - to include link to online survey and PDF version as well as videos (is it for me and the local ccg animation video)						Page amended to show results of evaluation anticipated to be end of June 2014
Urgent care	- Member	Citywide	Email practice				Email reminder		

Resource	Stakeholders	Citywide	w/c23 May dates	w/c date	w/c date	w/c date	w/c date	w/c date	w/c date
engagement pack	practices - Community groups		managers inviting them to take part in the urgent care review with offer of pack Email community groups and offer campaign pack				sent to request for completed sheets to be returned		
Social media	- Patients and the public - Staff and member practices - Partner organisations including local authority and providers - Third sector incl. HealthWatch - Political incl. HWBB, Scrutiny,	Citywide	Launch social media campaign using #twitter name to be decided	Send out social media draft content for partner organisations to use Alert local people to any events we are attending	Ongoing updates Promote any events using social media	Use Yorkshire Evening Post web chat to highlight survey and citywide event	Ongoing social media promotion	Collect data and share with commissioners	Ongoing promotion and data collation

Resource	Stakeholders	Citywide	w/c23 May dates	w/c date	w/c date	w/c date	w/c date	w/c date	w/c date
	MPs and councillors - Professional bodies including LMC and Community Pharmacy West Yorkshire - Local businesses								
Virtual focus groups	Young people								
Public engagement events	All	Citywide	Attend or ask Leeds Involving People or HealthWatch to support at variety of events	Upload citywide event details to website Attendance or representation at events	Promote citywide event on social media Attendance or representation at events	Attendance or representation at events	Citywide event	Attendance or representation at events	Attendance or representation at events
Staff engagement events	- Staff and Board members	Citywide	**Date and format to be agreed**						
Media	- Patients and the public - All other	Citywide	Issue press release launching urgent care			Take part in Twitter chat with			Issue press release highlighting key findings

Resource	Stakeholders	Citywide	w/c23 May dates	w/c date	w/c date	w/c date	w/c date	w/c date	w/c date
	stakeholder groups		Leeds - look for opportunities for press/media interviews			Yorkshire Evening Post (possible web chat with Radio Aire TBC)			from urgent care
Copy for bulletins (internal/external) PowerPoint Graphic for display screens	- Partner organisations - Citizens' Panel - Other partner organisations such as the Police, Fire Service, schools, universities and colleges, one stop centres	Citywide	Prepare and disseminate content highlighting urgent care questionnaire and ask people to take part in social media chat	Contact one stop centres and other venues such as universities to place PowerPoint graphic on screens	Disseminate information about urgent care citywide event and reminder of social media #twitter name				Use press release to produce copy for internal bulletins to report back findings from survey
Patient Advisory Group and Patient Reference Groups	- Leeds North PAG (with LSE and West guests) - Member practice reference groups	Citywide	Send email to members with links to online survey and details of social media conversation		Invite to citywide event and reminder of ongoing social media conversation				Feedback results of urgent care share findings and any web links
Data input	Internal	Citywide	Ongoing data	Ongoing	Ongoing data	Ongoing	Ongoing data	Ongoing	

Resource	Stakeholders	Citywide	w/c23 May dates	w/c date	w/c date	w/c date	w/c date	w/c date	w/c date
	audience primarily commissioners, senior managers and executive team/board		input to ensure information from non-web based sources is captured	data input to ensure information from non-web based sources is captured	input to ensure information from non-web based sources is captured	data input to ensure information from non-web based sources is captured	input to ensure information from non-web based sources is captured	data input to ensure information from non-web based sources is captured	

To do
Need clarity of exact timescales and budget from matt storey
Price up the project – don't forget BI
Need to research what other recent PE gathering is going on in the city (HW and brainbox are two)

APPENDIX B: Urgent Care Experience: survey questions

Urgent Care Experience: Key Questions

What did you do the last time you had an unexpected health problem?	
☐	Went to A&E
☐	Walk-in-centre (Shakespeare Medical Centre, Burmantofts)
☐	Minor Injuries Unit (Wharfedale Hospital and St George's Centre)
☐	GP (family doctor)
☐	Out of hours GP
☐	Optician
☐	Out of hours Dentist
☐	Called NHS 111
☐	Pharmacy
☐	Used NHS Choices website
☐	Took care of myself / patient /child
☐	Other

Please tell us about this: (tell us about the health issue, the experience, why you went there?)

Why did you choose that service?

- ◯ It was my decision
- ◯ Family/friend suggested I go there
- ◯ Health professional referred me
- ◯ I knew I could go there after reading a poster and/or leaflet
- ◯ NHS 111 sent me there
- ◯ I went following advice from an NHS website
- ◯ I have used the service before
- ◯ I did not know where else I could go
- ◯ My GP was closed

Please tell us about this:

Were there any reasons why you chose that service?

- ◯ Location
- ◯ Parking
- ◯ Public transport (near a bus route)
- ◯ Understand my cultural views
- ◯ Confidence in the staff
- ◯ Easy to get to
- ◯ Opening times
- ◯ I had used it before

◯	I had a good experience/ outcome before
◯	I could fit it in with my daily routine
◯	Other

What were you hoping to get from this service?	
◯	To find out what was wrong with me
◯	The chance to speak to a healthcare professional
◯	A second opinion
◯	A referral for further consultation/ treatment
◯	Medication/prescription
◯	Treatment
◯	Other

Do you feel it provided you with the service you need?	
◯	Yes
◯	No
◯	Don’t know

How confident were you that the service you chose was right for your health problem?
1 being the least confident and 5 being the most confident.

Least confident 1	2	3	4	Most confident 5

Why did you score this as you did? Please explain as best you can in the box below:

At the time would you describe your health problem as?

- [ ] An on-going problem
- [ ] A one off symptom
- [ ] A long term condition
- [ ] A sudden illness
- [ ] An accident or injury
- [ ] Other
- [ ] Prefer not to say

Which of the following did your health problem relate to?

- ◯ Physical symptom
- ◯ Your eyes
- ◯ Your teeth and gums
- ◯ Mental health problems
- ◯ Alcohol/ substance use
- ◯ Other
- ◯ Prefer not say

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

APPENDIX C: Demographics – breakdown for all 2375 respondents.

Most common postcode areas:

- LS10 (n=101)
- LS11 (n=132)
- LS13 (n=111)
- LS15 (n=111)
- LS16 (n=125)
- LS17 (n=158)
- LS27 (n=136)
- LS28 (n=105)
- LS6 (n=107)
- LS7 (n=151)
- LS8 (n=169)
- LS9 (n=110)
- Missing data (n=108)

Table x. Payment for prescriptions

	Frequency	Percentage
Yes	970	40.8
No	1233	51.9
Missing data	172	7.2

Table x. Sex

	Frequency	Percentage
Female	1363	57.3
Male	933	39.3
Missing data	79	3.3

Table x. Transgender

	Frequency	Percentage
Yes	44	1.9
No	1712	72.1
Missing data	619	26.1

Table x. Pregnancy and maternity

	Frequency	Percentage
I am pregnant	32	1.3
I have given birth within the last 26 weeks	18	0.8

Table x. Age

	Frequency	Percentage
Under 16	39	1.6
16 - 25	234	9.9
26-35	357	15.0
36-46	437	18.4
46-55	402	16.9
56-65	400	16.8
66-75	271	11.4
76-85	145	6.1
86+	34	1.4
Missing data	56	2.4

Table x. Sexual orientation

	Frequency	Percentage
Bisexual	31	1.3
Heterosexual	1875	78.9
Gay man/ woman	55	2.3
Missing data	414	17.4

Table x. Religion

	Frequency	Percentage
Buddhism	9	0.4
Christianity	1147	48.3
Hinduism	19	0.8
Islam	96	4.0
Judaism	32	1.3
Sikhism	31	1.3
No religion	821	34.6
Other	34	1.4
Missing data	186	7.8

Table x. Ethnicity

	Frequency	Percentage
Asian or Asian British	147	6.2
Black or Black British	130	5.5
Mixed/ multiple ethnic groups	55	2.3
White British	1754	73.9
White Other	198	8.3
Other	39	1.6
Missing	52	2.2

Table x. Disability

	Frequency	Percentage
Yes	771	32.5
Prefer not to say	157	60.9

Table x. Carer

	Frequency	Percentage
Yes	468	19.7
No	1693	71.2
Missing	214	9.0

Table x. Relationship status

	Frequency	Percentage
Marriage/ civil partnership	1093	46.0
Live with partner	277	11.7
Single	620	26.1
Widowed	127	5.3
Other	79	3.3
Missing	179	7.5