



Ear, Nose and Throat (ENT), and ophthalmology community services and audiology and hearing aid services review

Engagement dates July - October 2014

Patient Feedback Report

Oct 2014



Published Nov 2014

Executive summary

This engagement concerns a number of different services. The contracts for these services are coming to an end and this engagement is concerned with reviewing these services with a view to re-procurement (a process which ensures we are paying for the right services in the right ways). The services involved are:

Community ENT services - For the past three years, the Leeds CCGs have commissioned a city wide community Ear Nose and Throat (ENT) service. There are currently five providers working out at five different sites across Leeds. Each service currently includes a consultant, GP with Special Interest, together with specialist ENT nursing, and audiology support. Approximately 10,000 patients use these services each year.

Patients told us that they are generally happy with the community ENT services. However, feedback suggests that referral times from the GP to the community ENT clinics are too long, that patients are not always given a choice of location and that they want community clinics.

Audiology and hearing aid provision - For patients requiring a hearing aid assessment and fitting, a referral is made to the Hearing and Balance Centre (Audiology) based in secondary care(hospital setting). Approximately 500 referrals are received by this service each year. Patients generally access the Leeds General Infirmary (LGI) for their hearing services.

Patients told us they are generally happy with the service, however feedback suggests that that waiting times for hearing aid fittings are too long and that they would like better maintenance and aftercare. Patients would like community clinics and good parking facilities.

Community Ophthalmology - For the past 3 years, the Leeds CCGs have commissioned a city wide community ophthalmology (eye care) service. There are currently five providers working out at five different sites across Leeds. Each service currently includes a consultant, GP with Special Interest, together with specialist ophthalmology nursing. Approximately 4,200 patients use these services each year.

Patients told us that overall they are happy with community ophthalmology services, although feedback suggests that waiting times are too long, that patients are not been offered a choice of location or appointment time.

A survey and a focus group were used to gather the thoughts and experiences of patients, carers and the wider public. We asked patients about their satisfaction with the current services and how they would like to access services in the future. The survey was shared widely, including with;

- Patients in community and hospital settings
- Parents of children in ENT clinics
- CCG patient, public and voluntary sector networks; and
- GP practices in Leeds

The report makes a series of recommendations which the project group will use to review the services involved.

The report will be shared with those involved in the engagement and the report will also be available on the NHS Leeds West CCG website.

1. Background information

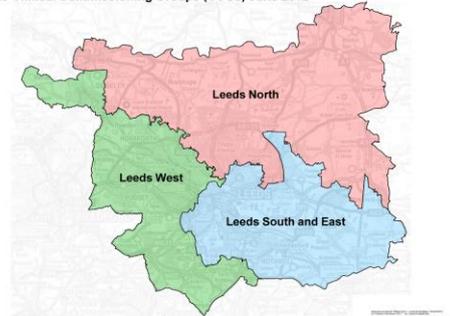
a. Clinical Commissioning Group's in Leeds

There are three clinical commissioning groups (CCGs) in Leeds; NHS Leeds West CCG, NHS Leeds North CCG and NHS Leeds South and East CCG. These organisations are responsible for planning and buying (commissioning) local healthcare services.

The CCG's are very different from previous NHS organisations. For the first time, healthcare services will be commissioned by organisations that are led by locally based doctors and nurses, supported by experienced managers.

This means we can have a real, detailed understanding of the health and social care issues there are in our neighbourhoods, and a genuine opportunity to shape health services at a much more local level as well as across the city of Leeds.

Leeds Clinical Commissioning Groups (CCGs) June 2012



The CCGs are made up of 114 GP practices, covering a population of around 800,000 people. Our population extends from some of the most affluent neighbourhoods of Leeds to some of the most deprived. When working on citywide projects, we work together to ensure that we meet the needs of people across the city.

Involving people and the public in developing and evaluating health services is essential if we want to have excellent services that meet local people's needs. It is our responsibility, and one that we take very seriously, to ensure that our local communities have the opportunity to be fully engaged in the decisions we take.

b. Leeds Involving People (LIP)

Leeds Involving People is a voluntary organisation that represents the independent voice of people through the promotion of effective involvement. The organisation involves the community in the development of health and social care services by ensuring their opinions and concerns are at the centre of decision making processes. Due to the scale of the project we commissioned LIP to support this engagement.

c. ENT, Ophthalmology and Audiology and Hearing Aid services

This project will affect all patients and carers currently using community services. Community services are specialist services which are provided in the community.

- ENT - services concerned with all conditions of the ear, nose, throat and neck which are held in the local community.
- ophthalmology - services that deal with the structure and function of the eye and conditions that affect it and are held in the local community.
- audiology and hearing aid services - services that deal with hearing and balance and the provision, fitting and maintenance of hearing aids. These citywide services are based at a number of locations and affect large numbers of the population.

Based on existing feedback, we know that patients are generally happy with the services they receive, however there are concerns about the waiting times for hearing aid provision and servicing, in particular. The review could lead to changes in the service which would impact on patients and carers. These changes might include where services are available and how they are accessed. This engagement seeks to understand the views of patients and relatives in regard to the existing services and understanding the wider public's views of how the services might be provided in the future.

2. How did we identify and engage with patients?

We developed an Equality Impact Assessment (EIA) to identify the effect, or likely effect the proposal could have on people with protected characteristics. We used the EIA to develop our engagement plan. The EIA is available on request.

An engagement plan (available on request) was developed by patients, clinicians and commissioners to ensure that the right people are consulted in the right ways. The plan was taken to the NHS Leeds West Clinical Commissioning Group Patient Assurance Group (PAG). This group is made up of patients and assures the CCG's Governing Body that adequate patient involvement has taken place during consultations and engagement. The NHS LWCCG invited PAG members from other CCGs in Leeds to attend the meeting. The PAG agreed that the patient groups and engagement methods outlined in the plan were generally appropriate.

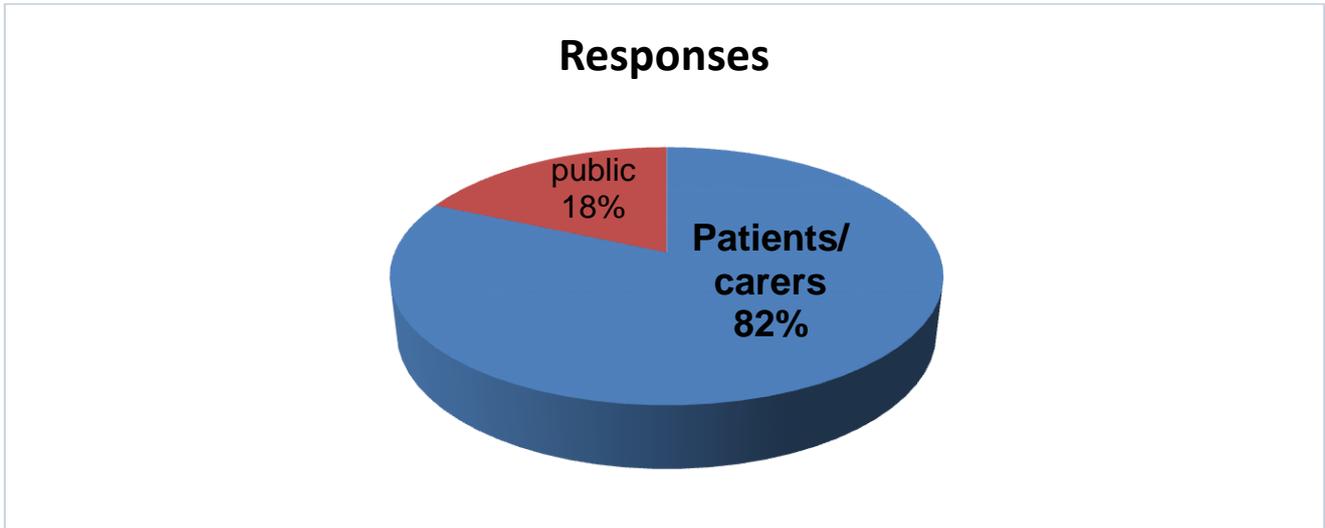
The PAG suggested a number of minor amendments to the survey and engagement plan. They agreed that the patient groups and engagement methods outlined in the plan were appropriate.

Group	Who	How
Patients	People who use community ENT services	<ul style="list-style-type: none"> Paper copies of survey shared with all ENT services across the city LIP and CCG staff attended five clinics across the city and filled in survey with patients
	People who use hospital audiology and hearing aid services	<ul style="list-style-type: none"> Paper copies of survey shared with the Hearing & Balance Centre service LIP and CCG staff attended clinics for the service and filled in survey with patients
	People who use community ophthalmology services	<ul style="list-style-type: none"> Paper copies of survey shared with all ophthalmology providers across the city LIP attended clinics and filled in survey with patients
Carers	Carers, friends and family	Links to engagement were shared with Carers Leeds
		Link to engagement page shared with CCG patient, carer and public networks by email and post
		Link to engagement tweeted to key stakeholders
Public	General public	Shared details of the engagement by social media
		Shared with the three CCG patient, carer and public networks by email and post
		Shared with NHS Leeds CCG voluntary, community and faith sector network
		Paper copies of the survey sent to GP practices across the city
		Poster advertising the engagement sent to GP practices across the city
		Surveys were requested and sent to approximately 30 members of public
Staff		Shared in CCG staff bulletins

Group	Who	How
People with protected characteristics as defined by Equality Act 2010	Black and minority ethnic (BME) communities	<ul style="list-style-type: none"> • The survey was shared at Healthwatch Leeds event for people who are deaf and hard of hearing. • The survey link was emailed to Signhealth, Leeds to be shared by service users and staff • The survey was shared at a Lesbian, Bisexual, Gay and Transgender Challenge event held on 15 July 2014 at Leeds Civic Hall • The survey link was shared on the Doing Good Leeds website • The survey was shared at the World Mental Health event organised by Volition • Deaf Across Leeds enablement service – LWCCG staff attended a focus group • Black Health Initiative, Chapeltown – LWCCG staff attended a focus group • We also developed alternative formats which were available upon request – large print, braille and easy read • We directly contacted; Action for blind people, Association for blind Asians, Leeds Society for deaf and blind, Leeds talking newspaper association, Leeds hard of hearing club
	Carers	
	Children and young people	
	Older people	
	People with disabilities	
	Users of mental health services	
	Lesbian, gay, bisexual and transgendered people	
	Gypsies and travellers	
	Homeless people	
Partners	Leeds City Council (including public health and adult social care)	Details of the engagement shared through social media.
	Leeds North and Leeds South and East CCGs	Contacted other CCGs with details of the engagement Engagement added to the CCG websites
Political	Leeds City Council	Contacted LCC with details of the engagement
Providers	<ul style="list-style-type: none"> • LTHT, LCH and LYPFT 	Information was shared with key partners for them to disseminate using in-house channels such as newsletters, websites and social media
	<ul style="list-style-type: none"> • GP practices 	Survey sent by hard copy and link emailed to all practices across Leeds
	<ul style="list-style-type: none"> • PRGs 	Survey sent by hard copy and link emailed to all practices across Leeds, requesting GPs disseminate to their PRGs
Media	Local media	Sent out a press release about the engagement and included the media in Twitter and Facebook activity.

3. Who replied?

In total 385 people contributed to the engagement. Feedback was received from the following groups;



4. Ear, Nose and Throat

This service review used one survey to look at a number of different NHS services. We split the survey into three sections, each looking at people's experience of a particular service. Some patients answered more than one section because they have used more than one of the services.

a. Feedback from ENT Patients/Carers

This section of the survey looked at people's experience of using ear, nose and throat services. Even though we are only reviewing community services, in other words ENT services that are provided at community clinics, we also wanted to know about people's experience of using hospital ENT services. Having a broader understanding of patients' experience across the NHS will help us provide more integrated, joined up services in the future. In total 111 people completed this part of the survey. Details from their feedback can be found in Appendix A. This is a summary of their feedback:

- Two thirds of patients who answered this survey had used community ENT services. Of the remaining people a quarter had used hospital ENT services and 4% had not answered this question.
- We received responses from people who had used ENT services across the city. However, the majority of responses were from Bramhope and Thorpe Park community clinics and Leeds General Infirmary.
- Three quarters of the people who responded to this section of the survey told us that they were happy with the time it took to see an ENT clinician.
“Early appointment”
“Got a cancellation, so was seen sooner”
- 19% of people who responded told us they were unhappy with the waiting time to see a clinician.
‘I was appalled by the waiting time of 18 weeks’
‘6-8 month wait from GP [to see an ENT doctor]’
- The majority of patients who responded to this section of the survey told us that it was easy to get to their clinic. However, 19% of people were unhappy with getting to the clinic.
‘Hospitals are very hard to park at’
- Almost three quarters of patients felt that the referrals between GP, community and specialist services were straightforward.
- Most patients felt that the service responded to their own personal needs.
- Half of patients who completed this section of the survey said that they had not been given a choice of where to access their appointments
“To have a choice of day and time [would improve access]”
“As a patient if I remember correctly I wasn't offered a ‘community’ appointment despite there being an audiology ‘lab’ in Otley clinic”
- Over half of patients felt that the clinician had discussed how they could manage their condition at home. 16% of people did not think they had been involved in their care and over a quarter of patients felt that this wasn't relevant to them.
- Patients were generally happy with all aspects of the services
“Everything was excellent, thank you”.
“Happy overall”.
“ENT doctor at hospital was excellent”
- 12% of patients did not feel that they were given relevant information about their condition and 27% did not think that having information was relevant to them.
‘More and better information prior to my appointments’
‘Would like more information about my condition’

b. What are the key themes from the ENT feedback?

A number of themes can be identified through the engagement process:

Most patients are generally happy with their ENT service

Waiting times to see an ENT specialist are too long

Almost 20% of people told us that waiting times to see an ENT clinician are too long. Some patients told us that they were waiting for up to eight months (36 weeks).

The location of ENT clinics is important

Almost 20% of patients found it difficult to get to a clinic. It was not possible to know if the negative feedback about access was mainly from people who were using the hospital clinic or the community clinics. Comments from patients included concerns about parking at the hospital.

Choice is important

A significant number of patients are not being offered choice when they are referred to ENT services. This could have an impact on working people who may struggle to get time off work.

Many patients do not see involvement/self-management as relevant to them

Many of the patients told us they were not involved in their care plan. Over a quarter of people who responded did not think that involvement in care planning was relevant to them.

Information about ENT is not routinely shared with patients

Many of the patients told us they were not given information about their condition. Over a quarter of people who responded did not think that receiving information about their condition was important. Inadequate information for patients will make it more difficult for patients to make decisions about their care and self-manage their condition

c. Recommendations for the ENT review

Following the engagement the project team are asked to consider ways to:

- Look at how referral waiting times from GP to community ENT clinics can be reduced.
- Look at how GPs can support patients to manage their condition while they wait to see an ENT specialist
- Consider the access recommendation in section 7
- Involve all patients in the development of their ENT care plan
- Provide patient with relevant information so that they are better equipped to self-manage their condition.
- Give patients an opportunity to routinely feedback about their service experience

In addition to these, the NHS Leeds West Clinical Commissioning Group Engagement team make the following recommendations:

- Provide people involved in the engagement with regular project updates (the engagement team will support this work).
- Recruit patient representatives to the project steering group to ensure that the engagement recommendations are considered by the group.

5. Audiology and Hearing Aid Services

This section of the survey looked at people's experience of audiology and hearing aid services provided at the hospital. We want to know about people's experience of using hospital audiology and hearing aid services.

a. Feedback from audiology and hearing aid patients and carers

In total 107 people completed this part of the survey. Details of the feedback can be found in Appendix B. This is a summary of their feedback:

- The majority of patients access hearing aid tests and have their hearing aids fitted at Leeds General Infirmary (LGI)
- The majority of people who responded to this survey used maintenance services at LGI or St James's hospital
- Almost all patients (95%) who responded to the survey use NHS hearing aids
- 70% of people who responded to this survey were happy with their wait to see a specialist. Of the remaining people who responded to this part of the survey, 20% of people were unhappy with their waiting time to see a clinician and 10% did not complete this part of the survey.

"Initially there was a very long wait to get into the system"

"Time of waiting for hearing aids after initial appointment (14 weeks)"

"Referrals have taken a while. Four months for hearing aids to be fitted"

"Waiting time between GP and Clinician - two months"

"Taken seven weeks to get an appointment. GP said it would only take two weeks".

- A large number of patients (76%) told us that it was easy to get to the audiology and hearing aid clinic. However, 20% told us that they were unhappy with getting to the clinic.

"Journey is lengthy to go to the appointment, should be closer to home".

"Parking is difficult here"

"Venue that is easy to drive to - North Leeds"

"Used to have full services at Wharfedale" (easier access for people from the Otley community)

- Three quarters of patients who responded to the audiology and hearing aid section of the survey told us that referrals between GP, community and hospital services were straightforward. However, 12% of people disagreed that referrals were straightforward.

"There seemed a bit of a breakdown in communication between my first hearing assessment at Thorpe Park and my referral for a hearing aid"

"I have worn a hearing aid for 16 years. When my hearing went down recently I had to see my over worked Doctor, who then had to write to the hospital requesting another hearing test. Why could I not apply directly to the hospital?"

"Hearing deteriorated. Outreach audiologist informed her to go to go GP said to ring direct Delayed at least 8 wks. Referral was lost"

- The majority of patients (83%) who responded to this survey were satisfied with their appointments. However 3% of patients were not satisfied with their appointments.

"I was quite happy with my experience and I don't think it could have been any better"

"Happy with the current service and advice given by the specialist"

"I was prescribed hearing aids by my GP. I was initially apprehensive about using them because of the stigma attached to wearing them and the worry of losing the small ends in my ear. After a phone call I got excellent support and reassurance from the audiologist at LGI. Without his support I think I would have left them"

unused in a drawer - a waste of health service resources and detrimental to my mental well-being”.

- A small number of people reported that they were unsure how they should look after their hearing aids and felt that maintenance information should be more accessible
“It would have been good to have up to date information about cleaning ear pieces”
“Longer period spent explaining how to look after the hearing aid, and how it works”.

b. What are the key themes from the Audiology and hearing aid feedback?

A number of themes can be identified through the engagement process:

Most patients are generally happy with their Audiology and Hearing Aid services
Waiting times to see an Audiology and Hearing Aid services specialist are too long Almost 20% of people told us that waiting times to see a clinician were too long. Some patients told us that they were waiting for up to four months (16 weeks).
The location of Audiology and Hearing Aid service clinics is important Almost 20% of patients found it difficult to get to a clinic. Comments from patients included concerns about parking at the hospital and the length of journey to clinics.
Some patients were unhappy with the referral time to see a clinician 12% of patients had not had straightforward referrals to the clinician. Comments from patients included that their referral had gone ‘missing’ between GP and hearing aid services.
Information about aftercare of hearing aids is not always shared with patients Feedback from a small number of patients included comments about aftercare and maintenance of their hearing aids. Inadequate information for patients will make it more difficult for patients to make decisions about their care and self-manage their condition

c. Recommendations for the Audiology and hearing aid review

Following the engagement the project team are asked to consider ways to:

- Look at how referral waiting times from GP to hearing aid services can be reduced
- Consider the access recommendations in section 7
- Look at how ‘missing’ referrals can be reduced to improve the waiting times of some patients
- Provide patients with relevant information so they are better equipped to self-manage their condition
- Give patients an opportunity to routinely feedback about their service experience

In addition to these, the NHS Leeds West Clinical Commissioning Group Engagement team make the following recommendations:

- Provide people involved in the engagement with regular project updates (the engagement team will support this work).
- Recruit patient representatives to the project steering group to ensure that the engagement recommendations are considered by the group.

6. Ophthalmology

This section of the survey looked at people's experience of using ophthalmology community clinic services. Even though we are only reviewing community services, in other words ophthalmology services that are provided at community clinics, we also wanted to know about people's experience of using hospital ophthalmology services. Having a broader understanding of patients' experience across the NHS will help us provide more integrated, joined up services in the future. In total 130 people completed this part of the survey.

a. Feedback from ophthalmology patients and carers

- Almost three quarters (72%) of the people who responded to the survey accessed ophthalmology through community services, of the remainder of people (19%) used secondary care (hospital clinics).
- We received responses from people who had used ophthalmology services across the city, however, the majority of responses were from Ireland Wood, Robin Lane and Simon Falk Opticians.
- Most ophthalmology patients were happy with the time they waited to see a clinician. 10% of patients were not happy with the time they waited to see a clinician.
"Had to chase my appointment up"
"Slightly quicker referral as it's been a month. Although I appreciate it's not urgent"
"If I need an appointment in 6 months, why do I have to wait 12 months and then have the hospital cancel me and move the appointment back"
"No longer yearly, have waited one and half years"
- 81% of patients felt it was easy to get to the clinics. 17% of people disagreed it was easy to get to clinics.
"I was referred to a local private clinic not far from where I live which is very important when you get older, ie over 65"
"Pleased I don't have to go anywhere else, clinic is five minutes away"
"I am disabled. My parents drove me here but there were no obvious designated disabled slots"
"Long way to travel from Morley, would prefer St James or LGI"
"Need clinic on bus route, as I am travelling here by car or taxi"
- The majority of the people who responded to the ophthalmology question told us that referrals between GP, community and hospital services were straightforward, however 5% disagreed.
"Direct referral by optician to eye casualty {would improve service} Optician unable to refer me directly to ophthalmology and I needed to take a referral letter from the optician to my GP, who then referred me without seeing or speaking to me – not 'lean' ie bad time management"
- 82% of people who responded to this section of the survey told us they were satisfied with their appointments. 7% of patients were unhappy with their appointments.
"The allocation of appointments isn't great. I'm not given a choice, so I've had to take two half days off work for appointments"

b. Key themes from the ophthalmology feedback

Most patients are generally happy with their Ophthalmology service

Waiting times to see an ophthalmology specialist are too long

10% of people told us that waiting times to see a clinician are too long. Some patients told us that they were waiting for up to 18 months for an annual appointment.

The location of ophthalmology clinics is important

Almost 20% of patients found it difficult to get to a clinic. It was not possible to know if the negative feedback about access was mainly from people who were using the hospital clinic or the community clinics. Comments from patients included concerns about parking at the hospital.

Lengthy referral times into Ophthalmology services

A small percentage of patients told us that direct referrals were important to them. This would reduce the amount of services included in the referral pathway, thereby reducing waiting times for patients.

Choice is important

A small number of patients told us that they were not being offered a choice and this impacts on working people who struggle to get time off work.

c. Recommendations for the community ophthalmology service

- Look at how referral waiting times from GP to community ophthalmology clinics can be improved for appointments
- Consider the access recommendation in section 7
- Look at how the different services refer into the community ophthalmology service to ensure patients are referred quickly and efficiently
- Give patients an opportunity to routinely feedback about their service experience

In addition to these, the NHS Leeds West Clinical Commissioning Group Engagement team make the following recommendations:

- Provide people involved in the engagement with regular project updates (the engagement team will support this work).
- Recruit patient representatives to the project steering group to ensure that the engagement recommendations are considered by the group.

7. Access

We asked patients, carers and the public who completed the survey to tell us about their needs and preferences regarding accessing services in the future.

a. Feedback from patients, carers and the public

- People told us that when choosing the location of clinics we should try to have all services in one place (27%), with parking nearby (27%) and good transport links (20%)
- The vast majority of people (239) thought that between 1-5 miles was an acceptable distance to travel.
- Over half of people (60%) told us that they would prefer to either drive or be driven to appointments.
- There was little difference in the days of the week that people would prefer to attend appointments. Less people would attend on a weekend and Sunday was the most unpopular day (although 116 still said that they would attend appointments on that day).
- People prefer appointments at different times of the day but mornings after 9am (191) and afternoons (170) were popular.

b. Access recommendations

For all three of the services featured in this engagement this report makes the following recommendations:

- Where possible services to be accessed in one place, with good parking nearby and public transport links.
- Where possible people should be able to access a clinic close to their home
- Look to providing appointments outside of traditional working hours

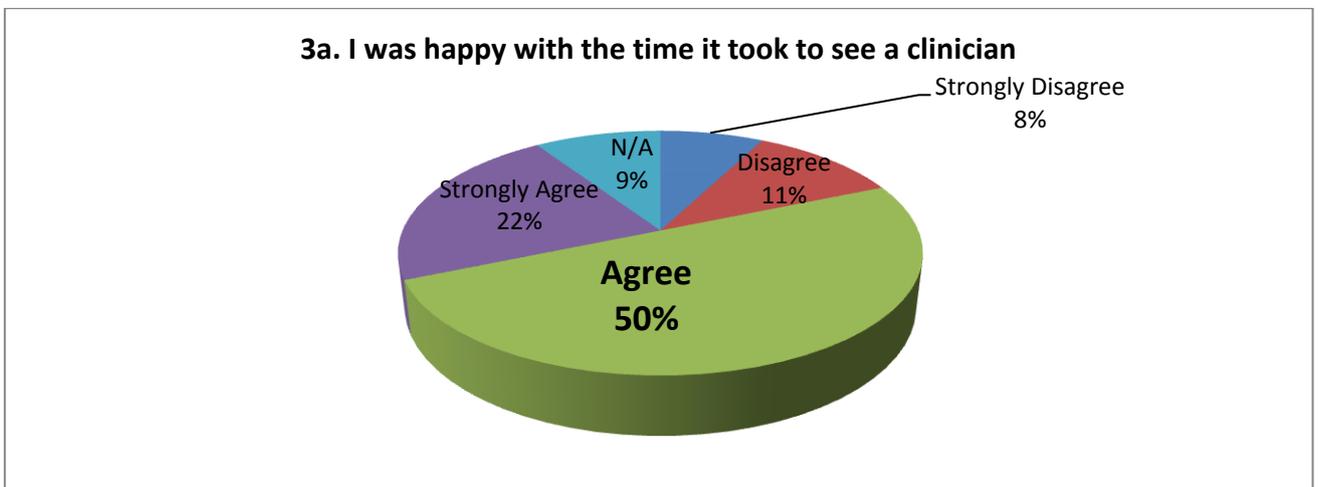
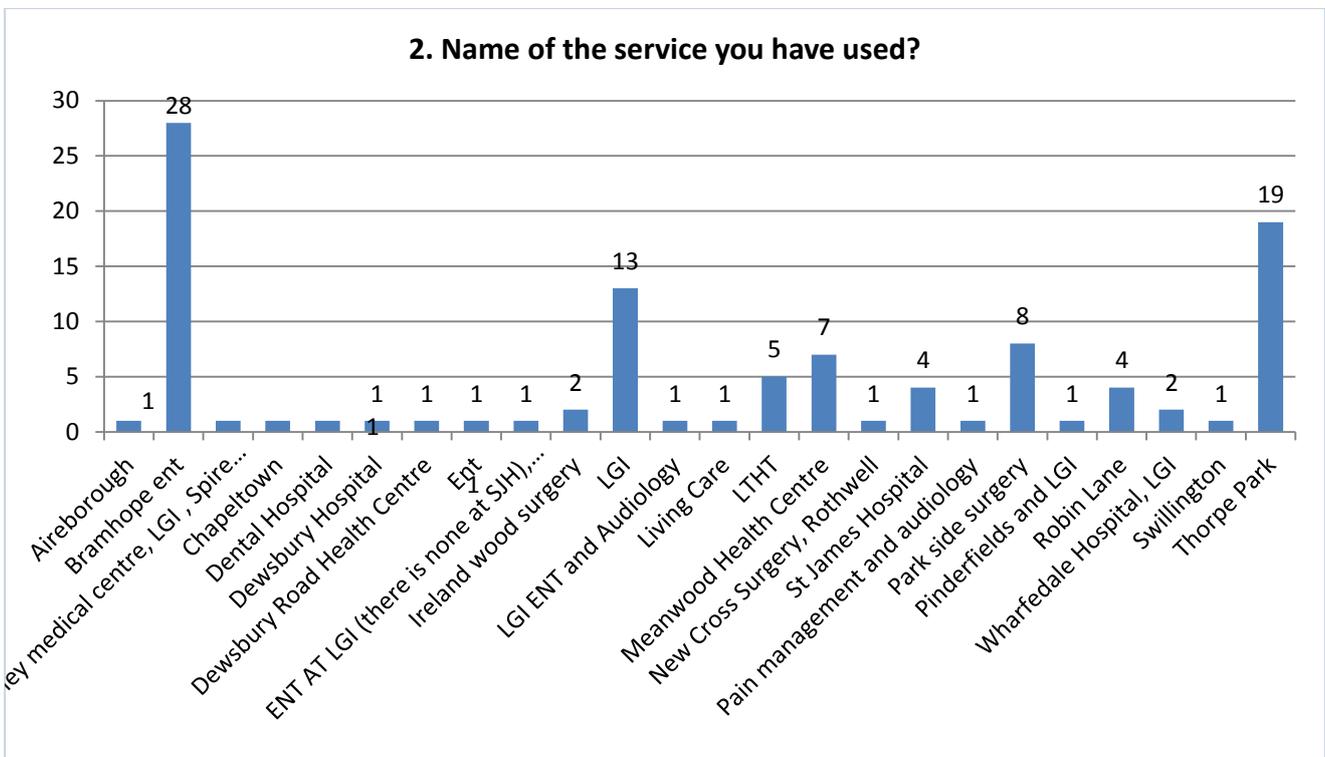
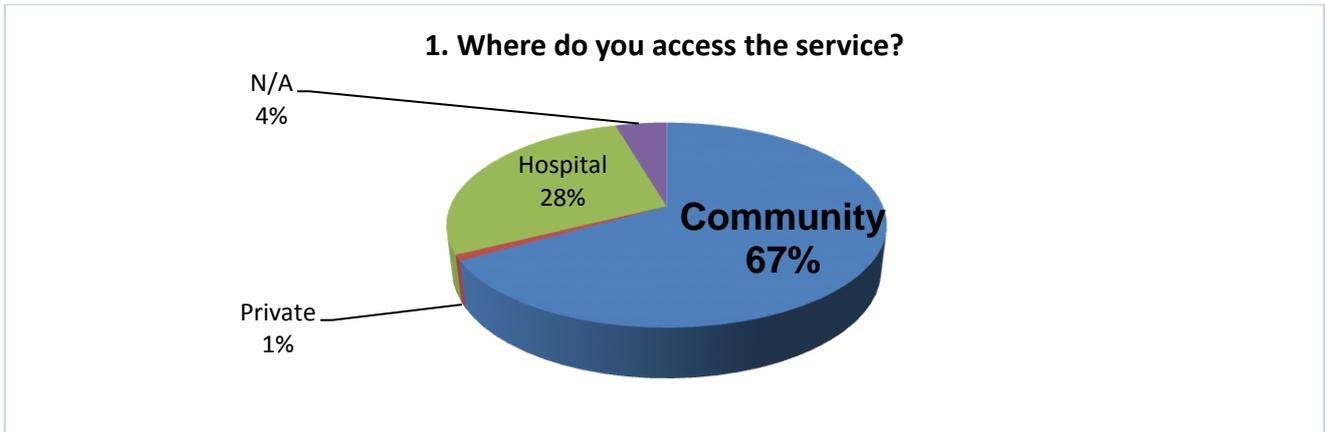
8. What will we do with the information?

The report will be shared with all the people involved in the project. The report will also be featured in our next newsletter which is sent out to patients, carers, the public and voluntary, community and faith sector services. The report will also be available on the NHS Leeds West CCG website and will be shared with the other CCGs in Leeds.

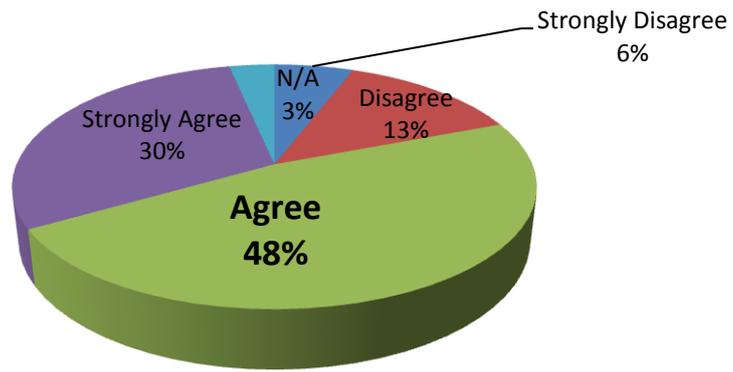
The project team will use the report to develop a single point of access service for people at the end of their life. We will recruit patient representatives to support the development of the project and ensure that the recommendations made in the report are considered by the project group. Briefings will be produced at regular intervals through the project to show to what extent the recommendations have been implemented. This briefing will be shared with the people and organisations involved in the project.

The patient feedback will also be used to inform a wider strategy for improving communication, access and the quality of services.

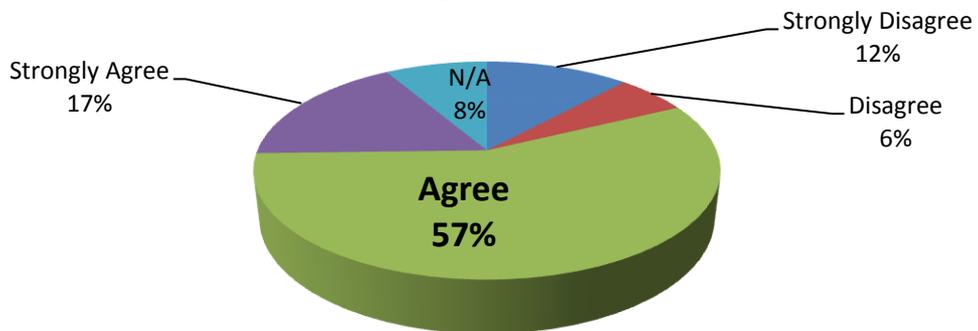
Appendix A – Ear, Nose and Throat Patient/Carer feedback from the survey



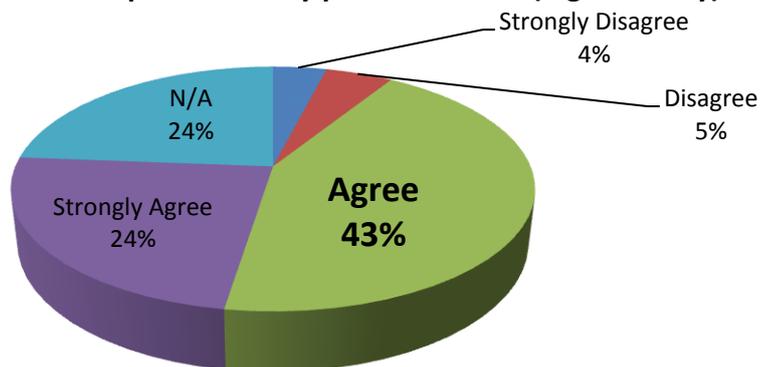
3b. It was easy to get to the clinic



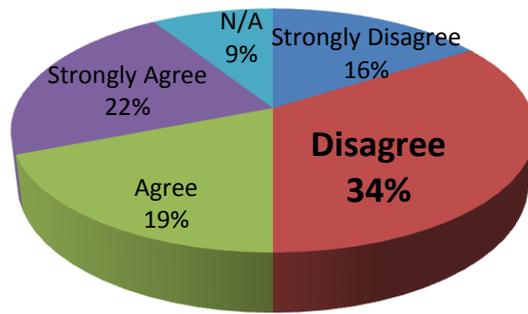
3c. Referrals between my GP, community and specialist services were straightforward



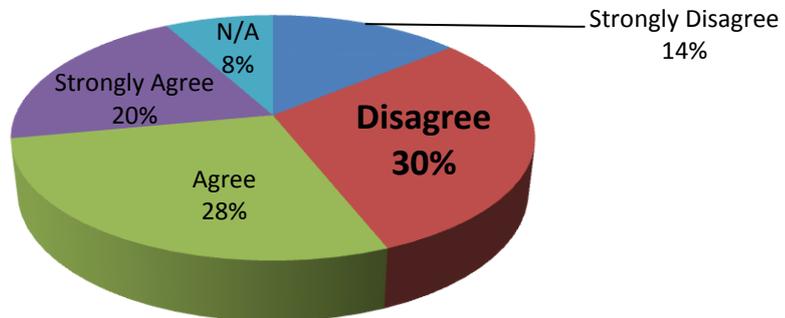
3d. The service was responsive to my personal needs (e.g disability)



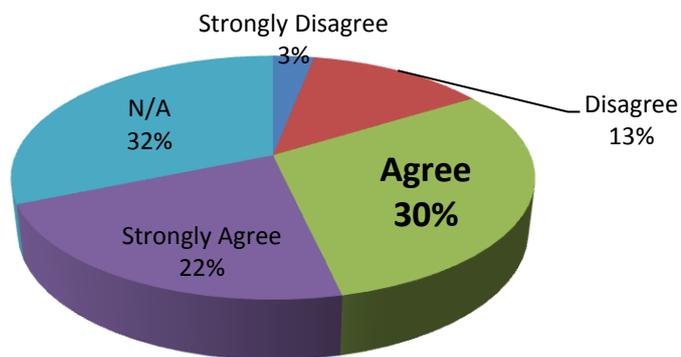
3e. I was given a choice of where to access my appointments



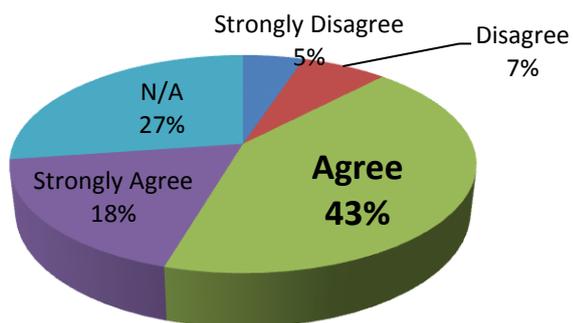
3f. I was given a choice of what time to attend my appointments



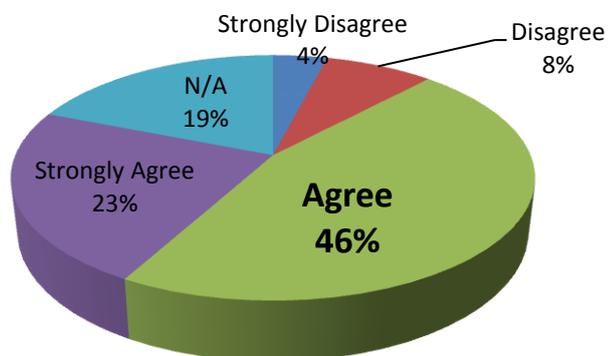
3g. The clinician discussed what I could do to manage my condition at home



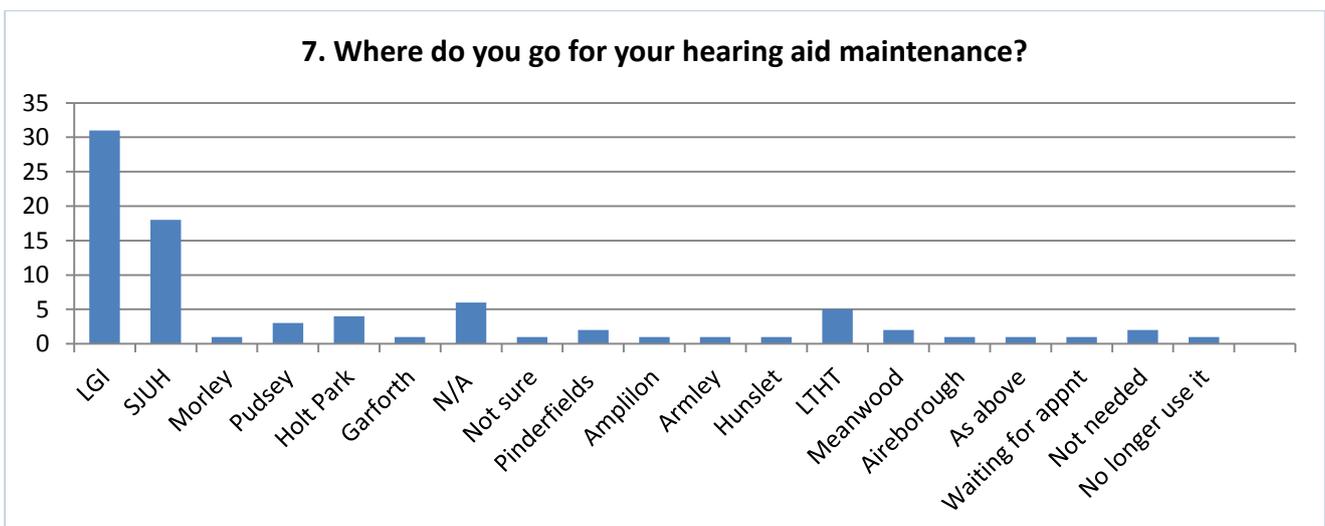
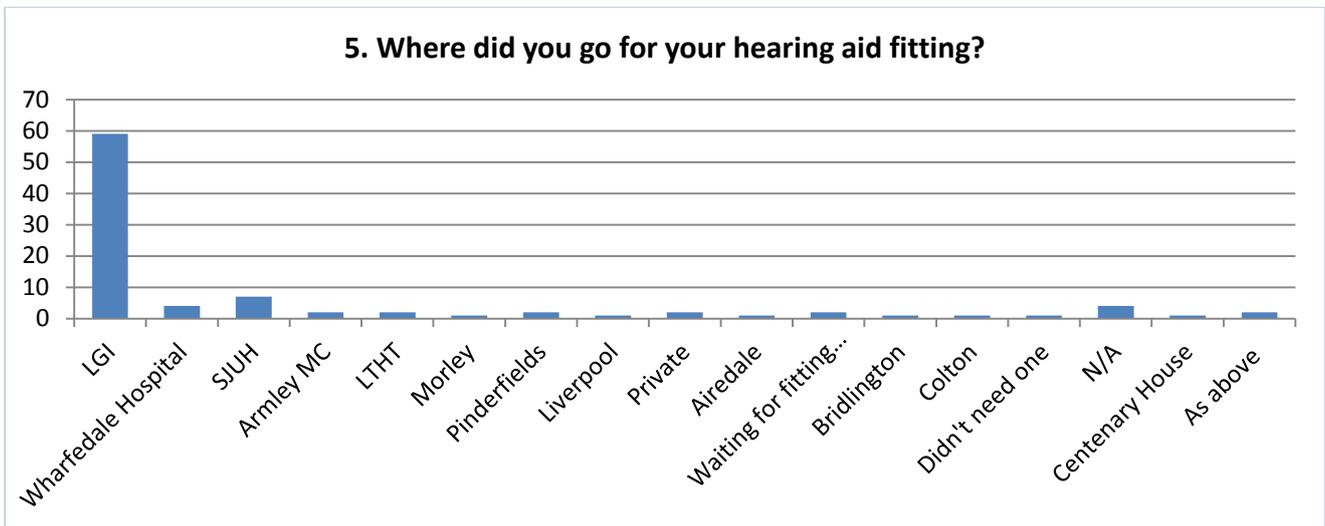
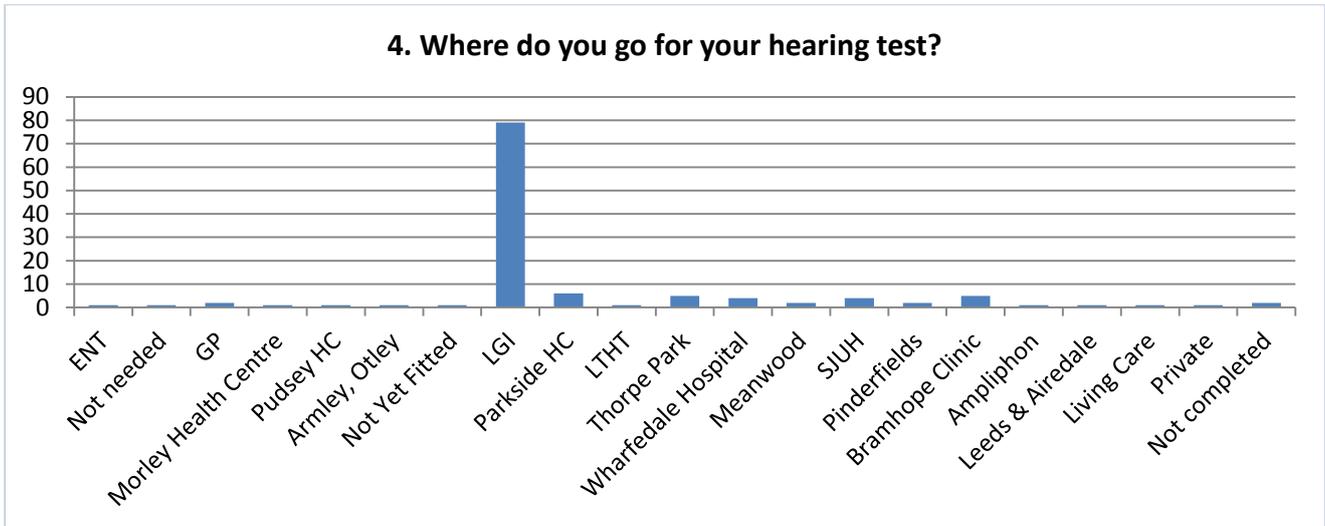
3h. The clinician gave me information about my condition which was appropriate to me



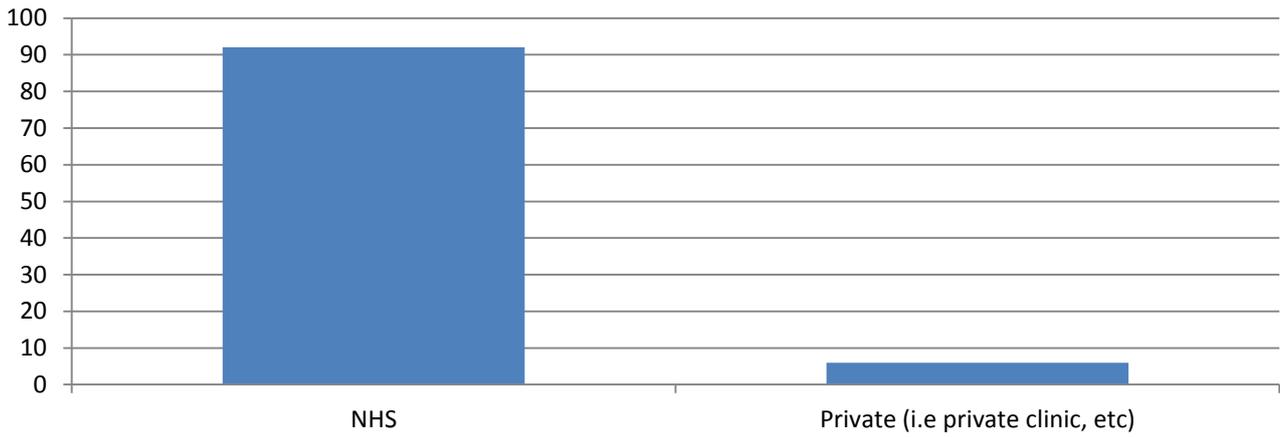
3i. Overall I am satisfied with my appointments



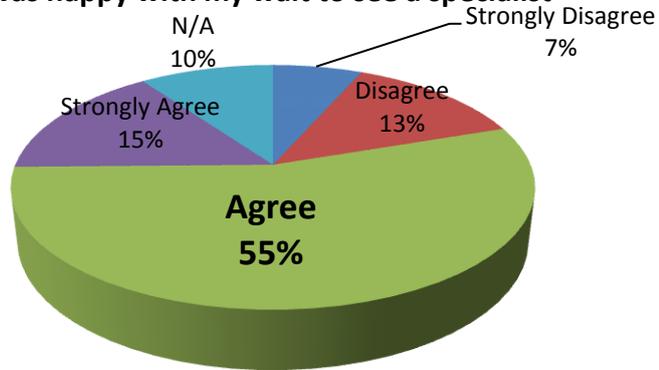
Appendix B – Audiology and Hearing Aid Services Patient/Carer feedback from the survey



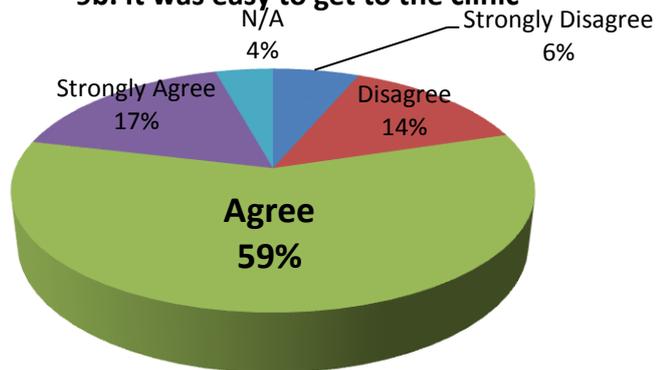
8. What sort of hearing aid do you have?



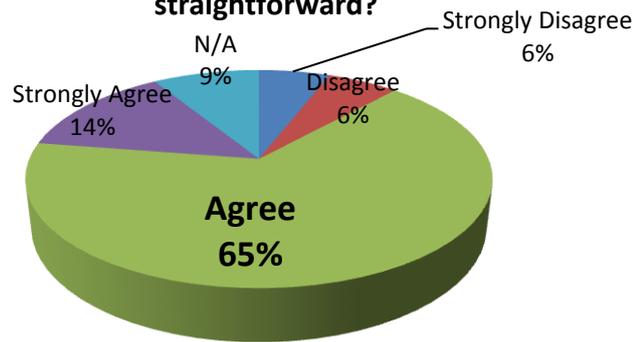
9a. I was happy with my wait to see a specialist



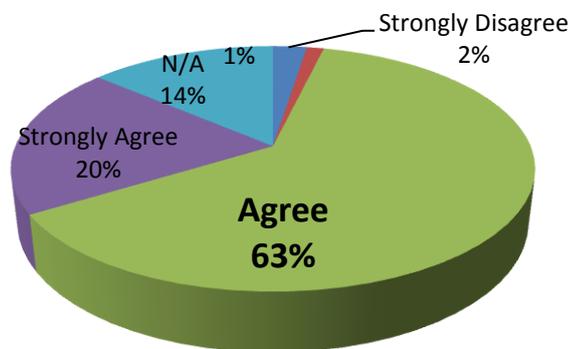
9b. It was easy to get to the clinic



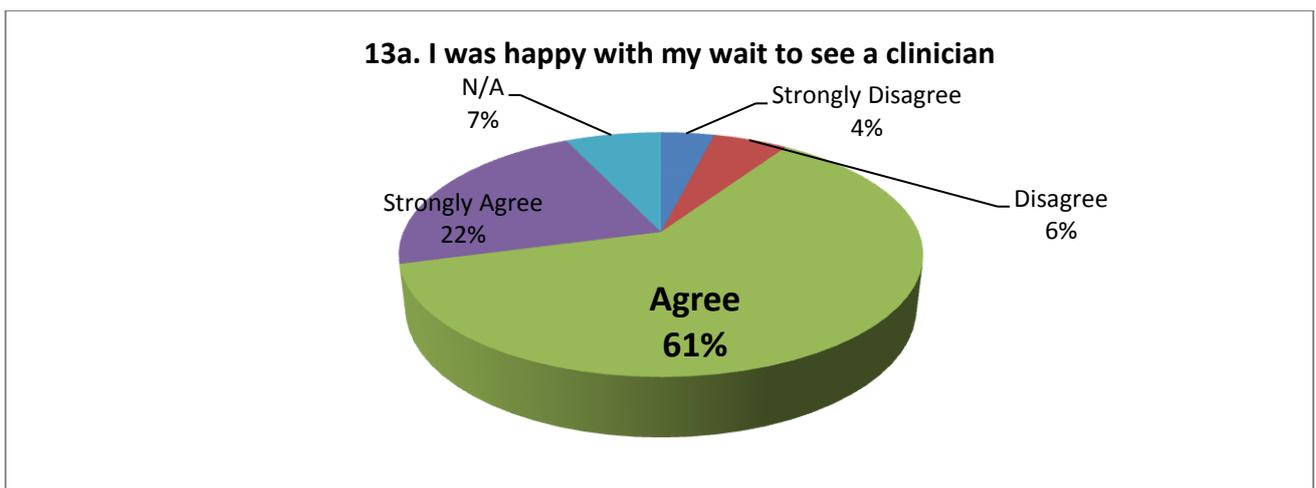
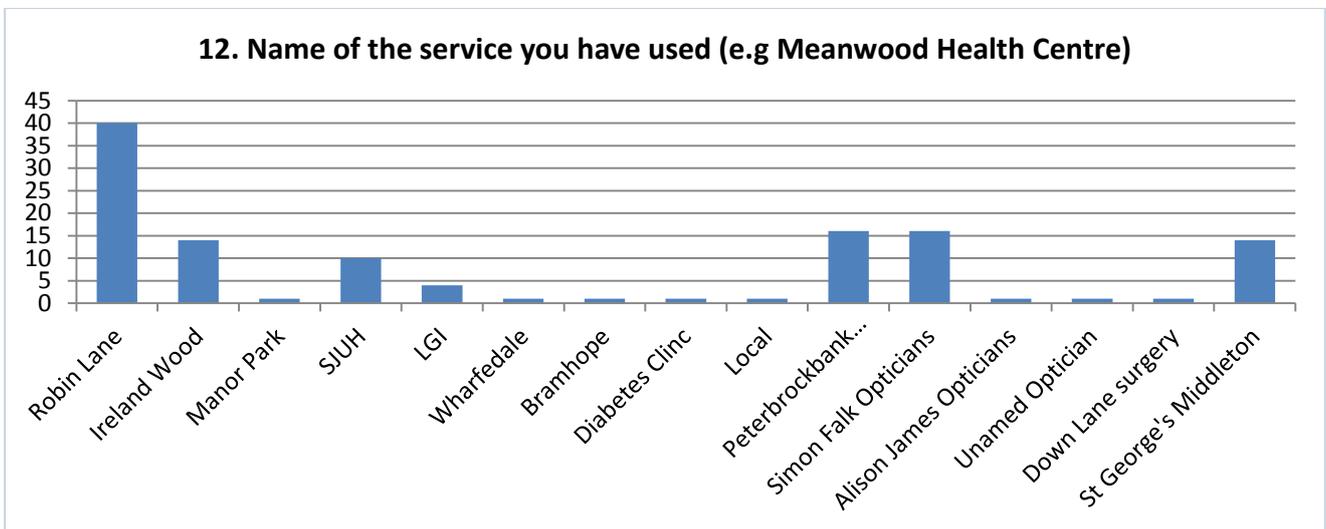
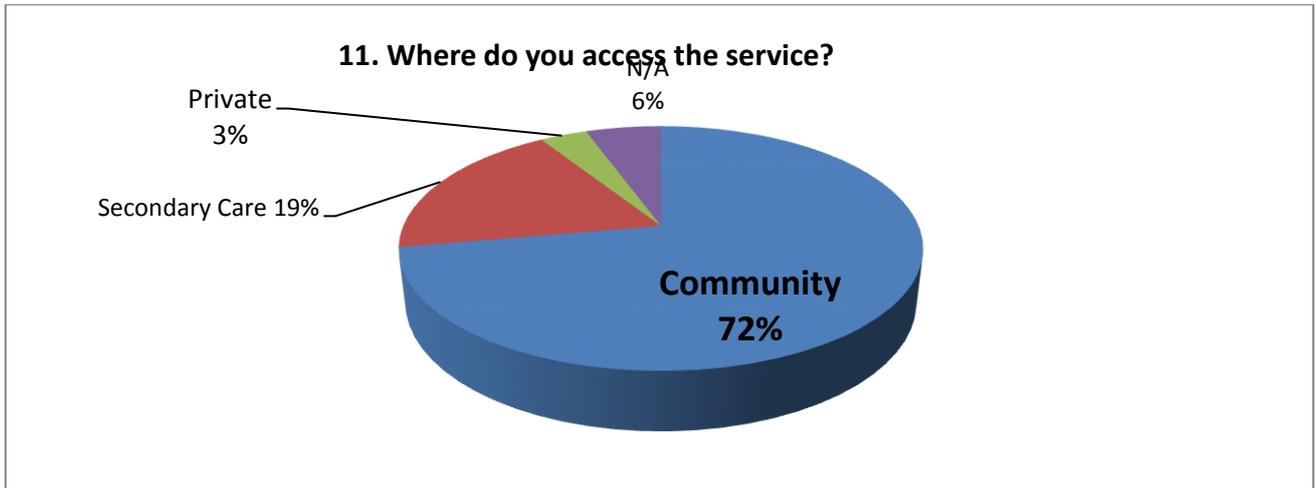
9c. Referrals between my GP, community and specialist services where straightforward?



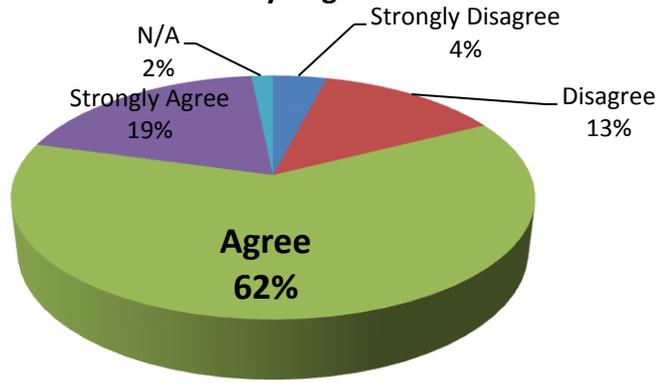
9d. Overall I was satisfied with my appointments



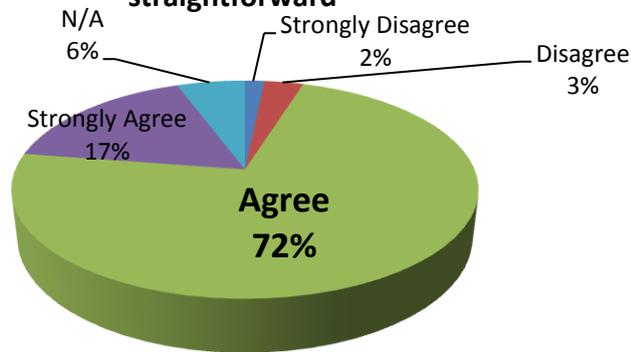
Appendix C – Ophthalmology Patient/Carer feedback from the survey



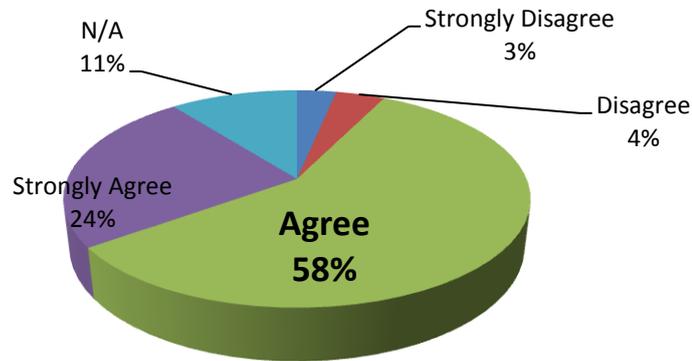
13b. It was easy to get to the clinic



13c. Referrals between my GP, community and hospital services were straightforward

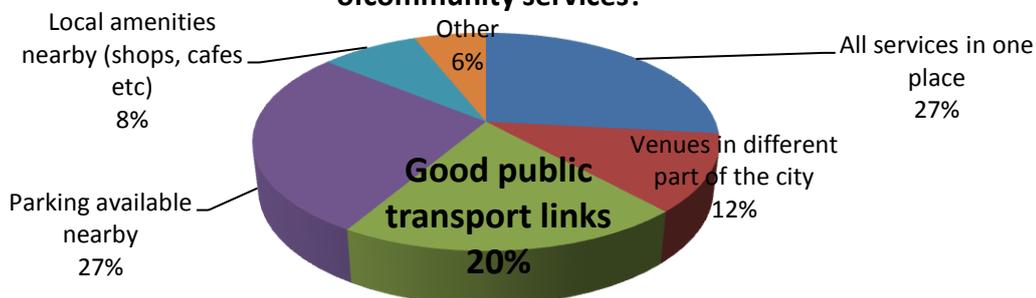


13d. Overall I am satisfied with my appointments

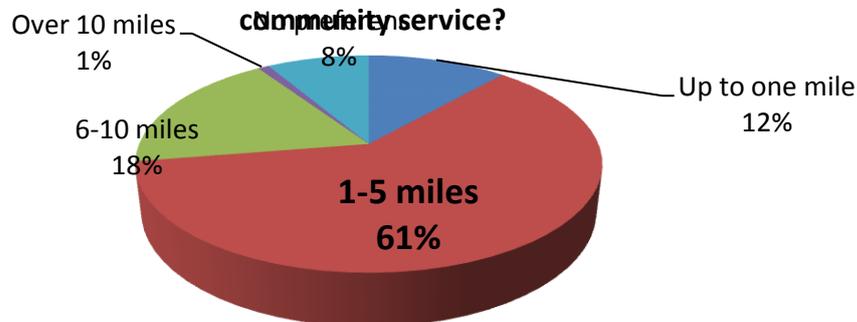


Appendix D – Accessing Community Services

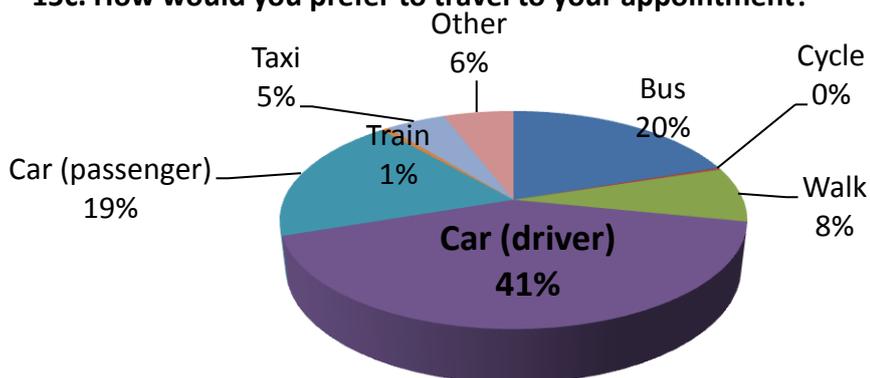
15. Please tell us how you want to access community services
a. What THREE factors are most important when we choose the location of community services?



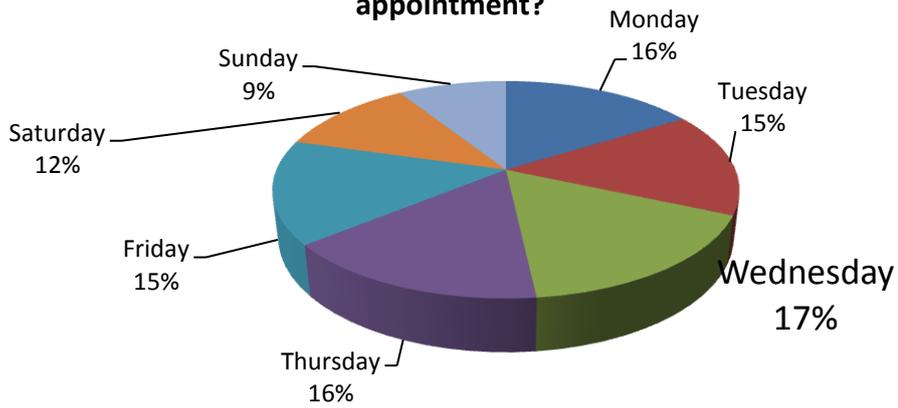
15. Please tell us how you want to access community services
b. What do you think is an acceptable distance to travel when you access a community service?



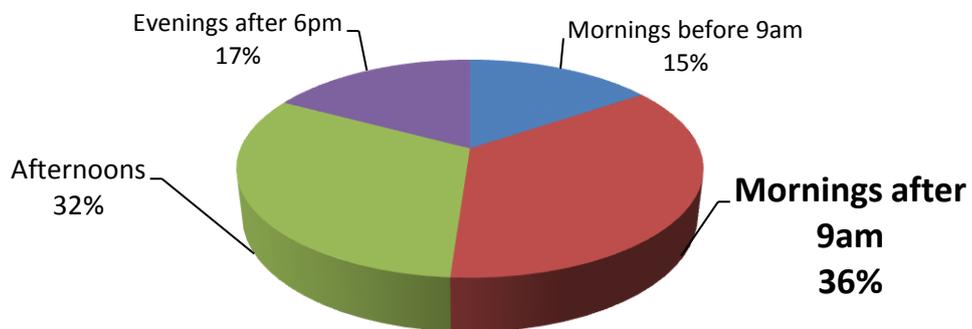
15c. How would you prefer to travel to your appointment?



15d. What days would be most convenient for you to attend an appointment?



15e. What times would be most convenient for you to attend an appointment?



Appendix E – Feedback from Deaf Across Leeds Enablement Focus Group

Fairfax House, Leeds 10.30am- 11.45am 13.10.2014

8 people attended 3M 5F

Feedback

The group were briefed on the role of the CCGs and the importance of patient involvement. JG discussed the Audiology and Hearing aid services review and asked members to share their views.

Staff don't have time to wait for me to tell them what I need from them

They don't ask me if I can get to the appointment

When I first went to my hearing aid fitting, they didn't even tell me how to work them. My support worker had to check the internet to find why only on ear aid was working

Hearing test staff are awful, I can't hear very well, that's why I have an appointment, why do you treat me like I am stupid?

Two people advised they were not given any instructions on how to use the hearing aids

A number of people didn't have contact details that they could use if there were problems in between appointments

There is no loop available in waiting areas and we cannot hear our names being called, too much background noise

Walk In Centre at Hearing & Balance Centre needed

A smile and warm, welcoming staff would be good - although when I had a problem they did make me a quick appointment

The receptionist was abrupt and told me I would have to wait as she need to go for her lunch. She did change her mind and make me an appointment though

Consultants/GPs do not always explain in ways that I can understand

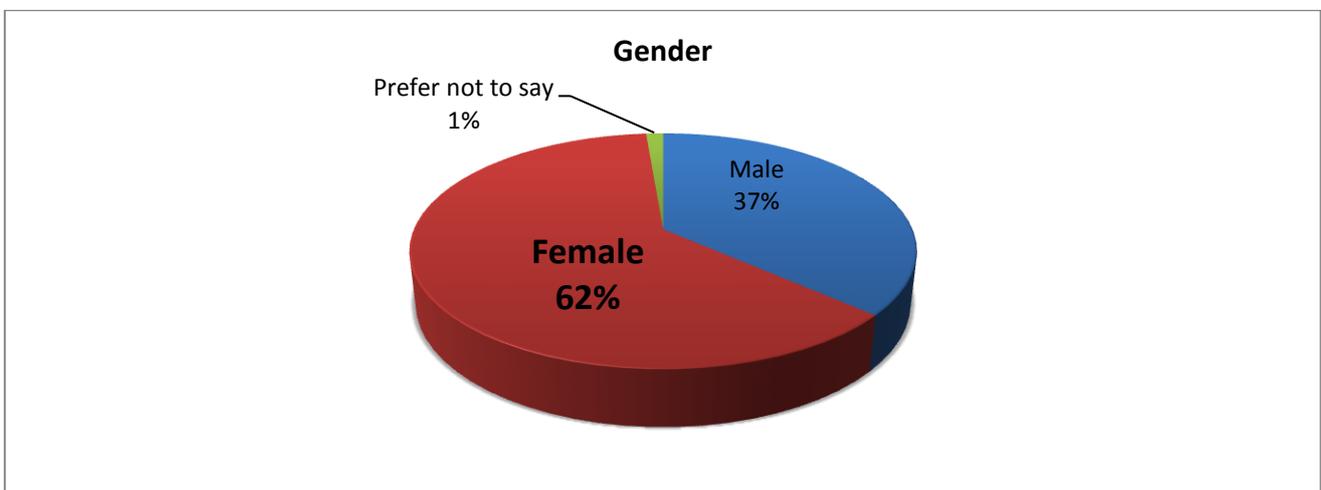
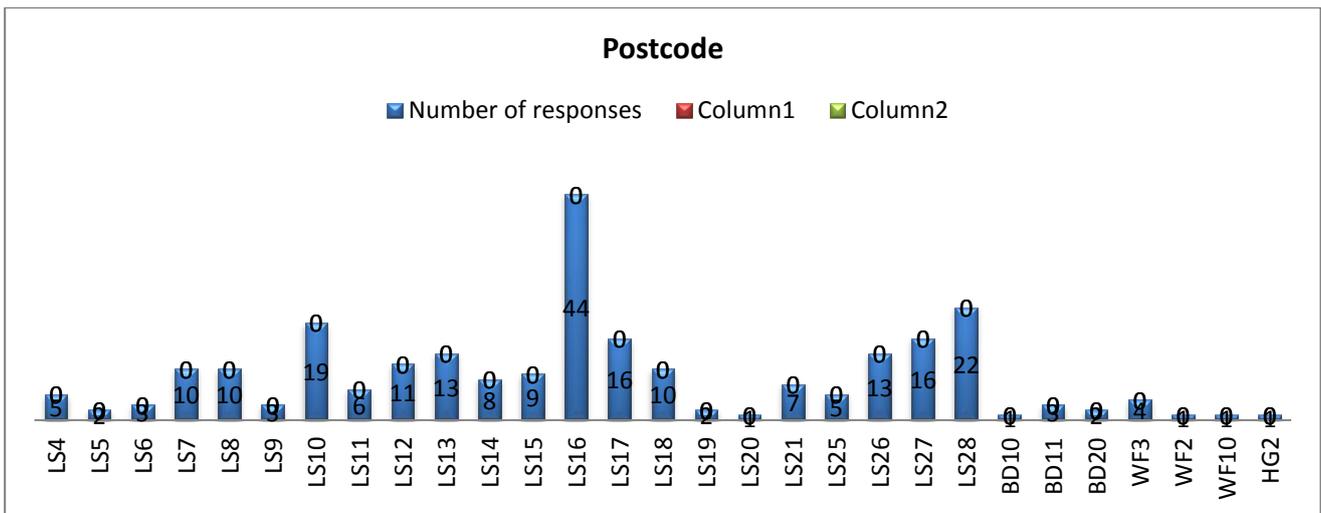
I feel intimidated when I ask questions

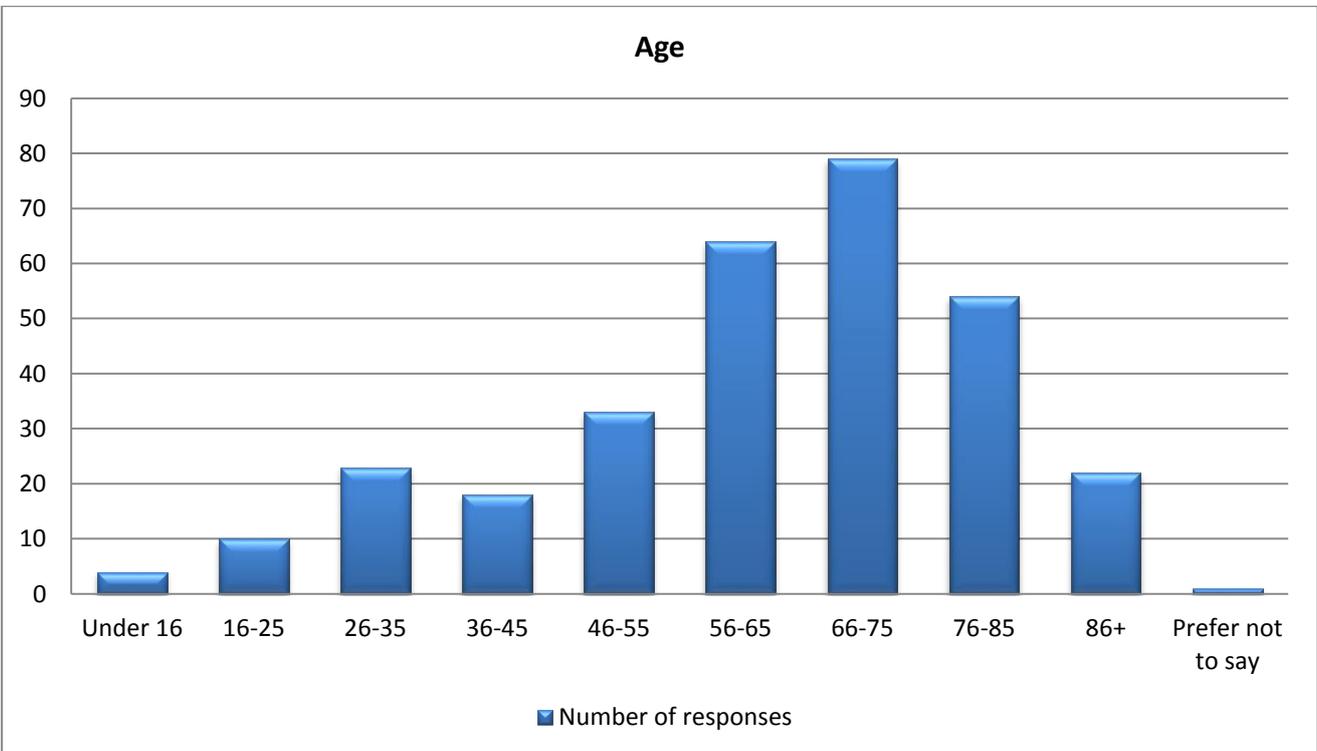
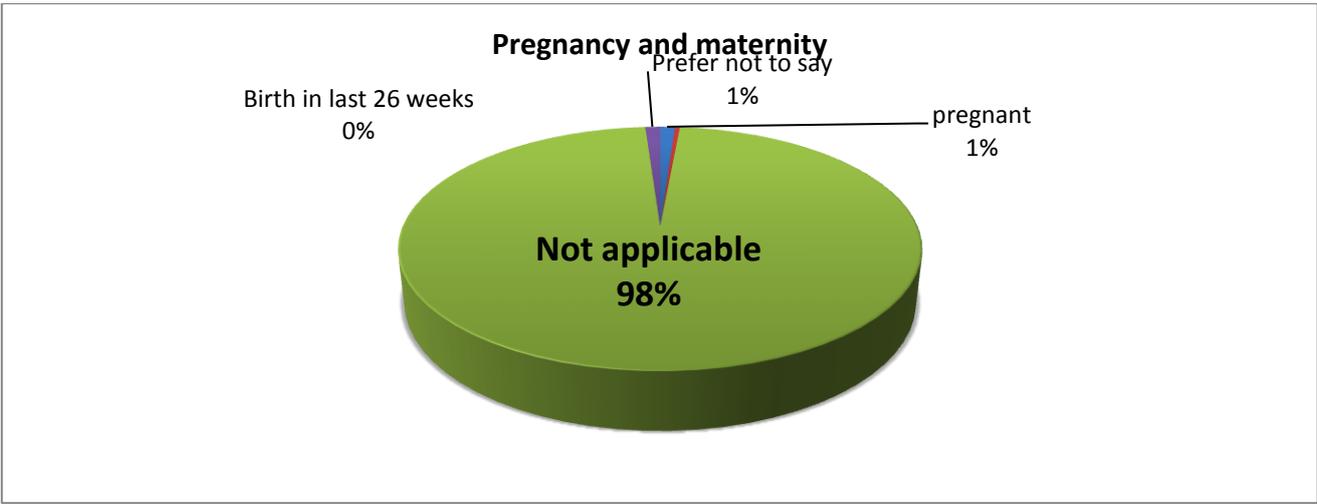
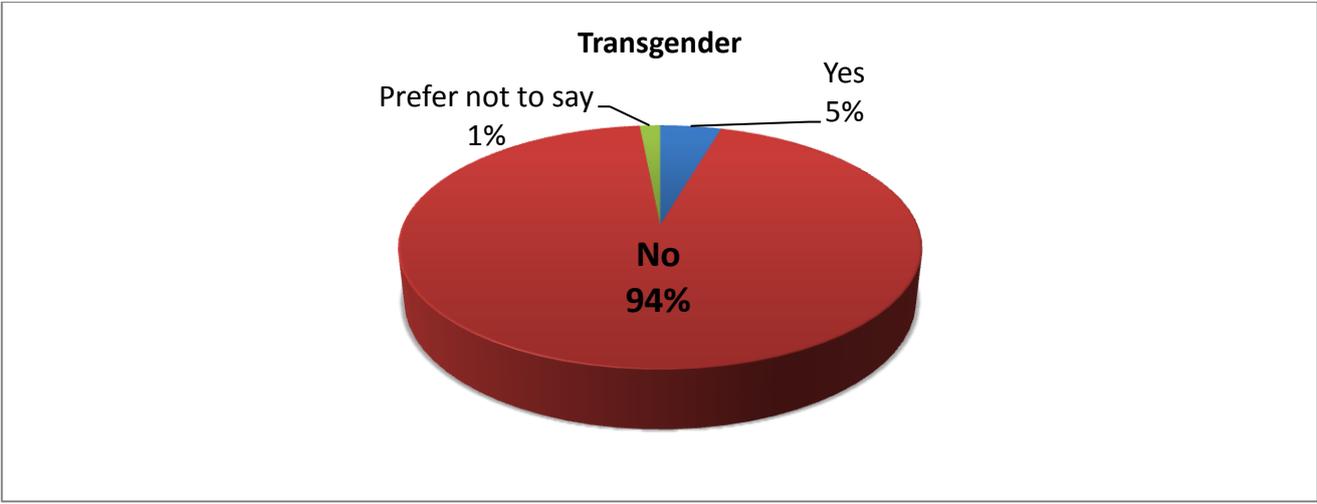
Receptionists don't listen to me

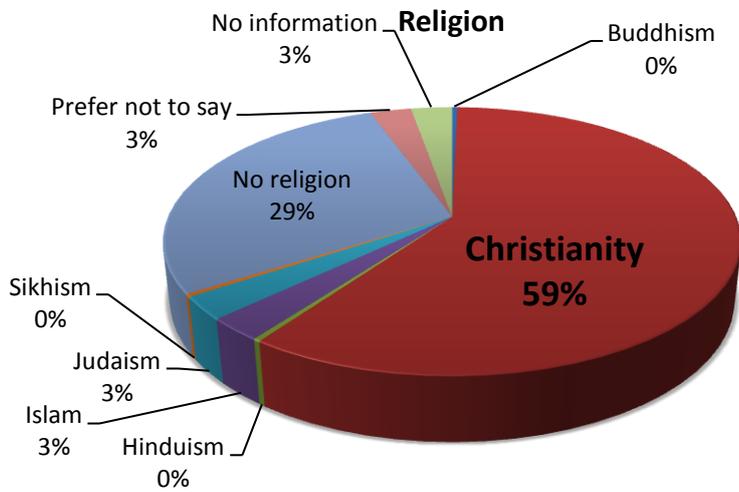
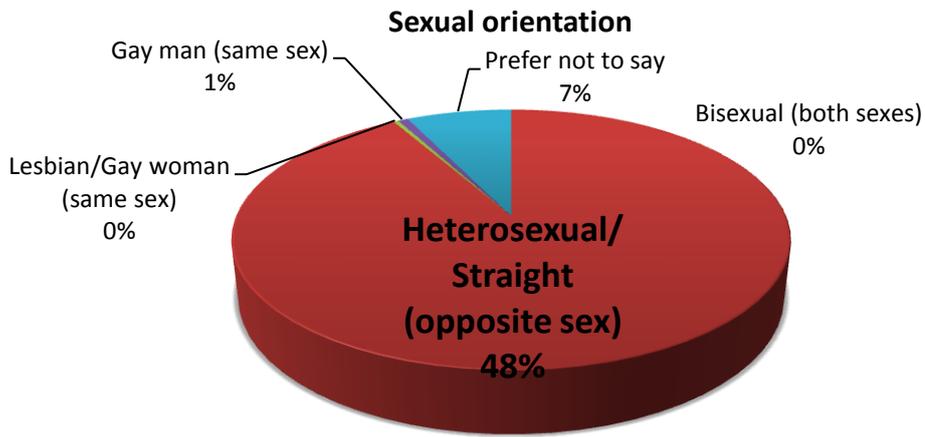
Appendix F - Detail about the people who were involved

We want our events to be attended by a representative section of our population. When we ask people to get involved we also ask people to give us some information about themselves so that we have a better understanding of which groups are not represented. Using this information we will work hard at future events to invite people from under-represented communities. Patients are able to opt out of giving personal information.

Postcodes map

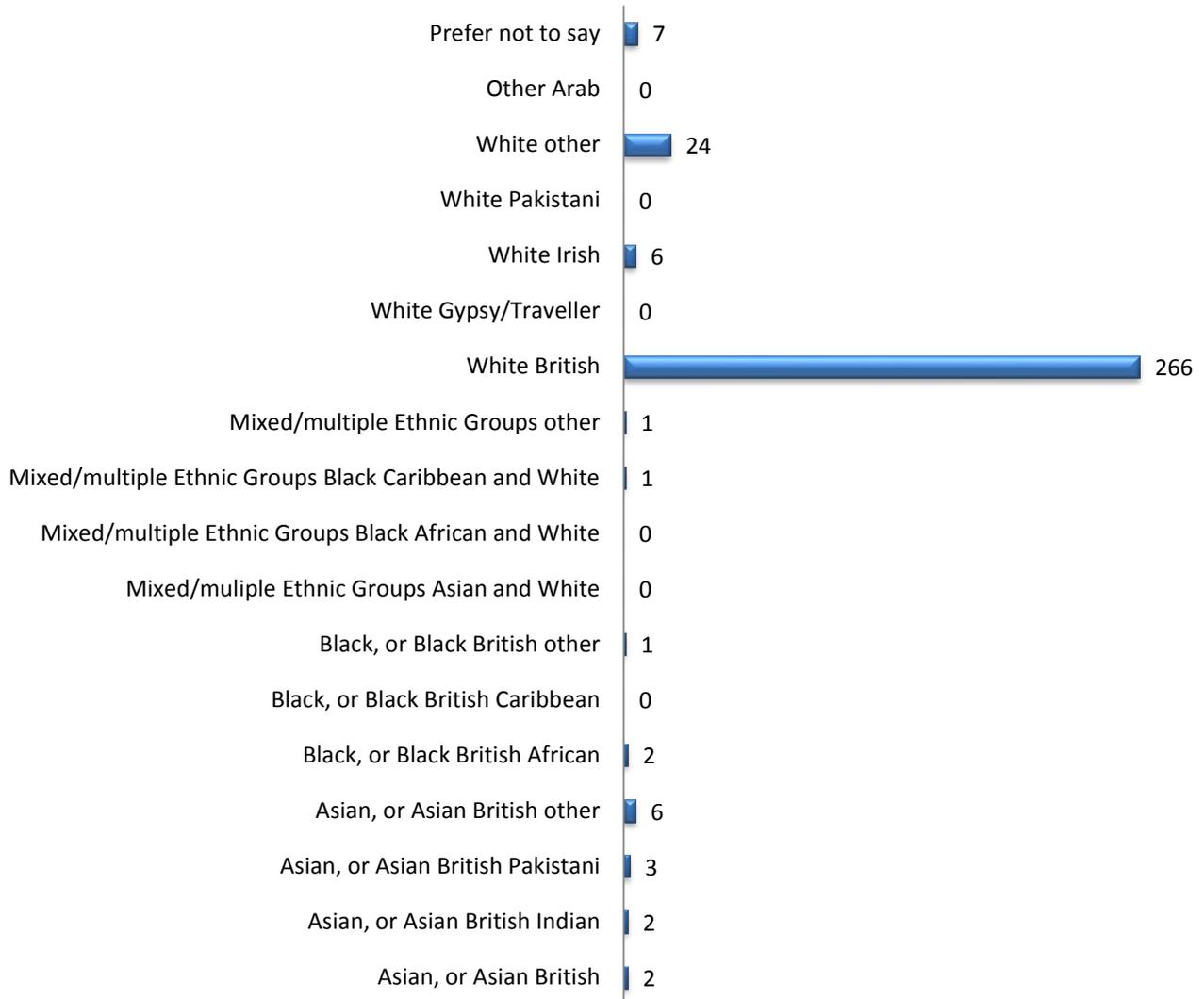


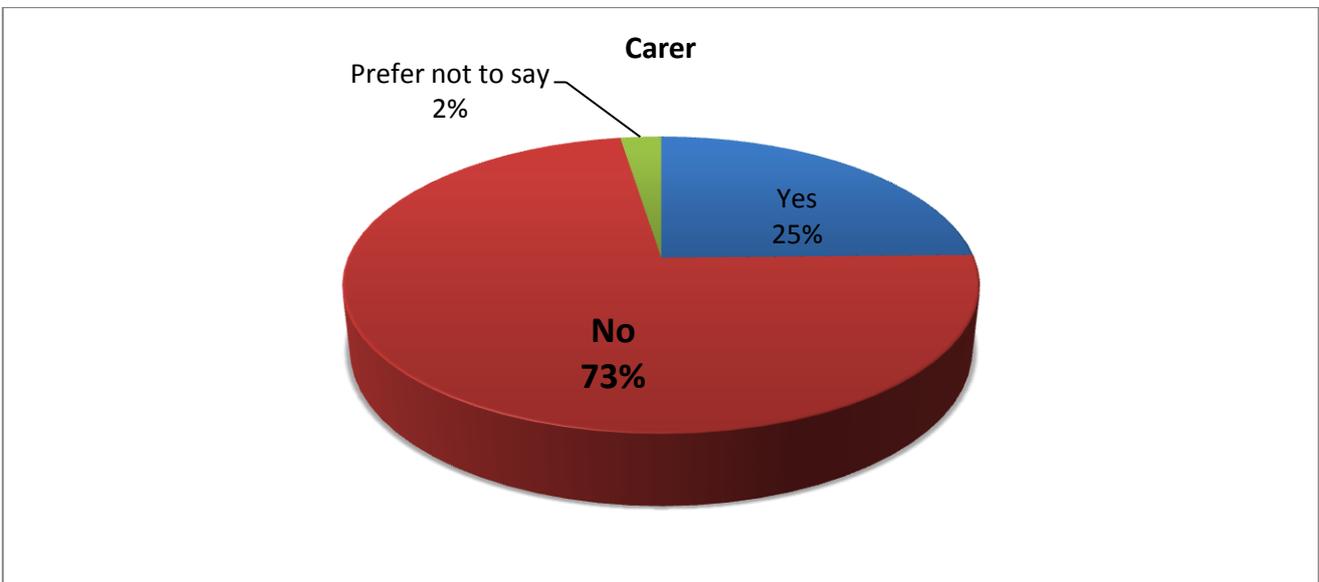
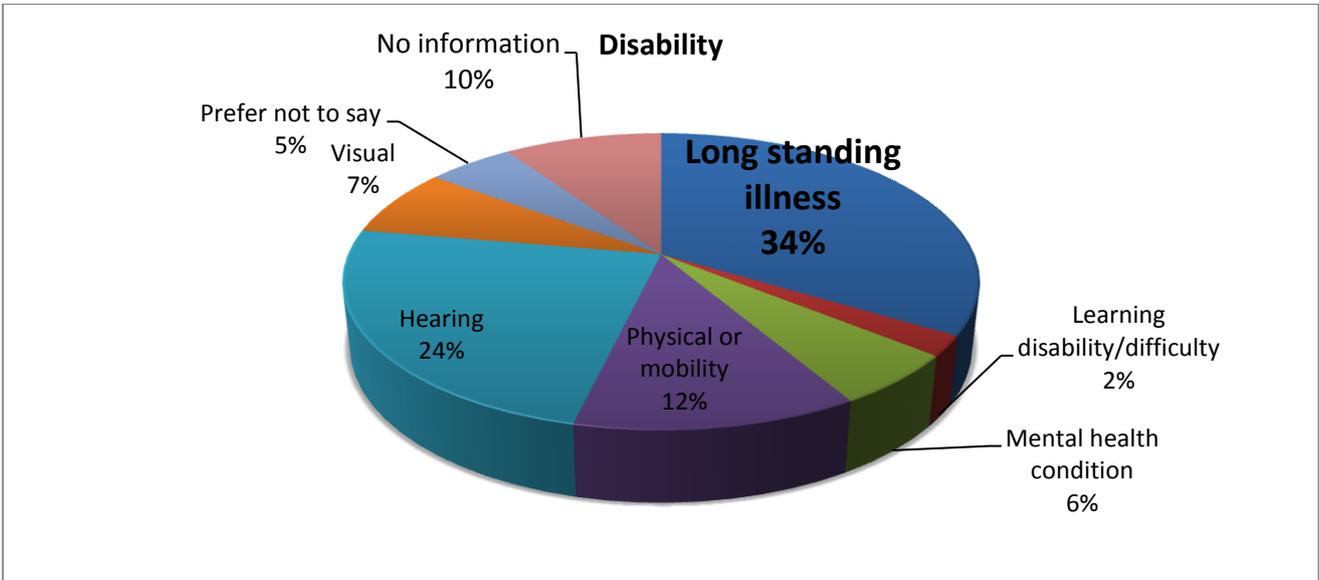




Ethnicity

Column1





Who was under-represented at this event?

Equality monitoring was not carried out with people who attended the focus groups. In addition, a number of people chose not to complete the equality monitoring section of the survey used by NHS Leeds West CCG and therefore it is difficult to ascertain which population groups in Leeds were under-represented. However, the data suggests that the following groups were underrepresented:

- Some areas of Leeds
- The transgender community
- The LGBT community
- Various ethnicities
- Various faiths

The Equality Impact Assessment identifies a number of issues regarding the impact end of life care on these groups. These impacts will be considered in the development of the project.

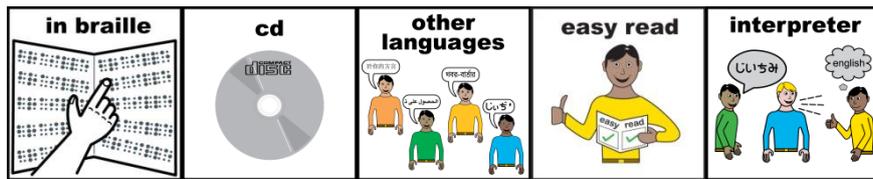
Alternative formats

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If you need this information in another language or format please contact us by telephone: **0113 84 35470** or by email: commsleedswestccg@nhs.net

Jeśli w celu zrozumienia tych informacji potrzebuje Pan(i) pomocy w innym języku lub innej formie, prosimy o kontakt pod numerem tel.: 0113 84 35470 lub poprzez email na adres: commsleedswestccg@nhs.net

اگر آپ کو ان معلومات کو سمجھنے کے لیے یہ کسی اور زبان یا صورت میں درکار ہوں تو برائے مہربانی مٹرنیٹی ریویو ٹیم سے اس نمبر پر فون کر کے رابطہ کریں: 0113 8431670 یا اس پتہ پر ای میل لکھیں: commsleedswestccg@nhs.net



Further information

If you would like any more information about this project or NHS Leeds West Clinical Commissioning Group, or have any questions or comments, please write to:

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