

Leeds Call to Action event – 27 November 2013 at Leeds City Museum

NHS Leeds West Clinical Commissioning Group

What can we do to build an excellent NHS for now and future generations? (It may help to think about recent contact you or a member of your family has had with a hospital, therapy or mental health service, or any other health care service. You may also want to consider what is most important to you and your family)

- How can you better communicate all the available services?
- Looking after your staff – if staff are happy, they will deliver an excellent service
- Excellent customer service to meet my needs
- Need patient champions
- There should be more clinics in the community
- Care closer to home
- Help people to manager their long term conditions in their homes
- Health and social care – education back into schools, get right to the grass roots, start at an early age
- Comparison at all times with patients
- Listening (professionals)
- Patients having their say adds to patient empowerment – this helps patients to get better faster
- Patient knowing about how body works – needs to be listened to
- After care post hospital
- Information / how care is co-ordinated across systems
- A patient who has had a number of appointments cancelled, why do they need to wait a further eight months for an appointment?
- Triage nurses in all GPs
- Prevention, frequent flyers & risk stratification
- Continue to think of the patient
- Continuity of care – went to my GP practice four times and saw a different GP each time, why not have the one GP?
- Patients should be able to contact their GP during out-of-hours
- Getting an appointment with the GP was not a problem, the only downfall was that the GP rushed the appointment, they need to take time with their patients
- NHS England & CCGs make me feel like they are focussing on the patients more – continue to improve this!
- Hospital follow up appointments is three weeks, can this be sooner?
- ‘MOTs’ for every patient (whatever age) every year to pick up any problems
- Addiction has a huge impact on people’s health. What part does Leeds West CCG play in tackling addiction on a local & citywide level?

- Sharing information and requesting third sector services is incredibly important. What systems does Leeds West CCG have in place for sharing information e.g. homelessness, addiction and food provision
- Intensive physiotherapy
- If you have a twisted ankle, you can see your GP rather than going to A&E. How do you make members of the public aware of this?
- When ringing GP for an appointment, reception staff can't give GPs name, why not?
- Recently moved to Harrogate and registered with a GP there. But it took a while for my notes to come through from my previous GP in Leeds; the process needs to be quicker
- Urgent access to GPs is poor, why can't you see your GP out-of-hours? I had a GP who came to see me during out-of-hours and he prescribed me drugs that were not British formulary, so I was unable to get them from the pharmacy. I then had to get a similar drug from another pharmacy.

How can the NHS support people to lead healthier, longer lives? (You may want to think about your own health and what the NHS could do to help you lead a healthier life, e.g. diet and exercise, support for those who smoke or those who drink more than they should, helping people who already have a long-term condition such as diabetes)

- Providing a more community based service to encourage more people to attend local clinics
- More work with children to establish healthy lifestyles
- Need to resolve children's heart surgery issue in Leeds
- People being prompted to change their lifestyles – linked to goals. Example, more walking / adapting lifestyles / get small goals in life
- Living in a healthier environment
- Keeping well and active
- Mental health – how can people talk about it comfortably? How can they tell their GP? The individual may not want to tell their GP, how can they talk about it openly?
- Key issue – to narrow the gap in terms of life expectancy in Leeds
- We have an excellent NHS
- Need better links – NHS England and Public Health England, improved strategy implementation at local level
- Need to focus on wider determinants of health to make biggest difference / achieve best outcomes
- Have activities for children i.e. support initiatives such as cycling tracks e.g. Kirkstall Valley cycle route
- Have support clubs
- Access to fresh foods – not just deserts and fast food outlets
- Retain green spaces and support development of local community groups
- Those people that have long-term conditions, can they be directed to support groups that can help them locally?

How do you think we should spend the money we receive wisely? (You may want to think about treatments and services that the NHS currently provides, how we can work more effectively with the

council and community groups, and whether we should ration or discontinue some treatments or services)

- Community clinics needed
- Better outcome measurements
- Be efficient – have systems and people to deliver the service
- Mental health including adolescents
- More money needed for mental health
- Alcohol management
- Ensure nursing homes manage patients more appropriately including patients needing a drip
- More money spent on outpatients appointments! Maybe on outreach clinic
- I (and my family) don't want to have to use the service but if I do, I need to know where to go if my doctor's surgery is shut. I know pharmacists can help but I don't know enough. I think there is a 'drop-in' centre in Yeadon, but I don't know for certain. Generally, if we as a family need to use the service, it would be for minor ailments/trauma. The default is the A&E department if the doctor's is not opened. We know it's not ideal to go to the A&E department, but if there was clear communication about where to go rather than the A&E then that would be helpful.

What would high-quality NHS Care look like to you? (You may want to think about staff levels, quality of care, being treated with dignity, compassion, respect, privacy, food, premises etc)

- Nurses under pressure all the time – give them more time
- Having affordable insurance encouraging open access
- As a 'punter' the reference to commissioning is just alienating. The health service is a service; a service industry. Think about users accessing the service
- Leeds General Infirmary treatment and care for angina for elderly patients is excellent
- Ensure food is available 24/7 in admissions areas
- Patient choice more explicit and informed
- More availability to see GPs – not enough times for appointments
- The focus to me is a service to help elderly and long term-condition patients. As a middle aged couple with two children we could think we're not cared for.

General comments

- Continuity – want to see the same GP
- Value people's own judgement to where they need to go i.e. A&E or to see their GP
- Better access to surgery
- Being able to more easily book appointment to see same GP
- GPs referring patients into A&E – why?
- Referred to A&E from Minor Injuries Unit – why?
- Patient information accessible to services
- 12 hours for a patient to see a consultant
 - Time wasted
 - Delayed treatment
- Earlier intervention and better prevention

- Ireland Wood Surgery – very good service from GP – access is good – appointment either on the day or the day after
- Took relative to Wharfedale for a minor injury, was told to go to A&E. Where we had to wait nine hours for a blood test, a total of 12 hours spent including time spent at Wharfedale. Was this necessary? During this visit, time had been wasted and delay in receiving treatment. We went to Wharfedale to avoid blocking up the system, unfortunately this was not the case
- Child in ortho/fracture clinic, appointment was for 2.30pm eventually got seen at 4.25pm
- If my GP is not available then I'll go to A&E
- Want to access pain service, but not getting referred by GP. Is there any other way of accessing this service? Once you do get referred and they discharge you, can you go directly back to the service rather than having to go through your GP?
- More planned and integrated care will reduce admissions to A&E
- Had a hip injury, went to Wharfedale and was told to go to A&E, why? When the problem could have been resolved at Wharfedale
- Had an asthma attack, went to see the GP, GPs advice was to go to A&E!

Following info from one person:

Cut out:

- Unnecessary send
- Want – repeat prescription, overprescribing
 - Relationships with pharmacies, pharmacy review more frequent – make this incentivised

Translation:

- Dialects / misinterpreted
- Language difficulties

GP:

- Patient to GP there is no handover, no continuity

Discharge:

- Heating / home well
- Co-ordination on hospital discharge plan, this is the responsibility of everyone and adequate support needs to be given

Administration system:

- Scheduling and systems
- Not just EPR and but also scheduling Choose and Book called after appointment

A&E:

- Better access, don't mind the waiting times as you get to see the experts

Perianal Abscess:

- Admitted, nursing care, needs
- Discharge and plan – needs on ward
- Question – all patients on admission and whether they are short stayed surgical
 - Change dressing
 - Care (lights on)

Treatment at St James Hospital:

- Husband deceased
- Care brilliant
- Family: lost wheelchair

Mother dementia:

- Community matron (nurse didn't have prescribing pad)