



End of Life Care A Single Point of Access

September 2014

Patient Feedback Report

FINAL Oct 2014



Published November 2014

Executive summary

End of life care is about caring for people who have an advanced, progressive and incurable illness so they can live as well as possible until they die. It is about providing support that meets the needs of both the person who is dying and the people close to them.

In 2013 a survey was carried out to get the thoughts of patients, relatives and staff about health and care services for people at the end of their life. The survey found that people struggled to get medical support in the evenings and at weekends, and that this can make patients and their relatives feel very isolated and vulnerable.

This level two engagement proposed a new 24 hour telephone service for patients thought to be in the last year of their life and the people close to them. It sought the views of patients and families on the proposed service. This report outlines the findings of the engagement.

A survey and focus groups were used to gather the thoughts and experiences of patients in the last years of life and those close to them. It asked about patient satisfaction with the current service and for people's needs and preferences around evening and weekend end-of-life care. The survey was shared widely, including with;

- End-of-life patients in community, hospital and hospice settings
- Carers using local voluntary services
- CCG patient, public and voluntary sector networks; and
- GP practices in Leeds.

Patients told us that they are happy with current end of life services, whereas carers identified a number of gaps in current service provision. These gaps included involvement in care planning and coordination of care. People agreed that there are significant gaps in evening and weekend care for people in the last years of life and that a telephone service would go some way to addressing this issue. There was a broad agreement that the new service should offer advice and information as well as access to out-of-hours clinicians. People also agreed that the service should have access to GP medical records to ensure continuity of care and that staff should be experienced in end of life care and have excellent interpersonal skills.

This report makes a series of recommendations to the project team who will use this engagement to design the Single Point of Access service. Patient and carer feedback strongly supports this development and this report recommends that the project looks at ways to; increase the involvement of families, increase access to home visits where appropriate and work with key stakeholder to deliver continuity of care.

In the next few weeks a stakeholder group will begin meeting to develop the proposal. The group will include patient representatives who will support the group to respond to feedback from this engagement. A regular briefing will be produced once the project has begun, to show to what extent the engagement recommendations have been implemented.

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

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

Background information

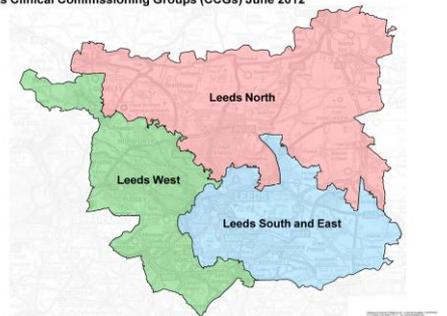
a. Clinical Commissioning Groups in Leeds

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 is 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. End of Life – Single point of access

End of life care is about caring for people who have an advanced, progressive and incurable illness so they can live as well as possible until they die. It is about providing support that meets the needs of both the person who is dying and the people close to them. The General Medical Council considers patients to be approaching the end of life when they are likely to die within the next 12 months. This includes patients who are expected to die within the next few hours or days, and those with advanced incurable conditions.

In 2013 a survey was carried out to get the thoughts of patients, relatives and staff about health and care services for people at the end of their life. The survey found that people struggled to get medical support in the evenings and at weekends, and that this can make patients and their relatives feel very isolated and vulnerable.

The CCGs in Leeds are looking at ways to improve care for people thought to be in the last year of their life. They are considering setting up a brand new telephone service, exclusively for patients in the last year of life and their relatives. The aim of the service would be to improve care of patients and their relatives and support people in their own home. The service would be available 24 hours per day, 7 days a week, 365 days per year. If a patient or their relative has any concerns or questions about their condition they can call the telephone line at any time of the day or night. It is proposed that the telephone service will be covered by experienced nurses who can give advice, arrange visits, organise admission to hospital and provide information about other services available.

This engagement seeks to understand the views of patients and relatives in regard to the proposed new service.

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 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. As a citywide engagement, members of the PAGs at the other CCGs were invited to attend this meeting. The PAG agreed that the patient groups and engagement methods outlined in the plan were generally appropriate.

The PAG suggested a number of amendments:

- A number of amendments to the survey
- To ensure that bereavement services are involved in the engagement and to link with the Leeds South and East CCG Bereavement Group
- To ask Macmillan and district nurses to share the survey with their patients
- A number of voluntary, community and faith sector organisations were suggested to be included in the engagement

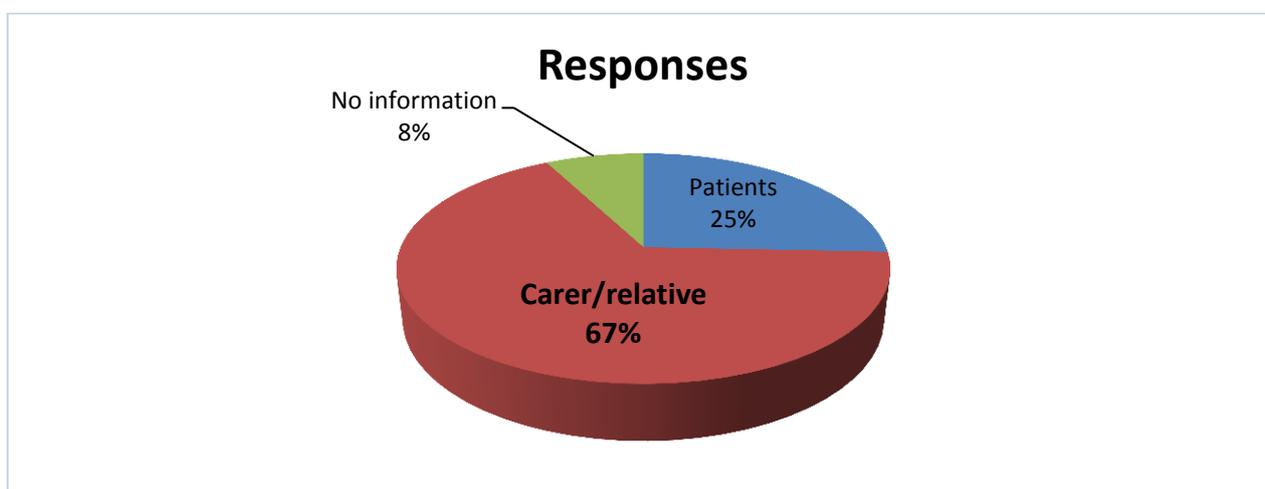
They agreed that the patient groups and engagement methods outlined in the plan were appropriate.

Group	Who	How
End of life patients	People who are cared for in hospices	Paper copies of survey shared with staff
	People who live in care homes	Paper copies of survey shared with staff
	People visited at home by LCH staff and voluntary organisations	Paper copies of survey shared with LCH staff and Macmillan who visit patients at home
	People at end of life in hospitals	Paper copies of survey shared with LTHT
	Younger people at end of life (those in their 30's and 40's)	Contacted Macmillan and Mesmac by email and twitter and asked them to share their the survey.
	People at end of life but do not have cancer	Contacted organisations by email who work with people with other life limiting conditions including: Alzheimers Society, Breathe, Parkinsons Society, MS Society, Mesmac
Carers	Carers, friends and family	Paper surveys shared with Carers Leeds
		Held a focus group at Carers Leeds Morley
		Attended education group at Carers Leeds
		Link to engagement page shared with CCG patient and public networks by email and post
		Links to engagement share with bereavement services in Leeds and NHS staff who work with bereavement services.
Public	General public	Shared details of the engagement by social media

Group	Who	How
People with protected characteristics as defined by Equality Act 2010	Black and minority ethnic (BME) communities	Shared with the NHS Leeds West CCG patient network
	Carers	Contacted members of our VCF sector network and informed them of the engagement.
	Children and young people	
	Older people	In response to feedback from the PAG we will directly contact the following organisations: Citizens Advice, Royal British Legion, Leeds Black Elders Society, local mosques and temples.
	People with disabilities	
	Users of mental health services	
	Lesbian, gay, bisexual and transgendered people	The survey was shared at HealthWatch Leeds event for people who are deaf and hard of hearing.
	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 • GP practices • PRG 	Contact all key partners with information for them to disseminate using in-house channels such as newsletters, websites and social media
		Copies of the survey were shared at the Leeds Community Healthcare AGM
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 39 people contributed to the engagement. Feedback was received from the following groups;



4. What did people tell us?

Patients

Ten end-of-life patients shared their thoughts on the Single Point of Access proposal. Their feedback all came through the patient surveys which was distributed by clinicians and at hospices. Detail of their feedback can be found in Appendix A.

- Patients are generally very happy with the end-of-life care they current receive. However some patients felt that clinicians sometimes did not explain treatment in a way they could understand.
- 40% of patients do not have contact with the palliative care team
- The majority of patients agreed that there is a lack of medical support at evening and weekends and that it is difficult know who to contact for extra support around end-of-life care
- Almost half of patients would call 999 if they became unwell in the evening or at weekends. Some patients would call 111 or their GP practice.
- All the patients who responded to the engagement were supportive of a single point of access survey.
- Most of the patients wanted the Single Point of Access service to provide advice and access to a GP.
- All the patients who responded to the engagement were happy for their medical details to be available to the nurse who answered the telephone
- Over half of patients were not aware of the Carers Leeds organisation
- Patients expressed a preference to choose where they ended their life.

Carers/relatives

The majority of feedback about the Single Point of Access was received from carers and relatives who have been recently bereaved or who look after people at end of their life. 16 relatives used the survey to share their thoughts (Appendix B) and ten relatives attended a focus group at carers Leeds in Morley (Appendix C). Ten carers were also spoken to at a Carers Leeds event in Leeds city centre.

- Carers were generally unhappy with the end-of-life care their relative received.
 - Almost half of carers felt that they were not involved in decisions about their relatives care.
 - Almost half of carers felt that treatment was not explained in a way they could understand.
 - Half of carers did not think that care was coordinated.
 - Over half of carers felt that they were not given enough information to make future decisions about their relatives care
- Over half of carers said their relatives were involved with the palliative care team
- The majority of carers agreed that there is a lack of medical support at evening and weekends and that it is difficult know who to contact for extra support around end-of-life care.
 - *“It’s hard to get appointments with doctors in office hours, outside those hours it’s really difficult to get help”*
- Carers called a variety of different organisations if their relative became unwell. 22% of carers would call 999 if their relative became unwell.
 - *“Several times I’ve ended up at A&E. It’s really stressful and often unnecessary”*
 - *“Going to A&E is exhausting for the patient and the carer. Anything that helps us avoid that is great!”*

- 94% of the carers who responded to the survey were supportive of a single point of access survey. 100% of the focus group members were also very supportive.
 - *“Just one number to access all services (would be great)”. “It would be nice to know there was someone to turn to”*
- Relatives told us that they wanted the Single Point of Access to provide a wide range of different services. Most carers said that the service should provide advice and access to GPs and district nurses.
 - *“The service needs to be able to organise home visits where necessary, this will improve the patient and carer experience by cutting out the trauma of visiting hospital. It will also save the NHS money”*
 - *“I want the service to offer me advice and guidance when everything is shut. I often don’t know what to do”*
 - *“I need a service to give me reassurance that I’m doing the right things. It’s frightening sometimes, it’s really awful feeling you have to cope alone”*
 - *“When you are in the middle of it (caring for someone) sometimes it is really hard to make a decision, you panic”*
- 94% of carers who responded to the survey were happy for their relative’s medical details to be available to the nurse who answered the telephone.
 - *“It is imperative that the nurse has access to GP medical records”.*
 - *“It’s important that the person on the end of the phone knows a bit about you. This is where out-of-hours GPs don’t work”*
 - *“It’s essential that the service has access to your practice notes and your care plan so that they can give you personalised care and advice”*
 - *“Everyone at end of life needs a good care plan. This should include people’s needs, medications and preferences. It is essential that the telephone service has access to this”*
- Almost half of carers were not aware of the Carers Leeds organisation.
- A number of carers told us that it was very important for the person who answered the phone to be qualified, experienced, kind and empathic.
 - *“As a carer it is important for me to be understood and I don’t want to feel rushed, or like I’m a burden”*
 - *“Having great medical skills isn’t enough, they need to have great interpersonal skills too!”*
 - *“Call me by my name, you need that when you’re at your lowest”*
- Some carers questioned who the service would be open to
 - *“It’s hard to define ‘end-of-life’”*
- Some carers told us that links with the voluntary sector would be important for the service.
- Carers told us that they often ended up calling 999 and going to A&E and received very poor care.
- Carers told us that the end-of-life care their relatives received for dementia was particularly poor.
- Many of the carers told us that the service should be able to support the carer as well as the patient.
 - *“When the NHS fails it’s me that has to carry the can”*
- Many of the carers were very critical of the 111 service.
 - *“I don’t trust 111!”*
- Care need to be joined up
 - *“It can be really upsetting to be passed from pillar to post and have to keep repeating your story”*

5. What are the key themes from the feedback?

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

- The majority of patients and relatives are very supportive of the Single Point of Access proposal.
- Patients are generally happy with the end-of-life care they receive
- Carers are generally unhappy with the end-of-life care their relative receives. In particular, carers want more involvement in care plans
- Just under half of patients were not in contact with palliative care teams
- The majority of people involved in the engagement agreed that there is a lack of medical support at evening and weekends and that it is difficult know who to contact for extra support around end-of-life care
- There was confusion amongst participants about who to contact during weekends and weekends. People were most likely to call 999.
- People wanted the Single Point of Access service to provide a range of services. Advice and access to clinicians were seen as an important part of the service.
- Everyone (except one person) thought it was essential that the service had access to patient's medical records and care plans.
- Half of those involved were not aware of the Carers Leeds organisation.
- People thought that the service should be staffed by experienced clinicians with excellent interpersonal skills
- People's experience of attending A&E was poor
- People's experience of dementia care in the hospital was very poor
- Participants told us that the services involved in end-of-life care should work together. This included the voluntary sector.
- Many relatives felt that the role of the carer was often undervalued by staff.
- Some patients were not clear when end of life care would start

6. Recommendations

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

- Continue the development of a Single Point of Access service for people at the end of their life and their carers.
- Improve the experience of carers and increase staff understanding of the role of carers.
- Ensure that families are able to access the palliative care team where appropriate.
- Ensure that the Single Point of Access service provides a range of services including advice and access to home visits.
- Provide staff with access to end-of-life patient medical records and care plans.
- Work closely with partners and stakeholders in the development and running of the service, including the voluntary, community and faith sector.
- Ensure that SPA staff are experienced and have excellent interpersonal skills.
- Work with other organisations to improve dementia services for patients and carers
- Reduce inappropriate A&E attendance for end-of-life patients
- Provide clarity around who the service will be available to

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

- Provide people involve 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. 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.

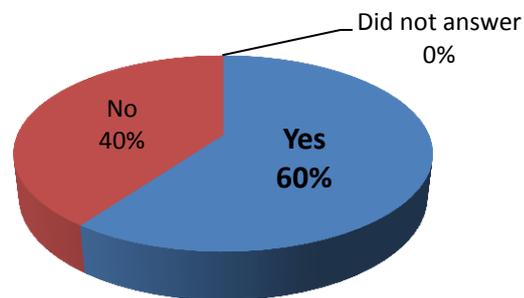
The patient feedback will also be used to inform a wider strategy for improving communication, access and the quality of services.

Appendix A –Patient feedback from the survey

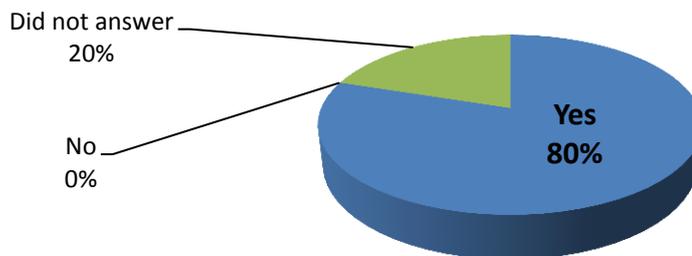
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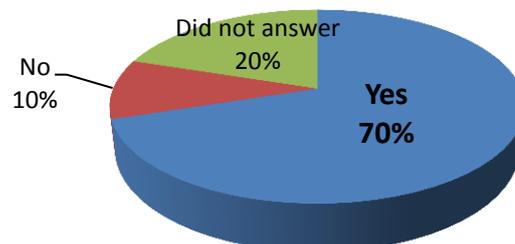
3. Have you or your relative ever been involved with the palliative care team?



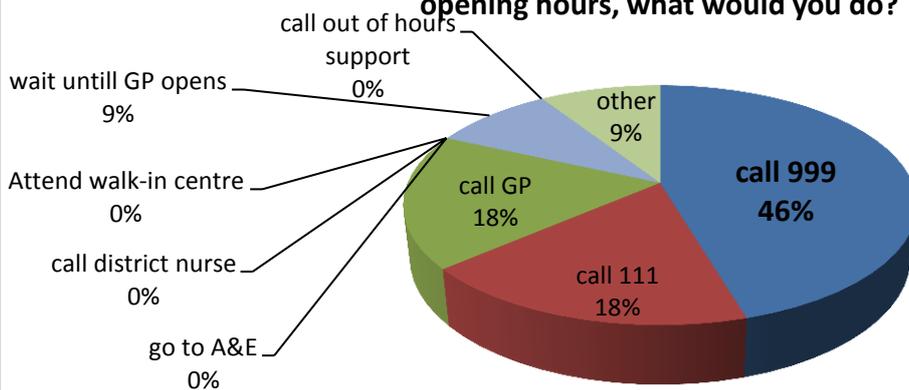
4. Do you agree with the findings of the previous survey that there is a lack of medical support at evening and weekends?



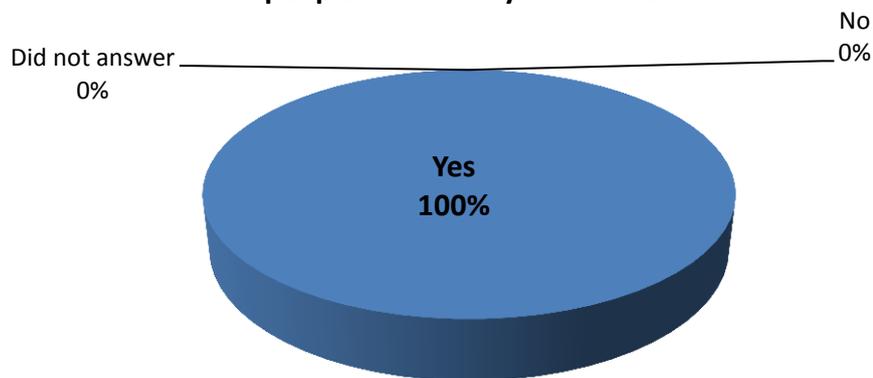
5. Do you agree with the findings of the previous survey that it can be difficult for people at the end of their life and their carers to know who to contact for extra support if needed?



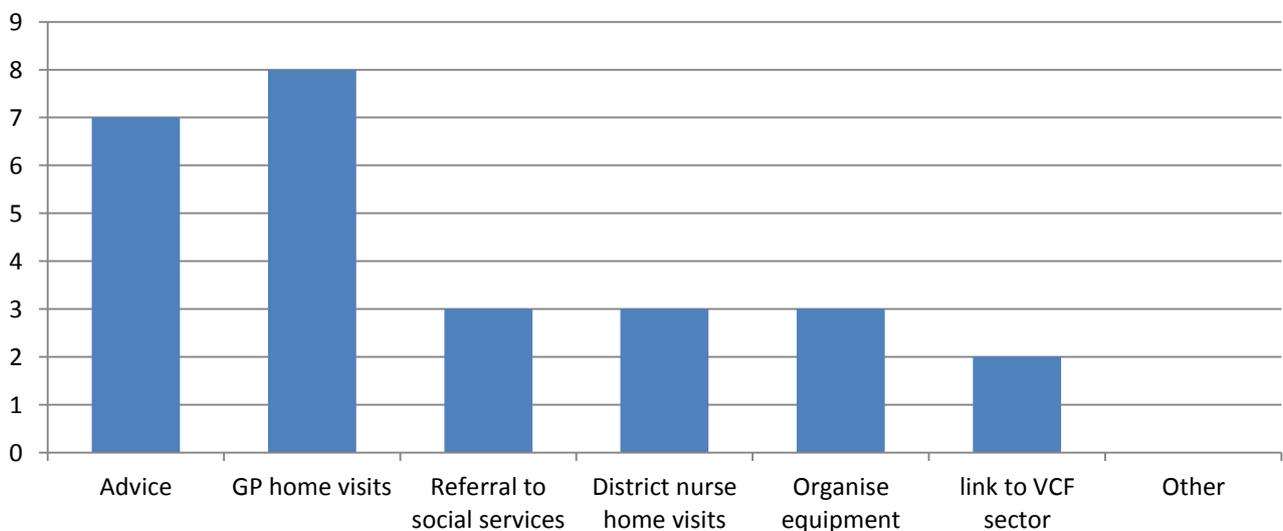
6. If you or the person you care for became unwell outside normal GP opening hours, what would you do?



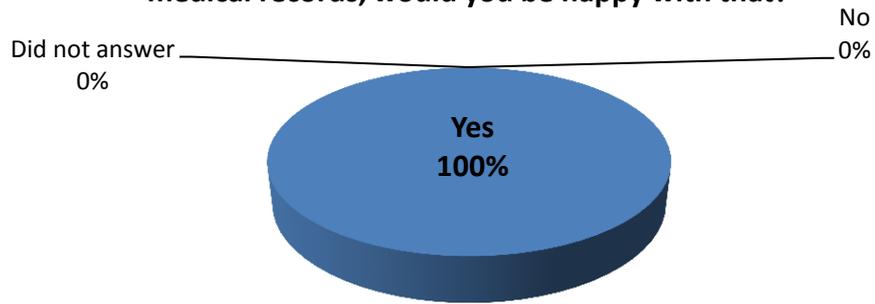
7. Do you think there is a need for a 24/7 telephone service exclusively for people in the last years of life?



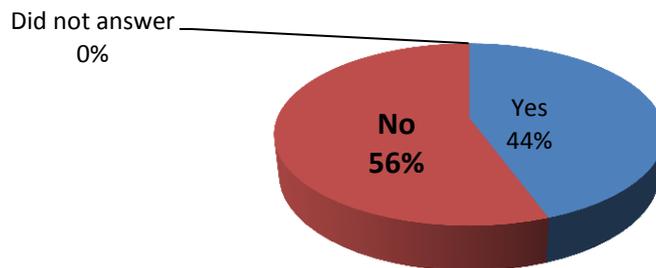
8. If you were to use the 24/7 telephone service, what would you like it to provide?



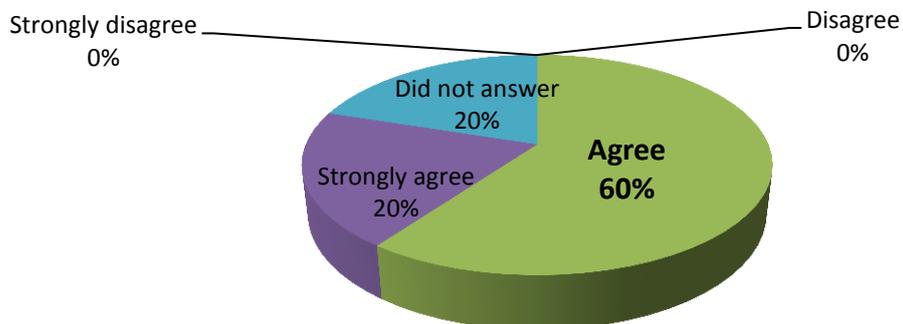
9. The nurse who answers the telephone would need to have access to the GPs medical records, would you be happy with that?



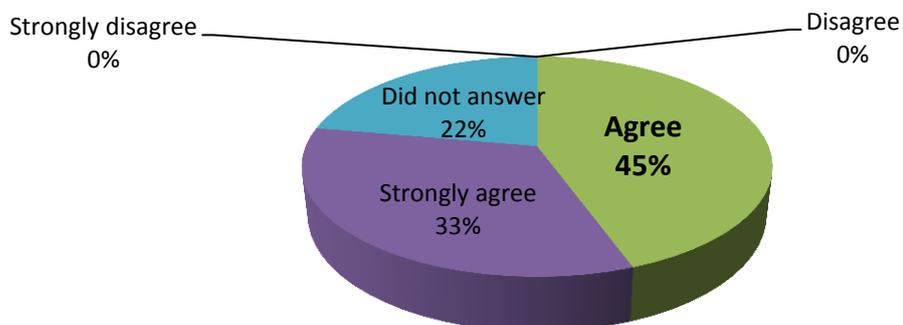
10. Are you aware of Carers Leeds and the support they offer?



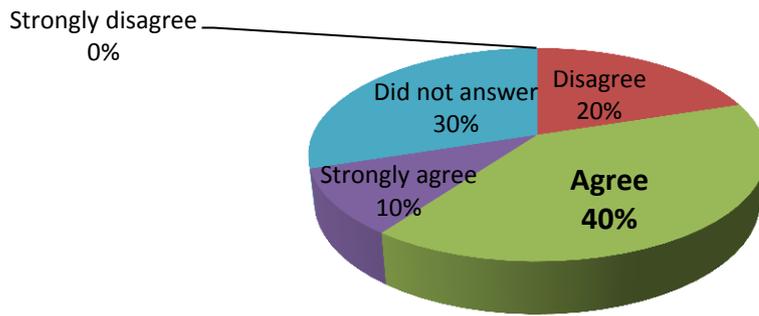
11a. I was/am involved in decisions about my/my relatives care



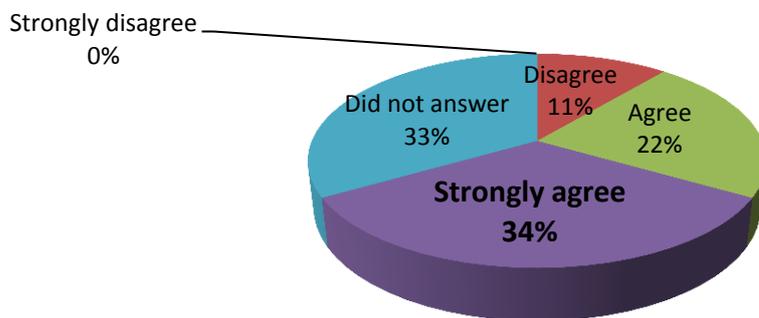
11b. I/my relative was/am treated with respect and dignity



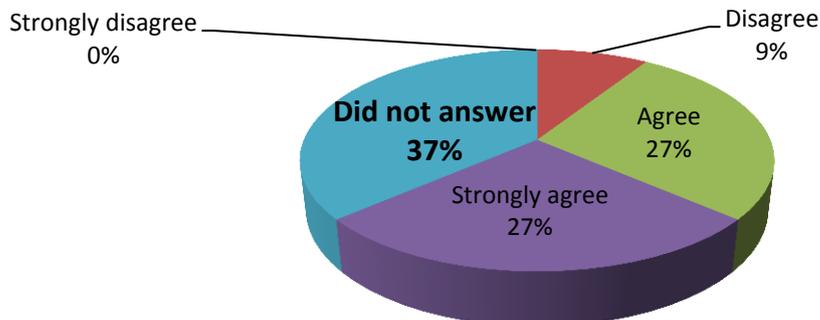
11c. My clinician explained my/my relative's treatment in a way I could understand



11d. The people looking after me/my relative worked well together



11e. I was/am given information to help me make future decisions about my/my relatives care

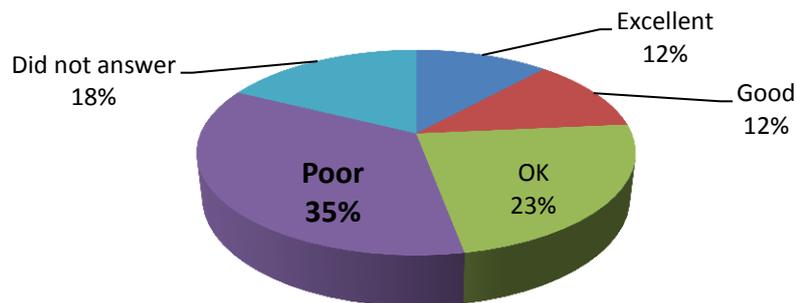


Free text comments

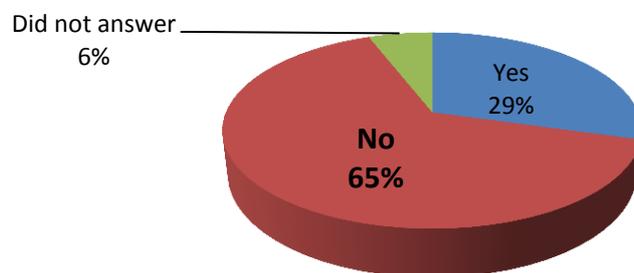
- I think the NHS should help organize and provide palliative care which meets patients wish to die at home limiting pain and distress.
- My mother was in the Gables and it was better for her and myself as help was available and I was able to be with her at the end.
- The use of NHS transport and never have to use taxis. As I am 79 years old living alone and paid for NHS services for 38 years before I was made redundant.
- I think it would be extremely useful to have this phone service
- I have just done a survey for a new pain machine for Leeds university so this can only be very good for carers and patients because we don't get enough information

Appendix B – Carer/Relative feedback from the survey

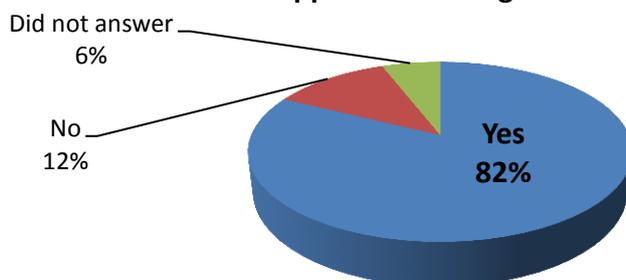
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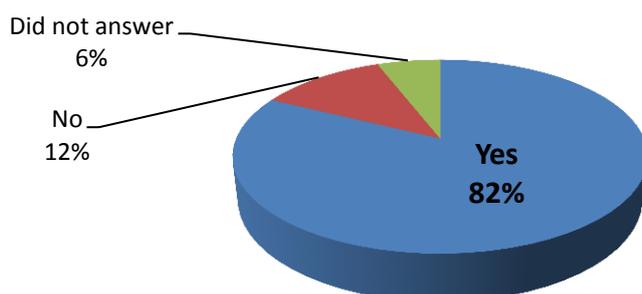
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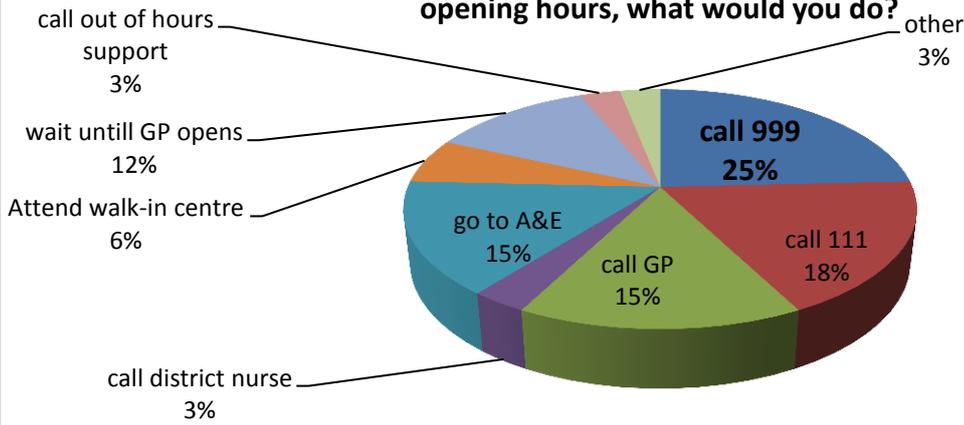
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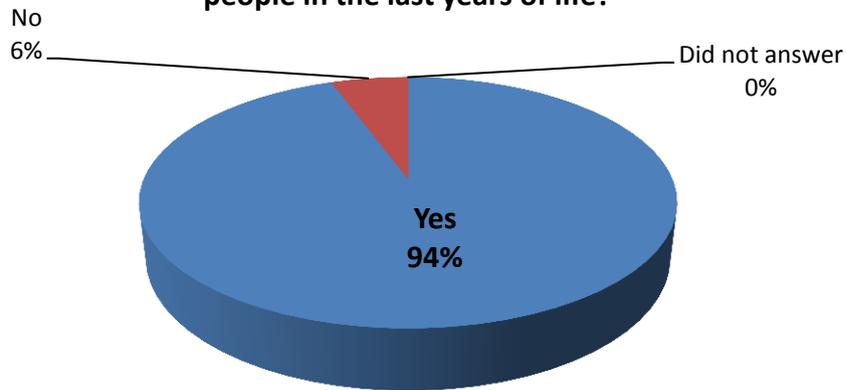
5. Do you agree with the findings of the previous survey that it can be difficult for people at the end of their life and their carers to know who to contact for extra support if needed?



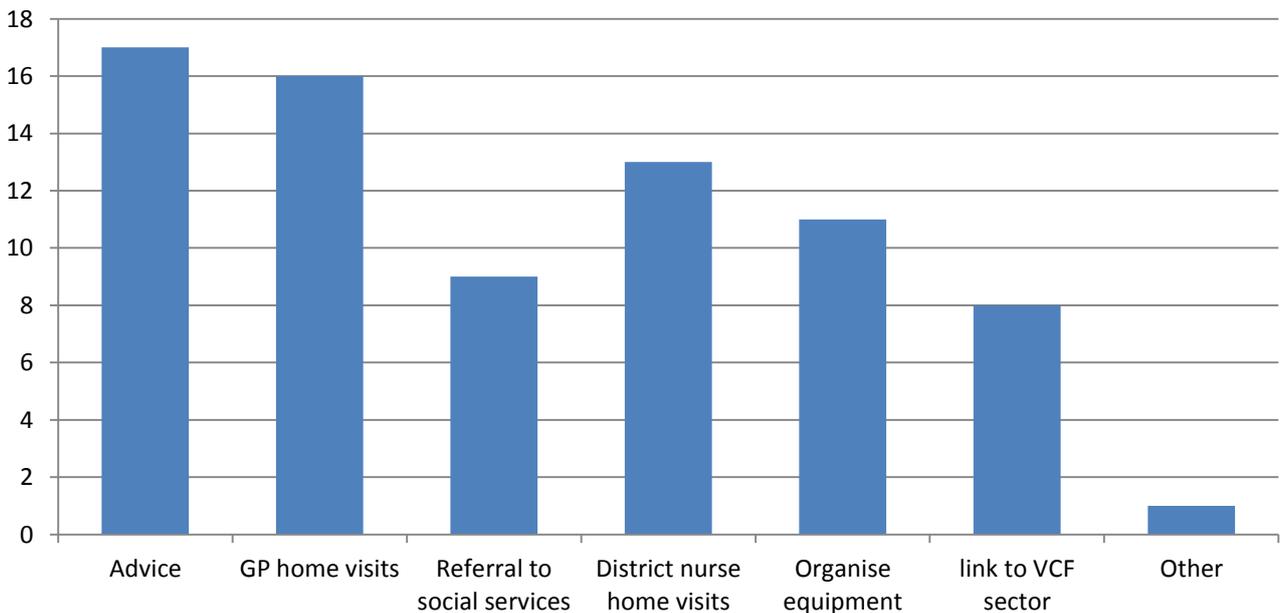
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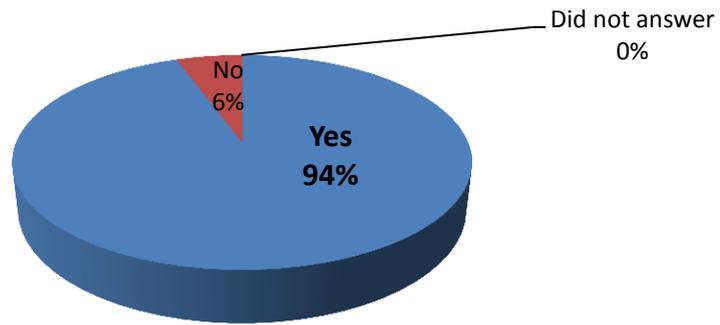
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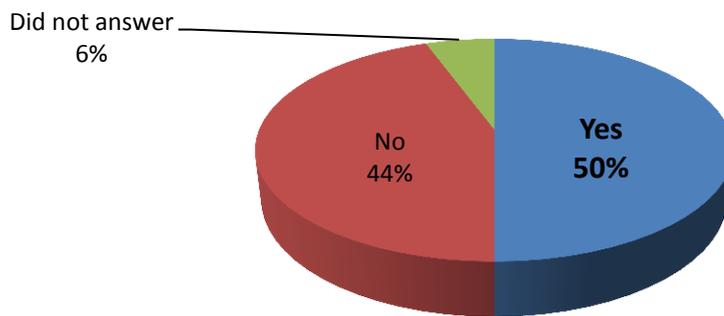
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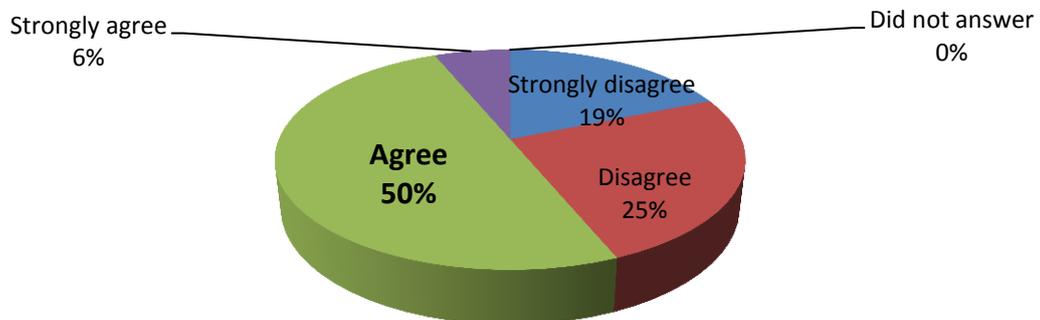
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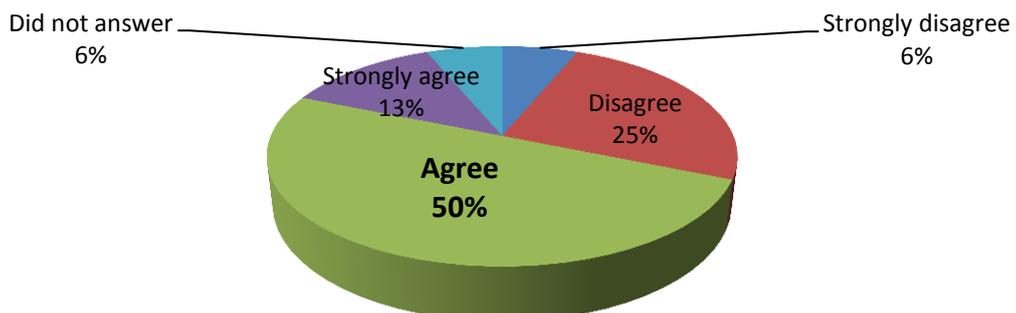
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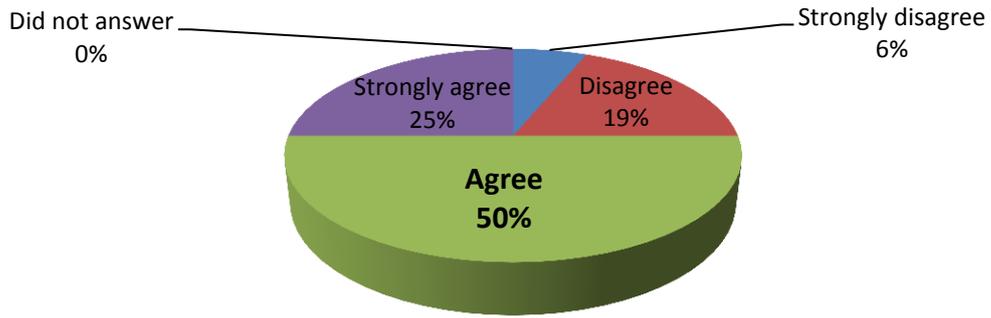
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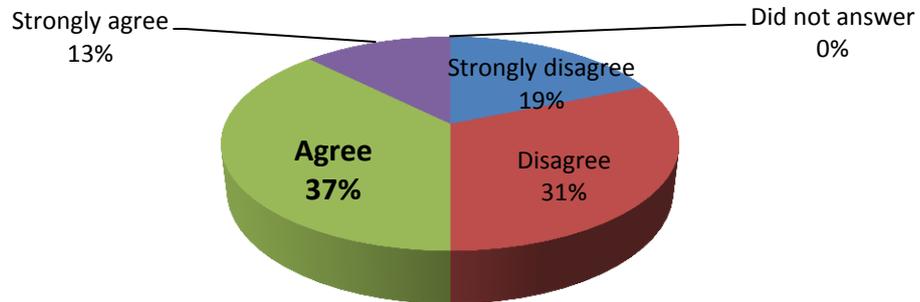
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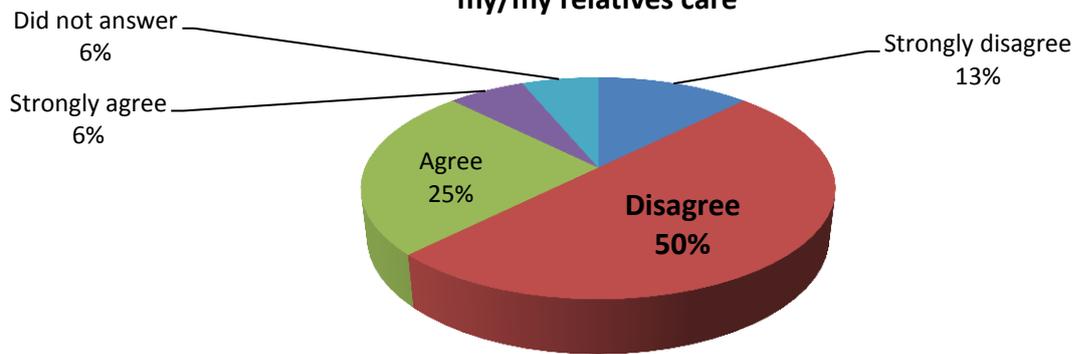
11c. My clinician explained my/my relative's treatment in a way I could understand



11d. The people looking after me/my relative worked well together



11e. I was/am given information to help me make future decisions about my/my relatives care



Free text comments

- The service should be for anyone who is terminally ill. It is imperative that the nurse has access to GP medical records. I understand the service was for carers of people who had an estimated specified term of life left and in a situation where quality of life would progressively decline and care would become more challenging.
- It's not enough and not even a good place to start! Millions are spent on childcare, with an ageing population, this should at least be matched by good quality care for the elderly. Those who have worked to support themselves financially should not be penalised and have to pay for elder care when those who have not contributed continue to get the care for free.
- Think it's a good idea. The 111 service is very poor. The person I spoke to did not have English as a first language and I struggled to make myself understood. They told me someone would be back to me in 24 hours - not acceptable. The telephone service should be responsive and be run by experienced and competent staff.
- Sometimes all you need is an assurance from a qualified/experienced person that what you are doing is correct. I think having someone on the end of a phone could go a long way to achieving this.
- My involvement has been with my late husband and there was no alternative other than out of hours service or 999. Given I have been the lay member on the Strategic Palliative Care Board I feel it is absolutely essential that those patients with long term conditions are identified and advanced care planning is implemented. Too often those patients with long term c
- Help people who would prefer to end their life at home instead of a hospice with things like equipment, beds and re-adapting their home... And most importantly 24/7 help and advice and care
- Difficult to define 'end of life'
- I don't mind the service having access to medical records as long as it is an NHS and not a private service.
- There is a vast improvement needed on all EoL services, in particular out of hours support services for carers dealing and managing relatives with mental health problems
- Just one number to access all services. GP to visit even if their cut off is 1pm.
- I currently do not have a relative who is at this stage. However, I care for my husband who has a rapidly progressive type of multiple sclerosis. I would like to hope that there are people who are accessible to talk to etc. As all you want is a piece of mind and to make the patient's time as comfortable as possible.
- This is an excellent idea as it is awful to be alone in a time of need especially when dealing with a terminal illness or looking after a loved one in this situation and not know what to do or who to contact
- EoL was a nightmare. I had to scream and shout and phone lots of different people for help but no one would listen. I also needed help with shopping, going to the chemist, walking my dog as I could not leave my dying husband alone. Perhaps links to voluntary organisations who could help with these sort of things too, would help. I think the GP, DNS, Pall care nurse
- I think this would be an invaluable service which could provide support and allow more focused care for people.

Appendix C – Feedback from Carers Leeds Focus Group

Morley 2014.09.16 – 10am -11:30am

10 patients - 5 M, 5 F

Feedback

The group were briefed on the role of the CCG and the importance of patient involvement. CB outlined the SPA proposal and asked members to share their thoughts.

“My mum is 90 years old, I have to do everything for her. I’m often fearful and concerned about how I’ll cope. It would be nice to know there was someone to turn to.’

“It’s hard to get appointments at the doctors, and that’s in office hours. Outside of those times it’s really difficult to get help.”

“Often doctors won’t come out to visit us. Several times I’ve ended up in A+E. I have to wait with my mum for four to five hours. It’s really stressful and often unnecessary”

“A+E is simply not set up for dementia patients.”

“When the NHS fails I have to carry the can”

“When my mum with dementia went into A+E she was treated appallingly. She never recovered from going there. She was a different person from that point on, and so was I”

“I couldn’t leave my mum in hospital because I just wasn’t confident that she would be looked after properly”

“There should be specialist services available out-of-hours”

“Out of hours I would call for an ambulance, I don’t trust 111”

“My mum was once ill late on a Friday afternoon. The GP diagnosed over the phone and told me to come into the surgery on Monday, but I wasn’t convinced. On the Saturday I ended up calling an ambulance. It caused us both a lot of stress and worry”

“It’s important that the person on the end of the phone knows a bit about you. This is where out-of-hours GPs don’t work – they don’t know anything about you or your condition”

“The service needs to be really well coordinated. The GP, hospital, district nurse and voluntary sector need to work together”

“It’s essential that the service has access to your practice notes and your care plan so that they can give you personalised care and advice” (everyone in the group agreed with this)

“I’m sick of having to repeat things time after time to different clinicians. The service needs to be coordinated so that I can be confident you know my story”

“Everyone needs to share information. This means that when you visit a hospital they quickly feed back to the GP. If this doesn’t happen your care is out-of-date and your journey to this point isn’t clear”

“The service needs to be able to organise home visits out of hours where necessary. This will improve patient and carer experience by cutting out the trauma of visiting hospital. It will also save the NHS money”

“I need the service to offer me advice and guidance when everything is shut. I often don’t know what to do.”

“Going to A+E is exhausting for the patient and the carer. Anything that helps us avoid that is great”

“Everyone at end of life needs a good care plan. This should include people’s needs, medication and their preferences. It is essential that the telephone service has access to this.”

“I need a service to give me reassurance that I’m doing the right things. It’s frightening sometimes, it’s really awful feeling you are having to cope alone.”

“When you are in the middle of it (caring for someone) sometimes it is really hard to make a decision. In these circumstances you can panic and make the wrong decision. It would be great to have someone on the end of the phone to talk things through with.”

“It is essential that it is a Freephone service”

“The service needs to explain what is happening and be reassuring. You need to be involved in what is happening”

“The service needs to be staffed by at least an experienced nurse. They shouldn’t be reading from a script – they should be real people”

“As a carer it is important for me to be understood and I don’t want to feel rush, or like I am a burden.”

“I don’t want to have to wait around or be called back.”

“The telephone service should be staffed by people who are kind and empathic. Having great medical skills isn’t enough. They need to have great interpersonal skills too!”

“Care needs to be joined up. It can be really upsetting when you are passed from pillar to post and have to keep repeating your story”

“I can’t remember everything. Notes need to be kept up-to-date and this service would need access to them”

“Empathy, understanding, personality and quality are all really important. I need to feel confident in the care I and my relative receive. When you get these things it’s priceless.”

“Call me by my name, you need that when you are at your lowest”

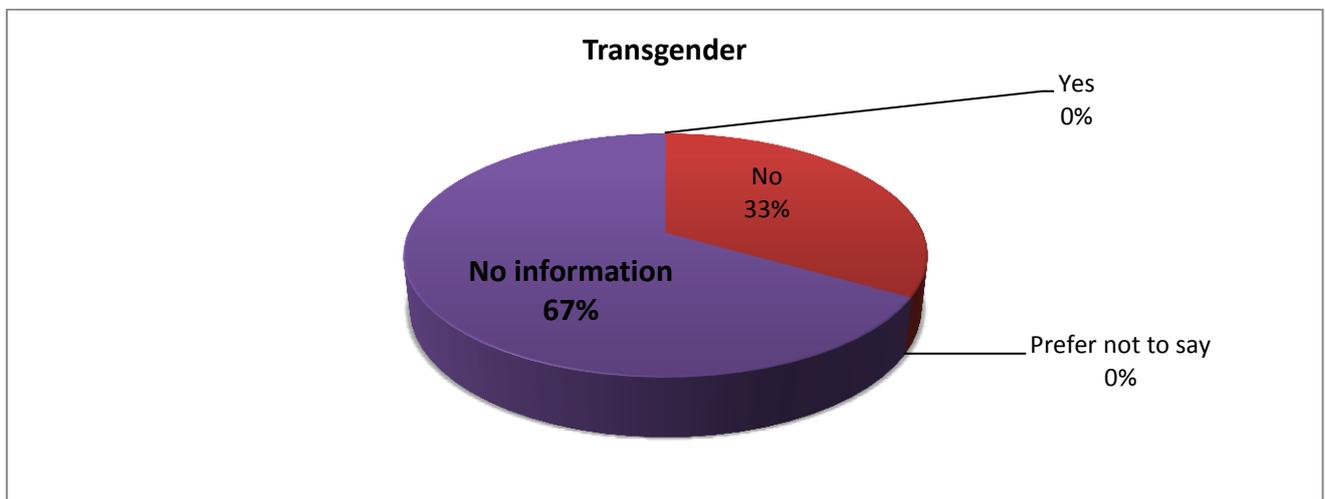
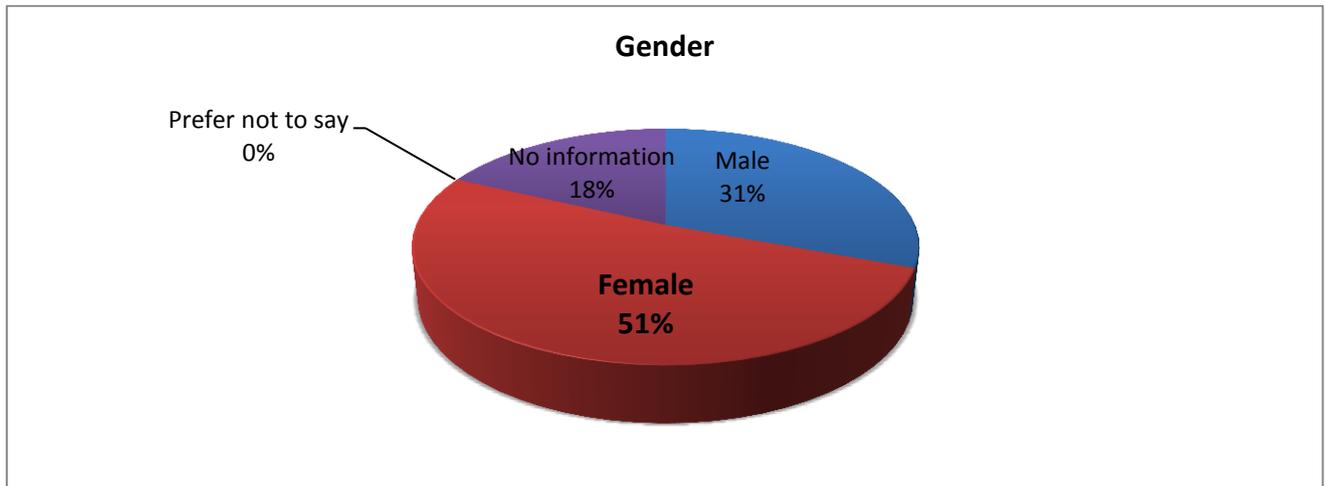
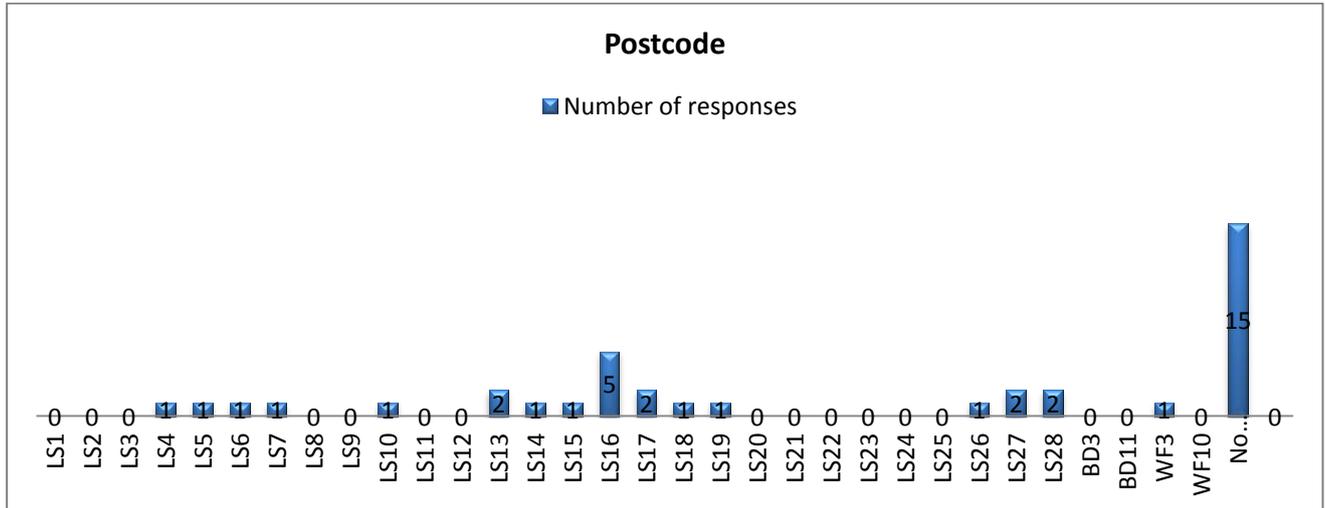
All the group agreed that the telephone service was a great idea.

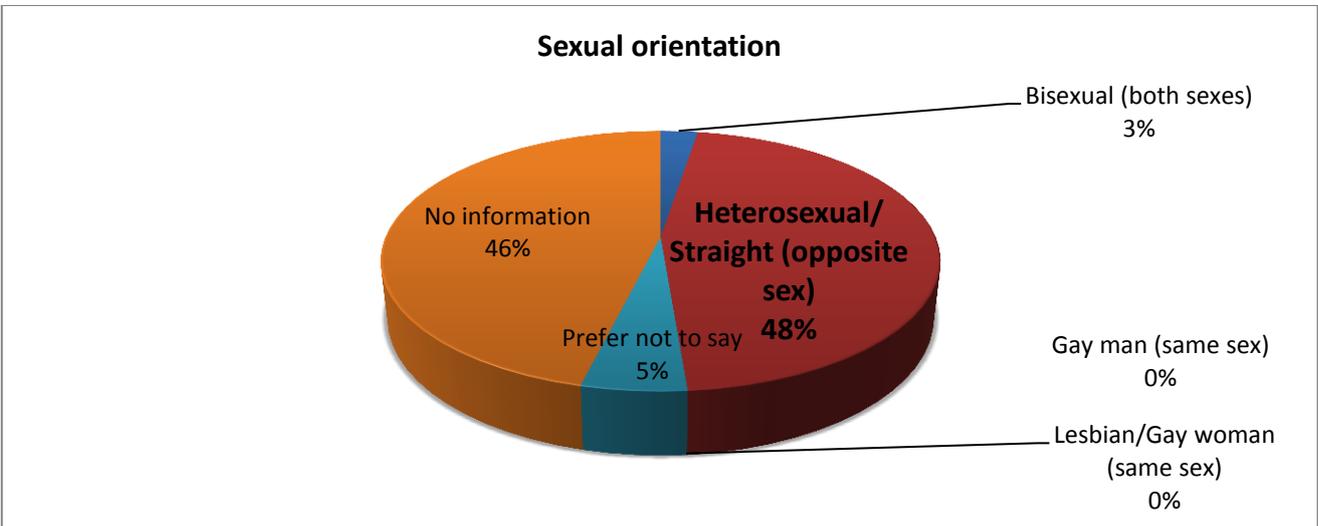
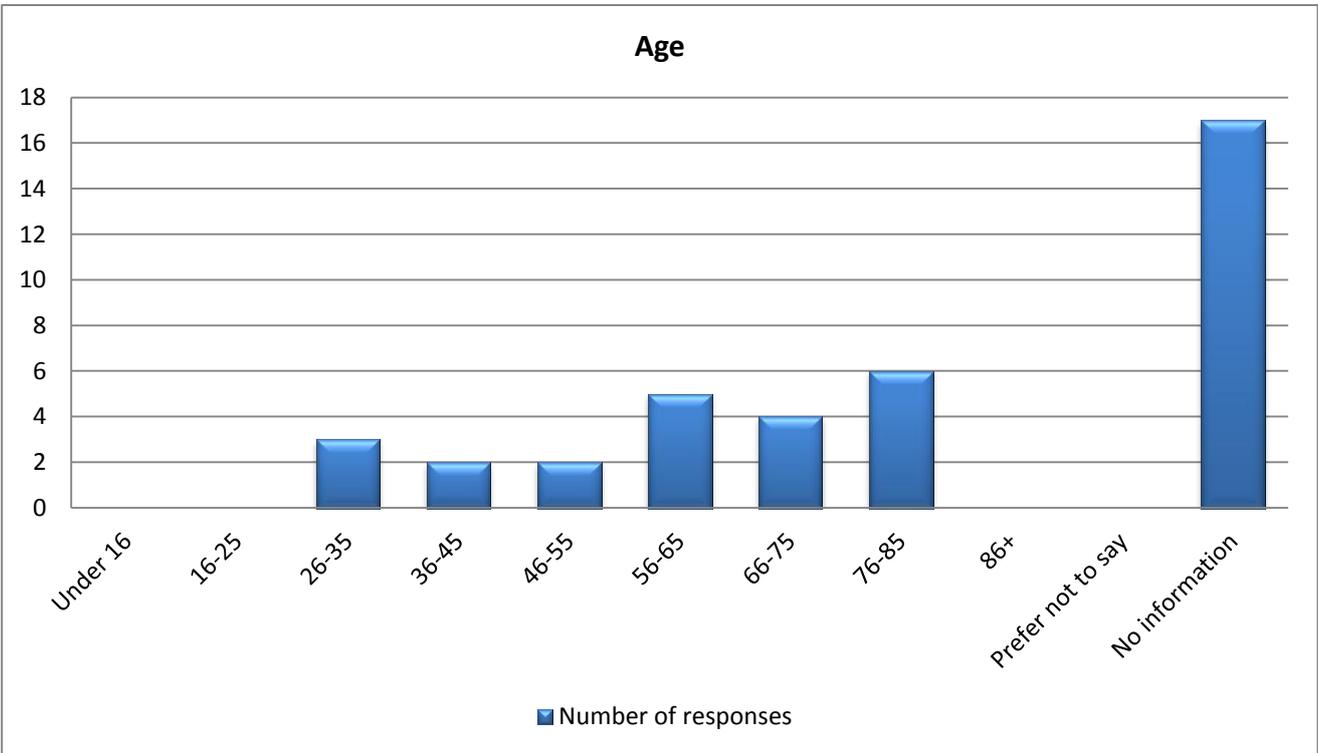
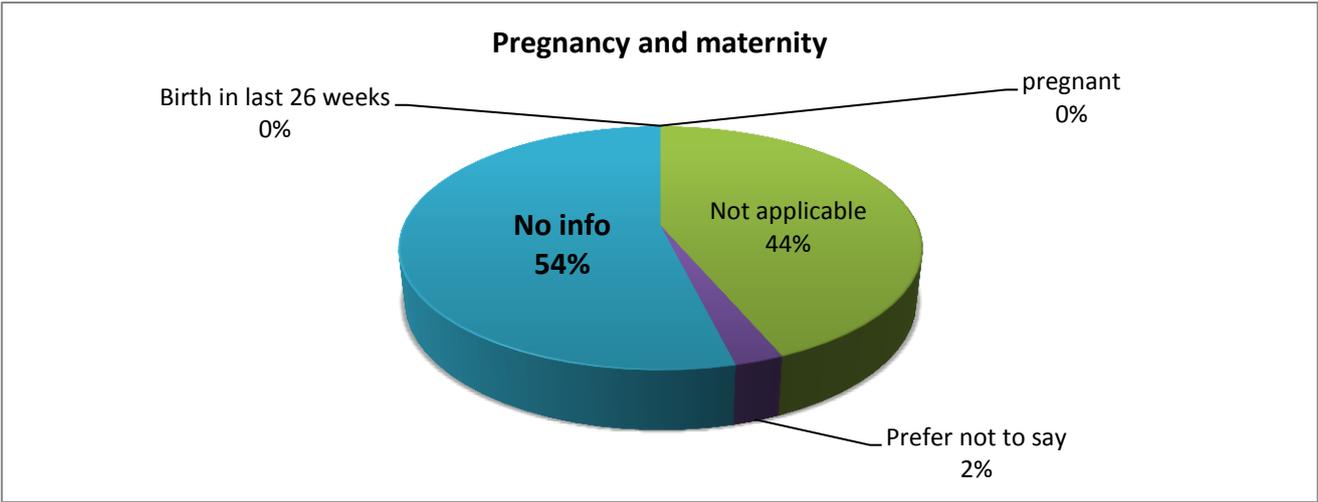
The group were given individual surveys to fill in and were informed about the event on 8 Oct.

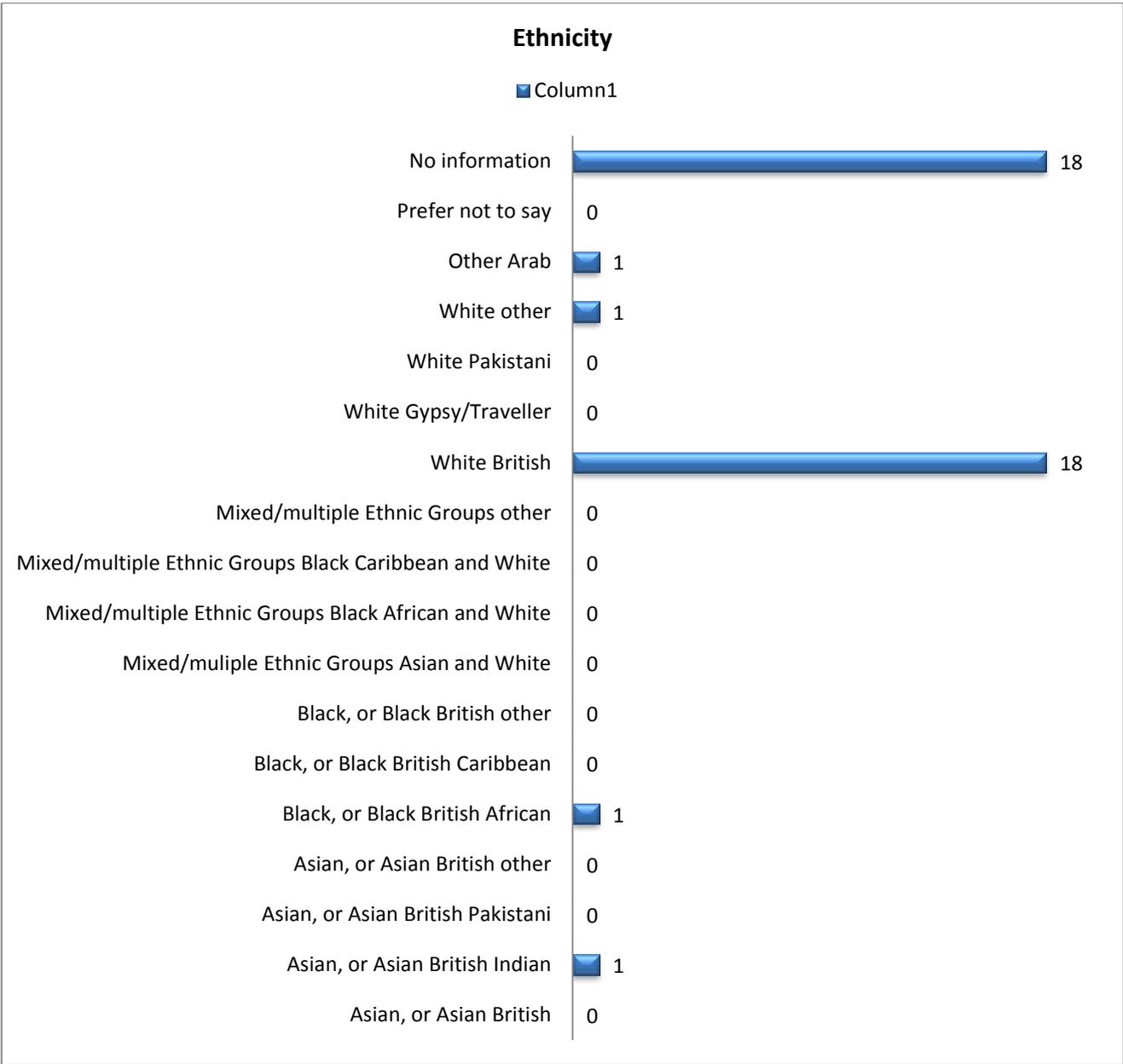
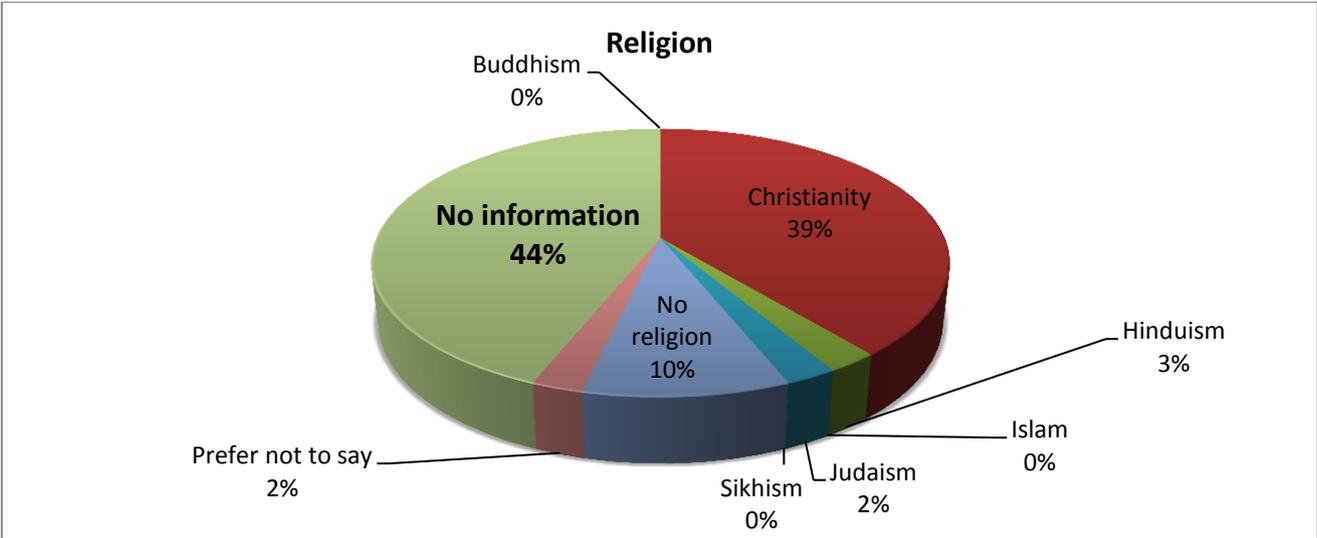
Appendix D - Detail about the people who were involved

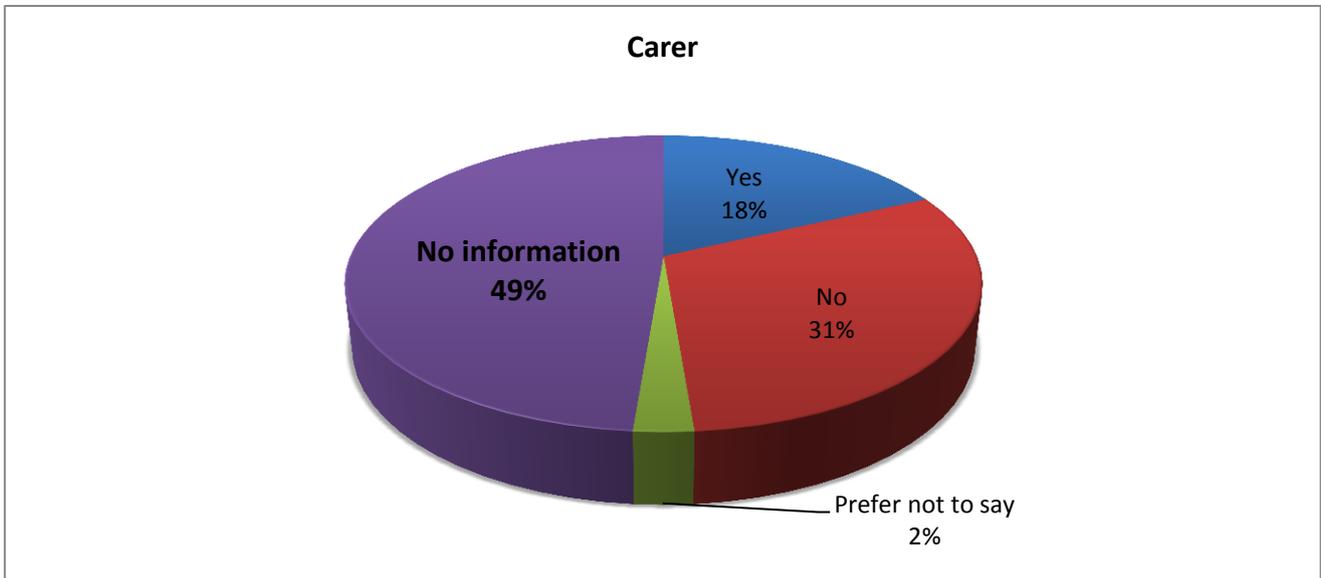
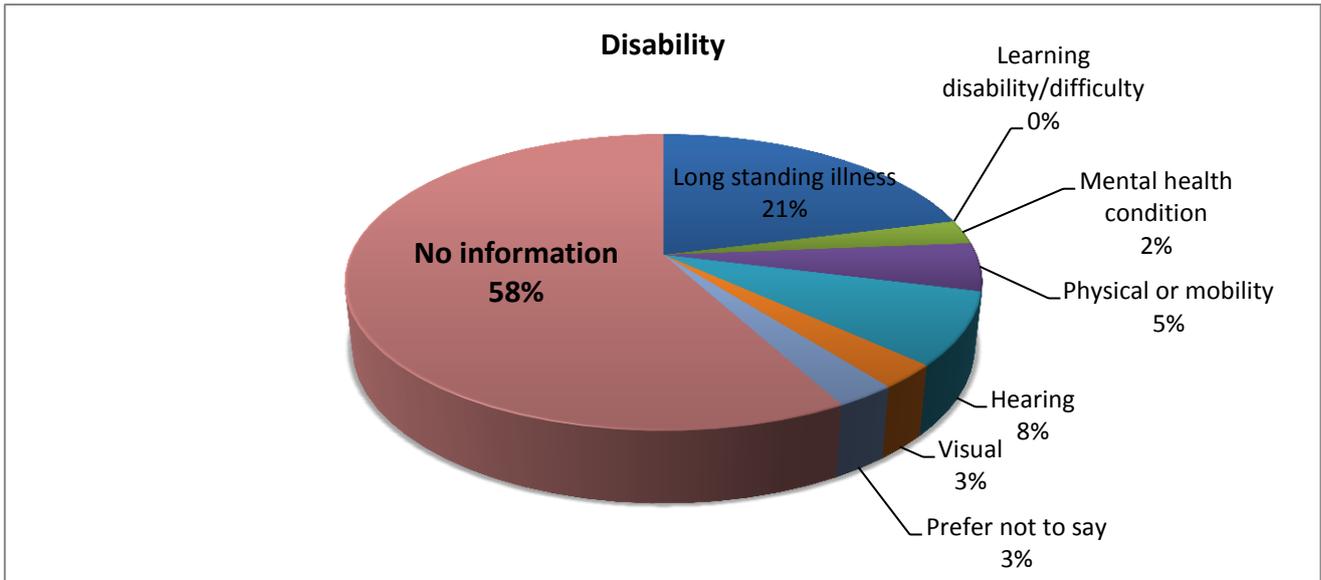
We want our events to be attended by a representative section of our population. When we ask people to get involved we also ask people to give us some information about themselves so that we have a better understanding of which groups are not represented. Using this information we will work hard at future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

Postcodes map









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.

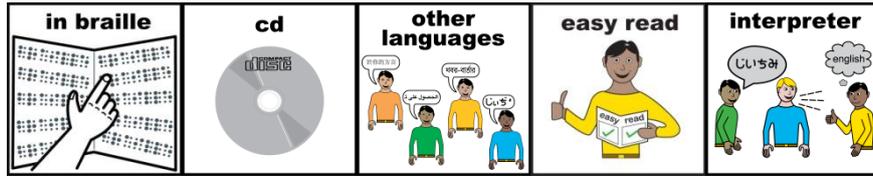
Alternative formats

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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 z zespołem ds. kontroli położniczej pod numerem tel: **0113 84 35470** lub poprzez e-mail 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 سے اس نمبر پر فون کر کے رابطہ کریں: 0113 8435470 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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