

# Statement of Involvement

April 2016 - March 2017



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# Foreword

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Since 1 April 2017, the three Leeds clinical commissioning groups (CCGs) have been working closely together as the NHS Leeds CCGs Partnership, with a shared leadership team and joint governance arrangements. This is because the way we plan and fund services locally is changing as we have applied to NHS England to create a single clinical commissioning organisation for Leeds from April 2018.

The CCGs across Leeds are totally committed to patient engagement and it is my pleasure, as the Chair of the interim city wide Patient Assurance Group (PAG) to lead this area.

In this report you will find references to a number of engagement activities which highlight how we have worked with patients and families across Leeds. In addition to the engagement projects, we have also been improving and investing in our patient and public engagement structures which include:

- Promoting and growing members of our city wide network which provides opportunities for anyone living in Leeds to get involved in a variety of ways. This enables anyone in our area to have their say about what's good in the health services, what's not so good and what could be done better.
- A quarterly Neighbourhood Leader Group in South and East Leeds which provides a forum for people to share news, feedback, make recommendations and support us to spread the word around our campaigns.
- Working closely with our GP practice Patient Participation Groups (PPGs) to help them understand their role as patient champions. We want PPG members to look beyond their own experience of using services and consider the needs of the diverse communities we serve. We have also been focusing on developing virtual PPGs and designing a range of tools and resources.
- Developing the Patient Champion programme which has resulted in a citywide group of people who recognise and embrace equality and diversity. We have trained them to provide assurance throughout the commissioning cycle by asking for evidence that we have engaged thoroughly and are using the feedback to develop our services. We currently have 44 patient champions on the programme. They have been involved in 43 different events and activities including shortlisting and interviewing two members of staff, speaking at the Annual General Meeting, and a conference in London and supporting our work to improve local care homes.
- Supporting our staff to get involved in our engagement work by inviting them to regular learning lunches.
- A city wide peer support group which meets monthly. It offers an opportunity for PPG and PAG members to support each other, share good practice and address barriers to effective participation.
- A series of informal public information events occur throughout the year. These are called 'Community Voice' events and they take place at different locations throughout the North Leeds area. It is a great chance for local residents to come together with members of staff from the NHS to hear about local developments and for members of the public to tell us what is important to them.

- Promoting and publicising our engagement work is a priority for the CCG. We use a variety of ways to do this including the CCG Patient Network, PPG leaflet, Engage magazine which we publish quarterly, e-Engage a monthly e-newsletter along with our social media platforms, Facebook, Twitter and Instagram as well as our website.
- Investing in the Working Voices pilot which will enable people who are working to get involved with the CCG.
- Investing in the Engaging Voices project which enables engagement with the hard to reach community and supports local community groups.

For more information about how you can get involved please visit our website or contact us on 0113 8431600 or 0113 8435473 email [leedssouthandeastccg@nhs.net](mailto:leedssouthandeastccg@nhs.net).

Finally, can I take this opportunity to thank all the individuals and organisations who have taken part in our consultations over the past year. Your contributions have enabled us to develop safe and responsive services and it means that we can continue to embed patient and public involvement at the heart of our organisation.

In particular I would like to thank the members of the individual Patient Assurance Groups for their valuable input and great commitment to the engagement process over the last few years.



**Angie Pullen**

Chair of the Interim Patient Assurance Group

# Glossary of terms

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## Care pathway

This is used to map a patient's journey through treatment. By changing the pathway we can provide better and more coordinated care.

## Clinical commissioning group (CCG)

CCGs are groups of GPs and health professionals who are directly responsible for commissioning most NHS services.

## Commissioning

Commissioning in the NHS is the process of ensuring that the health and care services provided effectively meet the needs of the population. It is a complex process with responsibilities ranging from assessing population needs, prioritising health outcomes, procuring (or buying) products and services, and managing service providers.

## Elective care

Elective care refers to care that is pre-arranged. Planned surgery includes procedures such as knee and hip replacements.

## Financial year

The beginning of April until the end of March.

## Friends and Family Test

The test gives patients an opportunity to feedback on the care and treatment they receive. The test is available to patients on hospital wards, visiting Accident and Emergency departments and in primary care (GP practices, dentists).

## Health inequalities

The gap between the health of different groups such as the wealthy compared to poorer communities or people with different ethnic backgrounds.

## Healthwatch

Healthwatch has been created as part of the Health and Social Care Act 2012. It champions the voice of patients and has a variety of powers including; the power to enter and review services, influence how services are set up and commissioned, and provide information, advice and support about local services.

## Independent providers

This term refers to independent healthcare providers delivering NHS services. Independent providers are subject to the same regulation and standards applied to NHS providers.

## Leeds Community Healthcare NHS Trust (LCH)

Leeds Community Healthcare NHS Trust is responsible for providing community healthcare services for the people of Leeds. They provide a range of community services for adults and children including community nursing, health visiting, physiotherapy, smoking cessation and sexual health services.

## **Leeds and York Partnership NHS Foundation Trust (LYPFT)**

LYPFT provides specialist mental health and learning disability services to in Leeds and across the Yorkshire and Humber region

## **Leeds Teaching Hospitals NHS Trust (LTHT)**

LTHT is one of the biggest NHS trusts in the country and offers a full range of specialist and general hospital services. The trust also acts as a centre for a number of specialist services such as cancer and cardiac services.

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

The Health and Social Care Act 2012 sets out specific obligations for the health system and its relationship with care and support services. It gives a duty to NHS England, clinical commissioning groups, Monitor and health and wellbeing boards to make it easier for health and social care services to work together. This will improve the quality of services and people's experiences of them.

## **NHS Choices**

NHS Choices is the online 'front door' to the NHS. It is the country's biggest health website and gives all the information you need to make choices about your health.

## **NHS England**

The main aim of NHS England is to improve the health outcomes for people in England. NHS England oversees the planning, delivery and day-to-day operation of the NHS in England as set out in the Health and Social care Act 2012.

## **Leeds City Council (LCC)**

Leeds City Council is responsible for providing a wide range of services to the people of Leeds. These services include social services, housing, rubbish collecting and youth services.

## **Multidisciplinary team**

A multidisciplinary team is a group of people made up of expert professionals from a variety of backgrounds who come together to provide a comprehensive service for patients.

## **Patient experience**

Describes a patient's experience of a medical condition, a medicine, a treatment or a service. This patient insight can, if gathered and used appropriately, form the basis of activities to improve patients' experience and the quality of care delivered – (re)designing or refining service delivery as appropriate.

## **Patient Opinion**

Patient Opinion was founded in 2005 and is an independent non-profit feedback platform for health services. Patient Opinion is about honest and meaningful conversations between patients and health services.

## **Primary care**

Many people's first point of contact with the NHS, around 90 per cent of patient interaction is with primary care services. In addition to GP practices, primary care covers dental practices, community pharmacies and high street optometrists.

## **Procurement**

NHS procurement is the buying of health goods or services at the best possible cost to meet the needs of our patients in terms of quality, quantity and location.

## **Providers**

These are the organisations or people who deliver NHS services, such as hospitals or community services.

## **Transforming participation in health and care**

New guidance from NHS England around duties to consult and engage. There are six key requirements for NHS commissioners.

## **Quality Accounts**

A Quality Account is a report about the quality of NHS services provided by an NHS healthcare provider. The reports are published annually by each provider and are available to the public.

## **Seldom heard groups**

The term 'seldom heard groups' or 'hard to reach groups' refers to under-represented people whose views are less likely to be heard by professionals. Many factors can contribute to people who are seldom heard. These include; disability, ethnicity, sensory impairments such as deafness, homelessness or mental health problems.

## **Specialised commissioning**

Specialised commissioning services are those provided in relatively few hospitals, accessed by comparatively small numbers of patients but with catchment populations of more than one million. These services tend to be located in specialist hospital trusts that can recruit staff with the appropriate expertise and enable them to develop their skills.

## **Stakeholder**

A stakeholder is a person, group or organisation that has a direct or indirect stake in the NHS because it can affect or be affected by NHS actions, objectives or policies.

## **Strategy**

A long term plan of action designed to achieve a specific goal.

## **Urgent care**

Urgent care is treatment for serious or life-threatening conditions.

# Introduction

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Over the last year, we have sought views about NHS services from those who live in Leeds. The Statement of Involvement provides an overview of the engagement activities that have taken place over the past year (from 1 April 2016 until 31 March 2017) and includes a summary of what people told us and what we did in response to hearing those views.

We have produced this document because we feel it is important to showcase how we have engaged with our population during the course of the year. It gives us the chance to show our responsiveness and accountability to our patients and we can use it to learn lessons about what more we can do.

The 'Statement of Involvement' covers engagement projects that the CCG has either completed between 1 April 2016 and 31 March 2017 or is continuing to work on. It answers the following questions about each consultation;

- Who did we consult with?
- What questions did we ask people?
- What did they tell us?
- What did we do with the information they gave us?

We have also provided details of where you can get more information about the engagement projects and services in this report.

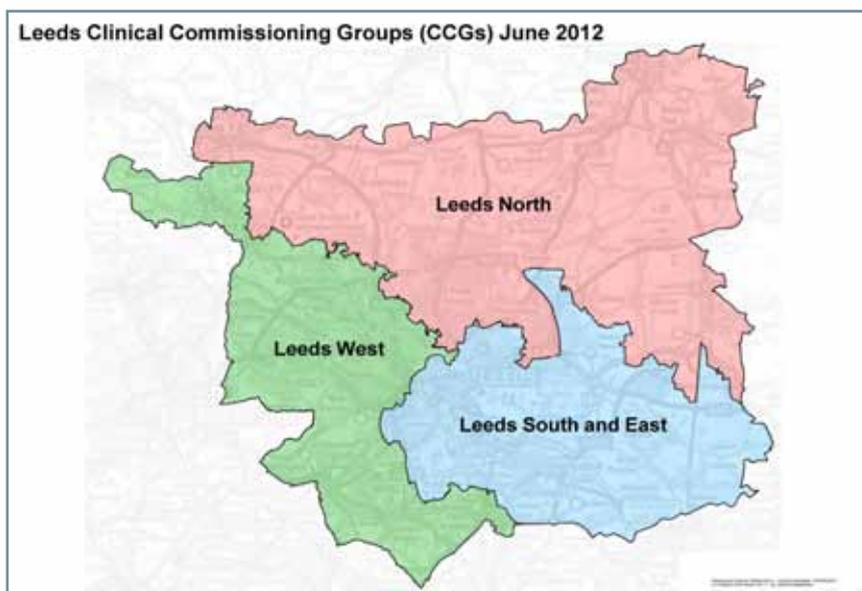
## How do we consult with people?

NHS Leeds CCGs Partnership uses different ways to engage with patients depending on who we are speaking to. Here are some of the ways we communicate with our patients:

- surveys
- questionnaires
- websites
- press releases
- interviews
- focus groups
- video

## The Leeds landscape

In Leeds, there are currently three statutory local CCGs: NHS Leeds North CCG, NHS Leeds South and East CCG and NHS Leeds West CCG. Over the last year we have been working on a project that we called 'One Voice' which was to bring all the teams in the CCGs to work much closer together. The CCGs have a shared leadership team and governance arrangements. They have now applied to NHS England to create a single clinical commissioning organisation for Leeds. We now know that this has been approved subject to meeting certain requirements.



The CCGs in Leeds are responsible for planning and buying most NHS services for patients including community services, mental health services and hospital care. These services can be bought from any provider in Leeds including Leeds Teaching Hospitals NHS Trust, Leeds and York Partnership NHS Foundation Trust, Leeds Community Healthcare NHS Trust as well as independent providers. All providers are subject to the same regulations and standards.

More recently we are now responsible along with NHS England in co-commissioning GP services.

The CCGs are not responsible for commissioning some specialist care services such as children's cardiac services, blood and marrow transplantation and renal services. These services are commissioned by the North of England Specialised Commissioning Group.

The CCGs are overseen by NHS England who will hold the CCGs to account for the quality of outcomes they achieve. NHS England also directly co-commissions services such as primary care.

The CCGs need to demonstrate to NHS England that they are working closely with patients. We do this by including information in our Annual Report and making sure that all relevant information is available on our website(s)

We continue to welcome your involvement in planning services. There are many opportunities for you to get involved with the NHS in Leeds. If you want more information about the services and consultations discussed in this report, or if you want to get involved with the CCG, for more information please telephone 0113 8431600 or email [leedssouthandeastccg@nhs.net](mailto:leedssouthandeastccg@nhs.net).

# Engagement Projects

April 2016 - March 2017

**NHS Leeds CCGs Partnership**

# Cow's milk intolerance

November 2015 - April 2016

NHS Leeds South and East Clinical Commissioning Group on behalf of the city has reviewed the pathway for people using the cow's milk intolerance service.

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## Who did we ask?

We engaged with people by accessing Leeds Teaching Hospitals NHS Trust (LTHT), and Leeds Community Healthcare NHS Trust (LCH) sites. An experience based design pathway tool was used to talk through people's experiences and feelings with them.

## What did we ask?

An Experience Based Design (EBD) method was used. EBD tracks how people feel at 'touch points' of their health pathway. A template of 'touch points' was created with a service user to ensure that every part of the health pathway is considered.

In total 19 people were engaged with. All of the engagement took place through LCH, either at their community venues or through their Mind the Milk Groups.

## What did we find out?

Survey findings were analysed. We found out that the point of entry into the cow's milk intolerance service seems to be the most problematic stage of the pathway. Patients frequently described not being listened to when they spoke to their GP, health visitor or staff member at A&E. There wasn't an expectation for the healthcare professional they saw to provide a direct solution for their child. They just wanted to be listened to and referred appropriately.

Once into the LCH service, patients were very satisfied with their experience. They felt like they were 'finally getting somewhere' and that they were being listened to. They spoke highly of appointments where they were able to talk through the concerns that they had about their child, and then leaving the appointment with a solution of what was going to be done to help their child. There was a pattern between patients being dissatisfied and leaving their appointment without a solution.

Although in its infancy, the 'Mind the Milk' group was highly regarded by patients as a place where they could access additional support. Peer support came alongside this, with patients finding reassurance in knowing other people share their concerns.

There was a feeling of worry which ran through the patients' responses, but this is to be expected when they have poorly and distressed children. This adds further to the need for prompt referrals into the appropriate service, general reassurance for parents, and being given a treatable diagnosis for their child.

## What did we do?

TARGET sessions have been organised with GPs on recognising cow's milk intolerance and advising them what is appropriate treatment and referral pathway. The session was delivered jointly by LTHT and LCH. Pathway guidance is now included on Leeds Health Pathways. We are exploring options with regard to city wide standardisation of formula prescribing and guidance has been clarified for GPs about what should be referred to the paediatric allergy service

## Where can you get more information about this work?

A full report of the findings can be accessed by contacting [hbutter@nhs.net](mailto:hbutter@nhs.net) or by contacting the lead commissioner Jane Mischenko at [jane.mischenko@nhs.net](mailto:jane.mischenko@nhs.net).

# Cancer survivorship

November 2015 - April 2016

The overall aim of the engagement was to investigate the need for a more holistic and long-term condition care approach for cancer patients living in South and East Leeds.

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## Who did we ask?

We asked people who had a lived experience of cancer whether they would find value in receiving an annual review and whether there are any unmet needs with regards to cancer survivorship and treatment.

140 patients living in the south and east area of Leeds were engaged with. They were either currently receiving cancer treatment, or had received it in the past year. Each patient completed a survey containing both open and closed questions. This was done with the support of a member of staff due to the sensitive nature of the project.

## What did we ask?

The questions asked patients about the nature of support received, whether this was enough support, degree to which other support services were signposted, whether patients had been to a review, its usefulness, which support services patients have accessed, whether they used the services for practical/emotional support and why patients have not accessed support services.

## What did we find out?

Patients were interested in attending a yearly review as it gave them the opportunity to have check-ups, be reassured, obtain support, alleviate worries and discuss any side effects from treatment. Those that had a review with their GP reported it to be a positive experience.

From those that stated they accessed support services, very few of them were referred by their GP. Patients obtained both practical and emotional support from the services. Despite the popularity, over half of the patients didn't access support services. Looking at the demographics of this group, correlations can be drawn based upon geographical deprivation, age, caring responsibilities and disability. However, there were some patients who didn't feel they needed to access support, or received enough support from their friends and/or family. Patients would like more support regarding their finances, having an accessible GP and continuity in GP support (such as seeing the same GP) and obtaining third party support who individuals can talk to.

## What did we do?

The results from the Cancer Survivorship and Treatment report has added to the evidence and knowledge of what support local patient's affected with cancer require after their treatment has ended. It has assisted the development of a vision for Leeds to transform the approach people living with and beyond cancer receive. Furthermore, it will help to shape services covering initial diagnosis to remission following treatment particularly the development of a cancer care review pilot to improve the support patients receive in primary care.

## Where can you get more information about this work?

For more information, please contact Helen Butters at [hbutters@nhs.net](mailto:hbutters@nhs.net).

# Emotional mental health for children and young people

1 April 16 - ongoing

Current service provision for emotional help support for young people is complex and access to the various agencies and services is fragmented. The development of a website called MindMate was felt to be the answer. NHS Leeds South and East CCG is leading on this piece of work on behalf of the city.

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## Who did we ask?

We have spoken to, and are continuing to engage with, a diverse group of children and young people who have a range of experiences around accessing mental health services in Leeds. These include service users, looked after children, parents and carers using a number of different engagement methods.

## What did we ask?

We asked for young people, carers and parents to help design, implement, monitor and evaluate the MindMate website.

## What did we find out and do?

As part of the continuing work around the MindMate website from 1 April the following work has been undertaken with young people.

- Testing a new interactive game workshop. This was a chance for young people (16-21) to give feedback on two games – Stresspot and Find your MindMate – the feedback will inform the next stage of the design.
- Young people (16 – 21) explored “what does good look like” on MindMate when you turn 18, what would be helpful for 16 plus. Information was fed back into the transition work stream and MindMate planning to inform research on peer support models
- There is a Young Person Approval Panel with the aim of approving documents for professional resources. The panel has reviewed 35 documents with updates in line with young people feedback. Resources now include “what young people say about this resource” element
- Shout Out Group (5 young people) delivered feedback on pages relating to stigma.
- The Local Transformation Plan has been re-written, and summarised for a young audience with the help of a young advisor. This has resulted in a young person friendly document which will be available on line.
- University students have been consulted to inform the content “so you’re going to Uni?” on the MindMate area.

- The MindMate Me tool has been tested with young people to inform the next stages of development. The Market Place film content has also been tested to ensure the feedback informs development of the animated film.
- Young people tested issue pages and MindMate games. They gave detailed feedback on back log of issue pages on MindMate. Approval process for all issues pages have now been completed and adjusted. The group also influenced the “Find your MindMates” and “MindMate Me’ games before launch.
- A group of young people (16 plus) worked on the proposed new content for young adults pages for MindMate. The group re-wrote, updated, changed wording, approved or rejected suggested links and changed design.
- A health needs assessment focus group was consulted about experience of mental health, support and service provision in Leeds. Different group were involved which included a Muslim Youth Forum group, gypsy and travellers and transtastic. Feedback will feed into the health needs assessment report.
- Young people were consulted on the MindMate pages on drink and drugs to ensure it is fit for purpose.
- A FaceBook youth panel were consulted about a bereavement leaflet for professionals. Comments were shared with Public Health before going to the designer.

## Where can you get more information about this work?

This work is currently on-going and more information can be accessed by contacting Helen Butters at [hbutters@nhs.net](mailto:hbutters@nhs.net).

# Care homes scheme

April 2016

The NHS in Leeds is committed to providing you and your family with the best possible care. We are working closely with care homes to improve access to healthcare for people living in residential and nursing care homes. We are running a number of pilot schemes to look at different approaches to providing care for people living in care homes. The aim of the schemes is to improve the experience of care for residential and nursing home residents.

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## Who did we ask?

NHS Leeds West CCG on behalf of the city carried out a short semi-structured questionnaire with patients and staff. We spoke to 76 residents, nine visitors, five care home managers and two staff in 18 care homes in Leeds.

## What did we ask?

We asked people to tell us their experience of accessing GPs, practice nurses and pharmacists in their care home.

## What did we find out?

Many people were not aware of the pilot scheme to improve access to primary care services in their care home. Some residents felt that more routine visits from a GP or practice nurse would be beneficial.

Around a third of residents and half of visitors said that they didn't feel the GP or practice nurse involved them in the planning of their care. One third of residents said that a GP or practice nurse had spoken to them about their medicines. Around half of the visitors said that they wanted to speak to someone about the resident's medicines, especially when changes were being made to them.

Very few residents suggested that they had received a visit from a member of the community therapy team. Some residents however, spoke about physiotherapists, dietitians and speech therapists. Of those who had received a visit from a member of the community therapy team, most had noticed an improvement in their health and wellbeing. Similarly, the majority of visitors said that they had noticed an improvement in the resident since receiving visits from the community therapy team.

Care home staff felt that the scheme was making a difference. Staff reported finding it easier to get a GP, practice nurse or member of the community therapy team into the care home to see a resident.

## **What did we do?**

Feedback has been shared with commissioners.

## **Where can you get more information about this work?**

You can read more about this project and how we are using patient feedback to develop our work here: <https://www.leedswestccg.nhs.uk/get-involved/we-need-your-views/care-home-scheme-survey/>.

# Non-therapeutic circumcision service

April 2016

In line with the rest of the country the CCGs in Leeds decided to stop using NHS money to pay for a small number of non-medical male circumcisions, so that the money can be used to support other health services. Circumcisions for medical reasons will still be funded and available in Leeds. In Leeds, we were the only city in the country that continued to provide non-medical circumcision for male children as an NHS service. The service carried out around 380 circumcisions each year. The service was used by people of different ethnicities, with people from the African and Pakistani community most likely to use the NHS service. While non-medical circumcisions on males are carried out in Leeds, the vast majority of these are undertaken privately. NHS Leeds West CCG led on this piece of work on behalf of the city.

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## Who did we ask?

We developed an engagement plan for the project and shared this with our Patient Assurance Group (PAG). We drafted a patient information leaflet based on a similar project in Sheffield that had used patient feedback to shape the publication. The leaflet explained that we would be stopping this non-therapeutic service. We shared a draft of the leaflet with a range of voluntary sector organisations who worked with communities in Leeds most likely to be affected by the change. We also shared a draft leaflet with our PAG members.

## What did we ask?

We asked local voluntary sector organisations including Leeds faiths forum, Leeds grand mosque, Hamara and Leeds Asylum Seekers Support Network (LASSN) to share their thoughts on the patient leaflet.

## What did we find out?

We received limited feedback on the leaflet. One person contacted us to say that they did not agree with the change. Our PAG members told us that the leaflet should make it clear that parents can take their child to A&E if there are emergency complications following a private circumcision.

## What did we do?

We used feedback to shape the final version of the leaflet. Our commissioning team contacted the person who was concerned about the change to explain the reasons in detail. We highlighted that parents should use A&E if there are serious complications following a private circumcision.

## Where can you get more information about this work?

You can read more information about this project here: <https://www.leedswestccg.nhs.uk/get-involved/we-need-your-views/non-therapeutic-circumcision-service/>.

# Urgent care services

April 2016 - ongoing

NHS Leeds North CCG carried out city wide engagement on people's experience of urgent care services in Leeds, including the Shakespeare walk-in centre. This provided useful insight for the urgent care team as they propose future models of urgent care delivery as part of the Leeds Plan.

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## Who did we ask?

In total we engaged with over 4000 patients via GP surgeries, community groups and events, local libraries and supermarkets. We also carried out focus groups with hard to reach groups, such as BAME communities.

## What did we ask?

Patients were asked if they had accessed urgent care services in Leeds in the past twelve months. Of the people engaged with, 1239 patients hadn't accessed them before, and 830 had. Those that hadn't were then asked a series of questions about what would encourage them to access urgent care services, and what they would consider to be important. Those that had also answered questions about what encouraged them to access urgent care services and what they considered to be important, as well as questions about their general experience.

## What did we find out?

The GP practice (31%) was the most common place for patients to seek urgent care for the pre-defined conditions. 17% said that they would go to a minor injury unit. 16% said that they would take care of themselves/patient/child.

- The most common reason for patients to access a GP practice was for a chest infection, this was followed by infection. This tallies with patients stating the most common reason for accessing a GP out-of-hours service was either a chest infection or an infection.
- The most common reason for patients to access a minor injury unit was for a leg injury, followed by an arm injury. Again, this tallies with patients stating that the most common reason for accessing a minor injury unit was either a leg injury or an arm injury.
- The most common reason for patients to take care of themselves/patient/child was for a cough or a sore throat.
- 30% of patients stated that the last time they had an urgent care need, they went to their GP practice. 21% visited a minor injury unit. 15% said that went to A&E. There were no equality patterns relating to A&E attendance.
- Out of the total number of patients completing the survey, 60% hadn't accessed urgent care services. 52% of these patients felt that needing urgent care services would lead

them to access them, 49% said being advised by 111, 38% said being advised by a healthcare professional and 38% said feeling that they needed emergency care.

## **What did we do?**

All of the information collected during the urgent care involvement has been used by the urgent care commissioners to help inform the development of the future model of urgent care services in Leeds.

## **Where can you get more information about this work?**

For a copy of the full findings please contact Helen Butters at [hbutter@nhs.net](mailto:hbutter@nhs.net).

# Three Things

## April 2016 - July 2016

During 2016 we asked people in north Leeds to tell us 'three things' about local NHS services.

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### Who did we ask?

The local population of north Leeds.

### What did we ask?

People were asked to tell us three things about local NHS services. That could be things they liked; things they didn't like; things that are priorities for them; and things they would like to change.

### What did we find out?

There was a variety of responses, as access and experience of healthcare services is a subjective matter. However, there were several areas of consensus pulled out which show clear healthcare priorities for patients.

Appointments, particularly in GP practices was the largest theme, attracting over 1000 responses. Patients were satisfied when they could have appointments quickly, but shared concerns about inefficient booking systems and waiting times, particularly in relation to children and older people.

Awareness was an issue in several areas. There were suggestions that patients weren't aware of urgent care services, and this led to the misuse of emergency care services. There were also suggestions that professionals and the public alike should receive training around specialist healthcare needs. For example, dementia and health lifestyle choices. Awareness of mental health needs was also discussed with the hope that it would encourage people to talk about it thus overcoming stigma.

There was a lot of concern for poor access into mental health services, particularly for young people. Also, concerns about the elderly and disabled, and the standard of care that they receive. For all these patient groups, continuity of care and health professionals were considered to be important.

### What did we do?

All of the information collected during the 'Three Things' involvement was shared with the relevant commissioners and has helped to inform them as they continue the ongoing work of commissioning. The primary care comments in particular, relating to appointments and access, were considered by the primary care team in the development of the 'GP Forward View', a strategy for the future of GP services in the city.

## Where can you get more information about this work?

<https://www.leedsnorthccg.nhs.uk/publications/leeds-north-ccg-three-things-report-july-2017/>.

# York Street procurement

June 2015 - July 2016

NHS Leeds South and East CCG needed to re-procure the York Street Health Practice in Leeds which is a service established for patients that are:

- Homeless or in emergency accommodation;
- an asylum seeker or refugee.

The York Street Health Practice is a GP practice for people that have difficulty accessing mainstream health provision. Its main focus is to provide care to people that often have complex needs due to circumstances outside their control. This can be a sensitive and high profile service area.

The aim of the engagement process was to gather views of the services that were delivered as part of York Street Health Practice. The views gathered were to be used to identify the future provision of these services.

By talking directly to service users the CCG was committed to ensuring that relevant stakeholders were informed and had an opportunity to influence changes to the way services were provided or delivered.

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## Who did we ask?

We asked patients who were registered at the practice: this included those who were homeless and also asylum seekers and refugees. We also asked professionals working with these patients for their experience of referring to and liaising with York Street Health Practice.

## What did we ask?

We asked patients and professionals to tell us their experience of York Street Health Practice.

## What did we find out?

- 91% of patients felt it was very easy or easy to get an appointment. Of the seven patients who thought it was ok, a couple suggested they would like to see more appointments in the morning.
- Whilst 94% of patients felt safe, this was a concern for 6% of patients. This was reflected in the worker survey where comments were made about the suitability of the waiting room for children.
- 96% of patients were able to make themselves understood to staff, of the three patients who replied negatively, two were White British and one was a Refugee.

- Staff at York Street Health Practice were praised for their friendliness (98%) and listening skills (95%). This is reflected in the worker survey with 100% praise for the staff at the practice.
- 87% of patients felt involved in decisions about their health & care, whilst 89% felt the GP/nurse explained their care and treatment.

## What did we do?

We listened to service users and support workers in the relevant voluntary and statutory sector to understand what the specification would mean to current service users. We wanted to ensure that they had an opportunity to have their say. An asset-based engagement approach would be used.

The CCG primary care team went through a formal procurement process which used the responses received from patients and other stakeholders to inform the service specification. A patient representative who had experienced homelessness was a member of the procurement panel.

## Where can you get more information about this work?

A copy of the full report which includes all the feedback we had from patients and stakeholders, can be found at this link: [www.leedssoutheastccg.nhs.uk/content/uploads/2017/04/York-Street-Report-July-2016-v-2.pdf](http://www.leedssoutheastccg.nhs.uk/content/uploads/2017/04/York-Street-Report-July-2016-v-2.pdf).

# Primary Care Strategy

June 2016 - July 2016

NHS Leeds South and East CCG wanted to identify a vision for general practice to meet the needs of its local population. With the national focus on transforming the NHS and general practice, GPs are under pressure to deliver services within their local communities, ensuring fewer admissions to hospital and A&E. With increasing financial pressures and added accommodation and workforce challenges, the CCG wanted to ensure that future planning for primary care was shaped by input from a range of stakeholders, including members of the public and patients.

30 GP surgeries in Leeds have come together to form a federation to work for the benefit of all helping drive them to collaborate and be represented in the health economy. While in its infancy it is working on a number of schemes to support local practices. A workshop was held on 15 June 2016 to provide input to the primary care strategy.

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## Who did we ask?

We asked a range of stakeholders, including patients/members of the public, councillors, GPs, practice managers, the voluntary sector, and representatives from secondary care (Leeds Community Healthcare NHS Trust, Leeds Teaching Hospitals NHS Trust), Healthwatch Leeds? and social care.

## What did we ask?

We had a number of table top discussions, which looked at the themes arising out of previous work undertaken relating to primary care, and which we knew had been raised as issues of concern. These were:

- Friendly, approachable staff
- Using resources effectively (GPs and nurses)
- Accessing the practice - making appointments
- Accessing the practice - buildings and location
- Self-care - looking after yourself/long term conditions
- Managing medicines

## What did we find out?

The most valued element of the GP practice for patients is the manner of the staff working there. This came up four times in the analysis, 'good staff' (73 respondents, 20%), 'good doctors' (55 respondents, 15%), 'good reception staff' (15 respondents, 4%) and 'good nurses' (5 respondents, 1%). In total, this equates to 40% of the overall sample of 373 responses. The characteristics that respondents considered to be important were: listening (particularly doctors), being friendly (particularly reception staff) and caring.

The next valued element was being able to get appointments quickly. Respondents either wanted to be seen the same day, or the following day. However, when it came to their children/babies it was important for them to be seen the same day. As well as this, opening times were valued, allowing patients to fit their health needs around their working lives. Online, straightforward booking systems and walk-in clinics to support this flexibility were also valued.

The location of the GP practice was also valued, as well as convenient parking. This allowed patients to access their GP practice quickly and easily from their home.

## **What did we do?**

As a consequence of the workshop, a primary care strategy was developed using the feedback from patients and the public and stakeholders

## **Where can you get more information about this work?**

A copy of the full report from the workshop is included on our NHS Leeds South and East CCG website – see link: [www.leedssouthandeastccg.nhs.uk/content/uploads/2017/07/General-Practice-Workshop-feedback-report-v-2.pdf](http://www.leedssouthandeastccg.nhs.uk/content/uploads/2017/07/General-Practice-Workshop-feedback-report-v-2.pdf).

# Patient Participation Group engagement

July 2016 - November 2016

To enable our PPGs to be as effective as possible, NHS Leeds North CCG asked Healthwatch Leeds to carry out some independent research to find out what works well in our PPGs and where more support may be helpful for them. A workshop was held on 15 June 2016 to provide input to the primary care strategy.

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## Who did we ask?

Staff and patients at GP practices in Leeds North

## What did we ask?

Healthwatch conducted 52 face to face or telephone interviews with staff and patients between August and November 2016. They spoke to 8 staff that co-ordinate the PPGs in the selected practices; 11 PPG members and 32 patients across these surgeries. The area operation manager of One Medical Group also took part.

## What did we find out?

Healthwatch produced a report outlining the feedback and recommendations which included that:

- PPGs should have a clear purpose
- Meetings should be accessible
- Practices should demonstrate how they have responded to PPG feedback
- Information should be available to patients who are interested in joining the group
- Support should be available for PPG members across the city

The report acknowledged that much of this work was already happening but that PPG members were often not aware of what was available. We are currently carrying out the following actions in response to the feedback:

- Sharing details of existing resources with GP practices across the city
- Encouraging all PPG members to sign up to the CCG patient network so that they have access to information on engagement activities
- Encouraging PPG members and staff to attend the CCG patient training on PPGs (these sessions run three times a year)

- Encouraging PPG members to attend the monthly peer support group so that they can support each other and share good practice

## **What did we do?**

We developed a PPG leaflet that will be available to all GP practices

## **Where can you get more information about this work?**

You can contact Helen Butters at [hbutters@nhs.net](mailto:hbutters@nhs.net).

# Perinatal mental health

July 2016 - April 2017

NHS Leeds South and East CCG on behalf of the city focused on improving the perinatal mental health offer for women in Leeds. The aim of the perinatal mental health (PHMH) project was to develop services that support the emotional and mental wellbeing of women who are pregnant and ensure that those who experience any emotional problems during or after their pregnancy are well supported and offered the best care, in line with the Leeds Maternity Strategy, 2015.

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## Who did we ask?

We talked with women who had lived experience of needing both emotional and mental health support during their pregnancy to design the survey. The survey was designed to be completed by pregnant women and their partners during pregnancy and the first year after birth.

## What did we ask?

In total 131 surveys were completed. The surveys contained both open and closed questions, which encouraged respondents to open up about their experiences of accessing support, and also where they accessed support from.

## What did we find out?

Feedback about emotional support services was generally positive; it was access into them that was problematic. Healthcare professionals being approachable and available, with emotional health being considered as important as the health of the baby and the physical health of the mother was considered to be important. It is also important for emotional health to be asked after, as it encourages people to speak about it.

Another important area was peer support. Friends and family were both cited as emotional support sources. Groups at children's centres and other community spaces also provided peer support; as they gave new mothers the chance meet other new mothers and share information and advice. They also encouraged honest conversations about the difficulties that they were experiencing.

## What did we do?

- The feedback from the survey has been shared with the organisations and professions involved and will be incorporated into their plans and training of staff, in particular the importance of a supportive attitude and manner when talking with women about their emotional health.

- The PNMH project is working closely with other areas of work that are taking place under the maternity strategy. The service user feedback about the importance of midwives and health visitor consistency is being fed into this work. Outcomes of this work include changes in the way that community midwifery is organised, which are being introduced in early 2017. This will improve consistency of midwifery care, so that women see the same or a much smaller number of midwives throughout their pregnancy and after, enabling them to develop a much stronger relationship.
- Part of our work is addressing the issues of stigma around mental health problems in pregnancy and early parenthood. We are developing training resources for staff and for parents, to ensure everyone understands that this is a common problem and not something to hide.
- Leeds Mental Health services have developed an internet resource called MindWell (<https://www.mindwell-leeds.org.uk>), to help people to find information about mental health problems and the services and support that are available. We are developing a specific section of this site for perinatal mental health. This will give information about the sort of problems that people may experience; self help strategies and information about what services are available and how to access them. It will emphasise the importance of seeking help and that this is not something to be afraid or ashamed of. There will also be information for friends and family and professionals on this site. We are also making sure that there will be information on the Baby Buddy app. and about where to go for help with emotional health problems.
- The importance of emotional support and practical help was a theme that came from the survey. The project will continue to work with the council and voluntary sector to try to ensure that their services which meet these needs are supported enable them to continue to offer this support across the city.
- We have produced a 'Pathway' for all professionals and organisations that are involved in the delivery of care to pregnancy women and new parents. This will guide them in ensuring that women needing emotional health support are identified early and the help that they should receive and how to access it is clear. This is being introduced in early 2017 and will be closely monitored to ensure it is working.
- We have established a small group of women who have experienced some emotional health problems in pregnancy and as new parents, and who volunteered from the survey, to help to guide our work over the next year, as we develop these services.

## Where can you get more information about this work?

For a copy of the full engagement report please contact Helen Butters at [hbutters@nhs.net](mailto:hbutters@nhs.net).

# Maternity learning disabilities

July 2016 - March 2017

The Leeds Maternity Strategy 2015-2020 has 9 priority work streams. Priority 7 “Targeted Support” states that during 2015/16 development of specific support for women with learning disabilities/difficulties (LD) will commence. It was recognised that women with LD can face significant barriers to accessing NHS services, which can contribute to them being less likely to use services, and more likely to access maternity care later in pregnancy.

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## Who did we ask?

It was essential that women’s voices and experiences with LD assisted in the co-production of a pathway.

## What did we ask?

Questions were formulated to allow for women to tell their story, with specific prompts around areas such as access, support and suggestions for what may have improved their experience.

## What did we find out?

The following themes were identified following the interviews and have been woven into the final pathway:

- One point of contact throughout the process
- Buddy scheme – with a parent who does not have a learning disability
- Parenting classes – recommending and explaining parenting classes that cater for this group of parents
- Provide training of how to work with parents with a learning disability (both midwives and social workers).
- Communication – many parents struggle with literacy/comprehension
- Honesty – professionals being open and honest regarding assessments.

## What did we do?

A learning disability champion day with staff has taken place where champions have shared knowledge. A total of 60 champions have been recruited and community midwives will be trained from January. All the women interviewed expressed an interest on being involved further with the draft pathway

## Where can you get more information about this work?

A full report of the findings can be accessed by contacting [hbatters@nhs.net](mailto:hbatters@nhs.net) or by contacting the lead commissioner Dr Jane Mischenko, at [jane.mischenko@nhs.net](mailto:jane.mischenko@nhs.net).

# Armley Community Wellbeing Partnership Engagement

August 2016

The NHS, Leeds City Council and the voluntary sector services who work in west Leeds are planning to develop a new way of providing health and care services in the Armley area. Our aim is to improve the health and wellbeing of the local population.

We want to do this by making sure that the separate services work better together as one team in local communities. We also want to make sure that local front line workers, together with local people, decide on the health and wellbeing priorities for their community.

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## Who did we ask?

NHS Leeds West CCG on behalf of the city spoke to 250 people who live in Armley.

It is important to note that this is not a representative sample, as particular groups were targeted through charities and services in the area in order to ensure we spoke to those considered 'difficult to engage'. This means that the data should not be extrapolated to represent the whole community.

## What did we ask?

We asked people to share their views on living a healthy lifestyle, being part of a community and long term health conditions.

## What did we find out?

Most people felt that they were able to live a healthy lifestyle but said that mental health, a lack of healthy food available locally and external factors, like finance, were sometimes barriers. Over half of the people we spoke to did feel part of their community. However, they mentioned that mental health, diversity and safety issues sometimes stopped them getting involved. In fact almost a quarter of the people we spoke to said they were affected by mental health issues. Many people valued the support they had received from community centres in the area, such as Stocks Hill and the New Wortley Community Centre, but people felt more needed to be done to share information about local projects and opportunities.

## What did we do?

We are using the feedback from local people to shape the way we plan and deliver services in Armley. Over the last year we have employed two new mental health workers within GP practices in Armley who have already seen over 150 people.

## Where can you get more information about this work?

You can read more about this project and how we are using patient feedback to develop our work here: <https://www.leedswestccg.nhs.uk/get-involved/we-need-your-views/west-leeds-community-wellbeing-partnership/>.

# Children's Takeover Day

November 2016

Takeover is a fun, hugely successful and exciting engagement project which sees organisations across England opening their doors to children and young people to take over adult roles. It puts children and young people in decision-making positions and encourages organisations and businesses to hear their views.

## Who did we ask?

This year Danielle Clarkson from Elliott Hudson College took over NHS Leeds South and East CCG.

## What did she do?

Danielle visited Garforth Neighbourhood Elders Team (NET) with the engagement team as part of our #3things project. She interviewed people at the community group asking them what three things they could do to help the NHS: she also photographed them. Back in the office she teamed the photographs with the text for each person, edited it and wrote a report. They were later added to our social media platforms.



Danielle also took over the Governing Body meeting (picture above). The CCG really enjoyed having Danielle for the day; we benefit from hearing the views from a young person's fresh perspective and hopefully Danielle gained an insight into the world of the NHS. We also visited Danielle in her school this year to gain the views of her peers around the #3things project.

## Where can you get more information about this work?

More information can be requested by contacting Helen Butters at [hbutters@nhs.net](mailto:hbutters@nhs.net).

# #3things project November 2016

## January 2017

As part of the CCG commissioning intention process, the engagement team at NHS Leeds South and East CCG, recently asked our local population what three things they could do to help improve the NHS. We decided to ask this question as it was something that we had never asked before and we felt it could be a positive way of encouraging people to start thinking and taking responsibility for their own health.

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### Who did we ask?

We talked to 1116 people in the Leeds South and East population.

### What did we ask?

We designed postcards with space for people to write their three things as well as information to sign them up to our engagement database. As well as speaking to 1116 people we also photographed around 26 people to give the project a “face”: these images can be seen via our social media platform. The images and text were shot in the style of the social medium “Humans of Leeds”. We felt that this style was simple and powerful. We visited a number of support groups, schools, and community groups to involve a diverse group of people in the project as well as using our standard engagement mechanisms.

### What did we find out?

From the question “What three things could you do to help improved the NHS?” below are the key findings and recommendations.

- The most common response that came from respondents was fitness, with 318 comments being made about this. Respondents identified various ways in which they could improve their fitness. This ranged from accessing a gym to walking more. Although this wasn't found within the form analysis, there were patterns in the interviews which suggested that students and young people were more likely to access the gym, and older respondents were more likely to walk and try other means of fitness.
- The next response made particular reference to the appropriate use of NHS services. 300 comments were made about this. In particular reference was made to not seeing the GP for minor conditions, and using A&E only when necessary.
- The third most common response focused on diet, with 298 respondents giving this response. Their comments included generally improving their diet, cutting down on sugar, eating less junk food and fatty foods and making an effort to eat more fresh fruit and vegetables. Specific reference was made to improving diet for health reasons by those living with long-term health conditions or disabilities.

## What did we do?

From the findings it can be seen that people have good intentions about cutting down their access into NHS services by improving their health and wellbeing. However, there may not always be the awareness about the support that is available to do this. It is suggested that further promotion of existing health and wellbeing programmes. Consideration could also be made in ensuring that there are accessible exercise programmes available, for example chair-based exercise.

In order to support this commitment from people, a checklist could be devised where people tick off when they have done a certain amount of exercise or eaten their five a day for example. This will support them along their health and wellbeing improvement journey, and the ownership of their own health.

The images are currently displayed around the CCG building so commissioners are continually reminded of what matters to people and what they can do themselves to help improve their own health and the NHS. We have also put the images and comments onto roll-up banners and will display them around the community via GP surgeries. The full report has also been shared with commissioners. Due to the success of the project we are now going to roll this initiative out city wide.

Our ambition is that this project is replicated nationally for the reasons detailed below:

- Promotes the national self-management agenda
- With people living longer and worries around managing the nation's health and doing more for less, this project has got people thinking about healthy living and how they can reduce using NHS services.
- The initiative has challenged people to think themselves about what would work for them: by doing so they are more likely to follow this through – nobody likes being told what to do!
- It is a simple fun and powerful initiative which has a good chance of catching the public's attention.

## Where can you get more information about this work?

For more information and copy of the full report please contact Helen Butters at [hbutters@nhs.net](mailto:hbutters@nhs.net).

# Whinmoor Surgery closure

December 2016 - February 2017

The single-handed practice of Whinmoor Surgery terminated its contract with the CCG on 31 March 2016. The 1,970 patients registered with Whinmoor Surgery were able to choose to access the service at either Ashfield Medical Centre or Park Edge Surgery under a contractual arrangement as determined and agreed by NHS England and NHS Leeds South and East CCG. As of September 2016, 800 patients were still registered with Whinmoor Surgery, and of these only 120 contacts per month were recorded. The remaining patients had moved on to register at four practices. A period of engagement with the 800 remaining Whinmoor Surgery patients was undertaken to understand why they had chosen not to formally register with a new practice, and the implications either of the above options may have for them. It was proposed that the results of the subsequent engagement report would determine the best way forward with regard to either registration at Ashfield or Park Edge, or dispersal.

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## Who did we ask?

We asked all patients still registered at Whinmoor Surgery to complete the survey.

We also asked other stakeholders including local councillors, GP practice managers, the local voluntary sector, and local pharmacists.

## What did we ask?

A letter was sent out to each of the Whinmoor Surgery patients, with an attached survey, which patients could complete online, or in paper format for return. We asked patients how often they attend their practice, their condition and how they would rate the current service.

We asked stakeholders their views on the closure of the surgery.

## What did we find out?

The survey findings were mixed in terms of patient responses. There didn't appear to be any one GP practice that was considered more favourably than the others. The most popular GP practice in terms of patient satisfaction with care, and how staff treated them was the Grange Medical Centre, however further comments highlighted issues with the booking system. However, as The Grange Medical Practice had the highest amount of patient attendees who responded to the survey, it was expected that their quantitative feedback would be higher. When percentages were investigated, there wasn't much difference between The Grange Medical Practice and the other GP practices.

The two main areas of concern for patients were; long waiting times until they could actually get an appointment at their chosen GP practice, and disruption to continuous care for those living with long term health conditions.

The main concern for the professionals surveyed was a lack of resources at the GP practices where patients were choosing to register instead of Whinmoor Surgery.

## **What did we do?**

We have used the findings from the survey to feed into our overall strategy for primary care, ensuring that comments made are incorporated into the development of new or existing services.

## **Where can you get more information about this work?**

A copy of the full report which includes all the feedback we had from patients and stakeholders, can be found at this link: [www.leedssouthandeastccg.nhs.uk/content/uploads/2017/04/Whinmoor-GP-Practice-Report-v-1.pdf](http://www.leedssouthandeastccg.nhs.uk/content/uploads/2017/04/Whinmoor-GP-Practice-Report-v-1.pdf).

# Expert Patient Programme

January 2017 - March 2017

Commissioners recently reviewed the Expert Patient Programme (EPP). The EPP is currently provided by Leeds Community Health Trust (LCHT). Engagement has been carried out with staff and managers from LCHT as the EPP is going to be decommissioned. Commissioners feel the programme is outdated and is in need of a refresh and a new approach. Currently the EPP is a high quality disease specific service which only caters for a small number of patients.

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## Who did we ask?

Patients who currently use or have used the EPP service.

## What did we ask?

We carried out 40 telephone survey interviews with patients who had accessed the Expert Patient Programme. Questions focused on:

- General experience of the EPP course
- Practicalities surrounding the EPP course e.g. venue, location, times
- Flexibility of future courses
- What worked well about the EPP course
- What improvements could be made to the EPP course

An interview was also conducted with one tutor who wasn't able to attend to the focus group. Both focused on the above five areas as well as:

- What led patients to become tutors
- Tutor experience
- Future plans for the courses

## What did we find out?

The Expert Patient Programme (EPP) was highly regarded by those who attended it, and taught on it. There were numerous quotes left by patients and tutors alike about how it had improved their lives, and their ability to live with their long-term health condition/s (LTCs).

The value came from the following areas:

- The peer support of being with other people who are living with long-term health conditions (LTCs). There were concerns highlighted about it just being a place where people would complain, but it was in fact very solution-driven.

- The fact that the courses are led by tutors who have lived experience, and have actually been on the EPP as a patient themselves. This made them relatable, and also gave the tutors the opportunity to be themselves when teaching the course.
- How informative the EPP was for patients, this not only came from what the tutors taught them, but also from the other patients on the course. Healthcare professionals attending classes, and information being provided by other organisations also contributed to this.
- How good it was for patients to get out of the house, and do something despite living with an LTC. Many of the patients spoken to were experiencing isolation before attending the course.

The overall benefit to their lives, and how the EPP taught them to better manage and live with their LTC.

## What did we do?

We have used the findings from the survey to feed into our overall strategy for educational programmes for people with long term conditions.

## Where can you get more information about this work?

A copy of the full report can be accessed by contacting Helen Butters at [hbutters@nhs.net](mailto:hbutters@nhs.net).

# Changing the way we prescribe in Leeds

March 17 - July 17

The CCGs have a duty to make sure we spend our budget wisely and in the most cost effective way. If we review how we spend money we have the chance to look at how we can use it better, to pay for newer treatments and support other services.

What are we proposing to change?

- To not routinely prescribe gluten-free foods.
- To not routinely prescribe branded medicines when a non-branded (generic) alternative is available unless there is a medical reason.
- To not routinely fund a range of “over the counter” medicines on prescription.

Ultimately, the GP will work with patients to make the final decision about their medication, using official and recommended guidelines. They will take into account people’s individual circumstances and condition to make an informed decision. This will ensure that people receive the best and most effective care, whilst also helping the NHS be more efficient.

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## Who did we ask?

NHS Leeds West CCG on behalf of the city spoke to a wide range of patients, carers, members of the public, local voluntary sector services and staff. We are using a survey to understand people’s views about these proposed changes. We have also commissioned Voluntary Action Leeds to carry out focus group work with groups considered to be ‘seldom-heard’ or who may be most affected by this change.

## What did we ask?

We asked people to share their thoughts on the proposed changes. We asked people to indicate to what extent they agreed with the aforementioned proposals and share their thoughts on each proposal to help explain their position. We also asked respondents to indicate which items they feel should be available on prescription when referring to the ‘over-the-counter’ medicines section.

## Where can you get more information about this work?

You can read more about our prescribing engagement here: <https://www.leedswestccg.nhs.uk/get-involved/we-need-your-views/prescribing-changes-across-leeds/>.

# Engagement planned 2017/18

# Continuing care

1 April 2017 - ongoing

NHS continuing healthcare is an individual package of care that is arranged and funded solely by the NHS. NHS funded nursing care is an NHS contribution towards the cost of an individual's registered nursing care. To find out whether you are entitled to either of the above, you should be assessed to see if your care needs fulfil the eligibility criteria for NHS continuing healthcare. If you are not eligible for NHS continuing healthcare, the process should provide sufficient information to gauge your need for nursing care in residential accommodation. The first phase of the engagement project is to find out people's experience of their initial assessment. There is no change planned to the service.

The aim of the engagement is to ensure that the assessment process (not the decision) is meeting the needs of the individuals.

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## Who will we ask?

Parents, patients and carers who have used the service.

## What will we ask?

The aim of the engagement is to ask the patients what they thought of the assessment process. We need to ensure that we are clear that there are parts of the assessment process which we cannot change, such as the form that is used and the decision support tool, because these have to be used for everyone. What people can influence is the actual experience of the assessment process. We are aiming to talk to people before they are informed of the decision. If this is not possible we will make a note of this so this information can be analysed as this could skew people's feedback

## Where can you get more information about this work?

More information can be requested by contacting Helen Butters at [hbutters@nhs.net](mailto:hbutters@nhs.net).

# End of life (night sitting service)

1 April 2017 - June 2017

Leeds Community Healthcare NHS Trust currently delivers the End of Life night sitting service and subcontracts to a number of other providers. A recent service review carried out on the Neighbourhood Nights Service (the nursing team who visit patients overnight if near the end of your life) has revealed the need to look at how these services are contracted in order to simplify things and improve the patient experience and contract arrangements. We are seeking the views of our families and carers, GPs and service providers to gain an insight into the experiences of the service and ideas for improvement.

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## Who will we ask?

Patients and carers who have used the service.

## What will we ask?

We will be gathering experiences of the night sitting service itself and will be focusing on the actual experience of the night sitting service and ensuring that it is as patient-centred as possible.

## Where can you get more information about this work?

More information can be requested by contacting Helen Butters at [hbutters@nhs.net](mailto:hbutters@nhs.net).

# Young parents support

September 2016 - ongoing

The Maternity Strategy for Leeds 2015-2020 was developed based on extensive consultation with women and families in Leeds, using a detailed health needs assessment and the latest and best evidence of what works well in maternity services, taking into consideration national and local drivers. The strategy outlines 9 priorities which aim to improve maternity services by providing safe, high quality maternity care, meeting the needs of all families in the city:

As part of the targeted support project, work has already been completed to improve services for women and partners using maternity services who have learning difficulties. The programme board has now agreed that young parents will be the next group which we will focus on as part of the targeted support project.

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## Who will we ask?

Young people who have used the service.

## What will we ask?

We want to find out from young parents about their experience of pregnancy from birth and a year beyond. We are keen to ask about their mental health, breastfeeding, nutrition, smoking and personalisation and choice. What would have made their experience better.

## Where can you get more information about this work?

More information can be requested by contacting Helen Butters at [hbutters@nhs.net](mailto:hbutters@nhs.net).

# Crisis engagement young people

## May 2017 - ongoing

An event was held in September 2016 to bring together key players from across the whole system (including emergency services, health and local authority staff) to consider how Leeds responded to the needs of young people who were experiencing a mental health crisis. Following the workshop, it was clear that a piece of work was needed around out of hours crisis care. In view of this commissioners are reviewing the crisis offer (mental health) for young people across the whole system as well as the autistic community. A short piece of engagement work with professionals has already been carried out to examine the specific issue relating to the young people who have autism and consultation with parents was recommended by this group.

An ongoing task and finish group is overseeing the action plan for this work and this group meets monthly. It has agreed that the engagement of young people and families is a key first step in improving the service offer we make to young people experiencing a crisis.

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### Who will we ask?

Young people including autistic young people and parents and carers who have lived experience of this service.

### What will we ask?

For young autistic people

Understand time of crisis (day/night)

What happened?

What would have saved them getting to this crisis point in the first place?

What could we commission to stop them from having to go to A&E?

Young people/parents

Understand time of crisis (day/night). Also at what point they presented to services

What happened?

Were they receiving support at the time? If so what?

What could have been a better crisis response?

What might have helped prevent crisis?

### Where can you get more information about this work?

For more information please contact Helen Butters at [hbutters@nhs.net](mailto:hbutters@nhs.net).

# Cancer strategy

Over the next two years we will be holding a series of events and activities to involve local people in the development of the Leeds Cancer Strategy. You can follow our progress with this work on our website here: <https://www.leedswestccg.nhs.uk/leedscancerstrategy/>.

## Leeds Care Record (LCR)

The Leeds Care Record provides health and social care professionals directly involved in people's care access to the most up to date information about them. It does this by sharing appropriate information from people's medical and care records between health and social care services in Leeds.

The project has involved patients in the development of the project and over the next year we will be supporting the team to set up a patient steering group. You can follow progress with this patient group on the LCR website here: <https://www.leedscarerecord.org/>.

## Extended access to primary care

A primary care extended hours scheme will begin in north Leeds in October 2017. The scheme will provide access to primary care 8am-8pm during the week and some weekend access. We will be supporting the scheme by developing an engagement plan to ensure that local people are involved in the initiative.

## Cottingley Practice

Closure of a GP practice due to retirement. We will be working with patients and the public to plan the future of primary care access for those currently registered at the practice.

## Enteral Feeding Pathway

City wide review of the pathway of children who are using feeding tubes, some are permanent some are not.

# York Road Surgery

Closure of GP practice due to retirement. We will be working with patients and the public to plan the future of primary care access for those currently registered at the practice.

## Patient Participation Group (PPG) activities

We are constantly working to support local patient groups at GP practices. PPG members have asked for a regular citywide event where they can support each other and share good practice. Over the next year we will be setting up an annual PPG fair in Leeds and developing a PPG steering group for the city. This will help us to empower PPGs so that they can provide engagement assurance at a practice level.

You can follow our progress on our website here: <https://www.leedswestccg.nhs.uk/get-involved/how/patient-participation-group/>.

# Contact details

If you wish to contact any of the clinical commissioning groups or providers in Leeds, below are the contact details.

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## **Leeds and York Partnership NHS Foundation Trust**

2150 Century Way, Thorpe Park, Leeds, West Yorkshire, LS15 8ZB

Tel: 0113 305 5000 / Fax: 0113 305 5001

Website: [www.leedspft.nhs.uk](http://www.leedspft.nhs.uk)

## **Leeds Community Healthcare NHS Trust**

First Floor, Stockdale House, Headingley Office Park, Victoria Road, Leeds, LS6 1PF

Tel: 0113 220 8500 / Fax: 0113 220 8501

Website: [www.leedscommunityhealthcare.nhs.uk](http://www.leedscommunityhealthcare.nhs.uk)

## **NHS Leeds Clinical Commissioning Group Partnership**

3200 Century Way, Thorpe Park, Leeds, LS15 8ZB

Tel: 0113 8431600

Website: [www.leedssouthandeastccg.nhs.uk](http://www.leedssouthandeastccg.nhs.uk)

## **NHS Leeds Clinical Commissioning Group Partnership**

Wira House, Wira Business Park, Leeds, LS16 6EB

Tel: 0113 843 5470

Website: [www.leedswestccg.nhs.uk](http://www.leedswestccg.nhs.uk)

## **St James's Hospital**

Trust Headquarters, Beckett Street, Leeds, LS9 7TF

Tel: 0113 206 6261

Website: [www.leedsth.nhs.uk](http://www.leedsth.nhs.uk)

## **Patient Services Helpdesk**

Yorkshire Ambulance Service NHS Trust, Springhill 2, Brindley Way, Wakefield, 41 Business Park, Wakefield, WF2 0XQ

Tel: 0345 122 0535

Website: [www.yas.nhs.uk](http://www.yas.nhs.uk)