Urgent Treatment Centres Engagement
Summary and Next Steps Event
27 September 2019, Leeds City Museum
Evaluation
Executive summary

This event took place after we completed our formal engagement on our proposals to set up five urgent treatment centres (UTCs) in Leeds which will treat people who need healthcare urgently but it’s not an emergency. This covers a wide range of situations, such as cuts, insect bites, sprains and strains, fevers, and vomiting.

Our proposals will see three centres based in the community: St George’s Centre in Middleton (which is already open); Wharfedale Hospital in Otley (opened in December 2019); and east Leeds, probably Seacroft. These are likely to open seven days a week between 8am and 11pm. There will be two centres based alongside the city’s two A&E departments: Leeds General Infirmary and St James’s Hospital. These will be open 24 hours a day, seven days a week.

During January and April 2019, we asked people in Leeds to give their feedback on our proposals for urgent treatment centres. A total of 3227 people completed our survey, including those who face challenges when accessing healthcare or sharing their views on services. We also engaged with people at drop-in events and formal engagement events.

An independent analysis report was produced by Brainbox Research, which can be accessed from this link:

This follow-up event offered people the opportunity to hear about our engagement, find out what we did, what people told us and what will be happening next.

We held a ‘Summary and Next Steps’ engagement event on 27 September 2019 at Leeds City Museum. The two hour event involved a presentation from NHS Leeds Clinical Commissioning Group (CCG) staff and Voluntary Action Leeds (VAL) colleagues who covered:

- The context for urgent treatment centres in Leeds
- What we did during the engagement period
- How VAL supported the engagement
- What happens next in bringing urgent treatment centres to Leeds

We also provided attendees the opportunity to ask questions of the presenters and NHS Leeds CCG colleagues who were in attendance. Attendees also took part in a table work activity to work on how we can start developing certain areas of the recommendations made in the analysis report whilst keeping the people of Leeds involved.

32 people attended the event including; patients, members of the public, Councillors, NHS professionals and third sector organisations.

The event was well received, with 100% of the people completing the evaluation recommending the event to others and stating that they would attend a similar event.

The link to the PowerPoint presentation for the session can be found here:
1. Background
We know that people can be confused about where to go if they need healthcare urgently but it’s not an emergency. A lot of people go to Accident and Emergency (A&E) because they’re not sure what to do or they say they can’t get an appointment with their GP. Around one in five people who are treated in A&E would be better off seeking help another way. This is making A&E very busy and people usually wait a long time to be seen.

The situation will get worse in the future as we expect there to be more people with long-term health problems. NHS England (the organisation that oversees planning and funding services for the NHS across England) has asked for at least one urgent treatment centre to be opened in each town or city.

Leeds is considering opening five different urgent treatment centres. We, at NHS Leeds CCG (the organisation that plans and funds local NHS services), asked people in Leeds to give their feedback on our plans for urgent treatment centres.

To help people understand more about our proposals we developed the following:

- An engagement document which provided a comprehensive overview of why we are proposing these changes
- An easy read version of our engagement document
- An easy read guide providing a summary of our proposals and showing the ways you can feedback your views
- Explainers films (with British Sign Language interpreter) and animations
- We also organised a number of events across the city

We wanted to hear from anyone who lives or works in Leeds as our urgent care services are designed to meet the needs of our diverse population as well as those visiting our city. We wanted to hear people’s thoughts and views on our proposals to establish five urgent treatment centres in the city of Leeds. We wanted to understand how people access services when they have an urgent but not emergency care need, their views on our proposed sites and the opening hours for those urgent treatment centres which we refer to as ‘community-based’.

- People believed that the proposals for urgent treatment centres will improve access by being clear about which service to use if they have an urgent care need.
- They also told us that UTCs would increase choice, capacity and provide a convenient and realistic alternative to going to their GP practice.
- People told us that the term ‘urgent care’ can be difficult to understand and they would benefit from a clear explanation by what is referred to as in need of ‘urgent care’.
- People told us that they would currently use a range of services in an urgent care situation but are often unsure that it is the right service.
- People told us that the number of options to choose when they fall ill or get injured should be reduced and a clear flowchart or a decision aid to help people decide how to seek help should be developed.
- From the feedback we got, people told us that there is support for the third community centre to be based in Seacroft and that people were happy with the proposed opening hours.

We held a follow-up event at Leeds City Museum on Friday 27 September 2019 to feedback on the engagement and start working on the next steps to bring UTCs to Leeds. At this event, we looked at some of the recommendations raised in the full engagement report.
2. Who attended?
We received expressions of interest from 48 people to attend the event. The event was attended by 32 people. 17 people completed the evaluation. We asked people to tell us the first part of their postcode so we can see which areas in Leeds were represented:

Where did attendees come from?

Not stated, 4  LS26, 2  LS23, 3
LS9, 1  LS11, 2  LS21, 3
LS8, 4  LS28, 1  LS16, 2
LS10, 2  LS14, 1  LS27, 2
LS25, 2  LS22, 1  LS17, 1
LS13, 1

Where the attendees came from.
3. Presentation on our engagement

To begin the two hour event, we delivered a presentation that gave attendees an overview of the Urgent Treatment Centre work that has taken place in Leeds, including a discussion on the engagement activity that took place at the beginning of 2019.

Content included:

- **Welcome** from Debra Taylor-Tate, Head of Unplanned Care at NHS Leeds CCG. She welcomed attendees to the event and outlined what the aim of the event was.
- **Background** from Kate Parker, Senior Commissioning Manager for Urgent Care at NHS Leeds CCG. Kate presented slides that gave an overview of:
  - The role of NHS Leeds CCG
  - An overview of the current status of urgent care services in Leeds and the complexity of multiple services available
  - A summary of the proposals to bring five urgent treatment centres to Leeds
  - Definitions of urgent and emergency care
  - Current challenges faced in Leeds
  - What the engagement on urgent treatment centres was about and what people could influence.
- **Summary of our engagement** by Adam Stewart, Engagement Officer at NHS Leeds CCG. Adam outlined the work the CCG did during the engagement people to ensure as many people as possible had their say on our proposals. He gave an overview of:
  - Methods used to engage with people (surveys, drop-in sessions, information events)
  - How we worked alongside partner organisations such as Voluntary Action Leeds (VAL) and Healthwatch to engage with people.
  - How the engagement was promoted.
- **Summary of how the engagement** was supported by Voluntary Action Leeds (VAL) presented by Karl Witty, Engagement Development Co-ordinator at VAL.
- **Outline of what people told us** by Adam Stewart of NHS Leeds CCG. Adam discussed they key stats and feedback from the engagement report including:
  - Who responded to the engagement and breakdown of where people who responded came from.
  - Which services people would access first in an urgent care situation
  - What people thought of our proposals for UTCs
  - People’s thoughts on opening hours and location of the centres
  - Suggestions from people how we can improve access at UTCs
  - The impact on people’s ability to access urgent care
  - Impact of proposed changes on protected characteristics
- **Conclusions and recommendations** by Kate Parker of NHS Leeds CCG. Kate provided a summary of the feedback of the report and what will happen next in developing UTCs, including:
  - Responses to some of the common questions raised in the engagement
  - What we’re already doing in Leeds to improve access (such as extended opening hours for GP practices)
4. Questions
Following the presentation, attendees were given the opportunity to ask questions of the presenters and a member of the Primary Care Commissioning team, Vicky Annakin. People were also able to submit questions via a ‘Question Card’ if there wasn’t time or if someone would prefer not to ask in at the time. You can view the full list of questions and answers asked either during the event or via the Question Card at the end of this report in the Appendix.

5. Table work
The final session of the morning involved some tablework where attendees would discuss three of the key themes that were highlighted in the UTC engagement report. We wanted people in attendance to help us think about those three themes and how we can involve patients and the public in getting those important next steps right.

**Communication and Awareness** – how can we ensure people know about Urgent Treatment Centres, what they are for and how to access them as well as other services to reduce demand on A&E?

People at the event told us that:

- We need to have a strong promotion campaign around UTCs so that people know they exist and what they’re for. This could include promotion via:
  - GPs
  - Pharmacies
  - TV (such as the Made in Leeds)
  - Radio
  - In newspapers and magazines
  - Local businesses and organisations
  - Patient Participation Groups (PPGs)

- A clear tool to help people make the right decision when choosing the service they need.

- A consistent message is needed across all services to help sustain the changes and ensure people use UTCs and other urgent care services in the right way.
**Accessibility** – how can we help make our services more accessible to support everyone in Leeds especially those who may have additional needs?

People at the event told us that:
- Promotional materials and campaigns need to be in easy read so that as many communities as possible are able to understand the message.
- Reasonable adjustments for accessing services should be ‘built-in’
- Having ‘quiet rooms’ or ‘sensory rooms’ that people could use if they get overwhelmed or stressed by a UTC environment would make a great deal of difference to people with autism and learning disabilities.
- A clear process and information about ‘what’s happening’ when someone uses a UTC (and other healthcare services) so people know what/who they may be waiting for or what is going to happen with their care next.
- Expanding the use of ‘All About Me’/Hospital passports into UTCs would be a help.
- Having clear instructions or help to ensure that people know how to get to UTCs easily (such as via a ‘journey planner’) would reduce the stress and anxiety some people have in accessing services.
- Delivering training to organisations that support people who need more help or going to into specialist schools to brief/train people about UTCs might a different way to work with and inform people.

**Keeping people involved** – how can we continue to involve people in Leeds in developing our urgent treatment centres and ensure they meet your needs once they’re running?

People at the event told us that:
- They would like opportunities to stay involved in the development of UTCs.
- Think that patients and members of the public should be involved in developing aspects of UTCs, especially elements relating to accessibility.
- They would like to be involved in reviewing UTC work and liked the idea of ‘mystery shoppers’ and walk rounds of the centres.
- PPGs could be involved in the awareness raising insight gathering in developing UTCs.

### 6. What happens next?

We will take the feedback we collected and we will continue to develop our urgent treatment centres for Leeds. We will ensure that we involve the people of Leeds in developing our plans wherever possible. You can view any progress and developments related to this engagement here: [https://www.leedsccg.nhs.uk/get-involved/your-views/urgent-treatment-centres/](https://www.leedsccg.nhs.uk/get-involved/your-views/urgent-treatment-centres/)

If you would like to stay up to date with changes to health care in Leeds you can join our CCG Network where you will receive a regular newsletter with opportunities to get involved and stay in touch. Sign up online here: [https://www.leedsccg.nhs.uk/get-involved/stay-in-touch-stay-informed/join/](https://www.leedsccg.nhs.uk/get-involved/stay-in-touch-stay-informed/join/) or call 0113 843 5470 or contact us via email on leedsccg.comms@nhs.net
7. Evaluating the event

17 of the 32 attendees completed an evaluation form for the event. 94% of attendees said they would recommend the event to others with the majority of people rating the event as 'Very Good' or 'Excellent'.

People were asked what their favourite part of the session was:
- Listening to feedback and concerns
- Chance to share views and speak freely
- The questions and answers session
- Involvement with other people
- The resources provided with information and the engagement report
- Table work
- Learning about what is happening now.

People also told us how we could improve sessions like these in the future:
- Venue choice – the acoustics and sound system had some issues and some people said it was sometimes difficult to hear
- Start time for the event, starting from 10:30am in the future would make it easier for other people to attend who rely on public transportation or have difficult regiments in the morning
- More activity work
- Make the session longer
- Screen for the slides was very high

Other feedback from the evaluation included:
- Please keep people involved, especially in the walkthrough and planning
- Communication to the general public is paramount for this to be a success
- Great to have the opportunity to stay involved

Thank you to everyone who took the time to complete the evaluation. We will bear your feedback in mind when we are developing future events such as this one.
8. Appendix
Appendix A – Questions and Answers
We have provided the questions and the responses below:

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Could UTC become as busy as A&amp;E as people will use this more as getting a GP appointment is very difficult in a lot of areas?</td>
<td>UTC’s will potentially be busy, dealing with urgent primary care needs. It’s important to note that UTC’s are for urgent primary care needs, not routine/non-urgent care needs.</td>
</tr>
<tr>
<td>What is the timescale for the centres to be open?</td>
<td>Regarding Wharfedale, we’re hoping that will be a UTC by the end of this calendar year. We are about to pick back up conversation with Seacroft hospital about their site, and will have to go with whatever that conversation determines. We are currently working on the St James site with the migration of the walk-in centre up the road at Shakespeare centre, into the St James’ footprint as the first phase of moving towards a UTC. The Government recently announced funding for two new hospitals in Leeds on the site of the Leeds General Infirmary, the UTC will be factored in as part of this significant estate development. This means Seacroft will be the final site that we work on, at present we don’t have firm timescales in place for this.</td>
</tr>
<tr>
<td>Are you going to do transport and accessibility research around UTC access?</td>
<td>Yes</td>
</tr>
<tr>
<td>Can you make a guide available to include the access accommodation and criteria for accessing a UTC?</td>
<td>A patient information leaflet has been developed for St George’s Urgent Treatment Centre and will be shared widely once we’re in a position to understand future demand based on a wider awareness campaign.</td>
</tr>
<tr>
<td>Do you have patients involved in developing this work?</td>
<td>Yes</td>
</tr>
<tr>
<td>Why have discussions with Seacroft hospital not started already?</td>
<td>Initial conversations have occurred. The government announcement that Leeds has secured funding to help transform the hospital sites gave the opportunity to develop the co-located UTC’s earlier than anticipated, so the focus is now on the co-located. This makes sense given the high volumes of people presenting at A&amp;D.</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>How are you going to communicate all the proposed changes to all the</td>
<td>This will require a considered approach so that we don’t generate a surge in demand for the urgent treatment centres that we would</td>
</tr>
<tr>
<td>groups of people living in the Leeds area?</td>
<td>not be able to manage. With this in mind we’re currently promoting NHS 111 as the ‘front door’ in to healthcare when it’s not an emergency.</td>
</tr>
<tr>
<td>If everyone walking in is assessed at the UTC and then referred to A&amp;E</td>
<td>The co-located UTC’s need to undertake an assessment to determine if the patient’s acuity requires the UTC or A&amp;E service.</td>
</tr>
<tr>
<td>or the UTC isn’t that putting extra burden on UTC doing the assessment?</td>
<td></td>
</tr>
<tr>
<td>Will there be a target for waiting times for UTCs like A&amp;E?</td>
<td>Yes. The targets are:</td>
</tr>
<tr>
<td></td>
<td>-Patients who “walk-in” to an urgent treatment centre should be clinically assessed within 15 minutes of arrival, but should only be</td>
</tr>
<tr>
<td></td>
<td>prioritised for treatment, over pre-booked appointments, where this is clinically necessary.</td>
</tr>
<tr>
<td></td>
<td>-Following clinical assessment, patients will be given an appointment slot, which will not be more than two hours after the time of</td>
</tr>
<tr>
<td></td>
<td>arrival.</td>
</tr>
<tr>
<td>How many changes if any have been made as a result of the engagement</td>
<td>We have already started promoting the Interpreter Now service for NHS 111 to help people who have difficulty hearing or communicating</td>
</tr>
<tr>
<td>process?</td>
<td>to access NHS 111. We have also considered access needs when looking at the available estate and the flexibility to make changes,</td>
</tr>
<tr>
<td></td>
<td>including signage.</td>
</tr>
<tr>
<td>Will you be making all your communications available in easy read for</td>
<td>There are a number of generic easy read materials developed by NHS England and NHS Improvement that we’ll look to promote widely.</td>
</tr>
<tr>
<td>promoting of UTCs? This will help those with learning disabilities etc.</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Where are all the staff for the UTCs coming from?</td>
<td>We want to ensure we have the right workforce in place at our UTCs. We’re trying to do the right thing by talking to all the urgent care services to say, how can we share the workforce better to improve patient experience and support the whole system. The collective workforce can do so much, we need to move away from the traditional “I need to see a consultant” mind set. We’ve already got examples of changes we’ve made across the city – e.g. paramedics working in UTCs. It is likely that the workforce for UTCs will come from existing workforce at other services, working more collaboratively within UTCs (such as GP out of hours and LTHT).</td>
</tr>
<tr>
<td>I understand that two of the UTCs will be based at A&amp;E, will they be based close to the A&amp;E or will they be completely separate? It worries me that people may get mixed up if they’re close together.</td>
<td>The ambition for the two co-located to be on the same footprint as the A&amp;E footprint. When people walk into A&amp;E, they’ll be automatically in the UTC, where they will be clinically triaged and told to go to the A&amp;E department if necessary. If it is an urgent primary care need, they’ll remain in the UTC. Only way directly into A&amp;E department is through the back of an ambulance – everyone else will enter through UTC.</td>
</tr>
<tr>
<td>At Leeds City Council, we have no control over hospital parking. Also, many people from Wetherby/North Leeds come to Harrogate. 20% of patients come to A&amp;E by ambulance. Will we be looking for Yorkshire Ambulance Service to go to the nearest treatment centre or to A&amp;E?</td>
<td>Yes, ambulances can take people to UTCs. We’ve worked with Yorkshire Ambulance Service (YAS) to devise the relevant protocols for when people who need an ambulance calling out need to go to a UTC.</td>
</tr>
<tr>
<td>GP out of hours service based at Otley – will that close at 11pm?</td>
<td>St Georges and Wharfedale hospitals will be places people can go up to 11pm. St James and LGI – UTCs will be open 24 hours a day. GPs are likely to operate at those two co-located venues after 11pm.</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>The presentation acknowledged Wetherby and West Leeds as not being adequately covered. You mentioned potential UTCs for Bramley and Armley, but nothing for Wetherby. Where are the Wetherby people meant to go to use the service? Transport links are non-existent or poor.</td>
<td>We won’t know if the UTC in the Seacroft locality will be used by people in Wetherby until its implemented. Once we have a better idea, we’ll look at other possibilities if needed. Bramley and Armley were only used as examples. We need to have conversations with the Harrogate area to find out what is required.</td>
</tr>
<tr>
<td>Seacroft for us is a no-go area. People have to walk a mile down the ring road. St George’s centre as a UTC is not working – people still being turned away, going to different places and not getting treated. Reception hard to access, busy.</td>
<td>We acknowledge that the footprint at St George’s is not ideal. We are very keen, and trying to have a conversation with the other tenants in that building to find other space that isn’t fully used, that the UTC can expand into. There is the need to develop and expand, and we’re doing what we can to do so. Signage is a problem, so we want members of the public to do a walk-around to identify key things that aren’t right. Regarding the reception, we know it is not viewed as ideal by everybody, but we are doing the best we can to address it.</td>
</tr>
<tr>
<td>What happens as far as referrals into the UTC goes, if you’re not registered with an immediate GP, what happens to those who are the vulnerable in society can they walk into a centre?</td>
<td>Yes, people will still be able to go in. If you’re on holiday in Leeds area or elsewhere in the country and have an urgent need, you can go into a UTC and get the same treatment as you would back at home.</td>
</tr>
<tr>
<td>Have you looked into how many people who are BAME etc. have responded to the engagement?</td>
<td>We did, we capture equality monitoring at the end of every survey to ensure we have that information. So what we’re putting together is a supplementary document to show how certain demographics responded and certain things they highlighted, e.g. particular barriers.</td>
</tr>
<tr>
<td>When you keep talking about Seacroft, are you looking at it in the footprint of Seacroft hospital?</td>
<td>We are in conversation with Leeds Teaching Hospitals Trust (LTHT) to talk about the viability of that, if we go back to the point where there is no actual money to build new UTCs – that could be an opportunity to look at the hospital as a site for the UTC. We can’t categorically confirm yet, but it is a possibility.</td>
</tr>
</tbody>
</table>