What do people think about the proposals for urgent treatment centres in Leeds?

Engagement dates:
21st January 2019 – 15th April 2019

Dr Fiona Fylan
What do people think about the proposals for urgent treatment centres in Leeds?
1. Executive Summary
Executive Summary

The NHS in Leeds plans to provide five urgent treatment centres 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. It is hoped urgent treatment centres will address two problems: (1) a lot of people go to Accident and Emergency (A&E) because they’re not sure where to go for urgent care or because they say they can’t get a GP appointment; and (2) to meet anticipated future demand as more people will live with long-term health problems who may periodically need urgent care. The proposals will see three centres based in the community: St George’s Centre in Middleton (which is already open); Wharfedale Hospital in Otley; 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. The clinical commissioning group (CCG) asked people in Leeds to give their feedback on the plans for urgent treatment centres and this report summarises what people told them.

There were three ways that people could give feedback on the plans: completing a survey either online or in paper format; commenting using social media; and talking to representatives of the CCG at one of the six formal events and fifteen drop-in sessions held around the city in February and March 2019. In addition, Voluntary Action Leeds – a local community and voluntary sector organisation commissioned by NHS Leeds CCG – ran a series of focus groups with specific groups of people who often face challenges accessing healthcare, and Healthwatch Leeds sought additional feedback with people who have a visual impairment.

NHS Leeds CCG successfully engaged with a large number of people, including those who face challenges in accessing health care and can sometimes find it difficult sharing their views about services. A total of 3227 people completed the survey. The results provide evidence that there is confusion about what urgent care means and how to access it. There is strong support for the proposed urgent treatment centres: most people (63%) believe that they will improve access, 13% that they will have no effect, 5% that they will make access more difficult and 19% are unsure. Reasons why they will improve access include that they will make it clearer where people should go if they need urgent care, they will increase choice and capacity, and they will provide a convenient and realistic alternative to seeking care from GP practices. Reasons for not improving access are that people already find it easy to access care, the centres are not located where they live, that people don’t intend to change what they currently do, and that they believe adding another option for urgent care is confusing.
People who were unsure reported that the centres could improve access but only if they are easy to get to and use, have a good range of facilities, and are communicated well to the general public. When asked specifically about the locations and opening hours of the centres, people preferred to have the centres close to where they live, with some highlighting how there is no centre in west Leeds or Wetherby. However, 72% believed that Seacroft is the correct location of the fifth site. Most people (77%) believed that the opening hours for community-based urgent treatment centres (8am-11pm) is right, although some suggested that an earlier opening time would be useful for those with family or work responsibilities. It was also suggested that if the community-based centres are to relieve pressure on A&E they should be open later than 11pm. Some wanted all centres to be open 24/7.

Statistical analysis of the data shows that the proposals are not discriminatory, and indeed, have a more positive impact on people with a disability and people who have recently given birth.

The formal engagement provides support for the proposed urgent treatment centres, although the CCG should:

1. Consider whether the community-based centres could open earlier than 8am;

2. Review whether there is sufficient access for people who live in west Leeds and Wetherby;

3. Ensure that the range of facilities available in the urgent treatment centres (including for mental health) means that people see them as a credible alternative to A&E;

4. Produce and publicise a decision aid to help people identify when it is appropriate to use the urgent treatment centres.

5. Ensure that there are good public transport links to the centres, ample parking, and consider how it might be possible to help people with mobility problems to travel to them;

6. Design the layout of the centres to make them easy for people with disabilities or sensory impairments to use;

7. Ensure that there is training and support for staff to communicate with diverse people and those with special needs (e.g. who have mental health problems, who have learning difficulties, who are D/deaf or hard of hearing, and who have autism).
What do people think about the proposals for urgent treatment centres in Leeds?

2. Background information
Background information

a) Why are we doing this?

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. The clinical commissioning group (the organisation that plans and funds local NHS services) asked people in Leeds to give their feedback on the plans for urgent treatment centres and this report summarises what people told them.

b) What urgent care services can people access at the moment?

At the moment there are many different ways that people can get urgent care.

• **Self care** is when people manage their own condition, for example they may buy over-the-counter medicines.

• **Pharmacists** are highly trained medical professionals who can offer advice if you are feeling unwell or have a minor injury such as a sprain and can advise on medications. Every pharmacy (or chemist shop) has a pharmacist working there.

• **GP practices** can provide same-day appointments or walk-in clinics with a doctor or nurse. Some are open during evenings and weekends, although it can be difficult to be seen on the same day in some practices.

• **NHS 111** is a telephone and online service that helps people access the right service. The telephone line is staffed by trained advisors and they can give advice and make appointments for some services for people who need to be seen by a health professional.

• **GP out of hours** is a service that allows people to see a GP outside of their GP practice’s normal opening hours. It is accessed through NHS 111 for people who are unable to wait for their GP practice to re-open.

• **Walk-in centres** are used to access care without an appointment for minor illnesses and medical concerns that aren’t emergencies such as coughs, chest infections, fevers, sore throats and headaches. There is currently one walk-in centre in Leeds: the Shakespeare walk-in centre based at Burmantofts Health Centre.
• **Minor injury units** deal with cuts, bites, sprains, bone, muscle or joint injuries. There is currently one minor injury unit in Leeds based at Wharfedale Hospital.

• **St George’s urgent treatment centre** is also for people with minor injuries and illnesses. It is testing out the new type of urgent treatment centres to learn what works well and what doesn’t. It is open from 8am-11pm seven days a week, with X-rays available until 8.30pm and primary care professionals from 8am to 6pm. It doesn’t see babies under six weeks old or deal with any conditions related to pregnancy.

• **A&E departments** are based at Leeds General Infirmary (for adults and children) and St James’s Hospital (only for adults). Even though A&E is not meant for urgent care, some people use it this way.

c) **Where did the plans for five urgent treatment centres come from?**

The clinical commissioning group (CCG) in Leeds is working with health and care professionals to develop the plans and to ensure that the new urgent treatment centres will be safe, high quality, and improve people’s experience of receiving care. The CCG also asked people in Leeds about their experiences of using the Shakespeare walk-in centre, which currently offers urgent care services. They also reviewed how St George’s urgent treatment centre in Leeds is working. The CCG also took into account its duty to use taxpayers’ money wisely by making the best use of its resources - money, existing buildings and people.

d) **How you may be able to access the new urgent treatment centres?**

You can go to the urgent treatment services either through NHS 111, or by walking-in. The five proposed centres are:

1. St George’s Centre in Middleton, which is already open

2. Wharfedale Hospital, in Otley

3. Leeds General Infirmary, in the same place as A&E

4. St James’s Hospital, in the same place as A&E. The current service at the Shakespeare Walk-in Centre will move here and be part of the wider urgent treatment centre

5. East Leeds, probably Seacroft, While the exact location is yet to be decided, east Leeds has been proposed as there is currently limited access to urgent care in this part of the city, and also this area is expected to have lots of new homes and businesses located there

The first three centres – based in the community – will have long opening hours, probably 8am-11pm seven days a week, while centres 4 and 5, – based alongside A&E – will be open 24 hours a day, seven days a week. Figure 1 shows the proposed locations of the new urgent treatment centres.
Figure 1: The five proposed urgent treatment centres.

Where will the urgent treatment centres be based?

1. At St George’s Centre in Middleton where there is already an urgent treatment centre. This will be a ‘community-based’ centre.

2. At Wharfedale Hospital in Otley, where there is already a minor injuries service. This will be a ‘community-based’ centre.

3. At Leeds General Infirmary (LGI) as a ‘co-located’ centre with the A&E department.

4. At St James Hospital. The centres at LGI and St James are called ‘co-located’ centres, because they are in the same place as the A&E service.

5. We are proposing that the fifth centre will be set up in East Leeds, likely to be in Seacroft. We have not decided where in Seacroft it will be, but we know that this will be a community-based urgent treatment centre.
3. How did we identify and engage with people?
How did we identify and engage with people?

The CCG developed a comprehensive engagement and communication plan of how to involve as many people as possible. This was supported by an equality impact assessment, to identify and ensure the diversity of Leeds is represented, and that people who face challenges to accessing healthcare are actively involved in sharing their views. The list of organisations engaged with is shown in Appendix 1.

There were three ways that people could give feedback on the plans.

- Complete a survey, available online and in paper formats. An easy read version was also available. Field workers attended various locations around Leeds to talk to, invite, and help people to complete the survey. The survey ran from 21st January to 15th April 2019.

- Talk to representatives of the CCG at one of the six formal events and fifteen drop-in sessions held around the city in February and March 2019. These took place during the daytime and evenings, and weekdays and weekends. The locations of these events are shown in Figure 2.

- Tweet or post on Facebook. A total of 58 social media posts were posted (both Facebook and Twitter), which reached more than 85,000 followers. The posts were also shared by citywide partners.

In addition, Voluntary Action Leeds ran a series of focus groups with specific groups of people who often face challenges accessing healthcare: people with learning disabilities; migrants, refugees and asylum seekers, people with mental health conditions, older adults, and people with hearing impairments. Finally, Healthwatch Leeds sought additional feedback with people who have a visual impairment.
What do people think about the proposals for urgent treatment centres in Leeds?
4. Who did we speak to?
Who did we speak to?
A total of 3227 people responded to the survey. Most (81%) provided demographic details, and of those who did:

- 68% were female, 31% were male and 1% were transgender
- 9% were under 25, 12% were 26-35, 17% were 36-45, 19% were 46-55, 18% were 56-65, 17% were 66-75 and 8% were over 76
- 90% were White British, Irish, European or Gypsy/Traveller, 2% were mixed or multiple ethnic groups, 4% were Asian or Asian British, 3% were Black, African, Caribbean or Black British, 1% were another ethnic group
- 52% had the religion Christianity, 4% Islam, 1% Judaism, 1% Sikhism, 1% Buddhism, 1% Hinduism, and 40% had no religion
- 45% were employed, 23% were retired, 6% were students
- 24% reported that they had a disability
- 18% reported they were a carer
- 15% reported that they were a parent or carer of a child under five years old
- 1.2% reported that they had given birth within the last six months
- 1.4% reported that they are currently pregnant
- 0.8% reported that they are currently homeless

Most people (73%) provided their postcode, and the area of Leeds in which they live is shown in Appendix 2.

Voluntary Action Leeds and partners held 11 focus groups with a total of 101 people.
- Four with migrants, refugees and asylum seekers;
- Three with people who have learning difficulties;
- Two with people from the Touchstone Sikh Elders group
- One with people who have mental health problems;
- One with people who have a hearing impairment

Healthwatch Leeds spoke with 113 people with a visual impairment, of which 72 shared their views on the urgent treatment centres.

Facebook posts led to 2,346 engagements, 85 likes, 106 shares, and 11 comments. In addition, 10 people commented on a Leeds Hospitals post, and 52 on Voluntary Action Leeds posts.

Tweets led to 104,368 impressions, 524 likes, 485 retweets and 32 comments.
5. What did people tell us?
What did people tell us?

a) Are people confident they can select the right service?

Most people (64%) currently feel confident that they would pick the right service if they had an urgent care need. The percentage who gave each answer is shown in Figure 3.

![Figure 3: Confidence to pick the right urgent care service.]

People were asked which service they would choose if they had an urgent healthcare need. Nearly a third of people (31%) said they would go to their GP. The next most common answer was to call NHS 111 (24%). The percentage of people choosing each option is shown in Figure 4.

![Figure 4: Which service people would choose if they needed urgent care.]

Figure 5 shows how confident people are that they made the right choice. People picking every different option are confident that they made the right choice. Those who pick self care are the most confident, and those who would go straight to A&E are the least confident.

Figure 5: How confident people are that they made the right choice of where to go for urgent care.
People were asked why they chose a particular option. Some respondents noted that they don’t understand what “urgent” is, with some giving specific examples of where they would go for different types of urgent conditions. Their examples of “urgent” included: cuts; broken bones; infections; car accidents; asthma attacks; head injuries; back pain; dental pain; breast lumps; and rashes. A few said that they didn’t know what an urgent treatment centre is, which suggests they had not read or understood the information on the proposed changes. The reasons why people would choose each option are summarised below.

**GP**

- **Familiarity:** I always go to see my GP if I have a problem, my GP knows me, I know them, we trust one another, my GP knows my complex medical needs, the GP has all my medical records, there are no alternatives or I don’t know of alternatives, I don’t trust NHS 111.
- **It’s convenient:** It’s the most convenient (during opening hours), it’s the nearest, I can easily contact them, I don’t need to wait (if it’s urgent), the GP practice has a walk-in clinic, I’m too ill or frail to travel and so need a home appointment, they have always helped me in the past, if you need to be seen somewhere else they will refer you.
- **It’s appropriate:** The GP practice deals with these problems, urgent problems don’t need to be seen at A&E, it’s what you’re supposed to do, although it can be difficult to get an appointment.

**Walk-in centre or minor injuries unit**

- **It’s the most appropriate:** it has X-ray facilities and they can prescribe medication, I’ve had a good previous experience.
- **It’s convenient:** it’s open at evenings and weekends, you are seen quickly, it’s near where I live, there is parking.
- **No alternatives:** I can’t get a GP appointment, A&E is too busy and it’s not suitable for people with mental health problems

**Self-care**

- **I’m confident:** I’m a health professional or first aider and I can treat myself, most things get better by themselves.
- **It saves the NHS:** I try not to bother the NHS or use scarce resources.
- **It’s convenient:** it’s the fastest way of getting treated, I can’t get a GP appointment, and it’s inconvenient to travel to A&E or urgent care centres.

**Pharmacist**

- **It’s convenient:** they are located nearby, they are open long hours, you can talk to somebody straight away.
- **They’re experts:** pharmacists are expert professionals who can give you advice, you can have a face-to-face chat with them.
- **No alternatives:** I can’t get a GP appointment.
A&E
- **It's convenient**: it's the first place that springs to mind, I know where it is, I don’t know about the alternatives, it’s open 24/7, you will be seen in four hours or thereabouts, you will definitely be seen even if you have to wait, I want to go when it suits me, it’s simple to use with no bureaucracy.
- **They provide the best care**: A&E has the best reputation, I’ve had a good previous experience at A&E whereas NHS 111 does not provide a good service - several described the phone lines as useless as they are not staffed by experts.
- **It’s for emergencies**: if you need urgent care then you have an emergency, and so you should go to A&E.
- **It’s pointless trying other options**: NHS 111 tell you to go to A&E, other services will see you and refer you to A&E, you can’t get a GP appointment, I have special needs or a complex condition that means other care options don’t apply to me.

**Call 999**
- **It’s fast**: you can always get through, and if you don’t need an ambulance they will signpost you to another source of help.
- **It’s convenient**: I need transport to get to hospital.

b) Will the proposed changes make it easier to access urgent care?

People were asked: “Based on your understanding of our proposals, how would this impact on you accessing urgent care in the future?” They could choose from it making access worse, have no effect, improving it, or them being unsure. The percentage giving each response is shown in Figure 6. Most people (63%) believed that the proposed changes will bring about an improvement. Only 5% believed that access would be worse.

![Figure 6: Beliefs about how the proposed changes will impact on access to urgent care.](image-url)
The survey also noted that people can find accessing urgent care confusing and asked whether the urgent treatment centres will make it easier to access urgent care. Most (60%) reported it would make it easier, a third (33%) said it possibly would, and the remaining 7% reported it would not. The reasons they gave are shown below.

Why the plans WILL make it easier for people to access urgent care.

I will know where to go
Many people commented that the proposed urgent treatment centres will make it easier to understand where to go if they need care. Some people noted that they had not known about the current facilities until reading the formal engagement document. People commented that they would feel more confident that they were accessing the appropriate service and not anxious about wasting NHS time. Some described how they would not want to attend A&E in case their condition was not serious enough, or because they think it is an unpleasant environment, but they would feel confident to use an urgent treatment centre.

It provides greater choice and capacity
These responses are about the new urgent treatment centres giving people more choice about where to access care, both in terms of the location and the level of care. Some talked about urgent care being a bridge between GP appointments and A&E. Some noted that the proposal means that there will be more capacity and it will ease the pressure on A&E.

It’s an alternative to my GP
Many people noted that they have difficulties getting a GP appointment, and that the urgent treatment centres will give them another route to access a GP. They commented that they would prefer to sit and wait in an urgent treatment centre than to try to get a GP appointment.

It’s convenient
Some responses were about the proposed centres being near to where people live, and so this will make access easier. Some noted that the waiting times will be shorter in an urgent treatment centre than in A&E.
Why the plans will POSSIBLY make it easier for people to access urgent care.

**It depends on accessibility**
Many responses were about not knowing enough about where the urgent treatment centres will be located. People highlighted that access will be easier if the centres are near to where they live. Some said that there needs to be a good bus service, or sufficient parking. People described how they would be unlikely to use a service that took a long time or a lot of money to reach. The research conducted by Healthwatch highlight the importance of good public transport for people with a visual impairment.

**It depends on the facilities**
These responses were about how people didn’t have enough information about the facilities and services that would be available to make a judgement about whether access will be easier. People talked about how short waiting times and the ability to get an appointment, would influence whether they use the centre. Others noted how opening hours would affect their decision. A few noted that it would be important that the service is well organised and operates efficiently. Some talked about how it is important that the centres have X-ray and blood test facilities, so that people are not turned away and referred to another service. Some highlighted how it would be useful to have the facility to treat crisis mental health problems. A few suggested that the centres should treat emergency dental problems. A few noted that it would be important for the staff in the centre to be able to access your medical records.

**It depends on communication**
Many of the responses were about the importance of effective communication with the public about the new urgent treatment centres. They noted that it is essential that the NHS provides a clear description of the conditions or injuries that the centres treat. They suggested that there needs to be a definition of “urgent” and a clear distinction between urgent care centres and walk-in centres. Several people commented that they did not understand the proposal or remained unclear about the distinction between urgent care and emergency care, or that they did not understand how the urgent treatment centres differ from what is currently available.
Why the plans will NOT make it easier for people to access urgent care

It’s already easy
These responses were about how people already find it easy to access urgent care. Respondents described how they already have good access or that they already know where to go if they need urgent care.

They’re not accessible
These responses were about the locations of the proposed urgent treatment centres. Most were about there not being any centres near their home. The absence of a centre near Wetherby and west Leeds was mentioned by a small number of respondents. People noted that to access a centre they would need to get a bus into the city centre then a bus out again so they may as well go to A&E (although this suggests they haven’t read the formal engagement document or did not understand that an urgent treatment centre would be located in the LGI). Many respondents highlighted that the proposals assume that people will drive to the new centres and that they are not well served by public transport, or that it would be a long journey by bus or an expensive one in a taxi. A few noted that parking at the LGI and St James’s is poor. One highlighted that in the future it will become more difficult to go into city centre Leeds because of the clean air restrictions so that centres in Leeds city centre could become more difficult to access.

I’m not going to change
These responses were about how people do not anticipate changing what they currently do. Some noted that they prefer to go to hospital because it provides the best care, it has the best equipment and you are treated straight away, or that sending people to an urgent treatment centre instead of a hospital could delay their diagnosis, which could be dangerous. Some respondents described how they prefer to go to their GP because it is convenient, local and they can get an appointment. A few respondents commented that the proposals are only a change of name and they are not offering anything new and so they will continue to use a walk-in centre.

Adding another option is confusing
Respondents commented that adding another option to where they can access care only confuses things, or that it adds a level of bureaucracy and makes things too complicated. Many noted that the terms used are confusing and that the proposal doesn’t clarify what urgent means, or what a minor versus a major injury is. Some suggested that co-locating urgent treatment centre and A&E will confuse people and reinforce the idea that you go straight to A&E if you have an injury or need to see a doctor.

There are wider problems
Several respondents talked about how the problems they encounter accessing urgent healthcare are not related to where they can access care. For example, they noted that staff availability and reduced funding are the underlying problem. Others noted the specific problems they encounter trying to access services, e.g. mobility problems, a lack of sign language interpreters, and autism.

“Not close to home so wouldn’t make it easier for me to access. Only A&E has the necessary equipment. For some people maybe, but I would probably react quickly and ring an ambulance… because of panic. Cannot see how additional choices make it any easier than it is now. I do not want any more.”
c) Are the locations and opening hours right?

Respondents were asked whether they think that the proposed opening hours of the community-based urgent treatment centres – 8am-11pm – are right.

They could choose from two responses:
- Yes, as the two co-located centres within A&E are open 24 hours: 77% gave this answer
- No: 21% gave this answer
- A further 2% did not answer the question

They were told that it is proposed that the fifth urgent treatment centre will be in Seacroft, based on future expected need and current lack of access to urgent care services in east Leeds. They were asked if they thought that this is the right location for the site.

- 72% answered Yes
- 20% answered No
- 8% did not answer the question

People who stated that the opening hours are not right were asked what hours the centres should be open. Responses were categorised into seven types of answer:

1. All of the centres should be open 24 hours a day, seven days a week (this was the most common response)
2. Open earlier in the morning (most common suggestions were 5am, 6am and 7am), as this means people can get treatment without it interfering with family or work responsibilities. Many people suggested that they would prefer an earlier start even if this meant the centres closed earlier.
3. They should be open later than 11pm (when many pubs shut), especially at weekends, as this will relieve pressure on A&E
4. The ones in Middleton and Otley should be open 24 hours as they are a distance away from the two A&E-based centres
5. There should be access for children later at night because children are often ill in the night
6. Wait and see how busy they are at different times and then set the opening hours.
7. A few responses were that the opening hours are too long and that a later start would be sufficient

People who answered “No” were asked why. Responses were categorised into five types of answer:

1. It’s too far from where I live. Many responses requested that the centre is based in their local area, although a lot of responses highlighted a lack of provision in Wetherby and west Leeds.
2. There needs to be a centre near the universities because students are heavy users of A&E.
3. Seacroft is too near to St James’s.
4. The area does not have good transport links so it would be under-used.
5. The area does not have a good reputation (e.g. crime rate, racism) and I would be reluctant to visit there.
The number of people who made each suggestion or comment is shown in Table 1.

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<thead>
<tr>
<th>Suggestion or comment</th>
<th>Number of people</th>
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<td>Put it near where I live</td>
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<td>West Leeds</td>
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<td>I don’t know the Seacroft area</td>
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"Would be better if all open 24 hours.

Earlier opening, from 6 or 7am would enable people to go before work.

Injury/ illness doesn’t confine itself to 8am - 11pm. 8am is too late for people who work. If 24hr opening is not feasible I would suggest 6am - 1am.

Children are often poorly with high temperatures in the early hours so maybe til midnight would be better.

Both A &E locations are near Leeds centre. There is nothing 24 hours in other parts of Leeds.

7am - 7pm - the proposed hours are too long, who is looking after the staff for such long hours? What happens if they get burnt out and then make mistakes?"
People who made comments in response to NHS Leeds CCG social media posts supported the proposals, and many specifically mentioned being pleased about the Otley location. Responses to the Leeds Hospitals posts were more mixed, with some comments suggested better funding of existing services would be better. Comments in response to Voluntary Action Leeds posts raised concerns about whether mental health would be included, that there were no centres in West Leeds, and stressed the importance of good public transport to the centres.

**d) Are there any other ways to improve access to urgent health care?**

Respondents were asked whether there is anything else that the CCG needs to consider to meet their access needs.

- 30% answered Yes
- 63% answered No
- 7% did not answer the question

Those who answered yes were asked what could be done to help. The following groups of comments were made.

1. Locate the centres closer to where I live.
2. Provide sufficient parking (preferably free parking), including sufficient disabled parking.
3. Ensure there is a good public transport service to each centre.
4. Provide transport, especially at night.
5. Have a taxi rank on site (with wheelchair taxis available).
6. Ensure that the staff in the centres reflect the diversity of the local population.
7. Provide a pharmacy on site.
8. Ensure staff are trained to deal with diverse people and those with special needs (e.g. who have mental health problems, who are D/deaf or hard of hearing, who have autism, who are transgender).
9. Provide interpreters, including British Sign Language interpreters.
10. Make it accessible for people with disabilities and mobility problems.
11. Provide good IT systems, including accessing medical records, the facility to book appointments online, video or telephone consultations, a live chat facility to ask for advice about whether I need to be seen, an app where you can check waiting times at each centre.
12. Tell people about the centres and what they can be used for.

"A long way from where we live and difficult to get to."

"Seacroft is difficult to access from north Leeds."

"No provision has been made for west Leeds."

"Not far from Jimmy’s. Should be in Wetherby ward so the north east of the city is served."

"Too close to St James. Need it further north east, and another further west."

"Not always easy to access if on public transport."
Respondents were asked whether there is anything missing from the proposal. Only four people reported anything missing. One comment strongly supported the proposal. One noted that the proposal is good because they cannot access their GP. One comment expressed concern that co-locating urgent treatment centres with A&E units will put further pressure on A&E and add to the confusion that people have over urgent and emergency care. One comment highlighted the need for more information about access for those with additional needs.

e) What are the views of people who face additional challenges?

Voluntary Action Leeds and their partners engaged with people who face additional challenges to accessing healthcare, such as people with learning disabilities, people who are migrants, refugees and asylum seekers, those with physical disabilities or mental health conditions, and older adults.

Their findings show that people who face additional challenges shared many of the views and concerns as people who took part in the main survey.

- People supported the proposals and suggested it would be easier for them to access urgent healthcare, although a few thought that the money would be better spent on improving urgent care facilities in GP practices.
- People found it difficult to understand the difference between urgent and emergency care and suggested a clear description, and maybe a flowchart, would help people decide the best source of help. It was pointed out that the words “urgent” and “emergency” are the same in British Sign Language. Some suggested that a city-wide communication programme is required, involving schools and communities.
- There were suggestions that the centres could be located more evenly across Leeds.
- People stressed the importance of the centres being served by good public transport, and that the buildings themselves should be accessible for those with mobility problems or who might have problems navigating in unfamiliar places. Some wanted to be able to access NHS transport to attend the centres.
- Some believed that the centres should be open 24/7, and certainly earlier than 8am.
- Some participants highlighted the need for the centres to provide treatment for mental health problems, and to have appropriate facilities to treat people experiencing crisis.
- Some people discussed the challenges they had faced in communicating in English and a few suggested the new centres could make better use of IT (e.g. apps) for translating.

In addition, Healthwatch Leeds made the following recommendations based on their engagement with people with a visual impairment.

- Ensure information about the urgent treatment centres, i.e. location and purpose of the centre is communicated widely to the public in accessible formats.
- Consider working with a group of visually impaired individuals when designing the layout of the centre to ensure urgent treatment centres are fully accessible.
- Consider recruiting volunteers to meet and greet patients at reception, especially those with sensory loss.
6. Equality impact analysis
Equality impact analysis

We have looked for differences in people’s responses to the question about whether the proposed services will affect their access to urgent care, based on protected characteristics. Responses were coded 1 (make it worse), 2 (no change) or 3 (improve it) so that higher scores indicated improved access. We ran statistical tests to find out whether or not any differences in the scores between groups of people (e.g. those in different age groups or with different religions) who completed the survey are likely to be present in the wider population of Leeds. The statistical tests are either t tests or ANOVAs. The tests produce a statistical value (either t or F) and a p-value, which helps determine the significance of the results. The p-value shows the probability that differences between the groups would not be replicated if the survey were run again with other people (randomly selected from the Leeds population) responding. It is standard to accept a probability of less than 5% (i.e.<0.05) as being statistically significant. This means that when a p-value of less than 0.05 is shown, we can be confident that these differences are present in the population of Leeds as well as in the survey respondents. If the p-value is greater than 0.05 we assume that the differences are not present in the population of Leeds. The results are shown in Table 2.

<table>
<thead>
<tr>
<th>Protected characteristic or group</th>
<th>Impact on access</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>There is no significant difference in access score based on age group (F (9,2568) = 1.73, p = 0.078).</td>
<td>The proposed changes will not differentially impact access to urgent care based on age. However, insight from the open survey questions highlight that older people may be less likely to drive, and so having good public transport to the centres is particularly important. People of working age and those with family responsibilities are more likely to need access before 8am.</td>
</tr>
<tr>
<td><strong>Disability</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>People who reported they have a disability have a significantly higher access score than those without a disability (F (1, 2474) = 8.1, p = 0.004).</td>
<td>The proposed changes will have a positive impact on access to urgent care for people with a disability. However, insight from the open questions highlights that people who are D/deaf or hard of hearing are concerned about the availability of British Sign Language interpreters. People with a mental health problem are concerned that the urgent treatment centres are able to treat people in mental health crisis. People with other needs were concerned that staff should be trained in helping people with conditions such as autism.</td>
</tr>
<tr>
<td><strong>Ethnicity and race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>There is a marginally significant difference in access score based on ethnic group: white versus non-white (t = 2.0, p = 0.058) with white ethnic groups having higher access scores than non-white groups.</td>
<td>While the difference is not significantly different, there is a trend for the proposed urgent treatment centres to make access easier for people with white versus non-white ethnicity. Insight from the open questions suggests that this might be due to concerns that the staff in the centres may not reflect the diversity of the local area, or concerns that there will not be interpreters available.</td>
</tr>
</tbody>
</table>
**Table 2: Equality impact analysis. Cont.**

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Proposed impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender reassignment</td>
<td>There is no significant difference in access score based on people describing themselves as transgender ($t = -0.001$, $p = 0.99$).</td>
<td>The proposed changes will not differentially impact access to urgent care based on being transgender. There is one comment in the survey about a previous bad experience with an insensitive clinician but no indication of any concerns with the proposed urgent treatment centres.</td>
</tr>
<tr>
<td>Marriage and civil partnership</td>
<td>There is no consistent pattern of differences in access score depending on relationship status. However, there are some statistically significant differences between specific groups, with those in a civil partnership having higher access scores than those who are divorced or married (Games-Howell corrected $F (6, 1957) = 2.5$, $p = 0.02$).</td>
<td>There is some evidence that the proposed urgent treatment centres will make access easier for people in a civil partnership easier. There is no evidence in the open comments about why this might be.</td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td>There is no significant difference in access score based on pregnancy status ($t = -0.13$, $p = 0.89$). People who reported they have recently given birth have a significantly higher access score than those who did not ($t = -2.25$, $p = 0.03$).</td>
<td>The proposed changes will not differentially impact access to urgent care based on pregnancy. The proposed changes will have a positive impact on access to urgent care for people who have recently given birth.</td>
</tr>
<tr>
<td>Religion or belief</td>
<td>There is no significant difference in access score based on religious group ($F (7, 1980) = 1.19$, $p = 0.30$).</td>
<td>The proposed changes will not differentially impact access to urgent care based on religion.</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>There is no significant difference in access score based on people describing themselves as heterosexual/straight versus other sexual orientations ($t = 0.71$, $p = 0.48$).</td>
<td>The proposed changes will not differentially impact access to urgent care based on sexual orientation.</td>
</tr>
<tr>
<td>Carer</td>
<td>There is no significant difference in access score based on caring responsibilities ($t = 1.28$, $p = 0.20$).</td>
<td>The proposed changes will not differentially impact access to urgent care based on caring responsibilities. However, insight from the survey highlights that carers often need to transport wheelchairs, so that it is important the centres are wheelchair accessible.</td>
</tr>
<tr>
<td>Parent of children under five years old</td>
<td>There is a marginally significant difference in access score based on parent status, with people with a child under five years having greater scores than those without ($t = -1.97$, $p = 0.05$).</td>
<td>While the difference does not quite reach statistical significance, there is a trend for the proposed urgent treatment centres to make access easier for people with children under the age of five. Insight from the open questions suggests that this might be due to late-night opening, as children are often ill in the night.</td>
</tr>
</tbody>
</table>
What do people think about the proposals for urgent treatment centres in Leeds?

7. Conclusions
Conclusions

The results show support for the proposed urgent treatment centres, with people believing that they will improve access by clarifying where they should go if they need urgent care, increasing choice and capacity, and providing a convenient and realistic alternative to seeking care from their GP practice. However, people find it difficult to understand what constitutes urgent care, and would benefit from a clear account of what conditions and situations it includes, and therefore when it is appropriate to use the centres. The results show that people currently use a range of services for urgent care and are often unsure which service they should use. The new urgent treatment centres should not, therefore, be presented as an additional option for them to choose from. Where possible, the number of options should be reduced and there should be a flowchart or decision aid to help people decide how to seek help. There is support for the fifth centre being located in Seacroft, although people may need reassurance about the area being safe, and that there is a good bus service to the centre. There is also support for the opening hours, although many survey respondents suggested all the centres should be open 24/7.

Following this formal engagement, the CCG should:

1. Consider whether the community-based centres could open earlier than 8am;

2. Review whether there is sufficient access for people who live in west Leeds and Wetherby;

3. Ensure that the range of facilities available in the urgent treatment centres (including for mental health) means that people see them as a credible alternative to A&E;

4. Produce and publicise a decision aid to help people identify when it is appropriate to use the urgent treatment centres.

5. Ensure that there are good public transport links to the centres, ample parking, and consider how it might be possible to help people with mobility problems to travel to them;

6. Design the layout of the centres to make them easy for people with disabilities to use;

7. Ensure that there is training and support for staff to communicate with diverse people and those with special needs (e.g. who have mental health problems, who have learning difficulties, who are D/deaf or hard of hearing, and who have autism).

The very fact of being able to access care in a more direct way, would give a feeling of security, when you are at your most vulnerable.

If there was a local service that was reliable and easily accessible then people would be less likely to abuse A&E services for non life threatening conditions and it would ease pressure on GP surgeries
8. What will we do with the information?
What will we do with the information?

This report will be shared with all the people who filled in the survey and gave their contact details. It will also be available on the CCG website.

The CCG will prepare a paper and share this report with members of the Scrutiny Board (Adults, Health and Active Lifestyles) for its meeting in July 2019. The Scrutiny Board is made up of local councillors and has responsibility to strengthen the voice of local people, ensuring that their needs and experiences are considered by the people who commission and deliver health services. The Scrutiny Board will make recommendations to the NHS Leeds CCG governing body about any changes to the proposed urgent treatment centres that they would like to see.

The CCG will share the briefing paper, report and any recommendations made by the Scrutiny Board with NHS England. NHS England will then make a decision confirming the next steps, either allowing the CCG to progress its proposals or asking for further evidence.

At present, subject to any feedback from the Scrutiny Board and NHS England, it is proposed that the CCG will ratify its proposals at the September meeting of its Governing Body. This is based on the feedback received from local people to its proposals and preparatory work undertaken to date to ensure the best use of available resources.

This analysis report and a comprehensive engagement report will be made available on the CCG’s website as well as to those who asked to be kept informed of progress. It’s anticipated that the CCG will hold a public information giving event outlining how people’s views will shape how services are delivered in the future. The CCG will also demonstrate how it will look to meet the needs of the diverse population of Leeds, and beyond, who need access to urgent care services. It is anticipated that targeted focus groups will be set up so that the CCG can consider the any gaps or issues the formal engagement has highlighted.
Appendix 1: Organisations the CCG worked with on the formal engagement
Appendix 1: Organisations the CCG worked with on the formal engagement

The CCG were keen to enable as many and diverse people as possible to share their views about the proposed urgent treatment centres. Videos were produced to explain the new centres including a British Sign Language one from the first formal event held at the Leeds Society for Deaf and Blind, a formal engagement document was produced online and in paper format, including in easy-read format, posters and postcards circulated, an interview held on a radio show, a Scribble Live stream released, press releases and advertising on social media and through DAX – a digital radio streaming service. The CCG worked with many different organisations to raise awareness of the formal engagement and to encourage people to share their views, shown in Table 2.

Additional emails and/or newsletters were sent to:
- Information shared with all ward councillors
- Parent, Carer and Family Voice newsletter
- Brief to CCG volunteers
- CCG volunteer newsletter
- Email to all communication leads in the city
- Social media and internal newsletter at LTHT
- NHS Leeds CCG staff bulletin
- Workplace Facebook
- Doing Good Leeds newsletter
- Forum Central newsletter
- Leeds Involving People mailout
- Email to Community Committees
- Email to MPs
- Healthwatch newsletter
- Email to Leeds City Council Equality Hub
- Shared with the Little Woodhouse Community Association network
- Email to schools in Leeds
- Email to Leeds Citizens
- Shared with North Leeds Mumbler page
- Shared with Colton Primary School staff
- Email to Shakespeare engagement registrations
- Shared with the Coeliac UK Leeds network
- Email to staff bulletin and primary care bulletin
- Email to Leeds Equality Hub network
- Email to User/Carer group of AMHP course at Leeds Beckett
- Email to Leeds Health Partnership team
- Shared with all practice managers in LS8 and LS9
- NHS England media update

Please note the above only covers the activity the CCG is aware of and there may be other instances of the formal engagement being promoted through other channels and organisations

Meetings or visits were held with:
- Park Road Medical Centre PPG meeting
- People’s Voices Group
- PPG Network Support Group
- Ireland Wood PPG Meeting
- Health Task Group
## Table 2: Organisations that worked with the CCG to encourage people to take part in the formal engagement.

<table>
<thead>
<tr>
<th>Paper surveys distributed by:</th>
<th>The electronic survey link was distributed by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>127 GP practices</td>
<td>CCG network</td>
</tr>
<tr>
<td>185 pharmacies</td>
<td>CCG E-Ngage newsletter</td>
</tr>
<tr>
<td>VAL</td>
<td>Partner organisation comms and engagement teams</td>
</tr>
<tr>
<td>Leeds Society for Deaf and Blind</td>
<td>Old Fire Station</td>
</tr>
<tr>
<td>Hamara Centre</td>
<td>Seacroft Recovery Hub</td>
</tr>
<tr>
<td>Seacroft Recovery Hub</td>
<td>New Wortley Community Centre</td>
</tr>
<tr>
<td>New Wortley Community Centre</td>
<td>Hamara Centre</td>
</tr>
<tr>
<td>Old Fire Station</td>
<td>Kentmere Community Centre</td>
</tr>
<tr>
<td>St George’s Centre</td>
<td>Merrion House</td>
</tr>
<tr>
<td>Wharfedale Hospital</td>
<td>Seacroft Community Hub</td>
</tr>
<tr>
<td>Respondents to the Shakespeare Pre-engagement</td>
<td>Reginald Centre</td>
</tr>
<tr>
<td>CCG Network members</td>
<td>HEART Centre</td>
</tr>
<tr>
<td>Cross Gates Library</td>
<td>Kirkgate Market</td>
</tr>
<tr>
<td>Local Councillors</td>
<td>Wharfedale Hospital</td>
</tr>
<tr>
<td>Strata Homes, Seacroft</td>
<td>St George’s Centre UTC</td>
</tr>
<tr>
<td>Farsley Live at Home scheme</td>
<td>GPs</td>
</tr>
<tr>
<td>Seacroft Friends and Neighbours</td>
<td>Leeds Citizens Panel</td>
</tr>
<tr>
<td>Chapel FM Arts Centre</td>
<td>Leeds Bradford Airport Car boot</td>
</tr>
<tr>
<td>Allerton Medical Centre</td>
<td>Advonet</td>
</tr>
<tr>
<td>Richmond Hill Elderly Action</td>
<td></td>
</tr>
</tbody>
</table>

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What do people think about the proposals for urgent treatment centres in Leeds?
Appendix 2: Where survey respondents live
Appendix 2: Where survey respondents live

The map below shows where the survey respondents live.

<table>
<thead>
<tr>
<th>Postcode</th>
<th>Number of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>LS1</td>
<td>11</td>
</tr>
<tr>
<td>LS2</td>
<td>33</td>
</tr>
<tr>
<td>LS3</td>
<td>12</td>
</tr>
<tr>
<td>LS4</td>
<td>18</td>
</tr>
<tr>
<td>LS5</td>
<td>28</td>
</tr>
<tr>
<td>LS6</td>
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<td>LS7</td>
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<td>LS8</td>
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<td>LS13</td>
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<td>LS14</td>
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</tr>
<tr>
<td>LS15</td>
<td>248</td>
</tr>
<tr>
<td>Non-Leeds postcode</td>
<td>70</td>
</tr>
</tbody>
</table>

What do people think about the proposals for urgent treatment centres in Leeds?