



Urgent Treatment Centres Engagement summaries

The Leeds Voices team carried out a number of focus groups and interviews with priority groups as part of the Urgent Treatment Centres engagement, supported by our third sector partners within the Engaging Voices project.

These engagement summaries present the findings from these focus groups, along with supplementary data gathered from conversations with the general public and comments made on the Leeds Voices Facebook page.

As well as taking part in in-depth discussions, focus group participants were given the opportunity to complete an individual survey if they wished to do so – where individuals opted to do this is clearly indicated at the beginning of each summary.

Quotes have been included wherever possible, however due to language and translation issues (and one group expressing a preference for their session not to be recorded) there was not always a suitable quote available to accompany every contextualising theme.

Contents

Section 1: Learning Disability	2
Section 2: Migrant Populations, Asylum Seekers and Refugees	10
2.1: Migrant Access Project – Community Network	10
2.2: Migrant Access Project Plus (MAP+)	12
2.3: Leeds Refugee Forum	17
2.4: Refugee Education and Training Advice Service (RETAS) Leeds.....	22
Section 3: Mental Health conditions	27
3.1: East Leeds Health for All	27
Section 4: Over 65s	33
4.1: Touchstone Sikh Elders.....	33
Section 5: Deaf and hard of hearing.....	37
Section 6: Additional findings	40
Section 7: Facebook comments	42

Section 1: Learning Disability

Organisation/Group: LEEP1 (x2), Aspire CBS

Priority Group: People with a learning disability

Number of participants:

Focus Group 1 (FG1): 6 service users, 1 support worker, 1 carer

Focus Group 2 (FG2): 5 service users, 1 support worker

Focus Group 3 (FG3): 9 service users, 3 support workers.

Number of surveys returned:

Four equality monitoring forms were completed and inputted to the web survey.

Facilitator notes: The focus groups delivered reached people with a broad spectrum of abilities. Whilst the team were able to achieve consent from those present to deliver the group (verbal/written), only four participants were able to complete the equality monitoring forms distributed.

Each group contained at least one support worker/carer, who on many occasions were able to provide guidance to facilitators and enable participants to articulate their views.

In one of the focus groups participants expressed a preference to not record the conversation.

KNOWLEDGE: (Understanding of the terminology, definitions of urgent care, understanding of the current system)

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Terminology	Participants expressed confusion over the distinction between urgent and emergency care.	<p><i>“Urgent [care] makes it sound pretty urgent, you know urgent is urgent”</i> FG1</p> <p><i>“When you go to these services do you have to be dying?”</i> FG3</p>
Knowledge of urgent care services	<p>Participants referenced current NHS support, including local and national services offering support with urgent care needs.</p> <p>Some members of the group talked about being aware of certain healthcare needs requiring emergency care and others which</p>	<p><i>“There’s an existing 111 number isn’t there? That’s the initial point of contact, people there will tell you to get over to the hospital or see your doctor or whatever... but this will be an improvement on that will it?”</i> FG1</p> <p><i>“I believe there are rules about contacting 999, either loss of consciousness, that’s one thing or... I can’t remember, there are two or</i></p>

	<p>could be attended to through non-emergency services.</p> <p>One staff member referenced current mental health drop-in service within the locality.</p>	<p><i>three other things.”</i> FG1</p> <p><i>“I know they’ve got the [Well Bean] café... just in Burmantofts... they can go there if they need medical attention... I think you can go there so you’re not queuing [to be seen].”</i> FG1</p>
--	---	---

CURRENT SERVICE USE: (current experiences, confidence in decision making, choice of urgent care services)

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Experiences of illness	Participants talked about feeling scared when ill.	<i>No suitable quote</i>
Choice	Some participants felt that they didn't have a choice when accessing care.	<p><i>“I think if you have a good experience in a restaurant or somewhere like that you would go again, but with a care service you don't really have that option to not go again.”</i> FG1</p>
Decision making	<p>A staff member highlighted the importance of context in choosing an urgent care service. Later in the discussion the same staff member provided an example of how they had to access emergency care as no other services were available, even though they felt emergency care was not required.</p> <p>One participant referenced the additional challenges of accessing urgent care for another person.</p>	<p><i>“It depends, if it was sickness, I'd probably just, it might be the doctors but, if it was more urgent than the doctors then I would ring the 111 first, because ahead of going to the hospital they'll ring through and let you know. It stops that, however long waiting time in A&E”</i> FG1</p> <p><i>“The man in question was drunk in the toilet, had far too much to drink. He wasn't known to anybody... and we ended up having to ring 999. I felt it was such a waste really, but obviously we couldn't get any sense out of him... we rang the police at first call and they said to us ring 999, but I felt it was such a waste... it was what the police suggested”</i> FG1</p> <p><i>“I suppose it's different if you're doing it for yourself or someone else. If it's someone else, you don't know what else might be going on in their lives, what other conditions they might have, that might compound it.”</i></p>

	<p>For one participant the perceived quality of the service was an important factor in future decision making.</p>	<p>FG1</p> <p><i>“My mam is like my carer, she helps me out... sometimes says what service do you want to do, and I say to her 111 is better, and she says, well good choice.”</i></p> <p>FG1</p> <p><i>“I think the service itself [prompt], the quality of the service”</i></p> <p>FG1</p>
Telephone support	<p>Some participants talked positively about using the NHS 111 service. However, one person referenced this service as a back up if they couldn't get into a hospital with an urgent care need. Another person suggested that phone lines can be engaged.</p>	<p><i>“It's what I did when I cut my finger on a lawn mower, it was bleeding everywhere, I phoned 111 and they told me things to do, you know wrap a clean kitchen towel around it and so forth, things in that state that I might not have thought of doing.”</i></p> <p>FG1</p> <p><i>“If I can't get into hospital, I'd call 111. That's what I think would be better. Because they'd help you straight away and they'd send somebody out straight away, won't they.”</i></p> <p>FG1</p> <p><i>“999 is sometimes really busy and sometimes it's engaged, when you're trying to get in touch with them [corrected by the group]. I think 111 would be better to ring, and they will tell you what to do if you [have a healthcare need]”</i></p> <p>FG1</p>
Waiting times	<p>Participants talked about experiencing queues when accessing current NHS drop-in services and inconsistencies with waiting times for GP services.</p> <p>One support worker highlighted the impact of long waiting times at NHS services on care provision.</p>	<p><i>“Sometimes there's a queue while you're waiting isn't there.”</i></p> <p>FG1</p> <p><i>“I think GPs are very over-run, you can't get appointments... for me I would ring the 111 because of that.”</i></p> <p>FG1</p> <p><i>“It's like with the doctors, you can wait three weeks for an appointment, or just ring up on the morning or you might be able to see your doctor on that day.”</i></p> <p>FG3</p> <p><i>“You're relying on good will [of care staff] when people are in hospital 'til two or three in the morning... Probably over the last year [the</i></p>

		<i>impact of waiting times on care staff] has got worse” FG3</i>
NHS staff	<p>One person talked about NHS staff being helpful and kind.</p> <p>One support worker highlighted the varying levels of understanding and support offered by NHS staff to people with a learning disability. The support worker also pointed out that staff do not always appreciate that a person with learning disabilities may need to have their support worker stay with them.</p>	<p><i>“I’d say it was positive, because they do help you out a lot... if you’ve got any [health needs].” FG1</i></p> <p><i>“It depends really on the individual, some people if they had a drip in, they would rip the drip out, it does totally depend on the individual... Sometimes you have to intervene, but every case is different.” FG3</i></p>
Information	Participants talked about previous experiences of receiving information from health professionals, which they had not been able to understand. Participants talked about this experience making them feeling ‘sad’ and ‘angry’.	<p><i>“[It made me feel] a bit sad and angry a bit” FG1</i></p> <p><i>“I can’t read that joined up writing.” FG1</i></p>
Communication	Participants talked about needing support in order to communicate with NHS staff and overcome barriers. Participants stated that they didn’t like professionals using ‘jargon’ and talked about finding it hard to understand NHS staff with ‘foreign accents’.	<i>No suitable quote</i>

THE PROPOSALS: (Thoughts on the proposed service, the locations, the opening hours)

Theme	Text summary (contextualising theme)	Quote(s) (if available)
General opinion	The initial response to the proposals was broadly positive.	<i>“Personally I think this is a really good idea because it will relieve the pressure on the LGI and St. James’s, which are struggling at the moment” FG3</i>
Clarity of purpose	One member of support staff talked about a need for clarity of purpose, enabling those seeking medical support to choose the most appropriate service for their needs. This point was backed up by service users, one of which suggested a ‘simple flowchart’ to aid with navigation.	<p><i>“What do you use the urgent treatment centre for, so at what part do you go to the A&E and at what part do you use the urgent treatment centre?... So you’ve broken your leg, do you go to the urgent treatment centre or do you go to A&E?” FG1</i></p> <p><i>“You could have one document that gives examples... you could have it on a big plaque in all the NHS buildings,</i></p>

		<i>stuck on the wall”</i> FG1
Locations	<p>While some participants highlighted the value of having services located within the city centre, one support worker suggested that the urgent treatment centres could be more evenly distributed across the city, this view was backed up by a service user.</p> <p>Whilst no participants expressed a preference for Seacroft as a location, there was recognition that other locations would be accessible to those present.</p>	<p><i>“I can get to the infirmary and I can get to St. James’ by just one bus.”</i> FG1</p> <p><i>“I think the three in the middle are very close together, I think it could be dispersed a bit more, across Leeds, just so other towns can benefit, say for instance Wetherby...maybe just a little bit more spread-out.”</i> FG1</p> <p><i>“It feels like number 4 (St. James’) should be moved out a little bit, because they’re close together.”</i> FG1</p> <p><i>“Number one is better, for me, because it is close for us to go to.”</i> FG1</p> <p><i>No suitable quote</i></p>
Opening times	<p>There was a commonly held view that all treatment centres should be open around the clock, and not just those co-located in the A&E departments.</p> <p>A support worker in one group suggested earlier opening hours would better meet the needs of people seeking to access the service.</p>	<p><i>I like that [they’re open] till 11 at night, that’s good, 24 hours well that would be very helpful... If it could be good that would be nice.”</i> FG1</p> <p><i>“[All urgent treatment centres] should be open 24 hours a day, what if my wife wanted them [in the night], they should be open 24/7.”</i> FG1</p> <p><i>“I think eight o’clock [am] is quite late myself... seven [am] till eleven [pm] is probably slightly better. Because seven o’clock [am], especially in the summer, there’s a lot of people around.”</i> FG3</p>
Mental Health support	A carer present at the group queried the range of mental health care provided by urgent treatment centres.	<i>“Would these urgent care centres, would they be able to accommodate the kind of provision for people... who are having a mental health issue?”</i> FG1

FUTURE SERVICE USE: (impact of proposed services on future service use)

Theme	Text summary (contextualising theme)	Quote(s) (if available)
-------	--------------------------------------	-------------------------

<p>Easy access</p>	<p>Participants felt that location of services was important, and that all services needed to be easy to access. This included providing services which are close to home, but also easily accessible for wheelchair users.</p> <p>Participants also talked about a need for clear signage within NHS buildings, incorporating pictures and diagrams to help people find the service that they required. There was recognition from one support worker that there is a requirement for NHS buildings to be accessible.</p>	<p><i>"[We need it] to be up and running."</i> FG3</p> <p><i>"I think it needs to be close to home, where you're living"</i> FG1</p> <p><i>"If you've got something wrong with you, you don't want a stressful journey really, on top of how you are feeling."</i> FG1</p> <p><i>"[We would like clear signs], with arrows on, go that way or that way. I think it would be easier with arrows on... It will be easier for everyone else who can't read or anything like that, like for kids, it will be easier for kids and all."</i> FG1</p> <p><i>"The majority of hospitals and that are quite wheelchair friendly, because they have to be."</i> FG3</p>
<p>Transport</p>	<p>Some participants talked about experiencing challenges in using public transport to access services, others suggested that they would get a taxi if they needed to access NHS care.</p>	<p><i>"We get the bus and the man said, I'm not putting the ramp down...I said I'm going to report him"</i> FG1</p>
<p>Communication</p>	<p>Participants talked about the value of receiving post-appointment information in easy read format.</p> <p>Several participants highlighted the benefits of the having a card which could be shown to health professionals to communicate their impairment or health needs. One person stated the importance of this by providing an example of being given tablets which contained additives which he was not supposed to consume.</p> <p>Support workers highlighted current use of health/hospital passports for people with learning disabilities. They were of the view that this would be just as necessary at Urgent Treatment Centres as it is in hospitals, as patients would not be seeing their usual GP who has knowledge of their specific needs.</p> <p>Technologies were also referenced, a</p>	<p><i>"I think it would be better in easy read...after you have seen your doctor... Things like that [points at information sheet], if it's scribbles you just can't look at them or read them because the writing's small."</i> FG1</p> <p><i>"Someone given me tablets with E number colouring, I can't have."</i> FG1</p> <p>No suitable quote</p> <p><i>"I think it would be an idea, like [to</i></p>

	<p>support worker suggested that it would be useful to have a version of the health passport accessible via a mobile phone; this was backed up by the group. Another participant also highlighted the value of using web resources to communicate information.</p> <p>One person suggested that there should be clear signage to remind people with a learning disability to make themselves known to staff.</p> <p>One participant also wanted to receive information from specialists in the field.</p> <p>Support staff talked about the importance of relationships in enabling communication between NHS staff and some people with a learning disability, particularly those who have impaired speech. It was recognised that each person may communicate in a different way and therefore knowledge of each person's method of communication is key to enabling communication with NHS staff.</p>	<p><i>have the health passport] on your mobile phone”</i> FG1</p> <p><i>“In the entrance to the hospital... there was a really big sign saying if you have got a learning disability please make sure you are known, make sure you’ve got your hospital passport... I just think that’s a really good idea.”</i> FG3</p> <p><i>“[I would like to receive information] from a special doctor or special sister”</i> FG3</p> <p><i>“Everybody has a key worker, so people who have difficulty understanding, someone like [name of key worker] would go with [name of service user] who they have a better relationship with... I’ve known [name of service user] a long time... for probably 20 years but I still don’t understand everything that he says, where as some of the staff would be able to understand... you get used to different people, their mannerisms... People do misinterpret, even a simple yes and no.”</i> FG3</p>
Staff	<p>When asked about the qualities required from NHS staff and the care provided, friendliness was frequently referenced.</p> <p>One participant also expressed a preference for seeing the same GP when accessing primary care, another said that they didn’t want care to be rushed.</p> <p>A support worker suggested that there needed to be more awareness training delivered to NHS staff, to ensure staff are using appropriate language and terminology. A participant suggested that drama could be used within staff training to demonstrate the communication barriers experienced by people with a learning disability.</p>	<p><i>“They need to be friendly”</i> FG3</p> <p><i>“I’d rather see the same person [each time I need care]”</i> FG3</p> <p><i>“I think there needs to be more awareness sessions, which we do occasionally”</i> FG3</p>

OTHER RELEVANT INFORMATION:

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Waiting times	<p>Waiting times emerged as a key theme across the focus groups, with speed of access to services deemed to be a key factor in the decision making process.</p> <p>It was highlighted by a support worker that waiting times can be particularly problematic for people with learning disabilities as they can display challenging behaviours when in stressful situations.</p>	<p><i>“If people feel like they’re going to have shorter waiting times they will go there instead.”</i> FG1</p> <p><i>“I think in this area, we’re very lucky to have Middleton, St. George’s. I think it’s been a victim of its own success... the waiting times have increased as more and more people go there. When it first opened you were in and out in ten minutes.”</i> FG3</p> <p><i>“The getting there is not the problem really, it’s the waiting times. You know people who might have limited attention span. They might exhibit behaviours because you’re hanging around in the A&E departments, that’s the biggest problem.”</i> FG3</p>
Budgets & resourcing	<p>A support worker highlighted a concern around resourcing the urgent treatment centres. For this person it was important to have confidence that the service would have the necessary budget and resources to meet the needs of those attending.</p>	<p><i>“What do you envisage the staffing and the waiting times, turn around and everything, might be in these centres... I have supported people to St. George’s... and waiting times... can hit and miss... and occasionally when I have gone to these places and they’ve actually run out of certain... vital medications. So, I suppose a concern I have is, are they going to be adequately resourced and is there a budget there so people can go to them in confidence... I will get a good treatment and I will be seen in a reasonable time.”</i> FG3</p>

Section 2: Migrant Populations, Asylum Seekers and Refugees

2.1: Migrant Access Project – Community Network

<p>Organisation/Group: Migrant Access Project – Community Network</p> <p>Priority Group: Migrant Populations, Asylum Seekers and Refugees</p> <p>Number of participants: 13</p> <p>Number of surveys returned: 7</p> <p>Facilitator notes: The discussion took place at a MAP Community network drop-in session. The session consisted of representatives of community based groups and organisations delivering work with migrant communities of Leeds.</p> <p>The discussion was preceded by a half hour presentation on NHS proposals to establish five urgent treatment centres in Leeds. Participants were provided with copies of the Urgent Care Survey and encouraged to record their views as citizens and advocates of the communities they represent. Those present were also offered the opportunity to take copies of the survey back to the people and communities they served.</p> <p>The structured summary below provides an overview of the key points and themes which emerged from the informal discussion around the urgent care proposals.</p>

Summary of key themes:

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Knowledge	One person present suggested that some of the people they engage with do not understand the 'correct' process for accessing urgent care.	<i>No suitable quote</i>
Current service experiences	People present expressed concerns about a lack of staffing in the accident and emergency department	<i>No suitable quote</i>
NHS 111	One person present suggested that they didn't like using NHS 111 and instead preferred to speak to a health professional face-to-face.	<i>No suitable quote</i>
NHS staff	The group expressed strong criticism of the approach of some NHS staff, suggesting they lacked respect for patients and discriminated against them. Some people in the group suggested that the NHS did not possess the skills and experience to deliver appropriate care.	<i>No suitable quote</i>
Waiting times	People present talked about challenges in gaining NHS appointments, with one	<i>'ill health is a natural disaster... [healthcare] should be free... it is</i>

	<p>person suggesting waiting times for appointments were four or five weeks. Long waiting times were linked to a perceived lack of GPs.</p> <p>One person talked about turning to private healthcare provision in an attempt to access care more rapidly. Others in the group challenged this view.</p>	<i>inhuman to take money from people who are ill.</i>
Language	There was a suggestion that information presented to people accessing NHS services was too medical.	<i>No suitable quote</i>
Proposed locations	<p>The group expressed concerns about transport to the proposed treatment centres.</p> <p>It was suggested that locating a treatment centre in Seacroft would be good for those within the vicinity, but not others in Leeds.</p>	<i>No suitable quote</i>
Complaints process	One person highlighted the lack of follow up when a complaint is made.	<i>No suitable quote</i>
State of the NHS	There was a feeling in the group that the NHS was changing, with some suggesting that NHS care had declined.	<i>No suitable quote</i>

2.2: Migrant Access Project Plus (MAP+)

Organisation/Group: Migrant Access Project +

Priority Group: Migrant Populations, Asylum Seekers & Refugees

Number of participants: 10

Number of surveys returned: 3 (7 others returned on a later date)

Facilitator notes:

The focus group was delivered to a group of mixed English language abilities. All members of the group participated in the discussion, though there were 3 or 4 dominant voices from which many of the quotes were taken.

KNOWLEDGE: (Understanding of the terminology, Definitions of urgent care, understanding of the current system)

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Understanding of urgent care	<p>Some members of the group felt it was difficult to differentiate between urgent healthcare needs and an emergency situation, and were not confident they would know where to go for treatment.</p> <p>Some participants felt that the general public will need education on what urgent care means, and the distinction between urgent and emergency care.</p>	<p><i>No suitable quote</i></p> <p><i>"I think some people need to be more educated...about emergency or urgent care."</i></p>

CURRENT SERVICE USE: (confidence in decision making, choice of urgent care services)

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Waiting times	<p>One participant recalled her friend's experience of attending A&E with a cut finger. She had no childcare and so had to leave her children at home. She waited from 7pm until 2am the next morning and had to leave without being seen so she</p>	<p><i>"My friend cut her finger, it was very deep, and the ambulance come, she had to go to the emergency because she called 111, and she left her kids...from 7 o'clock...at night until 2 in the morning...nobody see</i></p>

	<p>could get home to her children.</p> <p>One participant said she waited 5-6 hours with her daughter for an x-ray which was very difficult for her daughter.</p>	<p><i>her...and she go home without anyone see her...so she was like 'Ok, I will manage' because her kids were at home."</i></p> <p><i>"For a child it's very difficult to wait a long time...she will get tired."</i></p>
Current choice of service	<p>When asked what service they would choose if they currently had an urgent care need, most members of the group said they would attend the St George's Centre in Middleton or Leeds General Infirmary, and that their choice would be based on the time of day. Some participants did not know what service they would choose. Some members of the group said they would choose A&E just to be safe, as people know it is always open and they will be able to see a doctor. One participant said she would prefer to attend the Minor Injuries Unit but as she doesn't drive it would be hard to get there.</p> <p>Some members of the group felt it was important for children to be seen quickly, especially for high temperatures.</p>	<p><i>"When I've had a couple of injuries that need stitches I've had to go to A&E, because I wouldn't really know where else to go. Before I knew that there was a Minor Injuries Unit. I probably would (go there) if I could get there, because I don't drive that might be a bit difficult."</i></p> <p><i>"The easiest way is to go to the hospital...rather than searching which one is walk in or urgent...so the first impression for me - I would go to the hospital...I'm sure that it's open, I'm sure I can see a doctor."</i></p> <p><i>No suitable quote</i></p>
Knowledge of services	<p>Participants discussed the differences in healthcare provision in their countries of origin compared to the system in the UK. They felt it can be confusing to understand the system in a new country.</p>	<p><i>"We are newcomers, so we don't have a lot of information. In our country it's hospital. In the morning we call the doctor...otherwise after 6 o'clock we go to the hospital. This is the normal routine for lots of families."</i></p>
NHS 111/Language barriers	<p>One participant suggested ringing NHS 111 to get advice on the severity of a medical condition; however some participants said it was difficult to speak to people over the phone due to language barriers and it was often easier to speak face to face.</p>	<p><i>"It's easier for you to talk face to face. If you have to talk over the phone it's more difficult."</i></p>
Clarification around urgent care and emergency care.	<p>Some members of the group felt that it can be difficult to know what conditions are urgent and what emergencies are, and sometimes people need medical advice on how bad their injury/condition is.</p> <p>Some participants had concerns around the public being in a position of having to decide if a condition was urgent or an emergency. They stated they were worried about making the wrong judgement, waiting for long periods in the wrong place, then being told to attend somewhere else.</p>	<p><i>"If I go (to the Urgent Treatment Centre and they say) 'Oh we don't do that here, you should go to the hospital' - it's time consuming."</i></p> <p><i>"I am not an expert....maybe it's not a minor injury....maybe it's hit a vein....after that long time maybe they'll tell me....it's not minor and to go to the hospital....we need to be clear what is minor."</i></p>

<p>NHS budget</p>	<p>Some members of the group were concerned about government cuts to NHS funding and had questions on where the money is coming from. It was clarified that the proposal around urgent treatment centres was about using NHS resources in a different way and seeking to alleviate pressure on A&E services.</p>	<p><i>No suitable quote</i></p>
<p>Differences in healthcare services in other countries</p>	<p>Some participants discussed healthcare provided by other countries. There was a feeling from a few participants that healthcare in their country of origin was more up to date in terms of medication used, and that the NHS does not always use the latest medication. There was also discussion around medical issues not being investigated to the standard participants had been accustomed to in their country of origin.</p> <p>Another participant felt the NHS was better than the system in her country of origin, saying that treatment there takes too long, but can be made quicker by offering money to the doctor.</p>	<p><i>“If you ask anyone....from other countries....compared to UK, I think most of us has a bad experience with the NHS.”</i></p> <p><i>“When we came to this country....because we are foreign....we paid 200 for each one in my family....now it's become 400 for each one....so I paid for 5 years visa....so I paid already, so I need the service to help me.”</i></p> <p><i>“The GP....she called me back....she takes my symptoms by phone and they give me treatment by phone....I have urinary tract infection....if it's repeated you should take a culture to check what exactly the bacteria is affecting me....it was simply 'Ok I will write an antibiotic for you'....and it made me tired more....she didn't target the bacteria that affect me.”</i></p> <p><i>“In my country when you go to the GP you will wait until you die. Months and months to see the specialist. If you pay under the table you'll be seen.”</i></p>
<p>Visa colour coding system</p>	<p>One participant, who was a medical professional, felt she was not believed when she went to the GP about a pre-existing, life threatening condition that had been diagnosed by a specialist in her country of origin. She spoke of how she had to do her own research into her health problems and take this to show the GP. She said she requested a specific treatment she had found during her research and was told it was too expensive and was refused it in favour of a cheaper option which caused side effects. When discussing this with an English woman with the same health problem she said she discovered the English woman was being given the more expensive treatment.</p> <p>The participant felt this was due to the</p>	<p><i>“After being seen by my specialist...it was life threatening...the GP...said it was normal, they were not believing me...I had enough knowledge...I had done (lots of) research. I told the doctor 'I should be taking this injection' and I go with the evidence to them...I brought all the research in my hand and showed them...at the end the doctor...was trying to convince me (that) the injection was really expensive. So what do I do? Is my health important or the money important?...So they give me some injection instead of that one...Once I met an English lady (I saw her a lot) in the clinic...I asked her what injection. She said 'yeah I am taking that injection. How come they don't give you (that injection)?' I said</i></p>

	<p>colour coding system in place to denote a patient's immigration status and she felt she was not being treated equally and fairly as a result.</p> <p>Another participant suggested this was fair as they felt that some people are dishonest.</p>	<p><i>'Because it's expensive'.</i></p> <p><i>"When you go to the NHS and they open your system it shows on your name a yellow, a purple I think, or a green. It represents your Visa...status. I think they should remove that. Why? Because some doctors and some professionals when they come to the reality and the economic of the NHS, they're monitoring the patients but on the other side they have to think about the labels, which is really unfair."</i></p>
--	--	--

THE PROPOSALS: (Thoughts on the proposed service, the locations, the opening hours)

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Centralisation of records	Participants felt it was important that staff at the UTCs should have access to patients' medical records so information and medical history does not have to be repeated.	<i>No suitable quote</i>
Opening hours	<p>Some participants felt the proposed opening hours were right. Some felt all should be 24 hours due to ability to get to the locations.</p> <p>Some members of the group were concerned that opening 24 hours at all locations would increase pressure on NHS staff as they are already short staffed.</p> <p>Some participants felt that opening Urgent Treatment Centres would have a positive impact on staffing issues within the NHS.</p>	<p><i>"I think it would be really good if they were all open 24 hours...it would have been ideal if all of them offered the 24 hour service...going back to the locality more than anything else."</i></p> <p><i>"The problem here in England (is) the shortage of staff...if we say 24 hours, they wouldn't do that because...you have a shortage (of staff). My husband is a doctor...he is alone on a night shift and he can't manage alone. If they have more (staff), they can add (them), but they don't have."</i></p> <p><i>"If this works in the way it should do, that there would already be a lot of people accessing LGI who needed the urgent care. So although, yes, there is generally a shortage of professionals in the UK and in hospitals, part of the success of this will mean that...people who are already working in LGI now, treating these urgent care cases will no longer be needed in A&E because they'll be going to the urgent care. So in theory it shouldn't...it's not like we have to double up for the same cases."</i></p>

<p>NHS funding</p>	<p>Some participants felt the money would be better spent improving existing services, such as introducing the ability for GP surgeries to provide UTC services, rather than creating specific centres. Some felt opening UTCs was a more efficient use of funds.</p>	<p><i>“We already have problems with funding, so what’s the point of opening new centres?”</i></p> <p><i>“We can improve the GP equipment in the same place as the GP rather than open a new centre.”</i></p> <p><i>“If a lot of people go to A&E when they don’t really need to, that costs extra money. If they can be seen in an urgent care centre the cost is a little bit less...the funding is still the same, but maybe the money can be spent more wisely and a little bit more effectively.”</i></p>
<p>Location</p>	<p>One participant felt it was a good idea to locate two of the centres within the main hospitals so that cases could be referred from A&E to the Urgent Treatment Centre and vice versa. There was agreement from the group on this.</p> <p>Participants felt Seacroft was a good place for the centre in East Leeds.</p> <p>It was pointed out by some participants that there are no centres proposed for West Leeds.</p>	<p><i>“I think this is a very good idea, to locate it on the hospital grounds.”</i></p> <p><i>“Yes, because I live there.”</i></p> <p><i>No suitable quote</i></p>

2.3: Leeds Refugee Forum

<p>Organisation/Group: Leeds Refugee Forum</p> <p>Priority Group: Migrant Populations, Refugees and Asylum Seekers</p> <p>Number of participants: 6 (including two staff members)</p> <p>Number of surveys returned: 6 completed</p> <p>Facilitator notes:</p> <p>The focus group consisted of people with a variety of English language skills.</p> <p>All participants were able to contribute to the discussion; however there were 2 or 3 strong voices and many quotes were taken from those participants.</p>
--

KNOWLEDGE: (Understanding of the terminology, Definitions of urgent care, understanding of the current system)

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Terminology	Some participants were unsure of the difference between urgent care and emergency care.	<p><i>"Anything that requires a specialised doctor, or specialised care?"</i></p> <p><i>"It's a little bit tricky because...it has the word 'care' there; it's not an emergency as such."</i></p>

CURRENT SERVICE USE: (confidence in decision making, choice of urgent care services)

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Decision making	Some participants were concerned that they would not be able to judge whether or not a need was urgent, and that it would be hard to choose the correct service. There was concern over making the right decision in the moment, especially when making decisions on behalf of children, as parents can feel very worried and sometimes panic.	<p><i>"...I don't know what the situation is. Are we talking emergency, or urgent, or...so where can I go?"</i></p> <p><i>"If there is anything urgent happened, for example for our children, as a parent we don't know - is that very urgent? As a mother, we have to go to the right one...that sounds a bit difficult for people."</i></p>

	<p>There was also concern that people would have to choose between attending A&E, where it was certain an issue could be treated but there may be a long wait, and attending a UTC, where there was not the certainty there is with A&E, but the wait might be shorter.</p>	<p><i>"Most of the parents, we don't know if something has happened for the children, they will be in a panic at that time and they will choose the one (which gives) the highest priority."</i></p> <p><i>"As a parent...(I would go to A&E) instead of first go to this service and then go to that...There is an issue with (A&E) as well. It takes maybe longer to wait...this service, the urgent one, maybe helps with the time."</i></p>
Language barriers	<p>Some members of the group felt that it can be difficult for new arrivals to understand the current system. One participant suggested that there should be one number to ring instead of 111 and 999 so the professional on the phone could decide on the severity of the issue and direct to the right service.</p>	<p><i>"I've experiencing this working with people whose first language is not English, the language aspect...is very confusing for people, for new arrivals in particular, who arrive to this country and they encounter a situation...they don't know which one...even though it's been explained to them 'this is for urgent, and this is for non urgent', but everything is new...it is confusing. I would rather there was one number for everything and then the person talking to me on the line would decide."</i></p> <p><i>"Somebody's child has burned their hand on the stove...they're not bleeding...I don't know which one I should call...most of the time people end up calling 999, because that has always been the traditional number that has always been there to call when there is an emergency. So I think it will work at some point, but it will take time."</i></p>
Barriers to access	<p>One member of the group felt that hospitals could be confusing for migrants as they don't know where to go and it can be a barrier to access. They suggested people prefer to call an ambulance because it will take you to the right place and that some migrants choose not to go to the hospital because it is so complicated. Some participants said attending a walk-in centre is less intimidating than going to the hospital.</p>	<p><i>"This is one of the barriers I think we'll create, if we're talking about migrants and refugees...the hospital is very complicated...some of them may prefer to stay at home...they don't know how to go and where to go...a lot of people, they don't go to the hospital."</i></p> <p><i>"There's an alarming factor, a stressful factor, associated with going to the hospital, whereas walking into a day clinic, a walk in clinic is a slightly better...for me anyway."</i></p>
Waiting times	<p>Some participants felt that waiting times put people off. One member of the group described a situation her friend experienced when she wouldn't go to the hospital despite</p>	<p><i>"I know in my community most of them reject to go to hospital because of the time. Even one of my friends has got a panic attack and she does not want to</i></p>

	having a panic attack as the waiting time would be too long and she did not have childcare.	<i>go to hospital because of her children."</i>
--	---	---

THE PROPOSALS: (Thoughts on the proposed service, the locations, the opening hours)

Theme	Text summary (contextualising theme)	Quote(s) (if available)
General thoughts	One member of the group felt that the proposal was a positive thing, but that it needed to be inclusive and communities needed to be consulted properly.	<i>"I find this is a positive move forward. This proposal will give more access to certain communities, and people like myself who have disabilities. So it's good, it's just needing to be thorough. And I believe in order to be thorough they have to be inclusive, because as it stands if we don't know about it that means we weren't consulted on it. It's no good that we are using previous data...the people we are treating is right now, so we need current data. All the decision making should be inclusive, rather than...'here's the service and that's it'...all our community don't know about this. How do you intend to include us?"</i>
Locations	<p>Some participants felt urgent care services would be better located in GP surgeries as they are closer to where people live. Some members of the group felt that people would use a walk-in centre more than an Urgent Treatment Centre.</p> <p>Some participants pointed out that there are large areas on the map not covered by an Urgent Treatment Centre, and that the proposed locations were too close together. One participant felt that centre locations should be based on socio-economic need and cited difficulties travelling being a barrier for some communities.</p> <p>One participant suggested there should be an Urgent Treatment Centre in Harehills due</p>	<p><i>"There's an awful lot of blank [space on the map]."</i></p> <p><i>"You've got to think about the social economy of things too, because some areas are prevalent of people who could not afford travel for emergency...For this to work, the location plays a big part, and it has to be strategically [placed] with certain communities because some are able to travel better than some...If it's based on statistics, I'm wondering where the statistics come from – is it based on cost, is it based on socio-economic, or more needs from the people. If it's a service that is meant for all, it has to include all rather than being specifically located. So it has to be well distributed rather than just concentrated, because this is an access centre, so it must be accessible to many...because there are cases here where people really, really have problem to travel...it's just too concentrated, it's not quite well spread."</i></p> <p><i>"Harehills has a big community...because there's a lot of</i></p>

	<p>to the large refugee population, and felt it would compliment the other services located in that area.</p> <p>One participant suggested that the public should be consulted before the locations are finalised.</p>	<p><i>refugee help centres there...we have legal help, we have community help, we have refugee help, we have mental health help. This would be a completion...all inclusive...it's accessible."</i></p> <p><i>No suitable quote</i></p>
Education	<p>Some members of the group felt there should be an information campaign to get the message out in order to overcome the current perception that A&E is the right place to go for anything urgent.</p> <p>One member of the group suggested that education needs to be targeted in schools in order to change the culture of going to A&E for everything, and that parents should also be educated on the changes.</p> <p>Some participants suggested that the NHS should run classes at existing groups, such as at Leeds Refugee Forum and other third sector organisations, to inform people of the new system.</p> <p>It was felt by the group that information needs to be in multiple languages; there were suggestions of Farsi, Arabic, Tigrinya, and Amharic. One participant suggested identifying community leaders who are trusted within the community who can take a lead role in translating the information and educating people.</p> <p>Some members suggested that WhatsApp groups could be used, but felt that it is easy for people to become disengaged due to language barriers.</p> <p>One participant felt that a multimedia approach is needed, including WhatsApp, Facebook, Twitter, flyers, and community groups.</p>	<p><i>"Need an extremely focussed information campaign, because I think the problem you're gonna have is that it's set in our minds that you get ill, if it's out of hours you go straight to, you know, the A&E. That's gonna take a lot of time to inform people there's a new service. And also distinguishing, that's a key thing because if somebody's vomiting they go straight to A&E, somebody breaks their leg – go to A&E. There's just this generalisation that you go straight there."</i></p> <p><i>"The line between [services] is so grey."</i></p> <p><i>"I guess you have to use multimedia approach towards this, because the whole idea is accessibility. Somebody would have WhatsApp, somebody would have Facebook, somebody would have Twitter. And all of this, I'm sure, will not work if we don't back it up. A presentation must be behind it, a focus group must be behind it...in order for us to deliver in a wide scope you have to approach it in a multi-prong media and delivery...flyers, follow up with education, follow up with a presentation, follow up with community groups...you've got to think about the resources some refugees have and some refugees do not have."</i></p>
Opening hours	<p>Some of the group felt that all centres should be open 24 hours. Others expressed concern that there would be a bottleneck at 8am when the centres open, and that 6am would be a better opening time in order to avoid that.</p>	<p><i>"It would be better to be 24 hours."</i></p> <p><i>"Now, most of the GPs, they will not accept calls before 8, so you see all the people...just waiting to call...there's a lot of calls at that time...6 o'clock would be (better)."</i></p>

OTHER RELEVANT INFORMATION:

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Engagement	Some participants were positive about the engagement process, but others were unsure about how much difference it would make to the final decision.	<p><i>“It’s good to see this sort of workshop, to simplify the process, and engaging with people to give some different views. This is good practice I think.”</i></p> <p><i>“In the past I’ve been involved in lots of surveys...from the council, the NHS as well...a lot of information has been collected in the past and we didn’t know whether it really was considered or not...how serious will this actually be taken into account?”</i></p>

2.4: Refugee Education and Training Advice Service (RETAS) Leeds

<p>Organisation/Group: RETAS</p> <p>Priority Group: Migrant populations, asylum seekers and refugees</p> <p>Number of participants: 15, 2 staff members, 1 volunteer</p> <p>Number of surveys returned: 4 – equality monitoring forms only</p> <p>Facilitator notes: The group consisted of women from a range of migrant communities. All contributed to the discussion however there were three/four strong voices within the group. Many of those present had limited English language skills meaning dialogue had to be interpreted by a staff member.</p> <p>Whilst members of the group were happy to offer their views on specific UTC proposals, the group were also keen to provide feedback on broader NHS services.</p>

CURRENT SERVICE USE: (current experiences, confidence in decision making, choice of urgent care services)

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Accident and Emergency	<p>Participants talked about going to the accident & emergency department within the hospital if they had an urgent healthcare need. One person suggested that A&E provided a more rapid access to support.</p> <p>One participant talked about the accident and emergency department presenting a challenging environment for children with long waiting hours and potentially traumatic scenes.</p>	<p><i>“The GPs, you have to make an appointment before you see the Doctor, for Accident and Emergency, you can go there... [and get quicker access to support]”</i></p> <p><i>“The [service] I used when I took one of my children for an emergency, I had to wait four hours to be seen and also I saw another patient who had drips, he had to be given the drips outside... I found it difficult to comprehend... but I suppose they’re busy.”</i> Translated quote</p>
NHS 111	One participant talked about seeking support through NHS 111	<i>“I usually call 111 and then a doctor will call you, and they will assess you through the phone, send you an ambulance or refer you to a walk-in centre around you.”</i>
	Access to medication was highlighted as challenge for one participant	<i>“If you call the 999 direct, especially at night and they transport you to</i>

		<i>the Accident & Emergency centre most time they will tell you that the pharmacy is closed, you can't have access to medication so you have to wait for the next day."</i>
Communication	One participant talked about the challenges in accessing translation services within hospital settings and an inconsistency in GP settings.	<i>"[I] have a big challenge around translation, normally in such situations they don't accept from me to bring somebody with me to translate, they like the translator to be provided by their side. I have lost treatments or lost appointments due to this, why would they not accept someone by my side?"</i> Translated quote
Quality of care	One participant talked about concerns over slow diagnoses following contact with NHS services.	<i>'Why don't they understand what is happening, I had booked an appointment because I didn't feel very well, I have been going for the past five months and I still haven't been diagnosed, but I'm still having the symptoms...I'm concerned as to why it is taking so long to diagnose or give me the medicine.'</i> Translated quote
Gender	Participants talked about NHS services not offering patients a choice of a female health professional to cater for their cultural and religious needs. One participant suggested that this was particularly problematic when specialist care was required.	<i>'Some of us do not accept being treated by men, male doctors. They send us to another place, which is really very far away when I request. I don't understand why each centre doesn't have at least one female doctor, for the patients who do not feel comfortable being seen by male doctors'</i> Translated quote
Reception staff	Participants talked about reception staff being aloof, unfriendly and not listening to the needs of the patient. One participant talked about being afraid to ask reception staff questions. One participant also expressed concerns at the ways in which reception staff expect confidential information to be communicated to them within NHS settings.	<i>"I got very bad treatment from one of the clinics... they don't have to be friendly, they can be professional but nice, they... are quite aloof, they are for me, I call them aggressive... this happens a lot."</i> <i>"You have to say it clearly in front of people, your date of birth as if you have a microphone... it's something that you have to keep secret."</i>

THE PROPOSALS: (Thoughts on the proposed service, the locations, the opening hours)

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Access to urgent care	Participants generally thought that the introduction of urgent treatment centres would make it easier for them to access urgent care if they needed it.	<i>No suitable quote</i>
Location	<p>Participants highlighted the concentration of centres within the city centre.</p> <p>There were concerns expressed around access to St. James's hospital, particularly from the North of Leeds.</p>	<p><i>"I see that the concentration is around this [city centre] area, and they are very far away from where we live."</i> Translated quote</p> <p><i>"In reality, [people from this area] will go to St. James's because people need to get the bus"</i></p> <p><i>"It takes hours to get through to St. James's... I was stuck because of the traffic"</i></p> <p><i>"Need to take the pressure out of the traffic, to provide people in the North of Leeds access to this service."</i></p> <p><i>"So Chapel Allerton Hospital doesn't have any capacity for such a service?"</i></p>
Opening hours	The group suggested that the opening hours of the community based centres should be extended, preferably to 24 hours a day.	<p><i>'The hours should be longer, because it will result in a lot of people coming at the same time'</i> Translated quote</p>
Services	<p>Participants had concerns about how joined up the care will be within the proposed urgent treatment centres.</p> <p>Participants also highlighted a lack of local NHS dental care and a need to provide urgent dental care within the treatment centres.</p>	<p><i>'I am concerned that if I attend an urgent treatment centre, will I be having the same issue about, if I need an x-ray I will have to come back and if I need something else I will have to come back?'</i> Translated quote</p>

FUTURE SERVICE USE: (impact of proposed services on future service use)

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Communication	Participants talked about inconsistencies with translation provision. There was an agreement in the group that technologies could be used more effectively to enable better communication within hospital settings.	<i>"If there is not a translator maybe we could use technologies"</i>

Time	Participants talked about needing to be listened to by health professionals, and be given greater time and information from health professionals.	<p><i>“They should listen to what people think”</i></p> <p><i>“They do not give you the time to explain to you to feel comfortable, so when you go out of that place you are feeling more depressed than when you actually went in.”</i></p>
------	---	--

OTHER RELEVANT INFORMATION:

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Resourcing and budgets	Concerns were expressed over NHS budgets and the impact that this is having on access to services.	<i>“A few days back we read that the NHS is, I thinking health is costing them more and they’re thinking of removing some prescription list... we have to go and buy over the counter drugs.”</i>
Information provision	One person offered an example of an emergency situation in which care was provided rapidly, however the participant indicated that more information could have been offered to ensure they knew what was happening.	<i>“She connected to 999... before I opened my eyes I saw the ambulance people were at my door, so within the period they had given first aid, which was the best thing, despite the fact I didn’t know what was happening. So I was taken to the emergency [department] so still I never knew what was happening... the good thing is they came.”</i>
Waiting times	There was a general concern expressed in the group at the length of time they had to wait for an appointment at the GP surgery.	<p><i>‘I am concerned about appointments because there are very lengthy [waiting periods], I had to wait 2 months and when I complain I will be given another 2 weeks delay.’</i> Translated quote</p> <p><i>‘Most people in my community are suffering from this... By the time the appointment came, I forgot why I had an appointment’</i> Translated quote</p> <p><i>“Yesterday, I had the same problem I take an appointment at the doctor, maybe eight weeks ago and yesterday morning I went there and I couldn’t remember for what I came because I have lots of things... and about one month ago... they gave me an appointment and after one month they cancel it and they just send a message to me you can choose another date and the nearest date was fifty days.”</i></p>

Dental care	A discussion emerged around NHS dental care, the challenges of accessing local services and also the inflexibility of NHS dental services provision when they are accessed.	<p><i>'They gave me an appointment within six months and then they called again and said a waiting of another two months'</i> Translated quote</p> <p><i>'A lot of dental appointments are given to the children in the morning and they have to not go to school, often they have multiple treatment so they will be having to miss school quite a few times and some of these dates are in the test period, and they don't give any consideration to this.'</i> Translated quote</p> <p><i>'They tell you the time of the appointment but they don't tell you the name of the patient'</i> Translated quote</p>
Quality of care	<p>Concerns were expressed around health professionals' methods of care and a perceived reluctance to offer medication.</p> <p>Concerns were also expressed around the approach of GPs, their knowledge and the clarity of information they provided. One participant had particular concerns around the care provided to children.</p>	<p><i>"You go, you see the doctor and the doctor tells you... if it is getting worse you can come back, I don't know why I have to wait for it to get worse... I have never seen that, even in my country... As a doctor they need to know what's wrong with you"</i></p> <p><i>"They sit in the chair and they ignore you, he sits at the computer... you feel that you are not welcome."</i></p> <p><i>'Sometimes I do understand the pressures on the GPs, and so when we arrive we're normally seen by the nurse and she asks questions and... if it's not very serious she will send you to the chemist... I understand that, I am an adult I explain myself, I know what to say, so that's fine, but when they're a child... I take my child to the doctor... before I'm seen by the GP I'm seen by the nurse he says I've got a tummy ache and she says oh okay take this medicine and go, without going through the GP, well I don't think this is the right practice, at least for the children... three times I do this. The fourth time we went, we were able to access the GP, it was appendicitis and we had to rush emergency to have the operation.'</i> Translated quote</p>

Section 3: Mental Health conditions

3.1: East Leeds Health for All

<p>Organisation/Group: East Leeds Health for All</p> <p>Priority Group: Mental health conditions</p> <p>Number of participants: 9</p> <p>Number of surveys returned: 9</p> <p>Facilitator notes:</p> <p>The focus group was delivered to a group of people with mixed levels of English language abilities.</p> <p>There were a few dominant voices within the group and most of the quotes provided are from those participants.</p>
--

KNOWLEDGE: (Understanding of the terminology, Definitions of urgent care, understanding of the current system)

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Understanding terminology	When asked what they understood by the term “urgent care”, participants all felt it referred to an emergency situation.	<i>“It’s an emergency isn’t it?”</i>

CURRENT SERVICE USE: (confidence in decision making, choice of urgent care services)

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Waiting times	<p>Participants spoke of their experiences in accessing healthcare and the waiting times they had experienced at A&E. The group agreed that waiting times are too long and that it can be traumatic to wait for long periods whilst in pain.</p> <p>One participant felt that staff within A&E were doing their best to prioritise urgent cases, particularly children and the elderly.</p>	<p><i>“My leg was broken and I was waiting nearly 6 hours. Then the nurse come to see me and after that I was waiting nearly 3 hours....I was in pain....more than 8 hours I was waiting.”</i></p> <p><i>“[I felt] angry, because I was in pain with my knee.”</i></p> <p><i>“Middle aged, like us lot, we’re young so that’s why they make us wait a little bit longer, because there’s others (more) important,</i></p>

		<i>more urgent...I'd put others before me anyway."</i>
NHS staff	<p>One participant spoke of his support for NHS staff. He felt that they were working long hours under difficult conditions, such as short staffing, and the public need to be more understanding and patient when waiting to be seen.</p> <p>Participants discussed their experiences of NHS receptionists. Participants spoke of a variety of negative experiences with receptionists.</p> <p>One participant said she had encountered a nurse who suggested that she could be taking her medication to sell on the street, which she found to be personally offensive.</p>	<p><i>"They work hard, so you've got to give them the benefit of the doubt because they're working so hard – all them hours. And they are tired, and they do get short staffed, and they are very busy. They will get to you. All you have to do is wait about and have patience."</i></p> <p><i>"They tell you if you can get an appointment or not, they ask you what's wrong and all that. I don't think they're qualified to."</i></p> <p><i>"I had an infection in my hand...I felt ill. I was stood 15, 20 minutes in the wrong queue, but the way she snapped at me...just for being in, cos there's two queues...I was in the wrong one. She made me wait in the other one then, instead of just passing the file across to the woman sat next to her...I showed her my hand, she went 'have you been injecting in it?'. That was the receptionist who said it, and they were talking between themselves behind (the counter)."</i></p> <p><i>"They don't care."</i></p> <p><i>"I went to go see a doctor, the doctor's been rude to me, so I said to the receptionist 'I want to complain'. She didn't say nothing."</i></p> <p><i>"It was very rude what she said to me. She said 'Oh you know you can go out on the street and sell them to druggy people'....that was rude what she said."</i></p>
Choosing the right service	Participants were asked which service they would choose for a current urgent healthcare need. The group had differing opinions on this, with some choosing to seek advice from a pharmacist, some choosing to speak to their GP, some choosing to attend A&E at LGI, and some preferring self care at home.	<i>No suitable quote</i>
Appointment times/adequate care	One participant felt that they were not given enough time at GP appointments and spoke of feeling rushed and not receiving the right care as a result.	<i>"When I go and see a doctor, they want you quick out of the room....they don't want you talking about what's wrong with you, they want you to go fast."</i>

Mental health	One participant spoke of her experiences in seeking urgent mental health support at A&E. She felt that she should have been given more support in A&E and allowed to stay longer until she felt able to go home alone.	<i>"...suicidal thoughts in the middle of the night...I can't remember how I got there, in an ambulance? Because I was coughing up blood as well. And they just got the crisis team for me, and I waited a while for that...but when the crisis people come they basically just said, and I was really not in a good place, I was scared of being on my own, I was scared of going home for what I might do and they just told me to go home and wait on my up and coming rehab...and I remember thinking 'well they don't care'...I can't ring mam, I can't ring dad in the middle of the night. I didn't know what to do, but I didn't feel that I got what I wanted...I just wanted to stay there. I would have been quite happy cos somebody was around me...until my head calmed down somehow...I shouldn't have been sent away really."</i>
Experience of current services	One participant spoke of his experience of attending the Minor Injuries Unit at Wharfedale Hospital with a broken finger. He stated he was given an x-ray within 10 minutes, it was confirmed broken and strapped up within half an hour, and he was able to leave within an hour of arriving.	<i>"I thought it was brilliant...this feels very different to [experiences in A&E]...it was really good."</i>

THE PROPOSALS: (Thoughts on the proposed service, the locations, the opening hours)

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Access	Participants queried whether they would need to be registered with a doctor in order to access the Urgent Treatment Centres. The team were able to reassure them that they could access the UTCs without the need to be registered.	<i>No suitable quote</i>
Use of NHS resources	Participants expressed the hope that the opening of the UTCs would ease the workload of NHS staff.	<i>"Hopefully it will help to cut down their workload...because they are over (worked) and underpaid, we all know that."</i>
Location	Participants expressed concern about the location of the proposed sites. Some felt they were too far from where they lived, and pointed out that there will be a gap in	<i>"Not everybody lives near one of the sites." "Where I live there's nothing, so I'd</i>

	<p>services in West Leeds.</p> <p>One participant was concerned about how people will travel to the centres whilst ill, and how people with children will be able to access the centres if they do not have childcare.</p> <p>The group also spoke of their concerns around being able to afford to travel to the centres.</p> <p>Participants were concerned about accessing the services during a mental health crisis.</p>	<p><i>either have to get a bus, puking all over, or have to pay for a taxi."</i></p> <p><i>"You've got two based at the hospitals, which is city centre-ish, but then the others are all scattered. If you're really ill, like if you've got sickness and diarrhoea or you're in acute pain, getting to that place will be a big problem. You can't be puking on the bus and a lot of people won't be able to afford taxis, they won't have transport. So how will people get from home to (the UTCs)? A lot of people, that's why they will ring an ambulance because an ambulance will take them to A&E."</i></p> <p><i>"If you've got a sick child and you've got another four children...it'd be easier to call your GP out or take them to the GP which are usually located locally and in walking distance, but my concern is – how are people going to get there if they're really ill and they've got (nobody) living with them, they might become seriously ill and nobody discovers them."</i></p> <p><i>"What if you don't have bus fare to get there...you're going to be stuck aren't you? If people are not working, if you're on benefit, what are you going to do?" "People won't be able to afford to call a taxi to drop them off and then get a taxi back home."</i></p> <p><i>"At least with a cut finger...you can travel somewhere, but if you're in dire straits in your mental state then it's good to have something on the doorstep."</i></p>
Opening hours	<p>Some participants felt all the centres should be open 24 hours. Others felt the proposed opening hours were adequate.</p> <p>One participant suggested students should be brought in to cover shifts.</p>	<p><i>"It should be open 24 hours. Surely they can get people to do different shifts."</i></p> <p><i>No suitable quote</i></p>

FUTURE SERVICE USE: (impact of proposed services on future service use)

Theme	Text summary (contextualising theme)	Quote(s) (if available)
-------	--------------------------------------	-------------------------

Impact on services	One participant felt that the proposal was a positive thing and would ease the workload of NHS staff.	<i>"It's positive...because they're busy and they work hard...and they do lots of hours, some of them don't have rest, some of them don't eat."</i>
NHS 111	One participant was unsure which number to ring for an urgent healthcare need. The team confirmed that NHS 111 was the correct number and that 111 operators would be able to signpost people to the correct service.	<i>No suitable quote</i>
Access/Mental health	<p>One participant felt that the proposed services would provide support for people experiencing a mental health crisis as the staff would be trained and knowledgeable and be able to signpost to the correct service.</p> <p>Other members of the group were not as confident that the service would provide adequate mental health support, and pointed out that the proposals do not mention mental health at all and is focussed on physical health.</p> <p>All participants agreed that mental health support was needed and they would like to see it included in the proposals.</p>	<p><i>"Someone to talk to, someone to listen. That's all it takes sometimes. A cup of tea and someone to listen to you...you can get diagnosed from there....they'll be able to tell by sitting down and having a coffee with you which direction they need to point you."</i></p> <p><i>"On here it describes what Urgent Treatment Centres do, but it doesn't really talk about mental health. It talks about physical stuff like sprains or (unintelligible) so I think if you're promoting this service you need to talk about the mental health issues that these services can deal with. That needs to be articulated to people, because how would we know?"</i></p>
Future service use	<p>One participant felt confident that the proposed service would meet his needs and expressed his admiration for NHS staff and the services already provided.</p> <p>Other participants felt that they would have to try the service before feeling confident it would meet their needs.</p>	<p><i>"I give them a round of applause, because they work hard. They do a good job, even though they're busy and they don't get to you on time sometimes, they're there still."</i></p> <p><i>No suitable quote</i></p>

OTHER RELEVANT INFORMATION:

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Publicity	<p>Participants talked about how to publicise the new service. TV adverts were suggested by one participant and the group agreed this was a good idea.</p> <p>Participants discussed the need for advertising in a variety of formats and languages so people who are unable to read English can still access the information.</p>	<p><i>No suitable quote</i></p> <p><i>"You've got some people who don't read...you need to have (translators)."</i></p>

Budget	Some participants were concerned about where the money was coming from to fund the proposals. The team clarified that there is no extra funding for the Urgent Treatment Centres and that it will come from the existing budget.	<i>No suitable quote</i>
--------	--	--------------------------

Section 4: Over 65s

4.1: Touchstone Sikh Elders

<p>Organisation/Group: Touchstone Sikh Elders</p> <p>Priority Group: Over 65s</p> <p>Number of participants:</p> <p>Focus Group 1 – 10 participants</p> <p>Focus Group 2 – 5 participants</p> <p>Number of surveys returned: 13</p> <p>Facilitator notes:</p> <p>The focus groups were delivered to people with different levels of English speaking ability. Some members of the group needed translation from other members.</p> <p>Some of the points raised were unable to be accompanied by a suitable quote due to the differing language skills; however the team were able to summarise these points in order to record them.</p>
--

CURRENT SERVICE USE: (current experiences, confidence in decision making, choice of urgent care services)

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Accessibility	One participant spoke of having difficulties accessing her current healthcare provider as it is upstairs and there are no lifts.	<i>"She has to go up some stairs, it's not all on the same level, there's no lifts there."</i>
Language barriers	<p>One participant was concerned about the use of interpreters. They raised the point that it becomes the responsibility of the interpreter to make sure the patient understands what the doctor has said, and if there are any issues around miscommunication the doctor would not be aware of this.</p> <p>Some participants felt that using an interpreter was an issue in terms of confidentiality; they said they did not always want to discuss intimate medical problems in the presence of an interpreter.</p> <p>One participant felt that using an interpreter resulted in having less time to discuss issues with the doctor, as appointment times were not long enough to take account of the</p>	<p><i>"If the patient needs an interpreter, the interpreter will be brought in, then that will be the responsibility of the interpreter to make sure that patient understands. In that situation...the doctor...has done his job."</i></p> <p><i>"If you have no problem with the language then you can discuss whatever you want to discuss. If you have an interpreter then you are restricted. Sometimes you don't want to say things that are intimate."</i></p> <p><i>"Sometimes doctors have very limited time...it takes longer than the interpreter can explain...because sometimes you only have 5 minutes,</i></p>

	<p>extra time it takes to speak through an interpreter. There was agreement from the group that this was a problem.</p> <p>Participants felt it was difficult to communicate in English when they were feeling ill, and that they needed more time to communicate with healthcare professionals because of this.</p>	<p><i>10 minutes to see the doctor because they are very busy."</i></p> <p><i>"When you're poorly...your mother language you can speak easily. When you speak another language you are thinking...you need more time to explain."</i></p>
Difficulty getting treatment	<p>One participant felt that it can take too long to be seen for small issues and that patients can be moved about between services and issues can go untreated.</p>	<p><i>"Sometimes you're sitting there 6, 7 hours...and they say you've just sprained your ankle...come back tomorrow, next week...your GP says it looks alright, then the problem stays there."</i></p>
Experience in hospitals	<p>One participant spoke of how her experiences of going to Leeds General Infirmary have been generally negative due to how busy it is and the lack of parking spaces. She felt that it would be beneficial to have somewhere to go for urgent healthcare needs that did not involve long waiting times at a busy hospital. There was agreement from the rest of the group on this.</p> <p>One participant spoke of his experience of being in hospital after a stroke. He felt he was treated badly as the nurse assigned to care for him was unable to move him due to her pregnancy.</p>	<p><i>"It's too busy over there (in LGI), you can't even find parking...and it's too expensive (this is) why people need to go quick and come back quick."</i></p> <p><i>"When I had a stroke and went to the infirmary, I was lying on the bed and the nurse said to me 'your weight is too much, I can't handle you, I'm pregnant'."</i></p>

THE PROPOSALS: (Thoughts on the proposed service, the locations, the opening hours)

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Transport issues	<p>One participant felt that transport issues (and language barriers) were a major concern over the proposals. There was agreement from the group about this.</p> <p>Participants were concerned about being able to travel to the locations. One member of the group queried whether transport would be provided to the UTCs in the same way as transport is sometimes provided to hospital.</p>	<p><i>"I think it's language barrier or transport is the biggest [concern]"</i></p> <p><i>No suitable quote</i></p>
Accessibility	<p>Participants pointed out that disabled access is not mentioned in the proposals.</p>	<p><i>"There should be disabled access...at the place where this is based, so that people can still come with a wheelchair, with sticks...some people have asthma, they can't go up the steps in the</i></p>

		<i>clinics.”</i>
Cultural considerations	<p>One participant suggested there should be an option to see a GP from the same culture. Another participant pointed out that this is still not always helpful as they do not always speak the patient's language.</p> <p>It was also suggested that this could help people who cover their face for religious purposes. Participants felt it was not always easy for a doctor from a different culture to tell what someone with a face covering was feeling.</p>	<p><i>“If a GP is the same culture, that is helpful...they can speak our languages.”</i></p> <p><i>“Sometimes an Asian doctor, they don't speak our language...they don't speak Punjabi.”</i></p> <p><i>“Some people...their religion, they cover their face. Like, sitting here, we can tell you are laughing...but the doctor can't tell...because you can tell, like the lady said, from the eyes...are you happy, (is) something hiding...your eyes can tell everything...If the doctor is the same kind (of culture)...it will be easy for them.”</i></p>
Opening hours	One participant felt that longer opening hours would relieve the pressure on A&E further. The group agreed that 24 hours would be preferable if possible due to the need for more urgent healthcare needs arising after 11pm when pubs close.	<i>“After 11 o'clock people get more emergencies from the pub...I know people get drunk and go to hospital”</i>
Language barriers	One participant felt that language barriers (and transport issues) were a major concern over the proposals. There was agreement from the group about this.	<i>“I think it's language barrier or transport is the biggest [concern]”</i>
Communication to the public about the service	One participant felt that without effective advertising or communication, adding this service may create further confusion by increasing the number of available options. Other members of the group agreed with this view.	<i>“Once it's established it's got to be clearly communicated...like with your non-emergency...111...not everyone knew about it, it was still 999, so communication to the elderly is really important...whether it's a simple diagram or flowchart...so they know there's a big change coming...”</i>
Changes to current services	Members of the group expressed concern that the new service would change existing services, such as the ability for 111 to call an ambulance if they deem the issue serious.	<i>No suitable quote</i>

FUTURE SERVICE USE: (impact of proposed services on future service use)

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Future	There was general agreement among one of	<i>“You have to try it first...we can't say</i>

<p>decision making</p>	<p>the groups that Urgent Treatment Centres would make it easier to decide which service to choose when experiencing an urgent healthcare need. One participant said she would need to try the service first before feeling confident in making the right choice in the future.</p> <p>Some participants felt that they would have no issues in distinguishing an emergency from an urgent healthcare need.</p> <p>One participant felt that there will still be confusion over which service to choose after the UTCs open.</p>	<p><i>yes or no till we use this service."</i></p> <p><i>No suitable quote</i></p> <p><i>"Still there will be problems, there's still people don't know whether to phone this new service, or go to walk-in centre, or go to GP."</i></p>
<p>Reducing waiting times</p>	<p>One participant felt that the proposals would encourage people to use the service who may otherwise be put off by long waiting times at A&E. The group agreed that they hoped waiting times would be reduced due to the new service.</p>	<p><i>No suitable quote</i></p>

OTHER RELEVANT INFORMATION:

Theme	Text summary (contextualising theme)	Quote(s) (if available)
<p>Engagement process</p>	<p>Participants felt that the focus group was structured in such a way to enable people to understand and discuss the proposals.</p>	<p><i>"Explaining first, then we know, instead of reading, because sometimes we don't understand...wherever you go, this is the way to do it."</i></p>

Section 5: Deaf and hard of hearing

Section 5.1: Leeds Society for Deaf and Blind People

<p>Organisation/Group: Leeds Society for Deaf and Blind People</p> <p>Priority Group: Deaf/Hard of hearing</p> <p>Number of participants: 4</p> <p>Number of surveys returned: 0</p> <p>Facilitator notes: This report summarises key findings from four discussions with people attending a CCG drop-in session at Leeds Society for Deaf and Blind People on 5th February. The discussions followed a brief presentation on NHS proposals delivered to 20-30 people at Leeds Society for Deaf and Blind People's premises.</p> <p>Each discussion was conducted with a single member of the public and was facilitated by a Leeds Voices and NHS Leeds Clinical Commissioning Group member of staff. Interpretation was provided through a BSL interpreter for each discussion.</p> <p>All quotes provided are translated and paraphrased.</p>
--

Summary of key themes:

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Language	<p>A key point to note in the context of Urgent Care proposals is that within British Sign Language (BSL) the terms 'Urgent' and 'Emergency' are the same sign.</p> <p>People stated that not everyone who is deaf and speaks BSL is able to read/write English, meaning that written communication may be challenging. People talked about the importance of using clear and simple language to mitigate for this.</p>	<i>No suitable quote</i>
NHS services	<p>People talked about sometimes feeling abandoned when attending services with a health concern. There were a number of examples of people being kept waiting without any care or information for long periods of time. It was felt that staff didn't 'know what do with deaf people' and therefore ignored them.</p>	<i>'15 hours without support, staff ignored me'</i>
NHS staff	<p>People talked about the poor attitude of</p>	<i>'It doubles the anxieties if staff</i>

	<p>NHS staff in relation to attending to their needs as deaf people.</p> <p>People talked about NHS staff attitudes leading to feelings of frustration and upset at not being heard.</p> <p>There was feeling amongst people present that they were not treated in the same way as the general population. One person talked about the experience being degrading.</p> <p>Participants felt that NHS staff were not prepared to meet the needs of Deaf people, with one person stating that 'they panic' when approached by a deaf person.</p> <p>While it was acknowledged that some staff members had received deaf awareness training, it was perceived that many of those who had did not remain at the service to embed the knowledge.</p>	<p><i>attitudes are not right'.</i></p> <p><i>'I told the receptionist I was deaf... they continued talking'</i></p> <p><i>'They think we are stupid'.</i></p> <p><i>'Try writing things down, gesture, have a go, don't just ignore me'</i></p> <p><i>'I feel like screaming, shouting and crying'</i></p>
Transport	<p>One person highlighted the challenges of getting to St. James's Hospital, indicating that taxi to and from the hospital was the only feasible option.</p>	<p><i>No suitable quote</i></p>
Communication	<p>Participants talked about support with communication being offered inconsistently.</p> <p>All people present highlighted the challenges they faced in accessing essential translation services when seeking support from NHS services. For some this led to anxieties</p> <p>People present recognised that NHS staff could access emergency support from an interpreter, but reported that this support was inconsistently taken up, with NHS staff sometimes being unable or unwilling to provide this service, even when it was requested.</p> <p>It was highlighted that this lack of support posed significant problems in emergency and urgent care situations, one person articulated this point by describing a situation when they had heart palpitations and required specialist care.</p>	<p><i>'One department might be really good. Other departments might not offer a consistent service'.</i></p> <p><i>'I was in the hospital for 8 days, without access to an interpreter following a heart attack'</i></p> <p><i>'staff never use the emergency contact list, they say they can't find it'</i></p> <p><i>'Sometimes it makes me cry, because I get so frustrated not being able to see my GP'</i></p> <p><i>'The specialist refused to allow an interpreter in the theatre... the nurse wrote down things but put it too close to my face to read... I got told off by the nurse when I pushed it away... the specialist didn't manage to solve the problem because he wasn't able to tell me to move in the right way.'</i></p>
Technology	<p>Participants talked about using technology such as text services and 'Facetime' cameras to overcome communication barriers, when seeking support from</p>	<p><i>'Maybe a text service could be available for urgent use'</i></p>

	<p>services.</p> <p>The BSL interpreter suggested that Deaf people could be given access to a mobile phone to enable them to text services should they need to access support.</p> <p>For some, the use of technology in itself presented barriers.</p>	
Third Sector Support	<p>People stated that they valued the support provided by staff at Leeds Society for Deaf and Blind People – particularly in regard to accessing services.</p> <p>One participant talked about receiving support from Leeds Society for Deaf and Blind People in writing a formal letter to the NHS following a poor experience.</p>	<i>No suitable quote</i>
Future service use	<p>People were sceptical about improvements to NHS services, stating that promises to improve services had previously been made with no evidence of improvement.</p> <p>One person suggested that some deaf people aren't accessing services because they feel it is a futile task or too stressful.</p>	<i>"If I'm honest I don't think the NHS will improve"</i>

Section 6: Additional findings

<p>Organisation/Group: Various</p> <p>Priority Group: Various</p> <p>Number of participants: N/A</p> <p>Number of surveys returned: N/A</p> <p>Facilitator notes: These findings were taken from across the engagement period from a variety of sources, including questionnaire sessions and conversations with the general public. Quotes were not always available, therefore the team has summarised the points raised.</p>
--

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Location	Across the engagement people queried the lack of service provision in the West of Leeds.	<i>“There’s nothing on the west side of Leeds...apart from Otley, which is miles away from anybody in Pudsey, Bramley, Armley...”</i> Over 65
Mental Health Care	There was a concern expressed across the engagement around support available for people in need of urgent mental health support. One person attending a service user involvement meeting highlighted the lack of current mental health care provision in walk in centres and wanted to know what support is proposed to be available in the urgent treatment centres.	<i>‘There is no mental health support in the walk in centres and mental health services is very limited. Will there be support for mental health with the new proposed services? ... There is no existing support for mental health at all.’</i> Mental health conditions
Joined up care	There was a query expressed from a working age adult around access to care records. Specifically the person wanted to know if NHS staff with urgent treatment centres would be able to access patient records to ensure care is joined up.	<i>No suitable quote</i>
Capacity	There were concerns about the centres being used in ways in which the person commenting felt was inappropriate.	<i>‘Could it end as an overflow for those who can’t get an appointment?’</i> LGBT*
Resourcing	A common theme emerging across the engagement was the suggestion that budgets and resources should be used to improve the range of services at GP surgeries.	<i>‘Why not divert resources to GP surgeries?’</i> Working age adult

Dental care	Across the engagement people queried the lack of dental care within the proposal. Many felt dental care should be available at the Urgent Treatment Centres.	<i>No suitable quote</i>
-------------	--	--------------------------

Section 7: Facebook comments

Priority Group(s): Students, people with caring responsibilities, people with mental health conditions, working people.

Number of posts: Alongside ongoing social media activity through the engagement period, a total of five 'boosted' Facebook posts were made from mid-March to early-April in order to engage a wider range of people who may not have been captured through other means. A summary of the posts is included below, along with numbers of people reached (those who will have had the post included in their news feed) and post engagement (the number of likes, shares and comments made as a result of each post). All five of the posts and analytics are included below at appendix A.

Number of surveys completed: All five posts included the direct link to the online survey - a total of 81 surveys were completed through the unique Facebook survey link. The summary below covers comments made directly on the Facebook posts by individuals who may not have completed the full online survey.

Recent Promotions on Leeds Voices

Ads activity is reported in the time zone of your ad account.

[+ Create New Promotion](#)

	<p>Boosted Post The NHS has proposed the development of five... Promoted by Rebecca Quayle on Apr 1, 2019 Completed</p>	8,570 People Reached	296 Post Engagement	£50.00 Spent of £50.00	View Results
	<p>Boosted Post Will the NHS's proposed Urgent Treatment Cent... Promoted by Rebecca Quayle on Mar 13, 2019 Completed</p>	2,872 People Reached	44 Post Engagement	£25.00 Spent of £25.00	View Results
	<p>Boosted Post Will the NHS's proposed Urgent Treatment Cent... Promoted by Rebecca Quayle on Mar 13, 2019 Completed</p>	4,569 People Reached	97 Post Engagement	£25.00 Spent of £25.00	View Results
	<p>Boosted Post If you have caring responsibilities for a child, pa... Promoted by Rebecca Quayle on Mar 13, 2019 Completed</p>	2,274 People Reached	47 Post Engagement	£25.00 Spent of £25.00	View Results
	<p>Boosted Post Will the NHS's proposed Urgent Treatment Cent... Promoted by Rebecca Quayle on Mar 13, 2019 Completed</p>	4,342 People Reached	151 Post Engagement	£25.00 Spent of £25.00	View Results

CURRENT SERVICE USE: (current experiences, confidence in decision making, choice of urgent care services)

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Current use of NHS services	One Facebook user was happy with the service provided by Otley hospital (Wharfedale) and expressed a wish for it to remain open.	"Otley hospital is always very helpful - I don't want it to close."

Shortage of NHS staff	One Facebook user was happy with the proposals but expressed their concern about NHS staff working long hours.	<i>“This is a great idea but the NHS In Leeds also needs more staff. Existing staff work long shifts and it’s unacceptable. These people should be able to have time for lives outside of work.”</i>
Mental health support	Facebook users were generally dissatisfied with current NHS mental health support. Users felt services were not joined up enough and not all people got the care they needed in times of crisis.	<p><i>“Try giving people suffering with cancer a self help guide and a few links. And that basically sums up mental health support under the NHS.”</i></p> <p><i>“It needs to (meet the needs of people experiencing mental ill health). Recognition and help for children and adults is a deadly lottery. If there are any winners. I suspect it’s more of an ignore and they will go away. The problem is when our children loose they can’t be brought back.”</i></p> <p><i>“This service comes to late now for my family an my brother Timothy he died of a preventable suicide the services that were supporting him in the community did not work together in an intergttated way he was turned away from a n e the week he died they assumed the services in the community would support him an a duty cmht would pick whilst his named workers were off in the height of his crisis he resorted to do something so stupid an drastic at the supported living home were he lived it’s not just urgent care needed but a complete overhaul I’d be happy discuss more along with my family x #answers4tim”</i></p>

THE PROPOSALS: (Thoughts on the proposed service, the locations, the opening hours)

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Location	Various comments concerning the proposed location of the centres emerged as a key theme across many comments from Facebook users.	<p><i>“In terms of the locations, there needs to multiple within accessible postcodes for all. That’s a big ask I know, as finding healthcare professionals will be the biggest hurdle.”</i></p> <p><i>“Like the idea, Dont like the locations”</i></p>

	<p>Some Facebook users shared their concerns over public transport links to the proposed locations, with some expressing the view that people who do not drive and cannot afford a taxi will struggle to access the centres on the bus.</p> <p>One user pointed out that they would not be able to access the centre nearest their home as public transport to that location is unreliable and not frequent enough.</p> <p>Facebook users expressed the view that the centres were not evenly spread across the city.</p> <p>Facebook users pointed out that there was no centre proposed for West Leeds.</p>	<p><i>“...public transport accessibility. I live in Beeston (Tempest Rd) and although St. George's is probably closer, we've tended to use LGI A&E as the bus to Miggy (74) is once every 30 mins and doesn't always turn up, whereas there are lots of (reasonably) reliable buses into town from Beeston Hill and Dewsbury Rd. I'd rather they re-opened the walk-in doctor's surgery in the Light tbh. This assumption that everyone in Leeds drives a car needs to change.”</i></p> <p><i>“There is already minor injuries unit at Middleton so not really any change there. There's no coverage for West Leeds at all. They really need to plan these in conjunction with public transport in those areas and combine it with improved late night and Sunday services so that people who can't drive (whether due to injury or other reasons) and who can't afford taxis can still receive care.”</i></p> <p><i>“Looking at the map I'm assuming the decision centres on where those who have used the A&E services have stated they live. Middleton (is) not currently 24/7 but assuming this might be... these should be situated as near public transport routes as possible.”</i></p> <p><i>“Looking unevenly dispersed”</i></p> <p><i>“You can see the map, it aint rocket science is it. 1 in the centre and 1 in each corner keeps everyone happy”</i></p> <p><i>“Sites 3/4/5 quite close together though”</i></p> <p><i>“Only if you live in East Leeds! As usual all services are in one area grrr”</i></p> <p><i>“None in west leeds? Why not?”</i></p> <p><i>“West Leeds people?”</i></p> <p><i>“None in Bramley way. Thats crap.”</i></p> <p><i>“Why the huge gap in West Leeds?”</i></p> <p><i>“Note nothing in west leeds”</i></p>
--	---	---

	<p>It was also felt by some users that a centre was needed in North Leeds.</p> <p>Facebook users expressed the view that the locations were particularly problematic for people with mental health problems, particularly those who do not drive and are reliant on public transport.</p>	<p><i>"Nothing in north Leeds and outer north for anyone living there yet sites 3 4 5 are all near each other .it should be more spread out to be fair for everyone"</i></p> <p><i>"Otley? Not headingley or burley park?"</i></p> <p><i>"For people that don't drive and are struggling with their mental health the city centre will be the only option that doesn't involve two buses and around an hour or more to get there."</i></p> <p><i>"If that map is representative then the first real problem is obvious; too centralised in Leeds. Mental health support should not be a post code lottery."</i></p>
Opening hours	One Facebook user felt that working people, particularly health professionals, would benefit from the centres opening at 6am.	<i>"People who work, need to be able to access healthcare non urgent during the evenings and weekends...6-11 pm may suit health professionals who have other commitments by day!!"</i>
Accessibility	One Facebook user expressed their concern about transport access to the proposed location and queried whether the new centres would result in easier access for them.	<i>"These are already there so how is this going to make it easier for me to access? Unless they open at later times and you create new roads to get to them!"</i>

OTHER RELEVANT INFORMATION:

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Dental care	One Facebook user was concerned about the perceived lack of NHS dentists. A common theme across the engagement as a whole was the lack of provision of dental care at the centres.	<i>"How about more dentists that actually treat Nhs patients without ripping off the Nhs?"</i>

The NHS has proposed the development of five Urgent Treatment Centres in Leeds. Will these centres make it easier for you to access urgent care when you need it? Share your views here: <https://www.smartsurvey.co.uk/s/VALUTCFB/#UrgentCareLeeds>



79 39 Comments 41 Shares
Like Comment Share

Performance

You've spent **£50.00** over **16 days**.

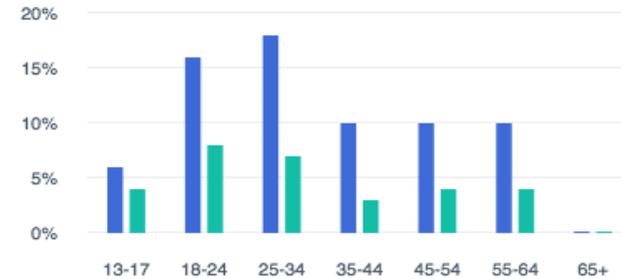
Post Engagement	296	People Reached	8,570
		Cost per Post Engagement	£0.17

Activity

Activity on Facebook

Link Clicks	92
Photo Clicks	73
Page Like	1
Comments	23
Shares	30

69% Women 31% Men



Audience Name	United Kingdom: Leeds (+15 mi)...
Location - Living In	United Kingdom: Leeds (+15 mi) England
Age	16 - 64



Leeds Voices

Sponsored ·



Will the NHS's proposed Urgent Treatment Centres meet the needs of Leeds students experiencing mental illness? Share your views here

<https://www.smartsurvey.co.uk/s/VALUTCFB/#UrgentCareLeeds>



13

5 Shares

Performance

You've spent **£25.00** over **35 days**.

Post Engagement

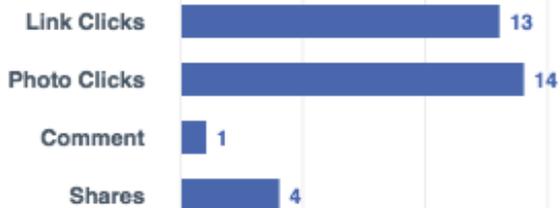
44

People Reached **2,872**

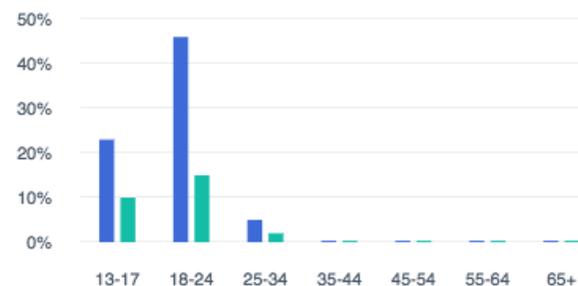
Cost per Post Engagement **£0.57**

Activity

Activity on Facebook



74.1% **Women** 25.9% **Men**



Audience Name **Students**

Location - Living In **United Kingdom: Leeds England**

Age **16 - 25**



Leeds Voices

Sponsored · 🌐



Will the NHS's proposed Urgent Treatment Centres meet the needs of the 200,000 students in Leeds? Share your views here

<https://www.smartsurvey.co.uk/s/VALUTCFB/>

#UrgentCareLeeds



10

1 Comment



Like



Comment



Share

Performance

You've spent **£25.00** over **35 days**.

Post Engagement

97

People Reached **4,569**

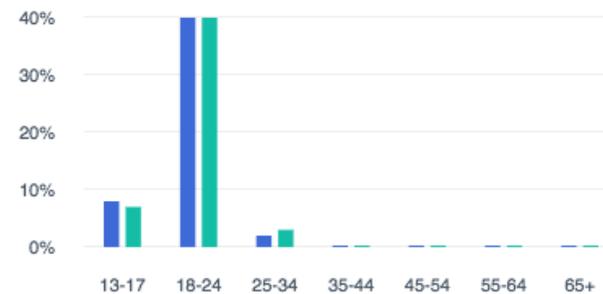
Cost per Post Engagement **£0.26**

Activity

Activity on Facebook



49.9% **Women** 50.1% **Men**



Audience Name

Students

Location - Living In

United Kingdom: Leeds England

Age

16 - 25



Leeds Voices

Sponsored ·



If you have caring responsibilities for a child, parent or grandparent please spare a few minutes to share your views on the NHS's proposed Urgent Treatment Centres, to ensure all carers' needs are considered
<https://www.smartsurvey.co.uk/s/VALUTCFB/#UrgentCareLeeds>



21

11 Shares

Like

Comment

Share

Performance

You've spent **£25.00** over **35 days**.

Post Engagement

47

People Reached **2,274**

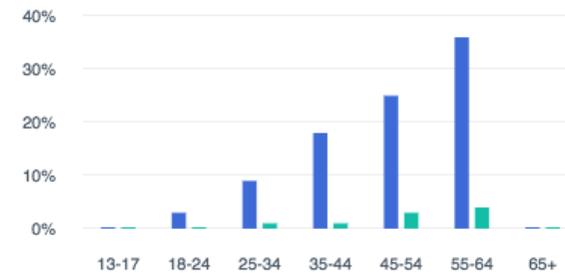
Cost per Post Engagement **£0.53**

Activity

Activity on Facebook



90.7% **Women** 9.33% **Men**



Audience Name

Working age parents

Location - Living In

United Kingdom: Leeds (+15 mi) England

Age

18 - 64

People Who Match

Parents: Parents (All)

Will the NHS's proposed Urgent Treatment Centres meet the needs of people experiencing mental illness in Leeds? Please spare a few minutes to share your views

<https://www.smartsurvey.co.uk/s/VALUTCFB/>
#UrgentCareLeeds



👍👎👤 22 14 Comments 34 Shares

👍 Like 💬 Comment ➦ Share

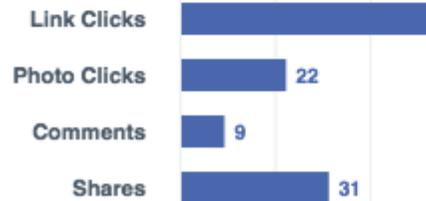
Performance

You've spent **£25.00** over **35 days**.

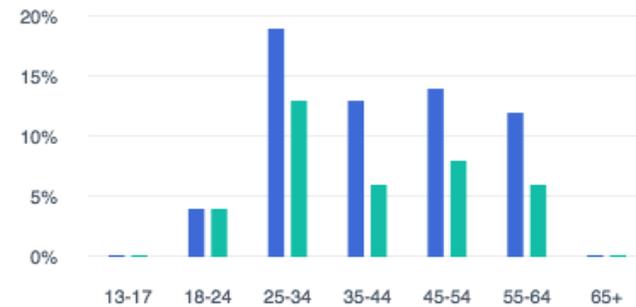
Post Engagement	151	People Reached	4,342
		Cost per Post Engagement	£0.17

Activity

Activity on Facebook



62.1% **Women** 37.9% **Men**



Audience Name United Kingdom: Leeds (+15 mi)...

Location - Living In United Kingdom: Leeds (+15 mi) England

Age 18 - 64

Leeds Voices is delivered by Voluntary Action Leeds
Stringer House, 34 Lupton Street, Leeds LS10 2QW
Registered Charity no. 225863 | Company Ltd by guarantee no. 555150

