West Yorkshire & Harrogate
Draft Sustainability and Transformation Plan (STP)

Engagement and Consultation Mapping

March 2017

WEST YORKSHIRE & HARROGATE STP

A partnership between health services, clinical commissioning groupscare providers, local authorities and healthwatch

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Section 1: Introduction to the report

Purpose of the report

The purpose of this report is to present the findings from all relevant engagement and consultation activity which has taken place during April 2012 to February 2017, across Calderdale, Bradford, Harrogate, Kirklees, Leeds and Wakefield. The report captures intelligence collected from engagement and consultation activities and will support commissioners to:

- Provide information on work which has already taken place or is underway to avoid duplication
- Highlight any gaps in activity across West Yorkshire and Harrogate and Rural District
- Understand some of the emerging views gathered from local people across West Yorkshire and Harrogate and Rural District
- Ensure that any future plans have a baseline of engagement intelligence to support the work

In addition, the report can be a working document which is added to as projects progress. The intelligence collected will ensure we meet our legal requirements and ensure we:

- Consider the views of patients and the public as part of service redesign; and
- Ensure the feedback is considered in the development of any future options to change the way a current service is provided or delivered
- Highlight patient and public priorities and ensure these priorities are in line with current thinking and ensure commissioners can consider all public views

Background

West Yorkshire and Harrogate and Rural District are one of 44 footprints across the country working to address the three gaps set out in the NHS Five Year Forward View and sets out three areas for improvement:

- Health and wellbeing
- Care and quality
- Finance and efficiency

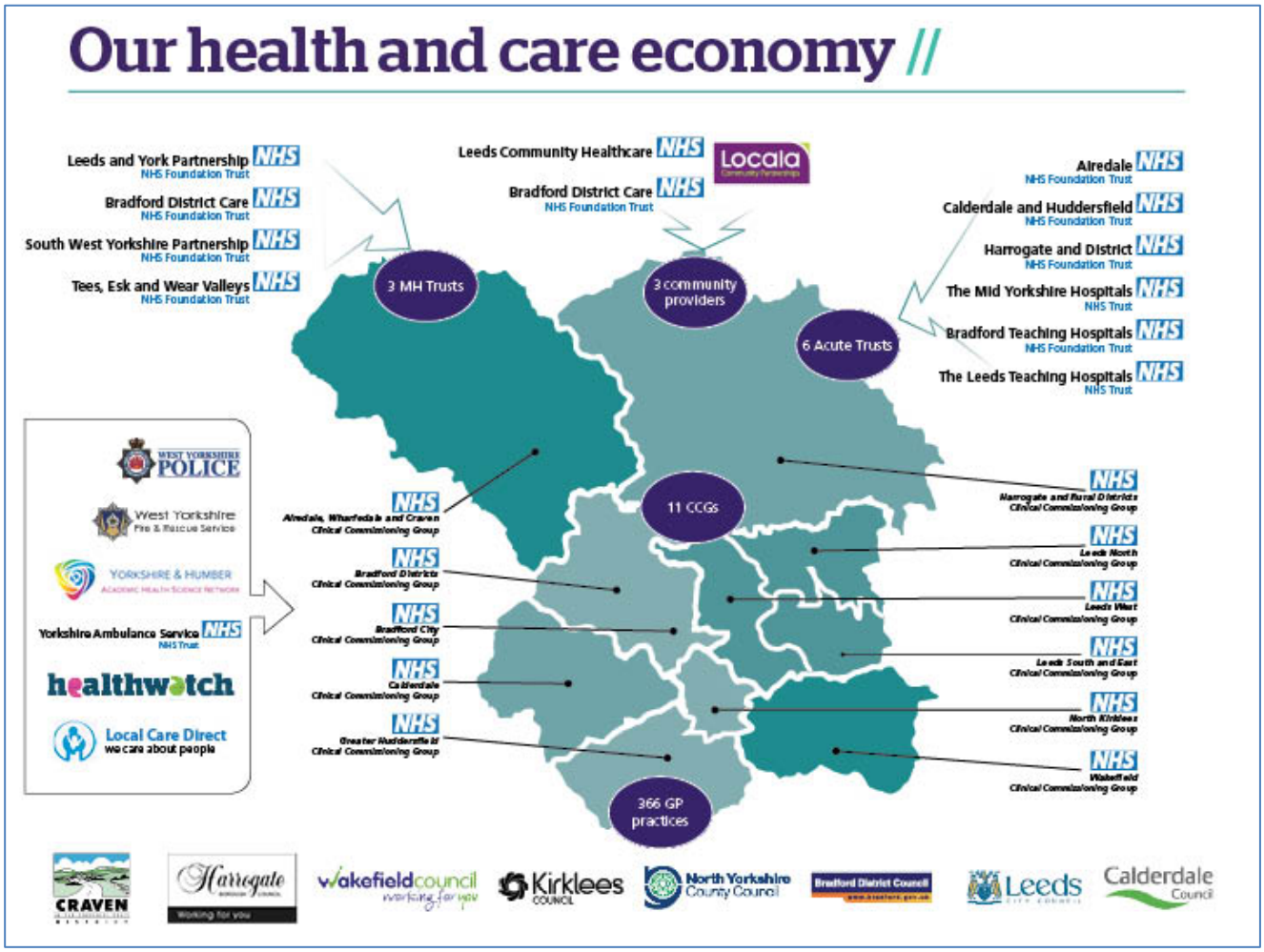
The West Yorkshire and Harrogate and Rural District footprint is made up of six local areas, all of which are developing individual plans to respond to the 'Five Year Forward View'. The plans are known as sustainability and transformation plans (STPs). These plans set out a vision for the next 5 years (until 2020/21). The timeline, process and assurance of the local plans will be provided by national organisations such as NHS England, NHS Improvement, Public Health England and the Local Government Association.

The West Yorkshire and Harrogate and Rural District STP will build on existing partnerships to support the delivery of these plans.

Partnerships will be based on common values, shared decision making, mutual accountability and place based prioritisation. Networks of organisations and relationships to deliver the West Yorkshire and Harrogate and Rural District plan will include:

- West Yorkshire Association of Acute Trusts
- Mental health and community providers
- Single committee for 11 clinical commissioning groups
- Yorkshire Ambulance Service
- Local authorities
- Emerging primary care federations and GP groupings
- Collaboration through Vanguard programmes
- Healthwatch organisations across West Yorkshire

Below is a map of all the organisations involved in the West Yorkshire and Harrogate STP.



The West Yorkshire and Harrogate and Rural District STP will focus on the delivery ofnine areas of priority. These areas are:

- Prevention
- Primary and community services
- Mental Health
- Cancer
- Stroke
- Urgent and Emergency care
- Specialised commissioning
- Acute collaboration
- Standardisation of commissioning policies

Each of these areas will be looked at on a West Yorkshire and Harrogate and Rural District wide footprint.

West Yorkshire and Harrogate and Rural District engagement and consultation activity at a glance

In order to deliver the nine priority areas in West Yorkshire and Harrogate and Rural District it is essential that partnership networks work together to understand the view of local populations.

A number of organisations across West Yorkshire and Harrogate and Rural District have already started to host conversations about the priority areas at a local level, this information needs to be considered and used so we are not over consulting our local populations. Using the mapping exercise included in this section it is clear to see that there is already a wealth of information and intelligence that can be used to support any future commissioning decisions.

Where there are gaps in this information we can progress to have further conversations based on what we already know. This means that any future service provision uses what we already have, prevents duplication of existing conversations and ultimately has the public at the centre of everything we do. In addition, work done regionally should not confuse the public who may have given their views at a local level. The communications supporting any further engagement and consultation activity needs to be managed with this mapping in mind.

The table below sets out the conversations already hosted across West Yorkshire and Harrogate Rural District, the topics of those conversations and where further plans may benefit from local intelligence. For the purpose of the mapping we wanted to know;

- Any engagement completed over the last four years which would provide intelligence.
- Any formal consultation which has ensured a service is in the process of being changed based on the engagement activity.

Each of the nine priority areas is then looked at in more depth drawing on the information from each local area. This is based on what we already know but may not be exhaustive.

West Yorkshire and Harrogate engagement and consultation activity at a glance (E= Engagement, C = Consultation)

	Airedale, Wharfedale , Craven	Bradford City	Bradford District	Calderdale	Greater Huddersfield	Harrogate and Rural District	Leeds North	Leeds South and East	Leeds west	North Kirklees	Wakefield	Key areas covered
Prevention	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	Care Closer to Home, Vanguard, Self-care, Early intervention and Prevention, Call to Action, Winter Strategy, Personal Health Budgets, Healthy Weight, Healthy Lives, Diabetes
Primary and community services	**E**	**E C**	**E C**	**EC**	**EC**	**E**	**E**	**E**	**E**	**E**	**E**	Care Closer to Home, Unplanned Care, Walk in Centres, GP extended hours and access (including enhanced access), NHS Dentistry, Care Homes, Winter Campaigns, Integrated Care, Community Equipment Services, Enhanced Care, Access to primary care for people with a learning disability, Anti-coagulation, Closure of GP practices, Endoscopy and Gynaecology services, PMS and PBSR, ENT, Ophthalmology, Discharge, IAPT, Primary Care strategies, APMS, Co-commissioning, Minor Injuries Units, End of Life Care
Mental Health	**E C**	**E C**	**E C**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	Children and Young people (CAMHS), Crisis intervention/care concordat, Section 136, IAPT, Transition, SWYFHT Transformation, Mental Health strategies
Cancer	**E**	**E**	**E**	**E**	**E**		**E**	**E**	**E**		**E**	Breast, gynaecological, prostate, colorectal, and childhood
Stroke	**E**	**E**	**E**								**E**	Improvements to stroke services, reconfiguration of services
Urgent and Emergency care	**E**	**E**	**E**	**EC**	**EC**	**E**	**E**	**E**	**E**	**EC**	**EC**	Urgent and Emergency Care Strategies, Right Care, Right Time, Right Place, Meeting the Challenge, What Matters to us, Urgent Care Transformation Programme, Unplanned Care, Experience of A&E, Walk-in Centres, Minor Injuries Units, Ambulance service
Specialised commissioning		**E**	**E**									Eating disorders, specialised mental health
Acute collaboration				**EC**	**EC**					**EC**	**EC**	Meeting the Challenge, Right Care, Right time, Right Place
Standardisation of commissioning policies		**E C**	**EC**		**EC**	**EC**				**EC**	**EC**	Prescribing of over-the counter medicines, branded medicines and gluten free food, BMI and smoking thresholds

Our responsibilities, including legal requirements

Engaging people is not just about fulfilling a statutory duty or ticking boxes, it is about understanding and valuing the benefits of listening to patients and the public in the commissioning process.

By involving local people we want to give them a say in how services are planned, commissioned, delivered and reviewed. We recognise it is important who we involve through engagement activity. Individuals and groups play different roles and there needs to be engagement opportunities for both.

A West Yorkshire and Harrogate and Rural District Communications and Engagement Strategy underpins the principles by which the engagement and consultation will operate, and highlights the commitment to good practice in delivery. Engaging people who use health and social care services, and other stakeholders in planning services is vital to ensure services meet the needs of local communities. It is also a legal requirement that patients and the public are not only consulted about any proposed changes to services, but have been actively involved in developing the proposals.

Legal requirements

There are a number of requirements that must be met when discussions are being made about the development of services, particularly if any of these will impact on the way these services can be accessed by patients. Such requirements include the Health and Social Care Act 2012 and the NHS Constitution.

Health and Social Care Act 2012, sets out the Government's long-term plans for the future of the NHS. It is built on the key principles of the NHS - a comprehensive service, available to all, free at the point of use, based on need, not ability to pay. It sets out how the NHS will:

- put patients at the heart of everything it does, 'no decision about me, without me'
- focus on improving those things that really matter to patients
- empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare services

It makes provision for CCGs to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners, and it also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution - and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- in their planning of commissioning arrangements
- in the development and consideration of proposals for changes in the commissioning arrangements, where the implementation of the proposals would have an impact on the manner

in which the services are delivered to the individuals or the range of health services available to them, and
- in decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

The duties to involve and consult were reinforced by the NHS Constitution which stated: 'You have the right to be involved directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services'.

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations. To help support organisations to meet these duties a set of principles have been detailed in case law. These are called the Brown Principles;

- The organisation must be aware of their duty.
- Due regard is fulfilled before and at the time any change is considered as well as at the time a decision is taken. Due regard involves a conscious approach and state of mind.
- The duty cannot be satisfied by justifying a decision after it has been taken.
- The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision.
- The duty is a non-delegable one.
- The duty is a continuing one.

An Equality Impact Assessment (EQIA) will need to be undertaken on any proposals for changes to services that are developed through the programme, in order to understand any potential impact on protected groups and ensure equality of opportunity. Engagement must span all protected groups and other groups, and care should be taken to ensure that seldom-heard interests are engaged with and supported to participate, where necessary.

Secretary of State's key tests

Any service change proposals are expected to comply with the Department of Health's four tests for service change. These are:

1) Strong public and patient engagement;
2) Consistency with current and prospective need for patient choice;
3) A clear clinical evidence base; and
4) Support from proposals from clinical commissioners

For significant service changes, NHS England operates an assurance process whereby they provide support and guidance to commissioners so that they can demonstrate compliance with the four tests and other best practice checks. The assurance process concludes with an assurance checkpoint at which time NHS England provides a recommendation regarding whether the tests have been met.

Section 2: Findings from engagement April 2012 – February 2017

Engagement process and use of existing data

A review has taken place of all relevant engagement and consultation that has taken place between April 2012 and February 2017. This work builds on the comprehensive mapping exercise which took place for the West Yorkshire urgent and emergency care Vanguard. Additional information has been added to this work to include the main areas of focus for the wider West Yorkshire and Harrogate and Rural District STP work. The areas for transformation and work streams are:

- Prevention
- Primary and community services
- Mental Health
- Cancer
- Stroke
- Urgent and Emergency care
- Specialised commissioning
- Acute collaboration
- Standardisation of commissioning policies

The initial mapping for the West Yorkshire urgent and emergency care Vanguard consisted of over 80 documents, including final reports, survey results and annual summaries. Some were produced by the CCGs, others came from Healthwatch, providers, The Patients' Association and Patient Opinion. Further evidence has been reviewed, additional information has been added and the intelligence refocused to meet the requirements of this work. See Appendix A for a full list of the documents reviewed.

Each document was summarised, and the key themes and details were written up in to an evidence summary. Each of these evidence summaries can be found as a separate document which catalogues the activity and findings in more detail (this forms part of the original report). The majority of the work included in this document has been thematically analysed by the organisation submitting the information, and in those cases, the themes were copied and summarised.

After summarising all of the documents, the key themes from those documents were reviewed and a list of the key themes for each of the work streams was created.

Main themes and findings

From all the information gathered so far across the West Yorkshire and Harrogate and Rural District STP there are a number of emerging themes for each of the nine priority areas. Each of the nine areas are set out below with the key emerging themes from existing engagement and consultation:

Prevention

- Clear accessible information and communication
- Involve communities and invest in voluntary and community services
- National messages and local initiatives
- Early intervention and education
- Change NHS culture
- Innovative opportunities
- Involving patients and families in care plans
- Support self-management and help make positive changes to behaviour

Primary and community services

- Improve access to appointments and buildings, in particular access for urgent care issues
- Increase the availability of services at the evening and weekend
- Raise awareness of the most appropriate services to access
- Support people to manage their own health
- Look at the provision of walk-in centres
- Increase the range of services available at GP practices
- Improve access for those with different communication needs, including different formats
- Introduce an urgent care triage line
- Improve access to routine dental care
- Introduce an out of hours primary care service that is co-located with A&E
- Single point of access
- Better communication and appropriate staff
- Support patients and their families to access appropriate end of life care

Mental health

- Improve the level of understanding of mental issues amongst staff
- Increase awareness with providers of services available
- Provide a seamless service
- Ensure appropriate support and services are in place to prevent a crisis occurring
- Provision of more outreach services
- Improve ability to access crisis support
- Improve the appropriateness of care provided in a crisis
- Improve quality of crisis intervention
- Improve access to CAMHS
- Improve transition from CAMHS
- Ensure mental health patients access appropriate transport in a crisis
- Provide a co-ordinated approach between services upon discharge

Cancer

- Getting an appointment quickly
- Give patients clear explanations of clinical tests
- Follow up care is really important and provides assurance and access to specialists
- Patients like a named clinical nurse lead and specialist
- Face to face contact is a really important aspect of care, including being able to pick up the phone and contact someone
- Involve patient fully in care and treatment
- More information and communication on life-style and practical post treatment advice
- Deliver care through competent ward nurses, allowing the patient to have trust in them
- Plan and deliver effective discharge from care
- Coordinating with the GP practice so care is ongoing
- Electronic tools and new technology were not favoured for support and follow up
- Emotional and Financial support
- Input and impact of supportive therapies

Stroke

- Fast ambulance response times / journey times to receive treatment
- Transfer times to receive treatment if presenting at other hospital sites
- Being seen quickly when get to a hospital
- Being seen and treated by knowledgeable staff
- Journey time and distance for visitors, and the cost of parking at the hospital
- More emotional support for patients, carers and family members
- To be able to access rehabilitation locally to aid recovery
- Information and communication need to be improved across services
- Involving family and carers (as they know the patient best and can advise while in critical condition)
- More education on the prevention of strokes

Urgent and emergency care

- Consider travel and transport to access services including ambulance services
- Consider the capacity to provide urgent care services closer to home – particularly in GP practices
- Consider the use of 111 as a gateway to urgent and emergency care and whether satisfaction ratings with the service lend themselves to this being the right gateway
- Consider ambulance journey times and road and transport networks
- Consider the availability of walk-in centres to relieve pressure on A&E
- Convenience and location of A&E can be a concern
- Raise awareness of the most appropriate services to access
- Introduce an out of hours primary care service that is co-located with A&E
- Concerns about centralising emergency services
- Lack of information about the difference between urgent and emergency care

Specialised commissioning

Bradford City and District have completed a few pieces of work on eating disorders and specialised mental health. The reports and findings need to be included in a future version of this report.

Acute collaboration

- Whilst some acknowledge there is a need for change most would prefer services to stay the same
- Concerns about the negative impact on travel and transport if accessing services further away
- Negative impact on ambulance response times
- Concerns about the possible impact on mortality rates
- Capacity of the proposed models to deal with demand
- Lack of resources to deliver the proposed models
- Increase in waiting times for appointments
- Need for clarity on what the changes will be and what changes patients will see
- Concern that the driver for change is financial
- Long term viability of the 'downgraded' hospital
- Communication on how the proposals have been developed

Standardisation of commissioning policies

- The cost and effectiveness of medicines and treatments should be taken into account when making decisions
- People should pay for medicines that are widely available in local shops at low cost, rather than getting them on prescription.
- Concern that changes to prescribing could have a negative financial impact on people with low incomes
- Concern that changes to prescribing could lead to negative impact on health conditions
- Patients need to be provided with the appropriate support when there are changes to their prescriptions
- GPs should use discretion and consider on a case by case basis
- Consistency in funding decisions to avoid a 'postcode lottery' or inequity
- Patients need to be provided with the appropriate support to help them to lead a healthy lifestyle
- Patients should not be refused treatment because of lifestyle choices, unless this impacts on the success of their treatment.

Themes in more detail

Prevention

Reference to engagement for prevention was made in reports from most areas across West Yorkshire and Harrogate and Rural District. This included work on a wide range of service areas, campaigns and prevention strategies.

The key themes raised across West Yorkshire and Harrogate and Rural District were:

- Clear accessible information and communication
- Involve communities and invest in voluntary and community services
- National messages and local initiatives
- Early intervention and education
- Change NHS culture
- Innovative opportunities
- Involving patients and families in care plans
- Support self-management and help make positive changes to behaviour

- Recurring themes of people not having enough accessible information or support to understand health issues.
- They tell us that access to interventions within their communities, both social and focused on particular issues, helps avoid deterioration of their mental and physical health, and reduces social isolation.
- People feel that not enough money is being spent on prevention initiatives and should be a national commitment.
- Access to early intervention support is vital to prevent situations worsening. Education is a key process which could improve outcomes and be an essential element in prevention.
- People want to be given the information they need to help manage their own health and wellbeing. They wanted more focus on prevention and innovative opportunities to keep themselves well.
- Alternatives to prevention are limited, particularly around early intervention and prevention support. People wanted more focus on prevention and innovative opportunities to keep themselves well or be educated, particularly at a young age
- Many of the patients told us they were not involved in their care plan. People said, that not being adequately involved in care decisions had a negative impact, and that where appropriate they felt that health professionals should communicate better with carers / support workers when doing this would have been in the person's best interests.
- More access to weight management services and support to increase physical activity levels.

	Airedale, Wharfedale, Craven	Bradford City	Bradford District	Calderdale	Greater Huddersfield	Harrogate and Rural District	Leeds North	Leeds South and East	Leeds West	North Kirklees	Wakefield
Clear information and communication	X	X	X	X	X	X	X	X	X	X	X
Involve communities and invest in voluntary and community services	X	X	X	X	X	X	X	X	X	X	X
National messages and local initiatives				X	X	X					X
Early intervention and education	X	X	X	X	X	X	X	X	X	X	X
Change NHS culture				X	X						
Innovative opportunities				X	X	X					
Involving patients and families in care plans						X			X	X	X
Support self-management and behavior change	X	X	X	X	X	X	X	X	X	X	X

Primary and community services

Primary and community services have been the subject of a number of engagements and consultations across West Yorkshire and Harrogate and Rural District. The content of conversations varies across the local area from broad engagements on primary care services to specific service areas. In summary there are a number of themes that are emerging across the West Yorkshire and Harrogate and Rural District footprint that need to be taken into account in any future commissioning arrangements.

The key themes raised across West Yorkshire and Harrogate and Rural District were:

- Improve access to appointments and buildings, in particular access for urgent care issues
- Increase the availability of services at the evening and weekend
- Raise awareness of the most appropriate services to access
- Support people to manage their own health
- Look at the provision of walk-in centres
- Increase the range of services available at GP practices
- Improve access for those with different communication needs, including different formats
- Introduce an urgent care triage line
- Improve access to routine dental care
- Introduce an out of hours primary care service that is co-located with A&E
- Single point of access
- Better communication and appropriate staff
- Support patients and their families to access appropriate end of life care

- The need to increase the availability of urgent same day GP appointments. When patients had an urgent healthcare need, they generally wanted to speak to a healthcare professional about it on the same day, and to be able to speak to someone that could see their notes and be able to prescribe. Difficulty in accessing urgent appointments led to some people seeking care elsewhere, either at walk-in centres or A&E.
- Increased opening times to enable patients to access services early morning, evenings and weekends. At the weekend, most patients said that they would want an appointment on a Saturday morning.
- People weren't always aware of the services that were available to them, few viewed pharmacists as a source of medical advice. There is a need to raise awareness of the most appropriate service to access, where and how to access these services.
- Provision of information to support people to help manage their own health, including signposting to voluntary and community services (which would hopefully reduce the pressures on A&E).
- For those people that had attended a walk-in centre, they did not want to have to wait until they could get an appointment with their own GP, they wanted their condition to be treated as soon as possible at a time and location that was convenient to them, if the walk-in centre had not been available a significant proportion would have attended A&E.

- Increase the range of services available at GP practices, such as, including x-rays, minor surgery, and support groups.
- Improve access for those with different communication needs by providing access to language and BSL interpreters. The provision of bilingual staff and deaf awareness training should support this.
- There was support for the introduction of an urgent care triage line, where a health professional assesses patient needs and signposts people to the most appropriate service. It was important that the person on the phone could see the patient records.
- Difficulties in accessing routine dental care resulted in the need to access urgent dental care.
- There is a genuine feeling that A&E should be for emergencies only and instead resources should be spent improving access to care at GP practices, particularly improving the availability of appointments.
- For end of life care, there was a general sense of having to navigate a very complex and ill-integrated landscape of services without adequate information or support, and where some services, such as 111 were undependable.

	Airedale, Wharfedale, Craven	Bradford City	Bradford District	Calderdale	Greater Huddersfield	Harrogate and Rural District	Leeds North	Leeds South and East	Leeds West	North Kirklees	Wakefield
Improve access to appointments and buildings	X	X	X	X	X	X	X	X	X	X	X
Available evening / weekend	X	X	X	X	X	X	X	X	X	X	X
Raise awareness of the most appropriate services to access	X	X	X	X	X	X	X	X	X	X	X
Support people to manage their own health	X	X	X	X	X	X	X	X	X	X	X
Provision of walk-in centres				X	X		X	X	X	X	
Increase the range of services available at GP practices	X	X	X	X	X	X	X	X	X	X	X
Improve access communication needs, accessible formats	X	X	X	X	X	X	X	X	X	X	
Introduce an urgent care triage line				X			X	X	X		
Difficulties in accessing dental care	X	X	X	X	X	X	X	X	X	X	X
Out of hours primary care service				X							X
Single point of access							X	X	X		
Better communication and appropriate staff							X	X	X		
Support patients and their families to access appropriate end of life care											X

Mental health

Reference to mental health was covered in reports across West Yorkshire and Harrogate and Rural District. Specific work on mental health as part of transformation programmes tended to focus on crisis intervention and CAMHS.

The key themes for West Yorkshire and Harrogate and Rural District were:

- Improve the level of understanding of mental health issues amongst staff
- Increase awareness with providers of services available
- Provide a seamless service
- Ensure appropriate support and services are in place to prevent a crisis occurring
- Provision of more outreach services
- Improve ability to access crisis support
- Improve the appropriateness of care provided in a crisis
- Improve quality of crisis intervention
- Improve access to CAMHS
- Improve transition from CAMHS
- Ensure mental health patients access appropriate transport in a crisis
- Provide a co-ordinated approach between services upon discharge

Crisis intervention

- Many causes of crisis are non-medical, including issues around housing, benefits and a range of social issues. It was felt that these crises can only be resolved and prevented by addressing non-medical causes in a joined-up way.
- There was a need to provide ongoing support for people and to do more to help people to stay well. There was a feeling that people should be able to access more services earlier to help prevent a crisis occurring.
- People felt that crisis services were difficult to access and were only interested in those that were 'severe'. They felt that staff needed to recognise that even though someone may not meet the official guidelines for crisis intervention, they still need a rapid response, which will likely prevent an actual crisis from developing.
- People felt that crisis care was not of a high enough standard, they cited a lack of 136 suites and not always being treated by the most appropriate service.
- Some felt that A&E was not the place to be treated during a crisis, unless life-saving treatment was needed. There is a need for an alternative resource for people to be seen in a safe, friendly and compassionate centre especially for people in a crisis. It was also recognised that there is a need for services to cater for those with dual-diagnosis.
- People reported difficulties in being able to access the most appropriate transport, at times this has seen patients in crisis being transported in police cars rather than by ambulance.
- It was felt that a lack of understanding of mental health issues and the services available has resulted in patients not being able to access the most appropriate care.

- In their interaction with mental health professionals, service users and carers felt they had faced a greater level of stigma and assumption about their mental health.

Co-ordination of care and provision of ongoing support

- There is a need to have more co-ordinated, flexible and responsive services to support people once they are discharged. GP's are sometimes not informed when their most vulnerable patients have been discharged from hospital, leaving those patients without the support and follow - up they need.
- Have more outreach services, based where people already access services. These should be accessible evening and weekends. Mental health problems can often be worse at night-time and weekends.
- There is a need to improve co-ordination of care between agencies, so patients receive the best care in a seamless way.

Children and young people

- Many children and young people felt that they wait too long for the right support, particularly within specialist CAMHS. They mention the lack of support and communication from services during their wait and the detrimental impact of the wait on their mental health and family relationships.
- There was concern amongst professionals about the threshold for referral to CAMHS being too high, and that only referrals for children and young people with the most serious issues were being accepted. Young people, parents and professionals rated highly the quality of services offered by CAMHS for those children and young people that 'got through the door' but felt that some of the most vulnerable children and young people were 'slipping through the net'.
- Key gaps in services were mentioned, such as access to crisis support and the gap between TaMHS and CAMHS, where young people needed more support than TaMHS could offer but didn't meet the criteria for CAMHS. The transition to adult services was also an issue for young people. The need for an improved transition process as people move from young people's to adult mental health services.

	Airedale, Wharfedale, Craven	Bradford City	Bradford District	Calderdale	Greater Huddersfield	Harrogate and Rural District	Leeds North	Leeds South and East	Leeds West	North Kirklees	Wakefield
Improve the level of understanding of mental health issues amongst staff	X	X	X	X	X		X	X	X	X	X
Increase awareness with providers of services available	X	X	X	X	X	X	X	X	X	X	X
Provision of a seamless service	X	X	X	X	X	X	X	X	X	X	X
Prevention of a crisis				X	X		X	X	X	X	X
Provision of outreach services	X	X	X	X	X	X	X	X	X	X	X
Difficulty in accessing crisis support					X		X	X	X	X	X
Improve the appropriateness of care provided in a crisis					X		X	X	X	X	X
Improve quality of crisis intervention					X		X	X	X	X	X
Improve access to CAMHS	X	X	X	X	X		X	X	X	X	X
Improve transition from CAMHS	X	X	X	X	X		X	X	X	X	X
Inappropriate transport in crisis					X					X	
Provide a co-ordinated approach between services upon discharge				X	X					X	X

Cancer

Leeds has done a considerable amount of work looking at specific cancer services. In addition other areas have completed specific pieces of engagement on cancer services. The key themes are below:

- Getting an appointment quickly
- Give patients clear explanations of clinical tests
- Follow up care is really important and provides assurance and access to specialists
- Patients like a named clinical nurse lead and specialist
- Face to face contact is a really important aspect of care, including being able to pick up the phone and contact someone
- Involve patient fully in care and treatment
- More information and communication on life-style and practical post treatment advice
- Deliver care through competent ward nurses, allowing the patient to have trust in them
- Plan and deliver effective discharge from care
- Coordinating with the GP practice so care is ongoing
- Electronic tools and new technology were not favoured for support and follow up
- Emotional and Financial support
- Input and impact of supportive therapies

Colorectal

- Follow-up patients believed they are receiving high quality follow-up care. Finding out the results, getting quick test results and having regular discussions with the clinical nurses positively contribute to the reassurance patients get from follow-up care.
- Some patients experienced pre-appointment anxiety because the scans, procedures and blood tests they have before their follow-up appointment could identify concerning changes in their cancer. However, patients believed the reassurance provided by follow-up and getting positive results far outweighed this disadvantage.
- Patients thought that some face-to-face follow-up is very important at the start of the follow-up pathway but that telephone follow-up is more acceptable over time.
- Although most participants had not needed to contact the clinic between appointments, they found it highly reassuring that clinical nurse specialists were available by telephone to support them if they needed it.
- Most patients believed that the clinical nurses gave sufficient information and adequately explored patients' health and wellbeing during follow-up appointments. Some patients were interested in getting more information about healthy lifestyles and practical post-treatment information through an education and support programme.
- Patients believed that holistic support sessions should be an addition to current care. Follow-up use of Q-tools was rejected by patients because it loses the "personal touch" and some patients did not use computers or did not trust the security.

Children

- Long-term follow-up patients believed they are receiving excellent quality follow-up care at St James's Hospital. They believe that without regular follow-up appointments they may not get easy access to specialist care.
- Patients think the current system of clinical nurse specialist care effectively assesses patients' health, wellbeing and wider holistic needs. They described the importance of the in-depth discussion between the nurse and the patient that explores these areas.
- Patients explained how they find it useful to have regular reminders of the late effects of treatment and specialist advice about how they can maintain or improve their health.
- Patients believed that the clinic staff are experts who deliver personalised care in a supportive and friendly way. Patients found it highly reassuring that their named clinical nurse specialist who they had built a relationship with were available by telephone to support them if they needed it.
- Patients preferred the method of follow-up they had experienced, either face-to-face or telephone appointments.
- Patients did not believe that diagnostic test results and the risk and symptom questionnaire alone would capture enough detailed and useful information about the patient to help the clinical team assess them.

Breast cancer

- At present participants access the breast clinic through GP referral. Generally, women are able to get a GP appointment quickly, although some experience delays.
- Participants prefer to be able to access the breast clinic directly rather than going through their GP. Most prefer an appointment system as they fear that a walk-in clinic would involve long waits, although some walk-in slots should be available. Extended opening hours are required, particularly evening clinics.
- Many women who were diagnosed with cancer are happy they were referred by their GP because their GP is aware of what is happening and can offer support throughout.
- Participants would be happy to access a specialist nurse-led clinic, either attached to a group of GP practices, or to the breast unit, that can answer questions. It should be staffed by expert clinical staff rather than call centre operators, who can give accurate advice and who can understand how anxious patients can feel.
- Many women want to book their own appointment so that they can organise it around their commitments and, if they wish, arrange for somebody to accompany them. Some would prefer to arrange their clinic visit with more than two weeks' notice.
- Participants wanted information about what to expect at the clinic. A breast unit webpage would be useful, including a video of the clinic, the staff you might meet, and the tests you might have. Alternative formats would also need to be available.
- Most women appreciate that where they go for tests is the same place as where they go for surgery however, some would prefer to go to a health clinic rather than a hospital.
- Parking is a major anxiety for women as they don't know how long they will be at the breast unit for and the nearest car park has a four-hour maximum stay.

- Participants were clear that they wanted to feel welcome when they arrived at the clinic.
- Participants with disabilities and restricted mobility described difficulties in getting in the positions required for the mammogram and that the radiographers could be impatient, insensitive or lack compassion.
- The wait between having tests and getting the results is full of anxiety and reducing this wait would have the biggest impact on improving the patient experience

Gynaecology

- Patients were reluctant to consider alternative models of care that involve reduced direct face-to-face contact with the clinic because they did not think these will provide the same level of reassurance and continuity of care.
- Patients wanted to feel that they have specialist care from experts and any cancer recurrence or new cancer would be detected and acted upon rapidly.
- Despite some ladies having never phoned the specialist nurses, patients found having the option of contacting their key worker nurse reassuring.
- Follow-up using Q-tools was dismissed by most patients, a few participants would be interested in follow-up via technology such as Skype or Facetime that could facilitate face-to-face interaction with health professionals during appointment.

Prostate

- Patients wanted to feel that they had specialist care from experts
- Patients thought that face-to-face follow-up is very important at the start of the follow-up pathway but that telephone follow-up is more acceptable over time.
- Most patients thought that appointments were often brief but covered patients' test results, general health and queries in sufficient detail. Patients relied on follow-up discussions to prompt them to think about symptoms they could be experiencing.
- Although most participants had not needed to contact the clinic between appointment, they found it highly reassuring that clinical nurse specialists were available by telephone to support them if they needed it.
- Younger patients who had experienced treatment believed that follow-up care should offer more holistic support for patients, particularly psychological support.
- Patients found it convenient that they had a choice about where blood tests are done. However, some believed that the GP and hospital information systems could be better integrated to facilitate transfer of patients' blood results.
- Some patients were interested in getting more information about healthy lifestyles and reducing cancer risk through an education and support programme.
- Follow-up using Q-tool was dismissed by most patients due to concerns that it loses the "personal touch" of human interaction, may require skills and a computer (which older men may not have) and security concerns.

	Airedale, Wharfedale, Craven	Bradford City	Bradford District	Calderdale	Greater Huddersfield	Harrogate and Rural District	Leeds North	Leeds South and east	Leeds West	North Kirklees	Wakefield
Getting an appointment quickly	X	X	X			X	X	X	X	X	X
Give patients clear explanations of clinical tests	X	X	X	X	X						
Follow up care is really important and provides assurance and access to specialists							X	X	X		
Involve patient fully in care and treatment	X	X	X	X	X						
Face to face contact is a really important aspect of care							X	X	X		
Deliver care through competent ward nurses, allowing the patient to have trust in them	X	X	X	X	X		X	X	X		
Patients like a named clinical nurse lead and specialist							X	X	X		
Plan and deliver effective discharge from care				X	X		X	X	X		
Coordinating with the GP practice so care is ongoing	X	X	X	X	X		X	X	X	X	X
More information and communication on life-style and practical post treatment advice	X	X	X				X	X	X		
Electronic tools and new technology were not favoured for support and follow up							X	X	X		
Emotional and financial support	X	X	X			X					
Input and impact of supportive therapies						X					

Stroke

Reference to stroke was made in only a few of the reports reviewed. The areas covered were Airedale, Wharfedale, Craven and Bradford. In addition to this, Wakefield has also undertaken some engagement as part of the work that is taking place in South and Mid Yorkshire, Bassetlaw and North Derbyshire.

The key themes raised were:

- Fast ambulance response times / journey times to receive treatment
- Transfer times to receive treatment if presenting at other hospital sites
- Being seen quickly when get to a hospital
- Being seen and treated by knowledgeable staff
- Journey time and distance for visitors, and the cost of parking at the hospital
- More emotional support for patients, carers and family members
- To be able to access rehabilitation locally to aid recovery
- Information and communication need to be improved across services
- Involving family and carers (as they know the patient best and can advise while in critical condition)
- More education on the prevention of strokes

Discharge and aftercare

Concerns were raised about aspects of discharge, rehabilitation and aftercare. These covered a wide range of specific issues including a reported under provision of speech therapy and physiotherapy; gaps in the provision of emotional support for patients, carers and family members, along with a lack of consistency when providing aids and adaptations to patients.

It was suggested there should be an increased focus on re-enablement and recovery and that more resources be put into rehabilitation and aftercare services locally, as getting the right information and support were deemed important to aid patient recovery and relieve anxiety and stress for patients and carers.

Travel, transport and parking

The distance, time and cost to travel, along with the challenges of parking, were a concern. People were worried not only about how the extra journey time could affect the treatment and outcome for stroke patients but also how this would impact on the ability of carers and families to visit their loved one at this critical time, particularly those reliant on public transport.

Suggestions to address the concerns highlighted included providing help with travel costs for immediate family members e.g. a travel card, extended or open visiting times in order to avoid peak travel times, and some level of concession for parking.

Treatment and care

There were concerns about moving the existing HASU at AGH to BRI and the impact, the additional distance, time and potentially different levels of service could have on the treatment and outcome of stroke patients living in Airedale, Wharfedale and Craven. Concerns were also raised for those people who self-present at AGH A & E not realising they are having a stroke; then having to be transferred to BRI before receiving treatment.

Suggestions proposed in relation to improving treatment and care included improving ambulance response time, ensuring there is a sufficient number of acute beds and creating a joined up fast track service from 999 and arrival through to assessment, tests and treatment.

Staff

Whilst there were many positive comments in relation to staff and the care they provide, especially on Ward 5 at AGH, there were concerns about inadequate staffing levels, particularly specialist stroke staff and how staff shortages can result in delayed response time and limited contact time for patients. Also raised was whether general and agency nurses had the level of knowledge and skill, required for stroke care. There were also concerns raised in relation to the poor attitude of some staff and the impact of this on the patient/carer experience.

It was suggested that more specialist stroke staff were needed and that stroke training should be provided for general and agency nurses and, A & E staff.

Information and communication

The need for improved information and communication between staff, patients and carers and between departments and across organisations were highlighted. In particular was the need of stroke patients and carers' to understand what has happened to them/their loved one during and after the stroke. Also raised was the need for appropriate forms of communication to be used with those patients whose ability to communicate has been impaired by the stroke.

It was suggested more information and advice about prevention of strokes, strokes and after care was required and that the patient information currently provided is reviewed to ensure it is easily understood and fit for purpose.

	Airedale, Wharfedale, Craven	Bradford City	Bradford District	Calderdale	Greater Huddersfield	Harrogate and Rural District	Leeds North	Leeds South and east	Leeds West	North Kirklees	Wakefield
Fast ambulance response times / journey times to receive treatment	X	X	X								X
Transfer times to receive treatment if presenting at other hospital sites	X	X	X								
Being seen quickly when get to a hospital	X	X	X								X
Being seen and treated by knowledgeable staff	X	X	X								X
Journey time and distance for visitors, and the cost of parking at the hospital	X	X	X								X
More emotional support for patients, carers and family members	X	X	X								
To be able to access rehabilitation locally to aid recovery	X	X	X								X
Information and communication need to be improved across services	X	X	X								X
Involving family and carers (as they know the patient best and can advise while in critical condition)	X	X	X								X
More education on the prevention of strokes											X

Urgent and emergency care

Reference to emergency and urgent care including specific engagement or consultation is available from work across West Yorkshire and Harrogate and Rural District. Most areas have had some engagement or consultation on this area and work to identify urgent and emergency care services should use existing intelligence to inform future proposals.

The key themes across the area are:

- Consider travel and transport to access services including ambulance services
- Consider the capacity to provide urgent care services closer to home – particularly in GP practices
- Consider the use of 111 as a gateway to urgent and emergency care and whether satisfaction ratings with the service lend themselves to this being the right gateway
- Consider ambulance journey times and road and transport networks
- Consider the availability of walk-in centres to relieve pressure on A&E
- Convenience and location of A&E can be a concern
- Raise awareness of the most appropriate services to access
- Introduce an out of hours primary care service that is co-located with A&E
- Concerns about centralising emergency services
- Lack of information about the difference between urgent and emergency care

- People report high levels of satisfaction with the service they receive in A&E. They have confidence and trust in A&E and believe it provides the best place for them to get care.
- People believe A&E provides a convenient place to go, it can provide reassurance that an injury or condition is not serious and does not need further treatment, and it is perceived as offering the highest level of expertise, with access to appropriate diagnostic equipment, such as x-rays.
- The two main themes raised under travel were travel times and travel access.
- Many people want to see their GP for urgent care services, there are a lot of concerns about the effectiveness of 111.
- Respondents to the right care, right time, right place consultation raised concerns about the roads and were particularly worried about the potential for an increasing number of deaths because of this. This led some to question the information provided on travel times.
- Respondents from Greater Huddersfield argued that emergency care should be retained in the area because of its large and growing population, the presence of the university and because people are living longer.
- Most respondents were concerned about proposals to centralise emergency services and doubted whether it was feasible. Many questioned the resources and staffing required and asked how staff would be recruited.
- Many believed that proposals to change the way emergency services are currently provided would lead to problems, including increased mortality rates, increased waiting times (which was linked to access) and greater demand on services.

- A high proportion of respondents to the right care, right time, right place consultation indicate that services should remain the same.
- Respondents often stated that they believed the proposals would put lives at risk, due to increased travel times and distances.
- A&E offers the 24/7 access people want and there is support for this to be developed further to include an out of hours primary care service / urgent care service that is co-located with A&E. Through the co-location of urgent care services on one site, patients can be triaged appropriately to the necessary emergency or urgent care service. It would relieve the pressure in the A&E departments and give people faster access to more effective treatment.
- A significant proportion of people that had used a walk-in centre would have attended A&E if the walk-in centre had not been available. Many patients valued the provision of treatment outside of A&E departments, in minor injury units or walk-in centres. These were often popular because they were seen to avoid long waits, although sometimes led to frustration if the service was unable to deal with the presenting condition.
- People want to be seen by the most appropriate person, quickly and in a setting that is close to home. They didn't want to be travelling long distances when they needed urgent or emergency care.
- GPs and community-based health care were often closed when the patients needed to access them, forcing them to go elsewhere, despite their preferences to use these services. Other access issues, most commonly related to availability/choice of appointments.
- Whilst people state that they know A&E is for emergencies only, many nevertheless believe they have no alternatives. There is a need to raise awareness of the most appropriate service to access, where and how to access these services.
- Concern was expressed about the long waits in A&E and not being told how long they would have to wait / reasons why, and some patients were concerned that they received no, or inadequate pain relief.

A&E proposals require a lot more consideration and people need to know the difference between urgent and emergency care services. People want to see 24/7 access to include an out of hours primary care service / urgent care service that is co-located with A&E. Through the co-location of urgent care services on one site, patients can be triaged appropriately to the necessary emergency or urgent care service. It would relieve the pressure in the A&E. For urgent care services this is evidence that people want to see their GP or go to services closer to home.

	Airedale, Wharfedale, Craven	Bradford City	Bradford District	Calderdale	Greater Huddersfield	Harrogate and Rural District	Leeds North	Leeds South and east	Leeds West	North Kirklees	Wakefield
Travel and transport to access services including ambulance services	X	X	X	X	X	X	X	X	X	X	X
Provide urgent care services closer to home	X	X	X	X	X		X	X	X	X	X
Use 111 as a gateway to urgent and emergency care				X	X						
Availability of walk-in centres to relieve pressure on A&E	X	X	X	X	X	X	X	X	X	X	X
Ambulance journey times and road and transport networks	X	X	X	X	X	X	X	X	X	X	X
Convenience and location of A&E	X	X	X	X	X	X	X	X	X	X	X
Raise awareness of the most appropriate services to access	X	X	X	X	X	X	X	X	X	X	X
Out of hours primary care service that is co-located with A&E	X	X	X				X	X	X	X	X
Concerns about centralising emergency services				X	X					X	X

Specialised commissioning

From the evidence gathered there is only reference to a limited number of engagement and consultations on specialist service areas. Whilst this may not be the complete picture for West Yorkshire and Harrogate and Rural District further work should be completed to identify any work carried out during the four year mapping period.

Areas who delivered engagement are Bradford City and Bradford and District who have hosted conversations on eating disorders and specialised mental health.

Due to the limited data analysis a table of themes is not provided. This area could require further West Yorkshire and Harrogate wide engagement.

Acute collaboration

Engagement and consultation on acute collaboration (re-configuration) has taken place in Calderdale and Greater Huddersfield (Right Time, Right Care, Right Place) and North Kirklees and Wakefield (Meeting the Challenge). The key themes from these were:

- Whilst some acknowledge there is a need for change most would prefer services to stay the same
- Concerns about the negative impact on travel and transport if accessing services further away
- Negative impact on ambulance response times
- Concerns about the possible impact on mortality rates
- Capacity of the proposed models to deal with demand
- Lack of resources to deliver the proposed models
- Increase in waiting times for appointments
- Need for clarity on what the changes will be and what changes patients will see
- Concern that the driver for change is financial
- Long term viability of the 'downgraded' hospital
- Communication on how the proposals have been developed

Travel and transport

Respondents were worried about the impact of increased travel times, in particular for access to emergency treatment. This was seen as a reason for A&E services to be retained. Ease of travel between the two towns was also raised by respondents, with reference specific mention made to congestion, access to public transport, increased travel costs and adequate facilities for car parking.

The additional demand on ambulance services led respondents to believe that there would be a delay in response times and availability to transport those with life threatening conditions or being transferred whilst in labour to a consultant led maternity unit.

Clinical safety and capacity

As well as concerns that increased travel will have an impact on mortality rates, respondents were sceptical about the quality of care and availability of treatment, and how this could put patients' lives at risk. Respondents queried whether the proposed model would have the capacity to cope with the population's needs. For example, will there be sufficient beds, staff resource – will this lead to an increase in waiting times? And what about the 'knock-on effects' for other services and areas (for example, Barnsley).

A lack of understanding about the detail of the proposals and how they would work in practice is a key barrier to overcoming concerns. Respondents want to know how the proposed Urgent Care Centres will link with A&E, for example transferring someone from an Urgent Care Centre if a patient's condition deteriorates. Respondents ask if the impact on GPs and the Ambulance Service has been fully considered.

The rationale for change

Respondents question whether the proposals are clinically driven as opposed to financially driven. To what extent, for example, have previous decisions such as PFI agreements influenced the proposals? Respondents want to know whether clinical staff, in particular, are supportive of the proposals. And to what extent other services, such as the Ambulance Service support the proposals.

The consultation process

For Right Time, Right Care, Right Place respondents raised a number of concerns. There was criticism and suspicion of only consulting on a single option. This led to respondents using terms like 'done deal'. The language and clarity of the proposals within the consultation documents and the structure of the survey was criticised. Respondents queried how decisions were made, how the final proposal was reached and why the other proposals were not communicated.

Respondents want to know more about how proposals are developed and what the evidence is to support them. Respondents complained at the methods of engagement through the consultation and the extent to which different groups were involved. Staff that did participate mentioned that they would like to be more involved in the formulation and structuring of the plans.

Understanding the proposed model

Respondents asked how services could meet the needs of the local population where there is a reduction in the number of hospital beds, staff shortages and increased demands from the populations.

Respondents believed that emergency care was needed in both areas due to the size of both towns. There appears also to be a lack of understanding about the terms emergency care and urgent care.

The need for change

Despite the concerns there was evidence indicating that many respondents acknowledge that change is needed. Alternative sites, configurations and improvements to services are suggested. Suggestions are also given on how to improve the proposals for example better transport/road links or car parking. There is some recognition that the existing structure of healthcare is unsustainable to meet current and future needs.

	Airedale, Wharfedale, Craven	Bradford City	Bradford District	Calderdale	Greater Huddersfield	Harrogate and Rural District	Leeds North	Leeds South and east	Leeds West	North Kirklees	Wakefield
Whilst some acknowledge there is a need for change most would prefer services to stay the same				X	X					X	X
Concerns about the negative impact on travel and transport if accessing services further away				X	X					X	X
Negative impact on ambulance response times				X	X					X	X
Concerns about the possible impact on mortality rates				X	X					X	X
Capacity of the proposed models to deal with demand				X	X					X	X
Lack of resources to deliver the proposed models				X	X					X	X
Increase in waiting times for appointments										X	X
Need for clarity on what the changes will be and what changes patients will see				X	X					X	X
Concern that the driver for change is financial				X	X					X	X
Long term viability of the 'downgraded' hospital										X	X
Communication on how the proposals have been developed				X	X					X	X

Standardisation of commissioning policies

Reference to engagement on the standardisation of commissioning policies was made in reports from Kirklees, Harrogate and Rural District, Wakefield and Bradford. This included work on gluten-free food, over-the counter medicines, branded medicines, BMI and smoking.

The key themes raised across West Yorkshire and Harrogate and Rural District were:

- The cost and effectiveness of medicines and treatments should be taken into account when making decisions
- People should pay for medicines that are widely available in local shops at low cost, rather than getting them on prescription.
- Concern that changes to prescribing could have a negative financial impact on people with low incomes
- Concern that changes to prescribing could lead to negative impact on health conditions
- Patients need to be provided with the appropriate support when there are changes to their prescriptions
- GPs should use discretion and consider on a case by case basis
- Consistency in funding decisions to avoid a 'postcode lottery' or inequity
- Patients need to be provided with the appropriate support to help them to lead a healthy lifestyle
- Patients should not be refused treatment because of lifestyle choices, unless this impacts on the success of their treatment

Gluten-free food

- People that aren't prescribed gluten-free food are supportive of gluten-free food no longer being prescribed. Although there was concern about the high cost of gluten-free products in supermarkets, with the view that most items were significantly more expensive than an equivalent product containing gluten. There was real concern as to the impact on people on low incomes, and those families where more than one person has been diagnosed as coeliac.
- People who receive gluten-free products feel that those available in supermarkets are not comparable to the products available on prescription. Particular mention was made to Juvela and Glutafin, which contain replacement vitamins and minerals that may be required by coeliac patients to help maintain a healthy diet. There was also mention of the difficulty of obtaining gluten free products for those that live in rural areas where the local shop doesn't stock gluten free produce or have mobility issues. It was felt this would particularly affect elderly patients. Other people commented on the overall lack of availability of gluten-free items even in the larger supermarkets.
- There was concern that if products are no longer available on prescription it could lead to some coeliac patients not adhering to their diet, due to the financial cost of purchasing from supermarkets. This could lead to serious health conditions developing, such as bowel cancer or osteoporosis, which in turn would cost the NHS significantly more than prescribing gluten-free foods. This concern was raised by patients and dieticians.

- It was suggested that the number of items prescribed could be reduced and the range of products available could be limited to bread, flour and pasta. Or vouchers could be supplied to cover the additional cost of buying gluten-free foods
- Newly diagnosed coeliac patients should be supported by a dietician to understand what they can buy, and where to buy the food from. Patients could also be provided with a selection of foods to support them in the first few months of diagnosis
- It was suggested that prescriptions could continue to be provided for children and households with a low income.
- It was proposed that GPs should be able to use their discretion when it came to prescribing
- It was suggested that the NHS should negotiate better deals with suppliers

Over-the-counter medicines

- Most people are supportive of no longer prescribing over-the-counter medicines for minor ailments. Although many are concerned about the financial impact on those households on a low income, and felt that they should continue to be prescribed for those people. Some were concerned that if people couldn't afford to buy the products, it could lead to the condition not being treated and their health could deteriorate, which in turn could lead to a greater impact on NHS resources.
- Many felt that if there was a clinical need and / or if the condition was long-term then the items should be prescribed, such as emollients for eczema; sunscreen for skin cancer patients; multi-vitamins for bariatric surgery patients and tube fed infants.
- Many felt that infant formula should continue to be prescribed. People were concerned about the possible impact on the infant if their parent didn't buy the correct formula or couldn't afford to buy it.
- Some felt that camouflage products should be prescribed. The main reasons were due to the possible negative psychological impact on the patient; the high cost of buying the items over-the-counter; and because the condition is long-term.
- It was queried how this would impact on people in care homes and supported living homes. Currently staff can only use prescribed medications, they are not able to use items purchased over-the-counter.

Branded medicines

- Many were surprised at the difference in price, and that generic medicine wasn't already routinely prescribed.
- The majority of people were supportive of GPs prescribing unbranded medicines, as long as these were as effective as the branded product and they did not lead to any adverse or allergic reactions.
- Many felt that it was a good idea as it would save the NHS money.
- There was some concern about the potential impact on drug companies and whether this would lead to a reduction in research.
- Some people did express concerns that unbranded medicines are not as effective as branded medicines and are more likely to cause adverse and / or allergic reactions.

- GPs need to support patients when changing medication, providing them with reassurance and listening to their concerns. Particular concern was expressed for more vulnerable people and how a change in the appearance of their medication (different colour, packaging, size) could create anxiety and in some cases result in patients stopping their medication.
- Some felt that the decision should be down to the GP, and should be based on clinical need and not cost. For example some medicines may not be available in a format that is appropriate for the patient, and as such they may have to prescribe the branded medication
- It was suggested that those patients who insisted on being prescribed the branded medicine when there was no clinical need to do so, should be expected to pay the difference in price.

BMI and smoking

- Whilst people were supportive of the idea to encourage people to give up smoking or lose weight prior to a routine operation. It was felt that these decisions should be made by the consultant on a case by case basis. And the decision should be based on the effectiveness of the treatment, impact on the patient if the surgery is delayed (there was some concern that delays in treatment could also lead to further health complications) and impact on the patient if the surgery goes ahead without them giving up smoking or losing weight.
- If patients were expected to give up smoking or lose weight prior to a routine operation, they should be provided with the appropriate support to enable them to do this. Such as referral to a weight management programme, smoking cessation, gym membership, etc.
- People highlighted that it can be extremely difficult for some people to lose weight, as their weight may have been caused due to the side effects of medication, mental health conditions, or a medical condition that restricts their ability to exercise.
- Many felt that BMI was not a useful indicator of how healthy a person is, many cited examples of people that were physically fit but had high BMI due to muscle mass.
- It was felt that there was a need to look at prevention by educating adults and children on healthy eating and promotion of the benefits of exercise.
- Some questioned why this should be restricted to people who smoke or have a high BMI, and suggested that it should be extended to include people who drink alcohol or take drugs.

	Airedale, Wharfedale, Craven	Bradford City	Bradford District	Calderdale	Greater Huddersfield	Harrogate and Rural District	Leeds North	Leeds South and east	Leeds West	North Kirklees	Wakefield
The cost and effectiveness of medicines and treatments should be taken into account when making decisions					X					X	X
People should pay for medicines that are widely available in local shops at low cost, rather than getting them on prescription.		X	X		X	X				X	X
Concern that changes to prescribing could have a negative financial impact on people with low incomes		X	X		X	X				X	X
Concern that changes to prescribing could lead to negative impact on health conditions		X	X		X	X				X	X
Patients need to be provided with the appropriate support when there are changes to their prescriptions		X	X		X					X	X
GPs should use discretion and consider on a case by case basis		X	X		X					X	X
Consistency in funding decisions to avoid a 'postcode lottery' or inequity		X	X		X					X	
Patients need to be provided with the appropriate support to help them to lead a healthy lifestyle					X					X	
Patients should not be refused treatment because of lifestyle choices, unless this impacts on the success of their treatment					X					X	

Overarching themes

There are a number of overarching themes in all the information gathered. The themes are summarised below. The key themes from all the intelligence provided are:

- Improve the provision of information on self-care and prevention
- Provide more care closer to home
- Staff to treat patients with dignity and respect
- Improve the availability of services at evenings and weekends
- Provide patients with information to enable them to make informed choices
- Ensure services are joined up
- Increase the involvement of the voluntary and community sector
- Provide services that meet the needs of a diverse population
- Consider travel and transport to access services
- Involve the public in the design of services
- Raise awareness of the services available
- Increase staffing levels

- The need to use a wide range of communication methods to raise awareness of the services available, when and how to access them. It was felt that this would help people select the most appropriate service for their needs.
- Need to improve access to services and appointment systems, with greater availability at evening and weekend.
- People wanted to see more care closer to home and in a variety of community settings, delivered by the right staff.
- Consideration needs to be given to travel and transport, as people could neither afford the time to travel; the cost, or find suitable parking on premises. It was felt that there should be an adequate number of parking spaces available at any site, with special focus on making sure there is enough disabled parking available. The car park should be in a safe location and the price of parking should be as low as possible. Public transport, particularly to our major hospitals, is a challenge to many people.
- People want to receive clear and good quality information to help them to make informed choices about their treatment, and they want to be involved in decisions about their care.
- To ensure high standards of care, efficiency and good patient experience there is a need for services to be joined up, underpinned by effective communication between services and staff-patient.
- To ensure that patients consistently receive high quality care throughout the different services, there is a need for staff to be friendly, helpful and to treat patients with dignity and respect.

- People want to be given the information they need to help manage their own health and wellbeing. They wanted more focus on prevention and innovative opportunities to keep themselves well. They felt that more information about healthy lifestyle choices should be available with professionals being provided with the relevant skills and knowledge to advise and support individuals with any changes they may wish to make. It was suggested that there could be education programmes in schools so younger people learn to take responsibility.
- Support available through the voluntary sector was praised. People said there should be more groups to support people, and reported concerns about local support groups having their funding cut.
- We have a diverse population and we need to consider all our population when designing new services, current services still don't address patient needs in terms of access, culture, information and communication. Some suggestions were to improve access for those with different communication needs by providing access to language and BSL interpreters. The provision of bilingual staff and deaf awareness training should support this.
- Staffing levels were felt to be under stress by some, and there was reference to the need to recruit more staff and to ensure their morale and motivation was maintained, however there was concern with regards to the availability of trained staff and the financial viability of this.
- The need to ensure that we give the public the opportunity to be listened to, and be involved in the design and delivery of services in their communities.

Appendix A – Documents reviewed

1. Brainbox Research – *Long-term follow-up after childhood and young adult cancers: patient insight research findings* – April 2016

2. Brainbox Research – *Colorectal cancer follow-up pathway: patient insight research findings* – April 2016

3. Brainbox Research – *Prostate cancer follow-up pathway: patient insight research findings* – March 2016

4. Brainbox Research - *Gynaecological cancer follow-up pathway: patient insight research findings* – February 2016

5. Brainbox Research - *Patient insight research to inform redesign of the Breast Diagnostic Pathway in Leeds* – July 2015

6. Brainbox Research – *Joined up Leeds* – March 2015

7. Brainbox Research - *Evaluation of the 2013-14 Winter Awareness Campaign, Leeds CCGs* – June 2014

8. Brainbox Research – *NHS Leeds West CCG: Patient Experience Research* – November 2013

9. Commissioners Working Together - *Communications and engagement report: preconsultation for children's surgery and anaesthesia and hyper acute stroke services* - April 2016

10. Embed Health Consortium – *Patient Experience Report. End of Life Care, NHS Wakefield CCG - What are people telling us?* – December 2016

11. Embed Health Consortium - *Patient Experience Report (Connecting Care), NHS Wakefield CCG - What are people telling us?* – September 2016

12. Healthwatch Bradford and District – *Autistic Spectrum Conditions: What we've heard so far* – January 2016

13. Healthwatch Bradford and District – *Enter and View – Ward 5 Airedale General Hospital* – April 2016

14. Healthwatch Bradford and District – *Enter and View – Ward F5 St Luke's Hospital* – October 2015

15. Healthwatch Bradford and District – *Enter and View – Ward 17 Bradford Royal Infirmary* – May 2015

16. Healthwatch Bradford and District- *Enter and View – Ward 4, Airedale General Hospital* – March 2015

17. Healthwatch Bradford and District - *Report on Healthwatch Bradford and District visit to Accident & Emergency at Bradford Royal Infirmary* - December 2014
18. Healthwatch Bradford and District – *Enter and View - Holycroft Surgery – GP Practice, Keighley* - September 2014

19. Healthwatch Bradford and District – *Enter and View - North Street Surgery GP Practice, Keighley* - August 2014

20. Healthwatch Bradford and District and MacMillan Cancer Support - *Experiences of people affected by cancer from minority ethnic communities in Bradford and District* – June 2014

21. Healthwatch Bradford and District and MacMillan Cancer Support - *Experiences of people affected by cancer from minority ethnic communities in Bradford and District* – May 2014

22. Healthwatch Bradford and District- *'Invisible at the desk' Experiences and views of people using Primary Care services in Bradford and District* – January 2014

23. Healthwatch Calderdale – *GP appointments in Calderdale, Task and Finish Report* – April 2014

24. Healthwatch Calderdale – *GP appointments in Calderdale, Data summary* – April 2014

25. Healthwatch Kirklees - *What people think about the proposed changes to hospital and community services in Calderdale and Greater Huddersfield* – August 2016

26. Healthwatch Kirklees – *When life is already tough…the experiences of patients with multiple and complex needs as they interact with NHS Services in Kirklees* – July 2015

27. Healthwatch Kirklees - *Hospital discharge into care homes* - November 2014

28. Healthwatch Kirklees - *Understanding patients' views of Section 136 the Mental Health Act 1983 in Kirklees* – April 2014

29. Healthwatch Kirklees – *Welcome to my world* – February 2014

30. Healthwatch Kirklees – *Why can't I get an appointment with my GP?* – January 2014

31. Healthwatch Kirklees – *Why can't I find an NHS dentist in Kirklees?* – February 2014

32. Healthwatch Kirklees and Bolton – *Oral health in residential care homes*. *Evidence from Bolton and Kirklees* - February 2014

33. Healthwatch Leeds – *Review of sexual health clinics in Leeds* – November 2016

34. Healthwatch Leeds – *St James University Hospital Outpatient 7 and 8 Cardiology Chancellor Wing* – November 2016
35. Healthwatch Leeds – *Aspire to get involved. A snapshot of clients and carers' experience of Aspire* – October 2016

36. Healthwatch Leeds – *People's experiences of using community dentistry in Yorkshire and Humber region* – July 2016

37. Healthwatch Leeds – *St James University Hospital eye clinic report* – May 2016

38. Healthwatch Leeds – *Home care: people's experience of care received in their own homes* – January 2016

39. Healthwatch Leeds – *Homeward Bound: peoples experience of using patient transport to return home from hospital in West Yorkshire* - January 2016

40. Healthwatch Leeds – *GP extended hours in Leeds. A snapshot of the experiences of patients accessing GP surgeries with extended opening hours* – January 2015

41. Healthwatch Leeds - *Children and Young People's Mental Health Services in Leeds. Conversations with young people, parents and professionals* – January 2015

42. Healthwatch Leeds - *People's Experience in Accident and Emergency (A&E) departments: Insight from Leeds General Infirmary (LGI) and St James University Hospital (SJUH) in Leeds* – May 2014

43. Healthwatch Wakefield - *Public Voice Report to the Health and Wellbeing Board July 2016. What are people in Wakefield District saying about how we support their health and wellbeing?* – July 2016

44. Healthwatch Wakefield – *Carers' experiences of connecting care* – June 2016

45. Healthwatch Wakefield – *Connecting Care Initiative* – 2015

46. Healthwatch Wakefield – *Young people's GP Access report* – 2015

47. Healthwatch Wakefield - *Mid Yorkshire Hospitals NHS Trust Patient experience survey* – July 2015

48. Healthwatch Wakefield - *Patient experience survey Gate 12 – Acute Assessment Unit Pinderfields Hospital* – February 2015

49. Healthwatch Wakefield – *Young Healthwatch, Enter and View emergency Department at Pinderfields Hospital* – July 2014

50. Healthwatch Wakefield - *Speaking to Outpatients - What did we learn? Mid Yorkshire Hospitals Trust, Spire Dewsbury and Spire Methley Park* – January 2015

51. Healthwatch West Yorkshire and Humber – *Hear, see and treat engagement report* – October 2016

52. Healthwatch West Yorkshire and Humber – *Urgent and Emergency Care engagement report* – November 2016

53. Leeds Involving People - *Care Closer to Home Children's Report* - September 2015

54. Leeds Involving People - *Shakespeare Walk-in Centre Report* - May 2015

55. Leeds Involving People - *Leeds Care Record – GP Practices Report* - July 2014

56. Leeds Involving People - *Leeds Care Record – GP Practices Report* – March 2015

57. Leeds Involving People – *Leeds Care Record – Mental Health Findings November – December 2014* – January 2015

58. NHS Bradford Districts CCG – *Review of gluten-free prescribing* – November 2016

59. NHS Bradford, Airedale, Wharfedale and Craven CCGs - *Hyper Acute Stroke Unit (HASU) Arrangements for Bradford, Airedale, Wharfedale and Craven Patient and Public Engagement Report* – September 2015

60. NHS Bradford, Airedale, Wharfedale and Craven CCGs - *Engagement on the Urgent and Emergency Care Strategy Feedback on stakeholder engagement* - October 2014

61. NHS Bradford, Airedale, Wharfedale and Craven CCGs – *Future in mind. Promoting, protecting and improving our children's and young people's mental health and wellbeing in Bradford, Airedale, Wharfedale and Craven* – 2015

62. NHS Calderdale CCG – *Calderdale Co- Commissioning in Primary Care Summary of findings from engagement with local people* – May 2016

63. NHS Calderdale CCG – *Review of unplanned care in Calderdale* – November 2013

64. NHS Calderdale, Kirklees and Wakefield Cluster – *Minor Injuries Service Engagement Report* – April 2012

65. NHS Calderdale, Kirklees and Wakefield Cluster - *Engagement Report. Proposals for developing Neuro-Rehabilitation, Ophthalmology and Orthopaedic Services in Mid Yorkshire* – August 2012

66. NHS Calderdale, Kirklees and Wakefield Cluster – *Discharge to Assess Engagement Report* – November 2012

67. NHS Calderdale, Kirklees and Wakefield Cluster - *West Yorkshire Urgent Care Service Engagement Report* – March 2012

68. NHS Calderdale and Greater Huddersfield CCGs – *Right Care, Right Time, Right Place and Care closer to Home. Stakeholder report of findings* - September 2016

69. NHS Calderdale and Greater Huddersfield CCGs – *Right Care, Right Time, Right Place. Independent Report of Findings* – August 2016

70. NHS Calderdale and Greater Huddersfield CCGs - *Calderdale and Greater Huddersfield Hospital and Care Closer to Home Summary of findings from all engagement and pre-engagement Public, patients, carers and staff March 2013 – August 2015* – September 2015

71. NHS Calderdale and Greater Huddersfield CCGs - *Right Care, Right Time, Right Place and Care Closer to Home. Report of findings Pre-consultation stakeholder events Calderdale and Greater Huddersfield* - August 2015

72. NHS Calderdale and Greater Huddersfield CCGs - *Right Care, Right Time, Right Place Report of Findings - Engagement Phase April* – July 2014

73. NHS Calderdale and Greater Huddersfield CCGs - *Right Care, Right Time, Right Place, Report of Findings – Stakeholder Event* – August 2014

74. NHS Calderdale and Greater Huddersfield CCGs - *Calderdale and Huddersfield Health and Social Care Strategic Review. Summary of Findings from the Engagement Process - Public, Patients and Carers PLANNED CARE November 2012* – January 2013 – January 2013

75. NHS Calderdale and Greater Huddersfield CCGs - *Calderdale and Huddersfield Health and Social Care Strategic Review. Summary of Findings from the Engagement Process - Public, Patients and Carers UNPLANNED CARE November 2012* – January 2013 – January 2013

76. NHS Calderdale and Greater Huddersfield CCGs - *Calderdale and Huddersfield Health and Social Care Strategic Review. Summary of Findings from the Engagement Process - Public, Patients and Carers CHILDREN November 2012* – January 2013 – January 2013

77. NHS Calderdale and Greater Huddersfield CCGs - *Calderdale and Huddersfield Health and Social Care Strategic Review. Summary of Findings from the Engagement Process - Public, Patients and*

Carers LONG TERM CARE November 2012 – January 2013 – January 2013

78. NHS Greater Huddersfield CCG - *Greater Huddersfield Co-Commissioning in Primary Care Findings from the engagement with Community Voices*- January 2016

79. NHS Greater Huddersfield CCG - *Patient Transport Services in Greater Huddersfield. Report of Findings* – March 2015

80. NHS Greater Huddersfield and North Kirklees CCGs – *Talk Health Kirklees. Consultation report of findings* – December 2016

81. NHS Harrogate and Rural District CCG – *Gluten-free prescribing* – August 2016

82. NHS Harrogate and Rural District CCG – *Ophthalmology* – October 2015

83. NHS Harrogate and Rural District CCG – *Dementia* – March 2015

84. NHS Harrogate and Rural District CCG – *Outpatient letters to patients* – 2015

85. NHS Harrogate and Rural District CCG – *GP practice patients* - 2015

86. NHS Leeds CCG - *Urgent Care in Leeds. What is the user experience? Report of a survey conducted by NHS Leeds North Clinical Commissioning Group on behalf of the city wide Urgent Care Transformation Programme (Inspiring Change) and other NHS Clinical Commissioning Groups in Leeds* – April 2015

87. NHS Leeds CCGs - *Effective Admission and Discharge, Discharge to Assess Public/Patient/Service User Engagement April-May 2015* – June 2015

88. NHS Leeds South and East CCG - *General Practice Workshop 15 June 2016. Summary of event and discussions* – June 2016

89. NHS Leeds South and East CCG – *Our plans for next year report* – March 2015

90. NHS Leeds South and East CCG - *Review of Emotional and Mental Health Services for Children and Young People in Leeds* – January 2015

91. NHS Leeds West CCG – *Care home scheme. Engagement summary* – September 2016

92. NHS Leeds West CCG - *West Leeds Community Consultation: Survey Report* – August 2016

93. NHS Leeds West CCG - *Developing our five year strategy (2016-2021) - feedback from our deliberative event* – March 2016

94. NHS Leeds West CCG – *Primary Care Access update report* – January 2016

95. NHS Leeds West CCG – *Improving access to primary care for people with learning disabilities* – September 2015

96. NHS Leeds West CCG - *Public Engagement Event GP practices - new models of care* – March 2015

97. NHS North Kirklees CCG and Healthwatch Kirklees – *Over the counter medication engagement report* – October 2016

98. NHS North Kirklees CCG and Healthwatch Kirklees – *Smoking and BMI engagement report* – October 2016

99. NHS North Kirklees CCG – *Patient Transport Services. Engagement Report* – March 2015

100. NHS North Kirklees CCG – *GP Services in North Kirklees* – August 2015

101. NHS North Kirklees CCG – *Commissioning Intentions Event Report* – February 2014

102. NHS North Kirklees CCG – *Patient Participation Directed Enhanced Service (DES) North Kirklees CCG Summary Report* – November 2013

103. NHS North Kirklees CCG - *School House Practice walk-in centre consultation report* - July 2014

104. NHS North Kirklees CCG – *School House Practice walk-in centre* – December 2013

105. NHS Wakefield CCG – *Review of the General Practice based at King Street Health Centre* – January 2017

106. NHS Wakefield CCG - *'Healthy Wakefield - Prescribing Changes' Engagement report* -December 2016

107. NHS Wakefield CCG – Prostate Cancer Follow-up Audit – January 2016

108. NHS Wakefield CCG – *Personal Health Budgets engagement report* – March 2016

109. NHS Wakefield CCG - *Report of feedback from commissioning maze events 2015/16* – January 2016

110. NHS Wakefield CCG - *Improving access to primary care in Wakefield District* – October 2015

111. NHS Wakefield CCG - *Patient Transport Services in Wakefield. Report of findings* – March 2015

112. NHS Wakefield CCG - *Mental Health Public Engagement Report* – February 2015

113. NHS Wakefield CCG - *Findings: A Review of the Walk-in Service at King Street, Wakefield* – August 2014

114. NHS Wakefield CCG - *What matters to you? Commissioning priorities engagement report* – January 2014

115. NHS Wakefield CCG - *Engagement Report for Joint Mental Health Strategy and Community Mental Health* – March 2014

116. NHS Wakefield CCG - *Mystery Shopping Engagement Report* – January 2013

117. NHS Yorkshire and Humber Commissioning Support - *Patient Transport Services Report of Findings. Calderdale, Greater Huddersfield, North Kirklees and Wakefield* – March 2015

118. NHS Yorkshire and Humber Commissioning Support - *Care Closer to Home Report of Findings – Stakeholder Event Thursday 4th December* - December 2014

119. NHS Yorkshire and Humber Commissioning Support - *Call to Action: Engagement Report for Greater Huddersfield CCG* - 12 January 2014

120. NHS West Yorkshire and Humber CSU - *Report on the unplanned or urgent dental services consultation (prepared for the West Yorkshire Area Team)* – June 2013

121. NHS Yorkshire and Humber Commissioning Support – *Integrated Care* – May 2014

122. NHS Yorkshire and Humber Commissioning Support - *Princess Royal Community Health Centre (PRCHC)* - October 2013

123. NHS Yorkshire and Humber Commissioning Support - *Call to Action: Engagement Report for Calderdale CCG* - January 2014

124. North Yorkshire County Council - *Healthy weight, healthy lives strategy. Engagement report* – March 2016

125. North Yorkshire County Council – *Learning disabilities strategy* – March 2016

126. North Yorkshire County Council – *Autism strategy* – October 2015

127. Patient Opinion - *Patient experiences of urgent and emergency care in Yorkshire and The Humber: An analysis of stories from Patient Opinion – June 2015*

128. South West Yorkshire Partnership NHS Foundation Trust – *Feedback from the transformation events* – December 2013

129. The Campaign Company - *Meeting the Challenge Consultation Final Report* – June 2013

130. The Patient Association and the Royal College of Emergency Medicine - *Time to Act – Urgent Care and A&E: the patient perspective* – May 2015

131. Together We Can - *What is crisis care in Leeds really like for us?* – October 2014

A partnership between health services, clinical commissioning groupscare providers, local authorities and healthwatch

This information was published March 2017.