

**Hear, see and treat**  
Engagement report

September 2016

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## 1. Executive summary

In July 2015, it was announced that there would be eight new vanguards for urgent and emergency care. This included the West Yorkshire Urgent and Emergency Care Network that would oversee, with local partners, the improvement of urgent and emergency care for more than three million people in West Yorkshire. As part of this work it was identified that there was a need to undertake engagement on a proposed model for Hear, see and treat.

Healthwatch organisations across West Yorkshire and the Harrogate District embarked on engagement over an eleven week period, from 18<sup>th</sup> July 2016 - 30<sup>th</sup> September 2016. A survey was designed to gain feedback from patients about their views on the Hear, see and treat proposals.

Staff and volunteers from the Healthwatch organisations across West Yorkshire and the Harrogate District, went out to the most effective locations to ask people for their views. A wide range of activity took place, including:

- Sessions in hospital and GP practice waiting rooms
- Meetings with voluntary and community groups
- Attendance at sports days, colleges and care homes

Overall, **147** face to face sessions were held across West Yorkshire and the Harrogate District.

In addition to the outreach sessions, we used Facebook, Instagram and third party website advertising to promote an explainer animation that was developed to explain the proposal.

The combined adverts generated the following engagement:

Over **306,615** people saw the adverts

**137,437** people viewed the video for 3 seconds or more

**4,211** people clicked to find out more about the adverts

We received **2,585** completed surveys either via face to face engagement activities or social media advertising. The results show us that the majority of people that responded support the proposals. Below are some of the key results;

- **79%** either agree or strongly agree that Hear, see and treat would benefit either them or someone they care for.
- **74%** either agree or strongly agree that Hear, see and treat would make a positive difference to the care that they receive
- **45%** either agree or strongly agree that if you have an urgent health care problem, that you should always be taken to A&E after calling 999

- **84%** either agree or strongly agree that they would be confident that if a paramedic knew more about their medical history, they could decide on the best treatment option.
- **86%** either agree or strongly agree that they would prefer to stay at home and get treatment there if it isn't necessary for them to go to A&E
- **85%** either agree or strongly agree that they would like paramedics to be able to offer different options rather than just taking them to A&E, including urgent referral to their GP and providing medical care in their home
- **75%** either agree or strongly agree that they would be confident that a paramedic, with telephone support from doctors and nurses, could decide on the best treatment option.

They key themes raised from existing data and this engagement were:

### Benefits of the model

Overall the majority of respondents were supportive of the proposed model, as they felt that it would ensure that only those patients that needed to attend A&E would do so. It was thought that this would lead to a reduction in the inappropriate use of ambulance services, reduction in A&E admissions and as such people would be seen quicker which would result in an improvement in patient outcomes.

Although some did feel that the model was confusing and questioned the viability of the model in terms of whether there were sufficient resources available to deliver it.

### Access to treatment

People want to be seen by the most appropriate person, quickly and in a setting that is appropriate for the care / treatment they require, it was felt that the proposed model would support this. They were happy for this to be in their home, at a GP practice or a walk-in centre, their main priority was to receive the treatment quickly.

Being able to be treated at a home was seen as a positive move. It was particularly liked by the elderly, people with mental health conditions, and parents with young children, as it was seen to be less stressful for both the patient and their family.

### Call centre

There were some reservations about the role of the call centre. Some were concerned that a diagnosis made over the phone wouldn't be accurate and felt that this was best done face to face. They also queried the quality of the communication and clinical skills of the call centre staff. They needed reassurance that the staff would have had communications training and that there would be an appropriate skill mix. It was suggested that staffing in the call centre should include pharmacists.

Specific mention was made with regards to the possible difficulties that people who are hard of hearing or deaf, don't speak English or have communication problems, may have in accessing the call centre.

## The role of paramedics

Whilst most people were supportive of the proposed enhanced role of the paramedic, many did seek reassurance as to the level of training they would receive, if they would be able to prescribe, what equipment they would have access to, and if the paramedics were supportive of the proposals.

They also wanted to know more about how the back up support in the call centre would work, for example, they queried if the paramedics would have access to Skype or be able to send images to the call centre to support diagnosis.

Many felt that paramedics need specific training to enable them to provide appropriate care and support for people living with HIV, people with mental health conditions, hard of hearing and deaf patients and those who don't speak English.

## Patient records

Access to patient records was seen as a positive idea by most, and it was felt that it would make it easier for paramedics to make a diagnosis. Some did express concern about the confidentiality of their records, who they would be shared with and whether they would be accurate.

Concern was also expressed that information within their record could lead to discrimination; this was a particular worry for people who were living with HIV or have mental health conditions.

## Patient education

To ensure that people access the right service, first time it was suggested that there is a need to raise awareness of the most appropriate service to access, where and how to access these services. However, it was acknowledged that without improvements to access to GP appointments and other services, people will still access A&E.

## Communication

If it was to be implemented there would need to be a communications campaign explaining how the new model would differ from what is currently available, describe the enhanced role of the paramedics, the treatment options that would be available and how follow-on care / treatment would operate especially out of hours when GP practices and other services are not available.

## 2. Background

In July 2015, it was announced that there would be eight new vanguards for urgent and emergency care. This included the West Yorkshire Urgent and Emergency Care Network that would oversee, with local partners, the improvement of urgent and emergency care for more than three million people in West Yorkshire.

Urgent care is delivered not only in hospitals but by GPs, pharmacists, community teams, ambulance services, NHS 111, social care and others, and through patients being given support and education to manage their own conditions. A key aim of the vanguard is to not only improve the access and delivery of these services but to break down boundaries between physical and mental health services to improve the quality of care and experience for all. The vanguards are also tasked with changing the way in which all organisations work together to provide care in a more joined up way for patients.

The Network's partners want to build on local transformational plans to go further and faster. There will be a particular focus on ambulance services - building on current expertise and recognising that the service is about mobile treatment at home as well as patient transport. The Network will also focus on mental health services to improve and strengthen crisis response, as the needs of these patients impact across the entire urgent and emergency care system including social services and the police.

As part of this work it was identified that across West Yorkshire and the Harrogate District that there may be a need to undertake engagement and possibly consultation for the following WYUEC Vanguard work streams.

- Acute care
- Hear, see and treat
- Mental Health
- Primary Care
- Shared Care Record

This engagement report is in relation to Hear, see and treat.

### Proposed model of care

A fundamental and vital component to delivering the Keogh recommendations requires the urgent and emergency care system to navigate patients through the system more effectively. To do this, ambulance services need to move from being primarily commissioned as a response and conveying to A&E service to an urgent and emergency care support service which also delivers mobile treatment responses and appropriate conveyance including to alternative pathways such as Urgent Care Centres.

### Hear

Call processes across NHS 111 and 999 will be integrated and the development of a clinical advisory service will begin to support front line healthcare professionals across the system. This will allow the coordination of care for patients through direct booking into

primary care, community care, and mental health services allowing care closer to home. It will also allow front line clinicians to access support from specialists to ensure no decision is made in isolation.

### See and treat

Further developments of a range of services to see and treat patients at home or as close to home as possible. This includes utilisation of alternative skill sets from a range of clinicians such as Urgent Care Practitioners, Advanced Paramedics, Community Matrons, Falls response team, Mental Health crisis response and supporting frequent service users such as Care Homes and individuals.

## 3. Engagement approach

To fill the gaps in the existing engagement and to gain an understanding of the views of patients across West Yorkshire and the Harrogate District, Healthwatch organisations across West Yorkshire and the Harrogate District, embarked on engagement over an eleven week period, from 18<sup>th</sup> July 2016 - 30<sup>th</sup> September 2016. An engagement plan supporting this work was developed (see Appendix A). The engagement was aimed to capture the views of patients from across West Yorkshire and the Harrogate District on the proposals for Hear, see and treat.

Existing data was collated and analysed to form part of the engagement process. The information considered as part of this exercise was any data from previous engagement and patient experience for any issues relating to ambulance, patient transport services, telephone helplines and A&E. A full list of the reports reviewed can be found in Appendix B.

As part of the plan a survey (see appendix C) was designed to gain feedback from patients about their views on the Hear, see and treat proposals. This was shared via our communication channels and with a wide range of organisations. Staff and volunteers from the Healthwatch organisations across West Yorkshire and the Harrogate District, also went out to the most effective locations to ask people for their views. A wide range of activity took place, including:

- Sessions in hospital and GP practice waiting rooms
- Meetings with voluntary and community groups
- Attendance at sports days, colleges and care homes

Overall, **147** face to face sessions were held across West Yorkshire and the Harrogate District. A full list of the activity can be found in Appendix D.

In addition to the outreach sessions, we used Facebook, Instagram and third party website advertising to promote an explainer animation that was developed to explain the proposal.

Both adverts were targeted towards males and females, aged 18-65+ in the West Yorkshire and the Harrogate District area.

The adverts can be seen here

<https://www.facebook.com/629965900348049/posts/1264867996857833> and  
<https://www.facebook.com/629965900348049/posts/1265493293461970>

The combined adverts generated the following engagement:

Over **306,615** people saw the adverts  
**137,437** people viewed the video for 3 seconds or more  
**4,211** people clicked to find out more about the adverts

To develop awareness of the programme and the activity taking place, the Healthwatch organisations used social media and tweeted their activity using #HealthyFutures, **2,594** tweets were produced or shared.

## 4. Analysis of existing engagement

A review of all relevant engagement evidence held and collected between April 2012 and October 2015, across West Yorkshire that related to ambulance, patient transport services, telephone helplines and A&E, was undertaken. This involved reading over 70 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. A full list of the reports reviewed can be found in Appendix B.

Reference to ambulance, patient transport services, telephone helplines was made in 12 (16%) of the reports reviewed. These covered Calderdale, Kirklees and Wakefield and engaged with over 5,000 people. Reference to acute care including A&E was made in 35 (46%) of the reports reviewed. These covered Calderdale, Kirklees, Wakefield, Leeds and Bradford and engaged with over 19,000 people.

The key themes raised were:

- Most people were cautious about using 111 as they believed operators lack medical expertise, are likely to recommend a visit to A&E unnecessarily, and that any diagnosis made without being physically seen is of limited accuracy.
- Patients want well equipped ambulances with highly trained ambulance crews so that if necessary, treatment can begin in the ambulance.
- In an emergency situation the priority for patients is to receive care quickly by the most appropriate person.
- Some people deliberately call 111 with the expectation that they would be sent to A&E as they believe this gives their visit more legitimacy.



- People with hearing loss can struggle to access telephone helplines, such as 111.
- For mental health patients, there have been problems in them 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.
- 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.
- 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.
- The extent to which drop-in or walk-in centres can play a key role in reducing attendance at A&E should be a factor for consideration. 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.

## 5. Analysis of the patient survey

We received **2,585** completed surveys either via face to face engagement activities or social media advertising. Appendix E provides a breakdown of the protected characteristics of the respondents. It should be noted that not everyone completed the equality monitoring form, however, in summary the respondents were:

- **64.1% (1,281)** were female and **34.8% (695)** were male
- **0.5% (10)** stated that their gender was different to the sex they were assumed to be at birth
- Respondents were aged between 11 and 96
- **88.4% (1,668)** described themselves as heterosexual, **1.0% (19)** as lesbian, **2.1% (39)** as a gay man, and **1.4% (27)** as bisexual.
- The majority of respondents, **76.5% (1,513)** described themselves as White, **10.6% (211)** as Asian or Asian British and **4.9% (97)** as Black or Black British.
- **44.1% (864)** stated that they identified with Christianity, **35.8% (701)** no religion and **8.7% (170)** Islam
- **17.1% (333)** provide care for someone
- **17.2% (334)** described themselves as having a disability. With the majority having a long term condition and / or a disability that was physical or mobility or a mental health condition.

The results show us that the majority of people that responded support the proposals. Below are some of the key results;

- **79%** either agree or strongly agree that Hear, see and treat would benefit either them or someone they care for.
- **74%** either agree or strongly agree that Hear, see and treat would make a positive difference to the care that they receive
- **45%** either agree or strongly agree that if you have an urgent health care problem, that you should always be taken to A&E after calling 999
- **84%** either agree or strongly agree that they would be confident that if a paramedic knew more about their medical history, they could decide on the best treatment option.
- **86%** either agree or strongly agree that they would prefer to stay at home and get treatment there if it isn't necessary for them to go to A&E
- **85%** either agree or strongly agree that they would like paramedics to be able to offer different options rather than just taking them to A&E, including urgent referral to their GP and providing medical care in their home
- **75%** either agree or strongly agree that they would be confident that a paramedic, with telephone support from doctors and nurses, could decide on the best treatment option.

**Q1. Which area of do you live in?**

Answer Options	Response Percent	Response Count
Bradford	9.4%	242
Calderdale	8.7%	226
Kirklees	23.3%	603
Leeds	36.8%	951
Wakefield	20.9%	539
North Yorkshire	0.9%	24
<i>answered question</i>		2585
<i>skipped question</i>		25

It should be noted that Healthwatch North Yorkshire, focused their time on attending outreach sessions across Craven and Harrogate District, during these outreach sessions they engaged with 136 people. The themes from those discussions are captured in the outreach section of this report.

**Q2. Have you used an ambulance in an emergency in the last 2 years?**

Of those that responded, **32.1% (831)** had used an ambulance in the previous two years.

Answer Options	Response Percent	Response Count
Yes - I used an ambulance when I had medical emergency	15.4%	399
Yes - I used an ambulance when someone I know/care for had a medical emergency	16.7%	432
No	67.2%	1744
Not sure	0.7%	19
<i>answered question</i>		2594
<i>skipped question</i>		18

**Q3. When you last used an ambulance in an emergency, were you taken to the Accident and Emergency (A&E) department?**

Answer Options	Response Percent	Response Count
Yes	85.4%	657
No	13.3%	102
Prefer not to say	1.3%	10
<i>answered question</i>		769
<i>skipped question</i>		1826

**Q4. Tell us about your experience of the last time you used an ambulance in an emergency.**

**682 (82%)** respondents told us about their experience.

The majority of people reported a positive experience, commenting on how quickly the ambulance arrived, and the professionalism of the paramedics. Most were taken to A&E to be treated, although some were treated at home or referred to GP out of hours service.

Some did encounter problems, such as delays in ambulances being dispatched and being misdiagnosed. And of those that attended A&E many commented on having to wait for long periods of time to be treated.

Some mentioned problems with using 111 and the triage process taking too long, which led to some abandoning the call and contacting 999 instead. There were also a few instances where 111 had dispatched an ambulance unnecessarily.

Q5. To what extent do you agree with these statements about Hear, See and Treat?

Answer Options	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Not applicable	Response Count
I think that Hear, See and Treat would benefit me/someone I care for	624 (29.6%)	1040 (49.3%)	299 (14.2%)	69 (3.3%)	14 (0.7%)	62 (2.9%)	2108
I think Hear, See and Treat would make a positive difference to the care I experience	512 (24.4%)	1047 (49.9%)	374 (17.8%)	81 (3.9%)	16 (0.8%)	68 (3.2%)	2098
If you have an urgent health care problem, I think you should always be taken to A&E after calling 999	395 (18.8%)	559 (26.6%)	496 (23.6%)	533 (25.4%)	108 (5.1%)	7 (0.3%)	2098
I am confident that if a paramedic knew more about my medical history, they could decide on the best treatment option for me	717 (34.1%)	1064 (50.5%)	208 (9.9%)	85 (4.0%)	18 (0.9%)	13 (0.6%)	2105
I would prefer to stay at home and get treatment there if it isn't necessary for me to go to A&E	851 (40.5%)	968 (46.0%)	176 (8.4%)	79 (3.8%)	21 (1.0%)	8 (0.4%)	2103
I would like paramedics to be able to offer different options, besides taking me to A&E, including urgent referral to my GP and providing medical care in my home	724 (34.4%)	1070 (50.8%)	195 (9.3%)	89 (4.2%)	16 (0.8%)	11 (0.5%)	2105
I am confident that a paramedic, with telephone support from doctors and nurses, could decide on the best treatment option for me.	558 (26.6%)	1017 (48.5%)	334 (15.9%)	146 (7.0%)	30 (1.4%)	11 (0.5%)	2096
<i>answered question</i>							<b>2117</b>
<i>skipped question</i>							<b>495</b>

## Q6. What do you think the benefits might be with Hear, See and Treat?

1,443 (56%) respondents told us what they thought the benefits of Hear, See and Treat might be. The main benefits reported were:

- Respondents felt the proposed model would ensure that only those patients that really need to attend A&E would go, which would lead to a reduction in A&E admissions. This reduction in A&E admissions would also see people being seen quicker when they needed to attend A&E.
- It was felt that it would also lead to ambulances only being used for those people that really needed them.
- They felt that the proposed model would ensure that patients were seen and treated quicker, and that they would receive the right treatment by the most appropriate clinician.
- Respondents were supportive of sharing their patient records and felt that if paramedics were able to access them this would make it easier for them to decide on treatment options.
- Being able to be treated somewhere other than A&E was seen as a good idea, particularly for those patients with mental health conditions. Respondents liked the idea of being able to be treated at home and could particularly see the benefits for people with children, the elderly, people with mental health conditions and vulnerable people. Being treated at home was also seen to be a less stressful experience for both the patient and their family.
- Some felt that the proposed model could lead to improved patient outcomes and it would lead to an improvement in the quality of services provided.
- The model was seen to improve efficiencies and as such could save money
- It would also help towards improving communication between the NHS and other organisations.

A number of concerns, queries and suggestions were also made:

- Some people didn't think the proposed model was a good idea and felt that it would create confusion as the model was too complex.
- There was some concern that the service would be abused by those people that were unable to obtain a GP appointment. To see a reduction in A&E admissions, it was suggested that improvements should be made to accessing GP appointments.
- There was some concern that the proposed model could lead to delays in accessing treatment, as paramedics would be spending more time treating patients at home.
- It was felt that the model should be piloted first, and feedback should be gained from both patients and staff on their experience of the pilot.
- Some felt that there was a need to improve the care that mental health patients receive when they are in crisis. And that they should not be taken to A&E but to a crisis intervention unit.
- Wanted to know if there would be sufficient funding available to ensure it works properly.
- Queried how follow-ups would be done.

- Asked how family and carers would be kept involved in decisions about treatment options.

#### **Q7. Please let us know if you any concerns about Hear, See and Treat.**

**1,153 (45%)** respondents told us what their concerns were about Hear, See and Treat. The main concerns raised were:

- Some respondents were concerned that the proposed model would lead to delays in them being able to access treatment, due to the time it would take them being diagnosed over the phone. It was also felt that this could lead to delays in ambulances being dispatched.
- There was concern about making a diagnosis over the phone, patient's preferred for this to happen face to face. Particular concern was expressed for those people who didn't speak English, were hard of hearing or found it difficult to communicate over the phone.
- Some were concerned that the training provided to paramedics would not be sufficient. This could lead to patients being given the wrong treatment and / or referred to the wrong service, which in turn could result in delays in accessing the most appropriate service.
- People were concerned about the impact on paramedics and felt that it would be putting too much pressure on them, which could lead to poor job satisfaction and an increase in people leaving the profession.
- Some respondents needed reassurance that their patient records would be confidential and would only be shared with the people responsible for their care. And that the records would be accurate and kept up to date.
- Concern was also expressed that information within their record could lead to discrimination; this was of particular concern for people who are living with HIV or have mental health conditions.
- Concerns were raised about whether there were sufficient resources, including staffing, facilities, equipment and ambulances to run the service.
- Some felt that Drs should not be in call centres and should spend their time treating patients face to face.
- Some respondents were concerned that the service would be abused by those people that were unable to obtain a GP appointment.

Questions and suggestions were also made:

- Some felt that the public needed to be educated on when and where to access services, to ensure that they were being used appropriately.
- They wanted to know if paramedics agreed with the proposed model, what training the paramedics would receive, how many would receive the training, if they would become consultant paramedics, and whether the paramedics would be paid more for taking on the extra responsibility.

- Some queried what would happen if they are referred to another service if they don't have access to transport or are housebound.
- Queried if patients would be able to insist that they are taken to A&E.
- Wanted to know how family and carers would be kept involved in decisions about treatment options.
- Queried if there were enough Drs available to work in the call centre.
- Asked what would happen if unable to access a patient record.
- Questioned how people would access the service if they don't have a phone, if they don't speak English or they are hard of hearing or deaf.
- Asked how the model would be funded and how much would it cost.
- Wanted more details on how follow-ups would be done.

**Q8. Please tell us if you have any suggestions on how we could improve the proposed model for Hear, See and Treat**

**735 (28%)** respondents provided suggestions on how we could improve the model for Hear, See and Treat. The main suggestions raised were:

- There were a number of suggestions about paramedics, these included: paramedics to receive the appropriate level of training (including training on mental health conditions and HIV), have access to appropriate equipment, be able to speak to a clinician for advice and have the ability to prescribe, this was seen as particularly important for patients with mental health conditions or for those who have seizures.
- It was suggested that when sending out a crew to see a patient that the skills are matched to the condition of the patient, this could include sending an advanced nurse practitioner, paramedic or Dr.
- Clinical hubs to include a wide range of health professionals including pharmacists.
- Ensure call centre staff are appropriately trained and have good communication skills. And that the service is accessible to people who don't speak English, are hard of hearing or deaf or find it difficult to communicate over the phone.
- Give paramedics the ability to take images / Skype to enable them to send images to the call centre to support diagnosis.
- Train all staff to be advanced first aiders so they are able to deal with low level calls.
- Enable patients to book out of hours appointments online.
- Educate people on when and where to access services, to ensure that they are being used appropriately. And charge those that use services inappropriately.
- When communicating to the public the changes being made to the service describe how it will be different and better for patients by including patient stories. There will be a need to instil confidence in the public.
- Provide reassurance that patient records will be confidential and will only be shared with the people responsible for their care. That the records will be accurate and kept up to date.
- Some felt that the proposed model was similar to NHS Direct or 111 but for the model to work it would need to be better than these services.



- Once the model is up and running, need to monitor the service by gaining feedback from patients and staff.
- Improve access to all services to help reduce A&E admissions.

## 6. Outreach sessions

Staff and volunteers from the Healthwatch organisations across West Yorkshire and the Harrogate District, went out to the most effective locations to ask people for their views. A wide range of activity took place, including:

- Sessions in hospital and GP practice waiting rooms
- Meetings with voluntary and community groups
- Attendance at sports days, colleges and care homes

Overall, **147** face to face sessions were held across West Yorkshire and the Harrogate District. A full list of the activity can be found in Appendix D.

The sessions were primarily used to raise awareness of the engagement activity, and to encourage people to complete a survey. Although some were used as an opportunity to have a discussion about the proposed model, the key points from these discussions were captured on a feedback form.

A summary of the key themes from the discussion groups were:

- Most were supportive of the proposed model, as they felt that it would ensure that only those patients that needed to attend A&E would do so.
- There was some concern that the service would be abused by those people that were unable to obtain a GP appointment. To see a reduction in A&E admissions, it was suggested that improvements should be made to accessing GP appointments and out of hours services.
- There was concern about making a diagnosis over the phone, patient's preferred for this to happen face to face.
- Particular concern was expressed for those people who didn't speak English, were hard of hearing or found it difficult to communicate over the phone. They queried how these people would be able to access the service. And highlighted the need for staff to receive the appropriate training to support people who are hard of hearing or deaf.
- Being able to be treated somewhere other than A&E was seen as a good idea, particularly for those patients with mental health conditions. Respondents liked the idea of being able to be treated at home
- Access to patient records was seen as a positive idea by most, and it was felt that it would make it easier for paramedics to make a diagnosis. Some did express concern about the confidentiality of their records, who they would be shared with and whether they would be accurate.

- Concern was also expressed that information within their record could lead to discrimination; this was of particular concern for people who are living with HIV or have mental health conditions.
- Some were concerned that the training provided to paramedics would not be sufficient. This could lead to patients being given the wrong treatment and / or referred to the wrong service, which in turn could result in delays in accessing the most appropriate service.
- Many felt that paramedics need specific training to enable them to provide appropriate care and support for people living with HIV, people with mental health conditions, hard of hearing and deaf patients and those who don't speak English.
- There was seen to be a need to improve services for patients with mental health conditions, especially when they are in crisis. And to ensure staff receive the appropriate training to support patients with mental health conditions.
- Some felt that the public needed to be educated and supported to look after their own health and to make the appropriate lifestyle changes.
- Educate people on when and where to access services, to ensure that they are being used appropriately. And charge those that use services inappropriately.

## 7. Summary of key themes from existing data and this engagement

### Benefits of the model

Overall the majority of respondents were supportive of the proposed model, as they felt that it would ensure that only those patients that needed to attend A&E would do so. It was thought that this would lead to a reduction in the inappropriate use of ambulance services, reduction in A&E admissions and as such people would be seen quicker which would result in an improvement in patient outcomes.

Although some did feel that the model was confusing and questioned the viability of the model in terms of whether there were sufficient resources available to deliver it.

### Access to treatment

People want to be seen by the most appropriate person, quickly and in a setting that is appropriate for the care / treatment they require, it was felt that the proposed model would support this. They were happy for this to be in their home, at a GP practice or a walk-in centre, their main priority was to receive the treatment quickly.

Being able to be treated at a home was seen as a positive move. It was particularly liked by the elderly, people with mental health conditions, and parents with young children, as it was seen to be less stressful for both the patient and their family.

### Call centre

There were some reservations about the role of the call centre. Some were concerned that a diagnosis made over the phone wouldn't be accurate and felt that this was best done

face to face. They also queried the quality of the communication and clinical skills of the call centre staff. They needed reassurance that the staff would have had communications training and that there would be an appropriate skill mix. It was suggested that staffing in the call centre should include pharmacists.

Specific mention was made with regards to the possible difficulties that people who are hard of hearing or deaf, don't speak English or have communication problems, may have in accessing the call centre.

### **The role of paramedics**

Whilst most people were supportive of the proposed enhanced role of the paramedic, many did seek reassurance as to the level of training they would receive, if they would be able to prescribe, what equipment they would have access to, and if the paramedics were supportive of the proposals.

They also wanted to know more about how the back up support in the call centre would work, for example, they queried if the paramedics would have access to Skype or be able to send images to the call centre to support diagnosis.

Many felt that paramedics need specific training to enable them to provide appropriate care and support for people living with HIV, people with mental health conditions, hard of hearing and deaf patients and those who don't speak English.

### **Patient records**

Access to patient records was seen as a positive idea by most, and it was felt that it would make it easier for paramedics to make a diagnosis. Some did express concern about the confidentiality of their records, who they would be shared with and whether they would be accurate.

Concern was also expressed that information within their record could lead to discrimination; this was a particular worry for people who were living with HIV or have mental health conditions.

### **Patient education**

To ensure that people access the right service, first time it was suggested that there is a need to raise awareness of the most appropriate service to access, where and how to access these services. However, it was acknowledged that without improvements to access to GP appointments and other services, people will still access A&E.

### **Communication**

If it was to be implemented there would need to be a communications campaign explaining how the new model would differ from what is currently available, describe the enhanced role of the paramedics, the treatment options that would be available and how follow-on care / treatment would operate especially out of hours when GP practices and other services are not available.

## 8. Conclusion

This engagement process has provided a snapshot of the views of the public, from across West Yorkshire and the Harrogate District on the proposed model for Hear, See and Treat.

The report will be shared with Yorkshire Ambulance Service NHS Trust, and other partners involved in developing this idea, such as the Hospital Trusts. The feedback will also go to the Clinical Commissioning Groups in West Yorkshire and Harrogate, who provide the funding for hospital and community services in your area. All these partners are interested to know more about what people think of their ideas, so they can make sure that the services they put in place fit with what you would like to see and factor in any concerns that you may have.

This report will be made publically available and feedback provided to those respondents who have requested it.

We would like to thank all respondents who have given their time to share their views.

## Appendix A - Engagement plan

Activity	WEEK COMMENCING																	
	March - June						18/7	25/7	1/8	8/8	15/8	22/8	29/8	5/9	12/9	19/9	26/9	Oct onwards
Develop resources to be used to explain HST	■	■	■															
Develop survey to gather patient views	■	■	■															
Contact GP practices/ Hospital Trusts to set up pilot sessions		■	■															
Healthwatch West Yorkshire to contact CCGs to discuss plans				■	■	■												
Pilot of the outreach format				■	■	■												
Alter work plan and resources in response to patient feedback						■												
Deliver training to Healthwatch in West Yorkshire							■											
Healthwatch West Yorkshire to contact GP practices/ Hospital Trusts to set						■	■											

	WEEK COMMENCING																			
Activity	March - June							18/7	25/7	1/8	8/8	15/8	22/8	29/8	5/9	12/9	19/9	26/9	Oct onwards	
up sessions																				
Commence engagement across West Yorkshire																				
Healthwatch in West Yorkshire to attend clinics, A&E and GP practices to gain views																				
Healthwatch in West Yorkshire, CCGs and providers to raise awareness of the engagement.																				
Survey and information to be uploaded to website and intranet.																				
Explainer animation shared on social media and used in face to face discussions.																				
Production of brief update on engagement																				

	WEEK COMMENCING																	
Activity	March - June						18/7	25/7	1/8	8/8	15/8	22/8	29/8	5/9	12/9	19/9	26/9	Oct onwards
Analysis of both existing and data from current engagement.																		
Production of Engagement report.																		
Present the report to Health Futures Leadership Team and make any final amends.																		
Feedback to the public on the outcome of the engagement and next steps.																		

## Appendix B - List of existing data reviewed

1. Brainbox Research - Evaluation of the 2013-14 Winter Awareness Campaign, Leeds CCGs - June 2014
2. Brainbox Research - Joined up Leeds - March 2015
3. Healthwatch Bradford and District- 'Invisible at the desk' Experiences and views of people using Primary Care services in Bradford and District - January 2014
4. Healthwatch Bradford and District - Enter and View - North Street Surgery GP Practice, Keighley - August 2014
5. Healthwatch Bradford and District - Enter and View - Holycroft Surgery - GP Practice, Keighley -September 2014
6. Healthwatch Bradford and District - Report on Healthwatch Bradford and District visit to Accident & Emergency at Bradford Royal Infirmary - December 2014
7. Healthwatch Bradford and District and MacMillan Cancer Support - Experiences of people affected by cancer from minority ethnic communities in Bradford and District - May 2014
8. Healthwatch Calderdale - GP appointments in Calderdale, Task and Finish Report - April 2014
9. Healthwatch Calderdale - GP appointments in Calderdale, Data summary - April 2014
10. 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
11. Healthwatch Kirklees - Why can't I get an appointment with my GP? - January 2014
12. Healthwatch Kirklees - Why can't I find an NHS dentist in Kirklees? - February 2014
13. Healthwatch Kirklees and Bolton - Oral health in residential care homes. Evidence from Bolton and Kirklees - February 2014
14. Healthwatch Kirklees - Welcome to my world - February 2014
15. Healthwatch Kirklees - Hospital discharge into care homes - November 2014
16. Healthwatch Kirklees - Understanding patients' views of Section 136 the Mental Health Act 1983 in Kirklees - April 2014



17. 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
18. Healthwatch Leeds - Children and Young People's Mental Health Services in Leeds. Conversations with young people, parents and professionals - January 2015
19. Healthwatch Leeds - GP extended hours in Leeds. A snapshot of the experiences of patients accessing GP surgeries with extended opening hours - January 2015
20. Healthwatch Wakefield - Connecting Care Initiative - 2015
21. Healthwatch Wakefield - Young people's GP Access report - 2015
22. Healthwatch Wakefield - Mid Yorkshire Hospitals NHS Trust Patient experience survey - July 2015
23. Healthwatch Wakefield - Patient experience survey Gate 12 - Acute Assessment Unit Pinderfields Hospital - February 2015
24. Healthwatch Wakefield - Young Healthwatch, Enter and View emergency Department at Pinderfields Hospital - July 2014
25. Healthwatch Wakefield - Speaking to Outpatients - What did we learn? Mid Yorkshire Hospitals Trust, Spire Dewsbury and Spire Methley Park - January 2015
26. Leeds Involving People - Care Closer to Home Children's Report - September 2015
27. Leeds Involving People - Shakespeare Walk-in Centre Report - May 2015
28. NHS Bradford, Airedale, Wharfedale and Craven CCGs - Engagement on the Urgent and Emergency Care Strategy Feedback on stakeholder engagement - October 2014
29. 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
30. NHS Calderdale CCG - Review of unplanned care in Calderdale - November 2013
31. NHS Calderdale, Kirklees and Wakefield Cluster - Minor Injuries Service Engagement Report - April 2012
32. NHS Calderdale, Kirklees and Wakefield Cluster - Engagement Report. Proposals for developing Neuro-Rehabilitation, Ophthalmology and Orthopaedic Services in Mid Yorkshire - August 2012

33. NHS Calderdale, Kirklees and Wakefield Cluster - Discharge to Assess Engagement Report - November 2012
34. NHS Calderdale, Kirklees and Wakefield Cluster - West Yorkshire Urgent Care Service Engagement Report - March 2012
35. NHS Calderdale and Greater Huddersfield CCGs 'Right Care, Right Time, Right Place' Report of Findings - Engagement Phase April - July 2014
36. NHS Calderdale and Greater Huddersfield CCGs - Right Care, Right Time, Right Place, Report of Findings - Stakeholder Event - August 2014
37. 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
38. 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
39. 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
40. 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
41. 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
42. 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
43. NHS Greater Huddersfield CCG - Patient Transport Services in Greater Huddersfield. Report of Findings - March 2015
44. 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

45. NHS Leeds CCGs - Effective Admission and Discharge, Discharge to Assess Public/Patient/Service User Engagement April-May 2015 - June 2015
46. NHS Leeds South and East CCG - Our plans for next year report - March 2015
47. NHS Leeds South and East CCG - Review of Emotional and Mental Health Services for Children and Young People in Leeds - January 2015
48. NHS Leeds West CCG - Public Engagement Event GP practices - new models of care - March 2015
49. NHS North Kirklees CCG - Patient Transport Services. Engagement Report - March 2015
50. NHS North Kirklees CCG - GP Services in North Kirklees - August 2015
51. NHS North Kirklees CCG - Commissioning Intentions Event Report - February 2014
52. NHS North Kirklees CCG - Patient Participation Directed Enhanced Service (DES) North Kirklees CCG Summary Report - November 2013
53. NHS North Kirklees CCG - School House Practice walk-in centre consultation report - July 2014
54. NHS North Kirklees CCG - School House Practice walk-in centre - December 2013
55. NHS Wakefield CCG - Improving access to primary care in Wakefield District - October 2015
56. NHS Wakefield CCG - Patient Transport Services in Wakefield. Report of findings - March 2015
57. NHS Wakefield CCG - Mental Health Public Engagement Report - February 2015
58. NHS Wakefield CCG - Findings: A Review of the Walk-in Service at King Street, Wakefield - August 2014
59. NHS Wakefield CCG - What matters to you? Commissioning priorities engagement report - January 2014
60. NHS Wakefield CCG - Mystery Shopping Engagement Report - January 2013

61. NHS Wakefield CCG - Engagement Report for Joint Mental Health Strategy and Community Mental Health - March 2014
62. NHS West Yorkshire and Humber CSU - Report on the unplanned or urgent dental services consultation (prepared for the West Yorkshire Area Team) - June 2013
63. NHS Yorkshire and Humber Commissioning Support - Patient Transport Services Report of Findings. Calderdale, Greater Huddersfield, North Kirklees and Wakefield - March 2015
64. NHS Yorkshire and Humber Commissioning Support 'Care Closer to Home' Report of Findings - Stakeholder Event Thursday 4th December - December 2014
65. NHS Yorkshire and Humber Commissioning Support - Integrated Care - May 2014
66. NHS Yorkshire and Humber Commissioning Support - Call to Action: Engagement Report for Calderdale CCG - January 2014
67. NHS Yorkshire and Humber Commissioning Support 'Call to Action: Engagement Report for Greater Huddersfield CCG - 12 January 2014
68. NHS Yorkshire and Humber Commissioning Support, Princess Royal Community Health Centre (PRCHC) - October 2013
69. Patient Opinion - Patient experiences of urgent and emergency care in Yorkshire and The Humber: An analysis of stories from Patient Opinion - June 2015
70. South West Yorkshire Partnership NHS Foundation Trust - Feedback from the transformation events - December 2013
71. The Campaign Company - Meeting the Challenge Consultation Final Report - June 2013
72. The Patient Association and the Royal College of Emergency Medicine - Time to Act - Urgent Care and A&E: the patient perspective - May 2015
73. Together We Can - What is crisis care in Leeds really like for us? - October 2014

## Hear, See and Treat survey

Thank you for taking the time to complete this survey today. The survey has been created jointly by all the Healthwatch organisations across West Yorkshire. Healthwatch is independent of the NHS and has been asked by NHS Healthy Futures to engage with patients, carers and the wider public. We are working together to find out more about what you think about possible new ways of providing the care that you need when you have a health emergency.

In particular, we would like your views on a new idea that Yorkshire Ambulance Service NHS Trust would like to try, called Hear, See and Treat. The idea is for paramedics to have a much wider range of care and treatment options available to them, rather than just taking the patient to A&E. They would have the help of a team of doctors and nurses available by phone.

Take a look at our information sheets about *Hear, See and Treat* and then answer the following questions. This survey can also be completed online at <https://www.surveymonkey.co.uk/r/Hearseetreat>

Q1. Which area do you live in?	
<input type="checkbox"/>	Bradford
<input type="checkbox"/>	Calderdale
<input type="checkbox"/>	Kirklees
<input type="checkbox"/>	Leeds
<input type="checkbox"/>	Wakefield
<input type="checkbox"/>	North Yorkshire

Q2. Have you used an ambulance in an emergency, in the last two years?	
<input type="checkbox"/>	Yes, I used an ambulance when I had a medical emergency
<input type="checkbox"/>	Yes, I used an ambulance when someone I know / care for had a medical emergency
<input type="checkbox"/>	No
<input type="checkbox"/>	Not sure

### Your experience

If you have used the ambulance service recently, we would like to know a little bit more about what your experience was like.

Q3. When you last used an ambulance in an emergency, were you taken to the Accident and Emergency (A&E) department?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Prefer not to say

**Q4. Tell us about your experience of the last time you used an ambulance in an emergency.**

**What do you think of Hear, See and Treat?**

The questions below ask you what you think of the Hear, See and Treat idea that Yorkshire Ambulance Service NHS Trust are thinking of putting in place.

**Q5. To what extent do you agree with these statements about Hear, See and Treat?**

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Not applicable
I think that Hear, See and Treat would benefit me/someone I care for						
I think Hear, See and Treat would make a positive difference to the care I experience						
If you have an urgent health care problem, I think you should always be taken to A&E after calling 999						
I am confident that if a paramedic knew more about my medical history, they could decide on the best treatment option for me						
I would prefer to stay at home and get treatment there if it isn't necessary for me to go to A&E						
I would like paramedics to be able to offer different options, besides taking me to A&E, including urgent referral to my GP and providing medical care in my home						
I am confident that a paramedic, with telephone support from doctors and nurses, could decide on the best treatment option for me.						

**Q6. What do you think the benefits might be with Hear, See and Treat?**

**Q7. Please let us know if you have any concerns about Hear, See and Treat.**

**Q8. Please tell us if you have any suggestions on how we could improve the proposed model for Hear, See and Treat.**

## Equality monitoring

It's really important to the Healthwatch in West Yorkshire that we ask a diverse group of people for their views about these initiatives. To make sure that we do this, we ask people to give us some information about themselves, and we review this regularly to check we are not discriminating against any group of people by not asking for their views. If you can, please take the time to give us this information.

### 1. What is the first part of your postcode?

Example	HD6
Yours	

Prefer not to say

### 2. What sex are you?

Male  Female

Prefer not to say

### 3. How old are you?

Example	42
Yours	

Prefer not to say

### 4. Which country were you born in?

Prefer not to say

### 5. Do you belong to any religion?

Buddhism

Christianity

Hinduism

Islam

Judaism

Sikhism

No religion

Other (Please specify in the box below)

Prefer not to say

### 6. What is your ethnic group?

#### Asian or Asian British:

Indian

Pakistani

Bangladeshi

Chinese

Other Asian background (please specify)

#### Black or Black British:

Caribbean

African

Other Black background (please specify)

#### Mixed or multiple ethnic groups:

White and Black Caribbean

White and Black African

White and Asian

Other mixed background (please specify)

#### White:

English/Welsh/Scottish/Northern Irish/British

Irish

Gypsy or Irish Traveller

Other White background (please specify)

#### Other ethnic groups:

Arab

Any other ethnic group (please specify)

Prefer not to say



**7. Do you consider yourself to be disabled?**

- Yes     No  
 Prefer not to say

**Type of impairment:**

Please tick all that apply

- Physical or mobility impairment**  
(such as using a wheelchair to get around and / or difficulty using their arms)
- Sensory impairment**  
(such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)
- Mental health condition**  
(such as depression or schizophrenia)
- Learning disability**  
(such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)
- Long term condition**  
(such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)
- Prefer not to say

**8. Are you a carer?**

Do you look after, or give any help or support to a family member, friend or neighbour because of a long term physical disability, mental ill-health or problems related to age?

- Yes     No  
 Prefer not to say

**9. Are you pregnant?**

- Yes     No  
 Prefer not to say

**10. Have you given birth in the last 6 months?**

- Yes     No  
 Prefer not to say

**11. What is your sexual orientation?**

- Bisexual (both sexes)  
 Gay (same sex)  
 Heterosexual/straight (opposite sex)  
 Lesbian (same sex)  
 Other  
 Prefer not to say

**12. Are you transgender?**

Is your gender identity different to the sex you were assumed at birth?

- Yes     No  
 Prefer not to say

Again, thank you for taking the time to complete this survey today.

Your views will be fed back to Yorkshire Ambulance Service NHS Trust, and other partners involved in developing this idea, such as the Hospital Trusts. The feedback will also go to the Clinical Commissioning Groups in West Yorkshire and Harrogate, who provide the funding for hospital and community services in your area. All these partners are interested to know more about what people think of their ideas, so they can make sure that the services they put in place fit with what you would like to see and factor in any concerns that you may have.

Healthwatch Kirklees are pulling together all the feedback that people have shared with Healthwatch across West Yorkshire and Harrogate, and they will be processing this and sharing it with the partners listed above. Please note that any views you share will remain confidential, and no personal identifiable information will be shared when reporting on the findings of the engagement.

**If you would like to know more about what people said about Hear, See and Treat, or if you want more information about what will happen to your feedback, please leave your name and contact details for how you would prefer us to get in touch on the contact form attached overleaf. Please note that this will be kept separate from your survey so we will not be able to trace your comments back to you.**

If you would like to know more about what people said about Hear, See and Treat, or if you want more information about what will happen to your feedback, please leave your name and contact details for how you would prefer us to get in touch on the contact form below. Please note that this will be kept separate from your survey so we will not be able to trace your comments back to you.

Name:	
Address:	
Telephone number:	
Email address:	
Preferred method of contact (please tick one)	
Email	<input type="checkbox"/>
Post	<input type="checkbox"/>
Telephone	<input type="checkbox"/>

## Appendix D - Timetable of activity

Date	Healthwatch	Activity
18/07/16	Leeds	The Reginald Centre Community Hub
19/07/16	Bradford	Older Peoples' Focus Group, Keighley
20/07/16	Leeds	Yeadon Community Centre
20/07/16	Leeds	Armley Moor Health Centre
21/07/16	Leeds	Bangladeshi and Pakistani Group
22/07/06	Leeds	Middleton Community Health Centre
26/07/16	Leeds	Seacroft Clinic
27/07/16	Leeds	Yeadon Community Centre
27/07/16	Kirklees	Huddersfield Royal Infirmary - A& E
27/07/16	Calderdale	Calderdale Royal Hospital - reception
28/07/16	Leeds	Beeston Hill Community Health Centre
29/07/16	Leeds	Richmond House Care Home
01/08/16	Bradford	Airedale General Hospital - Outpatient Department
01/08/16	Leeds	Outpatients meeting
01/08/16	Wakefield	St Georges Community Centre
01/08/16	Wakefield	Young Healthwatch public event
02/08/16	Leeds	The Reginald Centre Community Hub
03/08/16	Wakefield	City of Sanctuary
03/08/16	Calderdale	Carers Worker Network Meeting
03/08/16	Kirklees	Huddersfield Royal Infirmary - foyer
03/08/16	Kirklees	Huddersfield Royal Infirmary - Children's outpatient
03/08/16	Leeds	Playgroup
04/08/16	Leeds	Chapel Allerton Hospital - outpatients
04/08/16	Wakefield	Yorkshire Coal Mining Museum Resource Centre
04/08/16	Kirklees	CAB office
05/08/16	Leeds	Leeds General Infirmary - children's A&E
05/08/16	Kirklees	Huddersfield Royal Infirmary - Children's outpatient
08/08/16	Harrogate	Mind in Harrogate
08/08/16	Leeds	Montague Burton Centre
08/08/16	Calderdale	Calderdale Royal Hospital - reception and outpatients
08/08/16	Calderdale	Healthy Minds Forum
09/08/16	Wakefield	Kinsley and Fitzwilliam Centre
09/08/16	Leeds	Ramgharia Sikh women's group
10/08/16	Bradford	Bradford Royal Infirmary - Outpatient Department
10/08/16	Wakefield	City of Sanctuary
10/08/16	Wakefield	Spectrum People Café
10/08/16	Kirklees	Pinderfields General Hospital - foyer
10/08/16	Leeds	St James Hospital - 1 <sup>st</sup> floor and eye clinic
10/08/16	Leeds	Apna Day Centre (South Asian Day Centre)
11/08/16	Leeds	Seacroft Hospital - outpatients neurology and eye
11/08/16	Wakefield	Wakefield District Housing event, South Kirkby
11/08/16	Wakefield	Kinsley and Fitzwilliam Centre
12/08/16	Kirklees	Huddersfield Royal Infirmary - A&E
12/08/16	Leeds	BHA Leeds Skyline ( People living with HIV)
15/08/16	Leeds	St James Hospital - A&E
15/08/16	Leeds	Wheatfields
15/08/16	Calderdale	Calderdale Royal Hospital - reception and haematology

Date	Healthwatch	Activity
15/08/16	Kirklees	Huddersfield open market
16/08/16	Kirklees	Huddersfield Royal Infirmary - foyer
16/08/16	Leeds	Garforth NET & Moor Allerton Elderly Care
17/08/16	North Yorkshire	Mind in Harrogate
17/08/16	Leeds	Leeds General Infirmary - A&E
17/08/16	Wakefield	St Catherine's Centre
17/08/16	Wakefield	Pinderfields General Hospital - Children's outpatient department
17/08/16	Kirklees	Young at Heart over 50's group, Batley
17/08/16	Kirklees	Oakwell Hall Children's Centre event - Wacky Wednesday
18/08/16	North Yorkshire	Skipton Community Café
18/08/16	Wakefield	Havercroft and Ryehill Learning Centre
18/08/16	Wakefield	Welcome Café at St Michaels Church
18/08/16	Wakefield	Crofton Fun Day
18/08/16	Wakefield	Pinderfields General Hospital - outpatient department
18/08/16	Calderdale	Maurice Jagger Centre - older people
18/08/16	Leeds	East End Cricket Club Zest Leeds Fun Day
18/08/16	Kirklees	Huddersfield Royal Infirmary - foyer
18/08/16	Kirklees	Dewsbury District Hospital - foyer
19/08/16	Kirklees	Dewsbury District Hospital - foyer
19/08/16	Leeds	St Georges Crypt (Homelessness)
20/08/16	Leeds	Family Fun Day
21/08/16	Leeds	Leeds General Infirmary - A&E
22/08/16	Leeds	MESMAC
22/08/16	Leeds	Leeds General Infirmary - A&E
22/08/16	Calderdale	Wheelchair Enabling Society
23/08/16	Leeds	Chapel Allerton Hospital
23/08/16	Wakefield	Havercroft Fun Day
23/08/16	Calderdale	Calderdale Royal Hospital - reception
23/08/16	Kirklees	Birstall children's centre
23/08/16	Kirklees	Dewsbury District Hospital - children's outpatients
24/08/16	Wakefield	Pinderfields General Hospital - outpatient department
24/08/16	Calderdale	Phoenix Shed - older men
24/08/16	Calderdale	Men Unlimited - older men
25/08/16	Wakefield	Hemsworth Miners Community Centre
25/08/16	Calderdale	Disability Support Calderdale
30/08/16	North Yorkshire	Dancing for Wellbeing, Knaresborough
31/08/16	Bradford	Bradford Royal Infirmary - Outpatient Department
31/08/16	Kirklees	Dewsbury Market
01/09/16	Wakefield	Yorkshire Coal Mining Museum
01/09/16	Kirklees	Dewsbury District Hospital - foyer
01/09/16	Kirklees	Dewsbury District Hospital - A&E
02/09/16	Wakefield	Airedale Neighbourhood Management Group
02/09/16	Calderdale	Calderdale Royal Hospital - reception
06/09/16	North Yorkshire	Fit 4 Life, exercise after stroke - Starbeck
06/09/16	North Yorkshire	Fit 4 Life, exercise with Parkinson's - Starbeck
06/09/16	Wakefield	Alzheimer's Society, Forget me not café, Ossett
06/09/16	Wakefield	Agbrigg South Asian Men's Group
07/09/16	Wakefield	City of Sanctuary

Date	Healthwatch	Activity
07/09/16	Kirklees	Kirklees Neighbourhood Housing Scheme co-ordinators meeting
07/09/16	North Yorkshire	Settle Community Café
08/09/16	Wakefield	Kinsley and Fitzwilliam Centre
08/09/16	Wakefield	Agbrigg South Asian Women's Group
08/09/16	Calderdale	Maurice Jagger Centre - older people
12/09/16	Bradford	Airedale General Hospital - Outpatient Department
13/09/16	Wakefield	Kinsley and Fitzwilliam Centre
13/09/16	Kirklees	Dewsbury District Hospital - foyer
13/09/16	Kirklees	Maternity Services Liaison Committee
14/09/16	Bradford	Bradford Royal Infirmary - Outpatient Department
14/09/16	Wakefield	Pinderfields General Hospital
14/09/16	Calderdale	Calderdale College Fresher's Fair
14/09/16	Kirklees	Dewsbury District Hospital - eye clinic
14/09/16	Calderdale	Women's Activity Centre - older Asian ladies
14/09/16	Calderdale	Northowram and Shelf Ward Forum
15/09/16	Bradford	Shipley Stroke Group
15/09/16	Wakefield	Havercroft and Ryehill Learning Centre
15/09/16	Wakefield	Welcome Café at St Michaels Church
15/09/16	Wakefield	Pontefract Hospital
15/09/16	Kirklees	Batley Resource Centre - lunch club
15/09/16	Calderdale	Calderdale Royal Hospital - reception and haematology
16/09/16	Kirklees	Batley Christian Fellowship - lunch club
19/09/16	Wakefield	Thornycroft Community Centre
19/09/16	Kirklees	Eye Health event, Top Club, Sheepridge
20/09/16	North Yorkshire	Dementia Forward Café, Harrogate
20/09/16	Wakefield	Alzheimers Society, Forget Me Not Café, Pontefract
20/09/16	Wakefield	Healthy Wakefield CCG event
20/09/16	Calderdale	Mixenden Ward Forum
20/09/16	Kirklees	Safer, Cleaner, Greener group
20/09/16	Kirklees	Dewsbury District Hospital - eye clinic
20/09/16	Kirklees	Church Grange Sheltered Housing
20/09/16	Kirklees	Children's centre Staincliffe and Healey
21/09/16	Bradford	Bradford Royal Infirmary - Outpatient Department
21/09/16	Wakefield	St Catherines Centre
22/09/16	Wakefield	Hemsworth
22/09/16	Wakefield	Alzheimers Society, Forget Me Not Café, Pontefract
22/09/16	Wakefield	Pinderfields General Hospital
22/09/16	Calderdale	Calderdale Royal Hospital - reception and haematology
22/09/16	Kirklees	Destitute Asylum Seekers of Huddersfield (DASH)
22/09/16	Kirklees	Healey Community Centre - stay and play
23/09/16	Kirklees	Carlinghow Princess Royal J&I School - stay and play
26/09/16	Kirklees	Pakistani Association
26/09/16	Kirklees	Milen Day Care - women's group
27/09/16	Calderdale	Tenant and Residents Group - Albion Court
27/09/16	Calderdale	Ryburn Ward Forum
27/09/16	Kirklees	Salvation Army Mirfield - Edward Bear
27/09/16	Kirklees	Birstall Children's Centre
27/09/16	Kirklees	Kirklees Neighbourhood Housing - coffee morning

Date	Healthwatch	Activity
28/09/16	Kirklees	Batley East Children's Centre
28/09/16	Kirklees	Milen Day Care - Men's group
28/09/16	Wakefield	Alzheimers Society, Forget Me Not Café, Kettlethorpe
28/09/16	Wakefield	Wakefield Deaf User Partnership at Wakefield and District Deaf Society

## Appendix E - Equality monitoring data

Q1. What is the first part of your postcode? e.g. HD1, WF10, BD4, LS13, HX6. If you would prefer not to say, please leave the box blank

Answer Options	Response Percent	Response Count
BD1	0.1%	1
BD2	0.6%	12
BD3	0.1%	1
BD4	0.4%	8
BD5	0.1%	2
BD6	0.4%	7
BD7	0.1%	2
BD8	0.5%	9
BD9	0.3%	6
BD10	0.5%	9
BD11	0.6%	11
BD12	0.4%	7
BD13	0.7%	14
BD14	0.2%	4
BD15	0.4%	8
BD16	0.5%	9
BD17	0.2%	4
BD18	0.5%	9
BD19	1.0%	18
BD20	0.6%	12
BD21	0.3%	5
BD22	0.6%	11
BD23	0.3%	5
DL8	0.1%	1
DL14	0.1%	1
HD1	1.1%	21
HD2	1.3%	25
HD3	1.5%	29
HD4	2.1%	40
HD5	1.6%	31
HD6	1.0%	18
HD7	1.2%	23
HD8	1.3%	25
HD9	1.6%	31
HG1	0.1%	2
HG2	0.3%	6
HG3	0.1%	1



Answer Options	Response Percent	Response Count
HG5	0.1%	1
HX1	1.0%	18
HX2	2.4%	46
HX3	1.6%	30
HX4	0.5%	10
HX5	0.6%	12
HX6	1.0%	18
HX7	0.3%	5
HX9	0.1%	1
LA2	0.1%	1
LD8	0.1%	1
LE18	0.1%	1
LE16	0.1%	1
LS1	0.1%	2
LS2	0.4%	8
LS3	0.3%	6
LS4	0.5%	9
LS5	0.5%	9
LS6	2.3%	43
LS7	3.5%	66
LS8	4.0%	75
LS9	3.7%	70
LS10	1.9%	35
LS11	2.7%	50
LS12	3.0%	56
LS13	1.8%	34
LS14	1.6%	30
LS15	1.4%	27
LS16	2.0%	38
LS17	2.0%	38
LS18	0.9%	17
LS19	0.9%	17
LS20	0.4%	8
LS21	0.4%	7
LS22	0.4%	8
LS23	0.1%	2
LS24	0.1%	1
LS25	0.7%	14
LS26	0.9%	17
LS27	1.5%	28
LS28	0.8%	15
LS29	0.7%	14

Answer Options	Response Percent	Response Count
OL14	0.2%	4
OL16	0.1%	1
S66	0.1%	1
S71	0.2%	4
S72	0.1%	1
S75	0.1%	1
TS9	0.1%	1
WF1	2.2%	42
WF2	4.9%	92
WF3	0.8%	16
WF4	3.8%	71
WF5	2.0%	37
WF6	1.1%	21
WF7	0.9%	17
WF8	1.6%	31
WF9	2.1%	40
WF10	2.2%	41
WF11	0.3%	5
WF12	1.6%	30
WF13	1.1%	20
WF14	1.0%	19
WF15	0.9%	17
WF16	0.3%	5
WF17	2.4%	46
YO8	0.2%	3
<i>answered question</i>		<b>1883</b>
<i>skipped question</i>		<b>673</b>

Q2. What sex are you?

Answer Options	Response Percent	Response Count
Male	34.8%	695
Female	64.1%	1281
Prefer not to say	1.1%	22
<i>answered question</i>		<b>1998</b>
<i>skipped question</i>		<b>614</b>

Q3. How old are you? e.g. 42

Answer Options	Response Percent	Response Count
16 and under	2.2%	40
17-25	10.4%	193
26-35	22.4%	417
36-45	20.0%	372
46-55	16.9%	315
56-65	13.7%	255
66-75	9.0%	167
76-85	5.3%	98
86 and over	0.2%	3
<b><i>answered question</i></b>		<b>1860</b>
<b><i>skipped question</i></b>		<b>725</b>

Q4. Which country were you born in?

Answer Options	Response Percent	Response Count
Afghanistan	0.2%	3
Africa	0.6%	11
Australia	0.1%	2
Bangladesh	0.7%	12
Burma	0.1%	1
Canada	0.2%	3
China	0.4%	8
Congo	0.2%	3
Dubai	0.1%	1
England	44.4%	817
Eritrea	0.2%	4
Ethiopia	0.1%	2
France	0.1%	2
Gambia	0.1%	2
Germany	0.4%	8
Ghana	0.1%	1
Gibraltar	0.1%	1
Great Britain	1.9%	35
Greece	0.1%	1
Hong Kong	0.2%	3
Hungary	0.1%	1
India	1.2%	23
Iran	0.1%	2
Iraq	0.5%	9

Answer Options	Response Percent	Response Count
Ireland	1.5%	28
Jamaica	0.2%	4
Japan	0.1%	1
Kashmir	0.1%	1
Kenya	0.1%	2
Latvia	0.1%	1
Lithuania	0.1%	2
Malawi	0.1%	1
Malaysia	0.1%	1
Malta	0.1%	1
Mauritania	0.1%	2
Nevis	0.1%	1
Nigeria	0.5%	9
Northern Ireland	0.4%	7
Norway	0.1%	1
Pakistan	1.7%	31
Philippines	0.1%	1
Poland	0.7%	12
Portugal	0.1%	2
Romania	0.3%	6
Saudi Arabia	0.1%	2
Scotland	0.6%	11
Seychelles	0.1%	1
Singapore	0.1%	1
Slovakia	0.1%	2
Somalia	0.3%	5
South Africa	0.3%	5
St Kitts	0.1%	2
Sudan	0.1%	1
United Kingdom	38.9%	716
Wales	0.3%	5
Yorkshire	0.8%	14
Zambia	0.1%	1
Zimbabwe	0.3%	6
<b><i>answered question</i></b>		<b>1841</b>
<b><i>skipped question</i></b>		<b>744</b>

**Q5. Do you belong to any religion?**

Answer Options	Response Percent	Response Count
Buddhism	0.7%	14
Christianity	44.1%	864
Hinduism	0.6%	12
Islam	8.7%	170
Judaism	0.8%	16
Sikhism	1.3%	26
No religion	35.8%	701
Prefer not to say	4.6%	90
Other (please specify)	3.3%	64
<i>answered question</i>		<b>1957</b>
<i>skipped question</i>		<b>655</b>

**Q6. What is your ethnic group?**

Answer Options	Response Percent	Response Count
Asian or Asian British: Indian	3.2%	64
Asian or Asian British: Pakistani	4.5%	90
Asian or Asian British: Bangladeshi	1.6%	32
Asian or Asian British: Chinese	1.3%	25
Black or Black British: Caribbean	2.3%	46
Black or Black British: African	2.6%	51
Mixed or multiple ethnic groups: White and Black Caribbean	1.2%	23
Mixed or multiple ethnic groups: White and Black African	0.2%	3
Mixed or multiple ethnic groups: White and Asian	0.6%	12
White: English, Welsh, Scottish, Northern Irish, British	74.5%	1474
White: Irish	1.9%	37
White: Gypsy or Irish Traveller	0.1%	2
Other ethnic groups: Arab	0.5%	9
Prefer not to say	2.2%	44
Any other ethnic group	3.4%	67
<i>answered question</i>		<b>1979</b>
<i>skipped question</i>		<b>633</b>

**Q7. Do you consider yourself to be disabled?**

Answer Options	Response Percent	Response Count
Yes	17.2%	334
No	80.9%	1575
Prefer not to say	1.9%	37
<i>answered question</i>		<b>1946</b>
<i>skipped question</i>		<b>666</b>

**Q8. Types of impairment:**

Answer Options	Response Percent	Response Count
Physical or mobility impairment (such as using a wheelchair to get around and / or difficulty using your arms)	25.5%	198
Sensory impairment (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)	9.5%	74
Mental health condition (such as depression or schizophrenia)	20.1%	156
Learning disability (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)	4.8%	37
Long term condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)	31.7%	246
Prefer not to say	8.5%	66
<i>answered question</i>		<b>777</b>
<i>skipped question</i>		<b>2066</b>

**Q9. Are you a carer? Do you look after, or give any help or support to a family member, friend or neighbour because of a long term physical disability, mental ill-health or problems related to age?**

Answer Options	Response Percent	Response Count
Yes	17.1%	333
No	81.6%	1593
Prefer not to say	1.4%	27
<i>answered question</i>		<b>1953</b>
<i>skipped question</i>		<b>659</b>

**Q10. Are you pregnant?**

Answer Options	Response Percent	Response Count
Yes	1.3%	25
No	97.7%	1864
Prefer not to say	0.9%	18
<i>answered question</i>		<b>1907</b>
<i>skipped question</i>		<b>705</b>

**Q11. Have you given birth in the last 6 months?**

Answer Options	Response Percent	Response Count
Yes	2.1%	40
No	97.1%	1831
Prefer not to say	0.8%	15
<i>answered question</i>		<b>1886</b>
<i>skipped question</i>		<b>726</b>

**Q12. What is your sexual orientation?**

Answer Options	Response Percent	Response Count
Bisexual (both sexes)	1.4%	27
Gay (same sex)	2.1%	39
Heterosexual/straight (opposite sex)	88.4%	1668
Lesbian (same sex)	1.0%	19
Other	0.5%	10
Prefer not to say	6.6%	124
<i>answered question</i>		<b>1887</b>
<i>skipped question</i>		<b>734</b>

**Q13. Are you transgender? Is your gender identity different to the sex you were assumed at birth?**

Answer Options	Response Percent	Response Count
Yes	0.5%	10
No	96.7%	1802
Prefer not to say	2.7%	51
<i>answered question</i>		<b>1863</b>
<i>skipped question</i>		<b>749</b>

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