

Lincoln Green Insight Review

The healthcare needs and preferences of people who live in Lincoln Green and the surrounding area (LS9)
September 2020 V1.1

This paper will pull together existing insight and data from various sources in order to:

- Describe the population who live in Lincoln Green and the surrounding area
- Outline the needs and preferences which have already been collected from people living in these areas
- Outline any common themes from previous research or engagement work
- Identify any gaps in this insight or data

Contents:

1. **Background** – What is the Clinical Commissioning Group and why are we carrying out this insight review?
2. **The Area and Current Health Provision** – Introduction to the local area.
3. **Population** – Who lives in Lincoln Green and the surrounding area?
4. **Insight review** – What do we already know about the needs and preferences of people living in this area?
5. **Gaps** – Are there any gaps in our evidence?
6. **Themes** – What have we learned from this review?

1. Background – What is the Clinical Commissioning Group and why are we carrying out this review?

NHS Leeds Clinical Commissioning Group (CCG) is responsible for making sure that all people living in Leeds have access to the healthcare services they need, when they need them. We know that if we are to provide high quality, safe and compassionate services, we need to understand the needs and preferences of local people and use their feedback to improve our services.

We have a statutory duty to:

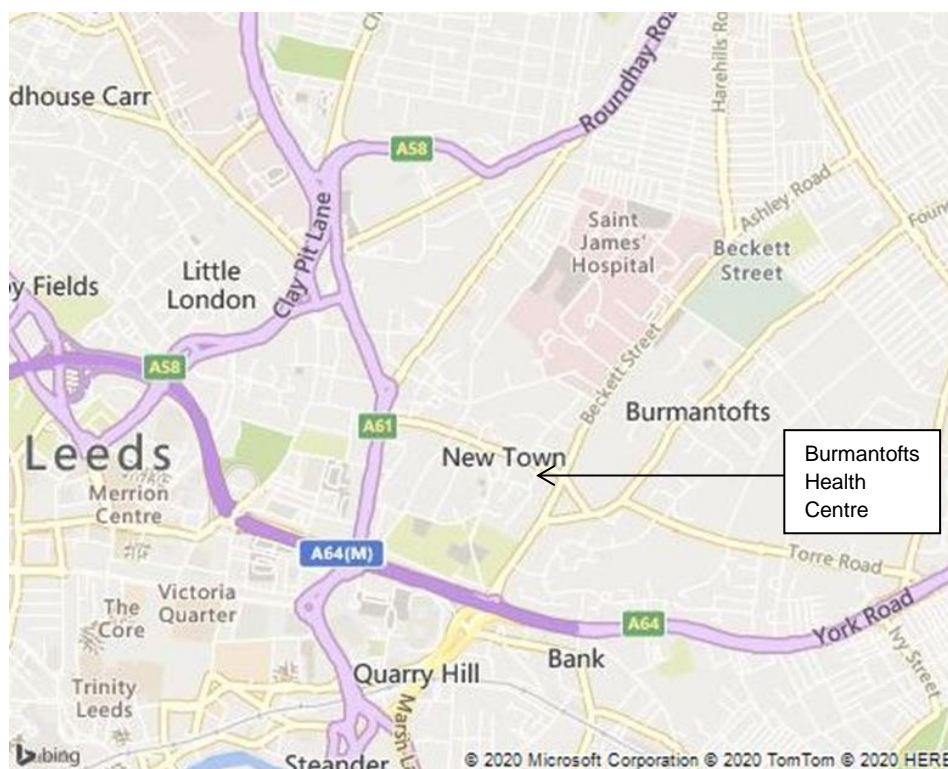
- Involve patients and carers in planning, managing and making decisions about their own personal care and treatment (care planning).
- Involve the public in the commissioning process itself, so that the services provided reflect the needs of local people.

The future commissioning of health services in the Lincoln Green and surrounding area, including the Walk-in centre, is at an early development and exploration phase. It has been agreed that a summary of previous research and engagements with local people would be helpful to inform this development.

This insight review seeks to pull together what people living in this area have already told us about their needs and preferences in relation to accessing health and care services, including primary care, out of hours and urgent care services. It aims to highlight common themes and any gaps, in order to support future improvements to people's experiences of receiving health and care services.

2. The Area and Current Health Provision – Introduction to the local area.

Lincoln Green is a mainly residential area just east of Leeds city centre. It is positioned around Lincoln Green Road, and is adjacent to St James's University Hospital. It falls within the Burmantofts and Richmond Hill ward of Leeds City Council.



The Lincoln Green estate on the north side of Lincoln Green Road is mainly tower blocks and low-rise flats, which replaced the terraced houses known as New Town in about 1958, following the 1950s slum clearances.

Lincoln Green is the 3rd most deprived Lower Super Output Area (LSOA) of Leeds, is in the 1% most deprived areas of the UK, according to the Index of Multiple Deprivation, and it has been identified as being one of Leeds City Council's six top priority neighbourhoods for local action.

www.observatory.leeds.gov.uk/wp-content/uploads/2019/01/HNA-LincolnGreen-Final.pdf)

In addition to being situated close to St James's Hospital, there are two main General Practices positioned in the Lincoln Green area; The Practice Lincoln Green, and the Shakespeare Medical Practice are both located within the Burmantofts Health Centre on Cromwell Mount.

As well as the provision of traditional GP services, the Shakespeare Medical Practice also provides a Walk-in service for people who have a minor illness or a health concern which is not an emergency. Pre-Covid-19, the health centre also housed a Leeds Sexual Health Clinic, which has currently suspended all walk-in clinics, and the base for the Leeds Mental Wellbeing Service (formerly IAPT), which is now operating mostly online.

At 01 September 2020, the patient populations for the two GP practices were as follows:

Shakespeare Medical Practice:

Female patients	- 2,639
Male patients	- 3,342
Total patient population	- <u>5,981</u>

The Practice Lincoln Green:

Female patients	- 1,889
Male patients	- 2,341
Total patient population	- <u>4,230</u>

Total patient population served by both practices – 10,211

(NHS Digital – General Practice Data Hub)

3. Population - Who lives in Lincoln Green and the surrounding area?

Burmantofts and Richmond Hill ward has a GP registered population of 30,290, making it the fifth largest ward in Leeds with the majority of the ward population living in the most deprived fifth of Leeds. The age profile of this ward is similar to Leeds, but with fewer elderly and many more children.

www.observatory.leeds.gov.uk/wp-content/uploads/2018/11/Burmantofts-and-Richmond-Hill-Ward-2018.pdf)

The Practice Lincoln Green and the Shakespeare Medical Practice are part of the Burmantofts, Harehills & Richmond Hill Primary Care Network (PCN) which has a younger than average population, with more young men than average in Leeds, and almost two thirds of the population being recorded as BAME, which is around double the city rate. In addition

to the PCN having a very high rate of frailty compared to most others, and high under 75 mortality rates, most other GP recorded conditions are significantly higher than Leeds rates, with the exceptions of cancer and common mental health issues which are low.

www.observatory.leeds.gov.uk/wp-content/uploads/2020/07/Burmantofts-Harehills-and-Richmond-Hill-PCN.pdf

4. Insight Review – What do we already know about the needs and preferences of people living in Lincoln Green and the surrounding area?


In an insight review we look at feedback from various sources over the last couple of years. Where we find gaps, such as a lack of feedback from specific communities, we will arrange focussed engagement. This approach to engagement ensures that we start with the information we already have and avoid engagement fatigue. In this review we have explored feedback from:


- a. The national GP Patient Survey – for people registered at The Practice Lincoln Green and at Shakespeare Medical Practice
- b. Feedback from Care Opinion (www.careopinion.org.uk) which provides an online platform for people to share their stories about accessing health and care services
- c. Feedback from recent NHS Leeds CCG engagements where we heard from people living in LS9 (where Lincoln Green is located)
- d. Feedback from wider research and engagements which heard from people living in LS9


a. **GP Patient Survey** - An independent survey run by Ipsos MORI on behalf of NHS England. The survey is sent out to over two million people across the UK. The results show how people feel about their GP practice.

Results for the 2020 survey for **The Practice Lincoln Green** show that 477 surveys were sent out to patients, and 110 surveys were returned – a completion rate of 23%. The results provide the following practice overview:


Where patient experience **is best** ?


 **92%** of respondents took the appointment they were offered
Local (CCG) average: 93% | National average: 93%


 **88%** of respondents say the healthcare professional they saw or spoke to was good at listening to them during their last general practice appointment
Local (CCG) average: 89% | National average: 88%

 **86%** of respondents find the receptionists at this GP practice helpful
Local (CCG) average: 89% | National average: 89%

Where patient experience **could improve** ?


 **45%** of respondents say they have had enough support from local services or organisations in the last 12 months to help manage their long-term condition(s)
Local (CCG) average: 78% | National average: 77%


 **47%** of respondents find it easy to get through to this GP practice by phone
Local (CCG) average: 68% | National average: 65%


 **41%** of respondents were offered a choice of appointment when they last tried to make a general practice appointment
Local (CCG) average: 62% | National average: 60%

Results for the 2020 survey for **Shakespeare Medical Practice** show that 469 surveys were sent out to patients, and 78 surveys were returned – a completion rate of 17%. The results provide the following practice overview:


Where patient experience **is best**


 **73%** of respondents were offered a choice of appointment when they last tried to make a general practice appointment
Local (CCG) average: 62% | National average: 60%


 **73%** of respondents describe their experience of making an appointment as good
Local (CCG) average: 65% | National average: 65%

 **84%** of respondents say they have had enough support from local services or organisations in the last 12 months to help manage their long-term condition(s)
Local (CCG) average: 78% | National average: 77%

Where patient experience **could improve**

 **68%** of respondents felt the healthcare professional recognised or understood any mental health needs during their last general practice appointment
Local (CCG) average: 86% | National average: 85%

 **79%** of respondents were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment
Local (CCG) average: 92% | National average: 93%

 **74%** of respondents describe their overall experience of this GP practice as good
Local (CCG) average: 82% | National average: 82%

b. Care Opinion

Care Opinion is an independent non-profit community interest company which offers anybody the opportunity to “share their experiences of health and care in ways which are safe, simple, and lead to learning and change.” (www.careopinion.org.uk/info/about-our-organisation)

There are 32 ‘stories’ listed relating to **The Practice Lincoln Green** from 11 months to 4 years ago. The feedback is very mixed, with some respondents finding the staff and the service very positive:

- “I was a bit apprehensive about joining this gp surgery after reading the online reviews but I am pleased to say I have received nothing but excellent care from all the members of staff - the appointments system appears to be fair n I’ve had no trouble getting several appointments.” (www.careopinion.org.uk/443102)

Whilst other respondents reported finding the complete opposite:

- “As previous reviews say trying to get an appointment at this surgery is a nightmare, you have more chance of getting six numbers up on Saturdays lottery than getting an appointment.” (www.careopinion.org.uk/436945)

There are 118 ‘stories’ listed relating to **Shakespeare Medical Practice** from 3 weeks to 3 years ago. The feedback is mostly positive, especially in relation to the Walk-in and Out-of-Hours service:

- “I have visited this practice a few times over the years in emergencies and each time has been a wonderful experience. Staff have been brilliant and understanding. We are so fortunate to have something like this where you can walk in without appointment and not even be registered as a patient. Walk in centres such as this are an integral part of our health system as they ease the burden on the NHS. Thankyou!!”
(www.careopinion.org.uk/776006)
- “First time at the Shakespeare Medical Practice, staff polite and efficient. Was in and out in half an hour. No need to take time off work. NHS at its best, thank you for a quality service.”
(www.careopinion.org.uk/664940)
- “I visited the walk in centre on Sunday night with my 18 month old. I was greeted by a friendly receptionist who booked us in quickly and efficiently. I would definitely recommend the centre and would not hesitate to use it again if necessary. Thank you for providing such good service!”
(www.careopinion.org.uk/666072)

Feedback relating to the general practice is, however, not always so positive:

- “3 times iv been to have my blood pressure review 3 time iv had it cancelled been again today only to be told ,dint you get a phone call to say it cancelled as nurse called in sick,tryed to rearrange but can only do Saturdays??? Bit of a joke really especially when i get letters and txts over this matter constantly.”
(www.careopinion.org.uk/700169)
- “I have been registered here just over two years now and it is almost impossible to get an appointment when you need one.”
(www.careopinion.org.uk/619574)

NB: Family and Friends Test (FFT) – Launched in April 2013, the FFT was rolled out in phases to most NHS-funded services in England over a two-year period, and now gives all patients, users of services, their carers and loved ones the opportunity to leave feedback on their care and treatment.

The most recent data showing feedback for GP practices in England shows that The Practice Lincoln Green had received 3 responses, and there was no data for the Shakespeare Medical Centre.

(www.england.nhs.uk/publication/friends-and-family-test-data-february-2020/)

c. Feedback from recent NHS Leeds CCG engagements where we heard from people living in LS9

We reviewed all the engagement work we have carried out over the last two years to see what it told us about the needs and preferences of people living in this area. The following engagements took place within the last two years, and contained feedback from people living in and around this area:

- Shakespeare Walk-in Centre Pre-engagement (October - November 2018)
- Urgent Treatment Centres (UTCs) (January – April 2019)
- Syrian Refugee Health Workshop (July 2019)

Shakespeare Walk-in Centre Pre-engagement (Oct - Nov 2018)

www.leedsgccq.nhs.uk/get-involved/your-views/your-views-needed-on-the-shakespeare-walk-in-centre/

A survey was used to ask people about their experience of using the walk-in centre at the Shakespeare Medical Centre, towards the end of 2018. We wanted to learn about their experiences and find out how they would feel if the walk-in centre was moved to St James' Hospital. 397 people took part, and 56 of those stated they lived in LS9.

Unsurprisingly, more people in the local area had used the centre more often than the wider population – 17% of people in LS9 had used the centre 5 or more times compared to 5% of all respondents, and 49% had walked to the centre compared to 22% of all respondents.

More LS9 residents cited difficulty in getting a GP appointment as the main reason for accessing the centre (43% compared to 36%). The main reason given by all respondents was thinking that the condition is not suitable for A&E (39% compared to 22% of those living in LS9).

Respondents from LS9 and respondents from all of Leeds chose the same top 5 factors as important when using the walk-in centre, although the location was by far the most important to those living in LS9:

Factors	LS9 respondents	All respondents
Location	80%	69%
Opening hours	67%	73%
Good standard of care	62%	69%
Short waiting times	58%	63%
Cleanliness	45%	52%

Respondents were asked if the Shakespeare Walk-in Centre had met people's cultural or access needs (e.g. interpreters/sign language support/mobility aids). 75% of respondents from LS9 said that it had, compared to 86% of all respondents. This may be as a consequence of the number of diverse communities living in and around the LS9 area.

Ethnic background	LS9 respondents	All respondents
White British	53%	71%
Black/Black British African	17%	6%
Other	8%	5%
Asian/Asian British Pakistani	2%	4%

Asked if there is anything else the NHS could do to improve services to support people's access needs, LS9 respondents suggested:

- More consideration of mental ill-health
- Doctors who are experienced in different cultures
- More appointments
- Less waiting times
- Better aftercare following hospital discharge
- More deaf awareness

- More doctors/staff
- Ability to prescribe, especially during out of hours
- Listen to local people and engage with them

Asked to name one thing that the walk-in centre does well:

15 LS9 respondents mentioned friendly, helpful staff: *“Polite and friendly. Professional staff. Make you smile :)”*

15 LS9 respondents mentioned the speed of service: *“Seen quickly, doctors available.”*

3 LS9 respondents mentioned a good out-of-hours service: *“Open on a night/weekend.”*

Asked to name one thing the centre could improve:

9 LS9 respondents mentioned waiting times: *“Long queue.”*

4 LS9 respondents mentioned better facilities: *“Really uncomfortable seats in the waiting area.”*

3 LS9 respondents mentioned staff attitude: *“They could improve by greeting me and being friendly...and especially to children.”*

Other LS9 respondents mentioned better communications with patients, a working hearing loop and the ability to prescribe more.

Overarching themes from LS9 respondents acknowledged that they appreciated having a walk-in centre, which also offers out-of-hours access, on their doorstep. Although waiting times were mentioned frequently, many people also mentioned that they had received a prompt service, and the majority of responses in relation to the centre were positive. A handful of respondents highlighted the need for doctors and staff to be more aware of the cultural needs of their patient population.

Urgent Treatment Centres (UTCs) (Jan – Apr 2019)

www.leedscq.nhs.uk/get-involved/your-views/urgent-treatment-centres/

We wanted to hear people’s thoughts on our proposals to establish five UTCs in Leeds. Urgent care is care that someone feels is needed on the same day but their illness or injury is not life-threatening. A total of 3227 people completed our survey, 125 of whom stated they lived in LS9.

We asked people how confident they would feel about picking the right service if they had an urgent healthcare need. LS9 respondents were broadly in line with all other respondents, although a higher percentage stated they were Extremely Confident – 26% of LS9 respondents, compared to 18% of all respondents.

	Extremely Confident	Confident	Slightly Confident	Not at all Confident
LS9 respondents	26%	43%	21%	10%
All respondents	18%	47%	26%	9%

People were asked if they had an urgent healthcare need, which service they were most likely to use in the first instance. LS9 respondents were broadly in line with all other respondents, except in relation to accessing walk-in centres (perhaps because they are

more used to using their local service), and in relation to using the NHS111 telephone service.

	Self-care	Pharmacy	GP	Walk-in centre	NHS111	Call 999	Go to A+E
LS9 respondents	14%	3%	31%	21%	12%	6%	12%
All respondents	11%	5%	32%	13%	25%	4%	10%

Several respondents stated they would pick the walk-in centre as it was local to them:

“Nearest without a car.”

“It's a 2 minute walk from where I live and it's a walk-in centre.”

“It is easier for me because it is close to me.”

Asked whether, based on their previous experience of using healthcare services, they thought they were given the information they needed to look after themselves or a loved one, before they left their healthcare appointment, 80% of LS9 respondents felt they were. However, several felt that more could be provided:

“Often given poor advice and little information in terms of following care.”

“Can't understand what the Dr/practitioner is saying.”

“Never had help on exit of centre.”

“Need more written information e.g. leaflet.”

“No body tells you anything it is left to you to find things out.”

“Bad communication.”

When asked if they had any other comments or suggestions that could improve urgent care in Leeds, LS9 respondents mentioned the following:

Issue	Comments
Mental Health and other health issues	Need to improve urgent access to mental health care as a matter of urgency. It's currently not even close to good enough Potentially crisis centres for those struggling with mental health or addictions, it is likely these already exist however, I don't know about any of them. Better mental health support services for people in crisis I think the sexual healthcare in Leeds need to be improved because it is very hard to get urgent appointments Also improve urgent asthma care.
Appointments	Availability of accessible service outside normal 9am to 5pm hours and also on weekends. More GP appointments available over longer opening hours to meet the needs of treatment.
Staff	More clinical staff Attitude from receptionist whilst trying to book appointments
Communication	Publicise the service on facebook and other social media sites. Keep the public well informed about their options. Please, please promote the service as best possible. Many people don't know of walk-in clinics. Improve communication to patients

Equality monitoring

Most respondents from LS9, and from the whole of Leeds, provided equality monitoring data at the end of the survey. Some measures were broadly similar in the responses given, but there were some notable differences in certain sections, including disability, employment status and homelessness.

	Are you disabled?		Yes, I would describe myself as homeless	What is your gender?	
	Yes	No		Male	Female
LS9 respondents	32%	66%	8%	37%	61%
All respondents	21%	77%	1%	30%	69%

Employment status		
	LS9 respondents	All respondents
Employed full-time	23%	36%
Employed part-time	18%	17%
In receipt of state benefits	10%	4%
Unemployed - looking for work	6%	2%
Unemployed - unable to work	8%	3%
Unemployed - not looking for work	4%	1%
Student at college	4%	2%
Student at university	3%	5%
Retired	20%	27%

Overarching themes from LS9 respondents – 26% of residents in LS9 reported being extremely confident about picking the right health care service if they had an urgent health need, as opposed to 18% of all respondents. This may be due to them having a walk-in centre on their doorstep, and many of the comments given mentioned that local people are aware of the centre and are positive about the service they receive there. As noted above, 17% of respondents in LS9 had used the centre 5 or more times compared to 5% of all respondents.

Comments from LS9 residents also suggest that they value the centre, and its accessibility – walk-in and out-of-hours services, but feel there is not enough awareness of the services it offers. Communication was mentioned several times, both in relation to raising awareness of services more widely, and in relation to communications with centre staff – sometimes not understanding what they were being told or needing an interpreter to communicate effectively.

Despite the number of LS9 respondents reporting confidence in knowing which health care service to pick, they also reported lower levels of confidence in using the NHS111 number – 12% compared to 25% for all respondents. This was reflected in the feedback received at the Syrian Refugee Workshop, which is outlined below, and which may relate to a lack of awareness and/or confidence in communicating over the phone to access support, rather than just walking in to the local health centre.

A comment from an LS9 respondent highlights this uncertainty, although LS9 residents may be more likely to access the local walk-in centre than travel further to A+E:

“Based on past experience, A & E seems to be a first port of call to many of the immigrant communities. I think it essential that these new centres are promoted in as many places as possible (corner shops, take aways, community centres, unemployment offices etc). If current behaviour doesn’t change these centres will be populated by the more long standing residents and the rest still going to the wrong place.”

Syrian Refugee Health Workshop (July 2019)

www.leedsccg.nhs.uk/get-involved/your-views/syrian-refugee-health-workshop/

We worked with Leeds City Council, the Refugee Council and local groups to run a workshop in a local LS9 venue, Ebor Gardens Community Centre, in order to:

- Gain a better understanding of Syrian refugees’ past experiences and current experiences of health service use in Leeds,
- Promote awareness of prevention and care services across the health and care system in Leeds.
- Seek opportunities to enhance the voice of Syrian people and communities in wider decision-making processes in Leeds, and
- Make recommendations aiming to address at least one of the health priorities identified during the project.

Around 20 people from the Syrian community attended the event, including men, women and children. Key themes emerging from round table discussions included:

- A strong link between housing, and the spaces people lived in, and their emotional, mental and physical health and wellbeing.
- The barriers attendees experienced in trying to access the resources and support needed to lead healthy lifestyles.
- The impact of past life events and social and cultural norms from their country of origin, which were impacting on their current health and wellbeing, and their ability to engage with support and service provision in Leeds.

In relation to accessing health and wellbeing support:

- Attendees suggested that there was a lack of awareness within the community about what support was available to them, and that promotion of support services was not as effective as it could be.
- Attendees talked about a lack of appropriate interpretation support available to them when seeking health & wellbeing support from services such as the GP or NHS dental care.

- Participants suggested that when interpretation is provided, the person delivering interpretation does not always communicate using the correct dialect.
- Attendees talked about interpreters not providing accurate interpretation to service staff, meaning key information from the health practitioner may not be communicated to the patient, and vice versa.

In relation to mental health and wellbeing:

- Attendees talked about the stigma attached to mental health issues within the Syrian community, which has created a barrier to discussion around mental health.
- Attendees talked about the authorities within Syria using mental health services as a mechanism for monitoring citizens, and this has informed perceptions and fears about accessing mental health services in the UK.
- Attendees talked about there being a lack of early screening for mental health issues, meaning that mental health concerns are not attended to until they become more acute.
- Attendees talked about being uncertain as to whether they needed support or not.

Recommendations taken forward from the workshop relating to health and wellbeing were as follows:

- Improved mechanisms for the communication and marketing of current support to Syrian people resettled in Leeds are required. Particular attention should be given to the appropriateness and accessibility of information, and its reach into communities,
- A review of current mental health support available to Syrian people settling in Leeds should be undertaken to identify gaps in current provision and barriers to engagement, with attention given to screening and early intervention.
- A campaign to challenge stigma around mental health should be considered; how mental health is viewed by the community and the barriers this poses to help-seeking. Specific consideration should be given to the role of community leaders and champions in developing and delivering this campaign.

It was also recommended that:

- Further work be conducted to engage, and establish the health and wellbeing priorities of, Syrian children and young people resettled in Leeds.

Overarching themes from the workshop attendees included the need for more cultural awareness and understanding on the part of healthcare providers, as mentioned previously in some of the responses to the two surveys above. But the main theme related to the need for culturally appropriate and accessible information and messaging in relation to availability of, and how to access, health and care services in Leeds.

d. Feedback from wider research and engagements which heard from people living in LS9

Lincoln Green Health Needs Assessment (2018)

www.observatory.leeds.gov.uk/wp-content/uploads/2019/01/HNA-LincolnGreen-Final.pdf

In September 2018 Leeds City Council's Adult and Health Directorate published the Lincoln Green Health Needs Assessment, which was developed in partnership between Public Health and the Lincoln Green engagement group, with support from twenty one different agencies that work within the Lincoln Green area.

Throughout 2017 and 2018, local residents, professionals and young people were asked what they liked and did not like about living in Lincoln Green. There were also specific questions asked about health needs and access to local health services - both medical and those commissioned by public health. 91 members of the local community took part.

The main issues highlighted through the engagement included:

- Lack of knowledge of local health and health and wellbeing services.
- Lack of ESOL classes and conversation groups at a higher level.
- Navigation of health and screening services.
- Lack of outdoor play spaces for children at any age.

Recommendations relating to health and care were:

- Improve knowledge of services available (health & wider)
 - Potential to use Advonet to deliver workshops/drop-in sessions to be delivered at various asset points.
 - Potential to use Refugee forum to train health champions to deliver health promotion messages.
 - Potential to increase uptake of patient participation group.
- Improve understanding around how to use GP surgery.
 - Potential to have drop-in sessions to help patients understand the services on offer from the surgery (site specific) and how to navigate around the GP surgery, FAQs etc.
 - Health promotion and possible training of health advocates for the largest populations of the ESL residents. There is potential to be supported by LS9 collaborative which covers the 2 practices.
- Increase the number of quality spaces for communities to come together - possibility of developing links with the new school and supporting the community to gain access.
 - Increase and improve the places for young people and adults to play - limited places for sport and physical activity to happen.
- Increase ESOL and conversation classes to include higher level (Entry 3, Levels 1 and 2) and to include more health awareness within those classes, increase intermediate and advanced conversation groups.
- Increase knowledge of commissioned health services (One You Leeds, diabetes services, vaccination and immunisation programmes, and mental health services). Help promote services through the help of health ambassadors and advocates.

The needs assessment contains rich data on the community living in the Lincoln Green area, along with the issues affecting them, particularly in relation to their health and wellbeing, and there is no need to duplicate that here. The report will be attached alongside this insight report for further reference.

Lincoln Green walking and cycling links

www.yourvoice.westyorks-ca.gov.uk/LincolnGreen

The West Yorkshire Combined Authority carried out an engagement, via a short survey, between September and October 2019, to find out what people thought about their plans to improve walking and cycling links in Lincoln Green area. The scheme is aimed at improving walking and cycling opportunities in this community by using a transformational new approach to street design. The website shows that no further action has been taken following this engagement, however, there may still be plans in place to improve the local area.

The Big Leeds Chat (2018 + 2019)

www.healthwatchleeds.co.uk/our-work/bigleedschat/

The Big Leeds Chat is a one day event, which takes place in Leeds Market in the city centre, and brings together organisations from across Leeds to listen to what local people think about living in our city and what matters most to them in relation to health and wellbeing. Members of the public are asked to provide their postcode when taking part in a 'chat'.

The quotes below are from people from LS9 who took part in the 2018 (39) and 2019 (28) Big Chats.

Question	Response
How can we make Leeds the best city for health and wellbeing? (2018)	<ul style="list-style-type: none"> • More awareness. Educate people more. • Better access to mental health services. More accessible and personalised. Hard if everything is by computer if you are older and have mental health issues. Support for PTSD. Need counselling but can't access. • Improve waiting times at GPs-not always an emergency appt. • Have or make some more health and relaxing centres • Put more effort into communities, people can get to know each other. Wants to contribute to making own community great. Wants to help each other to make strong community. • Better help for mental health • Better communication amongst people. More community talking. • Improve the treatments, I am not happy with GP. I need free English courses.
How can we make Leeds the best city for health and wellbeing? (2019)	<ul style="list-style-type: none"> • More interpreters • Deaf awareness for all • More doctors, more nurses, more stuff, more appointments • Decrease the pollution, I have asthma and it affects this. More walking and cycling like Holland. • Deaf awareness • Informing people how to be healthy and make their own choices • Improve community centres, invest more money in buildings and creating more reduces social isolation's for elderly or mentally ill • No such thing - drug problems (spice). Only see it getting worse. Homelessness • Better approaches to mental health, particularly depression and anxiety. Teach people from an early age to cook for health, coping and learning process to eliminate poverty. Pull people out of poverty through education and skills.

Following the events, Healthwatch Leeds recorded the feedback under broad themes. In 2019, comments from people living in LS9 in relation to Health and Care Services were summarised as follows:

GP comments

22 people talked about difficulty getting appointments with GP, although there was also some good feedback for GP services.

Mental health services

17 people wanted improvements in mental health services, with 5 specifying isolation issues.

A&E

Not as many comments regarding A&E as expected, an equal mixture of positive and negative comments.

5. Gaps – are there any gaps in our evidence?

Other than the feedback from the Syrian Refugee Workshop, most of the insight gathered here has been collected as a result of people reporting that they live in the LS9 postcode. However, not everyone who has a LS9 postcode lives in and around Lincoln Green. In addition, there are communities who live near Lincoln Green who do not have a LS9 postcode, for example, residents with LS8, LS10 or LS15 postcodes, who may regularly use and access services in the Lincoln Green area.

The 2018 Lincoln Green Health Needs Assessment, mentioned above, provides a very comprehensive overview in relation to:

- Where the community sits in Leeds.
- Various data sources and relevant public health intelligence.
- A review of assets available in the area.
- Further insight gained through questionnaires, focus groups and interviews with both professionals who work with the community and local residents.
- An overall interpretation of the findings with identified themes followed by key recommendations for consideration to improve health of the Lincoln Green community and reduce health inequality.

Nevertheless, there is still of a lack of data relating to the experiences of children and young people living in this area and, especially considering the diverse range of communities living in the area, opportunity to learn more by carrying out smaller more focussed pieces of engagement with, for example, people who identify as LGBTQ+, people with a learning disability, parents and carers.

Friends and Family Test – the fact that there is hardly any data available for The Practice Lincoln Green, and none for Shakespeare Medical Centre begs the question – how are these practices monitoring patient experience and feedback in order to continue improving services?

Patient Participation Groups (PPGs) – No insight has been collected here from the Southeast Leeds PPG, which represents the Burmantofts, Harehills & Richmond Hill PCN. However, the group has an up to date and detailed website: www.southeastleedsppg.co.uk/, and should, without question, be invited to collaborate on any future development plans for health and care services in this area.

Staff – the voice of staff delivering health and care services in this area is entirely absent from the insight gathered here. However, as mentioned by several respondents, the role that staff play is crucial in ensuring people receive a positive experience when accessing support.

6. Themes – What have we learned from this study?

Theme (reoccurring issues throughout the insight)	Description (what is this theme about?)	Feedback (what people have told us in the past or recently)	Considerations (areas we might like to consider developing)	Existing work (work already taking place to address this issue)	Gaps (areas for development)
Perceptions/experiences of existing services in the area	What matters to local people in relation to accessing health + care services	Although feedback about the traditional GP practices featured many concerns relating to appointment availability, waiting times, etc., the overriding sense, taken from all the feedback, is that local people place a high value on having the health centre on their doorstep, and many see it as a place of high importance at the centre of their community. Ease of access, in particular in relation to the walk-in and out-of-hours services, garnered high praise across the board, with an acknowledgement from some that these services must be having a positive impact on reducing visits to A+E. There was also a high level of praise for the staff operating these services, especially more recently (see Care Opinion feedback)	Several respondents mentioned the need to involve the local community more in the development of services and to better understand the needs and preferences of the various diverse communities living nearby. This may be an area where the local PPG could work together with services and local groups/community leaders to help develop a more collaborative approach and foster more 'ownership' of local services.	Not known – there may already be work taking place.	Support local PPG to build links and start (or continue) conversations with services and local groups/community leaders to develop plans for improvement.
Communication	A recurring theme across all the feedback was the need for better communications – both in relation to face-to-face encounters, and also in relation to service information and health messaging.	Many respondents/participants lacked clarity; clarity about what services are available, and how and when to access them. Some people also reported not fully understanding what was being said to them in health appointments due to a lack of interpreters, or because there was not enough time. A few people said they were not given enough information written down, or leaflets, about their conditions or treatment, to take home and read. Some people, for whom English is not their first language, may not be confident using telephone support e.g. NHS111, and may instead prefer to walk in somewhere, even if it is not the right place to go (A+E).	As above, this may be an area that the local PPG might be able to support – alongside local groups/community leaders. A small mapping exercise may help to highlight where additional information may be beneficial, how best to deliver it (e.g. leaflets or on social media), and what languages it should be written in.	Not known – but there may already be ongoing work e.g. in relation to the Accessible Information Standard – supporting the needs of patients, service users, carers and parents with a disability, impairment or sensory loss - www.england.nhs.uk/ourwork/accessibleinfo/	Services may want to consider a review of existing communication support – there were a couple of comments relating to no hearing loop, no BSL interpreter, and also a lack of awareness that people can, for example book a double appt. if an interpreted session is required.

Cultural awareness	Lincoln Green and the Burmantofts, Harehills & Richmond Hill PCN area is rich in cultural diversity. How these various communities are understood can help improve community cohesion and support improved access to, and use of, local services, or hinder it.	Feedback from respondents highlights current conversations around the use of all-encompassing terminologies such as BAME communities, which can allow differences between cultures and communities to remain hidden. For example, the feedback from the Syrian refugee workshop, which highlighted the stigma surrounding mental health due to past experiences in people's country of origin. In these cases, it is not just a lack of information which may be preventing people from seeking help, but more deep-seated prejudices or cultural norms, which need to be better understood in order to support people to access the help they need. In the case of some asylum seekers and refugees, such beliefs/traditions may be preventing people in the most need of support from asking for help.	There are a number of existing 'assets' within the Lincoln Green area e.g. the Leeds Refugee Forum which is based at the One Community Centre in Lincoln Green, or the Lincoln Green Mosque. Links with such groups, perhaps via the PPG, may help to gain valuable insight into how potential barriers may be addressed and overcome.	Not known – there may already be work taking place.	There are opportunities to develop stronger links with, and gain greater understanding of, the needs and preferences of the diverse communities living in this area. The Lincoln Green Health Needs Assessment, attached with this report, provides a very useful starting point: www.observatory.leeds.gov.uk/wp-content/uploads/2019/01/HNA-LincolnGreen-Final.pdf
Staff	As noted above, the voice of staff providing health and care services in the Lincoln Green area is entirely absent from this report. Frontline staff especially, provide the human face of services and often understand the basic needs of their patient populations better than anyone else.	Although no staff insight is represented here, many respondents have commented on how important the attitude, professionalism and approach of staff they encounter is to their experience of accessing services. Here, the response has been largely positive. Staff, especially those on the frontline, are sometimes in the best position to pick up, as we have seen in some places in response to the Covid-19 pandemic, issues and implement quick fixes which can improve the experience of patients, and staff alike. As an aside, but linking with the point above, one or two comments did also mention a lack of diversity in relation to workforce within the services discussed. Following recent events, the issue of racial inequality is high on everyone's agenda and, particularly in an area of rich cultural and racial diversity, it may be an omission to not take this into consideration.	Any future engagement work would benefit by hearing from staff providing health and care services in the Lincoln Green area. In any exploration of future development plans their opinion would not only provide a more balanced view, but would also encourage engagement and ownership of ways forward. In relation to workforce diversity, it may now be timely for services to consider how else to address inequalities, and to at least consider how they may reflect their very diverse patient population within their own workforce.	Not known – there may already be work taking place.	Staff engagement would be beneficial. Consideration in relation to diverse workforces/ volunteering opportunities/peer mentoring may be beneficial in creating stronger links between services and the communities they serve.