

Shakespeare Medical Practice Insight Review

An insight review into the primary care (GP) needs and preferences of people living in Lincoln Green and the surrounding area

June 2022, Final version

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

- Outline the primary care needs and preferences of people living in Lincoln Green and the surrounding area
- Outline any common themes from previous research or engagement work
- Identify any gaps in this insight or data
- Inform future service provision arrangements

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The paper is a review of existing insight and is not an academic research study.

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1. **Background** – What is the Integrated Care Board in Leeds and why are we carrying out this review?

NHS West Yorkshire Integrated Care Board (ICB) in Leeds is responsible for making sure that all people living in Leeds have access to the healthcare services they need, when they need them. The ICB is the organisation that replaced NHS Leeds Clinical Commissioning Group (CCG) when the Health and Care Act, 2022 came into law on 1 July 2022.

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.

We believe that we should start with insight that we already have. This reduces engagement fatigue and avoids a ‘snapshot’ engagement. By starting with existing insight, we are able to focus our engagement on the gaps in our knowledge and on the groups who are experiencing the greatest health inequalities (proportionate universalism).

‘The insight we can get from patients, users and the public – from engagement, participation and involvement activities, feedback and surveys or through simply listening and observing – should be central to the business of the health and care system.

An organisation informed by intelligence from its users can:

- use insight to improve the quality of services
- design better services and pathways based on users’ experiences and expertise
- plan services around the population and people’s health and care needs
- understand its populations and the place health plays in their everyday lives.’

The Kings Fund, 2018

<https://www.kingsfund.org.uk/publications/joined-up-listening-integrated-care-and-patient-insight>

The ICB in Leeds is responsible for understanding the primary care needs and preferences of people in Leeds and commissioning (planning and paying for) primary care services in local areas. The ICB is currently reviewing the future service requirements for Shakespeare Medical Practice and our commissioners have requested an insight review into the needs and preferences of people living in the area served by Shakespeare Medical Practice.

This insight review seeks to understand the primary care needs and preferences of people living in and around Lincoln Green. It pulls together patient experience intelligence from across health and care services in Leeds and outlines what people have told us about their needs and preferences. It aims to highlight common themes and any gaps, to inform the decisions about the future of the service.

2. Topic – Where is Shakespeare Medical Practice and who lives nearby?

Shakespeare Medical Practice is located in Lincoln Green. There are 5,598 patients registered at the practice (<https://fingertips.phe.org.uk/profile/general-practice/data#page/12/ati/7/are/Y02494>) and it was rated **good** by the Care Quality Commission (CQC) in 2017 <https://www.cqc.org.uk/location/1-2609736751>

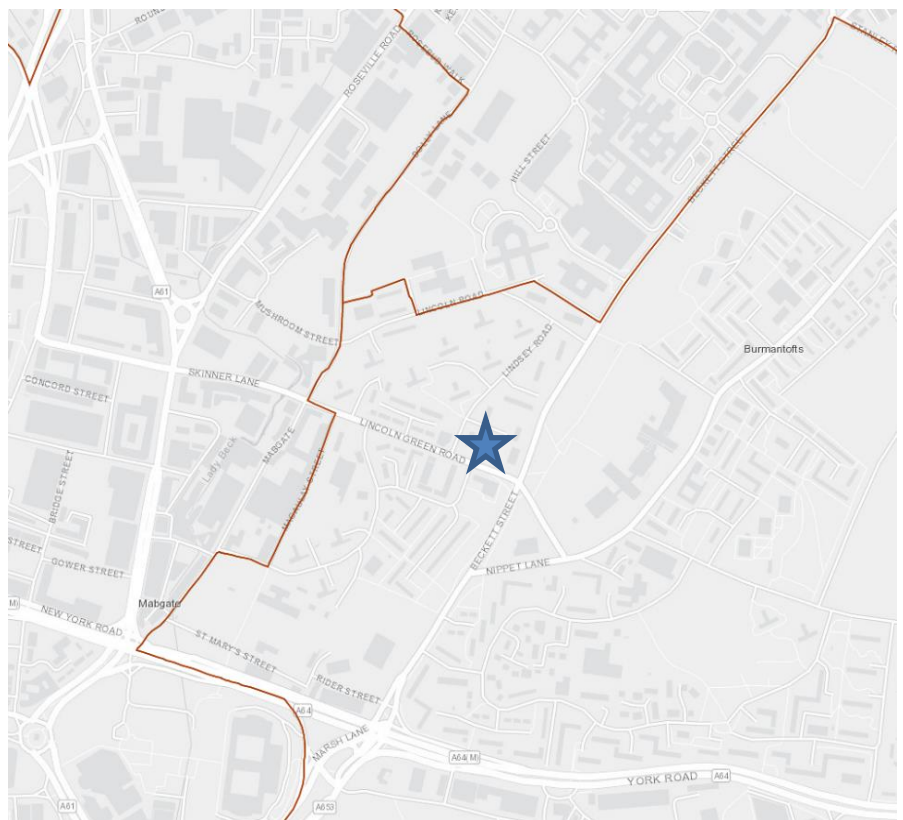
Lincoln Green Medical Centre is located within the same building as Shakespeare Medical Practice. There are 4,240 patients registered at the practice <https://fingertips.phe.org.uk/profile/general-practice/data#page/12/ati/7/are/B86675> and it was rated **good** by the Care Quality Commission in 2016 <https://www.cqc.org.uk/location/1-626549108>

Lincoln Green is located close to the city centre in East Leeds. The area crosses three wards in Leeds:

- Little London and Woodhouse
- Gipton and Harehills
- Burmantofts & Richmond Hill

According to the Index of Multiple Deprivation (IMD), Lincoln Green is in the 1% most deprived areas of the UK. The area has been identified as being one of Leeds City Council's six top priority neighbourhoods for local action.

Rates of smoking, severe mental health, alcohol use, obesity, diabetes, chronic obstructive pulmonary disease (COPD) and coronary heart disease (CHD) are significantly higher in the Lincoln green area than in many other areas of the city.



Demographic data (Leeds Observatory)

<https://observatory.leeds.gov.uk/population/report/view/888031ee412141cf82006f0dae0dce6/E02002393/>

- **Minority ethnic communities** make up 65% of the population in Lincoln Green compared to 19% across Leeds, in particular there are high numbers of people from the Black African Community.
- 24.3% of people in Lincoln Green identify as **Muslim**, compared to 5.4% across Leeds.
- There are significantly high numbers of **single person households** when compared to other areas of Leeds and single men in high rise buildings have been identified as a key population group.
- Shakespeare has a very **young patient population** in comparison to the Leeds average

3. Insight Review – What do we already know about the primary care needs and preferences of people who live in Lincoln Green and surrounding area?

This insight review looks at existing feedback about primary care from people who live in Lincoln Green and the surrounding area.

Source	Publication	Date	Link	Key themes relating to primary care
Public Health	Lincoln Green Health Needs Assessment	Sept 2018	https://observatory.leeds.gov.uk/wp-content/uploads/2019/01/HNA-LincolnGreen-Final.pdf	<ul style="list-style-type: none"> • Low levels of knowledge about available services • Perceived poor access to primary care services • Low levels of health literacy • Language barriers
Public Health	Lincoln Green Health Needs Assessment - infographic	Sept 2018	https://observatory.leeds.gov.uk/wp-content/uploads/2019/01/HNA.pdf	<ul style="list-style-type: none"> • Language barriers • Difficulty making appointments with health services • Feelings of discrimination and negative feelings towards GP services • Use of primary care for non-medical issues • Need for more female GPs • Low awareness of services that are available (especially mental health services) • Low MMR vaccine take-up • Low take-up of over 40's health check
NHS Leeds CCG	Your views needed on the Shakespeare walk-in centre	2018	https://webarchive.nationalarchives.gov.uk/ukgwa/20220902102608/https://www.leedsccg.nhs.uk/get-involved/your-views/your-views-needed-on-the-shakespeare-walk-in-centre/	<p>108 people identified from the area. Key themes from involvement:</p> <ul style="list-style-type: none"> • People chose to use the walk-in centre because of difficulties in getting an appointment with the GP, better opening hours and it was the quickest option. • Waiting times need to improve, but better than Emergency Department (ED). • More staff to provide more appointments and services. • Mixed feedback on staff attitude; some very positive, others were not. • Out of hours option of the walk-in centre was important. • The space and facilities of the building needs improvement. • Most people felt that there cultural/access needs were met. For those that weren't, a lack of a hearing loop and lack of awareness of needs from staff was noted. <p>Most people (64%) supported the proposal to move the walk-in centre to St James', they noted:</p> <ul style="list-style-type: none"> • Would free up the GP's resources • More efficient for the NHS • A number of people liked the existing location and were concerned about confusion with it being placed in a hospital, including mixed messages/confusion of services with ED. • Worried about paying for parking at St. James'
NHS Leeds CCG	Urgent Treatment Centre Involvement	2019	https://webarchive.nationalarchives.gov.uk/ukgwa/20220902102412/https://www.leedsccg.nhs.uk/get-involved/your-views/urgent-treatment-centres/	<p>81 people from the area identified. Key themes from involvement:</p> <p>In an urgent care situation, people would choose their GP first, then a walk-in centre. People stated that:</p> <ul style="list-style-type: none"> • GP is familiar, other services are not known/how they work. • GP has personal medical records • They would contact their GP for advice on going to the right place • Confusion about the services provided by Urgent Treatment Centres over walk-in and GP services • Promotion/educating of what services are available and what people can use them for is needed

				<ul style="list-style-type: none"> • Most people (62%) said that UTCs would improve their access to urgent care treatment • Most people (78%) said that they receive enough information to take care of themselves/loved ones. Others said they received conflicting and confusing messages or were not told what to do. People noted a lack of follow-up appointments and what to do if something got worse.
NHS Leeds CCG	Syrian Refugee Workshop	2019	https://webarchive.nationalarchives.gov.uk/ukgwa/20220902102238/https://www.leedsccg.nhs.uk/get-involved/have-your-say/engagements-consultations/consultations/	<p>Key themes from involvement:</p> <ul style="list-style-type: none"> • Greater consideration of how housing allocation impacts on health, wellbeing, integration and social cohesion. • Consideration of mechanisms for improved communication and marketing of current support to Syrian people resettled in Leeds. Particular attention should be given to accessibility of information and reach into communities • A review of current mental health support available to Syrian people settling in Leeds. Identifying gaps in current provision and barriers to engagement, with attention given to screening and early intervention. • Consideration of delivering a campaign to challenge stigma around mental health; 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. <p>Useful to keep in mind specific health issues to consider for Refugees/Asylums Seekers include:</p> <ul style="list-style-type: none"> • Help with registering with general practitioners, dentists and opticians and information about the health care system as refugees will be unfamiliar with UK health care and how things work, and expectations may be different • Being aware of cultural factors and cultural adaptation to life in Leeds. Gender issues can be significant, and women in particular may prefer to see a female health professional, and female interpreter • Country specific health issues – communicable and non-communicable disease • Physical and mental health problems arising from past experiences of the conflict; for example, torture and abuse, war related injuries and psychological trauma, family disappearances and family separation. The need for specialist provision of practitioners experienced in trauma related mental health problems • Care of pregnant women, child health, family planning, vaccinations. Primary care services often break down in situations of armed conflict • Impact on health of poverty and poor living conditions as refugees. Consider nutritional status, anaemia and other vitamin deficiencies, helminth infections • The importance of organisations that can provide advocacy and social support, in particular organisations that support refugees • Language interpreting. It is important to use qualified interpreters provided by commissioned services. Family members, friends and volunteer organisations should not be used • Allowing time and confidential space to discuss traumatic events
NHS Leeds CCG	Lincoln Green insight review	2020	https://webarchive.nationalarchives.gov.uk/ukgwa/20220902102522/https://www.leedsccg.nhs.uk/get-	<ul style="list-style-type: none"> • People place a high value on having accessible health services close to home. • There is a need for better communications – both face-to-face encounters, and in relation to service information and health messaging.

			involved/have-your-say/insight-reviews/lincoln-green-review-2020/	<ul style="list-style-type: none"> There are opportunities to develop stronger links with and gain a greater understanding of the needs and preferences of the diverse communities living in this area, including the exploration of a more diverse workforce. Insight from health and care staff is lacking.
NHS Leeds CCG	System demand	2021	https://webarchive.nationalarchives.gov.uk/ukgwa/20220902102636/https://www.leedsccg.nhs.uk/get-involved/your-views/system-demand/	<p>Small scale piece of work to understand system pressures. Spoke with 45 primary care staff working in GP practices, 104 Emergency Department (ED) patients and 3 ED staff members.</p> <p>Key points included: NHS primary care GP practice staff:</p> <p>Increased numbers of patients are now seeking help from their GP</p> <ul style="list-style-type: none"> There is an increase in health anxiety, especially amongst young people Some older people and more vulnerable patients may not be contacting services Staff are experiencing high levels of stress and services are struggling to cope. <p>Patients in emergency departments:</p> <ul style="list-style-type: none"> Most people have tried to contact other services before coming to the ED Some people came to the ED because the wait to see a GP is too long People know they will be seen at the ED, despite a wait of several hours
GP practice feedback	Shakespeare Medical Practice	2020	Not available online	<p>102 responses, only 40 visible at present, awaiting practice to gain full access to survey results. Survey mainly focussed on access:</p> <ul style="list-style-type: none"> Results do not detail demographic breakdown Survey does not collect contextual, qualitative responses to explore answers Similar recurring themes relating to issues with getting appointments within enough time and with the desired clinician.
GP practice feedback	Shakespeare Medical Practice	2021	Not available online	<p>16 responses. Survey mainly focussed on access:</p> <ul style="list-style-type: none"> Results do not detail demographic breakdown Survey does not collect contextual, qualitative responses to explore answers Similar recurring themes relating to issues with getting appointments within enough time and with the desired clinician.
National GP survey	National GP Survey feedback – Shakespeare Medical Practice	2021	https://www.gp-patient.co.uk/report/?practicecode=Y02494	<p>492 surveys sent out, 82 sent back (17% completion rate)</p> <p>Areas highlighted where experience is best:</p> <ul style="list-style-type: none"> 65% of respondents usually get to see or speak to their preferred GP when they would like to (local average: 41%) 78% of respondents are satisfied with the general practice appointment times available (local average 68%) 86% respondents were satisfied with the appointment they were offered (local average 82%) <p>Areas highlighted for improvement:</p> <ul style="list-style-type: none"> 70% of respondents felt the healthcare professional recognised or understood any mental health needs during their last general practice appointment (Local average: 87%) 58% 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 average: 73%) 81% of respondents were involved as much as they wanted to be in decisions about their care and

				<p>treatment during their last general practice appointment (Local average: 93%)</p>
National GP survey	National GP Survey feedback – Lincoln Green Medical Centre	2021	https://www.gp-patient.co.uk/report?practicecode=B86675	<p>502 surveys sent out, 118 surveys sent back (24% completion rate)</p> <p>Areas highlighted where experience is best:</p> <ul style="list-style-type: none"> 80% of respondents were satisfied with the general practice appointment times available (local average 68%) 92% of respondents say the healthcare professional they saw or spoke to was good at treating them with care and concern during their last general practice appointment (local average 89%) 98% of respondents took the appointment they were offered (local average 98%) <p>Areas highlighted for improvement:</p> <ul style="list-style-type: none"> 51% 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 average 73%) 28% of respondents usually get to see or speak to their preferred GP when they would like to (local average 41%) 63% of respondents describe their experience of making an appointment as good (local average 71%)
Google	Google reviews – Shakespeare Medical Practice	2021	https://www.google.com/search?q=shakespeare+medical+centre&rlz=1C1ONGR_en-gbGB958GB958&og=shakespeare+medica&aqs=chrome..69i57j69i59j46i175i199i512j0i512j46i175i199i512j0i512j0i512l2.6032j0j15&sourceid=chrome&ie=UTF-8#lr=0x48795c6d4bbd9471:0xaaeda cd8f9c86290.1,,	<p>Mixed feedback with an average score of 3.1/5 stars from 159 reviews.</p> <ul style="list-style-type: none"> Mixed views on getting an appointment with some people happy with the service and other reporting long waiting times on the phone Mixed views on friendliness of staff with some people happy with the service and others reporting 'unprofessional staff'
Google	Google reviews – Lincoln Green Medical Centre	2021	https://bit.ly/3qslsxG	<p>Largely negative reviews with an average score of 1.7/5 from 31 reviews:</p> <ul style="list-style-type: none"> People spoke about being unable to get an appointment, difficulties calling in and long waiting times. People also noted a negative experience in the attitude and friendliness of staff, including doctors and reception staff. People spoke of administration issues around appointments and prescriptions.
Care Opinion + NHS.uk	Online patient reviews – Shakespeare Medical Practice	2018 - 2021	https://www.careopinion.org.uk/services/y02494#/?page=1	<p>132 responses on Care Opinion (including the 23 that are visible on NHS.uk).</p> <p>NHS.uk star ratings averaged 3.26/5 for 23 responses. Nearly half of the feedback refers to the walk-in centre. There is mixed feedback on the service people have received from Shakespeare Medical Practice, including:</p> <ul style="list-style-type: none"> Mixed views on friendliness and helpfulness of staff, with people reporting that they didn't feel listened to by staff on their concerns. Mixed views on the tone and attitude of staff, noting the reception staff repeatedly. People expressed frustrations with getting appointments, with long waiting times and difficulties with getting through on the phone.

				<ul style="list-style-type: none"> • People also spoke of communication and administrative issues that created delays or issues in people getting help.
Care Opinion + NHS.uk	Online patient reviews – Lincoln Green Medical Centre	2018 - 2021	https://www.careopinion.org.uk/opinions?nacs=B86675#/?page=1	<p>33 responses on Care Opinion (including the one that is visible on NHS.uk).</p> <p>NHS.uk star rating was 5/5 for the one review. There is mixed feedback on the service people have received from Lincoln Green Medical Centre, including:</p> <ul style="list-style-type: none"> • Mixed views on friendliness and helpfulness of staff, with some people reporting they had a positive experience all round, where others had a negative experience with some occasional positive elements with people reporting that they found services helpful and unhelpful. • Mixed views on the tone and attitude of staff, noting the reception staff. • People expressed frustrations with getting appointments, with long waiting times and difficulties with getting through on the phone. • People also spoke of communication and administrative issues that created delays or issues in people getting help or disrupting care/treatment.
Leeds City Council	Housing survey	2018	https://democracy.leeds.gov.uk/documents/s193040/6a.%20STAR%202018%20Headline%20findings.pdf	<p>Data collected from 221 people over 11 high-rise blocks in Lincoln Green area.</p> <ul style="list-style-type: none"> • 45% of respondents were satisfied that the heating and insulation were good at keeping their home warm in winter. • 24% of people describe their current financial position as fairly or very difficult. • 79% of people use at internet at home or smartphone. • The mean life satisfaction is rated as 'medium' (6.3 out of 10).
Healthwatch Leeds	Big Leeds Chat	2018	https://healthwatchleeds.co.uk/our-work/bigleedschat/	<p>38 people living in LS9 were recorded as taking part. Feedback relating to primary care:</p> <ul style="list-style-type: none"> • 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 • Improve the treatments, I am not happy with GP. I need free English courses.
Healthwatch Leeds	Big Leeds Chat	2019	https://healthwatchleeds.co.uk/our-work/bigleedschat/	<ul style="list-style-type: none"> • More interpreters • Deaf awareness for all • More doctors, more nurses, more stuff, more appointments • 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 for elderly or mentally ill • Better approaches to mental health, particularly depression and anxiety. Teach people from an early age to cook for health.
Healthwatch Leeds	Big Leeds Chat	2021	https://healthwatchleeds.co.uk/our-work/bigleedschat/	<p>41 people from the HATCH LCP were recorded as taking part.</p> <ul style="list-style-type: none"> • Felt more isolated and lonelier due to impact of pandemic

				<ul style="list-style-type: none"> • People missed their family or were supported by their family • Missed out on social activities/exercise during pandemic and want to see more community activities/social events freely available in the area, including better green spaces. • Hard to access GP and wanted to see GP in person. • Hard to access services with long waiting lists (including dentists, secondary care). • More information how to get mental health support. • More support in communicating/signposting for how to access services.
Public Health England	Understanding the impact of COVID-19 on BAME groups	2020	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf	<ul style="list-style-type: none"> • Stakeholders expressed deep dismay, anger, loss and fear in their communities about the emerging data and realities of BAME groups being harder hit by the COVID-19 pandemic than others, exacerbating health inequalities. • BAME groups tend to have poorer socioeconomic circumstances which lead to poorer health outcomes. Data from the ONS and the PHE analysis confirmed the strong association between economic disadvantage and COVID-19 diagnoses, incidence and severe disease. Economic disadvantage is also strongly associated with the prevalence of smoking, obesity, diabetes, hypertension and their cardio-metabolic complications, which all increase the risk of disease severity. • Stakeholders pointed to racism and discrimination experienced by communities and more specifically by BAME key workers as a root cause affecting health, and exposure risk and disease progression risk. • Racial discrimination affects people's life chances and the stress associated with being discriminated against based on race/ethnicity affects mental and physical health. • Issues of stigma with COVID-19 were identified as negatively impacting health seeking behaviours. Fear of diagnosis and death from COVID-19 was identified as negatively impacting how BAME groups took up opportunities to get tested and their likelihood of presenting early for treatment and care. • For many BAME groups lack of trust of NHS services and health care treatment resulted in their reluctance to seek care on a timely basis, and late presentation with disease.
Royal College of Physicians	A perspective on health inequalities in BAME communities and how to improve access to primary care	2021	https://www.rcpjournals.org/content/futurehosp/8/1/36	<p>A review of access to healthcare for BAME communities. Feedback includes</p> <ul style="list-style-type: none"> • BAME groups have poorer health outcomes and experiences compared with the overall population. • They have poor access to services • BAME groups have higher rates of mental health illness and metabolic illness (such as type 2 diabetes and cardiovascular disease) • There is inadequate patient access and patient satisfaction to primary care services • With a limited English proficiency often encounter difficulties in communicating with administrative staff and there was often a reliance on the use of informal translation, such as friends or family members. • Additional time needed for translation and complexities in differences in language not always accounted for in 10 mins GP appointments. • There is evidence for improved health outcomes with staff that have greater cultural competence education. • Devising accessible health programmes within the community specified for ethnic minority groups could address health issues in a culturally tailored manner, with the aim to increase patient knowledge and understanding of the healthcare system.

				<ul style="list-style-type: none"> • Language and cultural barriers can seemingly be more difficult to manage via remote consultations.
Association for Young People's Health	What do young people want from Primary Care Networks?	2020	https://www.healthy-london.org/wp-content/uploads/2015/04/Primary-Care-Networks.pdf	<ul style="list-style-type: none"> • When Primary Care Networks take proactive steps to engage young people in the places they are, they have a better understanding of services and feel more welcome • Peer to peer support in Primary Care Settings is highly valued by young people • Young people look to Primary Care Networks to help them communicate their health needs with their parents, carers and support networks • Technology can help young people feel empowered and included in their care plans • Young people are interested in Primary Care Networks and would welcome engagement in them beyond being a patient
Age UK	State of Health and Care of Older People	2019	https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/age_uk_briefing_state_of_health_and_care_of_older_people_july_2019.pdf	<ul style="list-style-type: none"> • Nearly a third of UK population aged 65 or over live alone (3.6 million people). People living alone tend to be less well. • More likely that people in their 60s and 70s will have caring responsibilities. Two thirds of whom have a long-term health condition or disability themselves. • People aged 85-90 more likely to consult their GP than any other primary care professional. • Consultation times in GPs increased for people over 65. • People over 65 are less satisfied with being able to make an appointment. • Emergency admissions for acute conditions that should not usually require hospital admission are increasing in people over 65. • Evidence suggests low access to mental health services in primary care (such as IAPT) in older people.

4. Gaps – are there any gaps in our evidence

This section explores gaps in our insight and suggests areas that may require further investigation in future work to develop the service.

- **Patient feedback from Shakespeare Medical Practice**
There is currently only a small amount of feedback that we know comes from patients registered with Shakespeare Medical Practice. This would provide useful information about how people are experiencing general practice and their thoughts on the services provided.
- **People from diverse ethnic communities in the area**
The Lincoln Green area has a higher than Leeds average of diverse ethnic communities, especially Black African and Muslim peoples. There is limited information from people from a diverse ethnic community on their experiences of primary care services in the area.
- **Young people in the area**
There is a higher than Leeds average of young people living in the Lincoln Green area. There is limited information on young people's thoughts on primary care services in the area. Their insights will help ensure that services in the area are catered to their needs.
- **Older people in the area**
There is limited information on older people's thoughts on primary care services in the area. Their insights will help ensure that services in the area are catered to their needs.
- **Men in the area**
There is significantly less information from men on their thoughts on primary care services when compared with responses from women. This includes single men living in high rise building. Their insights will help ensure that services in the area are catered to their needs.
- **People not registered with a GP in the area**
There is currently little information from people not registered with a GP practice. We know that people from diverse ethnic communities do not always engage with health services, or do not know how to access them.

5. Themes – What have we learned from this insight review?

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)
Health Literacy	The degree to which individuals have the capacity to obtain process and understand basic health information and services needed to make appropriate health decisions.	<p>Various groups report difficulties understanding basic health information and therefore struggle to make appropriate health decisions.</p> <p>Evidence can also be seen in the choices people make about lifestyle and which services they attend.</p> <p>Some groups in particular struggle most with health literacy. These groups include but are not limited to; Non-English Speakers, people with learning disabilities, people from deprived backgrounds.</p> <p>There is evidence that rapid increase in the use of digital health could exacerbate existing health inequalities experienced by people who have lower levels of digital health literacy.</p> <p>Feedback has told us that understanding the health care system can be confusing for people and we are seeing people default to the GP practice in spite of other services being available.</p> <p>People have also told us that they are unaware of health care options and the services that are available (such as Urgent Treatment Centres and mental health services).</p>	<p>Information about health and health services needs to be written in plain English and be made available in alternative formats</p> <p>Develop a targeted health education campaign on staying well and what services are available for people in the area</p> <p>Health information should be co-produced with people and groups that represent vulnerable populations</p> <p>Readability tools can be useful</p> <p>NHS design principles should be followed</p> <p>Consider using a reasonable adjustment flag' https://digital.nhs.uk/services/reasonableadjustment-flag</p>
Appointments/ waiting times	The ability for individuals to see a member of health care staff and the ease of which that can be achieved	<p>Evidence suggests people can struggle to access appointments with a GP, noting that waiting times to be seen can be long.</p> <p>Feedback also notes the difficulty with calling at certain times to book for an appointment and it taking a long time to get through.</p> <p>There is evidence that people who cannot be seen in a quick enough time will visit alternative health care services, including the Emergency Department.</p>	<p>Develop education/information about staying well, health services and using appropriate services co-produced with local communities</p> <p>Work with local communities and patient groups to develop and understand the impact of choices and how people can help (DNAs, appropriate service choice etc.)</p>
Accessibility	Meeting the needs of individuals so they can access the right health care, based on	<p>Feedback tells us that people are having a mixed experience when receiving person centred and accessible care.</p> <p>Feedback suggests that for individuals for whom English isn't their first language,</p>	Review system used in general practice to review and record access needs in line with the Accessible Information Standard.

	<p>their needs without avoidable barriers</p>	<p>accessing translation or an interpreter is important but not always accessible. It also means they require longer appointment times to accommodate translation time when this is available.</p> <p>People fed back that interactions with staff can be mixed in terms of attitude and attentiveness to cultural/diverse needs. People reported negative/unhelpful attitudes and unfriendly tone, particularly from reception staff. We know that this can impact on people's relationship with the service and can lead people to disengage from services.</p> <p>Certain communities require extra support in accessing health care and may not understand what is required or how the system works (for example, refugees and asylum seekers).</p>	<p>Training for general practice in the accessible information standards</p> <p>Source training on customer service and diversity awareness with relevant communities and needs</p> <p>Work with communities and patient groups to regularly review feedback and experience</p>
<p>Mental health</p>	<p>Individual's mental wellbeing and their ability to access health services to support and manage it</p>	<p>Evidence suggests that individuals have a lower awareness of mental health services that are available and how to access them in times of need.</p> <p>People may be reluctant to seek support for mental health difficulties due to the stigma around mental health conditions.</p> <p>Different cultures and communities experience and understand mental health differently. They will need person centred support to get the help they need.</p> <p>Feedback suggests a mixed experience of receiving mental health support. Some people report that services understand their needs, but others say that better support and person centred support is needed.</p> <p>People fed back they want to see more support for communities in the area, with projects that might support wellbeing in different ways.</p>	<p>Work with local communities to develop an understanding and how to access support for mental health</p> <p>Work with the local care partnership to develop a broad and varied mental health support system, including working with local communities and patient groups to support the local community.</p>

6. Next steps and recommendations – What happens next?

We would like to outline our next steps to demonstrate how this insight report will be used to shape the review of Shakespeare Medical Practice

a. Share the draft insight report with our partners

We will share the draft insight report with key stakeholders to ensure that we have captured the main themes. This will include the NHS Leeds CCG Primary Care Team, Public Health and local third sector services who support people in and around Lincoln Green.

b. Review and amend the service specification for Shakespeare Medical Centre

We will support primary care colleagues and staff at Shakespeare Medical Centre to work with their patient population (including those identified in section 4) to develop how the service will deliver services in the future.

c. Embed a robust patient experience/involvement approach

We will support primary care colleagues and staff at Shakespeare Medical Centre to set up a strong approach to ensure there is regular involvement of patients in the ongoing development of primary care services which supports the work of the area's Local Care Partnership (LCP).

d. Add the report to the CCG website

We will add the report to our website and use this platform to demonstrate how we are responding to the findings in the report. The report will be added here:

<https://www.healthandcareleeds.org/have-your-say/shape-the-future/insight-reviews/>

e. Revisit the report in June 2023 to outline 'you said, we did'