

Insight Report: Same Day Response

Understanding the experiences, needs and preferences of people accessing same day response health and care services, including their carers / families / friends and staff.

August 2023 V2.4

1. What is the purpose of this report?

This paper summarises what we already know about people's experiences of accessing same day response (SDR) health and care services in Leeds. This includes the experiences, needs and preferences of:

- Children, young people and adults
- Their carers, families, and friends
- Staff working within local same day response health and care services.

Specifically, this report:

- Sets out sources of insight that relate to this population
- Summarises key experience themes for this population
- Highlights gaps in our understanding and areas for development
- Outlines next steps

This report is written by the [Leeds Health and Care Partnership](#) with the support of the [Leeds People's Voices Partnership](#). We are developing it together with the key partners outlined in [Appendix A](#). It is intended to support organisations in Leeds to put people's voices at the heart of decision-making. It is a public document that will be of interest to third sector organisations, care services and people with experience of needing or accessing same day response health and care services. The report is a review of existing insight and is not an academic research study.

2. What do we mean by same day response?

Same day response refers to urgent and emergency services that perform a critical role in keeping the population healthy. In England, the NHS responds to more than 110 million urgent calls or visits every year, so it is essential that the system works effectively.

Both urgent and emergency care services play a specific part in supporting patients to receive the right care, from the right person, as quickly as possible. To help relieve pressure on emergency departments, and to ensure patients get the right care, it is important to understand the difference between urgent and emergency care;

- **Urgent:** Care for an illness or injury that requires urgent attention but is not a life-threatening situation. Urgent care services in Leeds include Urgent Treatment Centres, Out of Hour GP services, and same day response mental health services.
- **Emergency:** Care for life-threatening illnesses or accidents which require immediate, intensive treatment. Services that should be accessed in an emergency include ambulance (via 999) and emergency departments.

With increasing pressure on emergency services, and as technology and the needs of the population change, services in Leeds must also change to ensure a system fit for the future.

3. Outcomes for same day response care in Leeds

The Same Day Response Care Delivery Board brings together partners from across Leeds to reduce pressure and simplify urgent and emergency services, resulting in better outcomes of care and experiences for staff and patients. Working with our partners across the public and voluntary sectors we have developed a set of outcomes for our work. These outcomes explain what we want to achieve to improve the lives of people needing and accessing same day response services:

- People are easily able to access the service that can provide the most responsive and appropriate care to meet their unplanned same day needs.
- People's same day care needs are met wherever they present (if possible), and where they need to be cared for elsewhere, this feels seamless and integrated.
- Care is high quality, person-centred, and appropriate to people's same day care needs now, whilst considering how these might change in the future.

These are our identified outcomes. By setting these clear goals, which are focused on how services impact upon the people they serve, the board will be better able to track whether we're really doing the right thing for the people using these services. The full outcome framework can be seen in [Appendix B](#).

4. What are the key themes identified by the review?

The insight review highlights a number of key themes:

- Most people report that they are fairly satisfied or very satisfied with the urgent and / or emergency care they receive – **satisfaction**.
- Some people tell us that they are unclear about the difference between emergency and urgent care, and can find it difficult to know where is best to go as a result – **information**.
- People tell us that they are unclear about how to access different same day services, and that sometimes appointment booking processes have changed – **information**.
- People tell us that we sometimes make assumptions that everyone will use the internet to find the information they need about services – **health inequality**.
- People tell us that general practice and primary care have changed a lot in the past few years. For example, not being aware that their practice is open on a Saturday or 'out of hours' – **information**.
- People tell us that an increase in the use of digital technology risks some people being left behind. For example, NHS111 asks to ring back on a mobile phone, and sometimes to send pictures, but if your reception is poor that can be difficult - **health inequality / digital access**.
- People tell us that when they are poorly or unwell and, for example, live on their own, the effort and energy required to organise same day appointments can be a lot – **health inequality**.

This insight should be considered alongside city-wide cross-cutting themes, and insight work relating to the other population boards, available on the Leeds Health and Care Partnership website. It is important to note that the quality of the insight in Leeds is variable. While we work as a city to address this variation, we may also include relevant national / international data on people's experiences of same day response health and care services.

5. Insight review

We are committed to starting with what we already know about people's experiences, needs and preferences. This section of the report outlines insight work undertaken over the last four years and highlights key themes as identified in [Appendix C](#).

Source	Publication	No of participants and demographics	Date	Key themes relating to experiences of same day response services
Care Quality Commission (CQC)	Urgent and emergency care survey 2022 https://www.cqc.org.uk/publications/surveys/urgent-emergency-care-survey	A survey of more than 36,000 people who used NHS urgent and emergency care services in September 2022 (using type 1 and type 3 urgent and emergency care services).	July 2023	<p>Positive results:</p> <p>Interactions with staff 84% of patients who used Type 3 services said health professionals 'definitely' listened to what they had to say. 80% of Type 3 patients 'definitely' had enough time to discuss their condition with a health professional, although lower than 85% in 2020. 79% of Type 3 patients 'definitely' had confidence and trusts in health professionals, although lower than 82% in 2020.</p> <p>Privacy 88% of Type 3 patients said they were 'definitely' given enough privacy when being examined and treated, although lower than 91% in 2020.</p> <p>Key areas for improvement:</p> <p>Waiting times Patients experienced longer waits than previous years, with 17% of Type 1 patients waiting more than 4 hours to be seen compared with 4% in 2020. 15% of Type 3 patients with an appointment waited more than 2 hours to be seen (5% in 2020) and 18% without an appointment (7% in 2020). 76% of Type 1 patients and 66% of Type 3 patients were not told how long their wait would be. Similarly, 82% of Type 1 patients and 79% of Type 3 patients were not kept updated on how long their wait would be.</p> <p>Availability of staff</p>

Source	Publication	No of participants and demographics	Date	Key themes relating to experiences of same day response services
				<p>While waiting to be seen, 56% of Type 1 patients who reported that they needed help said that they were unable to get help with their condition or symptoms from a member of staff, compared with 45% in 2020. Later, during their care or treatment, 45% of Type 1 patients that reported needing attention said that they were ‘always’ able to get a member of medical or nursing staff to help them, compared with 58% in 2020.</p> <p>Privacy 45% of Type 1 patients and 49% of Type 3 patients ‘definitely’ had enough privacy when discussing their condition with the receptionist, compared with 55% and 59% for Type 1 and Type 3 services in 2020. 78% of Type 1 patients said they were ‘definitely’ given enough privacy when being examined and treated, compared with 84% in 2020.</p> <p>Meeting individual needs Of those patients who had communication needs (language needs or communication needs related to a disability, sensory loss or impairment), 53% of Type 1 and 69% of Type 3 respondents said staff ‘definitely’ helped with their needs. 27% of Type 1 patients and 20% of Type 3 patients said staff did not help them.</p> <p>Pain management 51% and 58% of Type 1 and Type 3 patients respectively said staff ‘definitely’ did everything they could to help control their pain. This compares with 60% and 63% for Type 1 and Type 3 services in 2020.</p> <p>Interactions with staff 71% of Type 1 patients ‘definitely’ had confidence and trust in staff examining and treating them, compared with 77% in 2020.</p>

Source	Publication	No of participants and demographics	Date	Key themes relating to experiences of same day response services
				<p>72% of Type 1 patients felt they were treated with dignity and respect 'all of the time', compared with 81% in 2020.</p> <p>Information given before discharge</p> <p>46% of Type 1 patients said that a member of staff 'completely' told them about what symptoms to watch for regarding their illness or treatment when they went home, compared with 53% in 2020.</p> <p>51% of Type 1 and 65% of Type 3 patients were 'definitely' given enough information to care for their condition at home. This compares with 60% and 70% for Type 1 and Type 3 services in 2020.</p> <p>How experience varies for different groups of people</p> <p>Younger people, people whose attendance lasted more than four hours, people identified as frail, disabled people and people who had recently visited the same A&E consistently reported poorer experiences of Type 1 services.</p> <p>For Type 3 services, people whose attendance lasted more than four hours reported poorer experiences.</p>
Eastern Academic Health Science Network (AHSN) commissioned by NHS England	Understanding people's expectations and experience of urgent and emergency care https://healthinnovationeast.co.uk/uecreport/	Insight review considered 50,000 comments on UEC from Jan'18 – Jun'22, and online survey received 202 responses.	2022	<p>Report providing insight into urgent and emergency care (UEC) in England. The programme included a review of existing research into users' experience of urgent care by The Patient Experience Library and a citizen survey, led by PEP Health. The survey ran between August and September 2022.</p> <p>Overall, UEC patient experience scores are below the average patient experience scores for England, having decreased due to the pandemic but with a recovery underway.</p> <p>It identified significant regional variations, both between and within regions, which continue to increase. It also suggests that patients expect and reward</p>

Source	Publication	No of participants and demographics	Date	Key themes relating to experiences of same day response services
		<p>Under-represented groups such as those with a learning or physical disability, ethnic minority groups, and those living in rural / coastal communities were specifically encouraged to participate in the focus groups and interviews.</p>		<p>polite, professional and friendly staff who are efficient and effective in the care they give to patients and support them compassionately. In addition, when waiting times grow too long, overall patient experience also declines.</p> <p>Main themes include:</p> <p>Timely care - most participants said they would use NHS 111 again, as it was better than nothing if sending an ambulance was not possible, and identified it could reduce pressures on A&E.</p> <p>Health inequality – income - People with a lower income preferred face to face medical care (being far more likely to use their GP practice or walk-in centre to get treatment), whereas higher income patients were happier with online services.</p> <p>Communication - patients felt that communication while waiting was important and that this provided reassurance. Patients wanted the correct information delivered in a timely fashion. If there had been no communication or miscommunication, this negatively impacted their experience.</p> <p>Digital access - Barriers identified as being faced by specific groups included age, language, ethnicity and culture, lack of experience using computers, having a complicated medical history, and overall knowledge of how the NHS works. There was also a fundamental issue with access to the internet for some. It was noted that there is a lack of consistency in terms of which digital services are offered in which localities.</p> <p>Information - In general, people want to be kept informed of their treatment plan, and to be assured that there would be a follow up after the UEC incident. Patients expected clinicians to share information about their needs</p>

Source	Publication	No of participants and demographics	Date	Key themes relating to experiences of same day response services
				for this to work well but it was identified that information sharing between clinicians was felt to be lacking.
Healthwatch Leeds	Emergency Departments across West Yorkshire: Insight into 20–29-year olds’ attendance https://www.wypartnership.co.uk/application/files/5916/7809/8285/ED_west_yorkshire_final_june_2022.pdf	313 responses from people aged 20-29, who had attended an Emergency Department between Nov 2021 and Feb 2022.	June 2022	Themes from the survey findings included: <ul style="list-style-type: none"> • In general people stated that waiting times would deter them from using ED in the future. There was a correlation between length of wait and how likely a person was to be deterred from using ED in the future. • Most people suggested they had seen information about alternatives to EDs and most had tried to access or were aware of some of these services. • Different demographic profiles indicated that they had specific sources of information which they felt were trustworthy and reliable, however the general consensus was that NHS websites and NHS 111 ranked top of this list. • Most people stated that they would like to be able to access medical care and advice via a range of different methods, such as face to face and mobile apps. • In general people would prefer in person or telephone appointments. • In future, people said they would choose to access alternative places for health treatment and advice prior to attending EDs. • People within the age group 20-29 suggested that they would like more information about their own health. • Self-care and people being able to make health decisions based on their location, conditions and where they could access diagnostic tests/ health professionals with specialisms are becoming increasingly important.

Source	Publication	No of participants and demographics	Date	Key themes relating to experiences of same day response services
<p>NHS Leeds Clinical Commissioning Group (CCG)</p>	<p>Understanding Current System Demand on GP Practices and Emergency Departments (EDs) in Leeds</p> <p>https://webarchive.nationalarchives.gov.uk/ukgwa/2020902102636/https://www.leedsccg.nhs.uk/get-involved/your-views/system-demand/</p>	<p>152 people in total:</p> <ul style="list-style-type: none"> • 45 responses from primary care staff in GP practices, • 104 responses from patients attending ED in recent months, • 3 members of ED staff. 	<p>2021</p>	<p>GP practice staff (workforce) told us that:</p> <ul style="list-style-type: none"> • Health inequality - They had been seeing fewer elderly and more younger patient age groups • Workforce / clinical treatment - There had been a noticeable increase in general patient demand • Health inequality - There had been an increase in general health anxiety – most evident amongst young people • Timely care - Some patients were presenting late e.g. with cancer or complex care needs • Choice / timely care - More people are expecting to see a GP more quickly • Resources / clinical treatment - People appear to lack confidence to self-care (treat their own minor health needs) <p>People using emergency departments (ED) told us:</p> <ul style="list-style-type: none"> • Clinical treatment / information / timely care - 80% of people had contacted another NHS service before attending the ED. 38 had contacted NHS111 and 33 had tried to access their GP. Some people had contacted several different services prior to attending the ED. • Information / joint working - They felt frustrated because they had tried to contact the right service as they understood the pressure that services are under and realised that ED was probably not the right place to go to.
<p>NHS England</p>	<p>Integrated Urgent Care / NHS 111 Patient Experience Survey</p>	<p>23,875 responses (National survey)</p>	<p>Oct 2020 to Mar 2021</p>	<p>This national survey looked at the experiences of people who has used urgent care and NHS111 services between Oct 2020 and March 2021. The following themes were identified:</p> <ul style="list-style-type: none"> • Satisfaction - 88% were of people were either very or fairly satisfied with the way the NHS 111 service handled the whole process

Source	Publication	No of participants and demographics	Date	Key themes relating to experiences of same day response services
	https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2021/06/Statistical-Note-Patient-Survey-Oct-2020-Mar-2021.pdf			<ul style="list-style-type: none"> • Information - 88% of people found the advice they received from the 111 service either very helpful or quite helpful • Communication / choice - The percentage of people who followed the advice given by the 111 service was 89% • Clinical treatment - Seven days after their call, 76% of people told us that the problem they were calling about had improved or completely resolved. • Choice - If the 111 service had not been available: <ul style="list-style-type: none"> ○ 19% would have contacted the 999 ambulance service ○ 22% would have contacted an A&E department ○ 36% would have contacted primary care ○ 16% would have contacted someone else ○ 7% would not have contacted anyone else about their health problem
Care Quality Commission	Urgent and emergency care survey (National) https://www.cqc.org.uk/publications/surveys/urgent-emergency-care-survey-2020	Type 1 (A&E) - 41,206 respondents Type 3 (UTC + MIU) - 7,424 respondents	2020	This national survey looks at the experience of people using urgent and emergency care services. People reported: <ul style="list-style-type: none"> • Satisfaction - Most people reported being satisfied with their care. • Person-centred - Most people who used these services felt that they were treated with respect and dignity • Clinical treatment / satisfaction - Most people who used these services felt confident in the care they received. • Health inequality / satisfaction - Younger people, females, people with a mental health condition, people whose attendance lasted more than four hours, and people who had recently visited A&E, consistently reported poorer experiences of A&E services.

Source	Publication	No of participants and demographics	Date	Key themes relating to experiences of same day response services
				<ul style="list-style-type: none"> • Clinical treatment - Significant numbers of people reported being unhappy with the management of their pain • Clinical treatment / person-centred - Significant numbers of people reported being unhappy with their emotional support they received • Workforce - Significant numbers of people reported being unhappy with the availability of staff when they needed attention • Information - Significant numbers of people reported being unhappy with the information they received when they were discharged
NHS Leeds CCG	Urgent Treatment Centres Engagement Report https://webarchive.nationalarchives.gov.uk/ukgwa/2020902102412/https://www.leedsccg.nhs.uk/get-involved/your-views/urgent-treatment-centres/	3227 respondents. Details of demographics are available in the report	2019	<p>People were asked to give their feedback on plans for urgent treatment centres in Leeds. People told us that:</p> <ul style="list-style-type: none"> • Information / choice - Most people (64%) currently feel confident that they would pick the right service if they had an urgent care need. • Information / choice - If they had an urgent care need nearly a third of people (31%) said they would go to their GP. The next most common answer was to call NHS 111 (24%). • Information / choice - People choose to attend their GP practice because it's familiar, convenient and they feel it is the most appropriate place to be seen. • Information / choice - People choose to contact NHS111 because it's efficient, convenient, they are the experts, and there are often no alternatives. <p>Voluntary Action Leeds held 11 focus groups with 101 people from diverse communities and Healthwatch Leeds spoke to 72 people with visual impairments about urgent treatment centres. Their responses largely reflected the views and concerns of other respondents, but noted the following:</p>

Source	Publication	No of participants and demographics	Date	Key themes relating to experiences of same day response services
				<ul style="list-style-type: none"> • Travel / transport - Important for the centres to have good links to public transport • Health inequality / resources - Centres could make better use of IT (e.g. apps) for translating. • Information / communication – Ensure information about the centres is communicated widely in accessible formats. • Person-centred / health inequality - Consider consulting with people who are visually impaired when designing the centre layout. • Person-centred / health inequality – Consider involving volunteers to meet and greet patients at reception, especially those with sensory loss.
<p>The National Centre for Social Research</p>	<p>British Social Attitudes – Chapter 36 - Emergency Care</p> <p>https://www.bsa.natcen.ac.uk/media/39356/8_bsa36_emergency_care.pdf</p>	<p>3,000 UK residents are randomly selected to respond.</p>	<p>2019</p>	<p>This document (Chapter 36) explores responses to questions about using emergency services - calling 999 for an ambulance and going to A&E.</p> <ul style="list-style-type: none"> • Health inequalities / choice / workforce / joint working - People in poor health, living in urban areas and socially deprived communities are more likely to believe that A&E doctors know more than GPs, and are more likely to lack confidence in their GPs. They are also more likely to use ambulance and A&E services. • Timely care – Young adults and parents of children under 5 are frequent users of A&E services. • Choice / timely care - Over a third of people say they prefer a service where there is no need to make an appointment. • Timely care / workforce - Half of people think it is hard to get a GP appointment. • Information - Young people were the least confident in knowing when to see a doctor regarding a health problem.

Source	Publication	No of participants and demographics	Date	Key themes relating to experiences of same day response services
NHS Leeds CCG	Shakespeare Walk-in Centre Engagement Report https://webarchive.nationalarchives.gov.uk/ukgwa/2020902102608/https://www.leedsccg.nhs.uk/get-involved/your-views/your-views-needed-on-the-shakespeare-walk-in-centre/	387 respondents	2018	<p>This involvement looked at people experiences, needs and preferences when using the walk-in centre. Themes that emerged from the involvement included:</p> <ul style="list-style-type: none"> • Satisfaction / person-centred care - In general people were satisfied with their experience of accessing the walk-in centre service. They told us that they received a good quality of care and were pleased with how they were treated by staff. • Timely care - Parents of children aged 0-5 were the highest users of the centre, due to feeling that their child needed urgent care but not being able to get a GP appointment, or being advised to attend by NHS 111. • Choice / information - Significant numbers of people are attending the walk-in with conditions which could be treated at home. • Timely care - Significant numbers of people are attending the walk-in centre because they say they cannot get an appointment with their GP. • Clinical treatment / choice - People value having urgent care services that offer a range of treatments and interventions such as x-rays. • Information / joint working - Many people told us that they find existing urgent care services in Leeds difficult to understand and navigate. • Choice / transport and travel - Many people told us that urgent care walk-in facilities should be provided in locations across the city so that people have care closer to home. • Information / communication - Many people were unclear about the proposed changes to urgent care services in Leeds

Additional Reading

6. Inequalities Review

We are committed to tackling health inequalities in Leeds. Understanding the experiences, needs and preferences of people with protected characteristics is essential in our work. This section of the report outlines our understanding of how same day response care is experienced by people with protected characteristics (as outlined in the Equality Act 2010 – [Appendix D](#)).

Please note that we are aware that the terminology used in relation to the recognition of a person's identity may depend on the context of its use. Some people may define some terms differently to us. We have tried to use terminology that is generally accepted. Please do get in touch if you would like to discuss this further.

Protected Characteristic	Insight
Age	<p>Following the pandemic, Leeds primary care staff responding to the System Demand survey reported a drop in elderly patients attending GP practices, and heightened anxiety amongst younger patients: System Demand Engagement Report.pdf (leedsccg.nhs.uk)</p> <p>Young people consistently report poorer experiences of attending A&E. www.cqc.org.uk/publications/surveys/urgent-emergency-care-survey-2020</p>
Disability	<p>Responses to the Shakespeare Walk-In survey included feedback from people who were deaf or hard-of-hearing: They would like the walk-in centre service to be more deaf friendly and be more inclusive of, and appropriate for, their needs by offering BSL interpreters, and having information and services in accessible formats (p31) Shakespeare-Walk-in-Centre-engagement-report-Final.pdf (leedsccg.nhs.uk)</p> <p>In relation to feedback from people with additional needs:</p> <ul style="list-style-type: none"> • People who are D/deaf or hard of hearing were concerned about the availability of British Sign Language interpreters. • People with a mental health problem were concerned that the urgent treatment centres are able to treat people in mental health crisis. • People with other needs were concerned that staff should be trained in helping people with conditions such as autism. • Ensure that there is training and support for staff to communicate with diverse people and those with special needs (e.g. who have mental health issues, who have learning difficulties, who are D/deaf or hard of hearing, and who have autism). (p28) 2019_09_12_Brainbox UTC v5-.pdf (leedsccg.nhs.uk)

Protected Characteristic	Insight
	<p>People with a mental health condition consistently report poorer experiences of attending A&E.</p> <p>www.cqc.org.uk/publications/surveys/urgent-emergency-care-survey-2020</p>
Gender (sex)	We have been unable to source any local evidence relating to people of different genders and their experiences of same day response services.
Gender reassignment	We have been unable to source any local evidence relating to people experiencing gender reassignment, and their experiences of same day response services.
Marriage and civil partnership	N/A - The Equality Act provides protection in the area of employment only.
Pregnancy and maternity	We have been unable to source any local evidence relating to pregnancy and maternity in regard to people's experiences of same day response services.
Race	<p>Responses to the Shakespeare Walk-In survey included feedback from people from diverse communities, some of whom told us that the Shakespeare walk-in centre doesn't meet their cultural or access needs, many mentioning a lack of available interpreters (p33).</p> <p>Shakespeare-Walk-in-Centre-engagement-report-Final.pdf (leedsccg.nhs.uk)</p>
Religion or belief	We have been unable to source any local evidence relating to religion or belief in regard to people's experiences of same day response services.
Sexual orientation	We have been unable to source any local evidence relating to sexual orientation in regard to people's experiences of same day response services.
Homelessness	We have been unable to source any local evidence relating to homelessness in regard to people's experiences of same day response services.
Deprivation	<p>People living in deprived communities make higher use of emergency health services than would be expected...</p> <p>...The one notable gap we found is in terms of support from family and friends when ill, which is lower for people living in deprived areas, but which government initiatives around improving self-care do not – and could not easily – aim to address...</p> <p>...those living in the most deprived areas, of whom 76% say they have friends and family to look after them, compared with 91% of those in the most affluent areas.</p> <p>8_bsa36_emergency_care.pdf (natcen.ac.uk)</p>
Carers	We have been unable to source any local evidence relating to carers in regard to people's experiences of same day response services.
Access to digital	Lack of awareness of alternative services has been identified as a factor in the use of emergency healthcare for minor problems...

Protected Characteristic	Insight
	<p>Access to the internet is clearly associated with knowing which NHS services are available and the ability to find out when NHS services are open or what tests are available.</p> <p>Our findings suggest that there is still a considerable way to go with the promotion of digital tools because only around half of the population with access to the internet currently look online to diagnose their problems or decide where to go to have them dealt with.</p> <p>Some social groups are more likely to do this such as women, people in urban areas, young adults and parents of a child aged under five.</p> <p>More needs to be done to encourage middle aged and older people, men and those living in rural areas to use digital tools if these are proven to help people make good choices.</p> <p>8_bsa36_emergency_care.pdf (natcen.ac.uk)</p> <p>Lower income patients preferred to go straight to A&E than use digital UEC and more frequently selected reasons for not using digital services as a lack of trust or low confidence.</p> <p>Higher income patients were more likely to use digital services than attend A&E, this may be due to the higher level of accessibility using smart devices.</p> <p>Understanding people's expectations and experience of urgent and emergency care - Eastern AHSN</p> <p>The rapid review (Appendix 2) showed that large numbers of people would like digital systems to be a route to treatment in general. 49% of people believed that doctors should be able to prescribe digital health apps (which usually charge the customer on purchase) in the same way they prescribe medicines as this would enable the patient and ultimately save the NHS money.</p> <p>Understanding people's expectations and experience of urgent and emergency care - Eastern AHSN</p>
Served in the forces	We have been unable to source any local evidence relating to those who served in the forces and their experiences of same day response services.
Covid-19	We have been unable to source any local evidence relating to Covid-19 and people's experiences of same day response services.

7. Gaps and considerations

This section explores gaps in our insight and suggests areas that may require further investigation.

Gaps identified in the report:

- There is a lack of insight available relating to the experience of staff delivering same day response services.

Once we have received and reviewed more insight on this topic, we will be able to identify further gaps in our understanding.

Additional gaps and considerations identified by stakeholders

As above - To be added.

8. Next steps – What happens next?

This insight report will contribute to improving same day response services in Leeds as follows:

a. The report will be added to the Leeds Health and Care Partnership 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.

b. Hold a workshop with key partners in the new year

We will meet with key stakeholders in February 2023 to:

- Describe our work on same day response services in Leeds
- Outline and agree the findings of this report
- Identify and agree additional gaps
- Plan involvement work to understand the gaps in our knowledge
- Co-produce an approach to involving the public in shaping same day response health and care services in Leeds

c. Explore how we feedback our response to this report

We will work with partners to feedback to the public on how this insight is helping to shape and improve local services.

Appendix A: Key partners

It is essential that we work with key partners when we produce insight reports. This helps us capture a true reflection of people's experience and assures us that our approach to insight is robust. To create this insight report on same day response care, we are working with the following key stakeholders:

Board members

Name	Organisation
Steve Bush	Leeds Teaching Hospitals NHS Trust
Andrew Nutter	Local Care Direct
Eddie Devine	NHS West Yorkshire Integrated Care Board (Leeds)
Martin Earnshaw	NHS West Yorkshire Integrated Care Board (Leeds)
Emily Griffiths	NHS West Yorkshire Integrated Care Board (Leeds)
Gareth Dalby	Leeds GP Confederation
Gaynor Connor	NHS West Yorkshire Integrated Care Board (Leeds)
Helen Mercer	Leeds Teaching Hospitals NHS Trust
Jane Sadler	Leeds GP Confederation
Joanne Wood	Leeds Teaching Hospitals NHS Trust
Kellie McLoughlin	Leeds and York Partnership NHS Foundation Trust
Kirsten Wilson	NHS West Yorkshire Integrated Care Board (Leeds)
Kirsty Turner	NHS West Yorkshire Integrated Care Board (Leeds)
Laura McDonagh	Leeds and York Partnership NHS Foundation Trust
Megan Rowlands	Leeds Community Healthcare NHS Trust
Roseanne Ncube	NHS West Yorkshire Integrated Care Board (Leeds)
Nicola Wolstenholme	Leeds Community Healthcare NHS Trust
Pip Goff	Forum Central
Sarah Davey	Leeds Teaching Hospitals NHS Trust
Suesanne Samara	GP
Wendy Thompson	Local Care Direct
Victoria Annakin	NHS West Yorkshire Integrated Care Board (Leeds)
Zebunnisa Ahmed	NHS West Yorkshire Integrated Care Board (Leeds)

Third sector, public sector and public representatives

Name	Organisations
Claire Turner	Carers Leeds

Networks and partnerships

Contact	Group

Appendix B: Same Day Response Outcome Framework

Same Day Response Outcome Framework		
Link to Healthy Leeds Plan Strategic Indicators		
Health Outcome Ambitions	System Activity Metrics	Quality Experience Measures
Improve healthy life expectancy Reduce potential years life lost avoidable causes and rates of early death Reduce premature mortality for those with LD and SMI Reduce suicide rate	Increase proportion of people being cared for in primary and community services Reduce rate of growth in A&E attendances	Improve the experience of those using: - Primary care services - Community services - Hospital services Person centred co-ordinated care experience P3C-EQ
Outcome	Outcome Measure	Process Measure
1 People are easily able to access the service that can provide the most responsive and appropriate care to meet their unplanned same day needs	Access rates to same day services by IMD area % people per population segment presenting at ED	Proportion of visits resulting in an onward referral (to a service that could have been accessed directly) % people accessing services via digital means Access rates to healthier together/choose well Activity data by service to see if any shift (e.g. reduction in lower acuity clinical conditions at ED) % ED visits seen by GP/nurse in A&E (visits that could have been seen elsewhere) % ED admission/attendance ratios Waiting times – booking vs seen, GP access % direct booking from 111 into services Increased number of self/carer referrals to urgent community response Proportion of face to face appointments vs telephone with GP
2 People's same day care needs are met wherever they present (if possible), and where they need to be cared for elsewhere, this feels seamless and integrated.	Reduction in ED attendances Data demonstrating shift in numbers and types of attendances across same day service offer	Staff communications/number of contacts between acute/primary care (e.g. primary care advice hotline) # patients sent from GP to ED direct and via PCAL Person reported outcome measure – e.g. PROMIS or P3CEQ tools (measuring person centred care) Number of 'repeated' visits to same-day services for same complaint Proportion of minor illness cases seen in ED in a timely manner # people being cared for in virtual ward Proportion of patients re-directed from ED to other unplanned care services (UTC, SDR clinics) # YAS attendances, via 111, that could have gone somewhere other than ED % activity within community venues
3 Care is high quality, person-centred and appropriate to people's same day care needs now, whilst considering how these might change in the future.		PREMS/PROMS measures (tbd) DoS outcome met (111 callers) ED waiting times Streaming metrics within ED Initial contacts and % 2hr crisis response %/# GPs using PCAL Workforce data – vacancy rates in same day workforce

Same day response population outcome framework

Link to Healthy Leeds Plan strategic indicators:

- **Health outcome ambitions**
 - Improve healthy life expectancy
 - Reduce potential years life lost avoidable causes and rates of early death
 - Reduce premature mortality for those with LD and SMI
 - Reduce suicide rate
- **System activity metrics**
 - Increase proportion of people being cared for in primary and community services
 - Reduce rate of growth in A&E attendances
- **Quality experiences measures**
 - Improve the experience of those using:
 - Primary care services
 - Community services
 - Hospital services
 - Person-centred co-ordinated experience.

Outcome	Outcome measure	Process measure
1. People are easily able to access the service that can provide the most responsive and appropriate care to meet their unplanned same day needs	<ul style="list-style-type: none"> • Access rates to same day services by IMD area • % people per population segment presenting at ED 	<ul style="list-style-type: none"> • Proportion of visits resulting in an onward referral (to a service that could have been accessed directly) • % people accessing services via digital means • Access rates to healthier together/choose well • Activity data by service to see if any shift (e.g. reduction in lower acuity clinical conditions at ED) • % ED visits seen by GP/nurse in A&E (visits that could have been seen elsewhere) • % ED admission/attendance ratios • Waiting times – booking vs seen, GP access • % direct booking from 111 into services

Outcome	Outcome measure	Process measure
		<ul style="list-style-type: none"> Increased number of self/carer referrals to urgent community response Proportion of face to face appointments vs telephone with GP
<p>2. People’s same day care needs are met wherever they present (if possible), and where they need to be cared for elsewhere, this feels seamless and integrated.</p>	<ul style="list-style-type: none"> Reduction in ED attendances Data demonstrating shift in numbers and types of attendances across same day service offer 	<ul style="list-style-type: none"> Staff communications/number of contacts between acute/primary care (e.g. primary care advice hotline) # patients sent from GP to ED direct and via PCAL Person reported outcome measure – e.g. PROMIS or P3CEQ tools (measuring person centred care) Number of ‘repeated’ visits to same-day services for same complaint Proportion of minor illness cases seen in ED in a timely manner # people being cared for in virtual ward Proportion of patients re-directed from ED to other unplanned care services (UTC, SDR clinics) # YAS attendances, via 111, that could have gone somewhere other than ED % activity within community venues
<p>3. Care is high quality, person-centred and appropriate to people’s same day care needs now, whilst considering how these might change in the future.</p>	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> PREMS/PROMS measures (tbd) DoS outcome met (111 callers) ED waiting times Streaming metrics within ED Initial contacts and % 2hr crisis response %/# GPs using PCAL Workforce data – vacancy rates in same day workforce

Appendix C: Involvement themes

The table below outlines key themes used in our involvement and insight work. The list is not exhaustive and additional themes may be identified in specific populations.

Theme	Description	Examples
Choice	Being able to choose how, where and when people access care. Being able to choose whether to access services in person or digitally	People report wanting to access the service as a walk-in patient. People report not being able to see the GP of their choice
Clinical treatment	Services provide high quality clinical care	People told us their pain was managed well
Communication	Clear communication and explanation from professionals about services, conditions and treatment.	People report that they're treatment was explained in a way that they understood
Covid-19	Services that are mindful of the impact of Covid-19	People report the service not being accessible during the pandemic
Environment	Services are provided in a place that is easy to access, private, clean and safe and is a way that is environmentally friendly and reduces pollution	People report that the waiting area was dirty
Health inequality	Services are provided in a way that meet the needs of communities who experience the greatest health inequalities.	Older people report not being able to access the service digitally
Information	Provision of accessible information about conditions and services (leaflets, posters, digital)	People report that the leaflet about their service was complicated and used terms they did not understand
Involvement in care	Involvement of people in individual care planning and decision-making.	People told us they were not asked about their needs and preferences
Involvement in service development	Involvement of people in service development. Having the opportunity to share views about services and staff.	People told us that they were given an opportunity to feedback about the service using the friends and family test
Joint working	Care is coordinated and delivered within and between services in a seamless and integrated way	People report that their GP was not aware that they had been admitted to hospital
Person centred	Receiving individual care that doesn't make assumptions about people's needs. Being treated with dignity, respect, care, empathy and compassion. Respecting people's choices, views and decisions	People report that their relative died in the place they wanted

Resources	Staff, patients and their carers/family/friends have the resources and support they need	Family reported that adaptations to the house took a long time to be made
Satisfaction	Services are generally satisfactory	Most people told us that they were very happy with the service.
Timely care	Provision of care and appointments in a timely manner	People report waiting a long time to get an appointment
Workforce	Confidence that there are enough of the right staff to deliver high quality, timely care	People raised concerns that the ward was busy because there were not enough staff
Transport and travel	Services are provided in a place that is easy to access by car and public transport. Services are located in a place where it is easy to park.	People report poor local transport links People report good access to parking
Wider determinants	Services and professionals are sensitive to the wider determinants of health such as housing	People told us that their housing had a negative impact on their breathing

Appendix D: Protected characteristics (Equality and Human Rights Commission 2016)

1. **Age** - Where this is referred to, it refers to a person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).
2. **Disability** - A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.
3. **Gender (Sex)** - A man or a woman.
4. **Gender reassignment** - The process of transitioning from one gender to another.
5. **Marriage and civil partnership** - Marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple. [1] Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act). N.B. The Equality Act provides protection in the area of employment only.
6. **Pregnancy and maternity** - Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.
7. **Race** - Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.
8. **Religion or belief** - Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (such as Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
9. **Sexual orientation** - Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

Other characteristics

Other protected characteristics identified by the ICB in Leeds include:

- **Homelessness** – anyone without their own home
- **Deprivation** – anyone lacking material benefits considered to be basic necessities in a society
- **Carers** - anyone who cares, unpaid, for a family member or friend due to illness, disability, a mental health problem or an addiction
- **Access to digital** – anyone lacking the digital access and skills which are essential to enabling people to fully participate in an increasingly digital society
- **Served in the forces** – anyone who has served in the UK armed forces