



A snapshot of people with visual impairments' experiences of accessing health and care services in Leeds

January to March 2019

About Us

Your independent watchdog ensuring people's voices are at the heart of shaping health and care services in Leeds

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This report can be made available in Large Print, Braille or audio version if requested.

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Summary

Introduction

According to Leeds City Council's statistics¹, there are 5684 adults with registered sight loss and severe sight loss in Leeds. There were 581 new registrations in 17/18 alone. The Leeds Hearing and Sight Loss Service supported 572² people with visual impairment in the same period. However Leeds city diversity figures suggest 1 in 30 residents are blind or have a visual impairment, which equates to 25,050 Leeds residents. This shows many people who live with visual impairment have not officially registered and may not have access to appropriate support for their conditions.

Healthwatch Leeds wants to shine a spotlight on the visually impaired community and highlight some of their experiences to inform improvements in health and social care service. We also want to find out whether people can access information in a way which meets their communication needs after the Accessible Information Standard ([Appendix 1](#)) has been in force for nearly 3 years.

Between January and March 2019, we worked collaboratively with a number of organisations. They helped us to reach out to people with visual impairments in different settings, including those who attended social groups and hospital eye clinics. We also hosted a couple of focus groups to gain their feedback.

Overall 113 people gave their feedback. In particular, people told us their experiences of health services.

Key Findings

The biggest challenges people faced when accessing health and care services are communication needs not being met and access to support.

Communication needs

74 out of 113 respondents (65%) told us that they didn't have their communication needs asked or met; for example, a lot of people told

¹ Figures were provided by Leeds City Council

² Figure was provided by the Leeds Hearing and Sight Loss service (BID)

us that they receive hospital appointment letters in an inappropriate format, which then results in delays in treatment.

Physical Access

50 out of 113 (44%) of respondents said they come across accessibility issues when attending their appointments. Examples include issues with transport, signage and a lack of help with navigation around hospitals.

Access to Support and Information

Half of respondents reported receiving little or no help in accessing health and care services. Those who were unable to access support reported they were struggling alone or relying on family members to help.

Many people rely on their doctors to provide them with support and information about their condition. The majority are happy with the advice given by their doctors. However, when people are not attending doctor or hospital appointments, there is a gap in information provision.

People of different age groups access information about care and support in different ways. A strong message from people was that information should not be solely internet based.

Some respondents have no idea where to find information and reported feeling isolated and lonely.

Provision of Support

People reported long waiting times for appropriate social support after sight loss and a lack of home care or long-term support to be the major problems they face. However, most people who can access support are happy with the services provided.

Improvements areas that people identified and our recommendations

Three quarters of respondents wanted to see some improvements in health and care services. Based on our findings and respondents' suggestions, we have made recommendations which we feel will be useful for health and care organisations looking to make improvements and better meet the needs of people with visual impairments.

Full details of our recommendations are on page 15 of the report.

Background

This piece of work is part of our Community Engagement programme called 'Your Healthwatch Leeds'. This is an ongoing programme through which Healthwatch Leeds wants to highlight issues affecting particular groups health and care experience in Leeds.



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residents are blind or have a visual impairment, that's 25,050 people*

We want to highlight good practice and identify barriers that visually impaired people face when they access care in Leeds. We were particularly interested in hearing about people's experiences following the introduction of the Accessible Information Standard in 2016. We hope that our findings and recommendations will help decision makers to take action to improve health and care services.

As an add-on to the survey, we included a specific question about the proposal to open five Urgent Care Centres in Leeds. Our aim here was to help the Urgent Care and Rapid Response Board to gather views from people with visual impairments. These comments are summarised in [Appendix 2](#).

What we did

We worked closely with a variety of organisations that support people with visual impairments to promote the engagement work. Between January and March 2019, we collected feedback in a number of ways including online surveys, outreach sessions and focus groups. At each of these, we asked people to answer a number of questions which can be found in [Appendix 3](#) along with the full methodology.

Overall, 113 people including those at the focus groups fed back their experiences of accessing health and social care services. The majority had a visual impairment and a few were family members or friends.

Not everyone answered all questions. The statistics were therefore calculated based on the number of answers received for each question.

A breakdown of respondents' demographic profile is outlined in [Appendix 4](#).

What we found

1. What are the biggest challenges people faced when accessing health and care services?

1) Communication needs

We found that a significant barrier for people with visual impairments when accessing services was that they were often not asked about their communication needs by health professionals.

Out of 113 respondents, 74 (65%) said they had never been asked about their communication needs and/or had been affected by their communication needs not being met.



“No health care professionals have ever asked me what my communication needs are”

People told us that not having their communication needs met made it harder for them to engage with services.

This issue particularly affected older people aged 65-80+; almost three quarters (40 of 55) of the people in this age group say they had difficulties accessing hospital and other health appointments when their communication needs were not met and supported.

Appointment letters

A lot of concerns were raised about the accessibility of appointment letters from health services.

Half of respondents (57, 50%) said that they experienced some kind of difficulty reading letters due to the standard font size not being big enough.

“It would be a big help if letters were sent in large font as I could read them more easily”

People also experienced issues with colour, contrast and faintness of font. Most of the respondents told us they had to use aids such as magnifiers or special glasses to read a standard font (Size 12).

13 respondents (12%) said they had to rely on family or external support to read their letters. This could lead to delays in treatment if appointments are missed.

“I have to wait a long time for someone to come around to read my letter”

Some people told us that even after they requested appointment information in an accessible format, they did not get it.

For example, one person was registered visual impaired in 2012 and “consistently asked for bigger font sizes, but I have never been provided it”

On the contrary, some people showed us that they receive a large print letter for their eye clinic appointment automatically and a text reminder. This could be helpful to some, however, people with visual impairments may require different formats.

Only two people said their GPs actively asked if they would like their correspondence in a bigger font size.

2) Physical Access

50 out of 113 (44%) respondents said they had encountered accessibility issues when attending their appointments, i.e.: issues around transport, signage and a lack of help with navigation around hospitals.

Transport and parking

Transport is an ongoing challenge for some visually impaired people. 37 people indicated a range of difficulties relating to getting to their appointments. These included hospitals being allocated too far from home, access to public transport, taxis and parking issues. A lot of these access issues were again down to their visual impairment not being considered.

“I can’t see the number and destination of buses, so I don’t use them”

“Parking can be difficult for patients - you need a card not money and can't see the numbers on card or machine”

“Waiting time for transport is excessive”

Some people told us they rely heavily on family and friends' support or volunteer services to get them to appointments.

“I have to rely on a family member to take me home after I've had the appointment”

Signage and navigation

A number of respondents (27) said they had struggled to navigate their way around hospitals. They spoke about signs not being clear, which made it difficult for them to find departments, and the waiting areas were cramped with limited walking space. They often have to rely on support from staff or family members to guide them to the right place for their appointments.



“I can't see where the slopes and steps are. If the taxi dropped me off then it will be really helpful if someone can meet me and escort me from the taxi to the clinic”

The waiting areas

Some visually impaired people struggled with the digital displays used in some GP or hospital waiting areas to notify them about their appointments.

“At the GP surgery I have to ensure I sit near the digital display so I can see it”

Notably, people who had both visual and hearing impairments found it particularly difficult in busy waiting areas.

“When I go to the GP I don’t see the board, the doctor comes out and shouts my name but if he doesn’t shout loud enough I can’t hear him as I’m 45% deaf”

“In busy clinics it’s nearly impossible to hear my name”

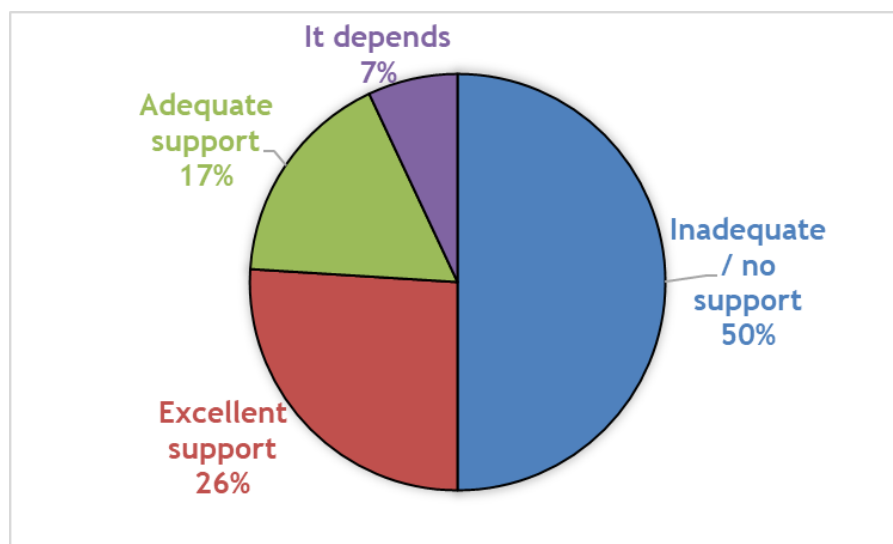
3) Attitude of staff

In general, we received very positive feedback about health and care staff. However, a small number of people raised concerns about staff attitude during their appointments and also their lack of awareness of visual impairment needs.

“If you take sighted person to guide you, staff talk to them about your medical care, not you”

2. How happy are people with the support they receive when accessing health and care services?

The pie chart below shows how the respondents felt about the support they receive when accessing health and care services.



53 out of 105 respondents (51%) reported receiving little or no help to access health and care services; out of these, 47 (89%) were unhappy with the lack of support available, many of whom reported struggling alone.

“There is little support available in helping to access health and particularly social care services. Newly diagnosed people are not offered information about support groups or their condition, leaving them forced to seek help themselves which can lead to isolation and loneliness” (a focus group)

“I could not manage without the help of my family”

Of the people unhappy with the support they received to access health and social care (53 out of 105), most said that long waiting times for assistance and the lack of home care or long term support were major problems.

“I had to wait six months for support due to lack of qualified staff”

However, amongst those who had accessed the support, nearly half felt that the support they had received was good, with 45 out of 105 (42%) respondents being happy or mostly happy with their experience. Most of these individuals felt that staff were respectful and helpful, and that services met their needs.

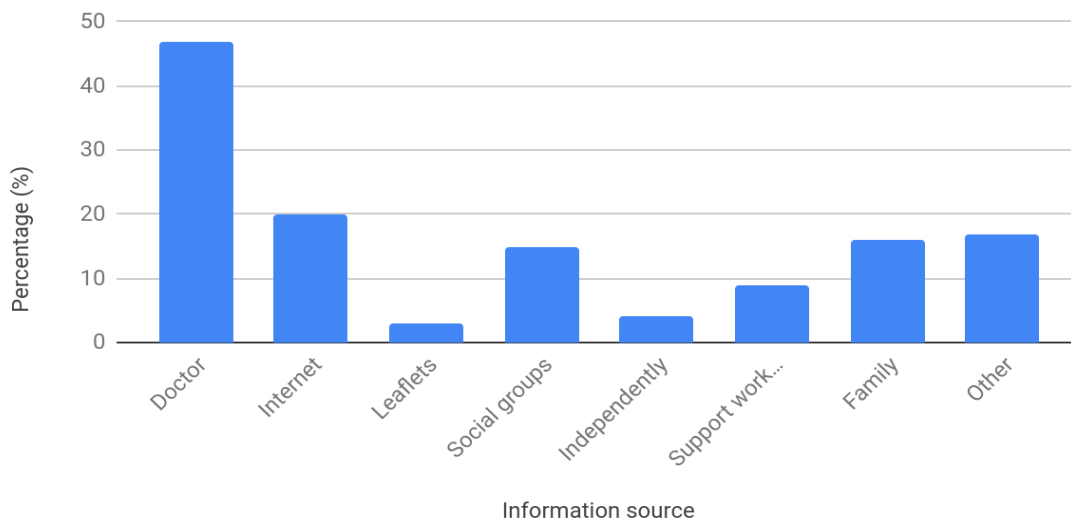
“I am mostly happy with the support I receive; staff are usually pleasant and can talk to me in an understandable manner about what is happening”

Several people said they were not aware of Leeds Hearing and Sight Loss service for visual impairment.

In both focus groups, people spoke about the difficulties of accessing the support service based in the city centre. Their reasons for this included the lack of parking facilities, the danger of falling on open staircases and hard-to-reach outdoor toileting space for guide dogs.

3. Where do people find information about care?

The percentage of people who access different information sources



People told us they accessed information about care in a variety of different ways, with 43 out of 103 people (42%) using more than one source for information.

“I search on the internet for information, or I go to my GP or chemist”

Almost half (48 of 103, 47%) of the respondents said they relied on their GP or other doctors for information. The majority of these (73%) reported being happy with the information provided. However, people told us whilst some doctors provided good information, offered phone consultations and information on support, others did little, resulting in people having to find their information independently.

“The Doctor gives me all the information needed, clearly, and I can understand it.”

The majority of respondents aged under 65 used the internet as at least one source of information. However, not everyone had access to the internet or was computer literate. For example, 11 out of the 13 people (84%) who use social care groups to access information were aged over 65.

11 out of 103 (11%) people reported that they had no idea where to find information about care, and many of these individuals also reported feeling frightened, isolated and alone.

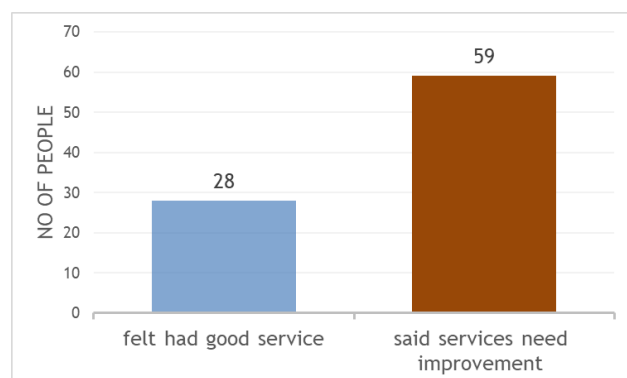
“I get no information about care, and my GP hasn't advised me about anything. I feel a general lack of support from services.”

In a focus group, it was reported that newly diagnosed visual impaired people struggle to find information about care.

“People need to be truly listened to and given the correct information. They often don't understand why they're losing their sight”

4. The biggest improvement people would like to see in health and social care service and their suggestions

Out of 87 people who contributed to this question, 28 (24%) participants felt that the service they received was good. However, 59 (68%) people wanted to see changes.



- **Communication needs**

56 respondents (64%) told us they would like to see an improvement in how their communication needs are met and supported. They wanted health and care professionals to **find out about their individual communication preferences**.

People suggested bigger and clearer signage in hospital and clinics; having audio and text message communications about appointments; and providing written information in an accessible format.

“Guide communicators and ECLOs (Eye Clinic Liaison Officer) are very useful for communication. People need to be made more aware of the available help.”

“I need a dark font, large print as it's clearer.”

- **Staff training**

28 out of 87 (24%) suggested more staff training. This included making it compulsory for all patient-facing staff to take basic sensory impairment training and providing assistance within and around the hospital when needed.

“I think so much more needs to be done to raise awareness of visual impairment and related adjustments among staff.”

- **Access to support and information about care**

A focus group of 13 individuals with a visual impairment suggested that a one-stop shop for information on related health and social care would be a good idea. For example, a web page could be made explaining the different social groups and support available, as well as providing information about eye clinics, equipment and support services.

In another focus group, 7 individuals had a similar idea and suggested that a directory of social support and groups be produced. Some people suggested that more social inclusion groups and support groups for families be made available. The others proposed connecting people who have been newly diagnosed for peer support from those who have lived with sight loss for a long time.

- **Transport**

Nearly half of respondents would like to see improvements in transport, such as reducing waiting times for patient transport; improving public transport links in outlying areas³; and the consistency of GPs booking patient transport so that individuals are not left struggling to contact several services and numbers.

- **Meet and greet volunteers**

21 (19%) respondents suggested it would be useful to have volunteers to help navigate the hospital and reduce reliance on friends and family.

³ Wetherby area public transport-access to health services

5. Good practice

We were pleased to see a range of good practices in health and care settings.

- Yellow signage was used at the eye clinic at Seacroft Hospital, which patients found easy to follow.
- Water was made available to patients at the Age-Related Macular Degeneration (AMD) clinic waiting area at Seacroft hospital.
- Staff who work at the busy low vision clinic in both St James and Seacroft hospitals were helpful to patients. Some doctors of the hospital eye clinics have adopted the role of signposting patients onto social support services in the absence of Eye Clinic Liaison officers.
- Access buses were arranged for people who attended one of the social groups organised by the Leeds hearing and sight loss service. Staff greeted people who came off the transport and escorted them to the room upstairs where the group meets.



Our recommendations

What people said to us	Our recommendations for health and social care organisations
<p>Communication needs</p> <p>“No health care professionals have ever asked me what my communication needs are”</p>	<p>All services</p> <p>Comply with Accessible Information Standard</p> <p>Review policies, procedures, staff behaviour and, where applicable, electronic systems to implement the Accessible Information Standard (AIS) effectively - ask, record, highlight, share and act regarding people’s communication needs, this should include whether they have been spoken to directly by staff. People’s experiences need to be frequently assessed to see if their communication needs are met.</p> <p>If there is a flagging system then review how that is implemented with frontline staff/receptionists.</p>
<p>Staff training</p> <p>“I think so much more needs to be done to raise awareness of visual impairment and related adjustments among staff.”</p>	<p>All Services</p> <p>Consider making it mandatory for staff to complete AIS training and sensory impairment training on a yearly basis.</p>
<p>Physical Access- Signage</p> <p>“Yellow and black bold signage and audio directions to appointments”</p>	<p>All Services</p> <p>Make signage to and around health and care buildings larger, bolder and clearer to help people with visual impairments find their way round.</p>
<p>Physical Access - Navigation</p>	<p>Leeds Teaching Hospital Trust and Leeds Adults and Health</p>

<p>“I need assistance getting to appointments. I need assistance throughout the whole process.”</p>	<p>Consider different ways of supporting people when attending appointments, for example buddies or meet-and-greet volunteers to assist people to navigate the hospital.</p>
<p>Physical Access - Transport</p> <p>Transport has been frequently mentioned as a barrier for accessing services.</p>	<p>Leeds Teaching Hospital Trust</p> <p>Hospitals should consider allocating appointments for people with visual impairments at the nearest appropriate service to their home wherever possible.</p> <p>Or make appropriate transport available once a visual impairment has been flagged</p>
<p>Social Support</p> <p>“Newly diagnosed people are not offered information about support groups or their condition, leaving them forced to seek help themselves”</p>	<p>Leeds Adults and Health</p> <p>Reduce waiting times for support for people with loss sight, particularly those who are newly diagnosed.</p>
<p>Information provision</p> <p>“People need to be made more aware of the available help”</p>	<p>Primary care and Leeds Adults and Health</p> <p>Promote the support available to people in accessible formats.</p> <p>Leeds Adults and Health</p> <p>Consider ways to provide a guide both online and offline with regular updates where people with visual impairment can find information on health, care and support in one place.</p>

Service Provider Responses

NHS Leeds Clinical Commissioning Group (CCG)

Thank you for sharing the draft report with Leeds Clinical Commissioning Group and for providing an opportunity to comment. Whilst the report highlights some areas of good practice it does highlight that we have lots of work to do with 65% of respondents feeling that they didn't have their communication needs asked or met and 44% stating that they came across accessibility issues when attending an appointment.

Following the introduction of the Accessible Information Standard, information and posters were circulated to all GP practices within Leeds and the CCG Equality and Diversity Manager attended Practice Manager's meetings to discuss and promote the requirements of the standard to support implementation. NHS Leeds CCG established an Accessible Information Standard Working Group in 2015 to support implementation of the standard and to provide advice and guidance. The group continues to meet on a bimonthly basis to ensure there is a consistent approach to seeking assurance that our providers are adhering to the standard. The working group implemented the AIS Good Practice Checklist across all commissioned healthcare services, including third sector and private organisations, as a mechanism to provide assurance of compliance with the standard and highlight where further development and support is required. Further rollout and support to GP primary care providers has been planned for 2019/20. The CCG has also agreed to review the working group remit to include providers and Healthwatch to ensure there is a city wide approach to meeting the AIS requirements and to also consider reasonable adjustments for patients, families and carers.

The CCG ensures that providers are assessed on their accessibility standards as part of the NHS procurement process and it is also included within the NHS Standard Contract. The CCG continues to monitor our service providers' compliance through annual equality performance report as well as regular on site quality visits. The CCG is looking forward to working with Healthwatch and providers to ensure that patient's within Leeds are able to access all services and improve their overall experience. Our most recent engagement exercise centred on our proposals to develop urgent treatment centres in the city. Prior to this engagement, we were aware of issues still being

experienced by people such as those with sensory impairments. Therefore we made a conscious decision to hold our first formal event at the Leeds Society for Deaf and Blind so that we could capture the views of people on the day. In addition we recorded the session, subtitled and featuring a British Sign Language interpreter, and shared this through our networks so that we could encourage feedback from others who could not attend the event. We're very mindful of the feedback we've received and will use this when developing the proposed urgent treatment centres. We very much welcome citizen involvement and would invite anyone with a sensory impairment to come to one of our planning meetings. If anyone is interested please get in touch with us Leedscg.comms@nhs.net or call us on 0113 84 35457.

Joanna Howard, Head of Clinical Governance, Leeds Clinical Commissioning Group

Leeds Community Healthcare Trust (LCH)

It is useful to hear from the group of people that you have engaged with; it will hopefully make such a difference in how us as healthcare providers support those with a visual impairment and that a lot of the improvements that need to be made are ones that can be made very simply if we all commit to doing so. It's always great to hear positive feedback about staff, who work so hard, and the recommendations make it really clear how we need to take this work forward.

Heather Thrippleton, Patient Experience and Engagement Lead, LCH

Leeds Teaching Hospitals Trust (LTHT)

We are very pleased to receive the Healthwatch Leeds Visual Impairment report, which we will use as an opportunity to reflect upon the care we currently provide to patients and to consider where we could make improvements.

Krystina Kozlowska, Head of Patient Experience, LTHT

Leeds City Council (LCC)

Accessible Information group response:

- A council working group has been in operation since 2015, to oversee the development and delivery of the Accessible Information Standard (AIS).
- A report outlining the council's progress in meeting the requirements of the standard will shortly be presented to the Director of Adult Social Care and her Chief Officers.
- An action plan has been developed and will be monitored by the Adults and Health Equality Board over the next 12 months.
- The Council has established a system to flag individual records of people who are in receipt of its care and support services and who have accessible information system needs. Activity is reported quarterly.
- A programme of publicising the requirements of AIS was implemented at the time of its local launch. The Healthwatch report suggests that further progress in this area is required and consequently a specific communication element will be added to our current Accessible Information Standard action plan.

Leeds Adults and Health Disability Services Response:

When Adults and Health receive a Certificate of Visual Impairment (CVI) for a person they are contacted by a Rehabilitation Officer within a week to discuss their situation and how their sight loss is impacting upon their daily lives.

- The Disability Team manager will then apply a priority to each referral which is based upon the level of risk identified. If the risk is high the case will be allocated the same day, or the following day. All other cases go to a weekly allocation meeting for the team manager to allocate cases to the team. All people that are not allocated immediately are sent an acknowledgement letter explaining that there will be a delay in completing the first assessment. There is a telephone number for people to contact if they feel their needs are urgent, or their situation changes during the wait. If people ring up requesting an earlier assessment the information is passed to the Disability Team Manager for consideration to allocate earlier.

- The Rehabilitation Officers work citywide, when needed, to try to ensure that the waiting times for assessments are the same across the city.
- Some assessments are undertaken by Occupational Therapy Assistants, for standard equipment and minor adaptations, so that the Rehabilitation Officers visit people who need their specialist knowledge and experience.
- There are five fte Rehabilitation Officers in Adults and Health, and one Senior Rehabilitation Officer. The Senior Rehabilitation Officer post has been vacant for a year, despite advertising the post several times. However, the post has recently been re-advertised and there has been people who have applied, and we are confident that the post will be filled in the near future.
- Additionally, we have had 2 Rehabilitation Officer posts vacant, one for 3 months, and one for a month. Both these vacancies have now been recruited to and the new staff are due to start very shortly. There will be an induction arranged for the staff, and once this is completed they will start visiting people, and the waiting times for assessments should reduce.
- There is sometimes an issue with the timeliness of receiving CVIs from the eye clinics. So we do contact people within a week of receiving the CVI, but this can be several weeks after the person has had their appointment at the eye clinic.

Next Steps

The report has been shared with relevant health and social care providers and commissioners i.e. Leeds City Council, Leeds Teaching Hospital Trust, Leeds and York Foundation Trust, Leeds Community Healthcare, Leeds Clinical Commissioning Group, Yorkshire Ambulance Service, NHS England and Care Quality Commission and also the organisation who provide care and support to people with a visual impairment listed below. We have incorporated some of their comments in this report and will publish all the action plans with the report on our website.

It will also be presented at different boards and forums, such as Adults, Health & Active Lifestyles Scrutiny Board and Forum Central to inform service improvement.

Thank you

This report has been written by Tatum Yip, Community Project Worker at Healthwatch Leeds, in collaboration with Jane McDonnell, Louis Treble, Alice Brown and Sophie Kirby.

We would like to thank the following organisations who provided support to the project.

- Leeds Hearing and Sight Loss Service (BID)
- Deaf Blind UK
- Guide Dogs UK
- Leeds Society for the Deaf and Blind
- Visual Impairment Social Club (VISC)
- Royal National Institute of Blind People (RNIB)
- Association of Blind Asians (ABA)
- National Federation of the Blind(NFB)
- Macular Society
- Forum Central
- Leeds Teaching Hospital Trust

Appendix 1 Accessible Information Standard

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

It is now the law for the NHS and adult social care services to comply with the AIS.

As part of the AIS, organisations that provide NHS or adult social care services must do five things. They must:

1. Ask people if they have any information or communication needs and find out how to meet them.
2. Record those needs in a set way.
3. Highlight a person's file so it is clear that they have information or communication needs and clearly explain how those needs should be met.
4. Share information about a person's needs with other NHS and adult social care providers, when they have consent or permission to do so.
5. Make sure that people get information in an accessible way and communication support if they need it.

Appendix 2 The proposal for five Urgent Treatment Centres in Leeds - what are the views of people with visual impairment?

Why we did this

Healthwatch Leeds has been a member of the Unplanned Care & Rapid Response Programme Board and Unplanned Care & Rapid Response Steering Group in Leeds since they were launched.

“Urgent care” is care that someone feels is needed on the same day but their illness or injury is not life threatening. The board wants to hear people’s thoughts and views on their proposals to establish five Urgent Treatment Centres in Leeds.

Healthwatch Leeds took the initiative to add a question about the proposal as part of the survey we carried out with people with sight loss.

We hope the findings from their responses inform the decision making for the opening these centres, and that the needs and views from people with visual impairments will be taken into account.

What we did

We asked individuals from different backgrounds with a range of visual impairments, for example, Age-related macular degeneration about the proposal for five Urgent Treatment Centres in Leeds. We also discussed this topic at two focus groups.

Out of 113 people we spoke with, including those in the focus group settings, 72 people offered their thoughts and opinions on the proposal. Some spoke of experiences they had had of the Urgent Treatment Centre. Others have made other suggestions that the commissioner and provider need to consider and address.

What we found (themes that arose from comments about the Urgent Treatment Centres)

1. The vast majority of respondents said:

- The centre needs to be an accessible service and on regular bus services and routes.
- They prefer there to be no stairs when accessing the service. A ground floor venue would be good for visually impaired people.
- They preferred a local venue since travelling by taxi or bus can be expensive and is inaccessible for some.

- A local venue is particularly important for those who have mobility issues as well as visual impairments.

“I can’t use public transport after suffering a big illness”

2. 29 out of 72 people (40%) made specific comments about wanting bold signage in an accessible waiting area:

Using clear and bolder signage guiding patients to rooms from waiting areas; highly visible markings on floors and walls to reassure sight impaired patients and lessen the stress of finding where to go.

“Yellow and black bold signage and being on the flat on ground floor would help”

“LGI and St James is appalling to navigate now for those with Physical Sensory Impairment”

3. 8 out of 72 people (11%) asked for a 24-hour service:

Open urgent care centres over 24 hours to deal with vulnerable patients, as alternatives to A&E would ensure a person’s needs are met.

“A&E is problematic so this could be a beneficial”

4. 8 out of 72 people (11%) requested volunteer assistance:

“To ensure I’m going to be sat in the right area when coming in an urgent treatment centre” as there can be multiple waiting areas/ lines to follow that many are unable to navigate alone.

People suggested that having a “trained volunteer to meet you and take you to the department” may enhance people’s experience of attending the centre. The patient’s first impression would be of a friendly service.

5. Some people said:

- They would consider using the pharmacy before an urgent care centre.

- They want to get actively involved in making the centre fully accessible.
- Information about the proposal needs to be communicated widely to the public.

6. Positive experience of using Urgent treatment Centres:

Some people already use Urgent Care Centres and feel positive about their experience.

“One in Otley worked well but patients need educating”

However, the limitation of the centre was its accessibility.

7. Negative experiences:

People we surveyed also spoke about their negative experiences. One woman fell and “the urgent care centre could not deal with her injury and had to transfer her to A&E”. If people know what Urgent Care Centres specialise in, this would help ensure patients’ needs are cared for in a suitable environment and decrease waiting times for others.

Suggestion from patients

The following suggestions are based on our visually impaired participants’ responses to the Urgent Care Centre proposal:

- A single floor venue with bold signage for directions to different services.
- Locating Urgent Care Centres on popular bus routes is very important for people with visual impairments.
- Patients’ needs around accessibility should be shared with the Urgent Treatment Centre.
- Some people wanted a 24-hour service from the Centres.
- Some want assistance from volunteers once they have arrived at the Urgent Treatment Centre.
- The Centres should offer facilities so that eye conditions can be monitored locally and patients don’t need to go to the GP surgery or A&E unnecessarily.

One person said the ability to “call in to the urgent treatment centre to check in intraocular pressure” would be good as it can reduce admission to eye casualty.

Recommendations from Healthwatch Leeds

- Ensure information about the Urgent Treatment Centres, i.e. location and purpose of the centre, is communicated widely to the public in accessible formats.
- Consider working with a group of visually impaired individuals when designing the Centres’ layout to ensure they are fully accessible.
- Consider recruiting volunteers to act as greeters at the Urgent Treatment Centre reception area to meet all patients and especially those with sensory loss.

This part of the report was shared with Brainbox who was responsible for writing up the Urgent Care Centres engagement report for the Urgent Care and Rapid Response Board.

Appendix 3 Full methodology

In addition to online surveys, we reached out to a range of social groups hosted by the Leeds Hearing and Sight Loss service (BID) service and the Macular Society.

We also visited both St James's and Seacroft hospital to speak with patients who attended the eye clinics.

We also organised a couple of focus groups for members from the National Federation of the Blind and the Association of Blind Asians respectively.

Questions discussed in the survey and focus group were as follows:

1. What are the biggest challenges you face when you access health and care services? For example, do you receive a letter from the hospital about your appointment? Does your GP/hospital ask about your communication needs?

2. How happy are you with the support you receive when you access health and care services? For example, have you used an ECLLO (eye clinic liaison officer), rehabilitation officer, independent living adviser?

3. Where do you find information about care? E.g.: through your health care providers or independently? What would make it easier for you to find information?

4. What is the biggest improvement you would like to see in health and social care services?

5. Do you have any suggestions about how health and care services can work better for you?

It has been proposed to open five Urgent Treatment Centres in Leeds, i.e in Middleton; St James, LGI, Seacroft and Otley. Urgent care is care that someone feels is needed on the same day but their illness or injury is not life-threatening. Are there things they need to consider to meet your needs?

Appendix 4 Profile of participants

Demographic information about the people who participated in our engagement work is as follows:

The respondents are living with the following conditions:

- Age-related macular degeneration/macular degeneration (35 people)
- Glaucoma (13 people)
- Diabetic related eye conditions (9 people)
- Physical damage to their eye(s) (6 people)
- Cataracts (4 people)
- Retinopathy (4 people)
- Tunnel vision
- Severe short sightedness
- Some people have several of the above conditions
- A number of people did not specify their condition

Gender

- Male: 34
- Female: 72
- Prefer not to say: 7

AGE

- 17-24: 5 people
- 25-49: 11 people
- 50-64: 17 people
- 65-79: 41 people
- 80+: 30 people
- Prefer not to say: 9 people

Ethnicity

- White British: 68 people
- Other British: 10 people
- BME: 22 people
- People with different nationality: 5 people
- Prefer not to say: 8 people