

**Leeds Community Healthcare NHS Trust’s changes to location of services:**

**Excerpts relating to Garforth Clinic, taken from:**

Board papers available in full from

[http://www.leedscommunityhealthcare.nhs.uk/about\\_us/board\\_of\\_directors/2015\\_board\\_papers/](http://www.leedscommunityhealthcare.nhs.uk/about_us/board_of_directors/2015_board_papers/)

Consultation documents and feedback / responses available in full from

[http://www.leedscommunityhealthcare.nhs.uk/membership\\_/service\\_change\\_proposals/](http://www.leedscommunityhealthcare.nhs.uk/membership_/service_change_proposals/)

**Excerpts from Board paper, August 2015, Item 2015-16 (51)**

“The purpose of this paper is to present to the Trust Board the proposed service location changes following the programme of service redesign and ongoing implementation of the estates strategy. It also seeks approval to commence a period of engagement with patients, public and stakeholders regarding the proposed changes.

Service/Clinic	Summary of proposed change
Garforth Clinic	<ul style="list-style-type: none"><li>• Move all services from Garforth clinic and close the clinic</li><li>• Kippax health centre (two miles away and on a direct bus route) is the nearest alternative with choice also available at other locations across the city</li><li>• Musculoskeletal service, weight management, cardiac, podiatry, adult dietetics, children’s speech and language therapy</li><li>• In the region of 450 patients affected</li></ul>

The number of patients affected has been included where possible. It should be noted that these numbers reflect the most accurate position at the time of writing and are subject to change.”

**Excerpts from Board paper, December 2015, Item 2015-16 (85)**

“3.4 The results of the engagement have been considered by the service, the Trust’s Membership and Involvement Team and review groups that included patients, carers and Trust Members. This process of review and reflection has identified key themes relating to each of the proposals and are included in Section 5.2 (pages 13-27) of the attached draft report.

3.5 Across all the engagement undertaken, the following cross-cutting themes have been identified:

- Local services are very important, for all the reasons listed below – in the context of ‘making difficult decisions’ the need to protect face-to-face clinical time and therefore minimising waiting lists/times was an even higher priority
- Difficulties for the frail elderly and parents with young children of travelling further (especially those living within walking distance of current clinics)
- Access and engagement with services in areas of high deprivation
- Transport issues increasing impact on outer areas (reliability, timing of public transport)
- Increased cost of people travelling further
- The clinical impact on people where any of these difficulties mean that they do not continue to access / receive the services they need
- Choice for patients in locations, time and day is important but not always well-promoted, known about or used

4.3 The review of the feedback and the options appraisals has identified some initiatives that could mitigate against the identified risks of making the changes. It is recommended that these are introduced to support the changes. The feedback and rationale for the mitigation is included in the attached document (Appendix 1) at Section 6.3 and includes:

- How we will **monitor** any unintended adverse impacts through consideration of numbers of home visits, DNAs, people not moving locations, re-referrals
- **Personalised activity** to support individuals to manage any change, such as access to national Healthcare Transport Costs Scheme, travel buddies
- **Promoting choice** in location of appointments, including 'opt-in' process for appointments
- **Information about accessing new locations** – pictures as well as maps of health centres, details of parking including off-street/ alternatives if car park full, postcode to car park for sat navs, films to help find way through building, review the signage
- **Engagement with local community groups** to ensure they know what to do and how to access support if individuals accessing services at current locations speak about symptoms worsening or not attending new locations
- **Promotion of community and self-management resources**
- **Providing a welcoming arrival for patients** who may be anxious about changing locations by alerting local admin about new people arriving – being understanding of the needs of people changing locations and developing the potential new volunteer meet and greet role”

## Excerpts from report of service change proposals

### 1.2 Context of proposed changes

Leeds Community Healthcare, like all of the NHS, is reviewing how we continue to provide the best possible care within the resources we have. This has an impact on where services are provided from. We have had a programme of service review and redesign affecting the majority of services during 2014/15. Following the service reviews, services have redesigned their service models; as a result a number of services have identified the need to change and reduce the number of locations they deliver care from. Currently the majority of services are delivering care from a large number of locations. This configuration in the main has not been designed in this way but has simply evolved over time. The proposed changes move us closer towards a more designed model for services but there is still further work to do going forward.

Leeds Community Healthcare has an estates strategy (2012-7) that sets out a vision for transformation of the Trust estate during that time, in line with the Integrated Business Plan. It identifies that:

- the current configuration of estate bears little relationship to the overall strategy of the Trust
- the Trust has too many buildings which lock up significant resources in maintenance and running costs
- a number of the buildings have also been assessed as no longer meeting the ongoing needs of the organisation
- rationalising the estate will save money and release investment for Trust priorities
- by improving utilisation of the estate, reducing costs of estate and implementing new ways of working, we will be able to align the development of the estate with the overall direction of the Trust and its services

The combined effect of the ongoing implementation of the Trust's estates strategy and changes to service models results in a number of proposed changes to how and where services are delivered.

### 1. The proposals

Our proposals put forward our overall approach/strategy to how and where services are provided in the future as well as specific service location changes, including where individual locations have been identified for changes to services provided there and/ or identified for closure.

While the proposals are all separate and one is not dependent on another, we have engaged on all at the same time as there is a risk that by each service engaging at separate times this could be perceived to be making changes 'by stealth' or that we could miss the combined impact of all the changes.

This approach to describing each proposal separately enables people to give feedback on one, many or all aspects of the engagement as they wish.

**ACTIVE and Involved**

Leeds Community Healthcare NHS Trust

**Proposals to change the locations of services**

- Children's Speech and Language Therapy**  
Propose to reduce where clinics are provided, from 23 locations to 12 locations across Leeds, plus changes to referrals, waiting lists and episodes of care (the way the service is provided).
- Children's Newborn Hearing**  
Propose to move the clinics in health centres to hospital sites.
- Improving Access to Psychological Therapies (IAPT)**  
Propose to reduce where clinics are provided, from 54 locations to 22 locations across Leeds.
- Podiatry**  
Propose to reduce where clinics are provided, from 25 locations to 19 locations across Leeds.
- Cardiac Rehabilitation**  
Propose to reduce where clinics are provided, from 6 leisure centres to 4.
- Continence, Urology and Colorectal Service**  
Propose to reduce where clinics are provided, from 14 locations to 10 locations across the city.
- Adult Dietetics**  
Propose to reduce where clinics are provided, from 30 locations to 15 locations across Leeds.
- Garforth Clinic**  
Propose Adult Dietetics, Cardiac, Children's SLT, MSK, Podiatry, Weight Management and IAPT to stop providing appointments in Garforth Clinic on Lidgett Lane (next to police station) and close the building.

**Choice of locations**  
Some people have told us they did not know they had a choice in where they have appointments. In the engagement documents we have provided information about the nearest alternative and the bus routes available. This is for guidance about where services are available rather than all appointments moving to that location. If the nearest alternative does not work for you, either because of the time, day or ease of access, as any changes are made you can contact the service to look at alternatives.

To find out if your clinic or area is affected and tell us what you think of these proposals please visit the website [http://www.leedscommunityhealthcare.nhs.uk/membership/service\\_change\\_proposals/](http://www.leedscommunityhealthcare.nhs.uk/membership/service_change_proposals/)

Scan the QR code, or follow the link below, to complete our survey, or pick up a hard copy from your local health centre.  
<https://www.surveymonkey.com/r/CHServiceLocations>

### 1.1 Overall approach

Propose to use the principles outlined to guide how we develop services that meet people's health needs and get as much impact for every health 'pound' we spend, both now and in future decision making. Also to establish criteria, based on feedback given, about what is important when making services accessible.

### 1.2 Adult Nutrition and Dietetics

Propose to reduce where clinics are provided, from 30 locations to 15, which includes moving clinics from GP practices to health centres.

The service is proposing to remove clinics from: Bramley Clinic, Reginald Centre, **Garforth Clinic** and Park Edge. As well as the following GP practices: Beeston Village Surgery, City View Medical Practice, Shenstone House, West Lodge, Bellbrooke Surgery, New Croft Surgery, Swillington, Lingwell Croft Surgery, Middleton Surgery, Oulton and Marsh Street Surgery, Fountain Medical Centre, Leigh View Practice, Boston Spa and Kirkstall Lane Medical Centre.

### 1.3 Children's SLT

Propose to reduce where clinics are provided from 23 locations to 12 by removing the service from: Bramley Clinic, East Leeds Health Centre, **Garforth Clinic**, Holt Park Health Centre, Horsforth Clinic, Hunslet Health Centre, Kirkstall Health Centre, Otley Clinic, Rothwell Health Centre, Seacroft Clinic and Woodsley Road Health Centre. The service are also proposing changing to a central booking system and rolling out an 'opt-in' process for appointments.

### 1.4 IAPT

Propose to reduce where clinics are provide from 54 locations to 22, which includes moving clinics from GP practices to health centres.

The service is proposing to remove clinic from: Burmantofts Health Centre, Halton Clinic, **Garforth Clinic**, Kirkstall Health Centre, Horsforth Clinic, Armley Moor Health Centre and Rothwell Health Centre. As well as the following GP practices: Glenlea Surgery, Compton Centre, Bellbrooke Surgery, Drighlington Medical centre, Leigh View, Fountain Medical Centre, Grange Medical Centre, Hillside, Kippax Children's Centre, Abbey Medical Centre, Burley Park Medical Centre, Leeds Student Medical Practice, University Counselling Service, Lingwell Croft, The Manse Surgery,

Ireland Wood, New Croft Surgery, Oulton Medical centre, Park Road Surgery, Hawthorn Surgery, Priory View, Whitehall Surgery, Wortley Beck, Hillfoot Surgery, Robin Lane Medical Centre, St Martin's Practice and Street Lane Practice.

### 1.5 Podiatry

Propose to reduce where clinics are provided from 25 locations to 19 by removing the service from: Burmantofts Health Centre, Garforth Clinic, Gildersome Health Centre, Horsforth Clinic, Hunslet Health Centre and Thornton Medical Centre (GP).

### 1.6 Garforth

Propose Adult Dietetics, Cardiac, Children's SLT, MSK, Podiatry, Weight Management and IAPT to stop providing appointments in Garforth Clinic and close the building.

## 2. What we want to achieve

### 2.1 Overall ambition of change from proposals

LCH, like the rest of the NHS and other public sector services, are in the position of needing to make difficult decisions about how we provide services. These proposals would enable us to make changes in a way that protects the capacity of our frontline services by impacting instead on the number locations.

### 2.2 Anticipated benefits of each proposal

Overall approach	<ul style="list-style-type: none"> <li>Staff to work from fewer based, reducing travel time to create more appointments</li> <li>Create a smaller, fit-for-purpose, property base so we can use our money to provide the most care possible for local people</li> <li>Equitable and accessible services across the city where one group of people doesn't wait longer to be seen than another</li> <li>To support the Joint Health and Wellbeing vision of Leeds being a healthy and caring city of all ages, where people who are the poorest will improve their health the fastest</li> </ul>
Adult Nutrition and Dietetics	<ul style="list-style-type: none"> <li>Clinics at Health centres create choice in the day, time or location for patients previously only seen in their own GP surgeries</li> <li>Dietetics clinics at GP surgeries are only available to the patients of that practice, proposal would reduce inequity across the city</li> <li>Some clinics currently have low attendance and therefore shorter waiting times than elsewhere; proposals would ensure one group of people doesn't wait longer to be seen than another</li> </ul>
Children's SLT	<p><b>Benefits of the reduction of locations</b></p> <ul style="list-style-type: none"> <li>Increase the number of appointments by freeing up staff travel time</li> <li>Increase the choice in days or times of appointments as clinics will be available more frequently in each location</li> <li>Reduce waiting times by increasing the number of appointments</li> </ul> <p><b>Benefits of 'opt-in' process and central booking system</b></p> <ul style="list-style-type: none"> <li>Service users would be offered a choice in venue, day and time</li> <li>Central booking would address inequities for people in different areas having different length waiting times</li> </ul>
IAPT	<ul style="list-style-type: none"> <li>Reduce waiting times, as people often wait for an appointment at their own practice although another appointment may be available at a clinic nearby much sooner</li> <li>Reduce disruption for patients and their treatment by improving consistency in</li> </ul>

	<p>room availability, so that rooms do not need to be changed mid-clinic and become unavailable at short notice</p> <ul style="list-style-type: none"> <li>• Improve out-of-hours care access by focussing on sites where other services are also open later</li> <li>• Concentrate on rooms that are the most clinically appropriate, considering the needs of the client group for 'soft rooms' rather than hard clinical spaces</li> </ul>
Podiatry	<ul style="list-style-type: none"> <li>• Clinics at Health centres create choice in the day, time or location for patients previously only seen in their own GP surgeries</li> <li>• Podiatry clinics at GP surgeries are only available to the patients of that practice, proposal would reduce inequity across the city</li> <li>• Some clinics currently have low attendance and therefore shorter waiting times than elsewhere; proposals would ensure one group of people doesn't wait longer to be seen than another</li> </ul>
Garforth	<ul style="list-style-type: none"> <li>• Create a smaller, fit-for-purpose, property base so we can use our money to provide the most care possible for local people</li> <li>• Serve areas of highest need through closing a clinic that is not well utilised</li> <li>• Provide the best facilities to our service users as high levels of maintenance and repairs would be required to provide high standard of care at Garforth</li> </ul>

### 3. How we checked if our proposals would achieve this

#### 3.1 Service review process

The proposed changes to services were developed through an in-depth process of reviewing our services undertaken in 2014/5. These service reviews took into account:

- the demand for the service across the city (referrals, waiting lists, caseloads)
- feedback from patients, carers, staff and other stakeholders such as commissioners
- mapping how the service works (referral, assessment, treatment, discharge)
- financial data (value for money to the public)
- quality of the service (incidents, health and safety, clinical effectiveness)

From reviewing these findings, a number of options were considered by the service and LCH senior management team. The proposals we have engaged on in this process come from the option that best enabled the service to meet the ongoing demand for the service while protecting staff time delivering care to patients.

#### 3.2 Assessment of impact

##### 4.2.1 Numbers of people impacted by changes

For each proposal, we looked at how many people would be directly affected by the changes. This influenced the proposals and meant the changes affected the caseloads with lower numbers, so the clinics with lowest attendance would move wherever possible.

The number of people directly impacted by the changes are shown below, with the total number of people using that aspect of the service for comparison.

Service/Clinic	Number people directly impacted by change
<b>Adult Nutrition and Dietetics</b>	<ul style="list-style-type: none"> <li>• 144 patients directly affected by change (97 patients in GP clinics) out of 372 patients attending community clinics (16% of overall Dietetic caseload)</li> </ul>
<b>Children's Speech &amp; Language</b>	<ul style="list-style-type: none"> <li>• 315 (15%) patients directly affected by change, out of 2,151 patients attending community clinics (4% of overall SLT caseload)</li> </ul>

Service/Clinic	Number people directly impacted by change
<b>Therapy</b>	
<b>IAPT</b>	<ul style="list-style-type: none"> <li>815 (27.2%) patients directly affected by change, out of 2,992 patients attending community clinics (13.2% of overall caseload)</li> </ul>
<b>Podiatry</b>	<ul style="list-style-type: none"> <li>1,287 (11%) patients directly affected, including 157 patients in GP clinics, out of a total of 11,285 patients attending community clinics (8% overall Podiatry caseload)</li> </ul>
<b>Garforth Clinic</b>	<ul style="list-style-type: none"> <li>In the region of 450 patients would be affected and use musculoskeletal, weight management, cardiac, podiatry, adult dietetics, children's speech and language therapy services elsewhere.</li> </ul>

To better understand the number of people who may have particular difficulties accessing alternatives, we have considered numbers of people living nearest the location affected who are therefore most likely to walk and people using those locations aged over 70, who are most likely to have mobility issues.

These additional difficulties for these groups will be experienced across the city, but we have used the number of people living in Garforth and using our services as an example of it. This is because in outer areas of Leeds, where public transport is less frequent and distance between areas / clinic locations is further, the impact on people less able to travel is increased.

**Musculoskeletal Service (MSK)** - 30 of the 38 people from LS25 who access Tier 1 MSK, which is for appointments that require physiotherapy only, are over. Appointments that need a doctor or injections or further assessment (Tier 2) are provided at fewer locations and are not available at Garforth Clinic.

**Podiatry** - 97 patients living in LS25 1 or LS25 2 (the close surrounding area to Garforth Clinic) are over 70 years old.

As caseloads are not reported by location attended, the numbers above include patients who already do not attend their nearest clinic and are seen elsewhere. The assumption that people currently attend their nearest clinic has been challenged through feedback from patients *"East Leeds would be really handy for me - I could walk there. I get 2 buses here [to Burmantofts]. I used to come here because I came to Warfarin Clinic at the same time but that's not here anymore so it would be easier to go to East Leeds"* and by looking at caseloads where location-specific information is recorded. For example, in an IAPT clinic in a GP surgery where 12 patients attend, not one patient is registered with that practice, and one of those attending is registered with another practice where appointments are also available.

### What was said about our proposals

#### Response rates

We received:

- 149 responses to the overall approach proposal
- 234 responses to the Garforth proposal
- 22 responses to the Adult Nutrition and Dietetics proposal plus verbal comments captured by dietitians
- 69 responses to the Children's Speech and Language Therapy proposals
- 29 responses to the IAPT proposals
- 105 responses to the Podiatry proposals

## 5.1 Feedback themes for each proposal

### 5.1.1 Overall approach

Feedback was sought about the proposed overall approach through engagement: specifically about the approach and; through questions on individual service engagement.

Responses were received: online through the electronic survey promoted through our website, on social media, via internal and external bulletins; on paper copies of the survey distributed in health centres; verbally through face-to-face engagement with LCH staff; via patient and community groups

- 149 responses to the overall approach proposal

#### Agree with LCH approach to locations of services

- Agree with approach x21
  - *"appreciate you have to cut down"*
  - *"These themes look to providing the quality of care the citizens of Leeds deserve and should receive."*
- Agree with fewer bases but need to be based in different parts of the city for equitable access x9
  - *"Although I understand need to cut down places to make available more appointments I do think there should be services in each main areas of Leeds"*
- Need to be more efficient x4
  - *"rationalise use of resources, minimise travel and admin time, and increase patient facing time"*
- Reducing travel time for staff x5
- Agree with using modern buildings with best facilities x4



#### Disagree with LCH approach to locations of services

- Disagree with approach x17
  - *"I am concerned that you are looking to reduce the locations you provide services from without improving the existing estate to accommodate the extra staff and patients."*
  - *"If staff have to hot-desk it is an inefficient use of time as there is often no desk/phone/computer immediately available. It also discourages the sharing of professional skills & knowledge, as the constant movement of staff means personal links are not easily made or kept"*
- Disagree with last point- poor doesn't necessary mean unhealthy x4
  - *"Why the poorest by the way? Aren't all people to be treated the same where health is concerned?"*
- Approach meaningless and idealistic 'management speak' x6
  - *"I'm not sure how these objectives can be fully realized. I'm not able to envisage how these goals will be efficiently met."*
- Services no longer serving the community x11
  - *"Large bases are impersonal and can be noisy, crowded and disorientating for vulnerable patients."*
  - *"The ideal would be that care could be provided locally to those who require it and the more specialist of services could be centralised and provide those services to those who are in need. By centralising all these services it is more cost effective but would provide a poorer service to those who are in need".*
- Contradictory approach x3
  - *"It is contradictory. It is not possible to "provide the most care possible for local people" in a centralized location; small local centres are best placed to do this. It is not feasible to say "one group of people doesn't wait longer to be seen than another" when a specific group may have problems which require more urgent treatment. It is not equitable to state that "the poorest will improve their health the fastest" when someone in a more secure financial position may have equally poor health."*

- Not equitable x7
- Money saving and convenience over quality patient care x9
  - *"This is clearly an attempt to cut costs, at the expense of patient care. This also puts additional pressure on the remaining staff, which will further compromise patient care."*

### Key themes-what's important to you

#### Good public transport links x23

- *"Access isn't just about distance between places it's about how often buses run"*
- *"It is all very well to have the best facilities, but if the facilities are not easily accessible by public transport routes, then it would be money wasted"*
- Parking and disabled parking x25
- Distance from home and travel time x16
- Quality of care x13
- Cost of travel x8
- Proposed site 'comfortable' for those with mental health problems x6
- Accessible building x5
- Cleanliness x5
- Interpreting services
- Extended Opening hours x4
- Safety of area x3
- Friendly and knowledgeable reception staff x9
  - *"I am aware that there are constant changes within this area and the new/temporary staff do not receive adequate training and support therefore they make mistakes, give the wrong information."*
- Accessibility, especially for those who travel difficulties x22
  - *"having to travel across the city which they may find difficult due to age, disability, child care issues, other carer issues, financial considerations etc."*

### What would help- minimising impact

- Directions of how to get to places x4
- Integration with other services across Leeds x4
  - *"The health and wellbeing vision is a strong one and it would be good to align any work with social care changes as the move towards integration moves forward."*
- Modern facilities and technologies x2
- Ensure appointment times and waiting times are not affected x7 manage
- Managing the extra demand on remaining facilities x3
- Knowing you have a choice of appointment time and venue x2
- Adequate signage in health centres

## 5.1.2 Children's SLT

Feedback was sought about the proposed changes to the Children's Speech and Language Therapy service through engagement: specifically about the service and its proposed changes; about the proposals to move services (including Children's SLT) out of **Garforth** Clinic and to then close the building and; about the overall approach that LCH is proposing for locations of services.

Responses were received: online through the electronic survey promoted through our website, on social media, via internal and external bulletins; on paper copies of the survey distributed by clinicians and in health centres; verbally through face-to-face engagement with clinicians and other LCH staff; via patient and community groups.

- 69 responses to the Children's SLT proposal
- 149 responses to the overall approach proposal
- 234 responses to the Garforth proposal

### Approach and engagement



- Agree with criteria for rooms and proposal x3
- Engagement just lip service

**Venues and access**

- Willing to travel to access the service x4
- Access to local clinic near home x2
- Parking included disabled access x6
- Safety
- Venue should be quiet, non medical and child friendly x2
- Good public transport
- Wheelchair accessible
- Difficult to access public transport x3

**Equitable access and specific locations**

- Uneven spread of proposed clinic in East Leeds compared to West.
- Okay for me living in South Leeds
- Difficult for resident of Poole as more regular buses to Otley than Yeadon- extra cost and time.
- Access for people living in north Seacroft

**Adverse impacts of changes**

- Changes may affect attendance x2
- Concerns over continuity of carer with changes x3
- Children with Downs Syndrome
- Parents who find it more difficult to engage and may struggle with opt-ins

**Minimising impact**

- Should be seen in school settings to minimise disruption to education x3
- Clear information about changes for people with Autism
- Easier to contact therapist over the phone
- Clear signage

**5.1.3 Dietetics**

Feedback was sought about the proposed changes to the Dietetics through engagement: specifically about the service and its proposed about the proposals to move services (including Adult Nutrition and out of **Garforth** Clinic and to then close the building and; about the approach that LCH is proposing for locations of services.

Responses were received: online through the electronic survey promoted through our website, on social media, via internal and external bulletins; on paper copies of the survey distributed by clinicians and in health centres; verbally through face-to-face engagement with clinicians and other LCH staff; via patient and community groups.

- 22 responses to the Dietetics proposal plus verbal comments captured by dietitians
- 149 responses to the overall approach proposal
- 234 responses to the Garforth proposal

**Value local availability and accessibility of service (x8)**

**Rationale for proposed changes and potential to achieve benefits**

- Reducing locations is a cost saving exercise
- "Will it work, will more days have to be added if / when demand increases?"



services  
changes;  
Dietetics)  
overall

- "The general shift in health care seems to be to provide more services for patients in the community closer to home. This proposal contradicts all those principals. It is proven that where services are located in GP practices not only are the patients more engaged and more likely to attend and keep attending but clinicians are too and the volume and quality of referrals is likely to be significantly higher. The vast majority of our patients from an area of high deprivation will not attend at the proposed sites and again the worse off are disadvantaged"

### Impact of location on patients

- 'No objection'
- Changes will affect attendance x4
- Easy parking is important x4
- Increase home demand

For patients currently seen at Bellbrooke: not easy to get to Chapeltown; busy roads for pedestrians; travel cost; limited parking at Chapeltown (nearest alternative)

For patients currently seen at Boston Spa: 'Ok' as go to Wetherby for other aspects of care (x2)

For patients currently seen at Reginald Centre: 'Ok' Chapeltown easier to get to than Reginald

For patients currently seen in Rothwell/Oulton area: Less likely to attend if moved from the area (x3); Would struggle to get to Middleton (x3); concerns about safety of going to other areas

For patients currently seen at Bramley: inconvenient to get to Armley on public transport (x3)

For patients currently seen at West Lodge: 'Ok' moving to Pudsey x2

### Impact of time on patients

- Prefer daytime clinics (children are in school)
- Will this increase waiting lists
- No objection x4

### Opportunities to minimise impact of changes

- Transport services
- "A catalogue of services and sites needs to be available in every surgery and clinic to give to patients."
- Skype

#### 5.1.4 IAPT

Feedback was sought about the proposed changes to the IAPT service

through engagement: specifically about the service and its proposed changes; about the proposals to move services (including IAPT) out of **Garforth** Clinic and to then close the building and; about the overall approach that LCH is proposing for locations of services.

Responses were received: online through the electronic survey promoted through our website, on social media, via internal and external bulletins; on paper copies of the survey distributed by clinicians and in health centres; verbally through face-to-face engagement with clinicians and other LCH staff; via patient and community groups.

- 29 responses to the IAPT proposal
- 149 responses to the overall approach proposal
- 234 responses to the Garforth proposal

### Priorities

- Value the availability and flexibility of the service x6
- Value local delivery x3

### Themes around proposals





- Increased travel time x6
- Increased home visits x4
- Travelling further in bad weather x 3
- Poor public transport links x8
- Agrees with reasoning for proposals
- Don't like change, want to attend in area they are comfortable with x7
- Increasing waiting times? x6
  - *"If proposals reduce waiting times than I'm all for them"*
- Use mobility scooter, needs to be local x2
- Don't mind the change x5
- Will appointments be worked around public transport? I.e. if the bus is late? X3
- Access bus is not reliable
- Services should be focused on areas of need.



**Garforth**

- Parking at Kippax inadequate

**Minimising impact**

- If transport was provided
- Being able to choose your alternative x2

**Garforth**

Feedback was sought about the proposed changes to services provided in Garforth through engagement: specifically about the proposals to move services out of Garforth Clinic and to then close the building; on individual services making changes that include coming out of Garforth Clinic and; about the overall approach that LCH is proposing for locations of services.

Responses were received: online through the electronic survey promoted through our website, on social media, via internal and external bulletins; on paper copies of the survey distributed by clinicians and in health centres; verbally through face-to-face engagement with clinicians and other LCH staff; via patient and community groups.

- 234 responses to the Garforth proposals
- 22 responses to the Adult Nutrition and Dietetics proposals plus verbal comments captured by dieticians
- 69 responses to the Children's Speech and Language Therapy proposals
- 29 responses to the IAPT proposals
- 105 responses to the Podiatry proposals
- 149 responses to the overall approach proposal

**Key themes**

**Agree with approach**

- Kippax good alternative and has better facilities x10
  - *"It would make sense to use Kippax as an alternative if Garforth is not fit for purpose. I agree that money should be spent directly on health issues/ the night staff, rather than maintaining a very old building."*
- Garforth does require maintenance x2
- Clinic does seem empty at times x2

**What is important**

- Accessible venue most important x10
- Garforth clinic is very accessible x11
  - *"Ideally placed for the community it serves."*
- Good parking at Garforth x11
- Safety at Garforth- next to a police station x3
- Good transport links to Garforth x2
- Local x20
  - *"Patients require LOCAL facilities, no chasing about the city."*
- Having a choice x3

#### Issues arising around clinic maintenance and demand

- Clinic in good repair, nothing wrong with facilities x20
  - *"You need to verify that statement by showing the schedule of maintenance and the costs involved for the Garforth Clinic. It isn't good enough just to make that assertion"*
  - *"This is a well-established building with sufficient capability for purpose. A good clean and a coat of paint would be a small cost to pay for a required community resource. "*
  - *"Seems to have done the job up to this point- why is it only now unsuitable?"*

Why has maintenance been neglected and run down x11

- *"There are enough planners available at LCC to be organised and maintain the existing building in Garforth!"*
- *"This situation has been deliberately contrived by persistent poor maintenance"*
- *"If maintenance had been kept up with at Garforth there would be no need for an alternative location".*

If not fit for purpose then refurb/ replace x19

- *"Worth repairing for good location"*
- *"If it is recognised that Garforth Clinic is now unsuitable, it should be demolished and rebuilt as a clinic worthy of the town it services".*

Garforth has large growing population (larger than Kippax), with proposed new houses it needs its own HC x51

- *"Why lose a service when the demand will increase within the next few years "*
- *"Garforth is a large town and an ageing community- it deserves its own health centre as in other areas of the city."*
- *"Health services in Garforth are already under pressure. There is a proposal to build a further 2,300 housing units in Garforth- an increase of 41%. If you close existing services, how long will it be before Kippax is also unable to cope?"*

Clinic is always busy, how come waiting lists are long if underutilised? X43

Services have been moved away/ not offering appointments so attendance will be lower, purposely not well utilised x21

- *"I feel there has been a shift away from offering clinics at Garforth and this is why it is not well utilised"*
- *"Perhaps these figures are skewed as services are already withdrawing or changing how they operate ?"*
- *"If your less than 80% is correct, then higher managers within the local NHS have seriously failed to utilise a valuable asset. So it's management failure, rather than local staff failure"*

*"Why can't people on waiting lists elsewhere go to Garforth clinic if there is space there?"* x12

Facilities should be advertised more , capacity should be increased and provide other services there x13

- *"Instead of moving all these services have someone see what could be moving into the space which is not used and stop thinking close"*

Will Kippax be overwhelmed x17

- *"The times I have had to attend the Kippax the clinic has seemed very busy so can they take more patients?"*
- *"Can Kippax Health centre cope with all the additional load of Garforth closing?"*
- *"Kippax waiting room is usually pack to the "full house level" so I wonder how much disease will be spread around"*

#### Accessibility issues arising

Inadequate parking at Kippax x52

- *"Car parking at Kippax clinic is a serious problem. If the proposals get the go ahead then car parking will become perilous at Kippax."*
- *"I feel car parking at Kippax is one of the biggest drawbacks to the move"*
- *"Kippax parking (disabled and ordinary) always congested with entry and exit difficult."*  
Bus indirect routes- increases travel time for short journey x15
- *"A 10 minute walk for me becomes a half day trip by bus"*  
Limited bus routes to Kippax from outlying areas, infrequent and unreliable (what happens if you miss your appointment?) x43
- *"Buses are not timed to fit in with clinics waiting either at the bus stop or at the clinic"*
- *"The argument that there are bus links is wholly dependant on where you live in the Garforth area and swathes of the area are not serviced by public transport. For those dependant on public transport the ability to arrive in time for an appointment will be dependant on the reliability of the bus service, where a bus fails to arrive on time or at all will have an adverse effect on appointment times".*  
Bus journeys not suitable for those with mobility/ anxiety issues/ with children x35
- *"Getting on the bus is no option"*
- *"Suggesting bus routes for patients with lower levels of mobility not very helpful"*
- *"Buses not easy to use if you have problems walking as drivers don't wait for you to sit down before pulling off".*  
Inclement weather affecting travel x9
- *"Fine to go by bus if you are a mobile patient and if you are able to stand waiting for buses in the midst of winter... And will this cause an increase in the death rate of elderly patients? "*  
Change not suitable for elderly and those with mobility issues x47
- *"How will more difficult access affect health and health inequalities - has a health impact assessment been made?"*
- *"Older people will fall through the net costing more in the long run and will have a poorer quality of life".*
- *"You are frightening vulnerable people"*  
No proper wheelchair access/ accessible access at Kippax x11
- *"Over a route with speed bumps not suitable to disabled people"*
- *"No wheelchair ramp"*
- *"At Kippax the car park is always full and the facility is on the upper floor. I struggled to park the car and get wheelchair out of boot to get her into the clinic."*
- *"Kippax has too many hills"*  
Uncomfortable with driving longer distance x4
- *"When I can drive, 15 minutes is my limit because of cramp."*  
Increased travel cost- particularly taxi fares x24
- *"I enquired from a local taxi company what the cost would be, both ways, and was told Austhorpe to Kippax would be £23 but waiting time for the patient would have to be extra."*
- *"what about other people who don't have free travel, don't drive and are on low income"?*
- *"This change won't just impact on elderly people. Not everyone has a car and young mothers with children could find it prohibitively expensive to travel on public transport."*  
Distance from home, cannot walk to Kippax x17
- *"Garforth in walking distance for many users"*  
Rely on mobility scooter x13
- *"Scooter people couldn't use the bus service, would transport be provided for them?"*
- *"In Garforth my mother can have some semblance of independence by being able to use her mobility scooter to attend clinic"s*  
No bus shelter at Kippax x3  
Increase in home visits x15  
Increase DNAs x7
- *"People will not attend for monitoring and maintenance and result in more admissions or higher costs to the NHS in the long term."*  
Rely on neighbours/friends/carers to transport, extra travel time will affect this x8

## Other issues arising

Garforth clinic part of the community for a long time- local meeting point x16

- *"The proposed change is detrimental to the community and will reduce the level of care that is and should be available across the area. "*
- *"Garforth clinic would be a great loss to the people in Barwick, Aberford and Scholes, we are all getting older and do a little shopping in Garforth before getting bus home".*

Cost saving exercise over care, please consider patients x13

- *"Who is looking to make something out of this apart from the NHS"*
- *"Start thinking about PATIENTS rather than profit!"*

Value of the land, will it be sold for houses? X9

- *"You want to sell the land and build even more houses"*

Lose continuity of care

'Aint broke don't fix it' x2

Would waiting times be increased? X7

*"How long will the building be left boarded up and become an eyesore?"*

*"Have local residents in Kippax been asked their opinion on an increase in services and traffic?"x4*

## Minimising impact

Could services be provided in other facilities in Garforth, community buildings x11

More services in GPs x15

*"may I suggest that you create a side access [at Kippax] to save patients a marathon walk"*

*"More disabled and parent & child parking spaces essential at Kippax" x2*

Improve car parking at Kippax x4

*"Elderly people would like appointments so they could catch buses after 9.30am so as to use their free passes" x6*

NHS Transport available? X5

- *"Provide free transport to and from Kippax for those within walking distance of Garforth clinic. This will offset any savings."*

Use Garforth NET x9

*"Why not arrange some clinics in day centres if there is a fear of patients missing out on activities?" x2*

Extending opening hours x2

- *"Offering extended hours would help working families"*

Use technology such as Skype

## Engagement process

Decision has already been made x13

- *"Closure has already been decided. It is a valuable site for building flats etc.. Consultation is a meaningless farce. "*
- *"Pure show. Decisions will already have been made and will be acted upon whatever local opinion is".*
- *"The propositions are unworkable for lots of people, but it would appear that the patient no longer has a voice."*
- *"take another look at your 'facts' and stop being selective in the information you put out to the public"*

Engagement not wide spread x6

Do not leave other areas affected (such as Kippax) out of the engagement

## 6 Impact of feedback

Each service has reviewed the feedback received about their proposals and, in conjunction with the Membership and Involvement Team and review groups, identified key feedback themes. The impact of feedback on the proposals has been considered through an options appraisal for each proposal shown below. For each proposal and alternative suggestion(s) coming from the feedback, the advantages and disadvantages have been weighed up and recommendations made accordingly. The recommended option is summarised at the end of each options appraisal.

### 6.2.1 Overall approach

Feedback	Impact (what we will do as a result)	Progress
Impact of consolidating locations on the remaining locations – will they end up too busy?	We will share information about the alternative locations, with information about parking and waiting areas. Any additional clinics provided in these locations are held in rooms not currently being used at that time and so are only held at quieter times. This will minimise impact and is part of our approach to increase use of buildings which currently have a low rate of utilisation.	Ongoing.
Approach meaningless and idealistic 'management speak' – <i>"I'm not sure how these objectives can be fully realized."</i>	We will share the actions taken as a result of this engagement that will demonstrate how we genuinely put ideas into practice.	Ongoing.
<i>"The ideal would be that care could be provided locally to those who require it and the more specialist of services could be centralised and provide those services to those who are in need."</i>	We will continue engagement with patients, carers and the public to define more clearly what is meant by 'local' and 'centralised'. We are looking at whether a model from South Tyneside where communities self-identified the boundaries of their immediate 'neighbourhood' and what health activities or 'community health assets' there were in that location could be used to support this conversation.	Ongoing.
<i>"Large bases are impersonal and can be noisy, crowded and disorientating for vulnerable patients."</i>	We are looking at how we can improve our health centres, considering how we make them more attractive and welcoming and also looking at signage and a programme of making venues dementia-friendly.	Ongoing.
<i>Money saving over patient care - "This is clearly an attempt to cut costs, at the expense of patient care. This also puts additional pressure on the remaining staff, which will further compromise patient care"</i>	We will further explain our approach which is designed to protect patient care and staffing providing care. The approach will not put additional pressure on staff as the staff currently providing the service will be moved to provide the service in its new location. We are putting in monitoring to ensure we are aware off, and can therefore address, any unintended adverse impact of changes on patient care.	Ongoing
<i>Both parking and public transport is important - "Access isn't just about distance between places it's about how often buses run"</i>	We will continue to provide information about both parking and public transport. Our information about health centres will include additional information about the availability and distance of disabled parking spaces. We will also promote choice in times of appointments for them to work as well as possible with times of public transport, particularly infrequent services. Where the cost of travel is an issue we will provide information about the Healthcare Travel Costs Scheme <a href="http://www.nhs.uk/NHSEngland/Healthcosts/Pages/Travelcosts.a">http://www.nhs.uk/NHSEngland/Healthcosts/Pages/Travelcosts.a</a>	Ongoing



**Recommendations:**

- To implement the range of identified actions that will respond to and address concerns about the approach
- To learn from and use this feedback when considering any other future changes to locations of services

**6.2.2 Children’s SLT**

<b>Option</b>	<b>Advantages</b>	<b>Disadvantages</b>	<b>Recommended – with what mitigation?</b>
<i>Continue ‘as is’</i>	Does not require change for patients to travel further	Does not achieve benefits of: <ul style="list-style-type: none"> <li>• Increased equity in access</li> <li>• Reducing staff travel (impact on costs and patient-facing time)</li> </ul>	Not recommended.
<i>Review other locations to change</i>	Stops specific impact of changes on people in areas who have given feedback.	Most feedback pertinent to many locations, so making changes in other areas would not address these issues.	Not recommended.
<i>Change some locations proposed (as named below) but keep others</i>			
<i>Maintain provision Otley</i>	Maintains provision in outer areas where public transport can be more difficult	1 clinic room in Otley providing 1 session a week so no patient choice in days. Yeadon has own suite with more rooms, better clinical facilities, bigger client base so fewer people would need to move, space for groups	Not recommended
<i>Maintain provision in <b>Garforth</b></i>	Maintains provision in outer areas where public transport can be more difficult	No extra rooms, alternatives are Halton and Kippax. Kippax has access to group room.	Linked to wider changes.
<i>Maintain provision in Seacroft</i>	Focuses provision on area of high deprivation.	Choice of 2 other venues near (Chapelton & Halton) both offering more clinical space. Bigger / better clinical room at Halton so can run groups (Seacroft smaller).	Not recommended: School-age children seen in school, more choice of times and days by consolidating in fewer locations

**Recommendation:** To make proposed changes to Children’s Speech and Language Therapy service with the identified mitigation to address issues raised.

**6.2.3 Dietetics**

## Are we ensuring our services are accessible to patients living in areas of high deprivation?

**Out of our existing 30 venues** (13 are health centres with appointments open to all and 14 are restricted to only GP patients and 3 GP surgeries allow us to see other patients there)

- 33% (10 of 30) venues are located in deprived areas (areas defined as 'super-output areas' in 2011 data)
- Represents 43% (20 of 47) clinics we deliver on a monthly basis

**Out of our new proposed 15 venues** (all appointments would be open to all patients)

- 53% (8 out of 15) venues are located in deprived areas (areas defined as 'super-output areas' in 2011 data)
- Represents 60% (25 of 42) clinics we would deliver on a monthly basis

Most feedback in deprived areas was about Chapeltown, which will be the alternative venue for Reginald and Bellbroke patients. Patient comments were varied, and included "it would be easier to get to Chapeltown" (patient currently seen at Reginald Centre), "it would be very difficult with 2 sticks to get to Chapeltown" (patient currently seen at Belbrooke) and "building/services by Chapeltown are adequate and inclusive".

Feedback received relating to accessing the service in other areas of deprivation such as Armley/Bramley and Beeston were also mixed.

## Are we ensuring our services are accessible to people living in outer areas of Leeds?

Feedback that patients in outer areas (Garforth, Yeadon, Morley, Rothwell) may struggle to get to new proposed venues:

- Concerns about Garforth tend to be linked to potential of the Clinic building closing and that Kippax has difficult parking or is further to travel if coming from other outer villages eg Scholes

## Do in-house GP clinics improve accessibility for patients?

- The benefits of in-house clinics were identified as being that they are local, easy and very accessible as patients don't need to travel at all and are used to going to the venue which encourages engagement with the service
- The impact of in-house clinics on people who are not able to access that specific GP clinic was also commented on "It seems ridiculous that the dietetic clinics at GP surgeries at present are only available to patients at that practice."

<b>Option</b>	<b>Advantages</b>	<b>Disadvantages</b>	<b>Recommended – with what mitigation?</b>
<b><i>Continue 'as is'</i></b>	Does not require change for patients to travel further; does not create potential risk to relationships with GPs	Does not achieve benefits of: <ul style="list-style-type: none"> <li>• Increased equity in access</li> <li>• Reducing staff travel (impact on costs and patient-facing time)</li> </ul>	Not recommended.
<b><i>Review other locations to change</i></b>	Stops specific impact of changes on people in areas who have given feedback.	Most feedback pertinent to many locations, so making changes in other areas would not address these issues.	Not recommended.

<b>Option</b>	<b>Advantages</b>	<b>Disadvantages</b>	<b>Recommended – with what mitigation?</b>
<b><i>Change some locations proposed but keep others</i></b>			
<ul style="list-style-type: none"> <li>• <i>Keep provision at Bellbrooke Surgery</i></li> </ul>	<ul style="list-style-type: none"> <li>• Maintains accessibility for patients in the practice</li> <li>• Maintains clinics in inner city / deprived areas</li> <li>• Keeps provision in locations which have received most negative feedback to changes</li> </ul>	<ul style="list-style-type: none"> <li>• Duplication of 2 locations in Chapeltown</li> <li>• Reduction of intended benefit by reducing staff travel, equity,</li> </ul>	Not recommended.
<ul style="list-style-type: none"> <li>• <i>Keep provision at Bramley Clinic</i></li> </ul>	<ul style="list-style-type: none"> <li>• Addresses issue of getting from Bramley to Armley on public transport</li> <li>• Keep locations which have received most negative feedback to changes</li> </ul>	<ul style="list-style-type: none"> <li>• Armley aligns service with Neighbourhood Team, furthering benefits of integration</li> </ul>	Not recommended.
<ul style="list-style-type: none"> <li>• <i>Keep provision at Garforth Clinic</i></li> </ul>	<ul style="list-style-type: none"> <li>• Addresses accessibility of services in outer areas</li> <li>• Keep locations which have received most negative feedback to changes</li> </ul>	<ul style="list-style-type: none"> <li>• Provision in Kippax aligns service with Neighbourhood Team, furthering benefits of integration</li> </ul>	Linked to wider Garforth Clinic engagement - if Garforth Clinic remained open then to deliver in either Kippax or Garforth, taking into consideration whether Garforth or Kippax has better transport links to surrounding villages, availability of appropriate clinical space for 1 full-day rather than 2 separate sessions.

<b>Option</b>	<b>Advantages</b>	<b>Disadvantages</b>	<b>Recommended – with what mitigation?</b>
<b><i>Make proposed changes</i></b>	<p>Feedback that the impact on patients is minimised in services such as Dietetics where patients attend clinics and therefore would travel the increased distance infrequently (eg 4-6 times, 2-3 months apart).</p> <p>Achieves benefits as described in section 3. Mitigating actions can address issues raised while achieving desired benefits</p>	Some patients have to travel further.	<p><b>Partial recommendation:</b></p> <ul style="list-style-type: none"> <li>• Monitoring – home visits, DNAs, people not moving locations (link to quality metrics)</li> <li>• Engagement with local community groups to ensure recognise and know what to do if worsening / saying not attending</li> <li>• Personalised support – support to access to HTCS, travel buddies, choice in location of appointments</li> <li>• Parking – picture of HC, details of where can park on and off-street</li> <li>• Opt-in appointments to make choice more apparent</li> </ul>

#### **Recommendations:**

- To make the proposed changes to the Adult Nutrition and Dietetics service, with the exception of provision in Rothwell/Oulton area which is instead recommended to be reprovided from the 3 GP clinics to one clinic in Rothwell Health Centre (dependent on estates availability).
- To implement the identified mitigation to address issues raised.

#### **6.2.4 IAPT**

<b>Option</b>	<b>Advantages</b>	<b>Disadvantages</b>	<b>Recommended – with what mitigation?</b>
<i>Continue 'as is'</i>	Does not require change for patients to travel further	Does not achieve benefits of: <ul style="list-style-type: none"> <li>• Reducing staff travel (impact on patient-facing time)</li> </ul>	Not recommended
<i>Review other locations to change</i>	Stops specific impact of changes on people in areas who have given feedback.	Feedback pertinent to many locations, so making changes in other areas would not address these issues.	Not recommended
<i>Change some locations but continue others, as described below:</i>			
<i>Maintain provision in Rothwell / Oulton</i>	Removes need for some people to travel further.	Does not achieve benefits of reducing number of locations and focussing on larger caseloads	Not recommended

<i>Maintain provision in Harehills (Compton Centre)</i>	Removes need for some people to travel further. Maintains joint use of shared centre which is well used by community in deprived area.	Partially affects realisation of benefits of reducing number of locations.	Recommended
<i>Maintain provision in Kirkstall / Abbey</i>	Removes need for some people to travel further.	Does not achieve benefits of reducing number of locations and focussing on larger caseloads	Not recommended
<i>Make proposed changes</i>	Achieves benefits as described in section 3. Mitigating actions can address issues raised while achieving desired benefits	Some people will need to travel further.	Partial recommendation: <ul style="list-style-type: none"> <li>• Monitoring – attendance rates, DNAs, (link to quality metrics)</li> <li>• Engagement with local community groups to ensure recognise and know what to do if worsening / saying not attending</li> <li>• Personalised support – support to access to HTCS, travel buddies, choice in location of appointments</li> </ul>

**Recommendations:**

- To make the proposed changes to the IAPT service, with the exception of provision in the Compton Centre, Harehills which is recommended to continue.
- To implement the identified mitigation to address issues raised.

**6.2.5 Podiatry**

<b>Option</b>	<b>Advantages</b>	<b>Disadvantages</b>	<b>Recommended – with what mitigation?</b>
Continue 'as is'	Does not require change for patients to travel further	Does not achieve benefits of: <ul style="list-style-type: none"> <li>• Increased equity in access</li> <li>• Reducing staff travel (impact on costs and patient-facing time)</li> </ul>	Not recommended.
Review other locations to change	Stops specific impact of changes on people in areas who have given feedback.	Most feedback pertinent to many locations, so making changes in other areas would not address these issues.	Not recommended.
Change some locations proposed (name which) but keep others			

Option	Advantages	Disadvantages	Recommended – with what mitigation?
Maintain provision in Garforth Clinic (see also options appraisal below identifying potential alternative provision in Garforth)	Easily meets needs of local population in outlying area	1 room therefore no skill-mix, small caseload	Linked to wider changes – mitigation to increase potential being that would need to have 2 rooms / twin chair in area
Make proposed changes	Achieves benefits as described in section 3.  Mitigating actions could address issues raised while achieving desired benefits	Some people would need to travel further.	Recommended <ul style="list-style-type: none"> <li>• Monitoring – home visits, DNAs, people not moving locations (link to quality metrics)</li> <li>• Engagement with local community groups to ensure recognise and know what to do if worsening / saying not attending</li> <li>• Personalised support – support to access to HTCS, travel buddies</li> <li>• Promote choice in location of appointments</li> <li>• Parking – picture of HC, details of where can park on and off-street</li> </ul>

**Recommendation:** To make proposed changes to Podiatry Service with the identified mitigation to address issues raised.

### 6.2.6 Garforth

Option	Advantages	Disadvantages	Recommended – with what mitigation?
Continue 'as is' providing all current services in Garforth clinic	Does not require changes for patients to travel further	Resource required to make clinic building fit for purpose.	Not recommended
Move all services out of Garforth clinic and close the building but keep some services in other locations in Garforth, as described below.			

Option	Advantages	Disadvantages	Recommended – with what mitigation?
Provide podiatry elsewhere in Garforth	Potential to deliver in Garforth NET: takes into account difficulties in travelling from Garforth to Kippax on public transport, especially for frail elderly and parents with young children, utilises existing community resource, supports local partnership working	See table below.	Not recommended
Provide MSK elsewhere in Garforth	Potential to deliver in Garforth Leisure Centre: takes into account difficulties in travelling from Garforth to Kippax on public transport, especially for frail elderly and parents with young children, utilises existing community resource, supports local partnership working		To continue to assess option
Collection of hearing aid batteries from Garforth Library (Action on Hearing Loss drop-in service)	Avoids people needing to travel further. Drop-in also provides repairs service (not available in health centre) as well as collection of batteries. Capacity for additional people to attend.	Drop-in service available once a month, Capacity limited by staff time and complexity of issue raised.	<b>Recommended.</b> To mitigate capacity issues by promoting volunteer opportunities through LCH membership.
Make proposed changes to move all services out of Garforth and close the clinic building	Achieves benefits as described in section 3.  Mitigating actions could address issues raised while achieving desired benefits	Some people would need to travel further.	<b>Recommended</b>

Podiatry options for delivery to Garforth patients:

Option	Advantages	Disadvantages	Recommended – with what mitigation?
Continue 'as is'	Does not require change for patients to travel further	Does not achieve benefits of: <ul style="list-style-type: none"> <li>• Increased equity in access</li> <li>• Reducing staff travel (impact on costs and patient-facing time)</li> </ul>	Not recommended

Option	Advantages	Disadvantages	Recommended – with what mitigation?
Increase home visits for those affected by proposed change	Addresses difficulties in travelling for patients affected	<ul style="list-style-type: none"> <li>• Puts additional pressure on service capacity</li> <li>• H&amp;S risk to staff of delivering without best equipment (*report referenced below)</li> </ul>	Not recommended
Alternative provision in Garforth NET	<ul style="list-style-type: none"> <li>• Does not move provision away from Garforth itself so reducing impact on people currently attending Garforth Clinic</li> <li>• Maintains social aspect of waiting times during clinics</li> </ul>	<ul style="list-style-type: none"> <li>• H&amp;S risk to staff of delivering without best equipment (*report referenced below)</li> <li>• Resource required to install equipment / ‘recreate’ clinic in non NHS facilities</li> <li>• Does not address service need to reduce number of locations to maintain maximum face-to-face contact</li> </ul>	<b>Not recommended:</b> <ul style="list-style-type: none"> <li>- Consolidating clinics locations means there is more choice in day, so reducing impact for people attending other community activities</li> <li>- Promote choice in locations based on preference for shopping / availability of other activities and transport already being used to access</li> <li>- preventative techniques and activities available in waiting rooms to encourage prevention and then prevent need for additional / more frequent appointments where no clinical need</li> </ul>
All appointments to be moved to other existing locations (Kippax and Halton, Seacroft nearest alternatives)	Greater choice of appointment times / days, increased frontline capacity by not moving clinics, better facilities in other buildings (give examples)	Difficulties travelling to alternative for patients currently accessing clinic by foot or mobility scooter	<b>Recommended:</b> <ul style="list-style-type: none"> <li>- Opportunity to book multiple sessions together to enable a group group to attend on pre-arranged trip at a location to suit needs</li> <li>- Personalised support to access transport opportunities, HTCS</li> </ul>

\*Further detail on the H&S impacts on podiatrists of delivering in non-clinical settings:

**Musculoskeletal Disorders in Podiatry & Chiropody Professionals, HSL/2006/RR647**

<http://www.hse.gov.uk/research/rrpdf/rr647.pdf>

#### “Domiciliary vs. clinical settings

There are differences in the risks associated with clinical treatments and with domiciliary treatments, the latter involving greater risk of injury due to more pronounced postural compromise, especially of the lower back and lower limbs. Commonly podiatrists reported the difficulties associated with domiciliary work, expressing a range of issues such as the following:

- lack of control over the layout of the primary task,
- compromise in personal posture necessitated due to constraints in physical mobility of client,
- inability to control the environment (especially lighting and heat),
- lack of choice in seating arrangements (often poor seating provided)



- continual reaching into tool box for equipment,

There were numerous behaviours observed during treatment in clinical settings, which enabled the podiatrist to assume better, more neutral postures. These were linked to the following:

- provision of better equipment, especially client/patient seating and practitioner seating,
- greater adjustability in the seats for both client and podiatrist,
- generally better layout of equipment in terms of reach to access equipment
- better lighting,
- more space and mobile seating to allow the podiatrist to move their seat to access the sides of the foot instead of leaning forwards and sideways”

Options for future use of clinic building / land if the decision is made to stop providing NHS services in the building:

Option	Advantages	Disadvantages	Recommended – with what mitigation?
Asset-transfer of building to become community asset			To continue to identify viability alongside other options for use of building.
Use of building as non-NHS facility by community organisation for ‘peppercorn rent’			To continue to identify viability alongside other options for use of building.
Re-development of building / land to meet future health needs of growing population			To continue to identify viability alongside other options for use of building.

**Recommendations:**

- To stop providing all services including LCH Adult Dietetics, Cardiac, Children's SLT, MSK, Podiatry, Weight Management and IAPT appointments in Garforth Clinic and close the building
- To implement the identified mitigation to address issues raised
- To continue to follow-up option to deliver MSK in alternative community venue in Garforth
- To pursue viability of range of options for future use of building / land.

**Discussions on the results of engagement and decision:**

At the Trust Board meeting on Friday 4 December 2015, our Board received a report outlining all comments and questions received during our 12 week engagement period about changes in location for some services provided by Leeds Community Healthcare NHS Trust.

This included a range of questions submitted by Councillor Dobson which were circulated to all the Board and those who were attending.

After lengthy debate the Board agreed the following proposals:

**Podiatry:** Propose to reduce where clinics are provided, from 25 locations to 19 locations across Leeds (full list is available if you would like to see it).

**Recommendation:** Make the proposed changes to Podiatry, with the exception of continuing to explore options in **Garforth** so that we can provide podiatry services as close as possible to local residents.

**Adult Dietetics:** Propose to reduce where clinics are provided, from 30 locations to 15 locations across Leeds (full list is available if you would like to see it)

**Recommendation:** Make the proposed changes to Adult Nutrition and Dietetics service, with the exception of provision in Rothwell/Oulton area. This is instead recommended to be re-provided from the 3 GP clinics to one in Rothwell Health Centre (dependent on estates availability).

**Children’s Speech and Language Therapy:** Propose to reduce where clinics are provided, from 23 locations to 12 locations across Leeds, plus changes to referrals, waiting lists and episodes of care (the way the service is provided).

**Recommendation:** Make proposed changes to Children’s Speech and Language Therapy

**Improving Access to Psychological Therapies (IAPT) :** Propose to reduce where clinics are provided, from 54 locations to 22 locations across Leeds.

**Recommendation:** Make the proposed changes to IAPT, with the exception of provision in the Compton Centre, Harehills which is recommended to continue.

**Garforth Clinic:** Propose Adult Dietetics, Cardiac, Children’s SLT, MSK, Podiatry, Weight Management and IAPT to stop providing appointments in Garforth Clinic on Lidgett Lane (next to police station) and close the building. **Recommendation:** Make the proposed changes to Garforth clinic by moving all services currently provided there and closing the building.

The Board particularly emphasised, in terms of the Garforth Clinic closure, and in response to questions from councillors and the public, that it wished to see:

- All possible options for frail elderly people pursued and personalised support to help access/navigate travel, where appropriate, put in place for them.
- To ensure that the social aspects of appointments for elderly residents were considered
- For the executive team to continue to pursue options for services to remain in Garforth where possible
- For plans for the building to be speedily concluded balancing value for money concerns with the need if possible to secure the building for the community of Garforth
- To continue to work closely with the CCG to ensure that plans for health (primary and community) and social care provision was made part of the infrastructure of the new house build planned for the area.

### **Excerpts from December 2015 Board minutes, available in February 2016 papers, Item 2015-16 (97)**

#### **“Patient and public engagement on service location proposals**

The Deputy Chair introduced this item which was presented by the Director of Strategy and Planning.

The Deputy Chair brought the Board’s attention to two particular issues that he wished to see addressed. The first being a number of questions and comments received from Councillor Dobson on 2 December 2015 (circulated to all Board members) which outlined concerns about the Garforth Clinic building and service provision in Garforth. The second related to comments gathered during the engagement process about how public feedback would be utilised.

The Director of Strategy and Planning said there was a substantial amount of detail within the draft report and she intended to concentrate on the main aspects. The report would be finalised in the light of Board discussions and approval of proposals.

The Director of Strategy and Planning provided a summary of the background to the service change proposals. She explained that the proposals had been

developed following reviews of the Trust's community health services and aimed to provide a planned, more equitable provision of services across the city. The principle being followed was that more clinic appointments would become available as a result of the changes and this would represent greater value for money for each pound of health care expenditure. This would maximise face to face time with patients over and above service availability in every location. The Director of Strategy and Planning reminded the Board that currently services were not available on an equitable basis; the current pattern of provision having evolved over time.

The proposals were outlined to the Board as being:

- **Garforth clinic:** adult dietetics, cardiac, children's speech and language therapy, musculo-skeletal service, podiatry, weight management and improving access to psychological therapies (IAPT) to cease providing appointments in Garforth clinic and closure of the building.
- **Podiatry:** propose to reduce where clinics are provided, from 25 locations to 19 locations across Leeds.
- **Adult nutrition and dietetics:** propose to reduce where clinics are provided, from 30 locations to 15 locations across Leeds.
- **Children's speech and language therapy:** propose to reduce where clinics are provided, from 23 locations to 12 locations across Leeds, plus a change to referrals, waiting lists and episodes of care in the way the service is provided
- **Improving access to psychological therapies:** propose to reduce where clinics are provided, from 54 locations to 22 locations across Leeds.

The proposed changes had been the subject of a 12 week patient and public engagement period. The consultation period commenced on 13 August 2015 and ended on 5 November 2015. Feedback was proactively sought from patients, carers and staff from the services which would be potentially affected.

The patient and public engagement process had been publicised through health centres, posters, the Trust's website, social media and within local communities. Appropriate support had been in place for both patients and staff potentially affected by the proposals.

There had been dialogue throughout the process with Garforth councillors, the Council's Scrutiny Board's development group, the Chair of the Health and Wellbeing Board and Healthwatch. The Trust's lead commissioners had been involved and were in support of the proposals. The engagement had been an open process and feedback had been relayed on a continuous basis throughout the 12 week period.

The Director of Strategy and Planning said that a number of themes and trends had been identified during the engagement period. These included: the difficulties elderly people and families with young children faced when accessing services; people not being aware of the choices open to them when accessing care; the social aspect and interaction with other health or social activities; considerations over travelling time and public transport; parking and ease of access to services and how to find and access clinics (improved signage and postcodes); the current location and distribution of services across the city; future planning for population growth and new housing developments and confidence in how engagement feedback would be used.

Reflecting on the feedback, the Director of Strategy and Planning said that plans would be put in place to support people affected by the changes. Referring to the proposal to close Garforth Clinic in particular, she said that plans would include:

support for older people with public transport; ensuring access to clinics that best suited health and social needs and work with the voluntary sector in the area to ensure that no one was disadvantaged.

It was noted that, if new housing was developed in Garforth in the future, it would be the duty of the clinical commissioning groups to commission appropriate care for the new population and that the Trust would be keen to play a full part in any new commissioning. The Chief Executive confirmed that, in her view, the current building would not be fit for this purpose. She welcomed the fact that councillors had highlighted this issue during the involvement process and was ensured therefore that it would be raised in future planning.

The Director of Strategy and Planning stated that the Trust would continue to provide services to the people of Garforth after the proposed closure of the clinic. She added that some Garforth patients already chose to access services elsewhere in the city. Providing assurances about service provision had led to further consideration of alternative options for the provision of adult dietetics, musculo-skeletal and podiatry services in the Garforth area.

As a result of the feedback received, modifications had been made to the proposals, these included: retention of nutrition and dietetics in the Rothwell/Oulton area to be operated from Rothwell Health Centre and the retention of psychological therapies (IAPT) from Compton Centre, Harehills. In closing her presentation, the Director of Strategy and Planning explained that a package of further engagement, information-sharing, promotion of choice and personal support to affected people would be put in place.

The Deputy Chair asked about timescales for implementation of the proposals. The Director of Strategy and Planning replied that, subject to Board approval, services would move or cease in line with plan. Along with the majority of proposals, the proposed closure date for Garforth Clinic was 31 January 2016.

The financial and productivity benefits were highlighted by the Chief Executive. She indicated that the new plans would realise approximately 800 appointments each year. In addition there would be savings resulting from the closure of Garforth clinic (£44,000 per annum running costs) and an opportunity provided by not needing to fund £900,000 required to bring Garforth clinic building to an appropriate standard.

A Non-Executive Director (JM) asked if the Trust owned the Garforth Clinic building; this was confirmed by the Executive Director of Finance and Resources. The Director of Strategy and Planning further added that conversations had taken place about the future possible uses of the building with the possibility of the Garforth community using the building for community purposes or for use by voluntary groups.

The Executive Director of Finance and Resources added, however, that the Garforth clinic building should be disposed of in a timely manner. He also confirmed that there was no provision for community assets transfer for NHS properties. The Board recognised that there was a tension between the duty incumbent on the Trust to achieve best value for money from the sale of the property and the Board's desire to explore options for the Garforth community to gain a community benefit from the building as long this did not lead to further costs or risk to the Trust.

A Non-Executive Director (JM) asked how quickly, following approval of the recommendations, the changes could take place. The timescales for

implementation of the service change proposals and closure of Garforth clinic were discussed. It was noted that mobilisation would commence immediately with the closure of the Garforth clinic taking effect by 1 February 2016.

In reply to the Deputy Chair, the Chief Executive confirmed that the risk implications involved in closing Garforth clinic and the other service changes had been thought through carefully along with mitigating actions. In particular, communication and liaison with patients.

The Chief Executive confirmed that if the recommendations were agreed by the Board, conversations would take place with immediate effect with local GPs and relevant groups.

The Deputy Chair asked the Board if they felt adequate consideration had been given to the questions and comments raised by Councillor Dobson; it was noted that Councillor Dobson's questions had been valuable in shaping mitigations and this was confirmed by Board members. It was agreed that the Director of Strategy and Planning would reply directly to Councillor Dobson's questions and provide a separate response. The Chief Executive added that a draft minute of the discussion would also be made available to councillors in the areas affected by the changes and to the Scrutiny Board.

The Deputy Chair concluded the item and asked if all Board members were in agreement with the proposals and recommendations. All Board members agreed with the recommendations.

**Outcome:** The Board received the draft report of the patient and public engagement on service change proposals. Approval was provided by the Trust Board to proceed with the recommendations for service changes including the recommendation to cease providing services in Garforth clinic and close the building, with the implementation of the supporting mitigation.

**Action:** The mobilisation of the approved service changes to take place with immediate effect. Progress reports to be included in the next Chief Executive's Board report for the 5 February 2016 Board meeting.