



The voice of people and communities in Leeds

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Your
healthwatch
Leeds

Who are we and what do we do?

We are the voice of people and communities that use health and care services in Leeds, particularly those who are facing the greatest health inequalities.

- We actively **gather the views of people and communities** in Leeds, ensuring that we focus on those with the greatest health inequalities.
- We believe that community voices are not seldom heard but seldom asked so we **make sure we reach out to those communities**.
- We **inform services** of what is important to the people in Leeds and ensure that people and community voices are taken into account when services are planned or changed.
- We work with organisations to **create reports and suggest recommendations** for improvements.
- We provide an **advice, information and signposting service** to help those who are struggling to navigate the health and care system and record enquiries on our database.

Latest project and findings

What we are hearing

1. Dentistry
2. Enquiries
3. Repeat prescriptions report



Dentistry

Inner North East Leeds

In the last quarter (July to September), we received 25 enquiries relating to dentistry and over 800 people visited our website seeking advice about finding an NHS dentist.

We did a project on children and young people's oral health which resulted in West Yorkshire ICB funding £6.5 million to improve access and Leeds City Council funded £100,000 to community programmes.

Some dentists are now accepting patients when availability allows as updated on the NHS website. Previously, this was 0%.

Enquiries

Inner North East Leeds

- NHS Audiology – where to go for hearing aids and hearing checks after Specsavers losing their contract

We are working with the West Yorkshire ICB and Westcliffe Health Innovations to continue to improve the service.

- GP – difficulty booking appointments, clarity and responsiveness, quality of care, staff attitudes, waiting times and compassion.

Our GP feedback is shared regularly by Co-Chair Dr Jane Mischenko to the Director of Primary Care.

- Lack of mental health support in the community
- Chapel Allerton Hospital, positive feedback, seen quickly, great staff, feeling listened to. Front of house staff were lovely.
- Excellent police in Roundhay – support for someone who is suicidal.

Repeat prescriptions

Key findings

- 1. Who orders online?** Almost half (49%) of the people ordered their repeat prescriptions online. But fewer people from ethnic minority backgrounds (22%), older age groups, and low-income areas were using digital options.
- 2. What went well?** People liked using digital options when they worked, praising online ordering and pharmacy services.
- 3. What didn't work?** Many found online systems confusing or didn't have the skills needed. There was also inconsistent communication from GP surgeries and pharmacies, making it unclear how to order.
- 4. Help needed:** Confidence in ordering prescriptions online was significantly lower among older people, minority ethnic groups, people living in low-income areas, and individuals with disabilities or long-term health conditions, as shown by the graph below. Some people had to rely on others to order their medication, affecting their independence

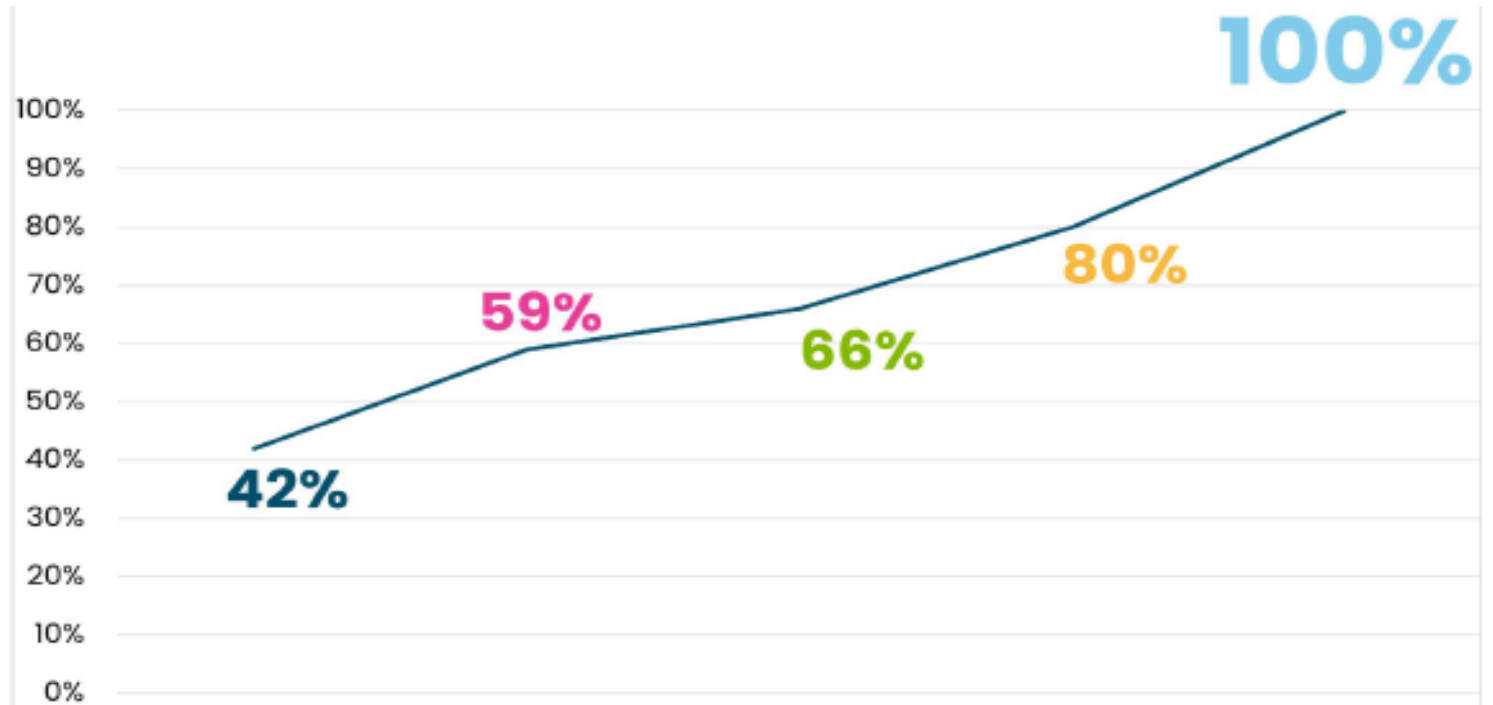
Repeat prescriptions

Key recommendations

- 1. Keeping non-digital options available:** GP surgeries need to offer ways to order without using a computer or app (like over the phone or in person).
- 2. Spread the word:** Surgeries and pharmacies should make people aware of electronic repeat dispensing and provide support to people to order online.
- 3. Be consistent:** Make sure information about how to order prescriptions is clear and the same everywhere.
- 4. Better tracking:** Explore new ways to keep people informed (like text updates) on when their prescriptions are ready.

Repeat prescriptions

Digital confidence by multiple characteristics: People reporting they were 'not very confident' or 'not confident at all' to order a prescription online.



All responses

Aged 65+

Aged 65+ and have a physical or mobility impairment

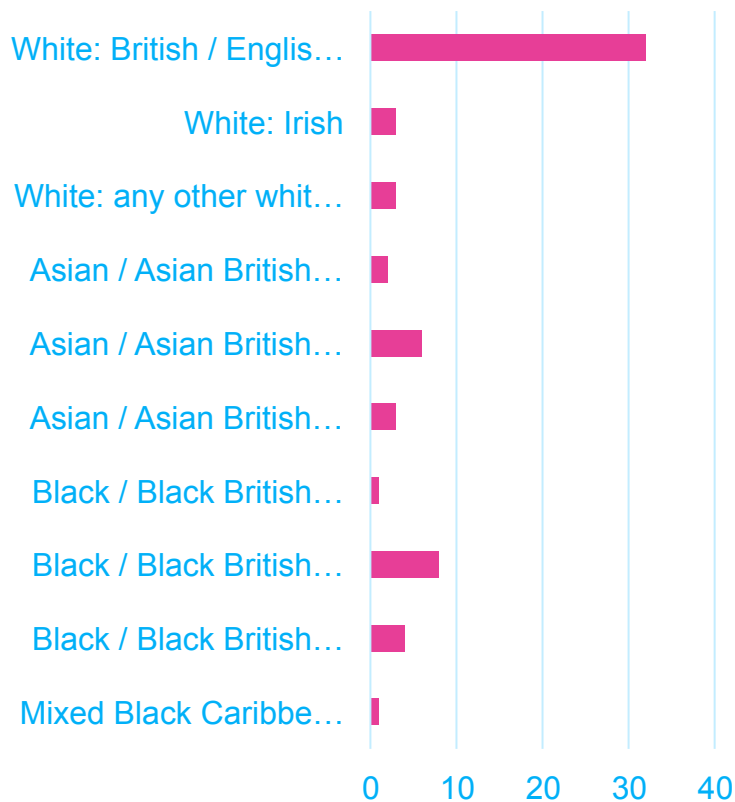
Aged 65+, have a physical or mobility impairment and live in a low-income area

Aged 65+, have a physical or mobility impairment, live in a low-income area and are in a minority ethnic community

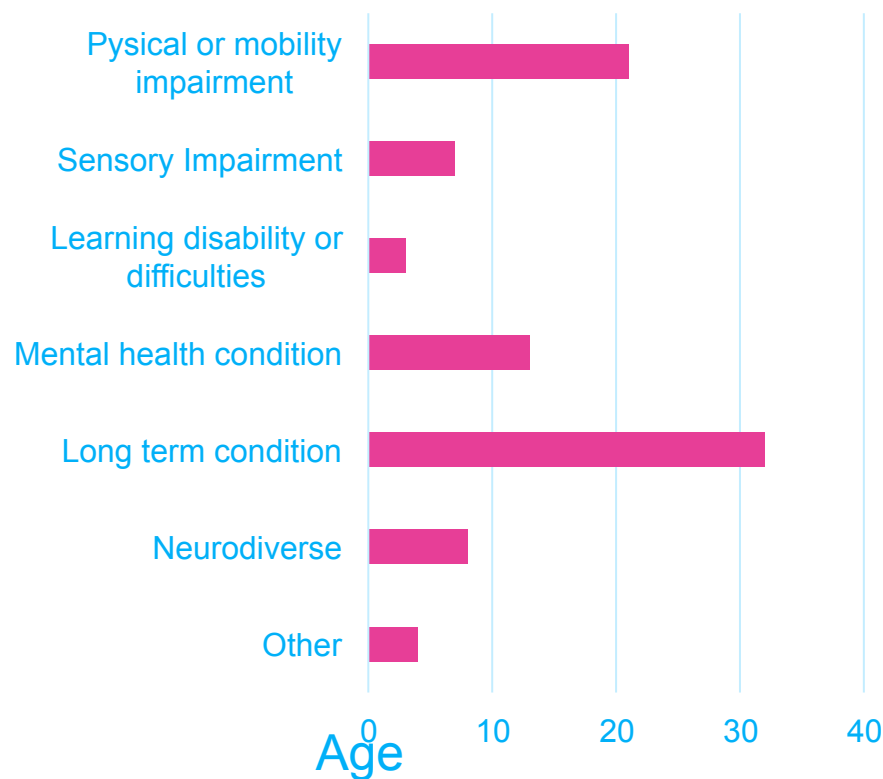
Repeat prescriptions

Inner North East Leeds

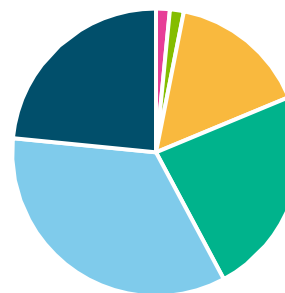
Ethnicity



Disability or conditions



Age

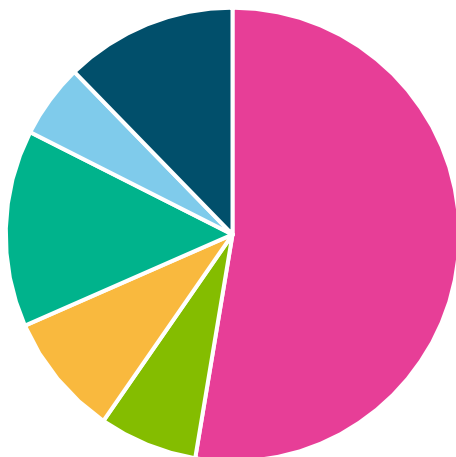


■ 16 to 17 ■ 18 to 24 ■ 25 to 49 ■ 50 to 64 ■ 65 to 79 ■ 80+

Repeat prescriptions

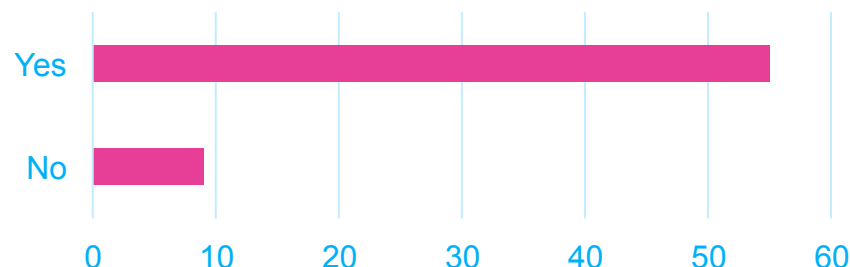
Inner North East Leeds

How did you try to order your most recent repeat prescription?

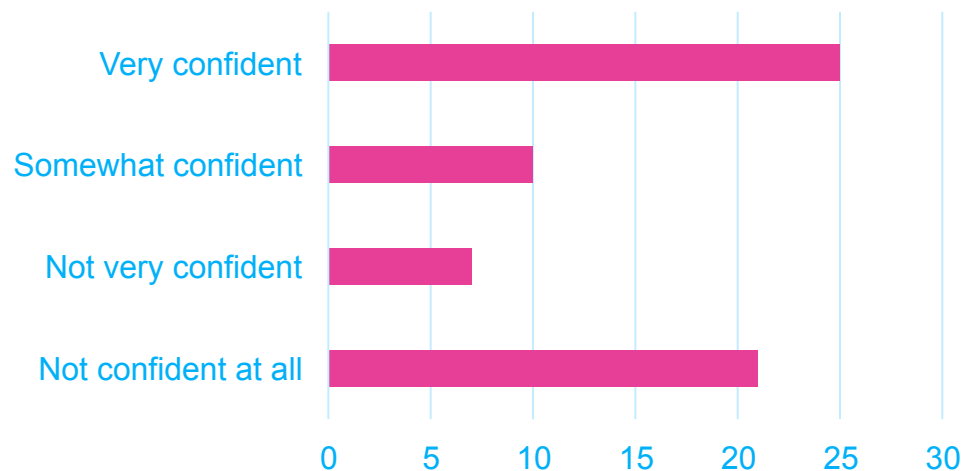


- Online (eg via NHS app, PATCHES or Systemonline)
- In person at your GP surgery using the paper slip
- Through a pharmacy
- Phoning the GP surgery
- Emailing the GP surgery
- Electronic repeat dispensing

Do you/they own a digital device?



How would you describe your/their confidence level in ordering a repeat prescription through a website or app?



Repeat prescriptions

Inner North East Leeds

“I used to order on my laptop online but have to use the NHS app now”

“GP has automated everything on the app and do encourage using this but I just get my meds automatically done as I am visually impaired”

“So now you have to go through the patches - you can't open it so you end up calling the receptionist”

“I think this is discriminatory as not everyone can use and has access to digital technology e.g. my parents can't use online services. My father has had a stroke and my mother has mobility problems with her hands.”

“It's stressful. You're trying to order and you're running out of your medicine. It's frustrating - can't get into it or if you can there's so many confusing messages”

Repeat prescriptions

Conclusion

The report shows that apps and online systems are becoming popular but aren't working for everyone. More must be done to make it easier and more inclusive, especially for those who struggle with digital access.

The findings of this report apply to all health and care shifts to digital services and show that the further the shift to digital services, the further they exclude people who face the greatest health inequalities.

Questions / discussion?

Thank you!

For more information

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