

# Public Document Pack

## **Supplementary Information – 16 September 2008**

### **1. Agenda Item 7 - Renal Services**

Submission from the Yorkshire Ambulance Service Pages 1 to 4

### **2. Agenda Item 8 – Peripheral Hospitals**

Plan of Seacroft Hospital Site Pages 5 to 6

### **3. Agenda Item 12 – Work Programme**

GP Led Health Provision in Leeds Pages 7 to 22

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## RENAL UPDATE

### Background

The Renal Service transport, commissioned by Leeds Teaching Hospitals NHS Trust (LTHT), was put out to Tender in 2006. Prior to that date, WYMAS NHS Trust provided the service as part of the PTS outpatient contract and the resources to deliver the service were shared between the renal and outpatient departments.

As part of the tender, LTHT requested the following service

- Dedicated drivers working 7 days a week
- Serving renal satellite units at Huddersfield, Beeston, Seacroft, Calderdale, Clayton and Dewsbury
- Undertaking 67,000 journeys per year

YAS secured the tender and the service formally started in April 2007. The Renal Service at St. James's Hospital in Leeds, attended by over 18,000 patients, and was not included in the tender. As part of the tender submission, YAS recommended that all of the renal services should fall under one contract. A dedicated "hub" was set up to co-ordinate the whole renal service. The renal patients that were not included in the tender were identified and separated from the out patient contract and moved to the new renal service contract to ensure that all renal patients received the same service.

### Resources

To support the renal contract YAS utilises the following resources

- Staff employed directly by YAS
  - Ambulance Drivers
  - Saloon Car Drivers
- Volunteer Drivers
- Other public sector providers
- Private providers

The private providers are used as a back up to the service to cover any shortfalls on day with ambulance resources or volunteers.

## **Challenges**

The new contract meant that the way we had worked previously as WYMAS, pooling resources together had to change. Identifying and separating resources was the most challenging aspect and some areas were more successful than others initially.

The hardest part of splitting resources was using a separate resource to bring patients from out of area to the Leeds units on separate vehicles to outpatients, previously, they had travelled together.

## **Major Issues**

The first real issue that affected patients was the change over of our computer system in July 2007. The change over wasn't communicated formally to commissioners and there were issues with data and records on the system being lost during the change over. If we had informed the units of what was happening we could have worked with them to ensure that patient's journeys were not affected.

The second major issue was over the Christmas period 2007; this was the first year that the YAS central team had used the Cleric computer system over this period. At Christmas all the renal bookings are changed to accommodate Christmas Day and New Years Day, days on which, patients do not dialyse. Whilst changing the bookings a number of old bookings were re-instated into the system, this resulted in 3 patients that were deceased, being reinstated as active bookings in the system, consequently, crews were sent to collect the patients. This caused unnecessary distress at the time to both the relatives of the deceased and the crews.

A full review of the incident was held by YAS and recommendations made were implemented to ensure this issue would not arise again. The findings of the report were shared with the Renal Sisters.

## **Major Issues for Patients**

The main issues raised by patients, their relative and unit staff are the delays patients have experienced to and from their treatment. This issue occurs occasionally at the satellite units but at Seacroft T & U ward there have been a number of problems.

Working closely with the units YAS Customer Relations Manager has been reviewing the issues both individually and collectively to find solutions to the problem. One solution that is currently being worked through is staggering patient appointment times. This has worked successfully at Clayton satellite unit and the same principles have been adopted for T & U ward.

## Other Challenges

Below are a number of other challenges that YAS has experienced during the first 18 months of the contract that have had an impact operationally.

1. The water treatment plant at Seacroft has failed twice in the last year, resulting in short notice changes to the location for patient dialysis on day.
2. The lift at Clayton broke down and patients were re-directed to Leeds until repairs were made.
3. The floor at Dewsbury collapsed and patients were again re-directed to Leeds until further notice
4. An increase in activity over a 12% growth in the first year (from 83500 to 93400) and a change in patient dependency, showing an increase in wheelchair activity of over 26%

## Meetings

YAS has requested to join the Kidney Patients Association (KPA) meetings with LTHT held bi-monthly; the first meeting is scheduled for October 08. Prior to this YAS has met with the KPA representatives at contract meetings and adhoc as and when issues have arisen.

To ensure that the service is monitored the following meetings are in place.

- Monthly Contract Review Meeting (Representatives from LTHT: Commissioning, Finance and the Renal Matron and KPA members)
- Monthly Haemodialysis Meeting, this has recently changed to a specific user group meeting for the renal service

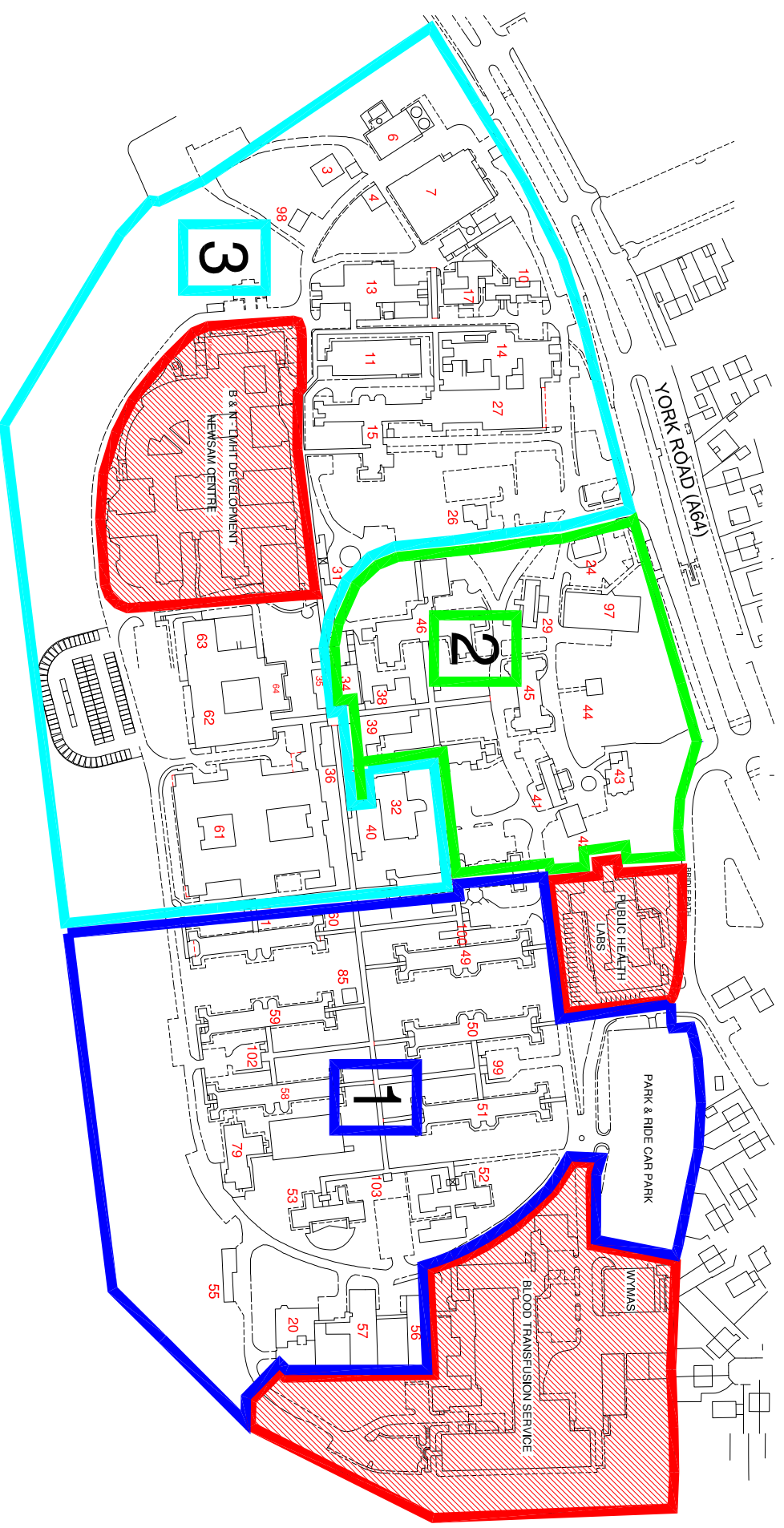
## Communications

1. To deal with these issues we appointed a Customer Relations Manager to work specifically on renal and to deal with day to day issues and liaise with patients and the units.
2. The 'Renal Hub' is a single point of contact which provides up to date information for the renal units and patients regarding their journeys. The 'hub' is a dedicated resource focusing on the renal service and is open from 0700 to 1900 seven days a week. This is inline with the recommendations from the Cheshire and Merseyside Renal Transport Action Learning Set. Recommendations for the provision of a patient centred renal transport service (DoH September 2006)

3. An e-mail address was set up for patients and staff to feedback any issues / comments relating to the service.
4. We have just set up an enquiry line for patients to use this was delayed as we wanted to ensure the hub was working effectively.
5. We are currently piloting on-line access to YAS computer system with T & U Ward at Seacroft. Staff can make bookings, amend or cancel journeys and track patient journeys, at Seacroft T & U ward. Following the pilot we will review this service with a view to roll out to all satellite units by the end of the financial year.
6. YAS is looking to develop a user guide/patient leaflet specifically for renal patients to inform them about the service. We have also provided information regarding the service to the LTHT for their information pack for renal patients and for KPA publications.
7. Complaints and PALS issues. Any complaint or issue raised via PALS is investigated in-line with NHS guidance.

I hope this report has given you an overview of the Renal Service provided by YAS. We will be happy to answer any questions the Scrutiny Board would like to ask and work through any successions and recommendations made by the Board to improve the service.

Diane Williams  
Assistant Director  
Business Development  
Yorkshire Ambulance Service 08/09/08

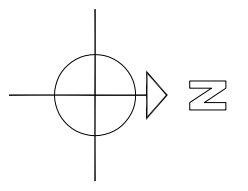
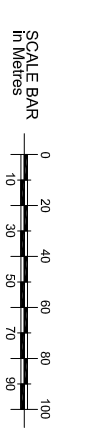


Area 1	Function	Department	Status	Area 2	Function	Department	Status	Area 3	Function	Department	Status
20	Mortuary	Estates & Facilities	Empty	28	Recreation Hall	Estates & Facilities	To close	3	Storage / Waste Area	Estates & Facilities	Retain
41	Medical Secretaries	Various	To close & staff to relocate	29	Social Workers	Estates & Facilities	To close & staff to relocate	6	Boiler House	Estates & Facilities	Retain
49	Ward G	Estates & Facilities	Empty	34	Pharmacy	Estates & Facilities	Empty	7	Workshops, Stores, Linen	Estates & Facilities	Retain
50	Ward H	Estates & Facilities	Empty	38	Coffee Lounge	Estates & Facilities	Boundary to be redrawn to in area 3	10	Ultrasound	Clinical Support	Retain
51	Ward J	Estates & Facilities	Empty (50%)	39	Dining Room	Estates & Facilities	Boundary to be redrawn to in area 3	11	Twin Theatres	Speciality Surgery	Retain
51	Ward J	WCHNLDI	Paediatric to move to W Ward	42	Sub Station & Generator	Estates & Facilities	TBA	13	Ward B (Orthodontics / Renal)	Medicine	Used by PCT Community Dentistry OPD
52	Education Centre	Corporate	To close	43	TRS Project Office	Estates & Facilities	To close & staff to relocate	14	X-Ray Department	Clinical Support	Retain
53	Creche (Orchard Nursery)	Estates & Facilities	Empty	44	Clock Tower	Estates & Facilities	Listed to remain	15	Day Surgery	Speciality Surgery	Retain
55	Sub Station No2	Estates & Facilities	TBA	45	Administration block	Estates & Facilities	To close & staff to relocate	26	Stroke Association / Supplies	Estates & Facilities	Retain
56	Pathology	Clinical Support	To transfer	46	Nurse Home	Estates & Facilities	Residences - work to be done on plan	27	Outpatients	Clinical Support	Retain
57	Pathology	Clinical Support	To transfer	97	Breast Screening Unit	Clinical Support	To move to area 3	32	R.A.D.U.	Estates & Facilities	Retain
58	Physiotherapy	Medicine	To move to empty area 8 Ward block					36	Blood Bank	Clinical Support	Retain
59	Ward L	Estates & Facilities	Empty					61	Wards N to Q (8 Ward Block)	Medicine	Retain
79	Eating Disorders	Various	To close & staff to relocate					61	Wards R to S (8 Ward Block)	Medicine	Empty - Scheme for Renal
85	Consultants Offices	Estates & Facilities	To close					62	Wards T to U (8 Ward Block)	Clinical Support	Renal - Scheme for RNU
99	Toilet Block	Estates & Facilities	To close					63	Ward V	Estates & Facilities	To take J Ward - Childrens OPD from area 1
102	Toilet Block	Estates & Facilities	To close					64	E.C.T. Suite	Estates & Facilities	Retain - PCT Ward
103	Toilet Block	Estates & Facilities	To close					98	Garage	Estates & Facilities	Retain - purpose TBA

# Seacroft Hospital

## Future of Seacroft Site - Map of Site by Option Area

### Appendix 1



NOTES:  
DO NOT SCALE THIS DRAWING. FIGURED DIMENSIONS TO BE WORKED TO IN ALL CASES.  
ALL DIMENSIONS TO BE CHECKED ON SITE PRIOR TO WORK COMMENCING ON SITE.

REVISIONS:

TITLE:  
SEACROFT HOSPITAL  
(Based on O.S. Maps)

SCALE: NTS	DRAWN: MS	CHECKER:
DATE:	REV:	
DWGING No:		

SITEPLAN:SEACROFT  
The Leeds Teaching Hospitals NHS Trust

ESTATES & FACILITIES  
THE GENERAL INFIRMARY AT LEEDS, GREAT GEORGE STREET, LEEDS, LS1 3JX  
© LEEDS TEACHING HOSPITALS NHS TRUST - C.A.D. OFFICE

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# **Proposal for a new GP-led Health Centre in Leeds**

## **Analysis report**

**August 2008**

**Leeds Primary Care Trust**

- 1 Introduction
- 2 Patient and stakeholder consultation
- 3 Ongoing process
- 4 Responses and feedback
- 5 Responses by local authority wards
- 6 Contact Information

- Appendix 1 Original consultation document (separate document)  
Appendix 2 Comments form (separate document)  
Appendix 3 Stakeholder list

DRAFT

## 1 Introduction

Between 19<sup>th</sup> May 2008 and 11<sup>th</sup> August 2008, Leeds Primary Care Trust (PCT) carried out a process of patient, public and stakeholder consultation about the plans to open a new GP-led health centre in Leeds.

By the 26<sup>th</sup> August, 193 comments forms and four letters had been received by the PCT and this report highlights some of these responses and key themes.

Of the four letters received, one letter is from a local group recognising the potential benefits of a GP-led health centre but also raises concerns around a potential loss of doctor-patient relationship and the location. The second is from a larger political group which has consulted with 100+ of its members and states that there is overwhelming support from its members for the introduction of a GP-led health centre in Leeds. The third and fourth are from individuals with a number of comments about the contents of the original documentation; a significant number of these comments are included within this document.

The outcomes of this report will be used to in formal discussion with potential providers and shape the services that are delivered at the GP-led health centre.

Further details about the consultation process can be found in the original consultation document attached as Appendix 1.

## 2 Patient and stakeholder consultation

### Process and extent of consultation

- Leeds Patient Advice and Liaison Service (PALS) was identified as a central point of contact for members of the public for enquiries via their freephone number. The consultation document, comments form and poster were posted on the PCT website ([www.leedspct.nhs.uk](http://www.leedspct.nhs.uk)) to download.
- Leeds PCT staff were made aware of the proposals by information in the trust e-bulletin, poster distribution and at a series drop-in events.
- Discussions were held with key stakeholders including the Leeds Local Medical Committee (LLMC).
- Consultation document (Appendix 1), comments forms (Appendix 2) and posters advertising the drop-in events were provided to all Leeds independent contractors - GP practices, pharmacies, dentists and opticians - for display in waiting rooms.

- Consultation documents were distributed across Leeds through a variety of NHS, voluntary sector organisations and distribution networks including One-Stop centres and libraries. A full list of stakeholders is included in Appendix 3.
- Consultation documents and comments forms were sent to all MPs and local ward councillors.
- The consultation document and comments form were posted on the PCT website on 19<sup>th</sup> May 2008:  
<http://www.leedspct.nhs.uk/?pagepath=Home%20Page/Consultations>

### Drop-in Events

- Eleven public drop-in events were arranged across the city of Leeds to give people the opportunity to voice opinions or concerns, ask questions and give feedback.
- Information about the consultation and drop-in events was published in the local press and further posters were distributed for display at community venues across Leeds.
- Open drop-in events were considered the most appropriate, accessible and effective way of holding the events and a variety of venues were used. The PCT also responded to specific requests for locality based events. In addition to this the consultation included involvement in the PCT's NHS 60<sup>th</sup> anniversary event in Millennium Square and a stall in Kirkgate market, Leeds City Centre.
- The majority of drop-in events were well attended and found to be an effective method of consultation.
- The details of the drop-in events are as follows:

Monday 2 June	6.00 pm – 7.30 pm	North West House, Boardroom
Saturday 14 June	1.00 pm – 5.00 pm	Committee Rooms 6 & 7, Leeds Civic Hall
Monday 23 June	12.00 pm – 2.00 pm	Yeadon Health Centre
Tuesday 1 July	12 pm – 2.00 pm	Chapelton Health Centre
Thursday 3 July	10.00 am – 4.00 pm	Millennium Square event
Friday 4 July	10.00am – 2.30 pm	Leeds Kirkgate Market
Tuesday 8 July	9.00 am – 12.00 pm	Kirkstall Health Centre
Friday 11 July	2.00 pm – 4.00 pm	Beeston Hill Health Centre
Friday 18 July	10.00am – 2.30 pm	Armley Health Centre
Tuesday 22 July	9.30 am – 8.00pm	White Rose Shopping Centre
Monday 28 July	9.00 am – 12.00 pm	Morley Health Centre
Friday 1 August	9.00am – 12.00 pm	Burmantofts Health Centre
Tuesday 5 August	10.00 am – 12.00 pm	Wetherby Health Centre

The outcomes of this consultation process will be used in formal discussions with potential providers throughout the procurement process. Key themes and patient views, where appropriate, will be fed into the service requirements and ultimately the overall service model for the health centre. This document tells us more about how and why patients will access the GP-led health centre and what services they would like to see within the health centre.

As part of the overall procurement process bidders have been asked to address how they intend to engage with patients and the public throughout the contractual service period and also how they will ensure services reflect the differing patient cultures within Leeds. These answers will be evaluated and scored.

The PCT has established a Patient Advisory Group from those who expressed an interest through the consultation process. This group will support and advise the PCT on specific areas relating to patient experience. In addition to this the Patient Advisory Group has selected one of its members to participate in the evaluation panel and input into the selection of the service provider.

#### 4 Responses and Feedback

The comments form is attached as Appendix 2.

By the 26<sup>th</sup> August, 193 comments forms and four letters had been received. Of these, 12 are from patients already registered with GP practices in the Burmantofts area.

##### Questions 1 and 2

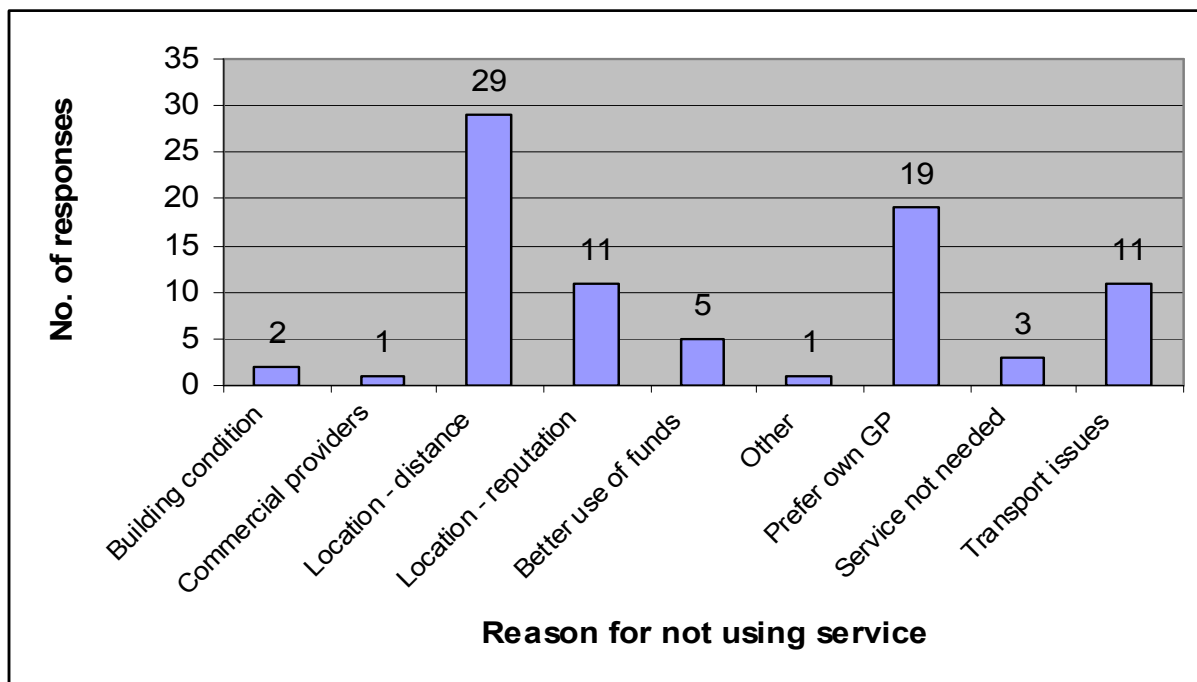
Of the people who stated that they are not registered with a GP practice in the Burmantofts area, 56% stated that they would consider accessing the services available at the GP-led health centre as a non-registered patient.

Comments were received around the accessibility of Burmantofts to all the patients of Leeds. This was balanced with positive feedback on the element of the extended opening times, especially the opportunity to access services on a Saturday and Sunday.

##### Question 3

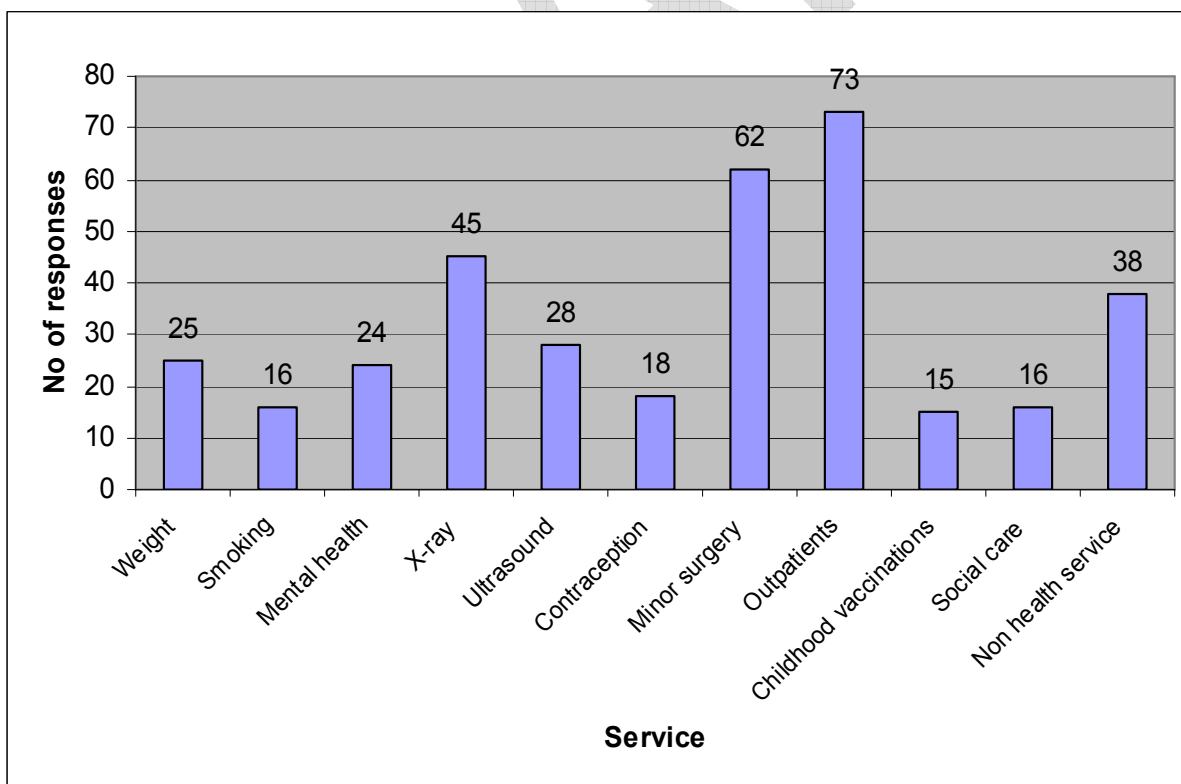
Question 3 asked respondents, "If you are not registered in the Burmantofts area, would you utilise the services at the GP-led health centre and if not, why not?"

Of the responses, 79 people stated that they were not registered in the Burmantofts area and would not use the services. A summary of comments can be found on the following page.



**Question 4**

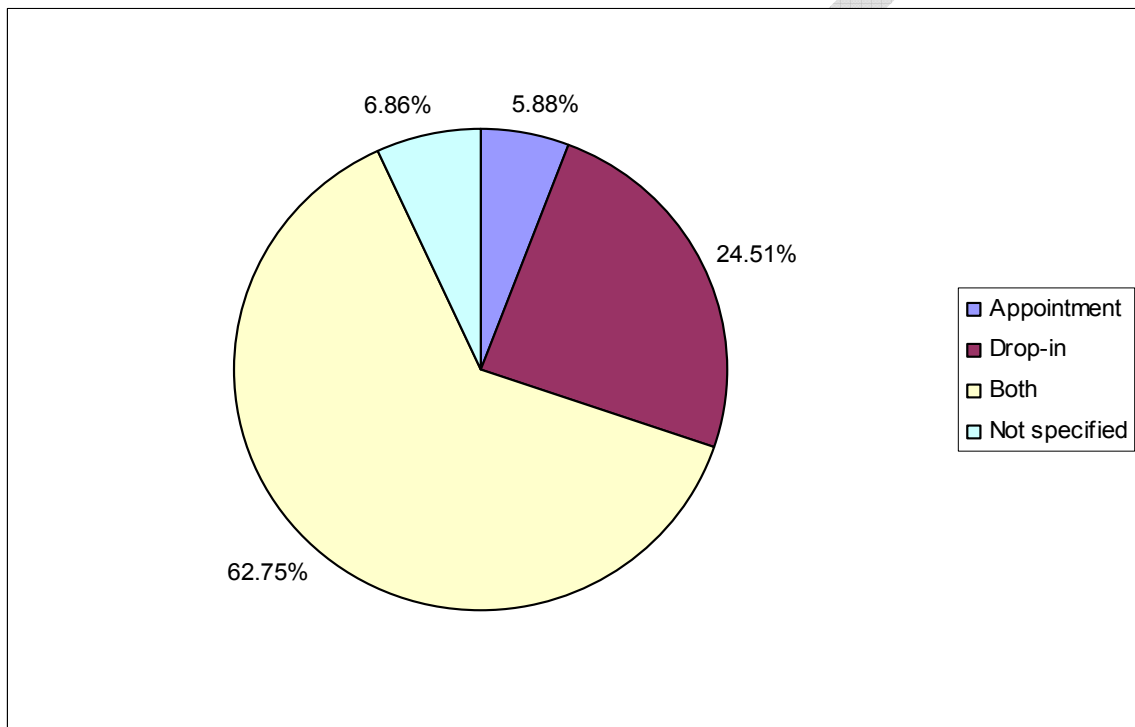
“If you used the GP-led health centre, which services (listed in Appendix 2) would you be likely to use?” 102 people stated that they would use the GP-led health centre. A summary of the services people would use is shown below:



**Question 5**

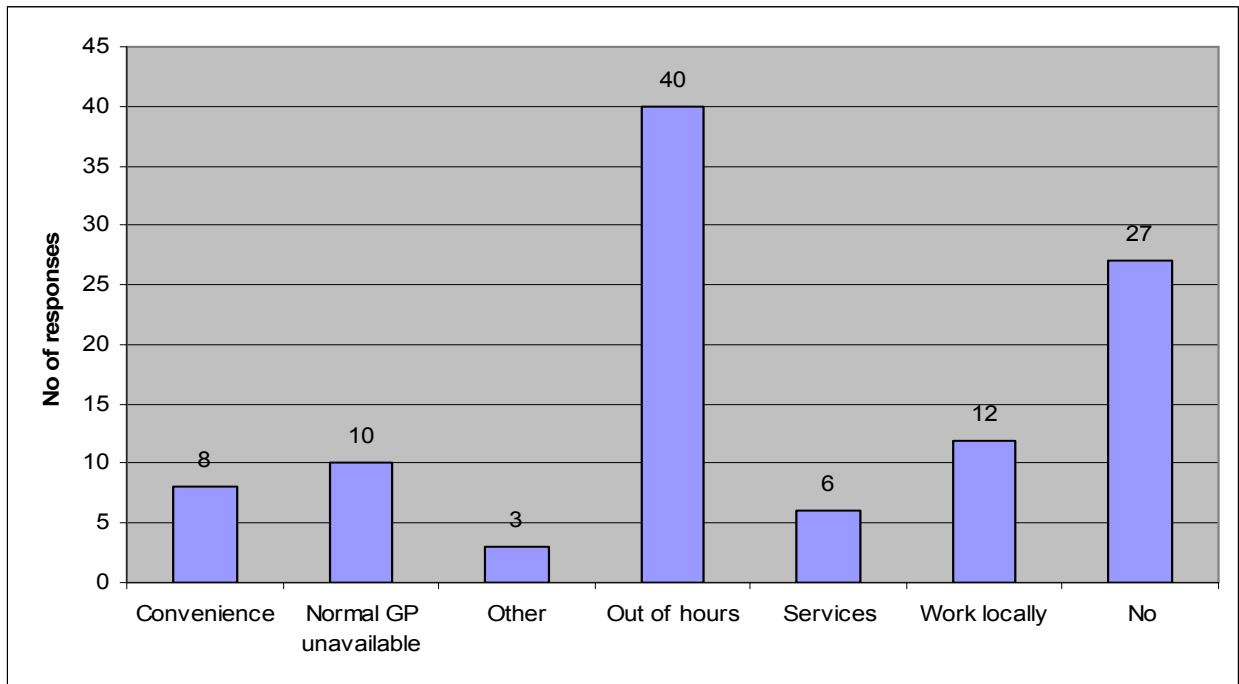
“Would you prefer to make an appointment to access the service you require, or access services on a drop in basis?” Of the 101 responses, results are detailed below:

Preferred option	Number of responses	% of responses
Appointment	6	5.88%
Drop-in	25	24.51%
Both	66	62.75%
Not specified	7	6.68



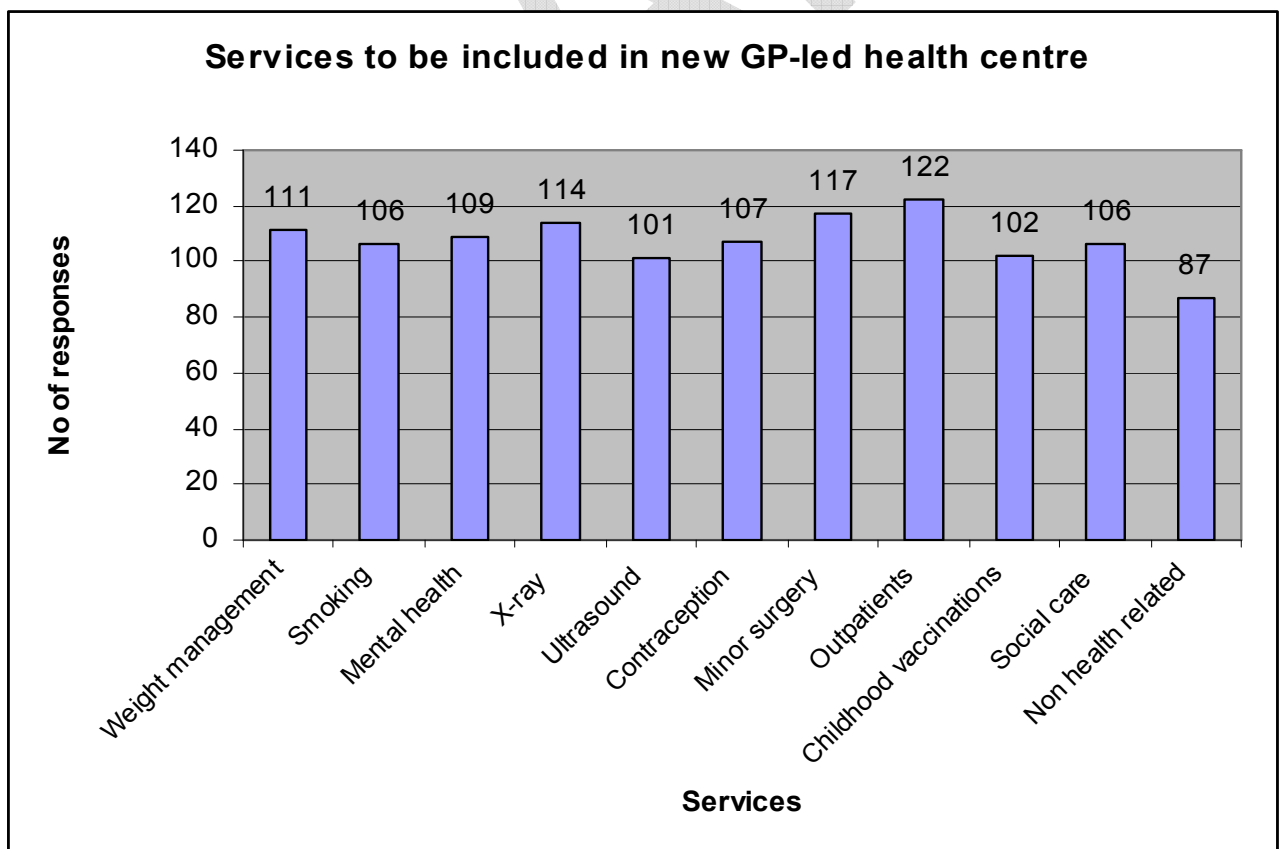
**Question 6**

“If you would choose to access services from the GP-led health centre as an unregistered patient, are there any reasons for using this service instead of the GP practice you are currently registered with?” A summary of the results is detailed on the following page.



**Question 7**

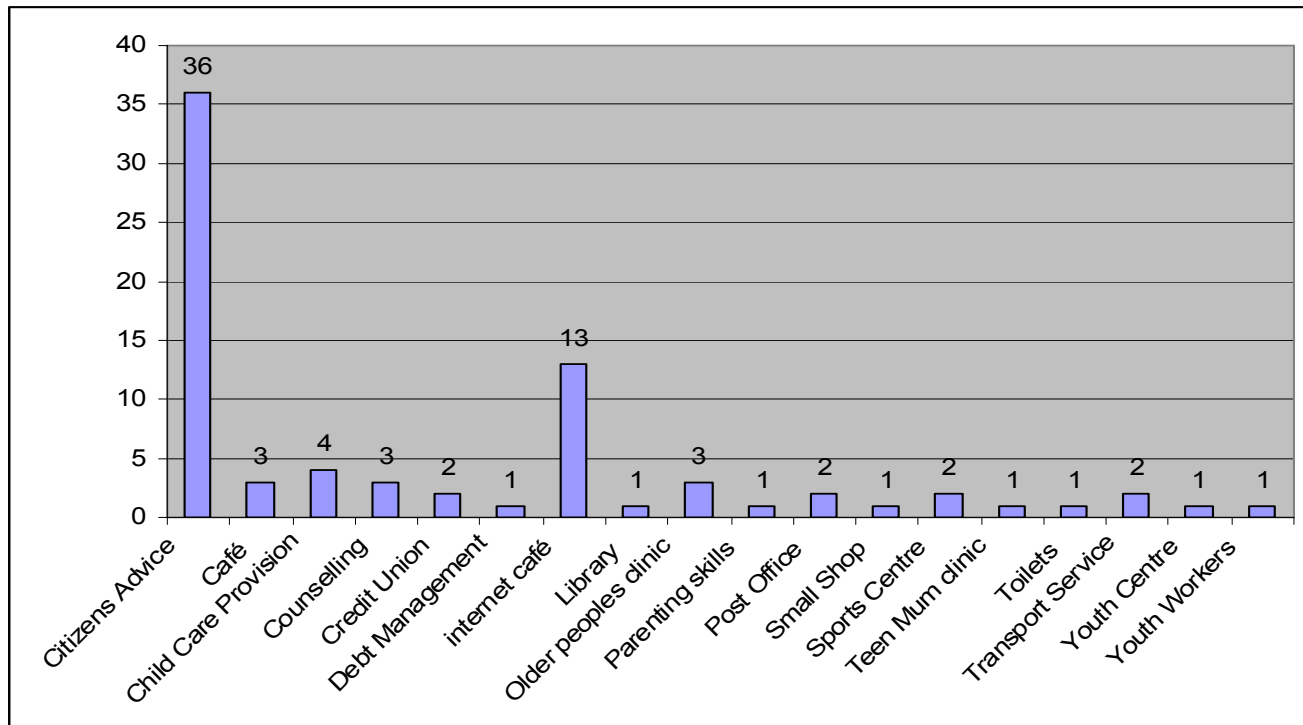
“What services do you think should be included in the new GP-led health centre (even if you would not use them)?” Of those that listed health-related services, a summary of the results is detailed below:





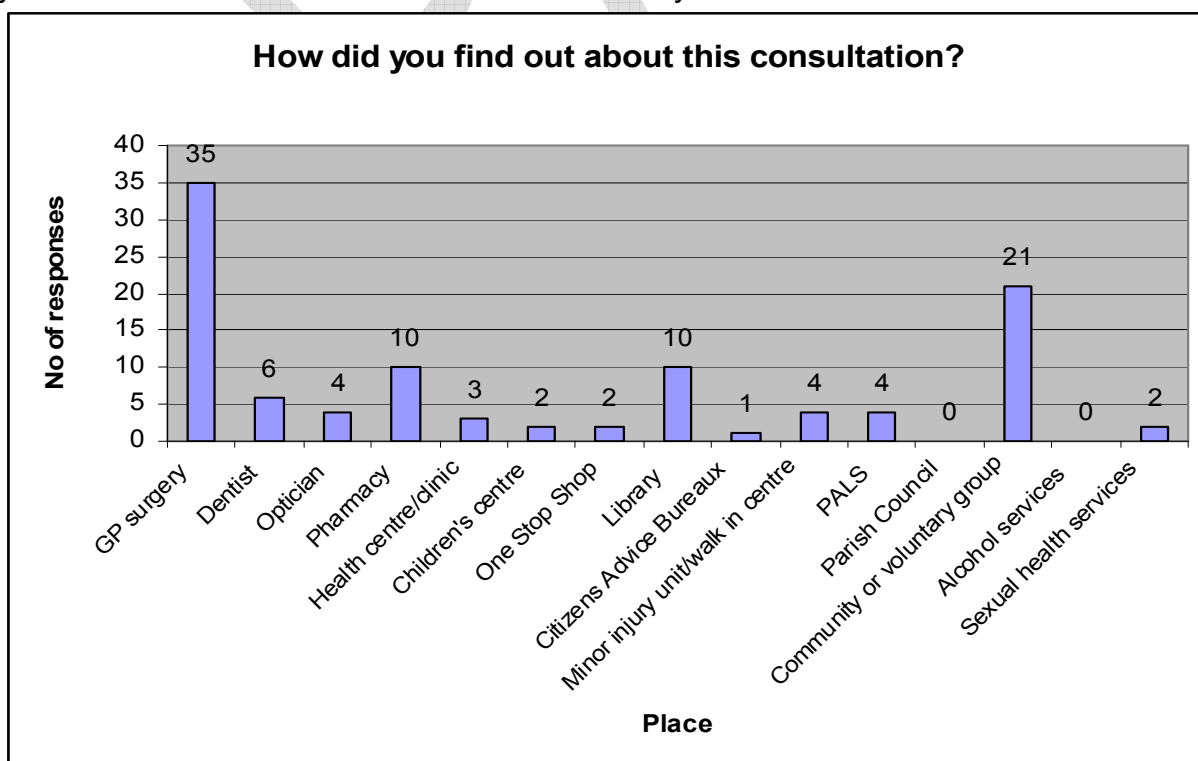
**Question 7 continued**

87 people said they felt non health-related services should be included in the GP-led health centre. The summary details are listed below:



**Question 8**

“We are constantly trying to improve how we share information with people. How did you find out about this consultation?” A summary of the results is detailed below:



5 Responses by local authority ward

<b>Adel and Wharfedale &amp; Alwoodley</b>			<b>LS17</b>
Total replies	14	Would use the centre	10   Would not 4
<b>Accessing the service</b> The majority would access the service either by drop-in or scheduled appointment.			
<b>Summary of comments:</b> a) Convenient access out of hours (2 responses) b) Too far to travel (3 responses)			

<b>Ardley and Robin Hood</b>			<b>WF2, WF3</b>
Total replies	4	Would use the centre	2   Would not 2
<b>Accessing the service</b> Half would access the service on a drop-in basis and half either by drop-in or scheduled appointment.			
<b>Summary of comments:</b> a) Convenient access out of hours (4 responses) b) Prefer own GP (1 response)			

<b>Armley</b>			<b>LS12</b>
Total replies	9	Would use the centre	8   Would not 1
<b>Accessing the service</b> Half would choose to access the service either by drop-in or scheduled appointment.			
<b>Summary of comments:</b> a) Convenient access out of hours (6 responses) b) Too far to travel (1 response)			

<b>Beeston and Holbeck &amp; Middleton Park</b>			<b>LS10, LS11</b>
Total replies	13	Would use the centre	5   Would not 8
<b>Accessing the service</b> The majority would access the service either by drop-in or scheduled appointment.			
<b>Summary of comments:</b> a) Convenient access from work (2 responses) b) Difficult to access (3 responses) c) Too far to travel (3 responses)			

<b>Bramley and Stanningley</b>			<b>LS13</b>
Total replies	5	Would use the centre	3   Would not 2
<b>Accessing the service</b> The majority would access the service either by drop-in or scheduled appointment.			
<b>Summary of comments:</b> a) Convenient access out of hours (2 responses) b) Convenient access from work (1 response) c) Need disabled friendly access (1 response)			

<b>Burmantofts and Richmond Hill</b>			<b>LS9</b>
Total replies	32	Would use the centre	20   Would not 12
<b>Accessing the service</b> The majority would access the service either by drop-in or scheduled appointment.			
<b>Summary of comments:</b> a) Wider choice of services (2) b) Convenient access from work (4 responses) c) Convenient access out of hours (5 responses)			

<b>Calverley and Farsley &amp; Otley and Yeadon</b>			<b>LS19, LS21</b>
Total replies	9	Would use the centre	1   Would not 8
<b>Accessing the service</b> The majority would access the service either by drop-in or scheduled appointment.			
<b>Summary of comments:</b> a) Convenient access from work (4 responses) b) Convenient access out of hours (1 response) c) Too far to travel (6 responses)			

<b>Chapel Allerton</b>			<b>LS7</b>
Total replies	6	Would use the centre	3   Would not 3
<b>Accessing the service</b> Half would choose to access the service on a drop-in basis and half either by drop-in or scheduled appointment.			
<b>Summary of comments:</b> a) Convenient access out of hours (2 responses) b) Own GP adequate (2 responses)			

<b>City and Hunslet</b>			<b>LS1, LS3</b>
Total replies	3	Would use the centre	3   Would not 0
<b>Accessing the service</b> The majority would access the service either by drop-in or scheduled appointment.			
<b>Summary of comments:</b> a) Convenient access out of hours (1 response)			

<b>Cross Gates and Whinmoor &amp; Temple Newsam</b>			<b>LS15</b>
Total replies	5	Would use the centre	1   Would not 4
<b>Accessing the service</b> The majority would access the service on a drop-in basis.			
<b>Summary of comments:</b> a) Convenient access out of hours (1 response) b) Convenient access from work (1 response) c) Location is not reputable (1 response) d) Building is too old (1 response)			

<b>Garforth and Swillington &amp; Kippax and Methley</b>			<b>LS25</b>
Total replies	4	Would use the centre	3   Would not 1
<b>Accessing the service</b> The majority would access the service either by drop-in or scheduled appointment.			
<b>Summary of comments:</b> a) Convenient access out of hours (2 responses) b) Convenient access from work (1 response) c) Too far to travel (1 response)			

<b>Gipton and Harehills</b>			<b>LS8</b>
Total replies	6	Would use the centre	3   Would not 3
<b>Accessing the service</b> Half would choose to access the service on an appointment basis.			
<b>Summary of comments:</b> a) Convenient access out of hours (1 response) b) Convenient access from work (1 response) c) Location is not reputable (1 response)			

<b>Guiseley and Rawdon</b>			<b>LS20</b>
Total replies	4	Would use the centre	2
		Would not	2
<b>Accessing the service</b> The majority would access the service either by drop-in or scheduled appointment.			
<b>Summary of comments:</b> a) Convenient access from work (2 responses) b) Convenient access out of hours (1 response) c) Location is not reputable (1 response)			

<b>Hyde Park and Woodhouse &amp; Headingley</b>			<b>LS6</b>
Total replies	2	Would use the centre	1
		Would not	1
<b>Accessing the service</b> Half would access the service on a drop-in basis.			
<b>Summary of comments:</b> a) Convenient access out of hours (1 response) b) Too far to travel (1 response)			

<b>Horsforth</b>			<b>LS19</b>
Total replies	7	Would use the centre	5
		Would not	2
<b>Accessing the service</b> The majority would access the service either by drop-in or scheduled appointment.			
<b>Summary of comments:</b> a) Convenient access out of hours (1 response) b) Wider choice of services (1 response) c) Too far to travel (1 response) d) Location is not reputable (1 response)			

<b>Killingbeck and Seacroft</b>			<b>LS14</b>
Total replies	10	Would use the centre	6
		Would not	4
<b>Accessing the service</b> The majority would access the service either by drop-in or scheduled appointment.			
<b>Summary of comments:</b> a) Convenient access out of hours (2 responses) b) Prefer own GP (1 response) c) Too far to travel (1 response)			

<b>Kirkstall</b>			<b>LS4, LS5</b>
Total replies	5	Would use the centre	4
		Would not	1
<b>Accessing the service</b> The majority would access the service either by drop-in or scheduled appointment.			
<b>Summary of comments:</b> a) Convenient access out of hours (1 response) b) Location is not reputable (1 response)			

<b>Roundhay, Moortown &amp; Weetwood</b>			<b>LS16</b>
Total replies	14	Would use the centre	5
		Would not	9
<b>Accessing the service</b> The majority would access the service either by drop-in or scheduled appointment.			
<b>Summary of comments:</b> a) Convenient access out of hours (1 response) b) Wider choice of services (1 response) c) Too far to travel (1 response) d) Location is not reputable (1 response)			

<b>Morley North &amp; Morley South</b>			<b>LS27</b>
Total replies	7	Would use the centre	4
		Would not	3
<b>Accessing the service</b> The majority would access the service either by drop-in or scheduled appointment.			
<b>Summary of comments:</b> a) Convenient access from work (2 responses) b) Convenient access out of hours (1 response) c) Prefer own GP (2 responses) d) Too far to travel (1 response)			

<b>Pudsey &amp; Farnley and Wortley</b>			<b>LS28</b>
Total replies	3	Would use the centre	0
		Would not	3
<b>Accessing the service</b> Half would access the service on a drop-in basis and half either by drop-in or scheduled appointment, half would access on an appointment basis.			
<b>Summary of comments:</b> a) Too far to travel (2 responses)			

<b>Rothwell</b>			<b>LS26, WF4</b>
Total replies	10	Would use the centre	7
		Would not	3
<b>Accessing the service</b> The majority would access the service either by drop-in or scheduled appointment.			
<b>Summary of comments:</b> a) Convenient access out of hours (4 responses) b) Too far to travel (2 responses)			

<b>Wetherby &amp; Harewood</b>			<b>LS22</b>
Total replies	1	Would use the centre	1
		Would not	N/A
<b>Accessing the service</b> Would access the service either by drop-in or scheduled appointment.			

## 6 Contact Information

Call: Leeds Patient Advice and Liaison Service (PALS)  
**0800 0525 270** or from their website

See: [www.leedspals.nhs.uk](http://www.leedspals.nhs.uk) or [www.leedspct.nhs.uk](http://www.leedspct.nhs.uk)

Write to: PALS  
Leeds Primary Care Trust  
2nd Floor Stockdale House  
Headingley Business Park  
Victoria Road  
Leeds LS6 1PF

If you have special communication needs or would like this information on audio tape or in a different language, please contact us or ask a carer or friend to telephone on your behalf. Our number is 0800 0525 270.

DRAFT

**APPENDIX 1:** Overview of stakeholders for engagement

In alphabetical order

- GPs across Leeds
- Leeds Dental Committee
- Leeds Local Medical Committee
- Leeds Optometry Committee
- Leeds Partnerships NHS Foundation Trust
- Leeds Pharmacy Committee
- Leeds Teaching Hospitals NHS Trust
- Libraries
- Local businesses
- Local children's centres
- Local community and voluntary groups
- Local councillors and MPs
- Local faith leaders
- Local high schools
- Local independent contractors, e.g. pharmacists, dentists, optometrists
- Local Involvement Network (LINKS) preparatory group
- Local media
- Local parish/town councils
- NHS staff
- Overview and Scrutiny Committee
- Patient Advice Liaison Service (PALS)
- Patient representative
- Public
- Registered patients
- Social Services
- Union representatives
- Yorkshire & Humber Strategic Health Authority

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