

A photograph of two women sitting at a wooden table in an office setting. The woman on the left has dark curly hair and is wearing a black top with a pink and white floral pattern. The woman on the right has blonde hair tied back and is wearing a white top with a green and black tropical leaf pattern. On the table between them is a colorful knitted teapot with a blue top and pink, green, and white floral patterns. Next to the teapot is an open notebook with some papers. In the background, there is a blue chair and a dark wooden cabinet with some items on it.

Introducing
healthwatch
Sheffield

About Healthwatch

We are Healthwatch Sheffield. Every Local Authority area has a local Healthwatch.

- Independent from Local Authority and the NHS
- Statutory duties and statutory powers
- Healthwatch Sheffield is hosted in VAS
- Healthwatch England – umbrella body

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Our objectives

1. Improve access to health and care services through information and advice
2. Support local people to have their say
3. Influence the way health and social care services are designed and delivered
4. Influence a stronger culture of involvement across health and social care services

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Our reach

Our people



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Staff deliver the Healthwatch service to communities across Sheffield

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Volunteers generously give up their time to understand local people's views, provide advice and help improve services.

- Partnership working with Voluntary Action Sheffield and community organisations across the City is also key to our work.
- We work together with other Healthwatch across South Yorkshire

Statutory duties

Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews

or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC), and to make recommendations to Healthwatch England to publish reports about particular issues.



Promoting and supporting the involvement of local people in the commissioning, provision and scrutiny of local care services.



Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved.



Providing advice and information about access to local care services so choices can be made about local care services.



Obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known.



Formulating views on the standard of provision and whether and how the local care services could and ought to be improved, and to share these views with Healthwatch England.



Providing Healthwatch England with intelligence and insight to enable it to perform effectively.



Making reports and recommendations about how local care services could or ought to be improved.

These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services, and shared with Healthwatch England.





Scrutiny

Healthwatch may identify issues of broader concern that they have been unable to resolve. In these circumstances they may decide to refer the issue to the council's overview and scrutiny process.

- the local authority must acknowledge receipt of the referral within 20 working days, and.....
- Keep the local Healthwatch informed of any action taken in relation to the matter

What Healthwatch can do to support work of Scrutiny

- Share our regular What have we been hearing? Briefings and focussed reports
- Bring Healthwatch insight into the agenda setting for the committee
- Bring our insights into particular topics where we have them
- Support the committee to involve the public and patients

What Scrutiny can do to support the work of Healthwatch

- Read our regular briefings and reports
- Share our opportunities for involvement with people in your ward
- Share information about the Healthwatch service with people in your ward

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Experiences of health and social care services in Sheffield

Key insights from August – September

During August and September 2024, we gathered insights from 428 individuals accessing health and social care services across Sheffield. Highlights have included care and treatment received when attending GP appointments, dental practices and hospital settings. We have heard about the difficulties involved when applying for Personal Independence Payment (PIP) and when trying to access a pair of replacement prescription glasses.

Accessing GP services

This month, we gathered feedback from 376 individuals who had visited over 35 different GP practices across the city. Of those, 68% (256 people) were satisfied with their GP practice. This was for various reasons, with common themes including friendly staff, GPs who had listened and good care and treatment.

People shared their views on the automated BMI and blood pressure machines present in some surgeries, with most feedback being positive. Patients noted the convenience the machines offered and found the printout of their results helpful. However, as some machines were located in patient waiting areas, some individuals did not want to use them due to privacy issues.

A few patients reported during their GP appointments, weight management was unexpectedly raised. They felt the timing was inappropriate, as it shifted focus away from the health concern they were there to address. Patients said these conversations should have happened at a separate consultation and the experience of this had discouraged them from seeking medical advice in the future.

Some patients told us since COVID, waiting room seating at their practice had still not been fully replaced. This had particularly affected people with mobility issues as they were sometimes unable to get a seat. We also heard some GP answer phones were providing inaccurate information such as outdated COVID 19 guidelines. People noted all GP practices should be checking their answer phone recordings as inaccurate messages can be misleading and confusing for patients.



“I was made to feel comfortable and listened to by the GP I saw.”

“I received a printout of my results there and then which was great.”

“Every surgery should have adequate seating.”



A common issue we continue to report on is people experiencing challenges when trying to access appointments. This period, 43 people reported difficulties and whilst reasons varied, it was unclear if the recent GP collective action has caused further impact. Patients reported they hadn't received any communication from their practice about the GP collective action so were unsure if their surgery was taking part. Many said they would have appreciated being notified so that they would be aware of any impacts that may happen as a result.

"All the appointments are taken within 10 seconds."



Specialist nursing care no longer available

In recent months, we have participated in several events, including the annual summer festival organized by the Sheffield Association for Spina Bifida and Hydrocephalus (SHASBAH). At the event we gathered feedback from individuals living with spina bifida and hydrocephalus, along with their families and carers. A major concern voiced by people was the disappointment of losing the specialist hydrocephalus nurse at Sheffield Teaching Hospitals. Many highlighted the value of the support and guidance they had received from the former nurse and hoped another specialist would be reinstated.

"I really miss the support offered by the specialist nurse."



Hospital Care

34 patients, family members and carers shared their experiences of hospital care with 56% (19 people) describing positive experiences. Highlights related to receiving exceptional care and effective treatment from a range of different departments including Cardiology, The Hand Clinic, Neurology, Orthopaedics, Endocrine, Endoscopy, Nephrology, Jessops and Weston Park. Comments included praise for friendly, professional staff and good treatment.

"Thank you feel like inadequate words, but we cannot thank you and your staff enough for their care."



We received mixed feedback about the care people had experienced at A&E. Some reported compassionate and understanding care, whilst others encountered staff who didn't display empathy, and some reported they had also witnessed unprofessional behaviour towards other patients. Additionally, some patients shared that they had experienced long waits without receiving adequate pain relief.

"Some of the staff's behaviour that I witnessed was just completely unprofessional."

We heard from people attending the pain clinic. They had been told to arrive in the morning but treatment didn't start until the afternoon. They reported experiencing a long wait on uncomfortable chairs when in pain and would have much preferred to attend just before the treatment started.

Personal Independence Payment (PIP) –too hard to access for some

We've heard from people who have applied for Personal Independence Payment (PIP) for financial support towards some of the extra living costs arising from having a long-term physical, mental health condition or disability. Many described the process as being extremely difficult, stressful, long and inaccessible. Several people were disappointed that their applications were rejected, even after submitting comprehensive documentation and medical evidence. We were also informed that PIP assessors often did not have the same level of clinical expertise as the GP or consultant that had provided the claimant's medical evidence. As this evidence was frequently disregarded, it created confusion about how PIP decisions were actually made.



“PIP assessors with limited knowledge are allowed to make decisions that disregards valid medical evidence. How is this allowed?”

System issues when trying to access a replacement pair of glasses

We heard of instances where adult patients receiving optical vouchers were charged for replacement glasses if their previous pair had been lost or broken. According to General Ophthalmic Services (GOS) regulations, children are entitled to unlimited glasses repairs and replacements, whilst adults qualify for a free replacement only if a health condition caused the loss or damage. We spoke with an optician to understand why they had charged an adult patient who might have been eligible under the GOS scheme. They stated current regulations required opticians to submit adult claims to the NHS Business Authority for review before a refund could be issued. They said they didn't submit a request in this case as their previous attempts with other patients had failed due to the extensive evidence required to support a claim, however they agreed to submit a new claim for this case.



Accessing dental care

Five people got in touch this period to seek advice on finding an NHS dentist. They had tried contacting local practices but none were able to secure an appointment. Two of these individuals had previously sought urgent dental care through NHS 111 but after receiving temporary treatments, then faced the difficulty of trying to find a dentist who could perform the permanent work required.



Seven people shared positive feedback, and were happy with the NHS dental services they had received. Two of these people said the reasonable adjustments provided by their dentist had made a positive difference to their visits.



Mental health services

A small number of inpatients told us when they had sought medical assistance for physical health concerns, they often felt dismissed, and their requests went unheard and were not followed up.

Some individuals who had tried seeking mental health intervention stated they were unable to access support because of drug or alcohol addiction. However, these people told us the addiction was present because they couldn't access any mental health support and felt as though they were now trapped in this cycle



We frequently hear about concerns relating to referrals. A common issue is people trusting they are on treatment lists for various mental health services, but later discovering they are not. This problem arises with both GP referrals and those made between different mental health services. Additionally, patients have shared experiences of being referred to mental health teams but later discovering they aren't eligible for support. For instance, one patient noted after discussing their complex mental health conditions with their GP, they were referred for talking therapies. However, after waiting to access the service, were disappointed to hear they did not meet the eligibility criteria in place so had to start a fresh on a new waiting list, delaying care.



Impact from our last briefing (June- July 2024)

Sheffield Teaching Hospitals and South Yorkshire Integrated Care Board have responded to our last briefing, outlining how they plan to address areas for improvement. Their comments are in blue below.

Response from Sheffield Teaching Hospitals

People reported a shortage of patient wheelchairs across hospital sites. In response to feedback about access to wheelchairs we are going to look to introduce "wheelchair hubs" to help ensure that there is a store of chairs near main entrances.

There were reports of a lack of support and delays to discharge for patients living with dementia. We've introduced Admiral Nurses (specialist dementia nurses) to help ensure that patients with dementia get the support they need to ensure a timely discharge from hospital.

Feedback was raised that the perspex screens on reception desks were causing issues for people who lip read. To aid communication, it has been agreed that Perspex screens which were added to reception desks during COVID can now be removed; it is hoped that this will help patients with hearing difficulties and who lipread.

Response from South Yorkshire Integrated Care Board

We reported on the long wait times to access the Memory Service. Reducing waiting times for Sheffield Memory Service is a priority for Sheffield Health and Social Care Trust (SHSC) and NHS SY Integrated Care Board. We recognise that long waiting times add pressure to what is already an uncertain and difficult time for individuals and their families. Unfortunately, it will still take some time to get waiting times back down but Sheffield Memory Service are working hard to do this, including by recruiting some more nurses and reviewing processes to make sure that they are seeing as many patients as possible. We would like to remind patients about the following services that patients on the Memory Service waiting list and their families can access:

Dementia Advice Sheffield provides a friendly one-stop shop, first point of contact service to respond to any non-clinical dementia-related query from a person who is living with dementia or their family carer. For more information call: 0114 250 2875 or email: dementiaadvice@ageuksheffield.org.uk.

Website: <https://www.ageuk.org.uk/sheffield/our-services/dementia-services/>

People Keeping Well Dementia Support in your community – you can access this local, friendly support while you are on the waiting list for diagnosis as well as after diagnosis. You can be put in touch by Dementia Advice Sheffield (see above) or find out more about these and other services online: <https://www.sheffielddirectory.org.uk/dementia>

Support for carers/families – If you look after a partner, relative or friend who is disabled or ill due to physical or mental health, you are a carer and Sheffield Carers Centre is here to help you.

Call 0114 272 8362 or find more information online: <https://www.sheffieldcarers.org.uk/>

Sheffield Memory Service Advice Line: 0114 2718585 (Mon – Fri 8:45am – 4:45pm) – Please note that this is not an emergency service and the Memory Service may not be able to get back to you within the same day.

Response from Sheffield Health and Social Care Trust

Response received around the long wait times to access the Memory Service. The Memory Service is working to improve waiting times by increasing the numbers of assessment clinics that it runs, so that more people can be seen. The Memory Service is also providing support for anyone who is on the waiting list. They have been providing a 'Waiting Well' support programme which reaches out to everyone on the waiting list to provide help, advice and some support while waiting for their assessment and diagnosis. Attendance is high and feedback on the support provided is very positive.

This summary of key issues is a snapshot of what we are hearing about. We want to reflect the experiences of people who share their stories with us, and we hope that it can help services, and commissioners of services, by indicating potential areas of focus. It is based on:

- Experiences that members of the public share with us through our information and advice service
- Feedback shared by voluntary sector partners who support clients in Sheffield
- Stories shared through Care Opinion

Want to share your own experience? Get in touch

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