

2.2 Patient Experiences of Using Existing Services

In order to understand the experiences of Sheffield's patients when using local urgent care services an engagement exercise has been undertaken, which was supported by all GP practices in the city. A number of public meetings were held and key local groups were also contacted for contributions.

A copy of the full report can be found on the CCG's website (www.sheffieldccg.nhs.uk/) along with a supporting report from Healthwatch. Examples of local groups contacted include ZEST, Chily Pep, the Community Wellbeing Team, Sheffield Cubed, Sheffield Futures, Activity Sheffield, Shipshape and Together Women.

The team also worked with colleagues in Sheffield City Council in order to contact the nine protected groups via the Equalities Hubs. Connections were also made with SOAR in the north of Sheffield through the Social Cafés run by Mind.

In areas highlighted as high users of Accident and Emergency, patients were asked for their experiences whilst attending their GPs in Burngreave, Page Hall and Crystal Peaks.

Finally, particular efforts were made to contact harder to reach groups, with visits including meeting residents of sheltered accommodation, a dance club for older ladies and a local epilepsy support group.

The engagement process highlighted a range of issues. A number of recurring themes emerged:

- Problems with access to and variability of GP services.
- Patients are confused as to what services to use and when.
- Patients were frustrated when asked to repeat their history to each clinician they encountered.
- Patients find the local system fragmented with a lack of integration across health and social care.
- Patients had mixed experiences of staff attitude giving descriptions of both of excellent, caring communication and the reverse.
- Different services available to patients depending on where they live in the city.
- Variability of community support/resilience.
- Alternative services available in the community – care closer to home – transport.
- Discharge failures – follow up and consistency of care.

The key focus of the strategy and proposed model will be to reflect these findings and where possible address this changing need. Significant further engagement is planned and this will be part of the wider overarching Care Outside of Hospital agenda.

2.3 Health Needs in Sheffield

The main causes of poor health and premature death in Sheffield are cancer, cardiovascular disease, respiratory disease and liver disease. Each year in Sheffield almost 42% of premature deaths are caused by cancer, and 25% by cardiovascular disease.

Tackling this ill health largely lies with Public Health work and long term condition management. It will be a core element of the CCG's drive to reduce inequalities.

