Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Urgent Care Consultation Interim Report

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Primary Care Commissioning Committee meeting

21 December 2018

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Purpose of Paper

To update the committee on the themes emerging from feedback at the halfway point of the consultation and the gaps in responses that have been identified.

The report is a snapshot in time (up to the 14th November) and is based on the initial 291 survey responses collected to that date, plus the qualitative data from the following groups: Manor and Crystal Peaks Libraries, PPG Meeting of 12th October 2017, public meeting at Broomhill on 24th October 17, Primary Care Response of 6th November 2017 and feedback received by email.

Members are asked to note that at the point of submitting the report there had been a further 430 surveys received, plus feedback from 2 further public meetings and activity is already underway to target the groups where a low response rate has been identified

Key Issues

The key themes emerging are detailed in section 4 and indicate that:

- The majority of respondents are from the south and west areas of the city
- Respondents are cautious about whether the changes will make accessing easier for people unless they live to the North of Sheffield.
- Respondents are keen to have “local services” but are concerned about pressures on GP’s, funding for urgent care in the community, continuity of care and how the system will work.
- Respondents are unhappy about the perceived lack of choice for wjhere the urgent treatment centres could be sited
- Respondents are particularly concerned about the proposed changes to the minor injuries unit.
- There is considerable strength of feeling around the accessibility of the Northern General Hospital.
- Respondents that mentioned the children’s hospital overwhelmingly spoke about positively about the treatment and skill of staff at the SCH and did not feel the adult service should be used for young people.

Is your report for Approval / Consideration / Noting

Noting

Recommendations / Action Required by the Primary Care Commissioning Committee
The Primary Care Commissioning Committee is asked to: 1. Note the themes and trends that had been identified up to 14th November 2. Note the gaps in responses from the communities identified in the report
Governing Body Assurance Framework
Which of the CCG's objectives does this paper support? To improve patient experience and access to care To ensure there is a sustainable affordable healthcare system in Sheffield
Are there any Resource Implications (including Financial, Staffing etc)?
Members are asked to note that staffing resources will be required to address the issues raised within the report ie carrying out additional targeted work groups that are so far under-represented in the consultation
Have you carried out an Equality Impact Assessment and is it attached?
The report includes information on the equality monitoring carried out as part of the consultation. NB: EIAs have been completed for the proposals that are the subject of the consultation and previously presented to the Committee
Have you involved patients, carers and the public in the preparation of the report?
The subject of this report is the feedback so far from consulting patients, carers and the public

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NHS
Sheffield
Clinical Commissioning Group

Urgent Care Consultation Interim Report

Primary Care Commissioning Committee meeting

Date of meeting

1. Introduction / Background

1.1. Why Consult

Sheffield Clinical Commissioning group have been consulting on Urgent Care due to feedback from service users that the current system is confusing and hard to access quickly. NHS Sheffield Clinical Commissioning Group wants to make changes that make it simpler for people to get the care they need and guarantee everyone who needs it an urgent appointment within 24 hours.

People are not always sure where to go to get the care they need and some end up having to be redirected to different services, delaying their treatment.

People have told us that they sometimes resort to A&E or other services because they cannot get a GP appointment quickly enough.

Demand for urgent GP appointments keeps on growing. At the moment, GP practices are struggling to cope with this on top of planned appointments as well.

Right now in Sheffield, there are urgent care services that are providing similar treatments within a close proximity, often at the same time. This wastes time and money for both the NHS and patients.

National guidance reinforces the need to change how we deliver urgent care not just in Sheffield but across the country, notably around continuity of care for people living with long term conditions and introducing urgent treatment centres.

1.2. What is Urgent Care?

The Clinical Commissioning Group define Urgent Care as treatment for illnesses that are urgent but not life threatening as well as minor injuries. This includes urgent care for both physical and mental health including minor injuries and illnesses plus urgent eye care.

1.3. The consultation Process

The consultation has been running since the 26th October 2017 with online surveys being publicised via social media and public consultation meetings taking place across the city with hard copy surveys being provided where necessary.

2. Interim Findings

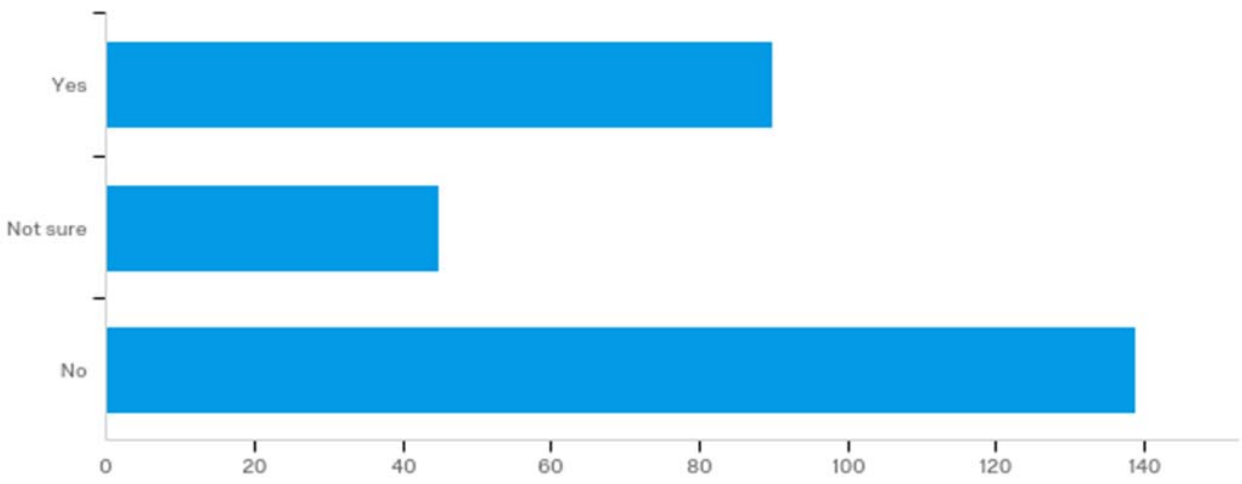
This report is a snapshot in time (up to the 14th November) and looks at the 291 survey responses collected to that date and the qualitative data from the following groups: Manor and Crystal Peaks Libraries, PPG Meeting of 12th October 2017, CCG Meeting 24th October 17, Primary Care Response of 6th November 2017 and various emails up to 14th November 2017.

2.1. Engagement

The total figure for engagement as of 14th November 2017 is 2759, this is broken down into the following:

- 291 through the online survey.
- 166 individuals through contact at library events.
- 2103 visits from 1734 unique users to the CCG Urgent Care consultation web page from the 26th September to the 17th November.
- 697 hits from 553 unique users of the CCG's Urgent Care resources page in the same time period.
- A further 15 individuals were engaged through a round table discussion on 24th October 2017.
- There has also been feedback from Primary care workers on behalf of staff and patients although exact number this represents is unclear.

2.2. Do you think the changes will make it simpler to know where to go if you need urgent care? (by this we mean treatment for minor injuries or illnesses within 24 hours)



#	Answer	%	Count
1	Yes	32.85%	90
2	Not sure	16.42%	45
3	No	**50.73%**	139
	Total	100%	274

The respondents who selected yes suggested that the proposed revisions to the service made for a simpler system that was easy to understand where to go.

"The new proposal makes it very simple if you are ill or injured but are not requiring emergency treatment. Adults go to one place and children to another. There can't be any confusion"

The respondents who stated no had a variety of reasons for selecting this option including:

- Changing the system will confuse people causing a need for expenditure on public education
- The South of the city needed Urgent Care services
- Broad lane Walk in Centre is easily accessible by public transport and has good infrastructure such as parking nearby.
- The current system is better

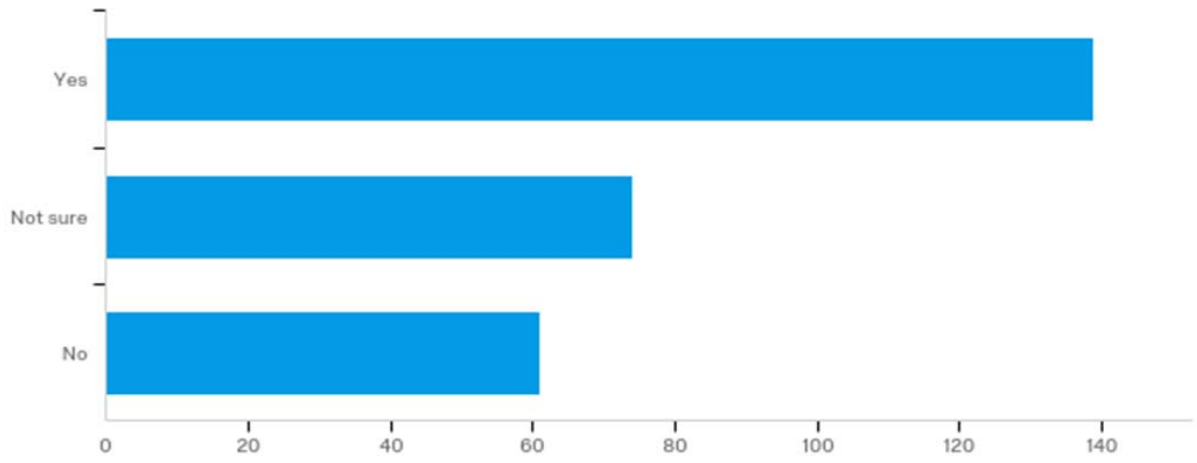
"The simple way to get urgent care is to contact your own surgery and be seen by them. To have to find another surgery that you are linked to (mine is not linked to any close by) and have to arrange to travel several miles to get there when you are ill, is stressful, obstructive and difficult"

Those respondents who were unsure gave reasons such as:

- Happy with services as they are.
- Service changes will be confusing and need wide scale public education.
- Happy with proposal apart from having to access any GP in the local area.
- The question was confusing.

"I think it may become more complicated one day you are advised to see the GP, another day a different GP practice, another day the opticians and finally the Urgent Care centre so no different to the current confusion some experience"

2.3. Do you think that providing more urgent care in local communities will make it easier to get urgent care when you need it?



#	Answer	%	Count
1	Yes	**50.73%**	139
2	Not sure	27.01%	74
3	No	22.26%	61
	Total	100%	274

Those respondents that felt it would be easier to access urgent care (50.73%) when they needed it gave reasons such as:

- Easier to access as don't have to travel far.
- Easier for those with poor mobility or no transport.
- Greater provision of service will improve access.

"Distributing patient load amongst less busy surgeries makes for more efficient use of Health Care Services in the area. This will still require adequate resourcing to ensure that requirement for urgent care can still be met going forward"

Those respondents who felt it would not be easier (22.26%) gave reasons such as:

- Surgeries are stretched already and closing urgent care will reduce the capacity to treat people in accessible areas.
- Increase in pressure on GP's and budget cuts will lead to staff shortages
- Extra services need extra staffing.
- GP's don't have the skills to manage the urgent care workload.

"Because your proposals would NOT be bringing urgent care to local areas, but concentrating everything into the behemouth that is the NGH."

Those that were not sure gave reasons such as:

- Care needs to be high quality and not run by the private sector.
- Depends on the promotion of new community services.
- GP's will not be able to offer all the services needed for some urgent care, e.g. scans, x-rays.

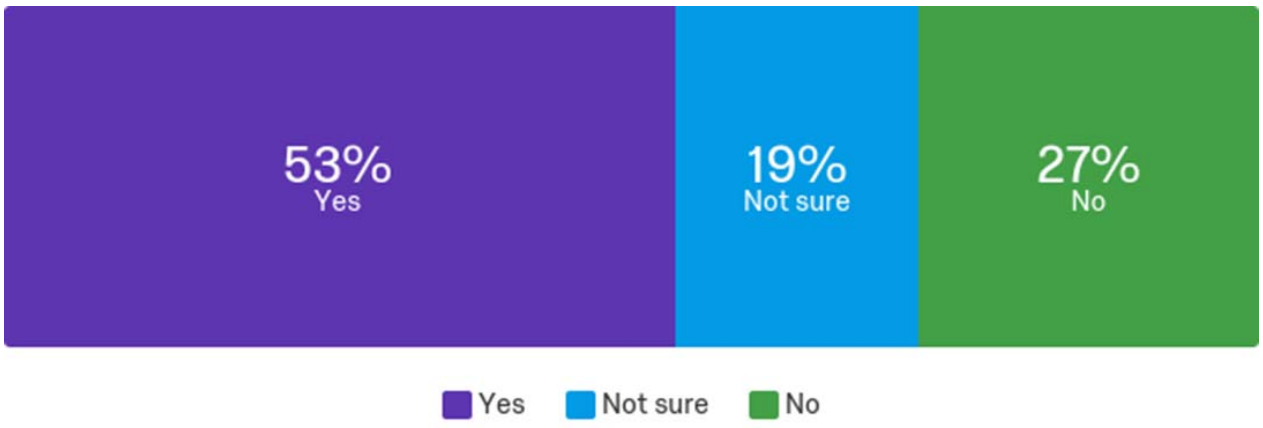
"I am not convinced that the suggestions mean that there will be more urgent care in local communities. I think it will mean that more people have to attempt to get to the Northern General, which is not easy from most areas, and will therefore mean that some needing urgent care will avoid seeking it at all"

There were respondents whilst selecting an option didn't give a reason for their choice but used the free text option to provide information as to what they felt about the consultation as a whole or with caveats about the question. The quotes below give a feeling of the kinds of responses that were given that were not in line with the question answered. All quotes were from individuals who answered yes to urgent care being easier to access when needed if it was based in local communities:

"ED in Sheffield are failing to achieve national A&E performance standards, so causing the same or greater volumes through their doors is not the answer."

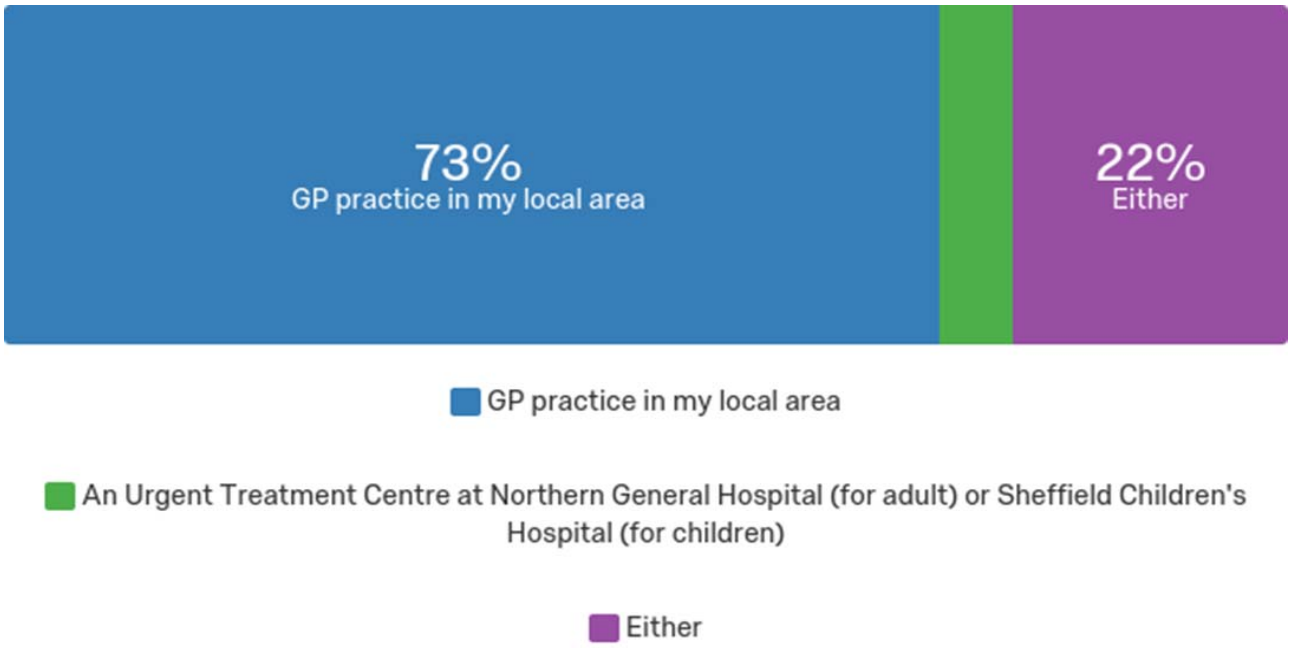
"OK for me, but not everyone is organised with a current list of medication handy, some are not willing for records to be widely available".

2.4. Would you be happy to have your appointment at another practice in your local area if this meant you would be seen more quickly?



#	Answer	%	Count
1	Yes	**53.45%**	147
2	Not sure	19.27%	53
3	No	27.27%	75
	Total	100%	275

2.5. If you need an urgent GP appointment and it's not relating to a long standing health issue, would you rather be seen at



#	Answer	%	Count
1	GP practice in my local area	**72.83%**	193
2	An Urgent Treatment Centre at Northern General Hospital (for adult) or Sheffield Children's Hospital (for children)	5.66%	15
3	Either	21.51%	57
	Total	100%	265

Respondents that selected that they would rather be seen at a GP practice in their local area gave the following reasons:

- Travel – this was seen as the issue if the alternative was to travel across Sheffield to NGH where parking was an issue.
- Staying local meant that waiting times were likely to be shorter.

Respondents that stated they would prefer the Urgent Treatment Centre at the NGH gave the following reasons:

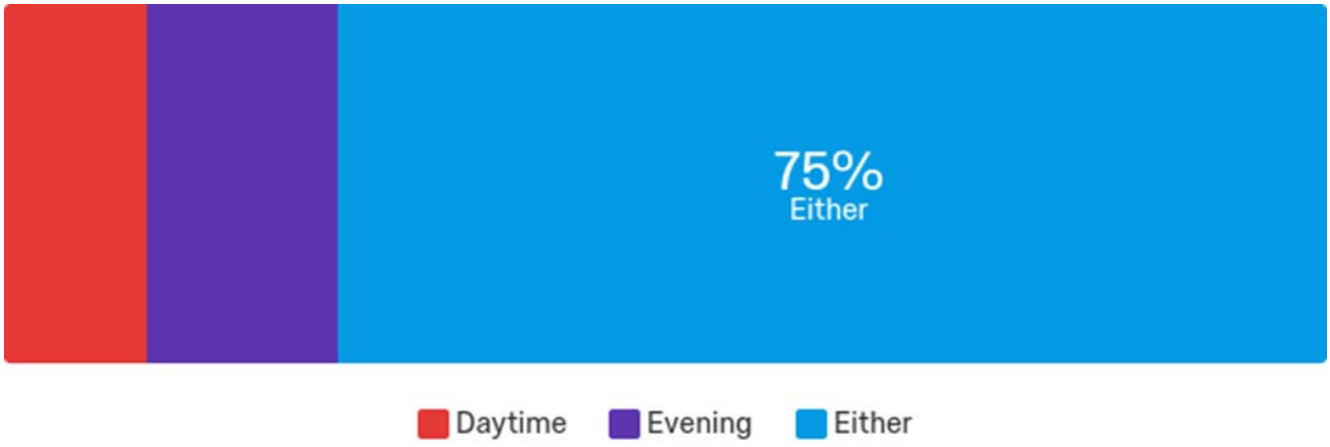
- Would know where to go rather than try to find another GP practice.
- More confidence they would have the skills to resolve the problem.
- Just in case needed referring to another service.

2% or 5 respondents mentioned the RHH Minor injuries unit as being a preferred service.

Those respondents that stated either option (21.51%) gave the following reasons:

- Local area is too vague it could be anywhere, and the NGH is across the city
- NGH if it's potentially life threatening and GP if not.
- Sheffield is not a big city, it's easy to get to services.
- Happy to travel if I'm seen the same day.

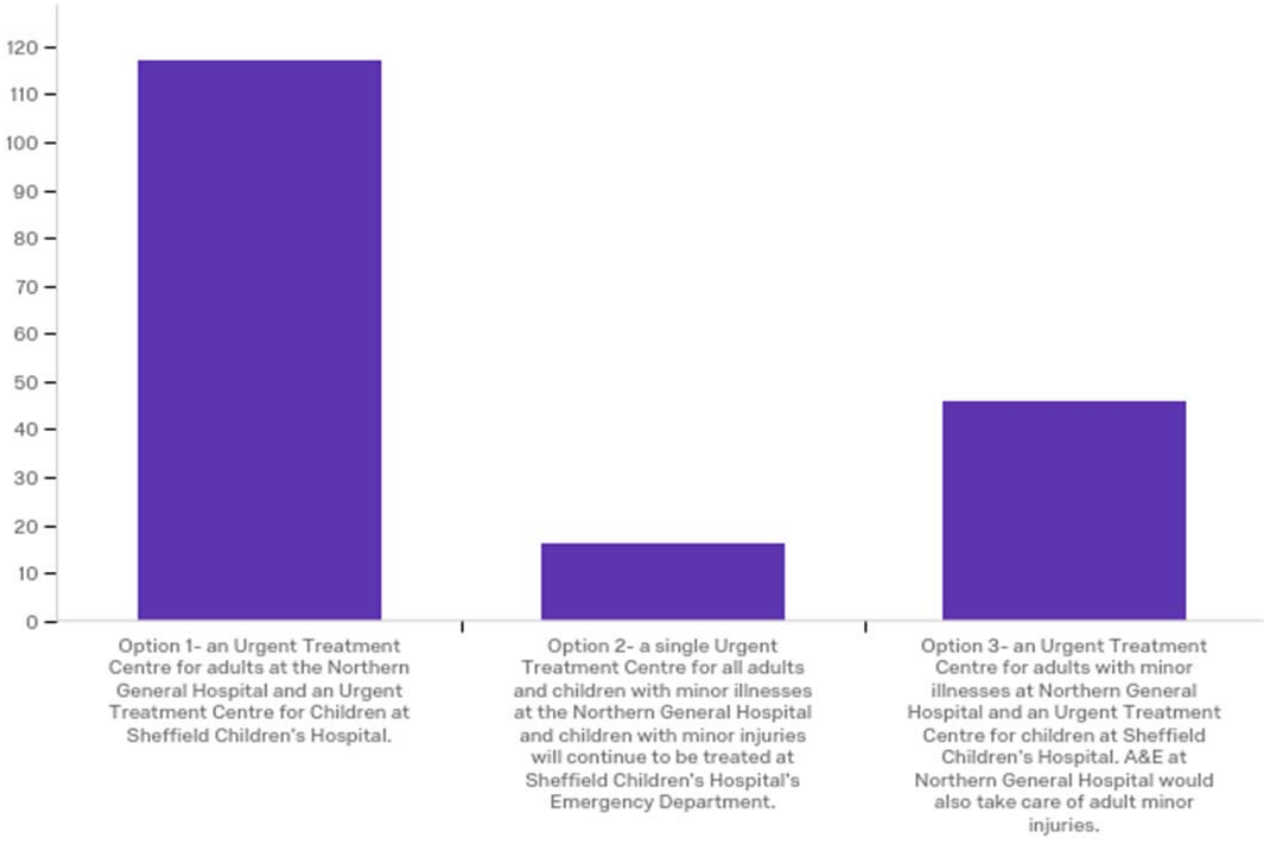
2.6. If you needed an urgent appointment, would you find it more convenient to be seen during the day or in the evening?



#	Answer	%	Count
1	Daytime	10.74%	29
2	Evening	14.44%	39
3	Either	**74.81%**	202
	Total	100%	270

The majority of respondents (74.81%) were happy to be seen at any time with daytime being preferable for (10.74%) 29 respondents and the evening being preferable with (14.44%) 39 respondents.

2.7. Which of these three options for where urgent care services are provided would you prefer?



#	Answer	%	Count
1	**Option 1-** an Urgent Treatment Centre for adults at the Northern General Hospital and an Urgent Treatment Centre for Children at Sheffield Children's Hospital.	**43.01%**	**117**
2	**Option 2-** a single Urgent Treatment Centre for all adults and children with minor illnesses at the Northern General Hospital and children with minor injuries will continue to be treated at Sheffield Children's Hospital's Emergency Department.	**5.88%**	**16**
3	**Option 3-** an Urgent Treatment Centre for adults with minor illnesses at Northern General Hospital and an Urgent Treatment Centre for children at Sheffield Children's Hospital. A&E at Northern General Hospital would also take care of adult minor injuries.	**16.91%**	**46**
	None of the above – respondents did not select an option with statement of intent	**34.20%**	**93**
	Total	**100%**	**272**

Of the 291 respondents that participated 19 didn't answer at all, 93 stated that they didn't wish to select any of the options provided. Only 179 respondents selected an option, the majority preferred option 1, with Option 3 being more popular than Option 2.

Of the 291 respondents 109 or 37% were residents of the South and West areas of Sheffield. (That includes residents of S7, S8, S10, S11, S14 and S17)

2.8. Respondents that have raised the issue of the Walk in Centre being moved

65 (22.33%) respondents directly referenced the walk in centre being moved in their responses to the consultation. 27 or 42% of the respondents were resident in South and West Sheffield postcode areas. The major theme was accessibility, comments included:

- Having a Walk in Centre in town works well, its accessible
- Walk in centre serves people with less access to private transport such as students
- Change will confuse people end up in A and E
- Moving the Walk in Centre limits access to urgent care for South and West Sheffield residents

2.9. Respondents that have raised the issue of the MIU being moved

76 (26.11%) respondents directly referenced the minor injuries unit being moved in their responses to the consultation, 57% were from the South or West of Sheffield, major themes were **public education**, **accessibility**, **impact on other services**, comments made included:

- People with minor injuries shouldn't be attending expensive specialist centres like NGH but educated in good self-management the two together will confuse people
- Residents in the south and west of Sheffield will have their access to services limited by closure of MIU
- Negative impact on groups with limited access to private transport such as students
- People more likely to use ambulances for minor injuries
- Primary care staff not equipped to deal with minor injuries
- Makes life more complex by concentrating treatment outside the city centre
- MIU is an accessible service for people with disabilities

- 43 or 39% of the 109 respondents that live in the South and West of Sheffield made direct reference to the Minor Injuries Unit at Sheffield Hallamshire Hospital being closed down. There was a strong sense of feeling about the proposed closure, themes around the Minor injuries unit were: **Accessibility** and **Quality of Services.** Comments included:

  - Minor Injuries Unit was easy to access
  - Moving the MIU was bad for the residents of South and West Sheffield and left them disadvantaged in terms of access to urgent care

2.10. Respondents who have raised the issue of access to Urgent Care in the local community.

30 respondents (10%) of the 291 respondents have raised issues around the access to urgent care in the local community. 23 respondents or 77% of those came from the South and West of Sheffield. Themes were:

- **Access** to services–(Community provision is likely to be further away than your GP)
- **Continuity** of service
- **Prime ministers Challenge Fund** used to prop up provision
- Detrimental effect on **quality of care**
- **Pressure on GP's**
- **Funding commitment** for urgent care staff at GP surgeries

2.11. Respondents who have raised the issue of UTC at Northern General Hospital.

191 respondents (65.63%) directly referenced issues around the provision of urgent care being located at the Northern General Hospital. 71% or 135 respondents were from South or West Sheffield postcode areas. The major themes were the **location** and the time **difficulty of travel** to the site, **infrastructure** such as capacity of site to expand, **social problems** of the local area, **waiting times**, **impact on peoples choices to access healthcare**, **impact on disabled** and those with long term conditions such as dementia**, impact on other services** such as A&E. Comments made included:

"Goes against the principal of localised primary care"

"Site is frightening as full of drug users and drunks, not the best for someone who is ill to witness staff being abused"

"Waiting times in A and E will increase and reduce accessibility of the services"

2.12. Respondents feedback about the children's offer at the Northern General site

34 respondents (12%) specifically mentioned the proposal to relocate children's urgent care to the northern general. 30 respondents (10%) wanted things to remain at the children's hospital, the major themes identified were:

- Location of expertise at SCH was preferable and made sense
- Geographic location of Hospital as central to the city
- Mixing adult and children's A&E could be traumatic for children
- Children should be treated separately from adults, with doctors that are trained to deal with them

"I wouldn't want to trail half way across the city for treatment. If I had children I would opt for the children's hospital because it's central and more accessible"

One respondent did argue that all urgent care should be in the same location stating:

"Often there are several members of the same family with the same complaint/virus or infection, needs to be easy for them to be seen in the same place"

2.13. Respondents feedback about the eye clinic

11 respondents (4%) left specific feedback concerning the eye clinic including themes around: **Quality of service** and **Relocation/closure of the eye clinic at RHH**

Comments included:

"Eye casualty is a fabulous resource"
"Satisfied with the treatment provided and short waiting times"
"Maybe the eye clinic should be relocated to the walk in centre"
"Closure of eye casualty at RHH is a disaster"
"I trust the staff at the eye clinic"
"I strongly disagree with proposals for the eye clinic at Hallamshire"
"Eye clinic closure needs separate consultation"

1. **Feedback from Staff in Secondary Care**

21 respondents (7%) work in secondary care, themes that arose were: **future proofing**, **Impact on other services, infrastructure**, **lack of choice** in proposal, **public education**, **staff expertise**, **accessibility** especially for the poor and disabled and those that use public transport. Specific comments included the following:

"Would make more sense to have two ED's each side of the city and use the two existing hospitals to receive patients with minor and major illness. Proposal is not future proof"

"I don't think facilities at NGH can support additional demand"

"Do not bring children to NGH site as very few resources/expertise in ED to deal with unwell children 24/7"

2.14. Feedback from Staff in Primary Care

45 respondents (15%) work in primary care, the major themes were: **infrastructure**, **accessibility** and **location of services**, **deskilling of workforce**, **public education**, **lack of choice** and **future proofing.** These were echoed by additional feedback from Primary Care providers which came in the form of a letter from One Medical Group. Specific comments included:

"If all paediatric cases go to SCH there will be a deskilling of clinicians and a lower threshold for referring on I suspect"

"Why Northern General surely Hallamshire is better for access?"

"Having appointments available at a number of local GP practices sounds very convenient"

"Broad lane could be adapted to provide an UTC for minimal cost"

2.15. Feedback linked to postcode area

Those who reside in postcode areas nearest to Broad lane (S1, S2, S3, S4, and S7) are predominantly concerned with:

- The **accessibility of the Northern General** including:
  - Navigating around it
  - Travel to the site
  - Parking
  - Overcrowding
  - Staffing

- **Suitability of alternative sites such as The Royal Hallamshire** due to
  - Central location
  - Has other facilities such as x-ray and phlebotomy on site

- **Impact on general public** such as:
  - Causing confusion around where to go
  - Need to improve infrastructure such as road access/layout, bus access
  - Reduction of services to local population and south Sheffield residents

Those residents that reside in postcode areas S10, S11, S17 and S8 are concerned with:

- **Accessibility of the Northern General** including:
  - Facilities of NGH being able to accommodate more services
  - Access for elderly or disabled patients from the South of Sheffield
  - Transport and travel implications
  - Parking
  - Electronic records compatibility
  - Not a dementia friendly site

- **Transparency of the Consultation**
  - Consultation process is just lip service decisions have already been made
  - Have staff been fully consulted on proposed changes?
  - There is no choice for adult services in these options

- Appears to be a cost saving exercise – how will minor injuries be improved at a local level?

- **Impact on other services**
  - A and E will be inundated as its seen as better than urgent care
  - Good GP practices will be made worse and create lots of inconvenience

- **Suitability of other sites**
  - The Royal Hallamshire is more suited to A and E because it's more central closer to Cancer, Dental and Maternity services and is close to the children's hospital should further paediatric support be required
  - Closing Hallamshire Minor Injuries would be a big mistake it's efficient and serves the South of the city
  - Children need to be seen at the children's hospital

- **Long term effects on society**
  - Walk in Centre closing will have a knock on effect to local population and its health particularly the vulnerable
  - Need for education around urgent healthcare

Those residents that reside in postcode areas nearer to Northern General (S5, S6, S9, S35 and S36) are concerned with the following:

- **Providing services that suit both sides of the city**
  - Two urgent care centre's one at NGH and one at Royal Hallamshire to prevent patients using an ambulance to access NGH
  - Broad Lane and Hallamshire are well situated
  - City the size of Sheffield should have two fully functioning hospitals
  - Walk in Centre at Broad Street is better placed to treat people than NGH

- **Accessibility of NGH**
  - Hard to park at NGH
  - If you put everything together waiting times will increase
  - NGH is hard to navigate round and get to
  - NGH is not convenient for anyone – badly designed hospital
  - NGH not disability friendly
  - NGH nearer than the children's hospital for parents from the north so geographically it would be a better option

- **Educating the public**
  - Improving awareness has to be the way forward
  - Keep it simple for the public to understand

Those residents that live in the South East of Sheffield in postcode areas (S12, S13, S14, S20) are concerned with the following:

- **Educating the public**

- **Accessibility of NGH**
  - Lead to fixing own minor injuries in fear that their health issue isn't serious
  - Overcrowd and overwhelm A and E
  - Reducing patient choice
  - NGH is large and confusing

- **Providing services that suit both sides of the city**
  - Reducing services will impact on elderly and those without transport

- **Accessibility of other services**
  - Having separate children's urgent care will make it easy to direct patients

2.16. Themes from those who were a different gender identity at birth

There were 36 respondents who indicated that they were assigned a different gender identity at birth. There were no themes that were particularly relevant to gender however they referred to the following:

- South West Sheffield's large elderly population would struggle to get to NGH for health care leading to an increase in ambulance use.
- NGH is a long way from many parts of the city, less people will have access to urgent care
- Certain specialities such as Gynaecology, Urology and neurology are in RHH which will now be further from the centre.
- Parking issues at NGH and cost of public transport which poor and disabled rely on.
- Need to include non-binary as a gender option in equalities monitoring.

2.17. Feedback from those respondents with a disability

There were 31 respondents who identified as having a disability. The feedback included the following:

- Opposition to seeing local GP rather than your own GP due to lack of continuity
- Difficulty of accessing the NGH (transport and parking)
- No real choice
- Urgent care needs to remain at Hallamshire or too many people will suffer
- NGH is physically inaccessible
- This is being thrust upon us by a government that is hell bent on destroying the NHS

- Public education on the use of health services appropriate is needed
- Liaison is needed with bus services to improve access to NGH

2.18. Feedback from those with mental health conditions

There were four respondents who identified as having a mental health condition. The comments made about the consultation were:

- Issue with transport to NGH as it is not easy by public transport and car parks are full by 9.30am, the city centre facility is accessible by tram and then a short walk
- Walk in Centre is very useful for those who work in the city centre who can't get suitable appointments at their GP's around their shifts
- Doesn't seem to be a choice in the options, it seems like rubber stamping exercise with veneer of consultation

2.19. Feedback from carers

There were 54 respondents that identified as carers. The feedback from this group included the following themes:

- **Accessibility**
  - NGH is not safe or affordable to access for people on low incomes
  - Elderly patients with long term conditions will suffer – difficult to find A and E in the dark at night, NGH is a small village
  - No urgent care in the city centre will lead to misuse of ambulance services
  - Need something kept at Hallamshire for the residents of South and West Sheffield
  - Urgent care should be provided in neighbourhood primary care centres
  - Insufficient collaboration between the accountable care organisations to provide a truly integrated urgent care system
  - Walk in eye clinic is well placed with access to consultants if necessary

- **Resources**
  - UTC's will need to be sized according to number of people accessing services
  - Separating services deskills the workforce – children and adults urgent care should be in the same place
  - NGH staff will not be able to cope they are stretched as it is
  - How will changes save money – who is paying for it?

- **Quality of treatment**
  - Proposal to be treated by any local GP is detrimental to providing high quality care

- **Consultation process**
  - No choice

- **Public Education**
  - Education and advertising around urgent care is needed

- **Children's Services**
  - Not appropriate for children to be seen in an adult environment

2. Interim Findings Consultation Events

Consultation events that are included in this report are events at Manor Library, Crystal Peaks Library and the CCG meeting of October 24th 2017. Themes that emerged from these events include:

- **Accessibility,**
  - GP appointment system needs updating
  - Difficult to access GP appointments
  - WIC is easy to find
  - Service should be multilingual
  - NGH is too far to travel
  - NGH Parking issues
  - Need for MIU in city centre location or people will go to Chesterfield moving the problem out of the area
  - The walk in eye clinic is very handy
  - Postcode lottery

- **Impact on Staff**
  - Deskilling of GP's
  - The NHS is working GP's too hard
  - Too many agency staff employed
  - Are all GP's on board with the proposed changes?

- **Public education**
  - Confusion among some member of the public about the neighbourhood groups and satellite hubs and what they do

- **Impact on other services**
  - People will use A and E more
  - If primary care fails it all fails due to increased pressure on secondary services
  - Is there capacity at NGH to take extra flow from MIU at Royal Hallamshire Hospital

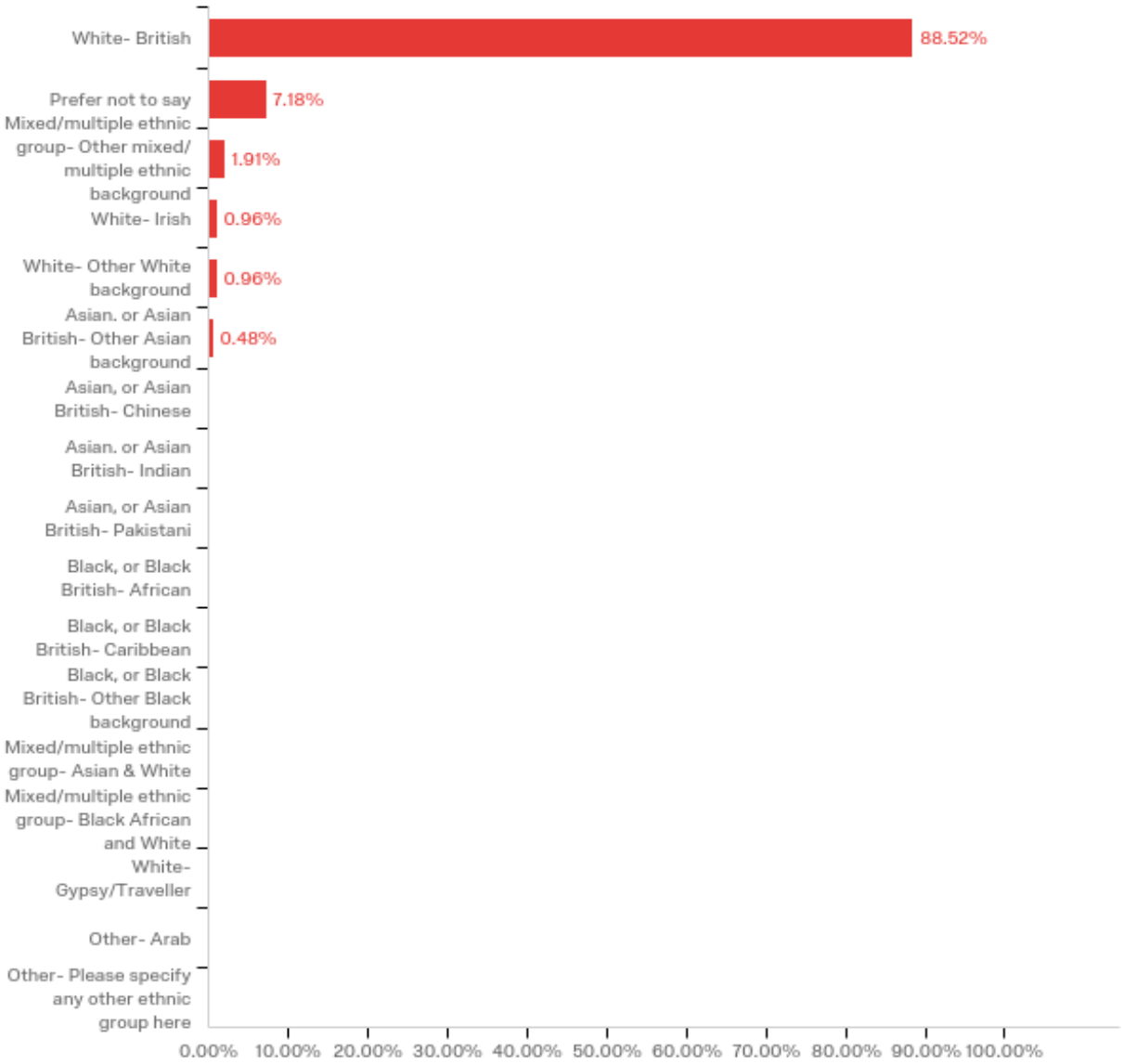
- **Consultation Process**
  - Lack of public involvement
  - Consultation needs more promotion
  - Options are all the same
  - Decision has already been made
  - Is there enough money in the budget to deliver change appropriately?

- **Digital services**
  - Are systems for patient records compatible in terms of GP access to your records under the new proposal?

3. Interim Findings Gaps

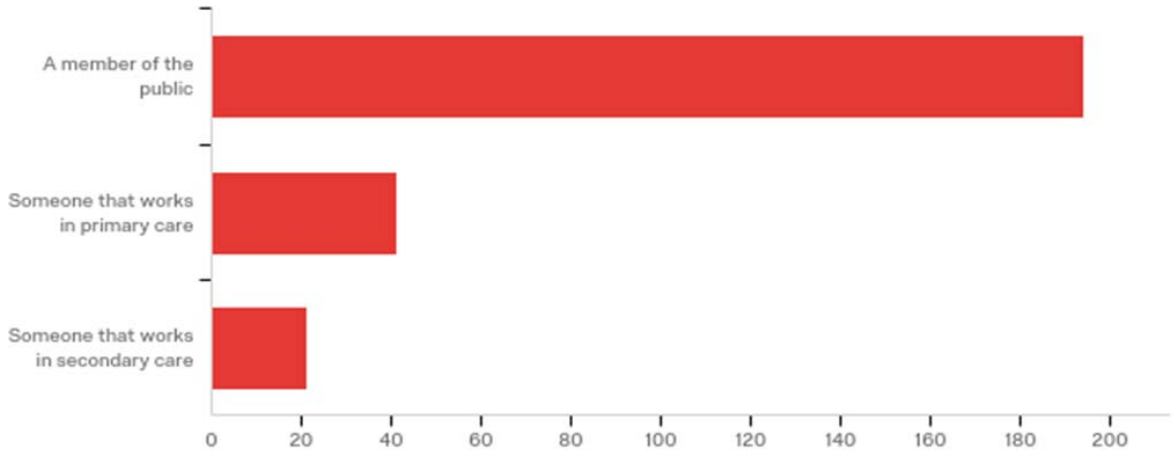
3.1. Ethnic Diversity

There is limited data outside of the white British demographic. However estimates of diversity put Sheffield as having 20% of its population from black or minority ethnic groups with recent increase in numbers from wider European Union communities of students and economic migrants in general.



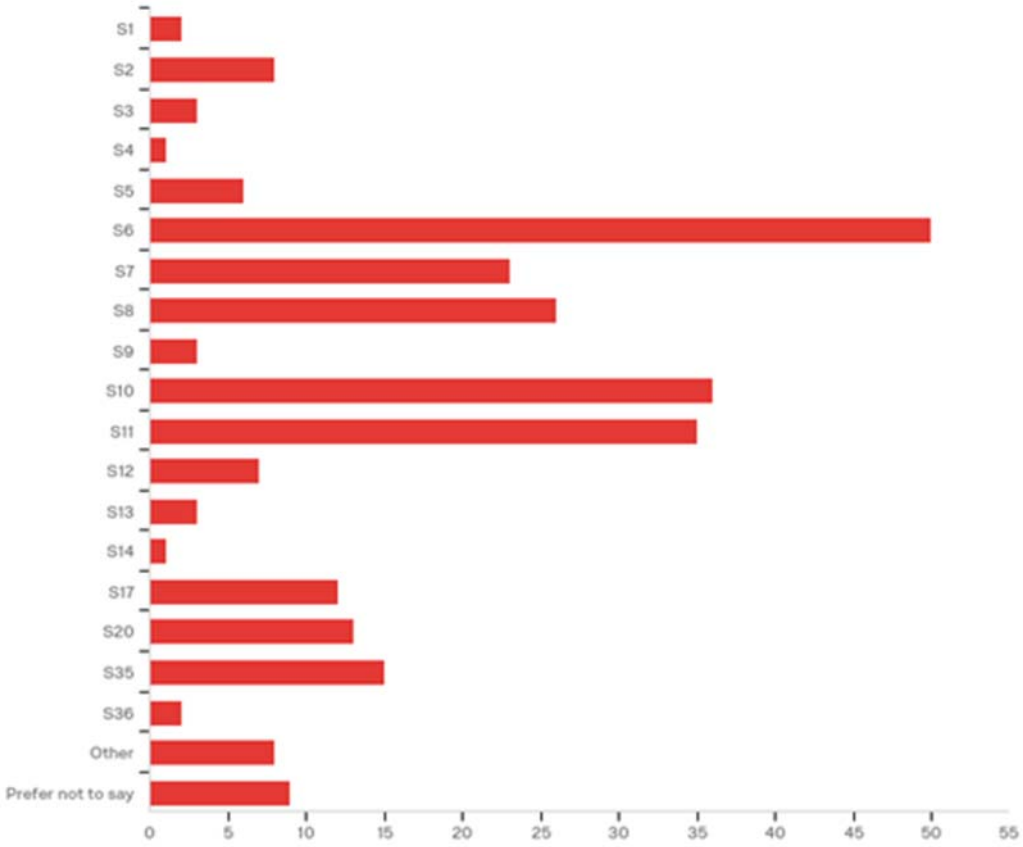
3.2. I am responding as:

The majority (76%) of respondents were members of the public with a proportion (16%) working in primary care and a smaller proportion (8%) working in secondary care.



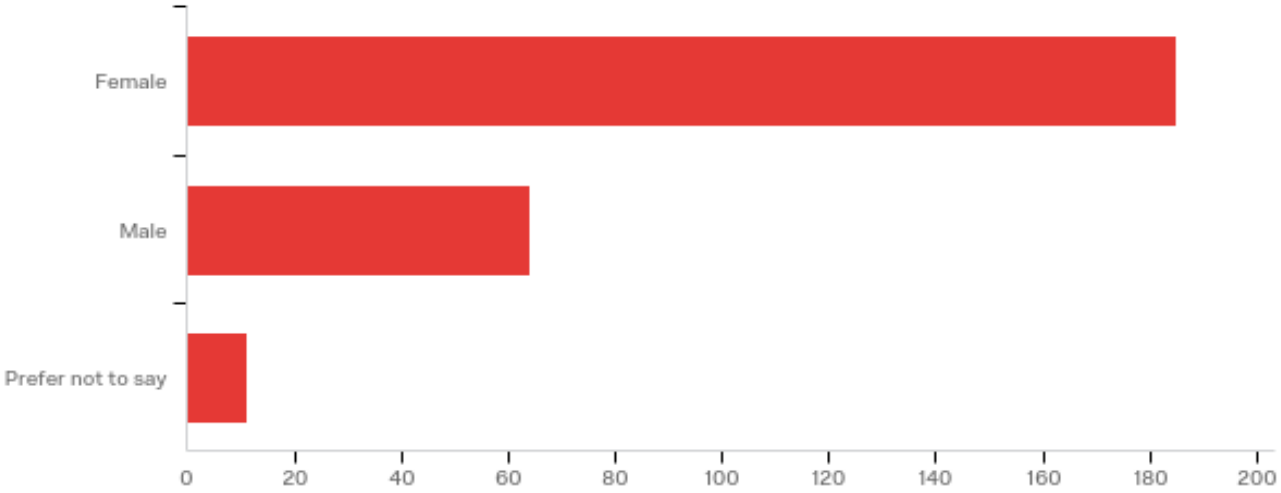
3.3. Geographical distribution

The geographical distribution of respondents shows that individuals who reside in the S6 S7 S8 and S10 and S11 which is to the West and South West of Sheffield city centre were more likely to have filled out the consultation survey than those from other areas.

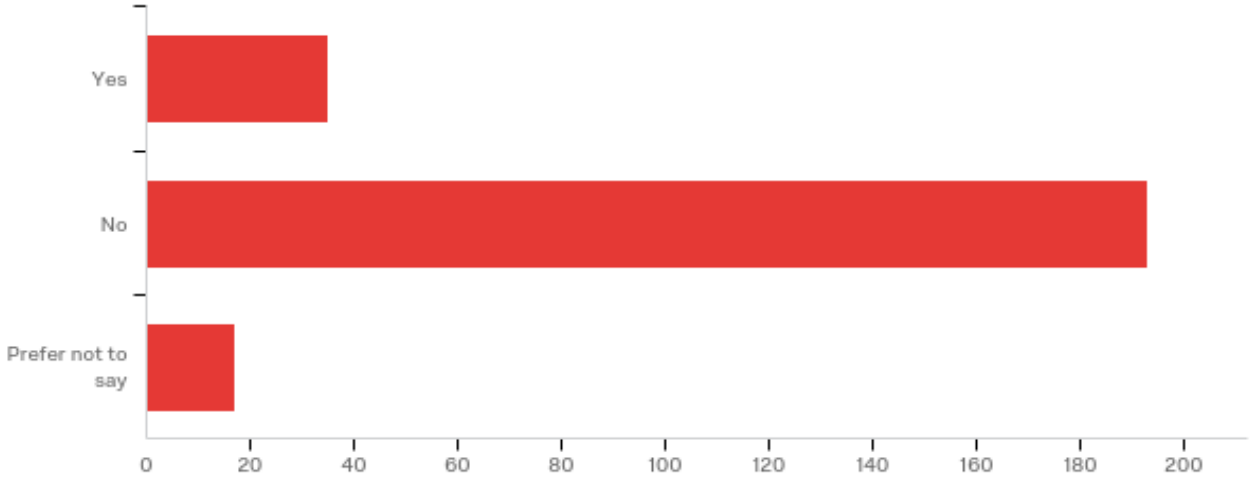


3.4. Gender Identity

The largest proportion of respondents (71%) identified as female, 25% indentified as male and 4% prefered not to disclose which gender they identified as.



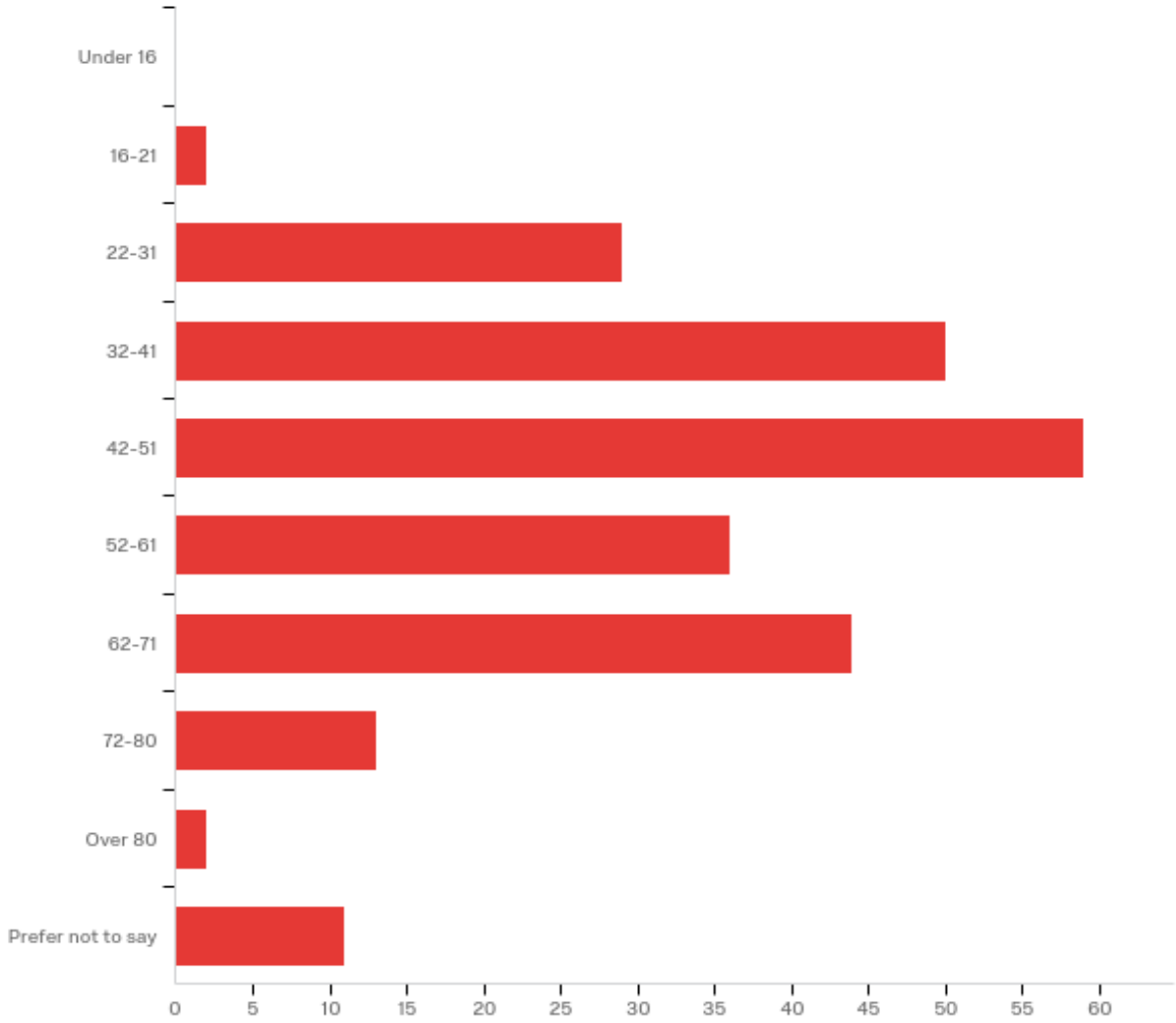
3.5. Is your gender identity different to the sex you were assumed to be at birth?



Data collected appears to show that a high proportion of respondents have identified as having a gender identity different to the sex they were assumed at birth. This may be an issue with the participants understanding of the question and therefore human error in filling out the survey question. One respondent stated that non binary should have been included as an option for gender identity.

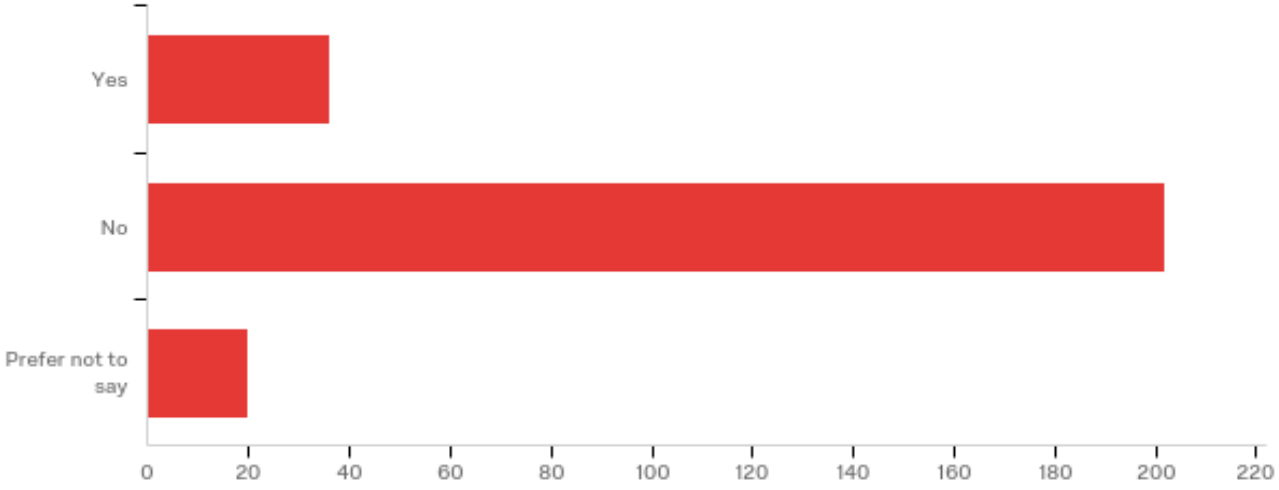
3.6. Age range

Whilst there is a good spread of responses from those aged 22-71 years of age there is an under representation of 16-21 year old who will make up a proportion of the student population in Sheffield.

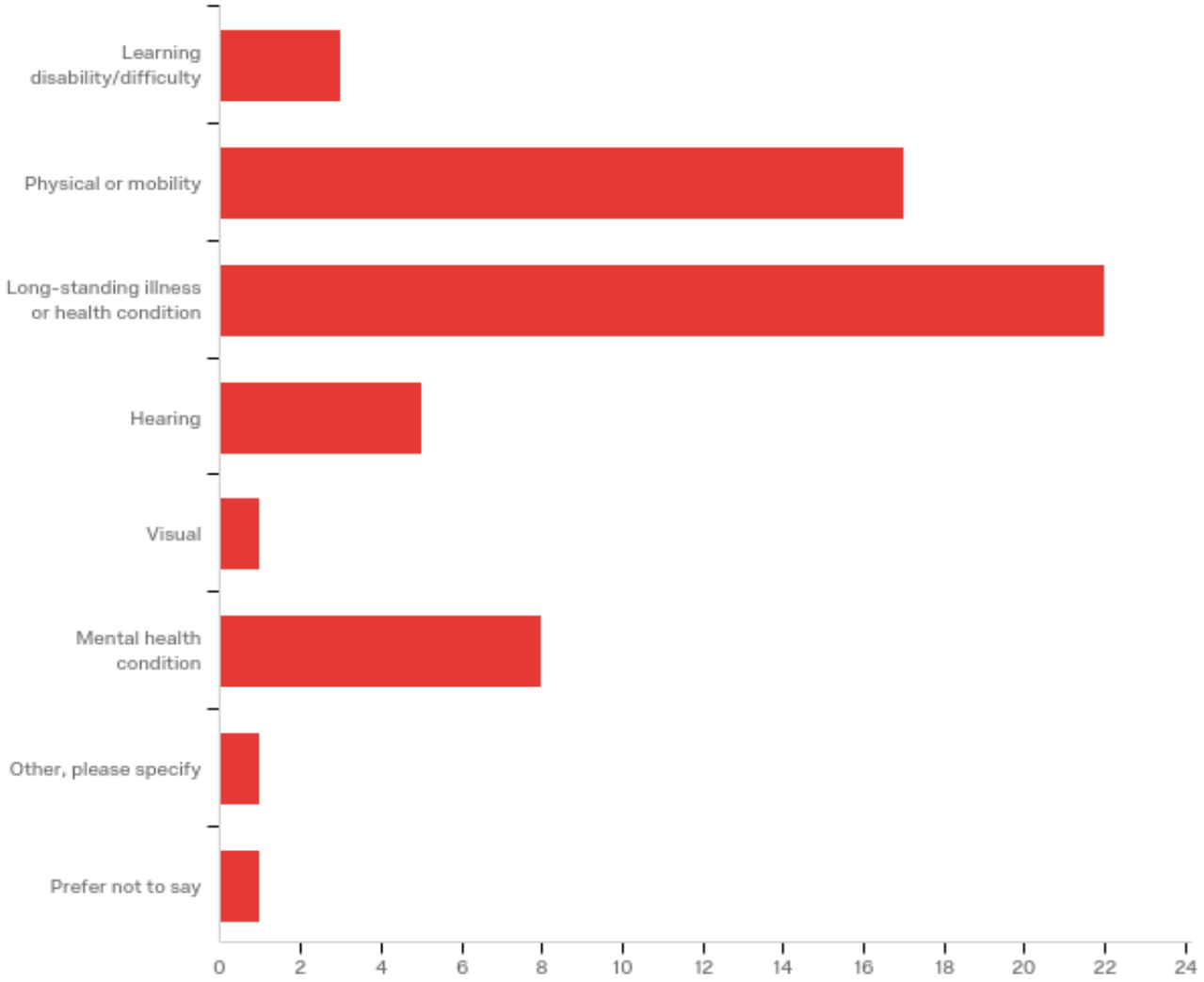


3.7. Disability

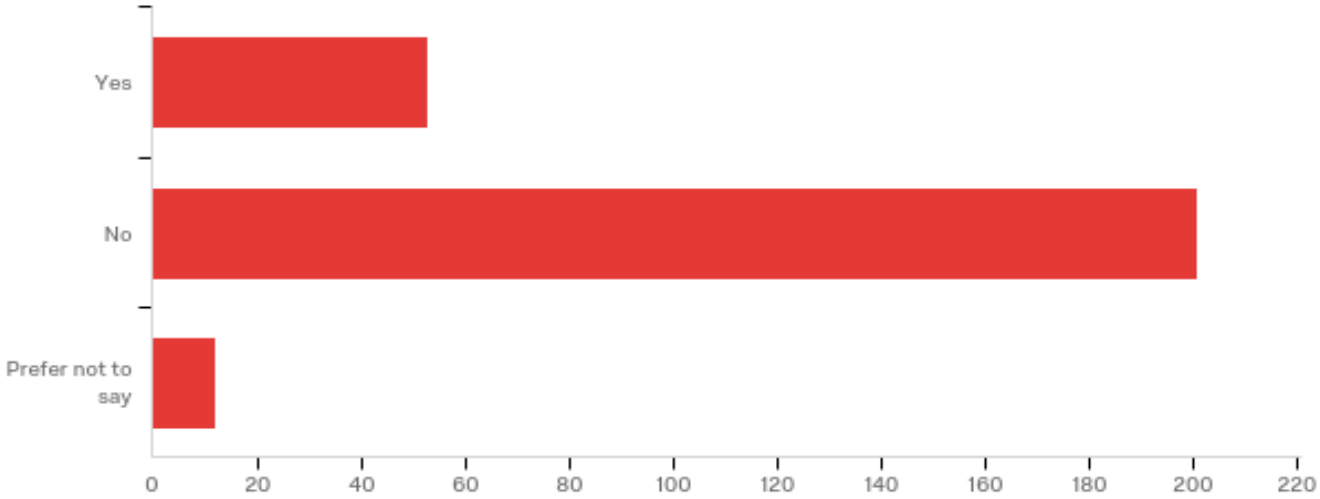
The majority of the responses are derived from participants that do not consider themeselves to have a disability. This may lead to those who have more need for healthcare services being under represented in the consultation.



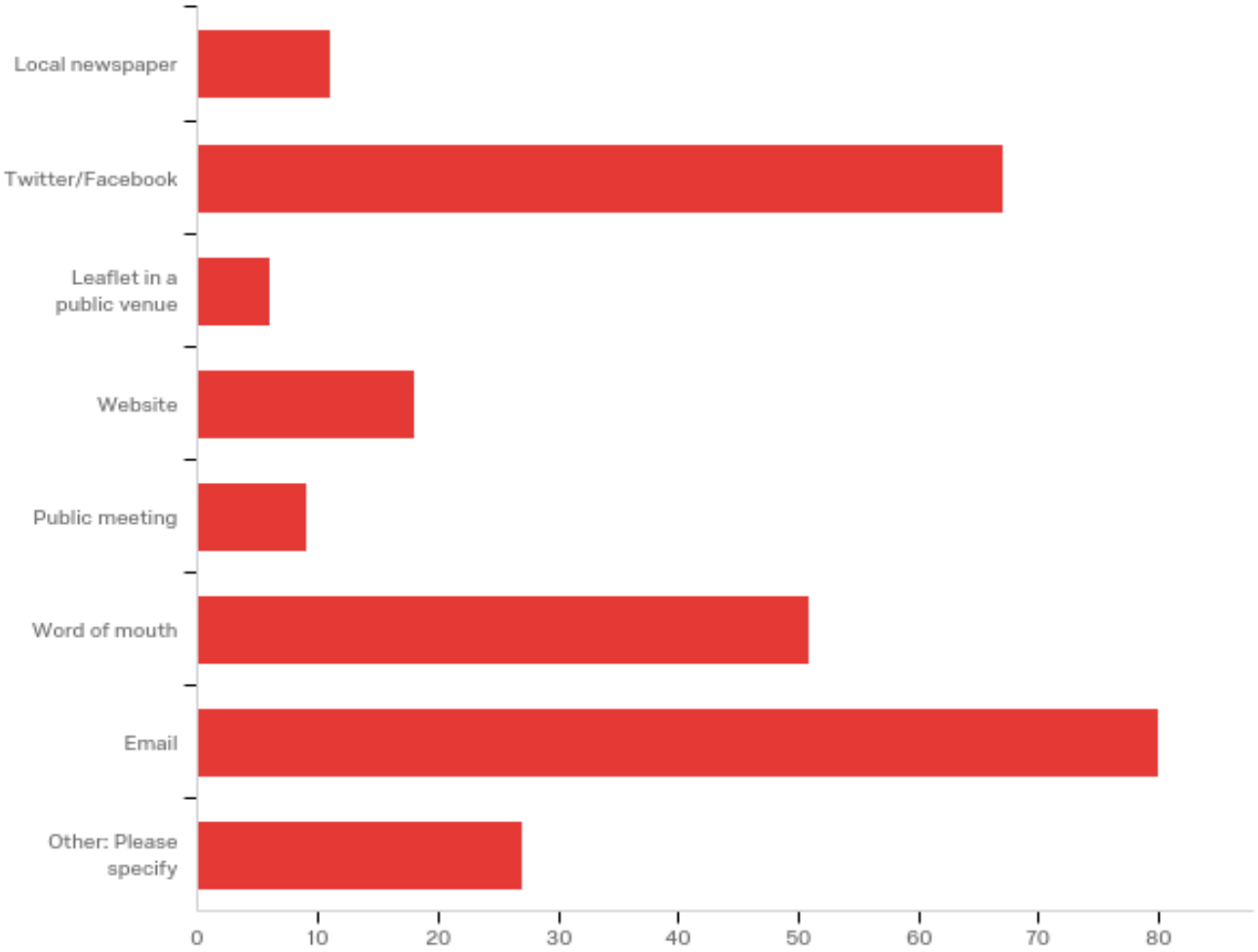
3.8. Type of Disability



3.9. Do you provide care for someone?



3.10. How did you find out about the consultation?



The examples given in the ‘other’ catergory included:

- Place of work/colleague
- Healthwatch
- Labour party meeting
- School
- PPG

4. Themes and trends

1. From the data it is possible to conclude that respondents to the consultation are cautious about whether the changes will make accessing easier for people unless they live to the North of Sheffield. Reasoning around this includes those around infrastructure, i.e. the public transport issues, pressures on A&E, the capacity of the NGH site to house additional services, staffing levels and parking etc.

2. Respondents are keen to have “local services” but are concerned about pressures on GP’s, funding for urgent care in the community, continuity of care and how the system will work. The majority of respondents (73%) were happy to be seen by a GP in the local community due to the ease of travel but there were concerns around access to facilities such as phlebotomy and x-ray and whether the GP’s were on board with the proposed changes and if the infrastructure was in place to enable the changes to be successful.

3. There were almost as many people who were unhappy with the choices offered as selected option 1. 37% of those respondents were from the south and West of Sheffield.

4. Only 22% of respondents referenced the closure of the walk in centre directly but almost half of those (42%) were from South and West Sheffield. The themes were around accessibility and its limitations for those in the South and West once it was removed and changes were likely to be confusing for the public. There were also concerns for the student population who utilise the centre a lot.

5. Of those respondents that mentioned the moving of MIU 57% were from South and West of Sheffield. Thoughts around the relocation as an UTC in the NGH led to fears that A and E would become more pressured along with increased used of ambulances due to accessibility issues with the site. Especially for the residents of the South and West of Sheffield including students, the disabled and those with low incomes. Concerns around the skillset of primary care staff and their ability to deal with minor injuries came through. There appears to be a strong objection to the closure of MIU due to accessibility and the quality of the treatment people receive.

6. When considering the provision of Urgent Care in the community there was resistance to the proposal from the aspect of appointments were likely to be at services further away than your regular GP. The continuity of the service, the perceived potential detrimental effects on the quality of care and increased pressures on GP’s. There was mention of the Prime ministers Challenge Fund being used to “prop up” services where concerns to the funding came to the fore.

7. The Northern General Hospital has caused a great strength of feeling. Whilst the majority of respondents (71%) have come from the South and West of the city they reference issues such as the infrastructure of the NGH with poor accessibility for disabled users and the overloading of A&E services.

8. Those respondents that mentioned the children's hospital overwhelmingly spoke about positively about the treatment and skill of staff at the SCH, were concerned about the impact of having to use adult service for young people and only two respondents were in favour of utilising NGH for children's' services due to a need to keep ill families together and the potential deskilling of A&E practitioners through not working with children and young people.

5. Action for Primary Care Commissioning Committee / Recommendations

The Primary Care Commissioning Committee is asked to:

1. Note current gaps in community responses.
2. Note the themes and trends that had been identified up to 14th November

Paper prepared by: Joanne Darrant, MSc
On behalf of: Sheffield NHS CCG
Date: 20th November 2017