

# **Impact of temporary changes to health services as a result of Covid-19 and plans for phase 2**

November 2020

Summary of work from:

Mencap  
SADACCA  
Together Women  
Shipshape  
Refugee Council  
ZEST  
Chinese Community Centre

NHS Sheffield Clinical Commissioning Group would like to thank the staff and volunteers from the community organisations mentioned above for their enthusiasm, commitment and perseverance in undertaking this work during very challenging times. We would also like to thank everyone who took time to participate and share their experiences. It has been hugely appreciated and will inform future commissioning decisions in Sheffield.

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## **Summary**

This report focuses on the lived experience of 163 people in Sheffield and was commissioned by NHS Sheffield Clinical Commissioning Group to provide an opportunity for anecdote, quotes and qualitative information to inform future commissioning decisions. It describes the world through the eyes of residents who experience disadvantage on a daily basis alongside the greatest inequalities. The feedback was sourced via seven community asset based organisations that offer leadership within their communities and carried out peer to peer conversations with residents based on the trust and relationships that have been built over many years. The key findings, in relation to each of the seven areas, were:

### **General thoughts about Covid and 2020**

There was an overwhelming sense of negativity about people's experience of 2020 overall, with words such as 'scary', 'depressing' and 'worrying' being frequently used. Reflections about positive experiences related to patients being pro-actively approached and treated in a person centred way that met their individual needs. Examples where this didn't happen included mixed and confusing messages about the virus and information not being available in accessible formats such as easy read versions or languages other than English.

### **How confident have you felt in accessing NHS services**

Feedback related to people feeling more confident when they had been informed about the measures taken to manage risk in a way that they could understand. There was acknowledgement that people had avoided using services unless absolutely necessary.

### **Different ways of accessing health care (e.g. online, telephone etc.)**

The move to online services was generally viewed as a barrier, particularly by older participants, who didn't have access to appropriate technology and lacked the confidence or motivation to learn. Some younger people had used online groups for support and welcomed the shift. Telephone access was seen more positively in terms of access but concerns were expressed about potential misuse of personal data such as photos to aid diagnosis and the cost for people on low incomes and those seeking asylum.

### **Services offered by your GP surgery**

One person was affected by the temporary closure of the GP surgeries named. Concern was expressed about access to interpreters to enable accurate diagnosis and care, patients not being able to contact their GP surgery by telephone as it wasn't being answered and the availability of appointments.

### **Your ongoing health needs**

There was a mixed response to whether 'open appointments' or fixed appointments would be beneficial and, again, related to individual circumstances. A differentiation was made for people who live with long-term health conditions where ongoing monitoring is required. The vast majority of feedback in relation to travelling outside Sheffield for care was negative and issues such as cost, anxiety and practicality were mentioned.

### **Seeking help from the NHS if you have an urgent need and need help straight away**

Four people had been impacted by the temporary closure of the Minor Injuries Unit and had sought alternative care. A range of different services were mentioned in terms of

urgent care, with 111 and 999 being mentioned most frequently, followed by GPs and hospital. Pharmacy was also mentioned.

### **Your mental health**

It was acknowledged that the vast majority of people have experienced a decline in mental health during 2020 and that there is a perception and reality that services were not available in a culturally appropriate way for patients, when they were most in need.

## Introduction

## Background

‘The greatness of a national can be judged by how it treats its weakest member’ Ghandi

Seven organisations were approached to undertake a piece of community outreach work that would provide extensive qualitative data about the lived experience of people in Sheffield since the national lockdown in March. Interviews were conducted by staff and volunteers from voluntary sector organisations who had a trusted and long-standing rapport with participants and emphasis was placed on gathering quotes and anecdotes.

The organisations who conducted this work were:

<b>Organisation name</b>	<b>They are uniquely placed to work with....</b>
Mencap	...People who live with learning disabilities, alongside their families and carers
Chinese Community Centre	...People from the Chinese community total around 9400 of the Sheffield population and who, alongside the impact of the virus, were detrimentally impacted due to international rhetoric about the origins of the virus and who experienced hate crime as a result
SADACCA	...People from the African Caribbean community total around 9100 people in Sheffield and were disproportionately impacted in terms of illness and deaths due to Covid
Shipshape	...People from one of the areas of highest deprivation in the city, particularly those from a broad range of minority ethnic communities where levels of poverty are disproportionately high
Together Women	...Women with multiple and complex needs, particularly those with experience of the criminal justice system, alcohol and drug misuse and those who have experienced abuse
ZEST	...People from an area of high deprivation in the city, particularly those from low socio economic backgrounds and those who live with multiple long term health conditions
Refugee Council	...People who are resettled refugees and those seeking asylum in the UK who benefit from support with housing, language, health, welfare, education and employment.

Each of these organisations were asked to conduct 20 semi-structured interviews with local people to help us understand the impact of Covid in the following 7 areas:

- General thoughts about Covid and 2020
- How confident have you felt in accessing NHS services
- Different ways of accessing health care (e.g. online, telephone etc.)
- Services offered by your GP surgery
- Your ongoing health needs
- Seeking help from the NHS if you have an urgent need and need help straight away
- Your mental health

A set of prescribed questions were set, that were similar and complimented the telephone survey, but in this work, qualitative responses were encouraged that gave in-depth information alongside demographic data for analysis purposes.

Organisations reported that some interviews took more than 2 hours to undertake and that people appreciated the opportunity to be heard and make a difference to future commissioning decisions.

The power of working alongside community organisations, who have long-standing trusted relationships with community members, should not be underestimated. It was clear from feedback that these organisations had provided a lifeline throughout 2020 and their pro-active swift response immediately after lockdown had provided a safety blanket for individuals and families, particularly those most vulnerable. This foundation has provided a basis for collaboration and an honest dialogue to enable such a rich source of information to be gleamed which will impact on the quality of the CCG's commissioning decisions.

## **Report structure**

This report provides themes and trends that have emerged from the 7 individual reports from the community organisations. The outputs are not designed to be statistically significant but to provide anecdote, lived experience and direct quotes from people who live in the city who have been most detrimentally impacted by the global pandemic.

Quotes used throughout are in the words people used and permission has been given to use those words anonymously.

## **Sample and methodology**

Each organisation was sent general information about the project (Appendix H) and a set of facilitators notes about how to conduct the sessions containing a set of standardised questions (Appendix I). In addition, each person who participated was asked to complete a standard equality monitoring form (Appendix J).

The seven community organisations were asked to undertake a minimum of 20 semi-structured interviews with local people. Some of these took place using the telephone, others via zoom, some face to face individually or in a group in a socially distanced manner. In addition, an online survey was devised and a unique link was sent to each organisation for them to disseminate to their clients, as an alternative method of data collection.

Organisations were given seven weeks to complete this work during September and October 2020 and were asked to analyse all information from all sources using the criteria outlined in appendix H.

The following seven sections of this report provide a qualitative analysis of the themes and trends received on each of the topic areas from each of the organisations as to demonstrate the different impacts Covid19 has had on these specific community groups. The reports which these overarching themes and trends are based on is available in appendix A – G.

## Analysis of themes and trends

## Section 1 – General thoughts about Covid and 2020

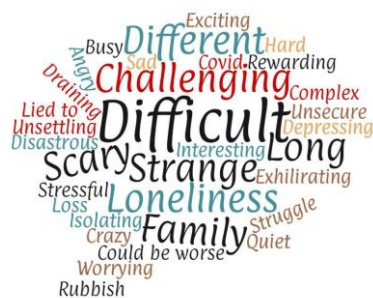
*If you could choose three words to describe 2020, what would they be?*

*From your point of view, in relation to healthcare, what has been done well during the pandemic? e.g. support from your GP surgery, online mental health support groups etc*

*From your point of view, in relation to healthcare, what could have been done better during the pandemic? E.g. more support from your GP surgery, information available in languages other than English etc.*

*What can the NHS do to support people more in the coming months?*

Words used to describe 2020 were overwhelmingly negative from the different respondents, with words such as scary, depressing and worrying being used consistently across all community groups.



**Mencap:**



**Zest:**

### Chinese Community Centre:

Word described	No.	Word described	No.	Word described	No.
Scary/ Scared	IIIIII	Uncertain	II	Fed Up	I
Worrying/ Worried	IIIII	Lockdown	II	Annoyed	I
Virus	IIIII	Depressing/ Depressed	II	Anxious	I
Fearful	IIIII	Trapped	I	Difficult	I
Isolated/ Isolation	IIII	Very bad	I	Unstable	I
Self-protect	III	Bad	I	Disasters	I
Terrible	II	Not Enjoying	I	Troublesome	I
Lonely	II	Unhappy	I	Upset	I
Challenging	II	Lots of emotional pressure	I	Suffering	I

**Together Women:** Everyone viewed 2020 in a negative light, with the most commonly-used words to describe the year so far being 'lonely' and 'confusing'. Others were: Inconvenient, unpredictability, sad, scary, trapped, abandoned, ignored, depression. One interviewee made no bones about the fact that 2020 has been '*absolutely f\*\*\*\*\*g horrendous.*'

**SADACCA:** The general feeling of 2020 has been negative. The words that people used most to describe this year of 2020 were – Challenging, Stressful, Uncertain, Unsettling and Shit. Other words people used to describe 2020 were Scary, worrying, unbelievable, Frustrating, sad and depressing and a write-off. A few people were a bit more positive saying Grateful, Faith, restful and Uniting. Those responses were given from participants from a religious background. One participant said A TERRIBLE YEAR!.

**Shipshape:** Words used - Difficult year with Covid-19 pandemic, Fear of death, Loneliness, Challenging, Horrible, Scary, Coma, Depression, Waiting, Difficult year, Covid19 (x3), Lockdown, Death (x3), Depressing (x2), Hopeless, Infections, Miserable, Sad, Uncertainty, Unprecedented, Surprising, Lonely, Isolated (x3), Stand still, Fearful, Horrible, Tired of life its all over, Stressful (x2), Difficult (X2), Emotional, Struggling with my mental health, Hard (X2), Long, Isolating, More vulnerable, Lonely (X3), Frustrating, Stressful, Anxious, Worried, Isolation, Working from home, Hygiene, Lost hope in life, Unpredictable.

#### What has been done well?

There was a general sense of struggling to find examples of what had been done well during the pandemic, indeed most community organisations reported initial responses to the question were negative. However, when positive examples were offered, they related to regular proactive contact (including via phone, text, home visits) from professionals and services adapting to meet individual needs.

People shared that they appreciated that their GP and pharmacy tried to stay open to offer support and advice and they appreciated seeing information about free services that are available for people needing mental health support and domestic violence advice.

Some people felt that the measures taken in the GP surgery when they did attend for a face to face appointment were comprehensive and made them feel safe, particularly the use of masks, temperature checks and a change in the layout of the waiting room.

Some people mentioned that their contact with their GP surgery during lockdown was quick and efficient, although many said they avoided contact. Those that were able to access telephone appointments said that they felt safer than having to go to the surgery.

Though participants shared a criticism of services, there was a lot of empathy and gratitude shown for NHS staff, with comments such as '*They are doing their best*', '*I think they are doing all they can*' and '*They are doing the best they can. They need more support*'.

#### What could have been done better?

Responses to what could have been better, unanimously included a lack of specific and tailored information, that lead to confusion. In addition, the reliance on information online, not being available in easy read versions or community languages, and mixed messaging e.g. whether to shield or not, meant that some people were excluded and unsure where to turn. This often meant that local community organisations were the source of information and signposting for individuals.

*“The message about ‘protect the NHS’ for anyone who doesn’t speak English has really created a barrier for people to approach their gp or other services, they have been very scared about overwhelming GPs, or that if they approach a hospital, ask for tests, they will be responsible for overwhelming the NHS, or will get Covid, so instead they have sat on symptoms” (Refugee Council)*

A feeling of vulnerability, loss of social networks and deteriorating mental health during lockdown was expressed by a large number of groups, with words such as “it was horrendous” and “feeling like it was the end my life” being used. This was exacerbated by the perception that mental health services were not available and had been closed.

*‘One morning I made 52 attempts to get through to make an appointment to speak to someone about my mental health and in the end I gave up.’ (Together Women service user)*

There was a very clear theme based on feedback from BAME communities that a lack of face-to-face interactions was experienced as a significant loss. Service users felt uncomfortable or unable to discuss issues by telephone or on video calls (in addition to barriers to these interactions arising from limited technological resources), and a lack of trust in distanced diagnoses or treatment was common. The issue of confidentiality was also raised by several interviewees, particularly interpreters; when sessions were not taking place in person it was impossible to know who was present, listening or limiting communication.

*“I think it’s dangerous if it replaces people being actually seen because there’s so much that can be missed if you see someone through a flat screen- the way they walk in, their mood, how they are, in a surgery they might walk in out of breath, or looking down, there’s so much that you wouldn’t pick up on if they’re sitting in their front room. It’s not a gp’s job but you need to know if they’re bruised, or if they flinch if they’re touched. I think mental health and general wellbeing and aspects of physical wellbeing can all be missed on the phone.” (Refugee Council service user)*

#### What could the NHS do to support people in the coming months?

Practical suggestions from organisations included:

- Provide more support and information on health issues and what support is available
- Early information sharing is vital

- Provide better support to those who are isolated at home and those that live on their own (people shared strongly how they had to get family members from out of town and other countries to call in or email health care support for their loved ones who are on their own at home)
- More information about when to call 999 or 111 - what is an emergency and what is not in this context?
- More information on it being safe in hospitals and GP practices and the low risk from catching the virus in these settings
- More information and support for carers and people with dementia during the pandemic – especially when they cannot leave their homes if the carer is isolating
- More diverse support - not think that one approach fits all
- Give priority to mental health patients, possibly open longer hours and do more support group
- Offer walk-in appointments

## Section 2 – How confident have you felt in accessing NHS services?

*What would make you more confident to use health services in the future?*

Many of the answers relate to individual circumstances which highlight the need for professionals, even when in unforeseen and unusual circumstances, to approach care in a person centred way. Indeed, the feedback in this section highlights the need for a personalised approach to be front and centre when people feel particularly vulnerable.

Technology was raised as an issue in terms of the confidence felt by individual community members to make the switch. Several comments related to a correlation between peoples age and their confidence to use online methods and commented that younger people tended to be more comfortable with alternative methods, older people tended to mention the need for face to face contact. Overwhelmingly, people wanted to return to traditional methods of care once the pandemic was over.

*“The refugees I’m thinking about a lot of them would feel lost and wouldn’t feel confident in using remote monitoring. Would they translate the instructions in Arabic? Maybe half would feel confident or have a go and try but a lot of others would drop out” (Refugee Council interpreter)*

Each of the organisations who received responses from people from minority ethnic communities stated a need for culturally appropriate services, where someone’s background was respected and the need for this to be upheld at all times.

*“Respect and accept that all communities matter and the feeling that healthcare won’t put me and my family at more risk” (Shipshape service user)*

There was a sense that people would feel more confident if they knew what to expect from services, by understanding what measures were being put in place to keep people safe, to be reassured beforehand and that had been taken to consider individual needs as well as managing risks from the virus:

*“I need to know what was going to happen to me. What it was going to be like.” (Service user at Mencap who lives with learning disabilities and autism)*

There was some concern expressed based on lived experience that had resulted in a decline on confidence of people:

*“If we didn’t have to wait in long queues or wait to be seen by the hospital for too long” (Shipshape)*

A distinction was also made between confidence in the local and national NHS response with comments such as “More money into the NHS would really help” and “I think they are

doing a great job with the amenities they have but they could do with more help from the government”.

There was also concern about lack of PPE being available for health staff and dentists and that this could put staff and patients at risk, therefore impacting on people’s confidence to access services. In terms of making people more confident, a vaccine was mentioned several times, as was hand sanitiser and cleaning regularly.

### Section 3 – Different ways of accessing healthcare (e.g. online, telephone)

*If more appointments with your GP or other health professionals moved to telephone or video consultation, how would this affect you?*

*There is lots of technology now available to help people look after their health, such as:*

- *Online help groups to talk to other people with similar health conditions*
- *Remote monitoring of your health e.g. blood pressure, blood sugar*
- *Sending photos to health professionals to help with diagnosis or treatment*

*What do you think about using more technology like this to look after your health?*

The feedback received regarding telephone consultations was mixed but generally positive:

*“That would be good for me. I prefer telephone appointments during the pandemic period. I am struggling to walk because of a long term illness.” (Chinese Community Centre service user)*

In some cases however, the cost was highlighted:

*“Gp want you to make an appointment by phone as asylum seeker with 37 pound in a week it cost me 5 pound and it is too much for us after I visited a doctor he refer me to hospital and I’ve been waiting for hospital since 30 September” (Shipshape service user)*

Online methods of communications in relation to healthcare were generally viewed negatively due to practical implications, lack of confidence to use technology, lack of equipment and not trusting technology. This was particularly felt by older people from all the groups who contributed.

*“At the surgery it says you have to send an email now to get an appointment- how can that help people like me who don’t know what to do? .....It’s very worrying because there are a lot of services changing to this way, to video calls and if you don’t know how to do it you miss out..... If the GP insists that we have to use video calls then I will miss out, because I know I can’t do it without my son, I will just not have all the services, I won’t use them.” (Refugee Council service user)*

The need to use body language when communicating if English isn’t someone’s first language and reliance on having an interpreter present to explain the information that is presented, were also seen as complexities that should be considered when non-face to face methods are being used.

*“Zoom might work for professionals, but doesn’t work for people living complex lives in poverty, it assumes people have phones, can turn on zoom, particularly some of the older clients don’t have that, and phone appointments leave clients anxious and then there’s the thing that it’s even harder to communicate with a gp on the phone than face to face.” (Refugee Council)*

Remote monitoring was mentioned in relation to it being used when appropriate for the patient and when they have the confidence, technology and knowledge how to use it to aid the discussion with the clinician. Concern was expressed about sending photos, in terms of security and potential misuse:

*"I was asked to send photos of my personal region to a doctor – it was degrading. Especially when it's going to be a male doctor looking at it, through a text message. You want to see a female doctor, not just send a picture that could be seen by anyone in the surgery." (Together Women service user)*

Concerns were also expressed by people who contributed via Mencap, saying that the move to telephone or online access would have a "massive impact" on them. This was due to practical reasons such as a people saying they didn't have access to a computer or the internet as well as feeling that they aren't 'good' with technology.

*"I can't explain well on the phone and my carer needs to come. They have my notes it makes me feel better." (Mencap service user)*

Concern was expressed by people who had experienced domestic abuse that using either a phone or a video call in the house when their abuser was present meant that they couldn't be honest and therefore the technology was of limited value to help with their circumstances.

Positive comments were shared from younger people and those with busy lifestyles who said technology could increase access to health advice and information:

*"With my health I am on a couple of Facebook groups for fibromyalgia and restless leg syndrome which I find really helpful" and "I feel if more services were accessible online, via text or apps rather than having to travel unnecessarily to appointments this would make me feel more confident." (Together Women service users)*

## Section 4 – Services offered by your GP Surgery

*We have changed how some evening and weekend GP appointments are offered so people with Covid symptoms could be seen at different sites. This has meant that we have stopped using the following GP practices for evening and weekend GP appointments, as they are not suitable to deliver the service we need, following the lockdown.*

- Crookes Practice
- Burncross Surgery
- The Health Care Surgery, Palgrave

*The locations will now be:*

- Darnall Health Centre
- Sloan Medical Centre
- Woodhouse Medical Centre
- Flowers Medical Centre
- Fairlawns Medical Centre

*How have you been affected by these changes over the last few months?*

*What has been your experience of accessing a GP since March?*

Direct quotes from each of the organisations in relation to question 8 were:

SADACCA	Almost 100% of the participants were not affected by the changes with certain GP surgeries because of the areas that they live in Sheffield but one participant said 'I couldn't get the coil fitted at my usual surgery so had to go elsewhere'.
Together Women	No specific comments highlighted regarding those surgeries
Chinese Community Centre	All participants did not find the changes inconvenient for them and none of the participants were affected by the changes since March
Zest	The changes to the opening hours have not affected any of the Zest responders
Shipshape	No specific comments made in the report
Mencap	No specific comments made in the report
Refugee Council	No specific comments made in the report

Experience regarding accessing an interpreter for a GP appointment during lockdown was particularly negative, which meant that accessing appropriate care was challenging. Comments included:

*"The GP didn't listen, I was telling them that I am Kurdish but they say they can't find an interpreter, and I speak Arabic a little bit, so they just give me an Arabic one and I think 'ok, I will manage with this, I have to tell them about the pain so I will have to try'. The GP didn't even listen to me about the language I speak, how could they listen about anything else?" (Refugee Council)*

*"I was very lucky that the staff from Sheffield Chinese Community Centre assist me most of the time to contact and communicate with the GP." (Chinese Community Centre)*

In terms of accessing the surgery, people had mixed experiences in relation to the telephone being answered initially and the availability of appointments with GPs.

*“Very bad, waiting for up to an hour to speak to reception and they say call again tomorrow due to the doctor not taking urgent calls or appointments as they all have gone or the slot has gone” and “When I have needed an appointment, I have phoned the G.P. for an appointment and this has been OK” (Zest)*

*“Trying to get hold of her doctor is like trying to get hold of the Queen.” (Together Women)*

*“It took several days in a row of me trying to actually speak to my GP” (SADACCA)*

*“(Child on steroids for asthma) when you’re on the meds and you know it’s going to be reviewed after 3 months it’s ok, but he was taking a steroid for 3 months, it’s a steroid and I was starting to see the side effects, and the doctor isn’t there to see him, it was 6 months in the end, we missed about 4 or 5 routine appointments and I just wanted the doctor to see him really, to see him in real life, to examine him” (Refugee Council)*

There was acknowledgement from all communities that people were refraining from contacting their GP in the way they would in normal circumstances as they were concerned about attending the surgery and the risk of catching Covid. There was also concern expressed that people hadn’t attended for screening appointments.

## Section 5 – Your ongoing health needs

*For routine health appointments in the future, which of these two options would you prefer?*

- *A routine appointment, arranged at a specific time*
- *An ‘open appointment’ so you can ask for one when you feel you need one*

*Why did you answer the question in that way?*

*Some routine healthcare has been postponed due to Covid e.g. appointments, tests, and surgery. What impact has this had on you?*

*If you were offered to have routine surgery or tests sooner, but you had to travel outside Sheffield, how would this affect you?*

Feedback was mixed in relation to the question about routine appointments, with participants explaining that they liked to have a set time for appointments so there was joint responsibility on the patient and healthcare provider and others stated that they appreciated the flexibility of an open appointment. Other people commented that they felt open appointments would mean people were less likely to miss appointments or waste the clinicians time because the patient had been in control of when it was planned and could arrange it around busy lifestyles.

Members of the Chinese community responded slightly differently and 16 out of 20 people stated they would prefer a routine appointment at a pre-booked time. This was due to arrangements for language support and also to monitor long term health conditions regularly.

Similarly, 70% of the people who contributed via Mencap said they would prefer routine appointments as they are easier to plan around and save time. Concern was expressed about open appointments and whether one could be made quickly if needed, one person said “you can’t get one for three weeks at my surgery!”

Regarding the impact of routine appointments being cancelled, both Zest and Mencap reported that this had been the case for half the people they interviewed and half of those said they were waiting for the appointment to be rescheduled and it had had a significant impact on them:

*“Therapy for PTSD has not started. This is really hard - especially as Covid automatically a very stressful thing to live through” (Zest service user)*

*“If they gave you a timescale and keep in touch it would help a lot” (Mencap service user)*

*“Most of them are concerned about their health condition as they did not have a regular monitor on it. A few people mentioned that dental services have been postponed or*

*cancelled. Some were worry about deterioration of their health condition related to diabetes, cholesterol, heart condition, etc.” (Chinese Community Centre)*

The issue of travelling outside Sheffield was met with a mixed reaction, concerns expressed included:

- Not having own transport so relying on public transport
- Fear of using public transport during the pandemic
- Caring responsibilities particularly childcare
- Cost of travel outside Sheffield
- I would not feel safe
- I would need support getting there and I would worry about getting lost
- I couldn't travel due to my health conditions

The small number of people who said they would be willing to travel raised a caveat, such as “it would depend how far”, “I would need help with my luggage” and “it would have to be absolutely necessary”.

## **Section 6 – Seeking help from the NHS if you have and urgent need and need help straight away**

*If you needed NHS care quickly during lockdown, what did you do, or what would you have done?*

*The Minor Injuries Unit at Royal Hallamshire Hospital has been closed during the pandemic. How has this impacted on you?*

### **Mencap**

50% of people said they would call 111

40% said 999 or emergency services

20% used, or said they would go to, A&E if they needed help straight away.

20% said they would call their GP

2 participants were impacted by the closure of the minor injury unit, them both stating they went to other hospitals instead.

### **Chinese Community Centre**

Most of them indicated they would dial 111 or 999 seeking help from the NHS, however some of them found the waiting time for 111 services not working as effective as 999 and prefer to call the latter if the situation is very urgent.

Some of the participants also stated that they would have contacted the Sheffield Chinese Community Centre for help. This shows that some participants have big reliance on the community centre rather than NHS services.

There are a couple of participants said that they will call the GP for advice or go for a walk-in centre or A&E, however they also found it hard to contact their GP or hospital from time to time, and it usually takes them up to many hours or a day to get a response which might not be very useful in an emergency scenario.

None of them have been affected by the closure of the Minor Injuries Unit at Royal Hallamshire Hospital. One of them stated that he/she would have visited A&E if needed treatment for minor injuries.

### **SADACCA**

Again, the majority of participants said that if they needed help and knew they could help themselves, they would. But if they couldn't they would call their GP for an appointment, go to the A&E, call 111 or 999. One participant said they would go and wait in a walk in centre.

The closure of the Minor Injuries Unit at Royal Hallamshire Hospital has not directly affected any of the participants except one. This participant had broken their foot but said the service was awful.

## **Shipshape**

People shared – particularly from the BAME community of not knowing what to do when someone is ill- do, we call 999 or do we call 111, what is an emergency and what is not “I have requested NHS support for toothache and for back pain and call 999. But I have not received appropriate support. Seems their assessment showed no urgency matters. But it was not a case.”

## **Refugee Council**

The people supported by Refugee Council in Sheffield are exclusively resettlement refugees. This means that they have been specifically identified by the UNHCR as having a particular need to be resettled in a third country, away from both their country of origin as well as the country where they initially sought refuge. They have routinely experienced significant levels of loss and trauma and all those interviewed for this project are within the first few years of their lives in the UK. Learning to access and interact with the British health service, which is often extremely different from those in their countries of origin or transit, is a significant and often complex element of the resettlement and integration work carried out with these individuals by the Refugee Council.

The information supplied from the Refugee Council regarding use of urgent care services was highlighted via direct quotes from individuals:

(Elderly Somali grandma with breathing difficulties) “We ended up ringing an ambulance in the end, and she refused to go, she wouldn’t go, the fact she knew we couldn’t go with, she doesn’t speak English, how could she go? She was so afraid that she would die by herself with no one there who could talk to her. I had to do it over the phone for her, the ambulance coming out, I had to do it all over the phone, language is so important in situations like that. The ambulance said they’d use Language Line but she just didn’t feel safe going with them if none of the family could go, she just refused. She has still not gone to the GP”

“The clients don’t know how the system is running, if it is- they say ‘there is no hospitals, no GPs, no emergency system now’, so they say ‘it’s better to die at home’, that’s the words they all say. They’re not contacting anyone for help because they think there’s nothing there”

“[Child with a fever of 39°C] the GP was locked, my daughter had a very high temperature and wasn’t responding to any meds, and the GP wasn’t responding, it was really locked, so then I tried to call 999, they kept asking me to press this number this service, it kept moving me from one place to another, they did nothing, I couldn’t get a person, so I hung up, and had to make a treatment myself, so I gave her lots of liquid, gave her paracetamol, cold compresses, and in the end she did get better but it was so worrying.”

“It’s really really terrifying it caused us to be in a really bad way at home, covid delayed the diagnosis and we don’t know how to deal with it- imagine your son is in having

convulsions then one [parent] is calling the ambulance, then the other one is trying to keep him breathing, you can see he's turning a different colour, even now when they booked the EEG they said they can't do the proper diagnosis until the other scan and I'm scared I will lose him all of a sudden before we know what it is or what to do about it."

### **Zest**

Wait/do nothing	Look online for advice	Pull emergency cord	Call 111	Contact GP surgery	Call 999	Visit A&E
2	2	1	13	10	7	4

The closing of the Minor Injuries unit at the Royal Hallamshire Hospital site affected 1 out of the 30 responders.

### **Together Women**

No information included in the report

## Section 7 – Your mental health

*How has your mental health been since the pandemic began?*

*What has been your experience of accessing help for your mental health during this time?*

*Anything else you would like to share about mental health?*

All organisations shared that the respondents that had contributed to this survey had expressed concern about their mental health. Several organisation described a sense that mental health was not ‘as important’ as dealing with the virus. There was a sense that services people had previously relied upon ‘just seemed to fizzle out and there was a sense that we were on our own’.

From the 30 people who contributed via Zest, 27 people said their mental health had been adversely affected. People felt that services weren’t open or available, or that the support they had in place from family / friends or via websites was sufficient to keep the symptoms in check, but that there was inevitability about requiring greater levels of support in the future. Comments included:

*“I thought I was coping ok at the start but my level of hypervigilance is really taking its toll. I’m finding things tough” and “I have been down and have had very low moods. My anxiety levels have increased and I have felt very sad, due to not having much community and family connection” (Zest)*

In addition, there were calls for enhanced provision where there are perceived gaps in service, that were culturally appropriate and person / family centred. These included:

*“I wish there were more groups to support BME communities with mental health and having interpreters” and “Yes we need more support with counselling especially the youth of today and all families” (Zest)*

*“I want more help that is suited to me as a young black man” (SADACCA)*

*““I am living on my own and no one to talk with. I wish there could be more support from the Chinese Community Centre especially for mental health users. It’s really hard for me to talk to someone I don’t know and speak different languages. It was very dangerous in a few time that I felt I could end up my life.” (Chinese Community Centre)*

*“At first in March I could still have appointments at Community mental health that I have depended on for years for mental health support, through severe depression, suicide attempts, PTSD over many years, since a teenager. Then they stopped, I was desperate, I felt lost.*

*When my anxiety and depression is high I cannot access the services due to increasing fear of men during these times, triggering traumatic abusive times, makes the depression worse. If I hear a man's voice I drop the phone shaking, sometimes crying, wanting to die.” (Together Women)*

*“It has been difficult and my husband and I have both found it extremely stressful especially as our profoundly disabled son is now 45 and still living at home with us. However, our home carers have now returned to support him with personal care on and off during the day and he has now returned to his day service... this has meant that we have some space and we are feeling much better for it.” (Mencap)*

*“I see gps dealing with severe mental health problems. IAPT isn't helpful to our clients, from what we're told, there's a huge gap in provision for anyone traumatised by their past or struggling with resettlement, past trauma, DV, caring responsibilities. There's basically no mental health provision in the NHS and that has to change, as there is no voluntary sector provision with interpreters, and thresholds are so high, including in CAMHS” (Refugee Council staff member)*

Most organisations shared that community members had commented on the support they had received from within their community – particularly by the organisations who were carrying out the survey – and that the regular, pro-active contact made from staff and volunteers had been highly valued and had helped with feelings of loneliness, isolation and worry.

On a positive note, the following quote from SADACCA demonstrated that some people have been accepting of the situation and had been helped by their family and God, which had had a protective effect on the mental wellbeing.

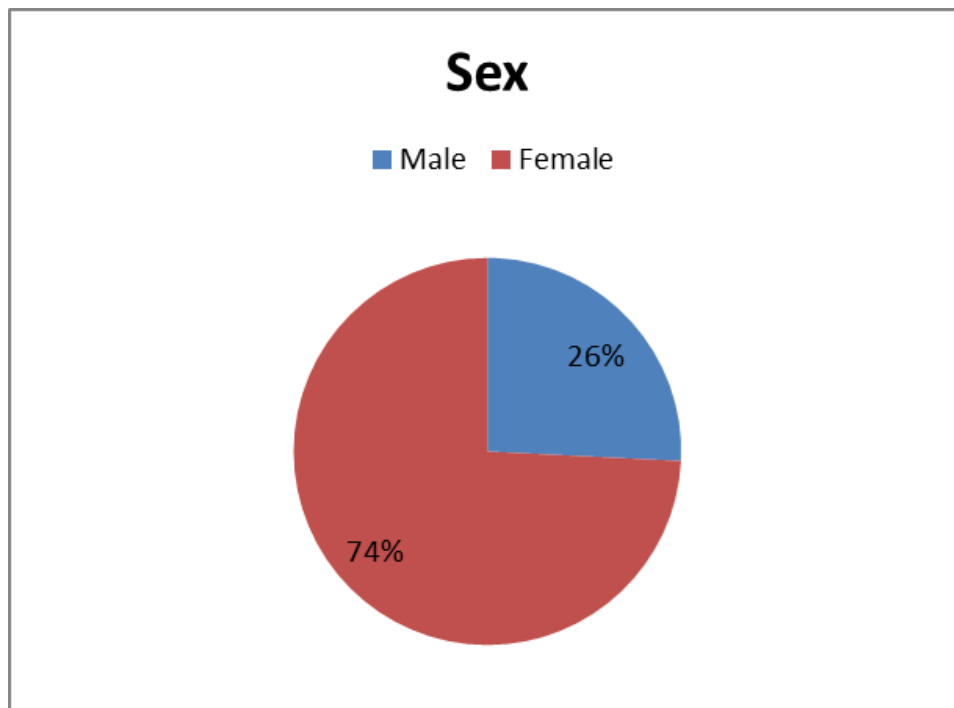
*“I feel like the world is going mad but my decisions have never been clearer” (SADACCA)*

Some people also expressed that changes brought about by the pandemic hadn't impacted negatively on their mental health:

*“The fact I have been working from home and not been impacted financially I haven't had the stress element, I have been in touch with family/friend via phone. Over all it hasn't been that bad.” (Shipshape Service User)*

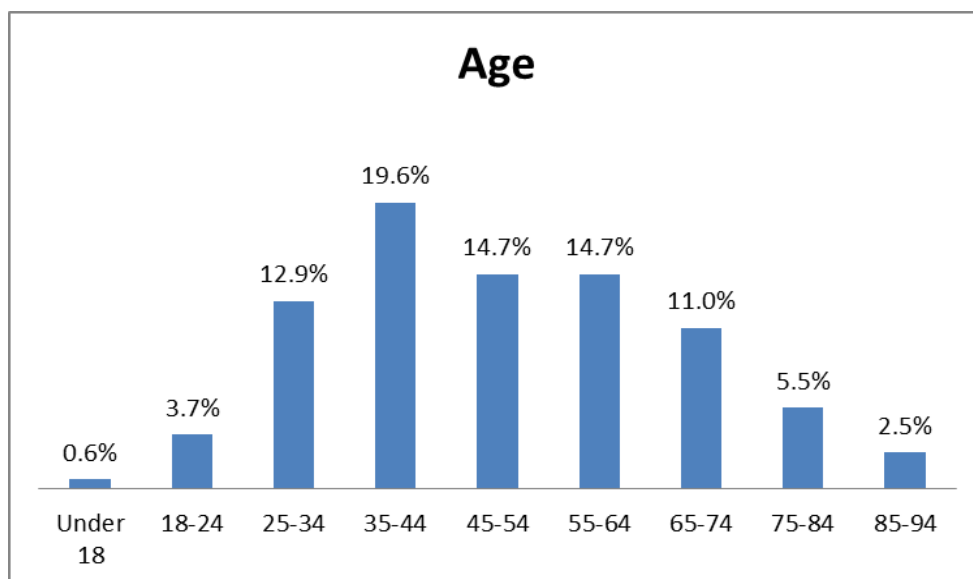
## Equality monitoring

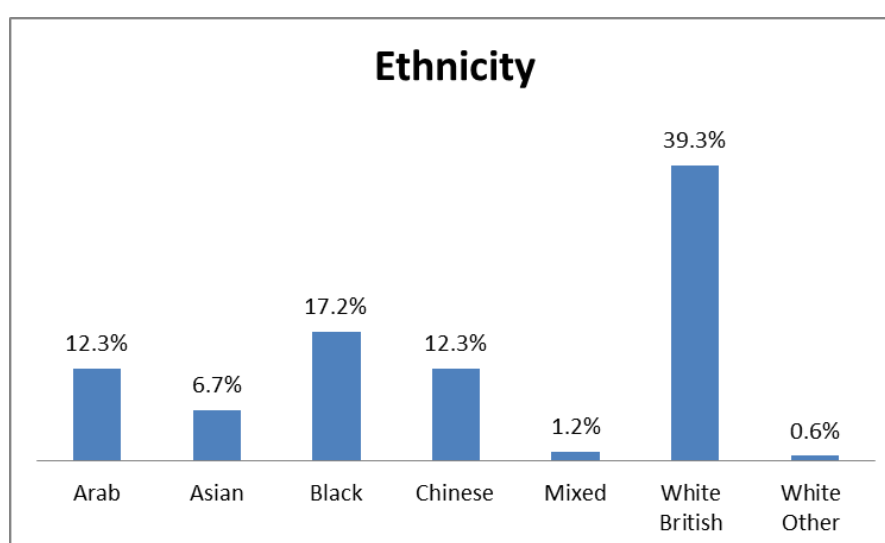
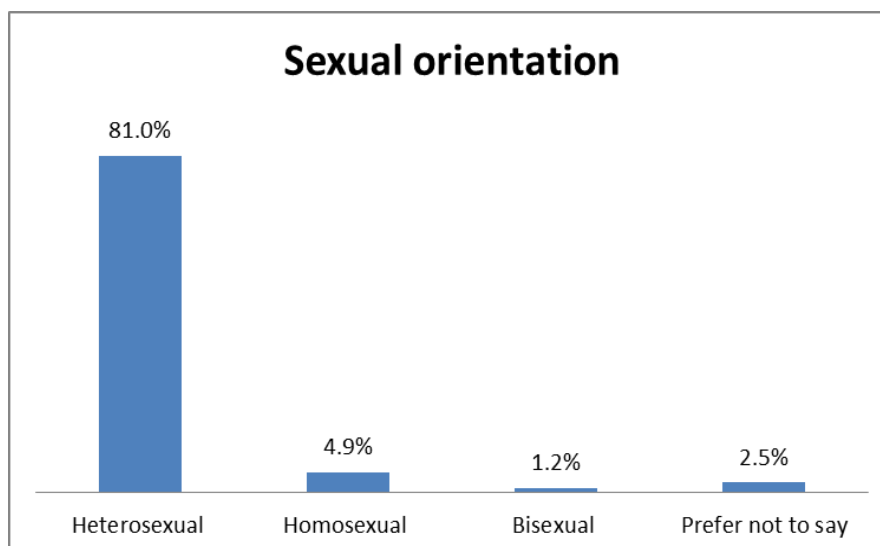
Information regarding community members who contributed via the 7 different organisations is detailed below:



## Gender reassignment

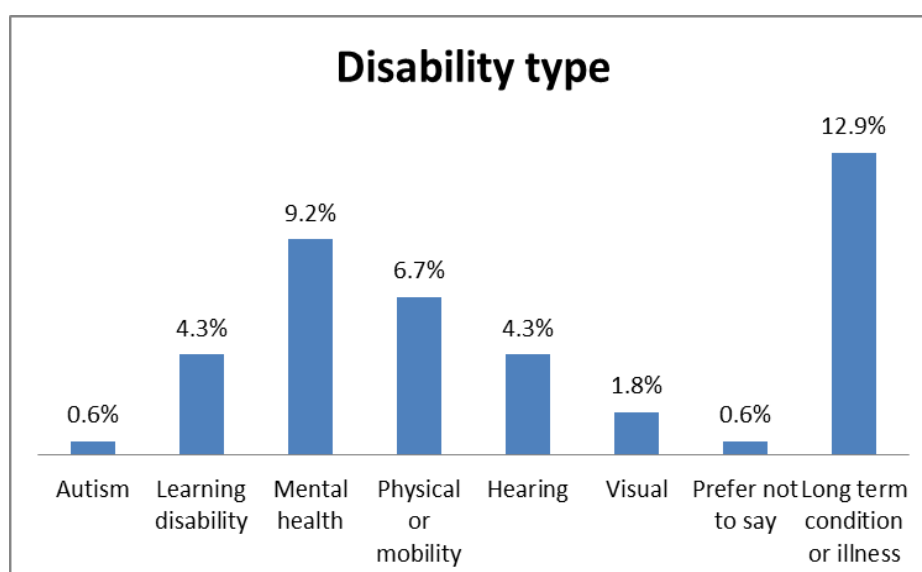
6.7% of respondents stated that their gender identity was now different to the sex they were assumed to be at birth.

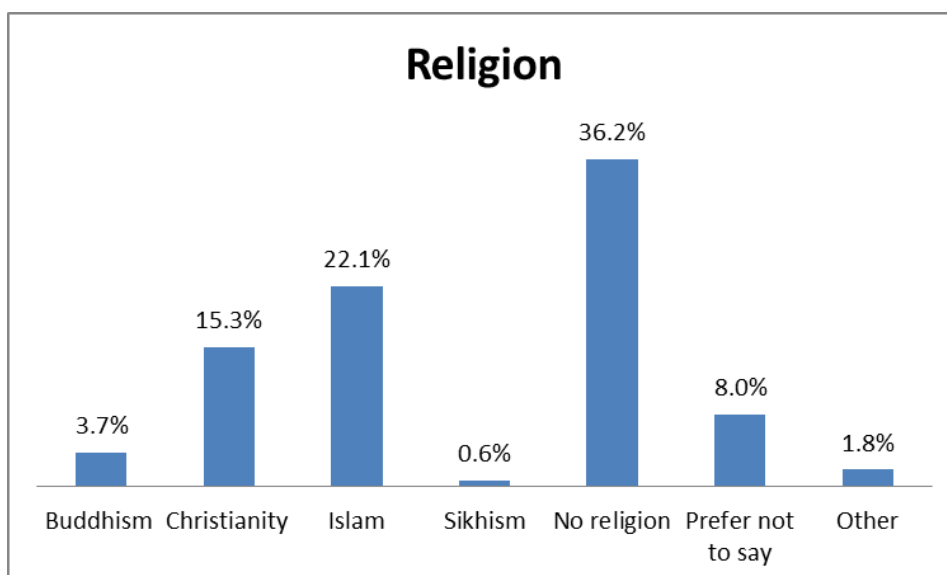




### Disability

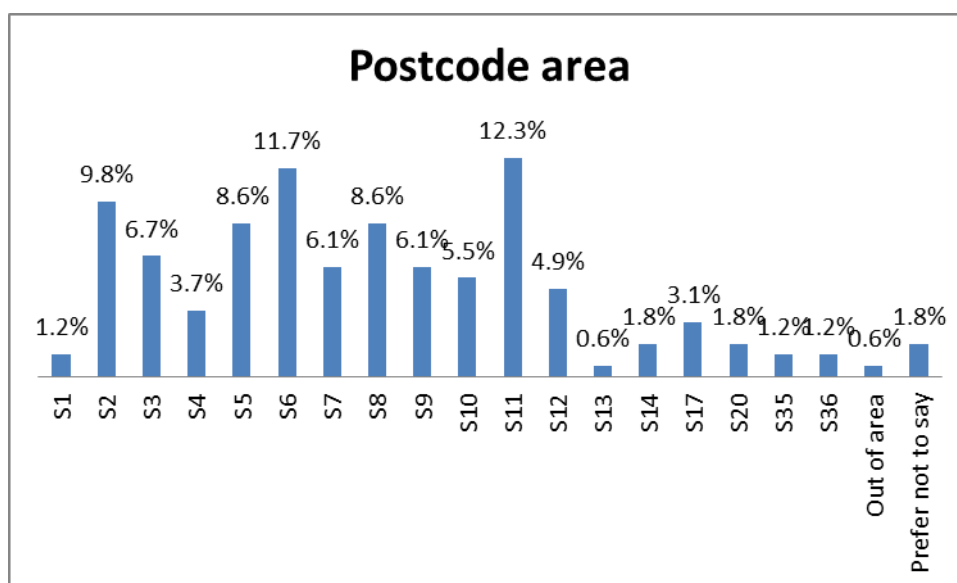
28.8% of respondents stated they considered themselves to be disabled.





### Carer

29.4% of respondents stated they were a carer



## **Appendix A – Summary report from Mencap**

### **NHS and Covid19 Report:**

#### **Our experiences using NHS services during the Covid19 Pandemic.**

On behalf of the NHS Sheffield CCG, Sheffield Mencap and Gateway have conducted a piece of research into the experience local people have had with NHS services and Covid19.

The information will help the NHS understand different communities' experiences of Covid19 and plan for the future, making decisions that will consider the needs of different communities.

#### **Who we asked**

Our research was conducted at Sheffield Mencap and Gateway with a variety of our services users, their carers, and staff who have a caring role.

- 75% of our participants were carers.
- 40% of participants had a disability. Half these were also carers.
- 25% participants had a learning disability.
- 70% were women, 30% Men
- 90% of participants stated their ethnic background as white British, 5% Indian.
- 30% of participants live in the S8 postcode area, 15% in S6, with the rest from other postcode areas across the city.

#### **How we did it**

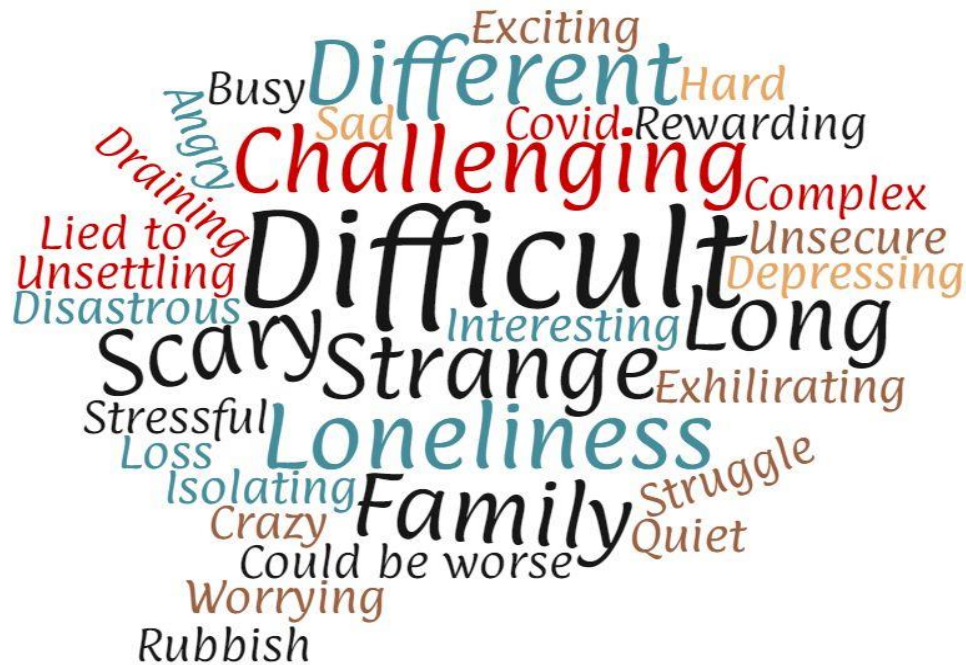
We conducted 20 semi-structured interviews, all on a 1:1 basis.

9 were held over the phone, 10 were face to face (either in a classroom setting or at the workplace), and 1 was conducted via email.

We asked questions provided by the NHS CCG as a basis for discussion. All questions were focused on people's experiences during the pandemic. The main areas of interest were:

- General thoughts on how things have been.
- People's confidence in accessing NHS services.
- How people have been accessing health care during the pandemic.
- The services being offered by different GP surgeries.
- People's ongoing health needs.
- How people have been seeking urgent help from the NHS during the pandemic.
- People's mental health.

## What we found



From the above word cloud, generated using the words people used to describe 2020, we can see that 2020 has been a 'Difficult' year. Nearly 74% of words used to describe 2020 were negative. After 'Difficult', the most stated words were 'Loneliness', 'Strange', 'Different', 'Scary' and 'Challenging'.

**What has been done well in relation to healthcare, what could have been done better and what can the NHS do to support people more in the coming months?**

- 40% stated that 'nothing' had been done well, or said something negative when asked what had been done well.
- Positive comments for things that have been done well, included:
  - Free flu jabs being offered to care workers,
  - 'Online services' were mentioned by three people

- The 'neurology department' was mentioned by two people as a positive experience.

Positive experiences of healthcare during pandemic	Negative experiences of healthcare during pandemic
<p><i>One participant stated:</i></p> <p><i>'...We ended up going to phlebotomy at the RHH - this was actually very good. I felt it was as safe as it could be...</i></p> <p><i>...We had a home visit from the practice nurse (full PPE) for flu jabs...</i></p> <p><i>My son has had good support from the neurology department at the Royal Hallamshire Hospital (RHH) in Sheffield - regular telephone appointments and access to the consultant via email.</i></p> <p><i>He has also had very good support from the peg dietician and peg nurses - by telephone and the peg dietician also visited to put in a new peg.</i></p> <p><i>We have had letters from the community physiotherapists and a sheet with exercises for people in wheelchairs</i></p> <p><i>We have had information from the community dentists about what to do in an</i></p>	<p><i>Participants stated:</i></p> <ul style="list-style-type: none"> <li>• <i>'My Dr was going to contact me regarding my water tablets at the start of the covid. He never got back to me and I called again to find he had retired, and my case was not passed on.'</i></li> <li>• <i>Our GP's has been poor. Don't want to see you about any other illnesses only interested in Covid. Its like no other illness exists.</i></li> <li>• <i>GP up and down some good some bad. Mis diagnosis by doctors, even though we knew what was up they didn't listen. Felt forgotten, feeling the general care has gone and compassion.'</i></li> </ul>

- 30% mentioned their GP as something that had been done well, but 30% stated their GP as a negative.
- **'Information'** was stated by nearly half of all participants, when asked what could have been done better. This included wanting 'more information' and 'clearer information'.

Four of these participants said they want more information for specific cases. For example:

- One participant, who has a learning disability, said *'easy read for me to understand and remember. Bigger print.'*
- Another participant wanted more information and support for people living alone.

- One participant, who has a rare condition, stated they wanted more information, because *'I wasn't sure where I stood on the list of vulnerable or not as it wasn't listed on the government website.'*
- Another carer said they would have liked more information *'especially with having a child with autism'*.
- **'Appointments'** were also frequently mentioned as something that could have been better during the pandemic, and as something that NHS could do in the future to support people. Better availability, communication and 'face to face' appointments were shown to be important to people. For example, one person stated the NHS should:

*'Be available to carry on with appointments systems they already have. Get back to proper consultations, I'm missing out on specialist appointments and advice I need. I am doing these over the phone but it's not the same'*

- Though participants shared a criticism of services, there was a lot of empathy and gratitude shown for the NHS. With 35% of people stating supportive comments such as *'They are doing their best'*, *'I think they are doing all they can'* and *'They are doing the best they can. They need more support'*. These comments show people understand of the pressures the NHS has been under during the pandemic.

## Confidence in using NHS services

- Over half of people said they felt confident using NHS services.
- 4 people said they would feel more confident if they knew more about what to expect when using services, e.g. knowing *'how they will keep us safe'* and *'more information before appointments'*. Knowing what to expect in situations is particularly important for people with learning disabilities and autism, as one participant with a learning disability states *'I need to know what was going to happen to me. What it was going to be like.'*
- 'Reassurance' seems to be something many of our participants feel they need in order to feel more confident using services. The lack of clear and relevant information, as previously mentioned, may have contributed to this need. One participant spoke about how they were very worried about using services, but felt reassured once they were there:

*'I was very nervous taking my son to hospital for blood tests, but the process was so well managed that it allayed my fears to a great extent.'*

They believe more information will help people feel confident using services:

*'More public information (via media preferably) about what happens when you go to a G.P. surgery or to hospital would help people to be more*

*confident that, whilst the risk is there, it is being managed as well as it can be.'*

- Other things that participants said could improve their confidence include:
  - Still being able to have support when going into hospital
  - Easier access to services
  - More appointments.

### **Different ways of accessing health care (e.g. online, telephone etc.)**

- 65% of participants shared their concerns with appointments being moved to over the phone or by video, some believing it would have a 'massive affect' on them.

Some were for practical reasons, e.g. 15% said they have 'no internet,' 'tech', or were 'not good with technology'.

The most common reason mentioned for people with a learning disability, and their carers, was communication issues:

- For one participant, who has a learning disability, face to face is very important, she said *'I can't explain well on the phone and my carer needs to come. They have my notes it makes me feel better.'*
- As one carer shared, for *'those with a learning disability, it might be difficult to articulate how they are feeling which could lead to delays and confusion - G.P.s especially, need to know who the vulnerable people are in their practice and act accordingly.'*
- One carer stated: *'the downside is the doctor can't see her. They can't assess how she looks and what her body language is like.'*
- Another participant shared that they have had bad experiences on the phone, *'as they have been cut short or not understood what I mean as opposed to being able to show them what I mean.'*

And some people just felt strongly that *'some things need to be done face to face'*.

- The rest of participants felt OK about alternative appointments and believe think it wouldn't affect them. But three of these people shared concerns that it *'wouldn't work for all conditions'*, e.g. when *'a physical examination was needed'*.
- There were also a concerns about sending photos and information to GPs online. People stated it *'might be open to misuse'* and questioning *'are they secure?'*

### **Services offered by your GP surgery**

As previous mentioned, we found a variety of experiences with local GP practices. As one participant stated *'some are good, some bad'*.

- 35% shared positive experiences they have had accessing GP services, whereas 40% of participants had negative experiences. Most negative comments seemed to share frustration with how difficult it has been getting appointments, making comments such as: *'not been possible'*, *'been hard up to an hour on the phone'*, *'did take some doing'*, *'really hard!'*

### **Ongoing health needs: routine health appointments or open appointments?**

- 70% of participants said they would prefer routine appointments. Common reasons given were that they are good for planning, saving time, and arranging things around them.
- 25% said open appointments would suit them better. Reasons given were for flexibility, to fit around work hours, and because they can't get routine appointments quickly. For example, in one participants experience, *'you can't for three weeks'*.
- Many participants seemed unsure which type of appointment would suit them better. It appears to depend on the person's present circumstances, and a choice of both would be best to ensure everyone's needs are met.

### **The impact of postponed appointments due to Covid19.**

- 50% of participants were negatively impacted by routine healthcare being postponed. A few having numerous appointments cancelled.
- 25% of people are still waiting to reschedule appointments they say they need.
- One participant suggested *'If they gave you a timescale and keep in touch it would help a lot'*.

### **Would you travel further for an appointment?**

- Over half of participants said being offered appointments outside of Sheffield would impact them negatively, with 15% saying they would not feel safe / would not want to use public transport.
- All participants with a learning disability said an appointment out of Sheffield would cause issues because they would need support getting there, one stating *'It would affect me a lot I would be worried about getting lost'*.
- Half of the people who said they could travel for an appointment, stated it would be dependent on how far, and said it could still cause issues for them.

### **If you needed NHS care quickly during lockdown, what did you do, or what would you have done?**

- 50% of people said they would call 111
- 40% said 999 or emergency services
- 20% used, or said they would go to, A&E if they needed help straight away.
- 20% said they would call their GP
- 2 participants were impacted by the closure of the minor injury unit, them both stating they went to other hospitals instead.

## Impact on mental health

- 65% of participants said the pandemic has had a negative impact on their mental health. Some having a mild impact, of feeling: *'ok, but scared'* *'maybe a little more paranoid'*. *'Up and down'*, with others more severe: *'catastrophic'*, *'Anxiety and stress levels have increased'*, *'more fragile, not knowing who to turn to'*. However, only one person said they received help for their mental health, via 'Online and GP'.
- 25% said that they found ways of helping themselves through their support networks, and alternative services such as Sheffield Mencap and Gateway.

For one carer, who was receiving mental health support, they said *'the support just seemed to fizzle out and we had to get on with it'*.

- **Having to 'get on with it'** was a common statement throughout the interviews. One person stated you *'just have to deal with it on own if possible. Other people have had more problems as services have been cut or needed.'* Statements, such as *'too busy to think about it'*, were common. This suggests that mental health isn't viewed, by some, as important at the moment, that there are bigger problems in the world.

This could be why some participants said they have been pretending to be ok, when they are in fact struggling, as one person said: *'Getting through to people they think I'm Ok but I'm not.'* People may feel guilty asking for help, as one person said: *'Don't feel like you could ask because of what is happening at the moment with covid.'*

- For some people, the closure of their usual support and health services has had a big impact on their mental health. For example, one person stated:

*'My mental health has been badly affected because I couldn't get NHS treatment that I needed at the time. I couldn't access the proper help. Media coverage has not helped. Also worrying about family members has taken a toll. My granddaughter has an extremely rare condition and we have had to support her as well. This has been a massive concern for all our family.'*

The services that are used by many carers and people with disabilities, even services not specifically for supporting mental health, have a knock-on effect and are crucial for maintaining good mental health and well-being.

One carer (who had reported experiencing good health care and support), spoke of the stress she had experienced during the pandemic, and the relief they felt when her son's services reopened:

*'it has been difficult and my husband and I have both found it extremely stressful especially as our profoundly disabled son is now 45 and still living at home with us. However, our home carers have now returned to support him with personal care on and off during the day and he has now returned to his day service... this has meant that we have some space and we are feeling much better for it.'*

This statement displays how crucial support is, both for carers and the people they care for, and how some carers who are not receiving the help they need will be struggling.

She continued to say:

*'for us, the continuation of support in its presents form is VITAL for us to maintain some equilibrium.*

*-We cannot carry on for any length of time without it'.*

## Conclusion

Overall the biggest trends to be raised during are research were:

- **Information:** People want **more** information on services and the pandemic, information that is **clear** and **accessible**. They want information that is **relevant** to their specific needs and circumstance.
- **Appointments:** Better availability, communication, and 'face to face' appointments were shown to be important to people. Some people found it hard to get appointments when needed. Video / telephone appointments were viewed as inappropriate for many people's needs. An option for both routine or flexible appointments is important, as the need is dependent on the person's circumstance.
- **Reassurance:** More information on what to expect (e.g. new safety measures) during appointments and in hospitals, would help to reassure our participants. This would help make them feel more confident in using NHS services.
- **GPs 'some good, some bad':** There was a large contrast in people's experience with their GPs, and in accessing them. There appears to be inconsistency across the city.
- **Mental health : 'Just get on with it'** was a common statement from our participants about their mental health, some because they thought it wouldn't be seen as important, others because they had no choice, as their services had 'fizzled out'. Only one of the 13 people who said it had negatively impacted their mental health, said they accessed mental health services during the pandemic. This was despite words such as 'catastrophic' being to describe respondents' mental health. The continuation of support and health services is viewed as 'vital' to maintain wellbeing.

## Appendix B – Summary report from SADACCA

### COVID-19 PHASE 2 WORK SADACCA'S RESPONSE

#### METHODOLOGY

It was hard to get groups together especially as we did not have very much time and the current climate of social distancing & shielding. The interviews were conducted 1-2-1 via the phone (14%) and doorstep (5%). I managed to conduct 1 Zoom sessions that had 2 people in it (10%). I conducted the majority via 1-2-1 in the community centre (29%). The other feedback was via our online link (43%).

I do not think there was much of a difference in the responses based on the structured interviews done and the online responses. Those who completed the online survey wrote a bit more than the 1-2-1 interviews.

#### STATISTICS ABOUT RESPONDANTS

The following results are from 21 participants

- Please tell us the first part of your postcode- S2= 4%, S3=5%, S5=10%, S6=5%, S7=10%, S9=10%, S10=14%, S12=5%, S17=14%, S20=5% and Prefer not to say=10%
- What is your sex? Female=48% and Males 52%
- Gender reassignment? Yes=5% and No=90% and Prefer not to say or No response=5%.
- What is your age? 18-25yrs =5%, 26-35yrs=10%, 36-45yrs=19%, 46-55yrs=24%, 56-65yrs=29% and 66-75yrs=14%.
- What is your sexual orientation? Homosexual=5% and Heterosexual=95%
- What is your ethnic background? White=4.8%, Other-Arab=4.8%, Black=85.7% and Prefer not to say=4.8%.
- Do you consider yourself to belong to any religion? Christianity=47.6%, Islam=9.5%, No religion=4.8%, Other=4.7% and Prefer not to say or no response=33.3%.
- Do you consider yourself to be disabled? Yes=10% and No=90%
- If yes above, what type of disability or impairment do you have? Hearing=10% whilst above 90% had no disability or impairment.
- Do you provide care for someone? Yes=29% and No=71%

The majority of participants were from a Black ethnic background and the majority were aged between 56 and 65 years old and from a Christian background. This may have had an effect on the way people responded. The fact that the news is reporting more deaths within the older generation of African Caribbean community due to COVID-19 but not

necessarily that they are being helped or protected more has had a negative impact on those that responded.

## GENERAL THOUGHTS

The general feeling of 2020 has been negative. The words that people used most to describe this year of 2020 were – Challenging, Stressful, Uncertain, Unsettling and Shit. Other words people used to describe 2020 were Scary, worrying, unbelievable, Frustrating, sad and depressing and a write-off.

A few people were a bit more positive saying Grateful, Faith, restful and Uniting. Those responses were given from participants from a religious background. One participant said A TERRIBLE YEAR!.

The things that have been done well: Majority of participants said Nothing had been done well when it came to health care and the NHS. The most positive comments included that the GP's and pharmacies have tried to stay open as much as possible to give help, support and advice. Quickly changing services and processes to deal with the pandemic e.g. telephone and video consultations. and Informing people as much as they can. One participant said they were happy that there was more visibility of mental health and domestic violence services especially those offered for free. A few participants said specific services and teams had been very helpful e.g. diabetic team.

The things that could have been done better: The majority of responses stated that they want more support from their GP's especially support for people who had treatments placed on hold (e.g. cardiology and Neurology) and clear, consistent information. This information including the effects of Covid-19 and more reassurance given to the people if they have contracted it including free testing for everyone. The dentist being closed was also mentioned by several participants. If PPE was in place then why aren't dentists open and why can't people have usual face-to-face appointments?

One participant whose first language isn't English stated that the NHS should provide more information in more user-friendly formats or other languages. Others mentioned better use of money and resources for all and not just for those with COVID-19.

Other support in the coming months: The NHS should offer more diverse support-not think that one approach fits all because the underprivileged suffer the most. The NHS should be more honest about vaccination procedures. One participant said that there should be more input in decisions from people with health issues e.g. diabetics and the promotion of non-medical therapies and treatments to help those who do not want traditional treatment. Most agreed that they think there should be more support for community organisations to deliver appropriate information.

## HOW CONFIDENT HAVE YOU FELT IN ACCESSING NHS SERVICES

Some people have stated that they do not know how to use the technology therefore they do not feel as confident accessing health services that have been used during COVID. I think this is partially due to age e.g. older people generally not feeling confident using technology.

Others who were quite confident in using technology stated that they did not mind using it for making appointments, checking Blood pressure etc but the overwhelming response was that people still want to access NHS services as before COVID-19 especially if PPE is used as this makes it safer. People still want to access their GP's whenever they need to

but only if the health care professionals understand how to provide meaningful individual care.

One negative point brought up was that NHS services are biased against certain people e.g. not taking into consideration culture and background.

## DIFFERENT WAYS OF ACCESSING HEALTH CARE (E.G. ONLINE, TELEPHONE ETC.)

Most people stated that having GP appointment via telephone and video consultation would affect them in a negative way. Again this was mainly the older participants or those underprivileged because they didn't have the equipment necessary or that they did not know how to use it or trust it.

Almost half of the participants said that they would not have a telephone or video consultation or only if they absolutely had to. People don't mind calling their GP but want to have the option of a face-to-face appointment depending on the severity of their medical need. Misdiagnosis was quoted as a reason that physical examinations were necessary as well as the need for human interaction... 'Not having human interaction will affect my mental health'.

Others who stated that they were generally ok with using technology (mainly those younger than 45) did not access online groups and did not feel comfortable doing things like sending their GP photos.

Those that stated that they think more technology use would be more beneficial for them said that it was more convenient because of having a busy lifestyle and that it would improve their general access to health care and advice.

## SERVICES OFFERED BY YOUR GP SURGERY

6 participants said they had not even tried to book an appointment with their GP or access any other NHS service because they were not confident in accessing any health service since March.

8 participants had phoned for a GP appointment but said that it had taken a while for the phone call to be answered. In one instance it took several days in a row to actually speak to their GP.

One participant said 'I have had 2 GP appointments since March. My appointments were booked on the phone and my actual appointments were done over the phone'. The overall experience was fine.

One participant stated 'I have had several appointments and prescriptions online since March and it has been more convenient for me in my circumstance'.

Almost 100% of the participants were not affected by the changes with certain GP surgeries because of the areas that they live in Sheffield but one participant said 'I couldn't get the coil fitted at my usual surgery so had to go elsewhere'.

## YOUR ONGOING HEALTH NEEDS

16 Participants said they preferred to have 'open appointment' so I can have help when I actually need it and the main reasons why they thought it was better was because they believed it would stop appointments being missed/ wasted with this method.

6 participants said they preferred to have 'routine appointment' as they don't often need the doctors or that they have a busy lifestyle.

A few people had test and/or routine treatments postponed but the majority had not been affected.

A few people said that travelling outside of Sheffield would not be a problem for them but some said it wasn't something that they wanted to do. The main reasons people didn't want to travel outside of Sheffield were childcare, travel expenses, using public transport. Some stated that they would simply not go outside of Sheffield but a few were unsure as to whether they would go unless it was absolutely necessary.

## SEEKING HELP FROM THE NHS IF YOU HAVE AN URGENT NEED AND NEED HELP STRAIGHT AWAY

Again the majority of participants said that if they needed help and knew they could help themselves, they would. But if they couldn't they would call their GP for an appointment, go to the A&E, call 111 or 999. One participant said they would go and wait in a walk in centre.

The closure of the Minor Injuries Unit at Royal Hallamshire Hospital has not directly affected any of the participants except one. This participant had broken their foot but said the service was awful.

## YOUR MENTAL HEALTH

Mental health was an area that people had a lot to say about, both positive and negative comments. Around a third the participants said that their mental health had been ok since March because they have tried to accept what is going on with COVID-19 and the future of health services. Some have had up and down times and some have attributed their stable mental health to their religious beliefs and have not needed to reach out for help except from their family and God.

Others had specific reasons for a deterioration of their mental health around family members e.g. daughter shielding, son had not received his normal support for 7 months. Other reasons for poor mental health involved having to deal with poor service from health care staff, and not having mental health services that are suitable e.g. one participant said 'I want help that is more suited to me as a young black man'.

Some participants have said that their mental health is not good since the pandemic started (feelings of worry, anxiety and loneliness). However most participants have not accessed help because they do not want to be labelled, or they believe the services are inadequate 'mental health services are the poor cousin of the NHS'. Awareness of Mental health services could still be improved both online and physically.

A few positive quotes included 'I feel great' and 'I feel like the world is going mad but my decisions have never been clearer'.

## OVERALL FINAL THOUGHTS AND SUMMARY

Overall from the results of the surveys in general, the NHS is seen as more negative than positive. I do not think the negativity is towards the doctor, nurses and others working in hospitals. The inconsistency and unreliability of information coming from the government to the NHS has led to people not trusting the NHS. People do not understand why NHS services cannot run as normal if PPE is used properly. The older generation are more distrustful of the newer technologies that may be used within the NHS in the future. COVID-19 has had a negative affect within the African Caribbean community. The services that people are used to are not accessible e.g. the dentist, some routine surgeries and some people are not wanting to access any services because they are scared and do not feel like they will be treated well or looked after.

Open appointments are still extremely favourable because people want to go to the GP when they want to, This way people can still have control over what they see as their health needs.

Mental health services are seen as something that would be better served at a community level.

## Appendix C – Summary report from Together Women

### Together Women and Sheffield CCG Covid19 Phase 2 Report

Together Women (TW) is pleased to contribute to this piece of work at the invitation of Sheffield CCG, so that our customers' experience of using NHS services during the pandemic can be used to inform future commissioning.

#### Methodology

Participants were recruited in two ways:

- (i) TW circulated an open invitation to clients via social media, with a positive message about the impact this work will have: *'Sheffield CCG wants to hear about your experiences so that the services you need can be commissioned'*. Women who wanted to take part then contacted TW of their own accord
- (ii) TW contacted women who have been accessing services to support their mental health with a direct invitation to take part, which the women then chose to accept or decline

A total of 30 women aged 13 – 72 years chose to participate in semi-structured 1:1 interviews in order to complete the questionnaire. The number of questionnaires completed is over 50% higher than Sheffield CCG requested, reflecting both the women's appreciation at being asked their opinions, and their trust in TW to listen to and convey accurately what they said.

All of the interviews took place over the phone as in TW's staff experience, this is what customers prefer; as one member of staff said, 'None of our women were ever going to go online to do this.'

#### Overarching themes and trends from the semi-structured interviews

Despite the wide age range of the women who completed these questionnaires, common themes emerged:

- **Loneliness**

Everyone viewed 2020 in a negative light, with the most commonly-used words to describe the year so far being 'lonely' and 'confusing'. Others were:

Inconvenient, unpredictability, sad, scary, trapped, abandoned, ignored, depression. One interviewee made no bones about the fact that 2020 has been ***'absolutely f\*\*\*\*\*g horrendous.'***

**Loneliness and isolation throughout the pandemic were recurring themes, and TW customers made suggestions about how to remedy this:**

*'Phone people up and find out how they're dealing with it all and find out what you can do and how you can help. Even if it just means checking in with people, rather than waiting for appointments to be missed.'*

*'Just a phone-call from someone to say 'Are you alright?'' would make a lot of difference. It feels like no one cares.'*

- **Deteriorating Mental Health, and a lack of mental health support services**

*'Assess mental health rather than trying to assess physical issues'*

*'Poor mental health (due to abuse and trauma in early years) and anxiety made it really hard to keep up with changes but being isolated and having to live to new rules made me poorly and I have had to cope alone without support from NHS.'*

*'I rang in to reception and asked to speak to someone about my mental health and I was told I couldn't have an appointment for 2 weeks. This was no good for me as I was having a bad mental health day and felt I was getting fobbed off again.....If this is the system at my GP and people are not able to speak to someone and are having a mental health crisis, they cannot wait for 2 weeks for an appointment.'*

*'One morning I made 52 attempts to get through to make an appointment to speak to someone about my mental health and in the end I gave up.'*

*'It's got worse, but I think it's everything else on top of the pandemic - isolation, social anxiety... you have to isolate but then when the restrictions get lifted I don't want to go out anyway. It's enhanced everything.'*

- **Women want to be supported by female-led services**

*'[I have] not been able to access GP before or during as a man may answer, anxiety is too high for me to be able to speak.'*

*'Provide women's services for women who cannot access NHS, I...have been told support in the form of a female PA will be provided but am still waiting, over a year later.'*

*'I was asked to send photos of my personal region to a doctor – it was degrading. Especially when it's going to be a male doctor looking at it, through a text message.'*

*'You want to see a female doctor, not just send a picture that could be seen by anyone in the surgery.'*

## **Summaries of questionnaire responses**

### **From your point of view, what has been done well during the pandemic?**

The majority of interviewees shared an understanding that the NHS has been doing what it can during a very difficult time:

*'The NHS are trying to do all their best to save people's lives despite the shortages in PPE equipment'*

*'My cardiology appointments have been brilliant'*

*'They can't do any more than what they are already doing'*

But there was also a common frustration amongst the women at a lack of support for their mental health:

*'My experience of having an appointment with my GP about my mental health has never been good. I don't think you can discuss mental health in a 5 min appointment slot.'*

*'More community support for everyone, especially older people...being on your own makes you have too many thoughts'*

*'[We need] more support in general with mental health, I understand they're inundated due to Covid but [we need] more resources.'*

*'Mental Health Crisis team not ringing back - support teams still need to be available even if face to face is not available, at least a real voice who can hear distress and emotion, not an answer machine which tells you someone will call you back.'*

Many women said they had turned to TW for support during the pandemic, which might be expected given that the interviews were conducted by TW staff. But these responses highlight the importance of Third Sector organisations at a time of crisis, when other services have been overwhelmed or inaccessible.

*'Just this group (Together Women) - it's the only support I get, nobody contacts me... I think they need to up their game, especially regarding mental health.'*

*'The only place I can contact is Together Women'*

*'I contacted IAPT for help with my mental health during this time, but they only offered group sessions which put me off. I have been getting some support from TW to help manage my mental health.'*

This was borne out by TW staff, whose post-interview comments include:

*'Goes to hospital due to self-harm and reaching out for support but doesn't feel supported. Feels main support is coming from myself at TW'*

*'When in crisis, has felt more supported by TW as feels they can take time to understand her.'*

## **What can the NHS do to support people more in the coming months?**

*'More translators for the ethnic community'*

*'Women led service, female GP'*

*'There needs to be more support through this time instead of saying we can't get to see you because we're working from home – people need human contact.'*

The majority of TW customers who took part in this survey were white, British and heterosexual, with the main variant being their age. As you might expect therefore, the following questions elicited a wide variety of responses:

**If more appointments with your GP or other health professional's move to telephone or video consultation, how would that affect you?**

Women over the age of 36 mainly gave a negative response:

*'It won't affect me, I don't do online stuff...over the phone is ok. I'm not very technical'*

*'I prefer face to face'*

*'All my appointments so far have been by phone and I don't like it. You feel like you're talking to a robot. All you get from the doctor is "Mmm, Mmm." You can't see what they're doing. I don't like it.'*

*'I don't do technical stuff and probably never will.'*

**What do you think about using more technology like this to look after your health?**

*'I'd rather see a doctor in person than speak on the telephone, then you can talk to them and show them. I feel like I can't talk properly on the phone, I stumble and my words don't come out properly.'*

Younger women mainly responded more positively to questions about the use of technology to support their health:

*'With my health I am on a couple of Facebook groups for fibromyalgia and restless leg syndrome which I find really helpful'*

*'I feel if more services were accessible online, via text or apps rather than having to travel unnecessarily to appointments this would make me feel more confident.'*

But this woman is 55: *'I'd probably be fine with that to be honest as I have other appointments with other services in this way'*

Younger women were also more aware of the potential pitfalls of using technology:

*'Technical problems like weak WiFi would ruin this experience'*

There is a broad split of a preference for face to face v. online appointments which is related to age, but there are exceptions. This supports a case for tailored support which

responds to the needs of the individual, and which doesn't make assumptions based on age or any other protected characteristic.

Age was also a factor in TW clients' preference for regular or open appointments, with younger women in general preferring open appointments, *'so I don't have to check in with doctors regularly....as and when I need the appointment....works around my schedule.'* Older women tended to prefer regular appointments because, as more than one interviewee over 50 said, *'I like to be organised.'*

### **What has been your experience of accessing a GP since March?**

There is a general feeling that GP appointments are hard to book, that GPs are *'difficult to get hold of'* and that clients *'don't know if the person who answers the phone is medically trained.'* One TW interviewer reported that a customer said, *'trying to get hold of her doctor is like trying to get hold of the Queen.'*

### **If you were offered to have routine surgery or tests sooner, but you had to travel outside Sheffield, how would this affect you?**

Whatever their age, interviewees did not respond positively to this question overall, and some were worried about using public transport:

*'If it's available outside Sheffield, why not in Sheffield?'*

*'I wouldn't be happy as you should be able to get the treatment where you are.'*

*'Not everyone can afford the travel expenses. I feel that if you're registered at a practice, you should be assessed solely at that practice or a nearby practice if necessary.'*

### **What has your experience of accessing help with Mental Health?**

The majority of women interviewed said that their mental health has deteriorated over the past 6 months, and those who were already suffering from mental health conditions expressed the most frustration and disappointment at not being able to access the support they need:

*'I had a situation a few months ago. My mental health can get unsteady, I have shit days, but a few months ago it hit rock bottom. I didn't recognise myself, I didn't even know where I was – even though I was in my own house. I had to try and explain to them - The receptionist kept saying she needed to know all the information but I was struggling to explain it to her. I needed to talk to my doctor, someone who understood but she wasn't letting me past without details.'*

*In the end I couldn't make it work with them, I had to reach out to my probation officer and she sorted out my medication. It needs reviewing every month. One week prior to that I should have had a review but I didn't have it because the doctor didn't contact me. It was left to probation to pick up the slack. That receptionist should have put me through to a doctor but she wanted to know everything, what are you feeling and why are you feeling that way. You get stuck on the receptionist telling them your life story.'*

*'Mental health crisis calls since March 2020;*

*30 calls for police response under section 136, taken to NHS services*

*Also 28 separate calls to A&E direct, response sent via police.*

*Crisis line/Duty Team told me to stop ringing, no-one wants to talk to you.'*

## **A Case Study**

A is a 55 year old bisexual woman with a mental health condition who lives in S6. She charts her experience since the beginning of the lockdown:

*'At first in March I could still have appointments at Community mental health that I have depended on for years for mental health support, through severe depression, suicide attempts, PTSD over many years, since a teenager. Then they stopped, I was desperate, I felt lost.*

*When my anxiety and depression is high I cannot access the services due to increasing fear of men during these times, triggering traumatic abusive times, makes the depression worse. If I hear a man's voice I drop the phone shaking, sometimes crying, wanting to die.*

When asked what support the NHS can offer women like her in the coming months, A says:

*'Contact patients like me who have always had anxiety and mental health disabilities. Depression makes it hard to phone because of the fear. Ring them, keep in touch.'*

A is clear about the services she needs to support her mental health, and who has provided them since March:

*'Female services [should] be made available....especially when in crisis. If the crisis line phones called you back when you are in crisis - I have called during lockdown in my worst times, no call back. [I] felt alone and abandoned, even to call that number is so scary, then to be ignored and not called back felt even worse.*

*I need face to face appointments for conversations to be able to say how I am feeling and be truthful if I am being self- destructive, gambling, drugs, when I used to self- harm, all these things I can't just talk to anybody about - on the phone I will say I have anxiety but I'm ok, if I see support workers or my GP I usually find it easier to say the truth.*

*I was lucky to get face to face appointments when needed with a female doctor. Together Women Stage support has been most consistent and familiar service available to me, the support staff know me well.'*

## Conclusions

There is an urgent need for more services supporting mental health to be commissioned in Sheffield

Women want to be supported by female-led services

Together Women, in common with many Third Sector organisations in Sheffield, has built trusting relationships with customers over time and they turn to us in times of need. As a result, TW is well-placed to help fill the gaps in services identified by this questionnaire and provide the tailored and holistic support that we know women want and need. We would welcome the opportunity to work more closely with the CCG to provide ongoing mental health support to women in Sheffield.

## Equalities Monitoring Information

### (i) 29 women (97%) gave their postcode:

S6 5 women (17.2%)	S9 4 women (13.8%)	S3 3 women (10.3%)
S5 3 women (10.3%)	S8 3 women (10.3%)	S4 3 women (10.3%)
S12 2 women (6.9%)	S11 2 women (6.9%)	S17 1 woman (3.4%)
S35 1 woman (3.4%)	S14 1 woman (3.4%)	S10 1 woman (3.4%)

### (ii) 27 women (90%) gave their age:

13– 19 years	5 women (18.5%)
20– 29 years	9 women (33.3%)
30– 39 years	5 women (18.5%)
40 – 49 years	3 women (11.1%)
50– 59 years	2 women (7.4%)
60 – 69 years	2 women (7.4%)
70– 79 years	1 woman (3.7%)

### (iii) 18 women (58%) gave full Equalities Monitoring Information

## Sexual Orientation

Heterosexual	15 women (83.3%)
Homosexual	1 woman (5.5%)
Lesbian	1 woman (5.5%)
Bisexual	1 woman (5.5%)

### **Ethnic Background**

White British	16 women (88.8%)
White Other	1 woman (5.5%)
Other mixed/multi ethnic background	1 woman (5.5%)

### **Religion**

Christian	3 women (16.6%)
No religion	11 women (61.1%)
Wiccan	1 woman (5.5%)
Buddhist	2 women (11.1%)
Prefer not to say	1 woman (5.5%)

### **9 women (50%) consider themselves to be disabled**

5 women (27.7%) suffer from mental health conditions

[NB 1 woman who does not consider herself to be disabled said that she suffers from depression. This brings the total of women suffering from mental health conditions to 33.3%]

Other conditions include Osteoporosis, Raynards, Migraine, Autism, Fibromalgia, Chronic Fatigue Syndrome

### **2 women (11.1%) said that they provide care for someone**

## **Appendix D – Summary report from Shipshape**

### **ShipShape – Summary Report**

#### **2) in relation to healthcare, what has been done well during the pandemic**

There was a number of different feeling's people shared. majority shared how it was good to still have phone appointments and video calls/zoom conversations with their GP. It wasn't the same and people felt they were being rushed and not listened to. They relied on community organisations who were set up in the neighbourhood who had response programmes in place during early lockdown.

Adapting to change layout in reception area to ensure it was Covid safe. Having less people in the waiting area

Wearing of masks and taking the temperature before entering. This helped and reassured us that it was safe, and we were being looked after.

Some shared how they felt they were forgotten about by their Gp practice. It became very difficult to make an appointment and have a conversation about how they were feeling and needed to make an appointment. This was particular fed back from the BAME community.

More half of the people we spoke to – carers and people from the BAME community said they didn't want to make an appointment with their Gp when they felt unwell because they felt it was unsafe to be at the practice – they were more likely to catch the virus from a Gp practice.

Victims of domestic abuse shared how it became really difficult to communicate over the phone with the GP to explain the abuse they were going through. Lock down was bad enough and then having to explain to my GP that I needed support only added to my stress and increase in me breaking down with my mental health.

#### **3) from your point of view, in relation to healthcare, what could have been done better during the pandemic?**

One of the thigs that came out quite strongly in the conversations with all groups we speak to was for the Healthcare joining up more with local community organisations to engage better with communities who are most vulnerable and isolated. Carers, people with Dementia, BAME community, domestic abuse victims and people who mental health dipped massively during the pandemic.

More information would have helped on how GP practices and hospitals will function. people from the BAME communities shared how they do not read and write English, trying

to find information on website and websites was never going to happen. If information was made available locally in communities there would be less people who are unaware of the support that was available.

Information in different community languages – videos from local practices telling communities of what support is available – this breaks barrier for those who have no access to IT, not digital and those who don't speak or read their language.

More support should have been made available for mothers and babies who were born during the pandemic. They would have the journey and experience traumatising and didn't know about the plans the maternity wards had in place. Better information during would have helped women to deal with their mental health.

Women from the BAME community shared how it would have helped them if GP practices shared local information in different languages.

Thinking more about people with mental health and providing better support services after ours and being flexible. Not referring on to other services which are closed and not available. We had a few people we talked to who ShipShape have been supporting during the lockdown. They shared their journey during the pandemic describing it as horrendous and a feeling of end of life. These were because they lost their social networks and became more vulnerable during lockdown. They felt health services let them down but also understood that this could have been difficult for them during the pandemic. They shared how ShipShape and other local organisations became the lifeline for them. There was a strong feeling that we need something out of hours for people to access when they are in difficult times. It became difficult to make an appointment with the GP, this made it worse for them as it did lead some of the people to have thoughts about taking their own lives.

### **What can the NHS do to support people more in the coming months?**

- Provide better support to those who are isolated at home and those that live on their own. People shared strongly how they had to get family members from out of town and other countries to call in or email health care support for their loved ones who are on their own at home
- People shared – particularly from the BAME community of not know what to do when someone is ill- do, we call 999 or do we call 111, what is an emergency and what is not
- More information and advertisement on it being safe in hospitals and GP practices and not one is not at risk from catching the virus by going into these settings.
- Carers felt that they were being missed and there were conversations about them feeling that they may even be forgotten about. More information and support for carers and people with dementia during the pandemic – especially when they can not leave their homes if the carer is isolating.
- Domestic abuse victims shared how a better communication with health care is important. particularly women we spoke to from the BAME community shared how they have a better trusting relationship with their GP's than the mainstream support

services for Domestic abuse. There was a real sense of worry for people living in this situation in the coming months. They have asked if ShipShape would support and have a 1-2-1 service line which is flexible

- improve awareness, door to door or in the media providing information to the people to seek medical attention at time but face to face. Not by call. Consultation by call does not give the GP the overview for what the patient does have..
- Just stay in touch with us
- Provide more support and information on Health issues and what support is available. Early information sharing is vital to stop people from panicking

### **What would make you more confident to use health services in the future?**

- Better access to information and knowing what support is offered where and when.
- Information shared in different community languages and better communications.
- Seek medical consultation face to face with the GP.

### **If more appointments with your GP or other health professionals moved to telephone or video consultation, how would this affect you?**

People shared how it will be difficult for them if they don't have a phone or IT equipment. Many people are struggle even more during the pandemic and can not afford Wi-Fi/internet

People with dementia and their carers said this may work well for them if they had the IT equipment and were worried about called being missed if they were busy caring for their loved. Can GP be more flexible when calling vulnerable people and be more understanding.

Victims of domestic abuse shared how they would struggle to do this in their household when the abusing partner or wider family is present.

Others have said it would be ok if it meant it was the only way to be able to communicate.

Telephone and video consultation do not give a GP exactly what going on with the patient. Clinical examination of the body is a key to understand what the patient is feeling. This will affect many related to outcome diagnosis which sometimes will not be 100% what I have.

### **People suggested some thoughts**

Can there be a community space the NHS can provide or link up with local organisations to offer 1-2-1 support to those who community settings.

### **There is lots of technology now available to help people look after their health, such as:**

- Online help groups to talk to other people with similar health conditions
- Remote monitoring of your health e.g. blood pressure, blood sugar
- Sending photos to health professionals to help with diagnosis or treatment

What do you think about using more technology like this to look after your health?

Great for some the young generation but people who don't have the technology and don't have IT skills will struggle with this .

People will struggle ore financially over the coign months and beyond which will leave them with no financial resources to have IT equipment to keep the above going.

Some people shared that when they go in to see their GP they tend to speak about other issues they have. They say the GP for some, is a trusting friend they feel comfortable speaking to. with the remote sessions they will lose this an it can make people more vulnerable.

Everyone we spoke to said please bring back the normal way when things go back to normal. They were worried that after the pandemic the health care will become more digital.

Online help groups to talk to other people with similar health conditions: Does not help a lot. Diseases not to be compared.

Remote monitoring of your health e.g. blood pressure, blood sugar: Agree and easy to be performed.

Sending photos to health professionals to help with diagnosis or treatment; Does not help. The patient need to be seen and evaluated clinically

### **What has been your experience of accessing a GP since March?**

- We have had people say it has taken them 6 weeks before they got registered with a GP – asylum seekers. Their health has worsened since
- the conversations were a lot around people (particularly from the BAME community) scared to access the GP or hospital appointments as they felt it was putting the at risk of Covid. These were coming from a lot of myths in the community but very strong that people were starting to believe they were true.
- This is why clear and direct information sharing with the communities as early as possible is vital.

.....

From these conversations shipshape is looking at how they can provide or change the way they may provide services during the pandemic. Some of this may be:

sharing information from local GP practices to ensure people are getting the correct messages as early as possible. Communicate them wider through our networks and community support lines

providing a local call in service for BAME communities and victims of Domestic abuse

we are keen to look more deeper into services provided for people who are struggling with their mental health and have become suicidal during the pandemic.

We would welcome and partnership or network with CCG/NHS.

## **Appendix E – Summary report from The Refugee Council**

### **Report on Covid phase 2 work carried out by Refugee Council**

#### **Methodology:**

Interviews were carried out with twenty-two people, between 23<sup>rd</sup> September and 5<sup>th</sup> November 2020. Interviewees were spoken to individually, by one of three interviewers (interview 1 and 2 were completed by Camille Herreman, Senior Resettlement Worker, interview 12 was carried out by Jessica Ross, Resettlement Team Manager, and all others were carried out by Annemarie Morsch, Senior Resettlement Worker) either by telephone (18 interviews) or Zoom (4 interviews). Interviews took between an hour and just over two hours, with those carried out with service users taking the longest, due to additional time required for interpretation.

Six interviews (1, 2, 4, 7, 10 and 21) were completed with professionals, a group made up of four frontline resettlement workers, two of whom (1 and 2) work on the VPRS/VCRS resettlement programmes (one with year one clients, one with clients in years 2-5 of support), two of whom (10 and 21) work on the Gateway resettlement programme (which works with clients in year one). Interviewee 4 is the manager of the Refugee Council Therapy Team in Sheffield, and interviewee 7 works for Sheffield City Council on their resettlement education team, with all resettlement families.

Five interviews (3, 6, 12, 13 and 15) were with Refugee Council registered interpreters, who were paid for their time in completing the interview. Most work for Language Line and other interpreting agencies as well as working directly for Refugee Council. All interpreters speak English as a second language and are originally from non-UK backgrounds.

Eleven interviews (5, 8, 9, 11, 14 and 16-20, and 22) were completed with current and ex-service users of the Refugee Council. Interviewees were recruited by asking interviewed staff to nominate current or ex-clients after their interview, as well as by emailing all front-line Refugee Council staff in Sheffield to ask for nominations. The decision was taken to speak only to individuals who had been in the UK for over a year, to ensure that they had at least some significant experience of NHS services prior to lockdown to compare this to current services. Interviewees were called with an interpreter to explain the project and arrange an interview. While some nominees did not answer these calls, all those who were spoken to agreed to take part.

Five interviewees (5, 11, 14, 16, 18) came to the UK through the Gateway Programme. On this programme refugees can come from a wide range of countries and receive one year of support from the Refugee Council as part of their resettlement support. All participants had been in the country for well over one year before the interviews took place and were therefore currently without access to Refugee Council support workers.

Six interviewees (8, 9, 17, 19, 20, 22) came through the VPRS/VCRS programmes. The Vulnerable Person's/Vulnerable Children's Resettlement Programmes resettle primarily Syrian refugees, and as part of these programmes refugees receive up to five years of support from the Refugee Council. All had moved from the intensive first year of support into the 2-5 year support service at the time of the interviews.

Interpreters were used for all service user interviews, and all interpreters had also been interviewed themselves, so that they understood the process. Interpreters selected were those who are felt to work well with these clients, and were often well known and trusted by the interviewees.

Interviews were transcribed by the interviewer contemporaneously, and were reviewed immediately afterwards, solely for typing to be corrected. Completed interview questionnaires are included with this return, and coded with initials and the date of completion for reference.

Please find below a list of interview numbers and codes for the interview transcripts, as well as a brief description of individuals where this is known to the interviewer (please note that for some service users, the interviewer has very limited background information, as they were nominated by other staff-members, so less background is provided for these individuals).

<b>Number/ code</b>	<b>Staff/ interpreter /service user</b>	<b>Description</b>
1. MT2309	Staff	Support worker, year 1 VPRS/VCRS
2. JM2309	Staff	support worker years 2-5 VPRS/VCRS
3. CN0110	Interpreter	Somali interpreter
4. JB0110	Staff	Therapy service manager
5. AKA1610	Service user	Somali single mother of 4, in the UK almost 5 years.
6. KM1610	Interpreter	Arabic interpreter, Yemeni heritage
7. AS1910	Staff	Education worker
8. N1910	Service user	Sudanese single mother, with 4 children
9. H1910	Service user	Sudanese family (mother spoken to), just over 1 year in the UK
10. RA1910	Staff	Support worker, Gateway team
11. AC2310	Service user	Somali service user, single mother of 4 young children (3 primary, one Y8), has been in the UK around 3 years
12. MH2310	Interpreter	Arabic interpreter
13. AM2310	Interpreter	Swahili interpreter, Tanzanian national, works regularly with Congolese Swahili speakers.
14. AL2610	Service user	Congolese single mother of four, three of whom have severe sickle cell anaemia, in the UK almost 4 years.
15. RX2710	Interpreter	Arabic interpreter

16. HA2910	Service user	Sudanese service user, mother of three, a journalist before fleeing conflict, in the UK around 3 years.
17. F2910	Service user	Syrian father of four, whose wife has complex health needs
18. DA3010	Service user	Palestinian woman, who was a teacher in Iraq before conflict, mother of two primary age children.
19. A211	Service user	Iraqi father of four.
20. M3010	Service user	Syrian mother of four, who has been in the UK just over a year.
21 ST411	Staff	Support worker for Gateway cases. Eritrean heritage.
22 S511	Service user	Kurdish single mother of four older and teenage sons. Has been in the UK around two years.

## Equalities monitoring

Equalities monitoring forms were completed for all interviewees and are included with this return.

In brief: Two male and 4 female professionals were interviewed. While male interpreters were approached to take part, none were available so all interpreters interviewed are female.

Of the service users interviewed, only two were male, and nine were female. This is relatively representative of our service user group- while some of the families we work with are nuclear families, and we also work with single or older adults and extended families, a large proportion of our cases are single parent families. These are also the clients we tend to work with more closely as they often need a higher level of support and/or have children with significant health needs, and this is likely why they were nominated more often for interview. Of those interviewed, five are single mothers, one was a single mother when we worked with her although her husband has now joined her, and three live with husbands.

Of the 22 interviewees only three identify as white (all from the non-interpreting staff set), with the others spread between various African and Arab ethnicities, which is very representative of our clients and colleagues.

Most interviewees have a religion, with a strong Muslim majority, including all service users and all but one interpreter. This is not necessarily representative of our client group, as many of our clients and interpreters are Christian, but unusually the Congolese interviewee as well as the Swahili interpreter are both Muslim. Staff are distributed more widely, with a mixture of Christian, Muslim and no religion.

All interviewees are working-age adults, which is representative of the professional and interpreting team, and relatively representative of our service user group, which does, however, include children and young people, who are discussed by their parents in the interviews and older adults, who are unfortunately not represented.

**If you used both the online survey and face to face / group feedback, was there a difference in what people said? Why might that be?**

No questionnaires were completed as it was felt that service users who were able to complete these would be unreflective of the service user group as a whole, given that doing so would require significant English written language as well as IT skills. Professionals who were approached preferred to undertake the discussion as an interview. This may be reflective of the fact that all but 3 of the participants (including 2 staff members and all interpreters) have English as a second language and feel more confident to express themselves verbally than in writing, although this is speculation on the part of the report-writer as the question was not explicitly asked.

**In your report, share any themes and trends from different groups within your community.**

No variations are particularly noticeable. This is likely to be reflective of the fact that the group of interviewees are relatively similar in outlook and concern; the professionals and interpreters have a similar value system and perspective which is informed by their long-standing and dedicated work focussed on the needs of the service users, who in turn reflect many of the feelings and experiences of their peer group.

**Report overarching themes and trends**

The people supported by Refugee Council in Sheffield are exclusively resettlement refugees. This means that they have been specifically identified by the UNHCR as having a particular need to be resettled in a third country, away from both their country of origin as well as the country where they initially sought refuge. They have routinely experienced significant levels of loss and trauma and, as discussed in the methodology, all those interviewed for this project are within the first few years of their lives in the UK. Learning to access and interact with the British health service, which is often extremely different from those in their countries of origin or transit, is a significant and often complex element of the resettlement and integration work carried out with these individuals by the Refugee Council. As would be expected from interviews with and about this particular service user group, there was a particular emphasis throughout on language use and interpretation services or lack thereof.

As a way of presenting themes from the interviews, the decision has been made to focus on the interviewee voice and present extensive quotes from interviews under the following headings:

Un/heard, Un/seen Un/welcome, Un/safe, Un/supported, Un/cared for, Un/informed.

Each set of quotes is preceded by a brief overview of the theme presented. Please note that the quotes presented are in all cases (while numerous and at times lengthy) not exhaustive. Furthermore, there are other consistencies in the interviews (for example the

tendency to answer the question about accessing treatment outside Sheffield with a list of reasons why this would be challenging and/or why people would find a way to manage this somehow if it was absolutely necessary) which are not highlighted in this report due to an attempt to focus on themes which go beyond individual questions.

## **Un/heard**

This set of quotes relates to general issues around the importance to this group of the use (or lack thereof) of interpreters. While the quotes extracted here are extensive, nevertheless they do not include all or even most of the mentions of this issue within the interviews; it is the underlying theme which permeates more than any other, all the stories, case studies and anecdotes discussed throughout the project.

There is a subset of quotes which relates to the almost universal experience of these families of having minor children specifically, as well as other family members, or other non-professional or otherwise inappropriate individuals or strategies (such as google translate) used by administrative or clinical professionals in medical sessions. It was striking how often the professionals interviewed would mention this as a problem, while service users were resigned to or unsurprised by the practice. This highlights how often it takes a third party such as a support worker to identify not only for the practitioners involved but also for the patient that this is not good practice.

### **General issues with interpreting:**

*Consistently NHS services are reluctant to use telephone interpretation – it is often used as a last rather than a first resort*

interview 2, support worker

*Frequently practices think it is ok to communicate complex medical information through google translate. Have they actually got this person's consent with whatever investigation it is? You hear of consultants communicating with clients that way, gps. Reception staff. They are not really involving our clients properly in what is being done to them. They are just telling them through an inaccurate app. For a British person the principle of consent is a cornerstone of any medical investigation because without consent there can't be any investigation. If a gp tells a British person 'I think you have this cancer and you need treatment for it' and the person says no the treatment doesn't go ahead but our clients because they are frequently not armed with a broad understanding of their health conditions, I've always questioned whether that consent is actually fully there.*

interview 2, support worker

*A life-long fury with NHS is the quality of interpreters they use- they're often not qualified or are not interpreting exactly what patient is saying, they're summarising, clients are worried that they are not understood or come away not sure about what they've been told, say about test results.*

interview 4, therapist

*they really don't want to provide interpreters, and she speaks a tiny bit of English, then as soon as they hear that, they refuse to use an interpreter, so I had to speak to them to get them to use an interpreter for her.*

interview 10, support worker

*they called someone and with google we managed to understand each other.*

interview 8, service user

*when I went to the walk-in centre and I didn't have an interpreters and I was trying to speak with my English and because I was angry and they were talking English some of it I could understand and some I couldn't.*

Interview14, service user

*It's so important to have an interpreter, if you have one, you can explain, and the dr understands what you mean, and then you understand what they're telling you, it's just better.*

Interview 14, service user

*[relating to day-surgery] they didn't use any in the whole process, the assessment or anything, they said they couldn't because of the pandemic but I was trying hard to understand them, to know what they were doing. The surgeon was from Pakistan and he was talking to me in a way that made it easier to understand and he tried to understand my English. There weren't any on the telephone*

Interview 16, service user

*[What would help?] To offer an interpreter of someone who speaks multiple languages to accept our calls and understand our needs, and to behave, to feel our pain a little and deal with us in a human way a bit. I don't think anyone is going to call for help in this time for cosmetic reason, it's because of pain, so they need to listen to us, to just shut us up is not good.*

Interview 17, service user

*[Good practice:] And when you call the GP and you ask the GP for an interpreter, what happens? They offer it twice, with, when reception, when they want you to talk to the reception to arrange it, and then again with the doctor. (at Page Hall Medical Centre).*

Interview 20, service user

*the problem was when she was there, they didn't use an interpreter, but the dentist was very nice, he spoke slowly, so she understood a bit, she said 'he spoke to me like a child so I could understand', this was something, wow, he didn't have a booked interpreter, but he managed, to help her. She went in to Broomhill to the emergency dentist and I don't know why they didn't even use Language Line at all, she said 'I think I understood it', but she wasn't sure, she had medication and antibiotics for the child and had to work out with me how to take them, and it was ok, but, imagine! Things could easily go wrong*

Interview 21, support worker

*[getting scan results:] I saw a new doctor who didn't use an interpreter.....he was just describing by making images and pictures, and using signs, because he didn't get the interpreter, and saying there is nothing, and then he gave me a sign like kicking me, to go outside, and he gave me the note and I was crying all the way home, I don't know how I got home because I was crying so hard.*

Interview 22, service user

*the GP didn't listen, I was telling them that I am Kurdish but they say they can't find an interpreter, and I speak Arabic a little bit, so they just give me an Arabic one and I think 'ok, I will manage with this, I have to tell them about the pain so I will have to try'. The GP didn't even listen to me about the language I speak, how could they listen about anything else?*

Interview 22, service user

**Specifically around the use of children/inappropriate non-professionals:**

*A lot of the time I rely on my children, the girls can sometimes work out where it is from the letter, if not then I would come to the Refugee Council drop-in to ask for help and now that's not there I struggle with it alone, but it's hard and it's hard to find other services*

Interview 5, service user

*The man who looked after the children, the old neighbour, he looked after the children and he interpreted for me with the dentist.*

Interview 8, service user

*I had a video call from the doctor one time and if my older son wasn't there we wouldn't have been able to do it, I can't imagine what we would do if he wasn't there, or what people would do if they didn't have someone who could understand what to do..... At school I see a lot of people like me, who can't read and don't know English and I pass the information to them too, from what my son told me, so they need it too, they wouldn't know if it wasn't for him helping me.*

Interview 11, service user

*they might feel under pressure to use their children for health reasons if it's something else than blood pressure or sugar levels – if it's more complex. Then confidentiality is impaired. They push them to be reliant on other people if they have no choice*

interview 12, interpreter

*[A&E at the Children's] and he explained the story (the child) to the receptionist and they understood and they did the MRI and everything*

Interview 16, service user

*after that [registration session] they don't bring any interpreter for us, they said we don't need it, it's only a check and we leave, and my older sons won't come at all after what happened in the first time so they haven't been, only my little one, and he learns some*

*words in English from the internet, when he needed to have some teeth pulled out, it went ok.*

interview 22, service user

## **Un/seen**

There was a very clear theme throughout the interviews of feeling that a lack of face-to-face interactions was experienced as a significant loss by service users, interpreters and professionals. Service users felt uncomfortable or unable to discuss issues by telephone or on video calls (in addition to barriers to these interactions arising from limited technological resources), and a lack of trust in distanced diagnoses or treatment was common. Interpreters as well as patients and staff discussed the difficulties of achieving accurate and sympathetic communication when interlocutors are not in the same room, in what is by definition when multiple languages are involved, a complex interaction even in the best of circumstances. The issue of confidentiality was also raised by several interviewees, particularly interpreters; when sessions are not taking place in person it is impossible to know who is present, listening or limiting communication.

*It is difficult to be understood over the phone. Most clients cannot bring themselves to say I am not able to understand this interpreter. I keep telling them please say you can't understand what is said to you.*

interview 1, support worker

*That will create a big barrier, you're not interacting with a real person, you will just be sending it to something so there will be no trust, you don't know this person, it might be convenient for us, young people with busy jobs and things to do, but I can't see it working for older people like my parents, who don't even speak English, what good will it be for them?*

interview 3, interpreter

*There are all sorts of cues you pick up face to face, and when you're working with mental health you notice how kempt someone is, if they're washing, if they have a sort of grey approach to the session, if they can meet your eyes, if they're sighing, there are just so many cues, if you can't see them when the interpreter isn't competent, is not mentioning sighs or the things that tell you someone is depressed.*

Interview 4, therapist

*Sometimes when you're in pain you can't describe it over the phone, it's better if there's someone there, feeling it with you.*

Interview 5, service user

*my personal opinion is that it's a lot better to have one to one contact rather than to have someone on the phone all the time. I don't think I will ever be satisfied with a telephone diagnosis, or trust it, I want a doctor to see me, check me over in person, I don't think it would work for me personally if it's not visible - it's better to see the person in real life.*

interview 5, service user

*I think it's dangerous if it replaces people being actually seen because there's so much that can be missed if you see someone through a flat screen- the way they walk in, their mood, how they are, in a surgery they might walk in out of breath, or looking down, there's so much that you wouldn't pick up on if they're sitting in their front room. It's not a gp's job but you need to know if they're bruised, or if they flinch if they're touched. I think mental health and general wellbeing and aspects of physical wellbeing can all be missed on the phone.*

interview 7, education worker

*Using an interpreter on the phone or online is even harder- at least in person there's... I don't know what you'd call it, but there's physical things you notice, that's lots harder on the phone.*

interview 7, education worker

*When they meet me in person it's better, because I can express myself better in person so that they understand my problem, and I can understand them better in person too.*

interview 8, service user

*I think that people who don't speak English they can't explain themselves, if I'm there, and I'm sitting in front of the doctor I can explain what I mean, and he can look, but on the phone how can I trust them, you have to say your problem before you get to the doctor, before you get an interpreter, you have to be able to explain that you have a problem and what it is, and I can't explain it, so I can't be diagnosed over the phone.*

interview 11, service user

*Thinking about impact of PPE/masks even when people are seen by F-F interpreters: when we teach interpreting it's 70% non-verbal. And compounded by the cultural differences and how we say things that can make non-English speaking people feel lost and they don't feel secure.*

interview 12, interpreter

*they think if they say they don't understand you'll be angry or it's a cultural thing about being embarrassed. If you talk face to face it's much easier to know if they really understood you or not and then you can notice and explain again.*

interview 13, interpreter

*there's a big difference, for example, myself, even if they could call me and talked to me on the phone, I wouldn't want that at all, I wanted them to see me, to see my problem, to touch it, rather than just calling me, because however I explain, it's not the same as when they see it with their eyes. I wouldn't trust it.*

interview 14, service user

*Video/Telephone therapy: because doing therapy sessions through video, absorbing emotions is so hard on video..... sometimes it's just a call, without video, so we can't see the clients, we don't know who's in the room, is it really private? are they really*

*safe?.....when they are inside the house, it takes much more effort.....they were always interrupted, someone will come in, so there's a breakdown in the concentration, or emotion- he's saying something important, and then someone comes in and he loses this. We have to work around 'when are the children asleep or doing online work, or outside at school?'*

Interview 15, interpreter

*How can someone be diagnosed with a video, it's not obviously what they have- there could be problems with signal with a video, or there are shadows on photos, I don't think it will work, we need face to face interviews with the doctor so they can see, to squeeze, to check.....there's no chance with videos. I can't accept to use this service.*

Interview 18, service user

*Face to face is much better, you can see people, you can read their body language, you can communicate easily, maybe it's a bad reception or you get cut off, it's difficult. The calls are on WhatsApp, that's ok, we know how to use WhatsApp!*

Interview 19, service user

*but I also want them to prioritise cases, they were checking us through the online services, with videos, this isn't the way to treat us, they need to prioritise when it's urgent and severe, when they need to really see people- medically treating people can't be done through video, I wish they would consider face to face appointments for high priority cases..... diagnosis can't be done on video- how could someone diagnose, without touching, pressing, compressing, checking the level of pain, how could they do this? For example, I have a pain in my back, how could they know which bit, if they can't see? Could they know if it was my heart without hearing the palpitations themselves? Or if I said I had a stomach ache, how would they know if it was actually the liver or the kidneys or something?*

interview 20, service user

*the real thing of them seeing you, picking something up, see if you've... if you're ok, they can pick things up in your face, if you gain weight, lose weight, if you are you looking after yourself, that's missing, and that's massive. When I go to my GP usually, I go often, they say hi, how are you, immediately you feel better, that person kind of... that doctor knows you, he tells you what they're doing, the expression on their face, telling you things, telling you their story, they're a person like you and they are really doing the job while being a person, but you cannot do that without seeing them, it's missing.*

Interview 21, support worker

## Un/welcome

While interviewees were often keen to emphasise their appreciation for the work that was done by health services during the pandemic, and expressed some understanding of why services were unavailable for periods or limited in their scope, nevertheless the loss of in-person services and the perception that barriers restricting access were being erected or strengthened was a tangible theme. There was also a widespread feeling that in many cases being unable to access services in person meant that this group was disadvantaged and excluded from receiving services which would be available to other sectors of the community who are less reliant on the ability to present in-person.

### Gatekeepers and closed doors

*you frequently have to go through gatekeepers on reception to even get a call back*

interview 2, support worker

*I wonder how many people who normally are confident to walk down to the surgery and show their*

*BRP to reception, and are recognised by reception staff, instead tried to call, panicked when faced with automated messages, if they even felt confident to try, and just gave up. Several clients ran out of antidepressants, asked for help with this, but were embarrassed to ask for help*

interview 4, therapist

*if the door is closed you can't go through it- everywhere and every door was closed. There's nothing I can say about it, I know it was for our safety, but it was very hard to deal with.*

Interview 5, service user

*Before you even get to the doctor you need to be able to say your needs, and that comes down to language and culture, it comes down to the receptionists, you need to be able to explain yourself to them.*

Interview 5, service user

*Before the lockdown I used to take a note from M [support worker] to reception and she'd make me an appointment, but it's hard to do that, to talk to the receptionists on the phone!*

Interview 9, service user

*an ambulance came and took me there [Northern] but I didn't feel comfortable there, the staff weren't nice.....I felt uncomfortable with the nurse, the way she spoke to me, looked at me, like she thought I was wasting her time, I told her I can't walk, she didn't even help me to the taxi, the taxi man came and helped me into the car, and I had difficulty getting into the house. I felt like she was racist and she wasn't respectful of me at all, the way she spoke to me. .... I wouldn't feel safe to go again, it wasn't friendly, I don't need to go again, and if I had a choice I wouldn't go.*

Interview 5, service user

*she used to go in to the doctor and they would call an interpreter, if she calls round now, she can't go in, they say that old people shouldn't go in, she can't phone*

interview 13, interpreter

*they said 'call at this time to make an appointment' and I'd been trying to do that for a month and I knew it wouldn't work..... the way it was going worse I thought if I have to wait until they agree to see me, I'll die first!*

Interview 14, service user

*The GP is the first door we should knock, and you can't get anywhere else if you can't get them to listen.*

Interview 15, interpreter

*They wouldn't see us and they wouldn't give us the prescription, I don't understand why, it was the same as he had had for a long time, so all they had to do was print it, I didn't understand why they wouldn't do it. They said we can't help anyone.....111 didn't answer the phone and they just wouldn't do it for us, I didn't know what to do, which door to knock on.... I was talking politely, I was begging at the end, I didn't know what to do, they hung up the phone in my face.*

Interview 16, service user

*The only thing I wish is that at the reception at the GP, which is the first door we get to it could be someone who can speak to us, when we get there first time, who can understand our needs.*

Interview 17, service user

*I kept saying I need an appointment, I'm already here you can just tell me when it is, they said no, you have to call and we'll give you the appointment, she was insisting that we call and that was so annoying, when the child is in pain, they have to understanding what is urgent- why do they have to insist that we do things online or call, when the person is in pain?*

Interview 18, service user

*[Child with a fever of 39°C] the GP was locked, my daughter had a very high temperature and wasn't responding to any meds, and the GP wasn't responding, it was really locked, so then I tried to call 999, they kept asking me to press this number this service, it kept moving me from one place to another, they did nothing, I couldn't get a person, so I hung up, and had to make a treatment myself, so I gave her lots of liquid, gave her paracetamol, cold compresses, and in the end she did get better but it was so worrying.*

Interview 18, service user

### **Excluded from services available to others**

*I think they just wouldn't access the service if it goes that way, I can't see it at all.*

interview 3, interpreter

*Zoom might work for professionals, but doesn't work for people living complex lives in poverty, it assumes people have phones, can turn on zoom, particularly some of the older clients don't have that, and phone appointments leave clients anxious and then there's the thing that it's even harder to communicate with a gp on the phone than face to face.*

interview 4, therapist

*How would they even do that, would they email, would they send on WhatsApp? If you called and asked for an appointment, and they offered an online appointment instead our families wouldn't even know what they were saying, never mind how to do it,*

interview 7, education worker

*it would mean that people who had a higher level of education, who are more economically stable would have a better access to healthcare than some who is poorer and doesn't have the same access to education, so for want of a better way of explaining, everyone in Fullwood has access to a better health service, while everyone in Burngreave is trying to go in in person and not getting such good care.*

interview 7, education worker

*it's very challenging for our client group or people who have English as a 2nd language, people who can't speak English, and it won't be as useful to them as to English speakers I guess.....IT skills, most of the elderly would miss out on these series, their children can help, but if they don't have children it's hard for them to do it.....'ask my gp' which is brilliant if you can use it, but it needs written English, not just to be able to speak, and if you can't do it then you get no service, and because they have that it's impossible to get through on the phone, they need to have a balance, which is lacking at the moment, to make it fair for people who can't use the technologies.*

Interview 10, support worker

*it feels like it's not for people like me*

Interview 11, service user

*At the surgery it says you have to send an email now to get an appointment- how can that help people like me who don't know what to do? .....It's very worrying because there are a lot of services changing to this way, to video calls and if you don't know how to do it you miss out..... If the GP insists that we have to use video calls then I will miss out, because I know I can't do it without my son, I will just not have all the services, I won't use them.*

Interview 11, service user

*The refugees I'm thinking about a lot of them would feel lost and wouldn't feel confident in using remote monitoring. Would they translate the instructions in Arabic? Maybe half would feel confident or have a go and try but a lot of others would drop out*

interview 12, interpreter

*when they called with the video I had to ask my daughter to show them.....To be honest I don't know if it was video or zoom, we just only got a phone when we got to the UK! He said he would send a video or something and then you will click on it and it will come, so that's what happened, but Z [daughter] did it when it came on my phone (youngest daughter)- she's 7 and she knows how to do it but I don't!*

Interview 14, service user

*If someone will tell me this [to have video consultations], I will have to close my mouth and keep suffering. If I have to open any website, even if I knew how to do it, then it would be in English and I wouldn't know what to do so I couldn't get help.....I think this [use of technology in healthcare] is very good, but not for me. It's very good for people who know how to use it, it will really ease their life and help them out a lot, but you need good English so it will help them, but for people like me without English and without technology it will be very hard for us and we can't use it.*

Interview 17, service user

*we are educated people but we're not keen on using it, we're from a time, and we're used to where they would send a letter, a message for appointments. They send us links and I'm educated but I hate pressing on links, I'm not good at using technology.....and there are illiterate people, lots of old people in this country and not all of them are good at advanced technology, so they need to think about how to solve this problem*

Interview 18, service user

*That's very helpful, for the general population, as long as it's kept confidential.....but for our clients, yes, but do they have the access to the technology? Do they have the language to understand? I wish they could but how would they get the access to the technology, access is a major issue, and secondly, the IT knowledge, how many times do I ask you for help with IT, I know you will tell me how without judging me, and I'm an educated person, I've been to university, I do this all day and there are things I don't know how to do all the time and I can ask you because I'm comfortable to ask, but who will they ask?*

interview 21, support worker

## **Un/safe**

Many of the incidents relating to attempts to access healthcare described by interviewees involved feeling unsafe or being unsafe. There was a consistent theme among all groups of instances where it was felt that levels of risk for non-covid related issues were higher than is otherwise accepted in the health service, and people felt or were in danger as a result. This set of quotes relates both to cases where actual risk was experienced, as well as to cases where risk levels were unknown or misunderstood.

## Experience of unsafe situations

*(Child on steroids for asthma) when you're on the meds and you know it's going to be reviewed after 3 months it's ok, but he was taking a steroid for 3 months, it's a steroid and I was starting to see the side effects, and the doctor isn't there to see him, it was 6 months in the end, we missed about 4 or 5 routine appointments and I just wanted the doctor to see him really, to see him in real life, to examine him*

interview 3, interpreter

*(Elderly Somali grandma with breathing difficulties) We ended up ringing an ambulance in the end, and she refused to go, she wouldn't go, the fact she knew we couldn't go with, she doesn't speak English, how could she go? She was so afraid that she would die by herself with no one there who could talk to her. I had to do it over the phone for her, the ambulance coming out, I had to do it all over the phone, language is so important in situations like that. The ambulance said they'd use Language Line but she just didn't feel safe going with them if none of the family could go, she just refused. She has still not gone to the GP.*

interview 3, interpreter

*The problem has been repeat prescriptions; I have been referred to websites for clients, and have lots of receptions will say 'I'll do this for you this once' [angrily] and someone will do it, but it's not sustainable- I only work with people for 12 sessions- what happens to them when I stop? It really worries me.*

interview 4, therapist

*When I've spoken to GPs about CMHT referrals they're exasperated too, that thing that it takes 5-7 months just for an assessment. It's negligent. A Gp has said that too.*

interview 4, therapist

*I have high blood pressure and I was feeling a lot more safer when I knew someone was checking me every 2 weeks, now I'm taking meds and I don't know how it's affecting me, I tell them things on the phone and I don't know if I'm explaining it right, if they understand.*

Interview 5, service user

*[patient without anti-depressants] he was waiting for 2 weeks for a prescription that wasn't coming, if we weren't there to resolve that, I don't know what it would do. The worry was about the impact on him and his children, during the pandemic. I can't imagine how the situation would be [if Refugee Council were not involved], catastrophic I would say.*

Interview 10, support worker

*My mum was diagnosed finally with late stage pancreatic cancer which was diagnosed late, and she's now terminally ill, it's not easy to access medical health, we're not seen, you have to be in the surgery or in hospital to be investigated, but they were so delayed, they looked at symptoms rather than the diagnoses, which made things delayed and moved to a later stage. If it had been diagnosed in stage 2, if they had seen her earlier, it would have been easy to remove*

interview 15, interpreter

*It's really really terrifying it caused us to be in a really bad way at home, it delayed the diagnosis and we don't know how to deal with it- imagine your son is in having convulsions then one [parent] is calling the ambulance, then the other one is trying to keep him breathing, you can see he's turning a different colour, even now when they booked the EEG they said they can't do the proper diagnosis until the other scan and I'm scared I will lose him all of a sudden before we know what it is or what to do about it.*

Interview 20, service user

### **Fear of unsafe situations**

*People haven't been to hospital because they have this idea that if they go to the hospital they won't come back, and they only have interpreters on the phone. And interpreters on the phone is not the same.*

interview 6, interpreter

*we have a Congolese family who thought they weren't even allowed into their garden. They wouldn't have gone to the hospital in any circumstances, they thought you literally weren't allowed out of the house.*

interview 7, education worker

*I didn't feel safe at the hospital, I wasn't in a special room, the patient next to me was coughing and there was just a curtain between us, I didn't feel safe and I wanted to go home. Would it affect you calling for emergency help again? I wouldn't feel safe to go again, it wasn't friendly, I don't need to go again and if I had a choice I wouldn't go.*

Interview 9, service user

*We were actually very scared, very terrified, the situation wasn't easy, we were protecting ourselves not going outside, even in the house we were scared, we thought it was coming through the air, we were scared we could catch it, even if we just saw someone we couldn't speak to them,*

Interview 20, service user

*all they're thinking is covid covid covid, it kills you, seeing people kills you, so they have that in their minds.... one of my clients has high cholesterol, they were really worried at the surgery and they needed to see him, I told him 'let them see you, they have to know about it, they need to see you' and he refused, he said he would eat lemon and garlic instead, and just refused to go*

Interview 21, support worker

### **Un/supported**

One of the more persistent themes from all three groups (staff, interpreters and service users) relates to the worry about what happens to individuals in similar situations who do not have access to support workers or services provided by the Refugee Council. It was particularly challenging from a personal point of view to hear about difficulties faced by

these Gateway families who are no longer entitled to Refugee Council services, where it was clear that their access to and engagement with health care services now was poorer than it had been when we were involved in their cases. One specific element highlighted by several professionals was the access Refugee Council support provides to specialist trauma-informed talking therapy, as well as family therapy services.

Think of people with no English and no support workers – what would they do?-

Interview 1, support worker

*Any person who doesn't speak English and doesn't have a support worker has had their access to medical care compromised or removed.*

Interview 1, support worker

*[if emergency services were needed] they would call us and ask us to facilitate the problem and ask us to facilitate communications.*

Interview 2, support worker

*can you imagine my grandma getting a letter about something medical, she would just put it on one side and not read it, I wouldn't be there to pick it up for her*

interview 3, interpreter

*How did you find out about the rules about social distancing? Myriam [project worker] has explained everything to me, and I got a leaflet in Arabic and English about how to wear the mask and what to do, washing hands and everything. I don't know where it came from, but I remember seeing it. [from Refugee Council]*

Interview 8, service user

*it depends who you speak to, one receptionist said they weren't using interpreters at all, so I just called back the day after and spoke to a different one, because I knew she was wrong, but if you didn't know that, you'd give up, you'd have missed vital health appointments..... The victim is the client who would have missed a vital appointment that they're entitled to.*

Interview 10, support worker

*It's really challenging for our client group if we weren't involved, we've always had problems with interpreters with the NHS but with covid on top... I can't really count the cases since March where we've had problems with booking appointments. Mulberry Clinic have been brilliant with getting appointments for clients when we speak to them I guess, but not the others so much.*

Interview 10, support worker

*I have a client, his son deteriorated, because he couldn't get hold of the GP, in Sheffield, they kept calling, calling, calling, the period of time we were talking to him about this, was from end of April, til middle of June and he couldn't get hold of them..... In the end they*

*got care, after the [Refugee Council] therapist managed to speak to the GP, and then it was straightforward, she got involved, then referrals started*

Interview 15, interpreter

*The GP has set up a link, how to send in and send info to the GP, we didn't know how to do it, Jason (Refugee Council) went step by step with us, to show us how to send it to the GP. I would have struggled, it was in English and I didn't know how to do it!*

Interview 19, service user

*my son used to have a monthly medication, and it was always in the pharmacy and it was easy we just went to collect it, without going to the GP, there were no problems, in relation to getting the help we needed, it was always there. It's actually Gutema [RC project worker] is the one who helped us with the medications, he set it up so that we wouldn't have to struggle.*

Interview 20, service user

*they need to understand how our clients are different, they're different because there are people who have a language barrier, let's say an Asian family, a Pakistani family- but they would have, say extended family, people who know the system, who've been here and can help, so it's not about being Black or minority ethnic, if you're a refugee you don't have that, you don't have anyone*

Interview 21, support worker

**Specifically in relation to accessing support for mental health:**

*We are fortunate enough to have our therapeutic team whom I can call on. They have been really good for my clients. We have that and they are very supportive and can call GPs to advocate for more help so our clients have been fortunate.*

Interview 1, support worker

*I see gps dealing with severe mental health problems. IAPT isn't helpful to our clients, from what we're told, there's a huge gap in provision for anyone traumatised by their past or struggling with resettlement, past trauma, DV, caring responsibilities. There's basically no mental health provision in the NHS and that has to change, as there is no voluntary sector provision with interpreters, and thresholds are so high, including in CAMHS*

interview 4, therapist

*There's nothing in Sheffield for our clients which is accessible, so it's a group of individuals whose needs are just not being met by the services.*

interview 4, therapist

*we are very lucky to have Jude [Refugee Council therapy team], if not, we wouldn't have even been able to say 'someone will talk to you', for A, someone called me for IAPT when they finally saw him, and they said 'we've referred him to Refugee Council' and I had to laugh and I said we ARE the Refugee Council!! You can see they're desperate to refer people to other places, it's very difficult.*

Interview 21, support worker

*really at the GP they don't care, they don't care about the pain, so how will they care about something psychological?*

Interview 22, service user

## **Un/cared for**

A suggestion made by multiple interviewees was that there is a need for proactive interventions with vulnerable patients who are known to services as struggling to access support. Professionals and service users alike spoke about feeling neglected or forgotten.

*if there was the potential for wellbeing calls with people to be known to have had a history of mental health difficulties, if they were more proactive they could potentially catch things earlier*

Interview 2, support worker

*It's ok for people who speak English, there are people you can speak to over the phone, or charities, the non-English people have struggled so much. The community was their support, and that shut down. What good is a telephone call to them, what good is a video call, when they can't even read or write? Seeing people was what made people ok. Imagine if an English person is saying 'I had a breakdown' -you could look for help, but when you're not English you can't get help because nothing is in your language, even with the GP to get an interpreter you have to say your date of birth and address before you can try and get an interpreter or help, so there's no point calling if you can't speak English so you don't get help. The services are there but people don't know how to access them*

interview 3, interpreter

*I think, check-in calls from GPs for clients who have a range of physical and mental health problems because we know they're withdrawing; when you're down having the resources to fight for a 4 min apt with an interpreter is a big ask. Clients have described feeling forgotten. A more proactive approach to clients who have struggled to approach the service*

interview 4, therapist

*They need to keep in contact, to keep checking on people, when people have mental health issues they don't know how to ask for help, they have problems and it just gets worse and worse unless someone checks on them.*

interview 6, interpreter

*the element of care has been missing, they're more worried about the corona virus than the care of the patients, in my view.*

Interview 10, support worker

*Now there's lockdown again, going on a higher level again, maybe they need to check on people who are struggling mentally, to find out if they're coping, if they can't be visited, then at least on the phone, that would make a difference.*

Interview 11, service user

*I felt, used to feel, that they were looking out for me, they knew what was going on inside me, but I, now I have no idea what's happening, now I can't even remember the days and times I've last been, I used to feel like the doctors looked after us but now I don't anymore, because they have other priorities now.*

Interview 11, service user

*they could reassure them, check in on them, reassure them they're not forgotten, everywhere there is an alarm for example that the meds are running out- they need to look at that, to keep reviewing, to see who is the one who needs checking on by phone, so they won't feel abandoned or left out.....they say 'during this time of crisis we were ignored, they want us to die, they think we're too old'*

Interview 15, interpreter

*I was begging that I needed an interpreter and to explain that it wasn't our fault that she missed the appointment and she's in pain, I asked them where to take her with all this pain, we don't need her to have more pain she suffers so much already and they said 'this is our rule' if someone misses just one appointment then they will not be allowed to come back.*

Interview 17, service user

*We struggled with a lot of this, but this was the most difficult, a time when I felt that there was no humanity.....only the dentist, they dealt with us with no humanity, as if we were rubbish*

Interview 17, service user

*now I've arranged it so the surgery will call them every fortnight proactively, to check on them, so then they call find out about the issues and now we have a thing where if they have urgent things in between they're just waiting for that call! So we've told them to call if there is an urgent thing in between- if it wasn't lockdown we could have gone in with them, in person, talk to someone, they'd be able to go in to ask for help-*

Interview 21, support worker

*we were getting messages saying we hope you're ok, we have these processes, so we felt a bit looked after*

Interview 20, service user

## **Un/informed.**

One of the more concerning issues to arise in the interviews was the feeling among many interviewees that this group has not had access to the information which would help them to stay safe during the pandemic, to have a realistic understanding of the risks they are

exposed to, or to access support not only for their ongoing health needs but specifically with regards to covid-19-specific health needs. Sources of information which are available in appropriate languages, from trusted sources and communicated in ways which are understood by this group are widely felt to be very limited.

*Just print it in these languages, when, if they open testing drop ins and things, people don't even know it's there if it's not their language,[the information] it's not fair if you don't know it's there because it's only in English.*

interview 3, interpreter

*the message about 'protect the NHS' for anyone who doesn't speak English has really created a barrier for people to approach their gp or other services, they have been very scared about overwhelming GPs, or that if they approach a hospital, ask for tests, they will be responsible for overwhelming the NHS, or will get covid, so instead they have sat on symptoms*

interview 4, therapist

*I think that our families, haven't had information that's translated, some of them struggle with literacy skills in their own languages and they're not proficient in using social media, and IT. And they don't necessarily have a support system of friends and family in the UK who would pass the message on verbally. So as well as being isolated physically they have been isolated from information*

interview 7, education worker

*[information from schools] hasn't gone out in other languages and they could have done that, they could have had generic letters in other languages. I know it's hard because that's a health responsibility put on schools, but the NHS doesn't have that information and schools would know, if that whole year group has gone home, they know some kids will get sick, the parents call us, they don't what... what that means for them- if the whole family has to stay at home, that they shouldn't go shopping, if just the child has to stay at home.*

interview 7, education worker

*Info wasn't very clear, for example from our GP's perspective, they sent one letter in one language to say 'we've been affected, don't come to the surgery unless we ask you to' but it was only limited to English speakers, they could have referred to websites or something, if they don't have services to translate to the main languages, Somali, Yemeni. And that's Pitsmoor surgery- they know who lives here!*

Interview 10, support worker

*when you call for the GP they send you to do covid tests, but you don't know how to do that, how to get the tests if you don't speak English.*

Interview 11, service user

*I heard people are having parties, birthday parties, they... at this time of lockdown, they do in their houses because they're not allowed to go in halls, so, because they just don't*

*understand how dangerous the situation is. I think it's ignorance, they've got nothing to help them understand,*

Interview 13, interpreter

*The clients don't know how the system is running, if it is- they say 'there is no hospitals, no gps, no emergency system now', so they say 'it's better to die at home', that's the words they all say. They're not contacting anyone for help because they think there's nothing there*

Interview 15, interpreter

*Would you know what to do if you needed a covid test? I wouldn't know what to do, how to be tested.*

Interview 20, service user

### **Specific case studies, quotes or examples that are particularly pertinent:**

While all the interviews bear careful study and are individually and jointly powerful in presenting the voices of the interviewees, these are examples of some which may merit closer consideration:

Interview 5- difficulty in accessing mental health support for a child with complex PTSD

Interview 11- lack of ongoing access to/engagement with services for Hepatitis monitoring, reliance on 11 year old son for interpreting/access to phone/video sessions.

Interview 14- detailed case study of an attempt to access healthcare for an infectious rash (please note that this woman is extremely independent, articulate and resourceful in accessing healthcare for herself and 4 children- this was distressing to hear about, as she is not someone I would have expected to struggle).

Interviews 3, 12 and 15- interpreters who have valuable insights into the experience of working with services during the pandemic, including breaking news of terminal diagnoses, receiving terminal diagnoses and the impact of working with PPE as well as at a distance.

Interview 20- a case study of accessing emergency services for a child with a seizure disorder.

Case 22- a case study of very significant failure to listen to a patient and hear her voice, and the associated mental health impact.

## Appendix F – Summary report from Zest

### The impact of temporary changes to NHS services in Sheffield due to Covid-19

#### 1 Introduction

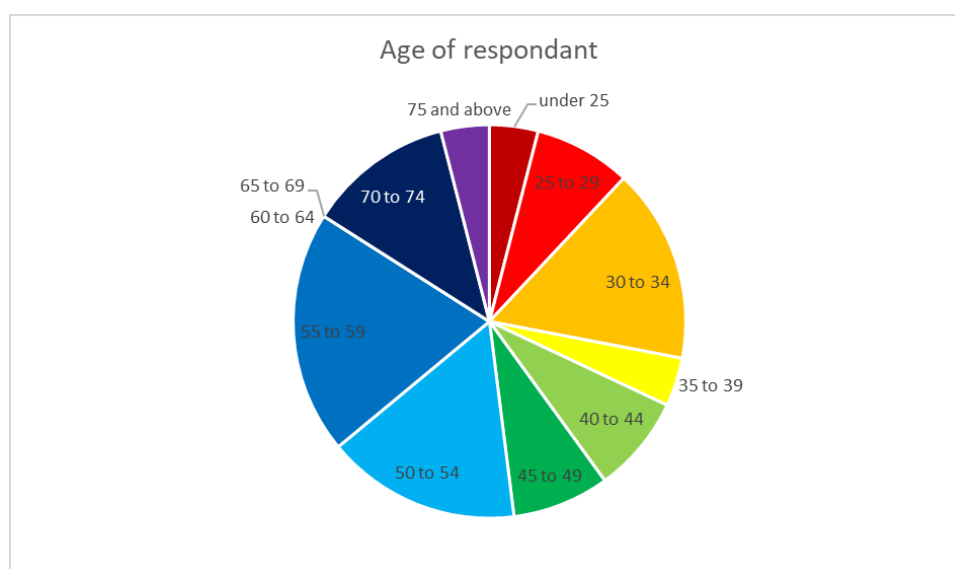
During October 2020 Zest clients were invited to participate in a CCG developed survey to gather information to help us understand the impact of temporary changes to NHS services in Sheffield due to Covid 19. A total of 30 people participated in the survey and clients were invited to participate in 2 ways:

- Zest staff approached clients that work with us through 1:1 health trainer or group session provision. Zest staff introduced the survey and from that clients primarily completed the survey online and without support. A small number of clients were interviewed by staff who completed the online survey with them. It is not possible to separate out those surveys that were completed with a staff member from those that were completed individually.
- Zest added the survey to our website and social media to enable opportunistic participation.

It was initially thought that staff members would be able to conduct semi structured interviews with groups at the end of existing sessions – i.e. the Live Lighter weight management classes. However, on reflection, it was felt that using video to facilitate discussion in this way was not the right medium for this and it was not pursued.

#### Demographics

Of the 30 people that completed the survey, 25 gave their age (q21), with a distribution as follows

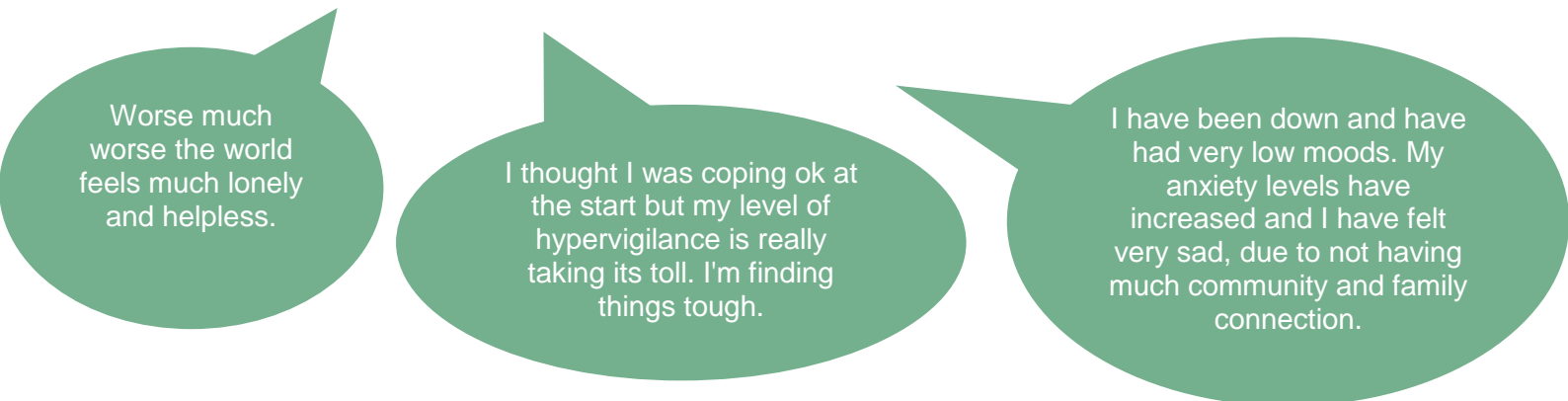


Of the 30 responders 7 described themselves as having a disability (q25) and 8 responded that they have a long-standing illness or condition, a mental health condition or a physical/mobility disability or impairment (q26).



However, a few positive words were also described, recognising perhaps some responders' appreciation of their home and family time during the pandemic (*family, home, grateful, life, good*) and optimism for the future (*hopeful/hope, exciting*).

The question "How has your mental health been since the pandemic began?" (q15) generated a very affecting picture of how people are feeling. **Only 3 out of the 29 responders said their mental health was unaffected.** Some of those who reported their mental health had been adversely affected described really strong reactions.



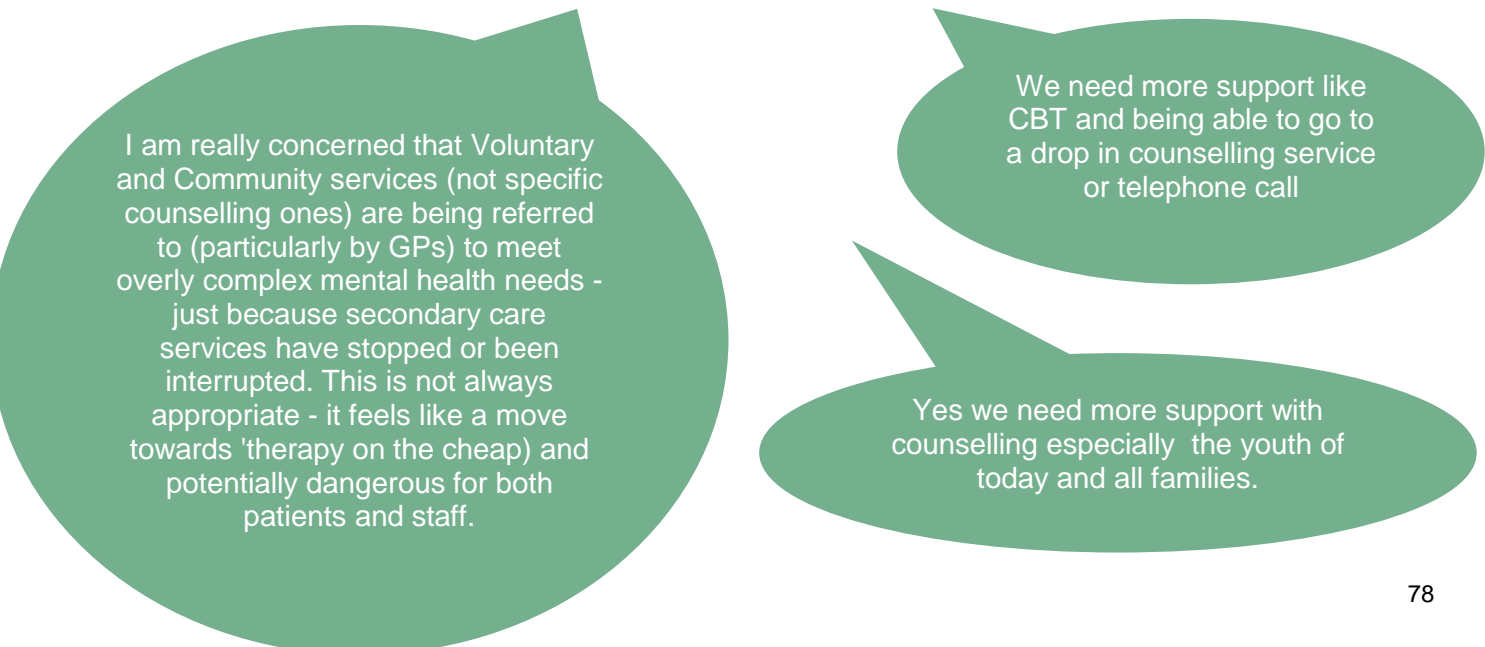
Worse much worse the world feels much lonely and helpless.

I thought I was coping ok at the start but my level of hypervigilance is really taking its toll. I'm finding things tough.

I have been down and have had very low moods. My anxiety levels have increased and I have felt very sad, due to not having much community and family connection.

The majority of responders describe themselves as not needing support or not attempting to seek mental health support (q16). Of those that have had help it has been from family or friends, existing (pre-pandemic) mental health support services, online resources or from employers. It appears from this that responders are able to identify that their mental health has been affected badly, but few are wanting or needing to attempt to find support.

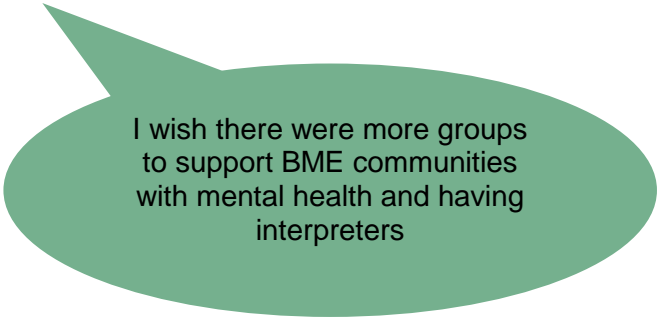
Responders were asked if there was anything else they would like to share about mental health (q17). This generated lots of useful responses about potential gaps in service provision.



I am really concerned that Voluntary and Community services (not specific counselling ones) are being referred to (particularly by GPs) to meet overly complex mental health needs - just because secondary care services have stopped or been interrupted. This is not always appropriate - it feels like a move towards 'therapy on the cheap' and potentially dangerous for both patients and staff.

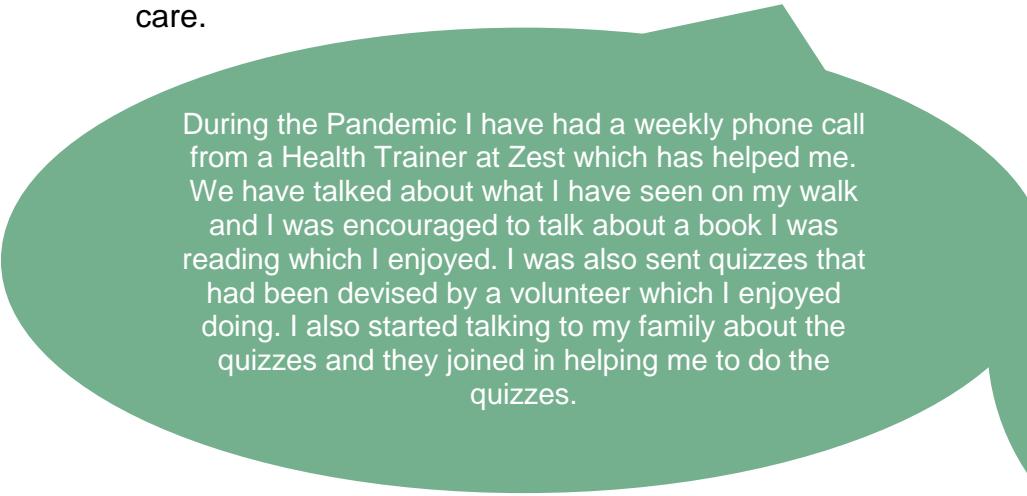
We need more support like CBT and being able to go to a drop in counselling service or telephone call

Yes we need more support with counselling especially the youth of today and all families.




I wish there were more groups to support BME communities with mental health and having interpreters

Responders also shared positive experiences about their mental health support and self-care.



During the Pandemic I have had a weekly phone call from a Health Trainer at Zest which has helped me. We have talked about what I have seen on my walk and I was encouraged to talk about a book I was reading which I enjoyed. I was also sent quizzes that had been devised by a volunteer which I enjoyed doing. I also started talking to my family about the quizzes and they joined in helping me to do the quizzes.

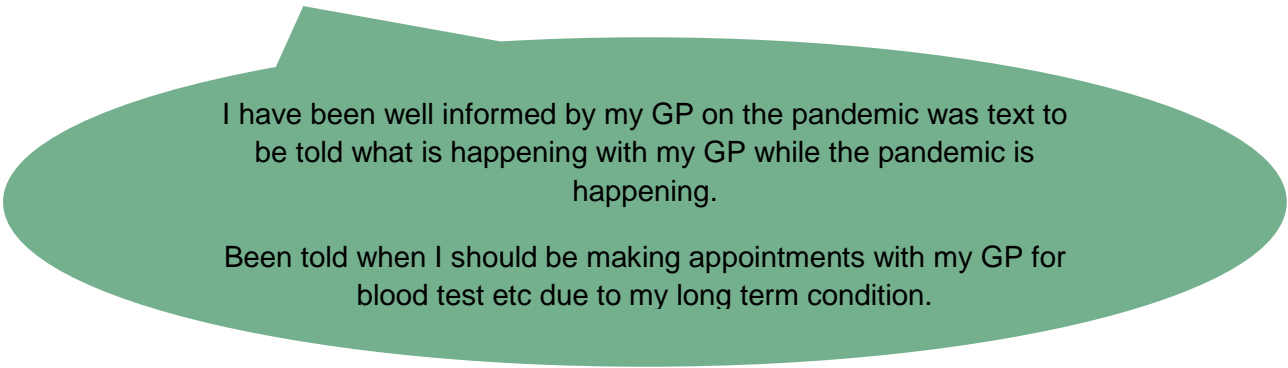


I have kept myself busy. I have been for a walk most days, I have been reading and listening to music and going in the garden. I have been shopping. I have been gardening. This helps my mental health.

## 2.2 Experiences of accessing healthcare and what more could be done

In relation to health care - what was done well (q2), what could have been done better(q3) and what more could be done (q5) the following themes emerged.

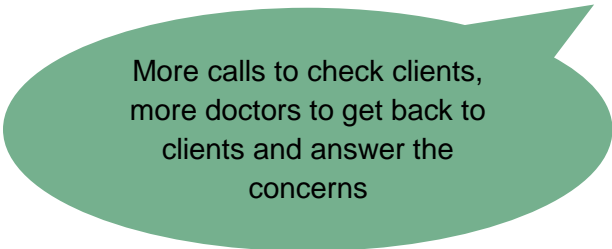
The survey results show a mixed picture of both satisfaction and dissatisfaction with health care services and GP services in particular. 8 responders reported that they had received a good service from their GP practice.



I have been well informed by my GP on the pandemic was text to be told what is happening with my GP while the pandemic is happening.

Been told when I should be making appointments with my GP for blood test etc due to my long term condition.

However, several responders reported that they had not found their GP practice supportive – in terms of taking their health issues seriously during the pandemic, co-ordinating care with other services and responding to requests. **Access to GP advice** came up repeatedly – including difficulty getting through on the phone, the inability to access actual face to face appointments and no offer of video GP appointments. One responder described how difficult it was to be understood over the phone with the GP, when verbal communication was an issue.



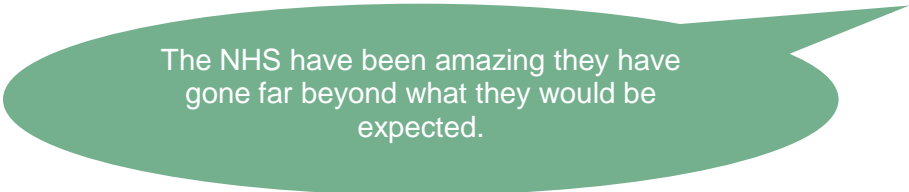
More calls to check clients,  
more doctors to get back to  
clients and answer the  
concerns

Video calling for appointments and groups was well received by 5 responders.

Mental health and dementia services support was highlighted as difficult to access.

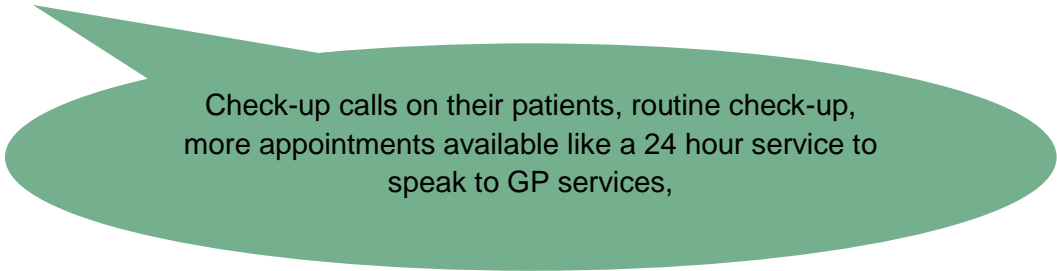
**Communicating key information** was also highlighted as an issue – some responders reported that they would have appreciated more information on local community services and how to access them (including the GP practice access information). A number of responders reported that they would have appreciated better and more consistent information about the virus – in terms of how the virus is spread and better infection control practice and in terms of recovering from the virus. The **need for information in different languages** was also mentioned.

Almost a third of responders praised the NHS and expressed recognition for NHS efforts.



The NHS have been amazing they have  
gone far beyond what they would be  
expected.

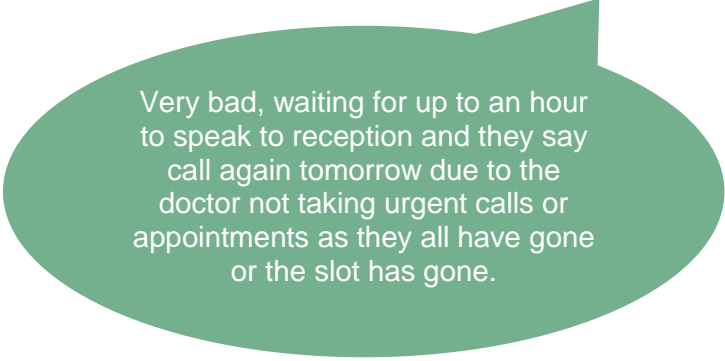
Seven responders said more could be done in terms of proactive check up calls and visits, particularly for older people and with reference to dementia and mental health support.




Check-up calls on their patients, routine check-up,  
more appointments available like a 24 hour service to  
speak to GP services,

5 people responded that they were confident to use NHS services (q5). Several people responded to the question in a way that was not necessarily related to the pandemic – they reported that they would like more time to be listened to in consultations, with greater understanding from the doctors.

For those responders who have accessed a GP since March (q8) there was a fairly even split between those that described a good experience and those that described a poor service. Again, the key issue is around access to GP practice appointments.



Very bad, waiting for up to an hour to speak to reception and they say call again tomorrow due to the doctor not taking urgent calls or appointments as they all have gone or the slot has gone.



When I have needed an appointment, I have phoned the G.P. for an appointment and this has been OK.

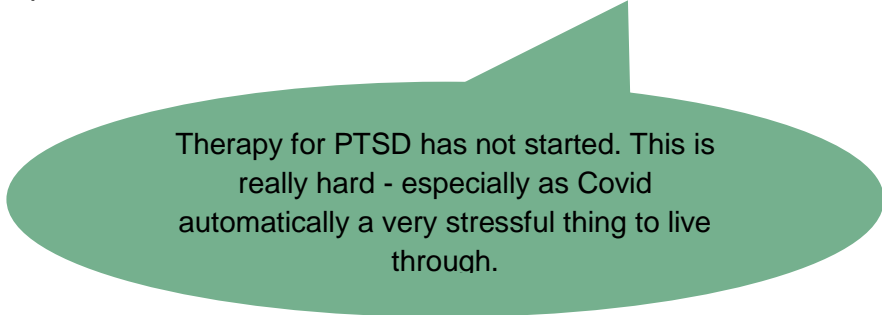
The survey asked if the removal of the out-of-hours appointments at 3 surgeries had affected responders (q9). The changes to the opening hours have not affected any of the Zest responders.

The closing of the Minor Injuries unit at the Royal Hallamshire Hospital site (q14) affected 1 out of the 30 responders.

For routine health appointments in the future, responders were asked if they would prefer routine or open appointments (q10).

There was an even split here between the two options. Potentially this question could have been difficult to answer as it wasn't clear if the question was referring to new health issues or regular condition monitoring appointments. However, the responses were split between those who liked to be given an appointment so that the responsibility to remember remained with the healthcare provider and those who wanted the flexibility to choose a day and time to suit them.

50% of responders reported that their healthcare provision had been affected in some way by the postponing of routine health care due to Covid (q11). Some responders reported no adverse effect from this but some have reported that the delays have made a significant impact on their health.



Therapy for PTSD has not started. This is really hard - especially as Covid automatically a very stressful thing to live through.

In terms of travelling outside Sheffield to access routine tests or treatment sooner (q12) there was an equal split between those who would be prepared to do that and those who would not or who would find it very difficult. **The key causes of difficulty are: not having own transport so relying on public transport, fear of using public transport during the pandemic, caring responsibilities particularly childcare.**

In the event of needing NHS care quickly during lockdown (q13), responders did/would have acted in a number of ways:

Wait/do nothing	Look online for advice	Pull emergency cord	Call 111	Contact GP surgery	Call 999	Visit A&E
2	2	1	13	10	7	4

Most responders fed back that it would depend on the situation – nearly half would use/have used the 111 system.

## 2.3 Use of technology

Around half of the responders were positive about the potential for video or telephone appointments (q6). Some questioned the appropriateness of telephone and video calls for some consultations, in particular examinations.

Most responders felt comfortable with the idea of using technology for remote monitoring, diagnosis using photographs etc (q7) but similar concerns came up about the appropriateness of remote consultation for some conditions, un-reliability of internet connections and concerns about the quality of photographs.

The use of technology in healthcare came up in the responses to many of the questions and in general many responders see it as a good way to improve access to consultations.

## 3 Conclusions

There are 3 key themes emerging from the survey. These are:

- impact on mental health
- access to services and the use of technology
- potential gaps in service provision

It is clear from the survey results that people are describing that the pandemic has had an adverse effect on their mental health. What is interesting is that few people choose to seek support. While many people may be successfully managing their mental health independently it does raise questions about whether people assume there isn't support

available to them or that it wouldn't be of benefit? What are the long-term impacts of not addressing these issues now?

Access to services and in particular GP practice appointments clearly continues to be an issue for people. The pandemic has necessitated the need to introduce more telephone and video appointments but responders recognised that these would not meet every need and requested that face to face appointments are still offered.

In terms of service provision responders have highlighted the need for more mental health provision – particularly counselling. They have highlighted the need for proactive checks for vulnerable people. They also asked for more time for better quality GP consultations.

Lastly, this survey has reminded us of the inequalities people face when accessing services including transport, managing caring responsibilities, language barriers and access to technology.

AHeaton  
Health Services Manager  
5/11/20

## **Appendix G – Summary report from The Chinese Community Centre**

Report on Different Experiences of Chinese People have had since March during the Covid-19 Pandemic and the Impact of Potential Changes to NHS Services Sheffield.

**Reported by Sheffield Chinese Community Centre on 6<sup>th</sup> November 2020**

### **Background**

As an ongoing Covid-19 pandemic occurred, the United Kingdom had undergone a national lockdown since 16 March 2020 and stricter restrictions that came into force on 23 March 2020, it indicated that people must stay at home unless for certain 'very limited purposes'- essentials shopping, exercises, etc. The Sheffield Chinese Community Centre was commissioned by the NHS to conduct a survey on how these changes might affect the Chinese community in Sheffield as a whole. The main aim of this project is to understand different experiences Chinese people have had since March, particularly those with protected characteristics and vulnerable groups and their relationship with NHS services.

The questionnaire is prepared by the NHS services and interviews are conducted by the Sheffield Community Service Centre with the target groups from both genders and members with an average age of 70, with a final 20 effective responses in use for this report.

### **Questionnaires**

The participants undertook the interview facilitated by the staff who works at the Sheffield Chinese Community Centre. The questionnaire is designed to set out for qualitative information in order to fully understand the experiences people have had.

There are seven topics included in the questionnaire:

- General thoughts
- How confident have you felt in accessing NHS services
- Different ways of accessing health care (e.g. online, telephone, etc.)
- Services offered by your GP surgery
- Your ongoing health needs
- Seeking help from the NHS if you have an urgent need and need help straight away
- Your mental health

The equality monitoring form is filled up by each participant with support of the staff of Sheffield Chinese Community Centre. The interviews were mostly taken part on phone and social media apps (e.g. Wechat) to comply with the government preventive measures and keep everyone safe. Some of the interviews were conducted at the Sheffield Chinese Community Centre with social distancing measures.

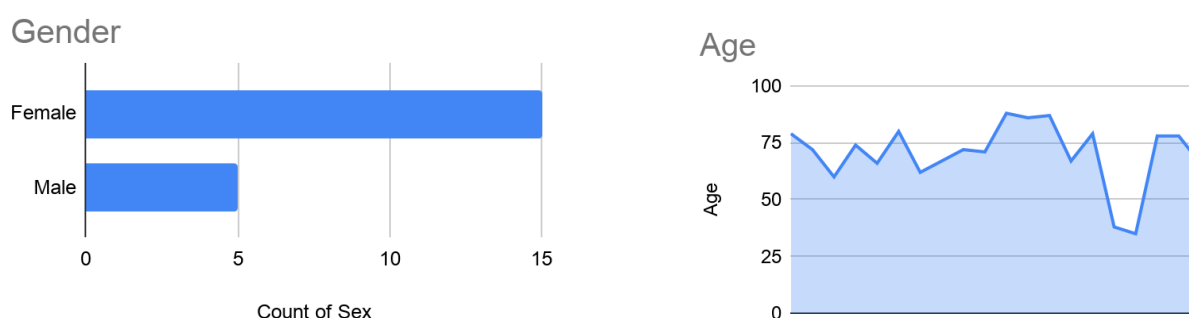
The interviews were mostly conducted during the mid of September to mid October 2020.

## Findings

### Equality Monitoring

1. Postcode of participants include: S7 (7 participants), S2 (4 participants), S7 (3 participants), S10 (3 participants), S8 (1 participant), S12 (1 participant) and S14 (1 participant)
2. Age and Gender

There are a total of 20 participants taking part in the questionnaire. As the charts below show, there are a total of 15 females and 5 males participating in the surveys. The



average age of the participants is 70 (66.65) years old; the oldest participant is 88 years old whilst the youngest is 35 years old. The participants are mostly over the age of 60, considered as a vulnerable group.

Column chart 1 shows the count of sex of participants

Area chart 1 shows

the age of participants

3. Ethnicity and Religion

The participants are all Chinese and English is not their first language. According to the information collected from the questionnaire, it is clear and obvious that some of the participants have language barriers while utilizing the NHS services.

Only four of the participants considered Buddhism as their religion while the rest belongs to the group of no religion.

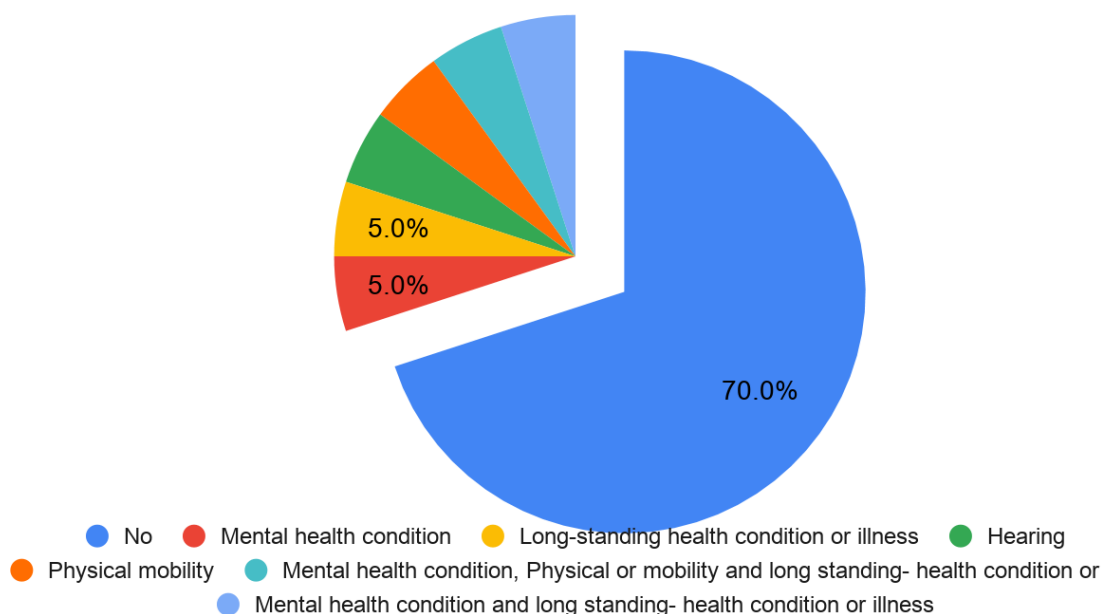
4. Disability

The participants were asked if they have had any impairment or any type of disability.

According to the pie chart below shown, 14 people do not have any disability. There are a few impairments indicated by the others participants for instance,

- Mental health condition,
- Long-standing health condition or illness,

## Disability



- Hearing problems
- Physical Mobility

Some of the participants suffer more than one impairments stated above.

Bar chart 1 shows the disabilities of the participants have

### 5. Provide care for someone

The participants were also asked if they need to provide care for someone.

Only one participant indicated that she has helped to care for someone (one elderly neighbour) and the rest don't need to support others

## Questionnaire Results

### 1. General Thoughts

Every participant was started off with a question:

*'If you could choose three words to describe 2020, what would they be?'*

People described 2020 in their very own three words. The results showed that participants have similar thoughts and feelings in 2020. None of the participants provide a word with positive effect; all of the words given are filled with negative thoughts and emotions.

Word described	No.	Word described	No.	Word described	No.
Scary/ Scared	IIIIII	Uncertain	II	Fed Up	I
Worrying/ Worried	IIII	Lockdown	II	Annoyed	I

Virus	IIII	Depressing/ Depressed	II	Anxious	I
Fearful	IIII	Trapped	I	Difficult	I
Isolated/ Isolation	IIII	Very bad	I	Unstable	I
Self-protect	III	Bad	I	Disasters	I
Terrible	II	Not Enjoying	I	Troublesome	I
Lonely	II	Unhappy	I	Upset	I
Challenging	II	Lots of emotional pressure	I	Suffering	I

Table 1 shows the words described by participants and the word count.

What have people thought about in relation to healthcare? (e.g. support from GP surgery, mental health group, etc.)

The participants were asked in their perspectives what has been done well during the pandemic and what could be improved or done better in relation to healthcare. They were asked to elaborate on their thoughts and opinions in order to let NHS services understand what people had gone through since March.

There is a variety of opinions and answers in regards to answering the question above.

- Most of the participants undertook the telephone consultation.
- Some of them did manage to have face to face consultation, it was also stated that doctors and patients all comply with the cleaning and preventive measures.
- Most of the participants had got no problem contact with the GP and the response was always quick and efficient.
- There are a few participants who avoided the use of GP services during the lockdown.
- The questionnaire also results that some participants had received support from Sheffield Chinese Community Centre including latest information about Covid-19 updates, language interpreting and general needs or help.
- Many of the participants suggested that more language support needed for instance interpreting support, more health information in different languages, etc. It was also indicated that NHS services were encouraged to support and collaborate with local community centres for providing rewarding experiences.
- Most of them reflected that they were struggling to obtain information on themselves. They will need help from friends or Sheffield Chinese Community Centre in acquiring the latest information or news.
- It was also encouraged by a couple of participants that there should be more promotion on face coverings as it will help to prevent the spread of the virus.

- The booking system should be improved and simplified, some found it was very difficult to have telephone appointments. However, there were a few compliments on telephone appointments or consultations as people feel safe to do so rather than face to face consultations.

## 2. Confidence accessing in NHS services

Most of them are not very confident utilizing the NHS services. They were asked to advise on what could make them more confident accessing NHS services.

The answers are similar with the participants' thoughts in relation to healthcare.

For example:

- As Covid-19 is an ongoing pandemic, people are reluctant to visit the GP surgery in person. They would go only if it was an emergency. Some of the participants mentioned that reduced risk from Covid-19 only will make them safe to access NHS services.
- The NHS services should be more considerate and thoughtful to minority and vulnerable groups like participants who took part in this questionnaire are all Chinese and average age is 66.65 years old.
- Language barrier once mentioned again in most of the participants' answers.
- More information about health or mental health, health policy and measures and wellbeing support could be improved and provided in the future to boost participants' confidence to access health service.
- Adequate PPE (Personal Protective Equipment) for all NHS staffs,
- Vaccine for prevention of Covid-19
- Maintaining face-to-face consultation with doctors
- Opening Chinese medicine clinics
- Checking health conditions for middle aged people should not be neglected
- More outdoor services (e.g. outdoor testing sites and flu jab injection sites)

## 3. Ways to accessing health care

The questionnaire questions include the substitution of telephone or video consultation and technologies to access healthcare services.

Many of them think that telephone consultations are good.

One participant stated that: *'That would be good for me. I prefer telephone appointments during the pandemic period. I am struggling to walk because of a long term illness.'* This shows that substitution of telephone consultations would actually benefit some groups of people such as people who suffer from long term illness or any unseen impairments.

However, there are a lot of opposed voices to video consultations or online health support (e.g. remote monitoring for blood pressure, blood sugar, etc.) as most of the participants in this project are elderly who are aged 60 or above. They are having difficulty either having electronic gadgets which have camera functions or lack of skills to utilize video calls (e.g.

send photos to the GP). Most of the participants indicated that technology would be a barrier to accessing health care. Also, most of them have communication difficulties and some need to use their body languages to communicate with GP, they will heavily require interpreting services/ help in order to access the information which is mostly in English. They mentioned that technology would be a good method to younger generations but they are not good with technology. The participants would rather prefer face to face consultations if under this circumstance.

#### 4. Services offered by your GP surgery

Some of the medical centres had been closed for evening and weekend GP appointments (refer to the questionnaire).

There are a few locations stated on the questionnaire. All participants did not find the changes inconvenient for them and none of the participants were affected by the changes since March.

They were asked about their experience of accessing a GP since March.

There are different answers in regards to the question:

- Most of the participants have not used the NHS services since March. Some of them are even behind their screenings or appointments.
- Some of them did manage to access NHS services, mostly telephone consultations. However, they will require the help from Sheffield Chinese Community Centre for language support or help from their family members.
- Sheffield Chinese Community Centre was very helpful with telephone consultations and prescriptions while accessing with a GP since March. One participant who has hearing problems said: *'he was very lucky that the staff from Sheffield Chinese Community Centre assist him most of the time to contact and communicate with the GP.'*
- Participants who went to a GP reflected that the waiting time was too long; they often need to wait up to hours to get in touch with them (time consuming) and appointments were limited and always full.

#### 5. Your ongoing health needs

The participants were asked to choose between two options of routine health appointments in the future. Table 2 below indicates that a total of 16 out of 20 participants chose to have a 'routine appointment, arranged at a specific time' in the future while only four participants opted to have an 'open appointment' which you can ask for one whenever you need.

Different types of appointments	Number of people chosen
A routine appointment, arranged at a specific time	16

An 'open appointment' so you can ask for one when you feel you need one	4
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Table 2 shows the number of people chosen on different types of appointments.

There are a variety of reasons given why they chose the particular type of appointment.

Those who chose a 'routine appointment, arranged at a specific time' stated that:

- They need planning for language support, asking support or availability from Sheffield Chinese Community Centre, so better to have a fixed routine, it's better for both parties.
- Most of the participants mentioned that a routine and regular check-up is better for health monitoring and would not be forgotten to attend as they did not have a good memory.

Four participants who opted the 'open appointment' indicated their reasons as:

- More flexible and can seek support from Sheffield Chinese Community Centre for company or language support
- One of the participants who is in middle age thinks that some routine appointments are not necessary, and should minimize the use of public health services for people who are more in need for the public health services.

It is stated on the questionnaire some routine healthcare was postponed due to the pandemic. Does it have any impact on participants?

- Some participants' health condition is not in good shape as they have not had their routine appointments since March. They felt threatened and endangered by their health condition, some are deteriorating along with anxiety, behind all screening since March or dental appointment was cancelled but tooth pain is hard to endure, etc.
- Most of them are concerned about their health condition as they did not have a regular monitor on it. A few people mentioned that dental services have been postponed or cancelled. Some were worry about deterioration of their health condition related to diabetes, cholesterol, heart condition, etc.
- Some of them think that it is not safe to have their routine healthcare due to the Covid-19.

If the participants were offered to travel far for treatments, what would be their concerns?

The participants were unanimous on disagreements to travel far for treatments due to several reasons:

- Most of them could not travel far, they can only travel locally in Sheffield.
- Some of the participants could not travel due to their health issues and conditions.
- Hectic schedule

- Have difficulties accessing to transport
- Concerns to Covid-19 while travelling
- Need company or language support

#### 6. Seeking Help from NHS if in emergency

There are similar responses by 20 participants in regards to what to do when they encounter emergency situations and need NHS care promptly.

- Most of them indicated they would dial 111 or 999 seeking help from the NHS, however some of them found the waiting time for 111 services not working as effective as 999 and prefer to call the latter if the situation is very urgent.
- Some of the participants also stated that they would have contacted the Sheffield Chinese Community Centre for help. This shows that some participants have big reliance on the community centre rather than NHS services.
- There are a couple of participants said that they will call the GP for advice or go for a walk-in centre or A&E, however they also found it hard to contact their GP or hospital from time to time, and it usually takes them up to many hours or a day to get a response which might not be very useful in an emergency scenario.

None of them have been affected by the closure of the Minor Injuries Unit at Royal Hallamshire Hospital. One of them stated that he/she would have visited A&E if needed treatment for minor injuries.

#### 7. Mental Health

This part of the questionnaire was to check wellbeing and accessibility of help for mental health during the pandemic.

The questionnaire shows that only a very little of participants was doing well with their mental health, especially the elderly. The elderly who aged over 70 were asked to stay at home till June 2020 as research showed that they are the vulnerable groups to get infected from the Covid-19. Majority are undergoing depression and anxiety. Some of the participants' mental health had worsened as they were suffering mental health before the pandemic.

There is no evidence shown that any of the participants have had access to mental health help from NHS services. Many of them suggested that the only connection they have were the support from the Sheffield Chinese Community Centre as they were supporting participants by contacting them via phone calls to check in their health and wellbeing as well as their safety. There is a range of services provided by the Sheffield Chinese Community Centre for instance, regular call to community members, designated group chats with others members of the community, information on latest news and policy about Covid-19 or healthcare, befriender scheme, etc.

For those who suffered from long-term mental illnesses, they found the support from the Chinese Community Centre very helpful as the staffs would not only chat with them but also update news or guidance in Chinese for them to catch up with. They hope that there would be more support provided in Chinese language as they felt more comfortable to talk in the language they are familiar with when they are suffering mental breakdowns. They really appreciate the help from the community centre, and hope that there would be more support like this been provided.

Here are some quotes from those interviewees:

### ***Female-78-Depression***

‘I am living on my own and no one to talk with. I wish there could be more support from the Chinese Community Centre especially for mental health users. It’s really hard for me to talk to someone I don’t know and speak different languages. It was very dangerous in a few time that I felt I could end up my life.’

### ***Female-78- Depression and insomnia***

‘People like me find it’s very hard to deal with the current circumstances, especially my English is very limited. I hope there could be some more support from the Chinese Community Centre or Chinese societies in the future.’

There are still some of the participants do not have access to any help of mental health, some are coping with mental health by exploring new activities (e.g. indoor exercises, cooking and others), stay positive always, talk to friends, relatives, family members and more.

## **Conclusions**

According to the different experiences that people have had in relation to NHS services since March, it is shown that people have a profound impact on their access to healthcare services. Majority are concerned about the safety to utilize the service. As the project participants are ranged between vulnerable groups and those with protected features, it is believed that recent changes of NHS services and support since March have affected the vulnerable groups. More NHS services are moved to online and distanced consultations. This has caused difficulties to the elderly who may have health conditions or not familiar with the advanced use of the technology. Likewise, the participants who are all Chinese have significant language barriers in accessing healthcare services. The Sheffield Chinese Community Centre plays an important role in comforting well beings and providing several services amid restrictions during Covid-19.

In short, 2020 has been a very challenging year so far while everyone has put effort in making the health care system better. Most Chinese from Sheffield had a positive attitude towards the support from their GPs during this period of time and members of Chinese community especially the vulnerable people are grateful to the Sheffield Chinese Community Centre for their support related to their health and social care, however

efficiency on health care systems and other areas are still required further improvements from the NHS.

## **Recommendations**

There are a few recommendations that could be provided in relation to healthcare for better services and understandings.

- More support for minority groups (e.g. BAME community) and vulnerable groups (e.g. elderly, woman, children or disable people).
- A clear, systematic and simplified booking system
- More flexible slots for walk-in service
- More mental health support and resources
- IT skills and training for self-monitoring of health conditions need to be offered to community workers, carers and patients in need
- NHS should take into account that not everyone has access towards technical devices for online supports
- More collaboration with local authorities and local community centres in order to provide support to everyone.

For instance, NHS service and Sheffield Chinese Community Centre could work together to set up a social worker group to yield language support for those who do not speak English as a first language or need interpreting services.

More doctors and medical professionals are required in each surgeries and hospitals

- Having regular appointments with people in need with safety measures
- Extension of opening hours in GPs surgery and more efficiency on the health care system as back log already for people whose appointment were cancelled

## **Appendix H - Overview**

### ***Thank you***

On behalf of NHS Sheffield Clinical Commissioning Group, I want to thank you for your patience, determination and perseverance with the work we have asked you to undertake during 2020. Whilst there have been many circumstances beyond our control over the last few months, I have really appreciated your enthusiasm for adapting to our changing priorities, given the challenging times we have all faced.

The work we were discussing in February and early March around the urgent care system is still important to us, but isn't currently a strategic priority. If and when this changes, we will contact you again to see if you are able to help (alongside additional funds to do so!)

### ***Covid phase 2 work***

Thank you for agreeing to help gather insight from the community you work closely with regarding their experiences over the last few months. There are a number of areas we are keen to hear about, to ensure we fully understand the challenges people have faced, so we can appropriately commission services in the future whilst working alongside partners in the City, such as yourselves and GPs.

The aims of the work are to:

- Understand the different experiences people have had since March, particularly those with protected characteristics and vulnerable groups
- Hear peoples stories in detail, so we can fully understand their experiences
- Ensure that the feedback we receive has a direct impact on future commissioning in the CCG

### ***Methodology***

When we analysed the pro-formas from each organisation, there were lots of similarities in the methods you intend to use. They generally fit into two broad categories:

- 1) One to one or small group discussions with people using the telephone, zoom or face to face
- 2) Asking people to complete online questionnaires themselves

We decided it would be helpful, and would provide a consistent approach, if we developed a standard set of questions for you to use with your community members, and have therefore put together a couple of resources for you. They are:

- A set of facilitator notes and questions for you to use in one to one or group discussions
- An online set of questions for people to complete independently

We appreciate that each organisation has different pressures in the current climate and therefore have set a minimum requirement for this work; based on the information you supplied us with. We ask that you undertake a **minimum of 20 semi-structured interviews**, so this gives us a rich source of qualitative data from the community you work with.

The facilitator notes pack should be used when conducting semi-structured interviews, as it gives information about how we want the session to be run, and also a 'script' to run through with participants, followed by the questions.

In addition, if other members of your community are keen to share their stories, please encourage them to complete the online questions (unique to your organisation and in the accompanying email). We will send you the results of the information collected at the end of October, so you can analyse that information alongside feedback received from one to one and group discussions.

### ***Reporting back***

We want to be honest with you from the outset about our expectations and timeline for reporting back, so feedback from your organisation can have a direct impact on commissioning as we move into the winter months. We have a slot booked on the agenda at the November committee that oversees this work. **Therefore, we need to receive all information from your organisation no later than Friday 6<sup>th</sup> November.**

Based on the aims mentioned above, this is what we ask of you and you can expect of us in terms of reporting back:

Aim	What we ask of you	What you can expect of us
Understand the different experiences people have had since March, particularly those with protected characteristics and vulnerable groups	<p>Highlight the number of people who participated in the semi-structured interviews (minimum of 20) and the numbers of people who contributed using other methods, the methods used and information about equalities monitoring (i.e. who participated)</p> <p>Report overarching themes and trends – concentrating on the semi-structured interviews primarily</p> <p>If you used both the online survey and face to face / group feedback, was there a difference in what people said? Why might that be?</p> <p>Highlight specific case studies, quotes or examples that are particularly pertinent</p> <p>In your report, share any themes and trends from different groups within your community i.e. is it different feedback from carers, those who identify as</p>	<p>To provide you with an equality monitoring template</p> <p>Include the equality monitoring template as part of the online survey</p>

	LGBTQ, those from different ethnic backgrounds, those who are older or younger?	
Hear peoples stories in detail, so we can fully understand their experiences	Include all information in your report that has been collected and collated including notes from sessions, equality monitoring forms etc so we can access the original information if needed	Questions created to gain primarily qualitative feedback
Ensure that the feedback we receive has a direct impact on future commissioning in the CCG	Provide the information detailed above so we can advocate for your communities within the CCG	Presentation of information to senior commissioners  Direct feedback to you about the difference this has made in our commissioning decisions and plans

### ***Support for you***

Please do not hesitate to contact me if you have any questions or queries. My email address is [h.muhammad@nhs.net](mailto:h.muhammad@nhs.net) and my mobile number is \*\*\*\*\*.

Thank you and very best wishes,

***Helen***

## Appendix I – Facilitator Notes and Questions

### Facilitator Notes for 1-2-1 semi-structured interviews and group sessions

#### *Tips for facilitating a session*

- ✓ Most questions are set out where qualitative information is required – please ensure people are given time to think and respond with examples as this will help us fully understand the answers people give and the experiences they have had
- ✓ Write the words that people use, rather than interpreting them – we want to know what people said
- ✓ We have included each topic area (there are 6 topics) on a new page, so you can decide, alongside participants, which interests them the most. Feedback on all areas would be ideal from each participant. In addition, there are ‘general questions’ and we would recommend to start there, so everyone is given an opportunity to answer those key questions. The areas are:

General thoughts	Page 3
How confident have you felt in accessing NHS services	Page 4
Different ways of accessing health care (e.g. online, telephone etc.)	Page 5
Services offered by your GP surgery	Page 6
Your ongoing health needs	Page 7
Seeking help from the NHS if you have an urgent need and need help straight away	Page 8
Your mental health	Page 9

- ✓ Please ensure that the information regarding equality data is collected during the session for each person who participated.
- ✓ Please ensure that the numbers of people who contributed, where the session took place and the date is recorded (there’s space at the end of the questions)

#### *Introduction for you to use when facilitating a session*

- We are working with the NHS in Sheffield, so they can hear from a variety of people about experiences in the last few months and how Covid has affected different people. Thank you for giving your time to help us help them.

- The information that you share will help the NHS to plan for the future whilst thinking about the needs of different communities. The information will not be identifiable to you but will help the NHS understand your experiences.
- The information you share will be anonymised and given to the NHS so they can use it to make decisions. They are aiming to hear from more than 1200 people.
- The information from all those people will be collated together and will be available by the end of the year, both on our website and also through the community organisation who arranged this session
- There are 6 areas that we particularly want to hear about. It might be that there's specific examples you want to share about one or two of those areas in some detail – and that's ok – but it would be helpful to have some feedback on all of them.
- The areas are:
  - How confident have you felt in accessing NHS services?
  - Different ways of accessing health care
  - Services offered by your GP surgery
  - Your ongoing health needs
  - Seeking help from the NHS if you have an urgent need and need help straight away
  - Your mental health
- Any questions so far?
- We also want to hear about your general experiences of Covid and living in Sheffield over the last few months and that's where we'll start:

### ***General thoughts***

If you could choose three words to describe 2020, what would they be?

From your point of view, in relation to healthcare, what has been done well during the pandemic? e.g. support from your GP surgery, online mental health support groups etc

From your point of view, in relation to healthcare, what could have been done better during the pandemic? e.g. more support from your GP surgery, information available in
--

languages other than English etc

What can the NHS do to support people more in the coming months?

***How confident have you felt in accessing NHS services?***

What would make you more confident to use health services in the future?

***Different ways of accessing health care***

If more appointments with your GP or other health professionals moved to telephone or video consultation, how would this affect you?

<p>There is lots of technology now available to help people look after their health, such as:</p> <ul style="list-style-type: none"><li>• Online help groups to talk to other people with similar health conditions</li><li>• Remote monitoring of your health e.g. blood pressure, blood sugar</li><li>• Sending photos to health professionals to help with diagnosis or treatment</li></ul> <p>What do you think about using more technology like this to look after your health?</p>

***Services offered by your GP surgery***

<p>We have changed how some evening and weekend GP appointments are offered so people with Covid symptoms could be seen at different sites.</p> <p>This has meant that we have stopped using the following GP practices for evening and weekend GP Appointments, as they are not suitable to deliver the service we need, following the lockdown.</p>
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- Crookes Practice
- Burncross Surgery
- The Health Care Surgery, Palgrave

The locations will now be:

- Darnall Health Centre
- Sloan Medical Centre
- Woodhouse Medical Centre
- Flowers Medical Centre
- Fairlawns Medical Centre

How have you been affected by these changes over the last few months?

What has been your experience of accessing a GP since March?

### ***Your ongoing health needs***

For routine health appointments in the future, which of these two options would you prefer?

A routine appointment, arranged at a specific time

An 'open appointment' so you can ask for one when you feel you need one

Why did you answer the question in that way?

Some routine healthcare has been postponed due to Covid e.g. appointments, tests, and surgery. What impact has this had on you?

If you were offered to have routine surgery or tests sooner, but you had to travel outside Sheffield, how would this affect you?

***Seeking help from the NHS is you have an urgent need and need help straight away***

If you needed NHS care quickly during lockdown, what did you do, or what would you have done?

The Minor Injuries Unit at Royal Hallamshire Hospital has been closed during the pandemic. How has this impacted on you?

***Your mental health***

How has your mental health been since the pandemic began?

What has been your experience of accessing help for your mental health during this time?

Anything else you would like to share about mental health?

Thank you so much for participating in this piece of work.

***For completing at the end of the session...***

Has an equality monitoring form been completed for each person who participated?	
Number of people in this session e.g. 1, 3 etc. (Excluding the facilitator)	
Where did the session take place (e.g. on a doorstep, via zoom etc.)	
Date	
Any reflects on the session from your perspective as a facilitator e.g. people had lots to say about their mental health or their GP surgery?	

**Thank you for your help with collecting information, and enabling people to be heard**



Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
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<b>If yes above, what type of disability or impairment do you have? (Tick all that apply)</b>					
Autism	<input type="checkbox"/>	Learning disability	<input type="checkbox"/>	Mental Health condition	<input type="checkbox"/>
Physical or mobility	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Visual	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	Long-standing health condition or illness			<input type="checkbox"/>
Other:	Please specify				

<b>Do you provide care for someone?</b>					
Such as family, friends, neighbours or others who are ill, disabled or who need support because they are older.					
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Thank you for taking the time to complete this form