

# NHS Sheffield CCG

Impact of temporary changes to health services  
as a result of Covid-19 and plans for phase 2 -  
Survey 2020

October 2020 (V02)



Prepared by



## Contents

Summary .....	3
Introduction .....	5
Background .....	5
Report Structure .....	6
Sample and Methodology.....	6
Main Findings.....	8
Feelings of safety .....	8
Digital access.....	12
Primary Care .....	200
Elective Care.....	255
Urgent Care.....	29
Mental Health .....	32
Covid-19 .....	34

## Summary

Nearly 8 in every 10 respondents across Sheffield are confident that health services are now safe to use, following the recent Covid-19 pandemic and subsequent disruption caused by the virus. This indicates that NHS led services throughout the city are providing necessary reassurance its respondents in the face of unprecedented circumstances. However, just less than a fifth (17%) did not feel confident that health services are now safe to use, citing a number of aspects that could help improve confidence – most notably improvements in patient safety at sites, developing a vaccine, improved access and clearer information.

Furthermore, respondents who were less likely to access services during the lockdown period, compared to before (36%), outweighed those who were more likely to engage during this phase (8%). The majority (56%) stated there was no change in their likeliness of accessing services.

As NHS services seek to alleviate pressure and improve safety during the pandemic, respondents indicated they are willing to engage with services using ‘at distance’ methods but mainly through telephone consultation and triage. More than 8 in every 10 said they would be likely to use these methods – a sizable proportion stating they already had experience of engaging via telephone. A more tentative majority said they would be likely to make use of video consultation (63%), be prepared to send photos of symptoms (61%) and undertake remote monitoring (51%).

Around two-thirds (66%) of respondents perceived no adverse impact of shifting to remote methods of engagement – a third (35%) of which viewed this action in a positive way. Those who felt that telephone and video consultation may be detrimental mentioned concerns around misdiagnosis, technology, and confidence.

However, respondents still favour face to face consultation beyond an initial triaging system with three-fifths (62%) favouring a face to face consultation for a first appointment. Respondents were found to be more amiable to distance methods for subsequent follow-up appointments and routine check-ups, particularly by telephone. There was less interest towards video consultation, perhaps due to less exposure to more technical means of communicating. Any process involving a switch to digital access to healthcare would need to consider the importance respondents place on seeing the right professional (65%) and privacy and security (58%). Few felt there were barriers to monitoring their own health; 14% foresaw potential issues around accuracy, confidence in using specialised equipment and impairment. The majority (70%) were not put off by remote monitoring.

A quarter of respondents across the city (25%) stated that they thought their usual GP surgery had been closed during Covid. Just over half of this cohort (53%) felt no impact due to the perceived closure, the remainder affected by concerns about health, pain, worsening health, and travel implications.

Around half (54%) of respondents who confirmed their usual GP practice remained open during Covid, revealed they needed an appointment during this time. More than 8 in every 10 who

attempted to make an appointment with their GP were successful and the majority of attendees (85%) considered their visit to be no different or better than before Covid.

The removal of evening and weekend appointments at Crookes Practice, Burncross Surgery and The Health Care Surgery, Palgrave has caused limited impact on respondents as more than four-fifths (84%) said they wouldn't have used these sites anyway. However, 12% said they will have to travel further as a result of the restrictions – a small percentage (3%) mentioned they will have to travel less.

When asked to consider future elective care, the majority of respondents (61%) would prefer to be able to ask for an appointment, if and when they needed one as opposed to a routine follow up, arranged for a specific timeframe (39%). Of those engaged in routine healthcare, a fifth (22%) stated that care had been postponed or delayed since lockdown restrictions began. Noting the impact of such delays, a third said they had managed (31%), though a quarter had developed health anxieties (26%); lived with pain (26%) or experienced a decline in health (24%). Nearly half of patients experiencing delays (49%) or postponements said they are willing to travel beyond the city boundaries to seek swifter healthcare although a third (37%) were unwilling due to inconvenience, ill health, and a lack of transport.

Just less than a fifth (17%) said they had an urgent health need since lockdown restrictions were implemented. Although the most frequent route of accessing healthcare since Covid remained through contact with a GP, there has been a notable increase in telephone engagement, particularly via the NHS 111 number. Respondents who had an urgent health need during this period mainly reported a positive experience with a third (31%) stating they received the treatment they needed and more than a quarter (29%) reporting no impact. There was little impact felt amongst respondents due to the closure of the MIU at Royal Hallamshire Hospital with 95% of respondents unaffected by this decision.

Fewer respondents (13%) reported they needed help with their mental health since lockdown restrictions began. Again, a GP practice continued to be the first point of consultation before and after restrictions began, however, there has been a slight increase amongst people who experienced mental health issues in self-help (through meditation or an app) or doing nothing. Respondents reported mixed experiences when dealing with mental health needs, both positive and negative, for example, around a fifth (19%) said they received the support they needed whereas a similar proportion (17%) said they did not.

Finally, around a quarter of respondents across the city believe the NHS is doing all it can to support people affected by Covid-19. In order to further support those affected, a further quarter felt that aftercare and support services for those infected by the virus and their families would be beneficial. Less than a fifth (16%) anticipated the development of a safe vaccine would end the pandemic and more than a tenth (12%) believed better communication on all aspects of the virus would better support the local population. Other suggestions included improved testing, safety at healthcare sites and accessibility of care.

When asked how the NHS could support the wider population during the pandemic, similar themes were echoed throughout the feedback. Long term care, safety, support, communication, and the

response to the pandemic were all emphasised with many reinforcing comments already made regarding people who had fallen ill with the virus.

## Introduction

### Background

Since the onset of the Covid-19 pandemic in the UK and the subsequent lockdown restrictions, the Engagement and Patient Experience teams at NHS Sheffield CCG have been collecting community insight through existing relationships with VCF organisations and partnership working. This insight has focussed on how communities in Sheffield are coping.

Based on the temporary changes that have been implemented by the command structures within NHS Sheffield CCG, the following broad themes have been identified as important to gain insight from local people.

- The move towards more 'at distance' healthcare appointments using video consultations and telephone triage.
- The decrease of primary care sites through GP branch closures, consolidation of sites and new co-located estates.
- The outsourcing of elective care procedures to other healthcare providers to address resource shortages and increased waiting lists.
- Mental health support.
- Relocation of urgent care services for adults and children.

NHS Sheffield CCG commissioned Social & Market Strategic Research to undertake a telephone survey designed gain responses from a broadly representative sample of the City. The questions of the survey focussed on the main themes identified above and will be included in a wider consultation involving the CCG's partner organisations.

## Report Structure

This report includes headline findings for each question combined with insight based on demographic trends. It should be noted that when the results are discussed within the report, often percentages will be rounded up or down to the nearest one per cent. Therefore, occasionally figures may add up to 101% or 99%. Due to multiple responses being allowed for the question, some results may exceed the sum of 100%.

Trends identified in the reporting are statistically significant at a 95% confidence level. This means that there is only 5% probability that the difference has occurred by chance (a commonly accepted level of probability), rather than being a 'real' difference. Unless otherwise stated, statistically significant trends have been reported on.

## Sample and Methodology

An interviewer led, telephone survey was designed by staff from NHS Sheffield CCG and validated by the project team at SMSR Ltd. Interviews were conducted using random quota sampling to ensure the data collected was representative of Sheffield. Quotas for age, gender and ethnicity were set using the mid-2017 census figures for the consultation and the sample included representation across the geography of the city by means of collecting postcode details of each respondent.

Although every attempt was made to contact a representative number of each of the main protected characteristics (age, gender, ethnicity), it is more challenging to screen respondents out on account of their ethnicity. Sample data providers do not offer data based on ethnicity so there is a challenge in extracting data this way. Normally a face to face campaign would be used to complement the telephone interviews, to ensure this cohort of respondents were reached in appropriate numbers, but unfortunately this was not possible due to lockdown restrictions at the time of interviewing.

Interviewing took place during July, August and September 2020.

A total of 1107 respondents took part in the consultation, overall. The demographic and geographic breakdown of respondents was as follows:

Gender	Number	Percentage
Male	512	46%
Female	590	53%
Other	2	0%
Prefer not to say	3	0%

Age	Number	Percentage
16-24	149	13%
25-34	229	21%
35-44	209	19%
45-54	222	20%
55-64	132	12%
65+	166	15%

Ethnicity	Number	Percentage
White	1008	91%
BAME	90	8%
Prefer not to say	9	1%

Disability	Number	Percentage
Yes	124	11%
No	955	86%
Don't wish to say	28	3%

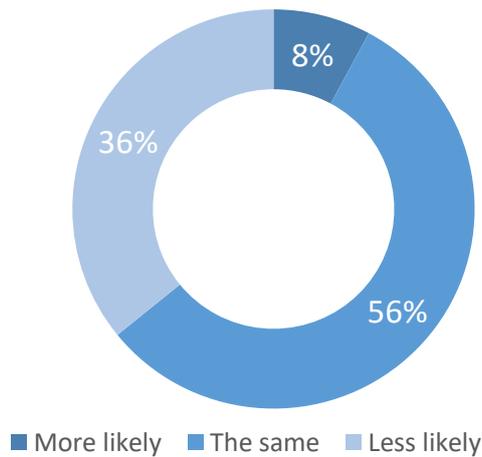
Postcode	Number	Percentage
Less affluent	458	41%
More affluent	115	10%

# Main Findings

## Feelings of safety

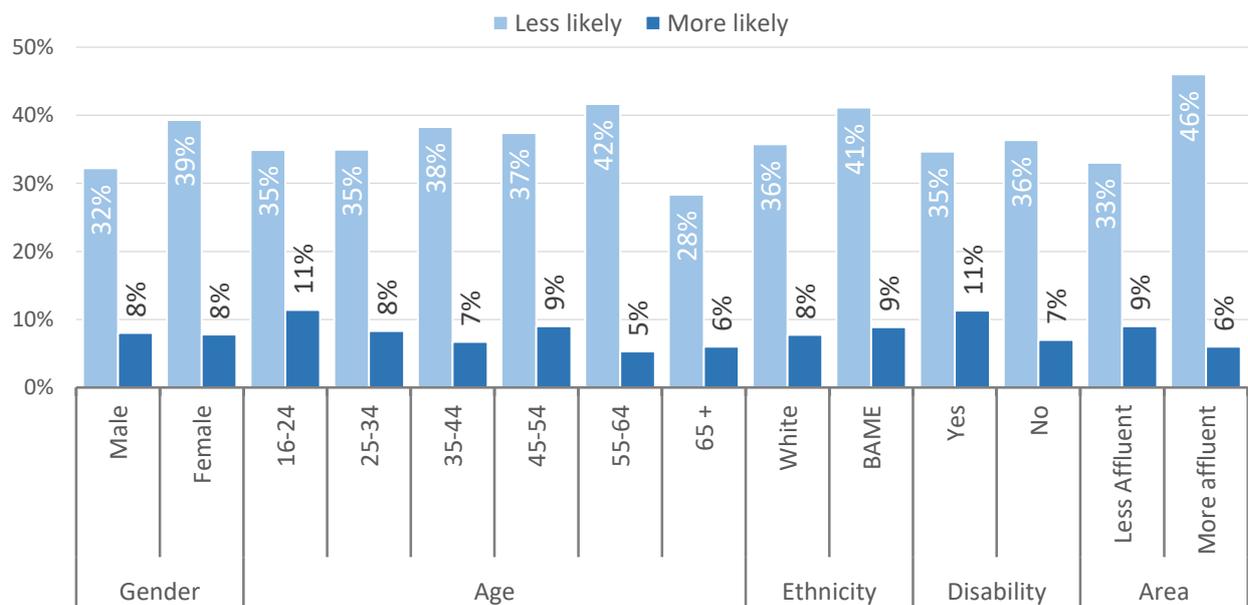
Respondents were initially asked to think about their confidence in health services across Sheffield amidst the Covid-19 outbreak and subsequent lockdown period:

How likely were you or someone you care for to access health services during lockdown compared to before?



The majority of respondents (56%) revealed they were as likely to access health services during the Covid-19 lockdown period than they were before the restrictions began. Less than a tenth (8%) said they were more likely to access services during this period and more than a third mentioned they were less likely (36%).

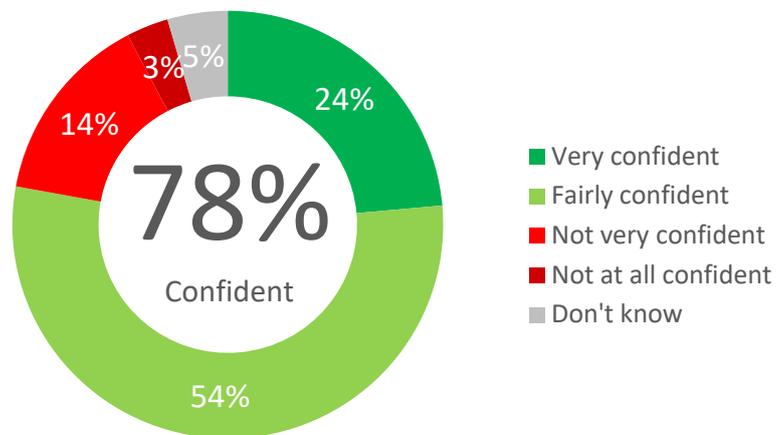
### More / Less likely by Demographics



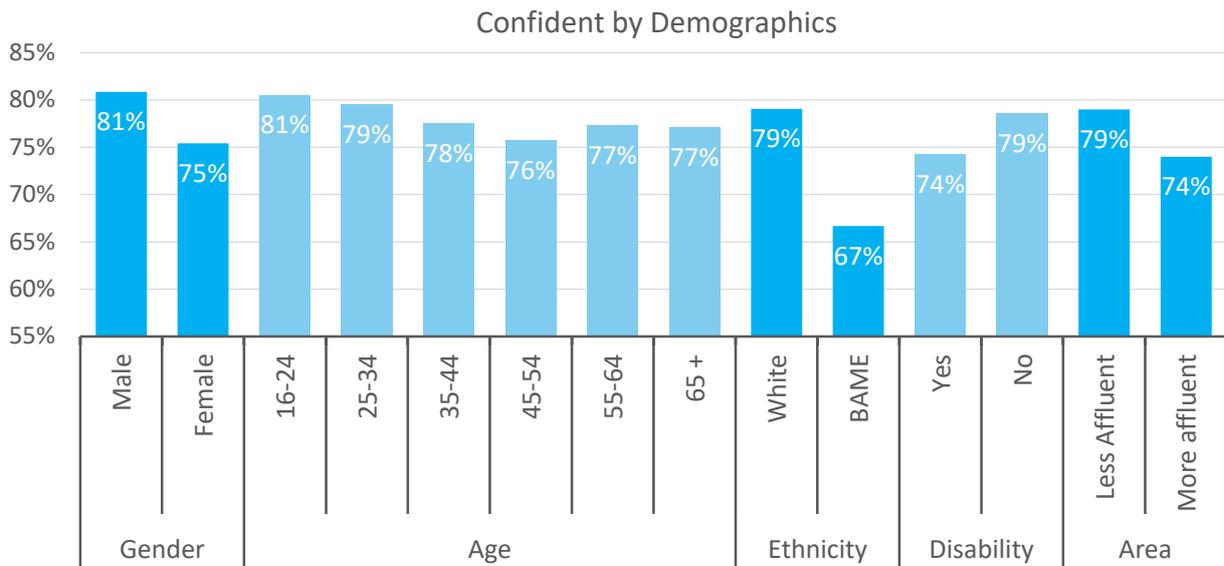
Interestingly, respondents in the youngest age category (16-24) were more likely to access services during lockdown compared to other age groups, although the reasons behind this are unclear. Respondents who identified as living with a disability were also more likely to access health services during lockdown, which perhaps could be attributed to additional health or safeguarding needs during this period.

Females (39%), those aged 55-64 (42%) and BAME respondents (41%) were all less likely to access health services during lockdown compared to other groups within their respective characteristic. Furthermore, those who reside in more affluent areas were significantly less likely to access services than respondents living in less affluent postcodes (46% affluent vs 33% less affluent).

How confident are you that health services are now safe to use?

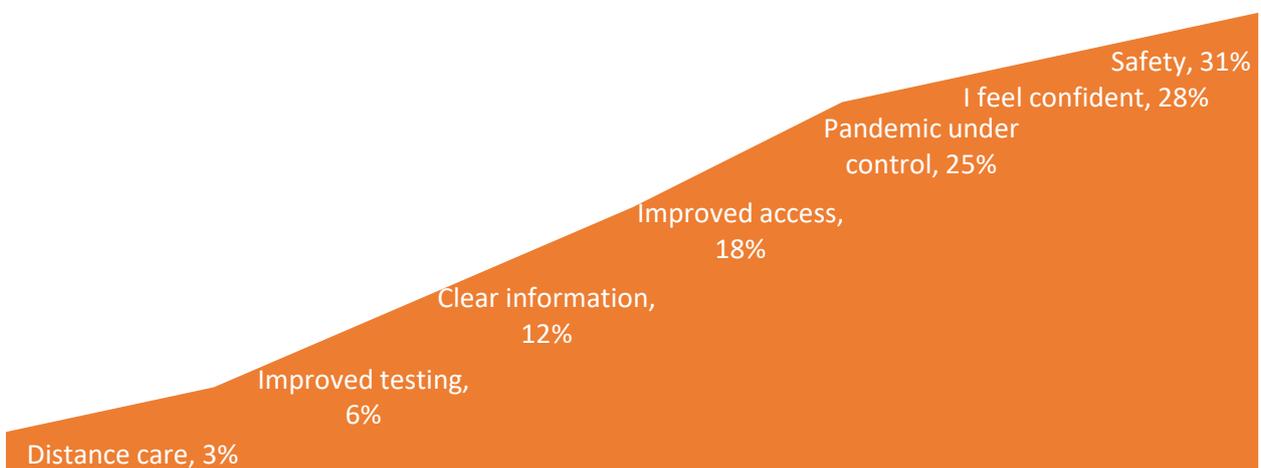


More than 7 respondents in every 10 feel confident that health services are now safe to use, indicating that a strong majority of respondents across Sheffield feel reassured to some level when accessing services in the face of the pandemic. The biggest proportion of those who felt confident said they were fairly confident (54%); the remaining quarter said they were very confident (24%). Nearly a fifth (17%) were not confident that health services were safe to use; just 3% were not at all confident.



Younger respondents were generally more confident that health services are now safe to use compared to older groups with more than 8 in every 10 respondents aged 16-24 confident to some degree. This perhaps could be explained by age playing a part in a person's susceptibility to the symptoms of Covid-19. Black, Asian and minority Ethnic respondents were significantly less confident overall compared to White respondents (67% vs 79%) and disabled respondents also provided lower levels of confidence than non-disabled respondents which could be in part related to concerns around underlying health issues. Furthermore, those living in postcodes in more affluent areas were less confident overall (74%) compared to those in more deprived areas of the city (79%) which may be due to patient experience.

Respondents were asked to explain what would make them feel more confident to use health services in the future. Comments were broken down into themes, indicative of measures which can be explored to provide confidence and reassurance in health services in Sheffield. The chart below shows the most common themes respondents associated with improved confidence in health services:



The most prominent theme was safety when accessing health services. Such measures as cleanliness at sites, ensuring PPE was being used by staff and patients, distancing and dedicated entrance and exit routes were all mentioned within this theme. Nearly a third (31%) provided verbatim related to this theme. In line with the high level of confidence attributed to health services, more than a quarter (28%) revealed they were fully confident in health services due to a combination of experience, safety measures installed at sites and trust in the NHS. A further quarter (25%) felt they would only feel safe once the pandemic was under control, a vaccine was found or that infection rates subsided. Nearly a fifth (18%) felt that improved access would increase confidence; face to face appointments, availability of appointments and more staff were all aspects mentioned under this theme. Just over a tenth (12%) thought that clearer information would improve confidence such as how to access healthcare safely, awareness of the pandemic and guidelines. Fewer respondents mentioned improved testing for Covid-19 and that distanced healthcare would provide more certainty when accessing services.

Prominence of these themes were found to be consistent across demographic characteristics, however, fewer respondents who identified as BAME and disabled, said they felt confident accessing health services.

Verbatim contained within the themes included:

*"During lockdown I used maternity services and was in a small waiting room where other patients did not strictly comply with mask wearing requirements e.g. taking them off to take telephone calls and not covering their nose. These measures could be more strictly enforced."*

*"For NHS staff to be wearing the correct PPE, for all NHS staff to have regular Covid-19 checks. For everyone to have checks for Covid-19 as and when they feel needed. Information on statistics of Covid-19 rises/decreases in each NHS service updated regularly."*

*"I recently sat in A&E for 3 hours not a single cleaner came and wipe any seats or toilets while I was there, and no hand sanitiser stations on entry. Seeing them employ cleaning staff just for waiting room areas. Hand sanitizer and masks available on entry."*

*"A vaccine for Covid-19 or the infection rate reducing or there being separate treatment facilities for the infected away from normal patients' appointment."*

*"When corona has subsided, I will feel more confident to use health services in the future."*

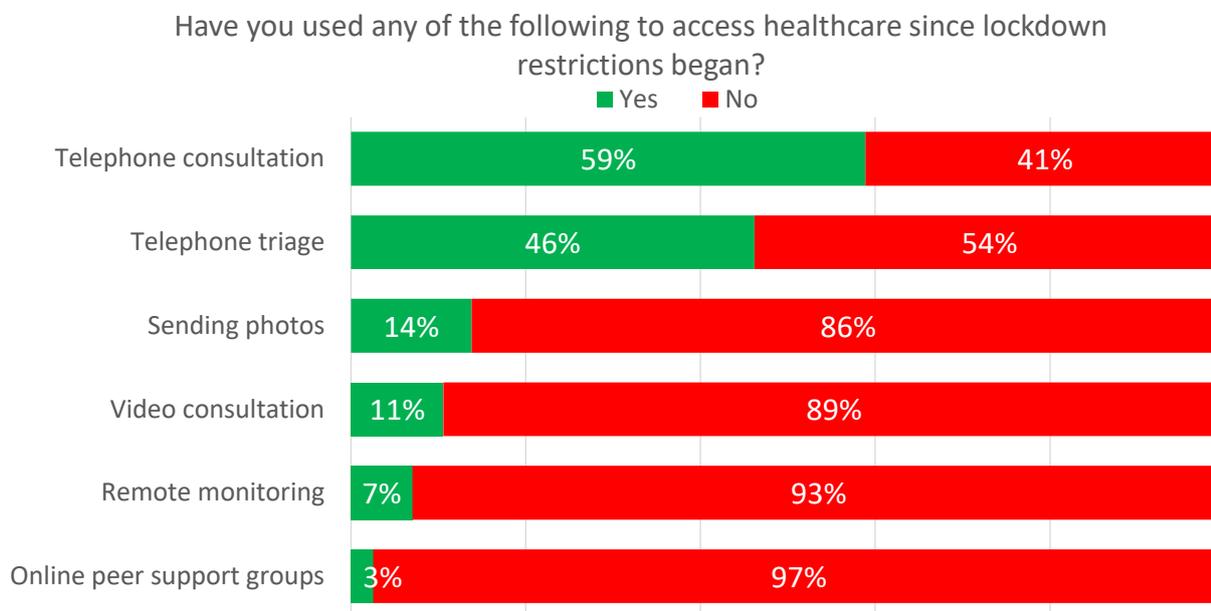
*"I have type 2 diabetes so I am confident using the health services as long as they keep restrictions in place and it is safe to do so, however, on a day to day basis I try to avoid busy areas."*

*"I wouldn't want to go to visit the hospital as you have more chance of picking it up there. I think once I know the virus is going."*

*"I don't think anything would because I've been taking my husband to the hospital and it always seems very well organised, so I have full confidence anyway."*

## Digital access

Respondents were asked to provide feedback on their experience of 'at distance' healthcare appointments and how willing they would be to utilise these methods in the future, including any impact this may have.



'At distance' access to healthcare services were dominated by telephone methods; three-fifths (59%) said they had engaged in a telephone consultation and just less than half (46%) had experience of telephone triage. Fewer had engaged in the remaining methods of sending photos (14%) and less than a tenth had participated in a video consultation (11%), remote monitoring (7%) and online peer support groups (3%).

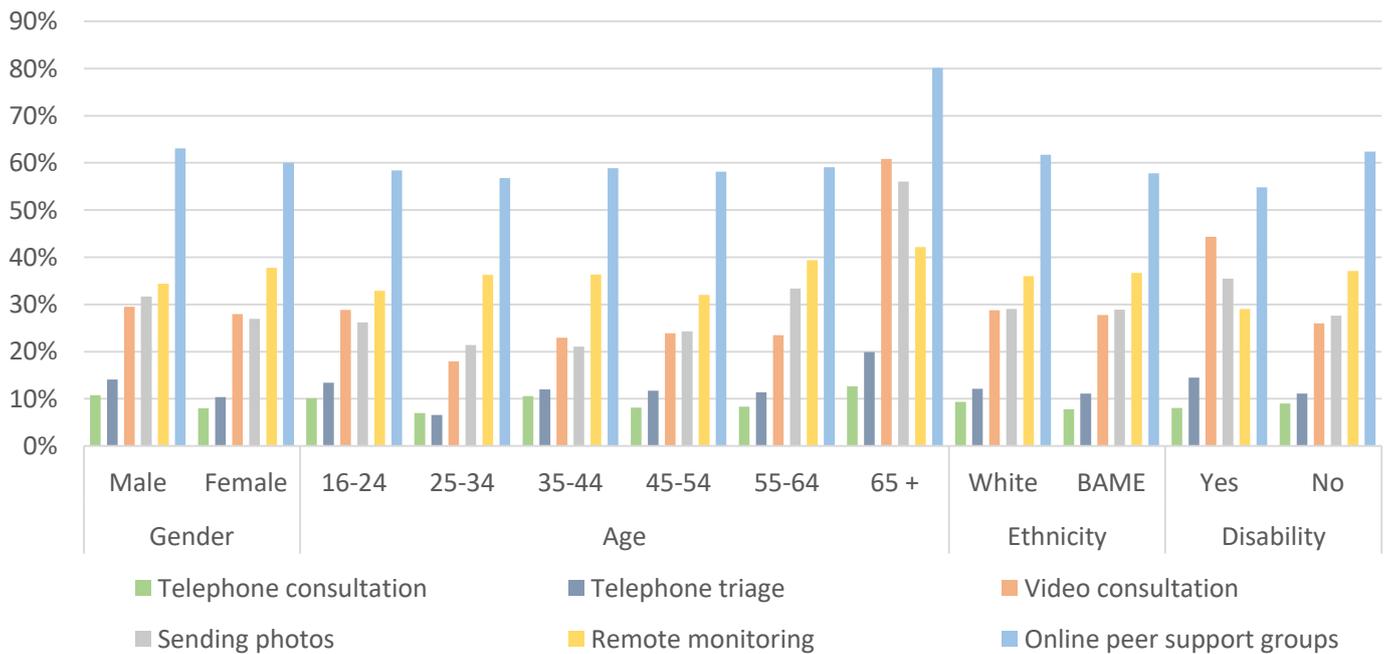
### How likely would you be to use the following to access healthcare in the future?

Very likely Fairly likely Not very likely Not at all likely Not sure

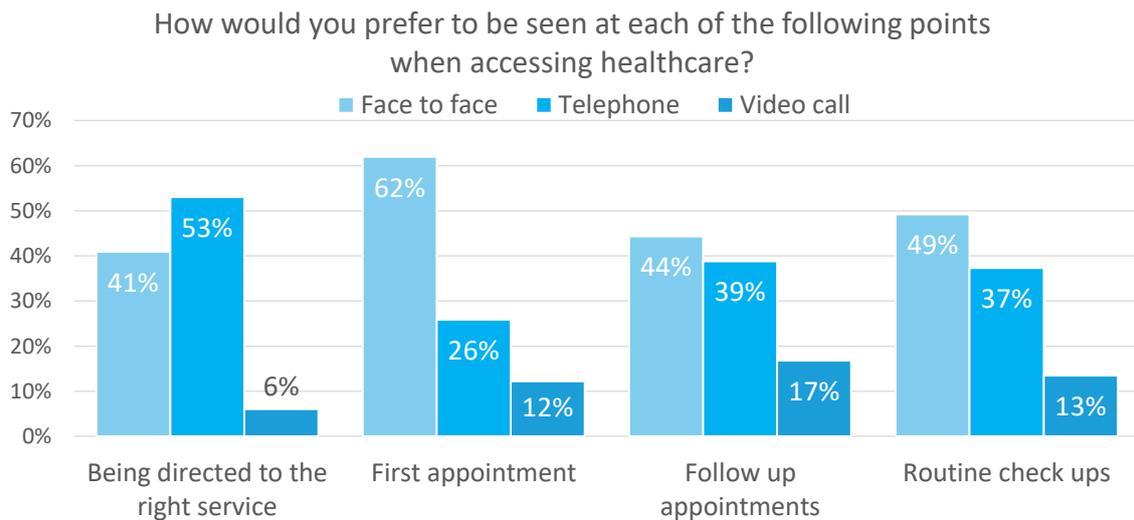


Similarly, telephone-based procedures were prominent in preferred methods of accessing healthcare services amongst respondents in Sheffield with more than 8 in every 10 stating they would be likely to engage with services through telephone consultation and triage, in the future. More than three-fifths revealed they would be likely to participate in a video consultation (63%) or share photographs with a service (61%) and more than half (51%) said they would consider remote monitoring. Online peer support groups drew the percentage of respondents with around a fifth (22%) likely to consider this offer.

### Unlikely to use methods by demographic



When observing potential access issues amongst demographic characteristics, older respondents – specifically those over the age of 65 are least likely to use remote consultation methods to access healthcare. This group were significantly less likely to say they would use video consultation (61% unlikely), online peer support groups (80% unlikely) and sending photos (56% unlikely) than those under the age of 65. Furthermore, those who identified as disabled were less likely to be amiable to video consultation than those without a disability (44% vs 26% unlikely) but were less averse to remote monitoring (29% unlikely). Similar patterns were found across other characteristics with less resistance to telephone consultation and triage across the board.

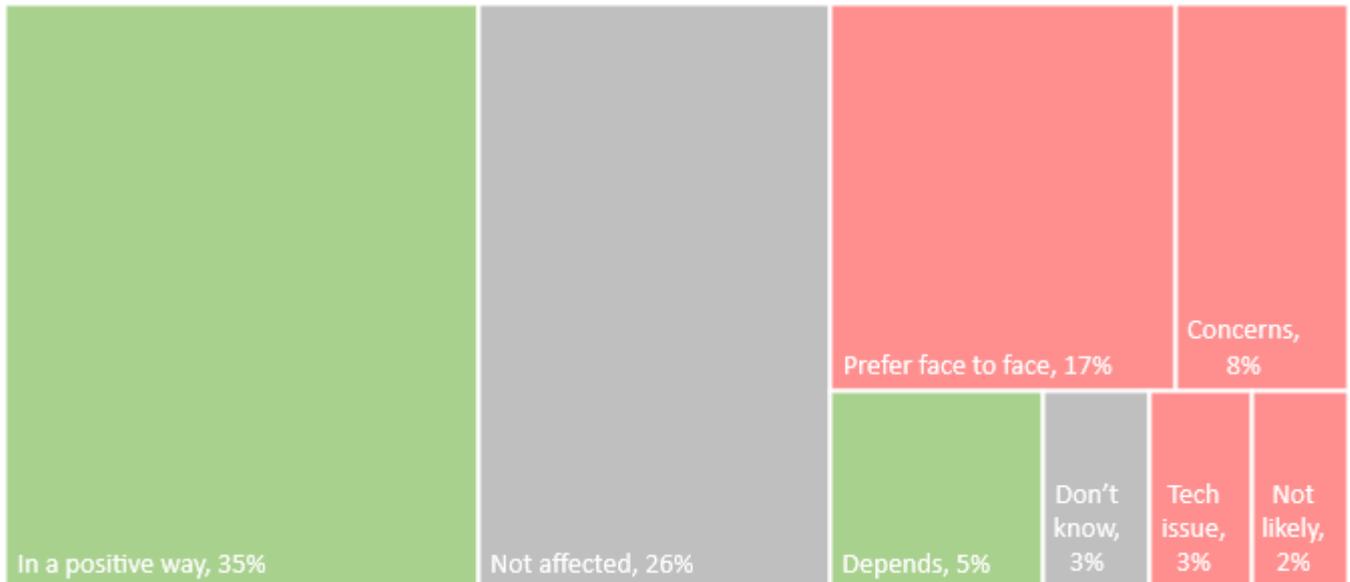


When assessing methods of contacts at specific points within the patient journey, traditional face to face contact prevailed as the preferred way to be seen amongst respondents once they had been directed to the right service. This was especially noticeable at the first appointment stage where a clear majority of three-fifths (62%) revealed they would favour accessing a health professional in a face to face setting. A quarter said they would prefer to undertake the initial appointment by telephone and a tenth (12%) by video call.

Preference towards method of contact was more evenly balanced between face to face and telephone engagement at later stages in healthcare, with fewer opting for a video call. Around two fifths said they would prefer either face to face contact (44%) or a telephone consultation (39%) for a follow up call; the remaining fifth (17%) willing to undertake a video call. Face to face contact was more prevalent when considering routine check-ups with half preferring this method. Nearly two fifths (37%) were willing to consider telephone contact and just over a tenth, a video call (13%).

In conclusion, face to face contact is still the preferred method of consultation amongst respondents, however there is some appetite to move to ‘distance appointments’ via telephone consultations, especially during appointments beyond the initial engagement. Preference towards video calls tended to be lower, though this method of communication may be less familiar to some respondents, therefore less appealing due to a lack of confidence or experience with the platform.

The findings were supported by qualitative feedback from respondents. Respondents were asked, if more appointments moved to telephone and video consultations, how did they think this would affect them:



Generally, around two-thirds of respondents said that more distance appointments would have a limited effect on them. Furthermore, more than a third (35%) said that such a shift would have a positive effect in some way. Reasons included convenience and time saving for those who were working or had busy home lives; safety and protection against exposure to Covid-19; environmental issues – reducing carbon emissions; efficiency and availability of appointments.

A quarter confirmed this action would have no effect on them as far as they could predict, indicating they would be happy to engage with health services in this way and 5% signalled they would use distance methods but it depended on the issue.

Roughly a third were averse to adapting to using telephone and video consultations for a number of reasons, the most prominent being a preference to engage with health professionals in a face to face setting (17%). Explanations given under this theme included specific illnesses that are better suited to face to face consultation, habit of engaging in this way and wanting to continue with this method, communication issues including those with a disability or impairment and want for a physical examination. Less than a tenth (8%) said they had concerns around misdiagnosis or that health care could be diluted using these methods. A small number of respondents (3%) feared they would not be confident using video technology to access healthcare and just 2% said they would refuse to access these methods.

These findings suggest the majority of respondents across Sheffield are willing to engage health services in this way, however a cautious approach should be taken to safeguard against groups that could be adversely affected by these methods and may not engage as a result.

Verbatim contained within the themes included:

*"I think it would work around work and help reduce commute and build confidence in not having to sit with other unhealthy people."*

*"I don't want this to happen, I would feel like we did not have an NHS. I would not be confident they were doing things right or seeing symptoms you might not tell them about. They are not trained to sit ringing people up all day and I don't think they would be at their best."*

*"I would not be affected by this as I have all the right equipment to do this."*

*"It would be ridiculous! Doctors have always seen people and I have family members who have really struggled with the telephone consultation process and have had to go to the walk-in centre where they saw a nurse yet again!"*

*"I think the NHS would probably benefit and so would I. By this I mean less people will be going to the doctors for the littlest thing and genuine people like myself would be able to get an appointment quicker."*

*"I think this would be more convenient for dealing with ongoing conditions, i.e. ordering an inhaler or contraception, but for acute and emergency things it would make more sense to go in and see someone face to face."*

*"It would be an excellent idea. I was a GP and have used this many times. It is particularly good for follow up appointments and for people who find travelling for appointments difficult."*

*"I wouldn't be happy with it really, I think it's really difficult to properly diagnose without being face to face, if it was the only option then I would but would much prefer not to."*

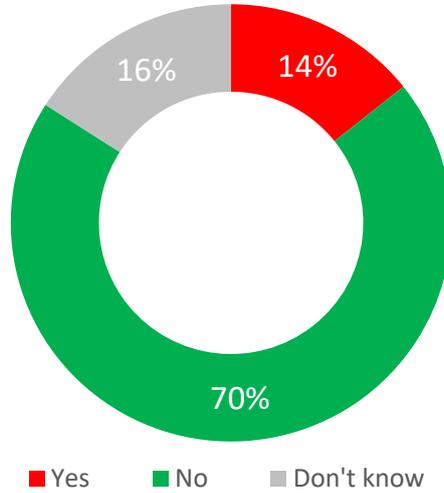
*"I think at the moment it wouldn't affect me, but further down the line it might slow down my problems being seen to because a face to face appointment is generally quicker."*

*"I think I'd be happy with that for appropriate conditions, but I'd want that to be my choice. If I felt I wanted to see someone in person, I'd want that as an option."*

*"I am hard of hearing and I find it hard to discuss my issues over the phone. Even when I have a face to face appointment, I have to take a family member with me to help. It would not work for me."*

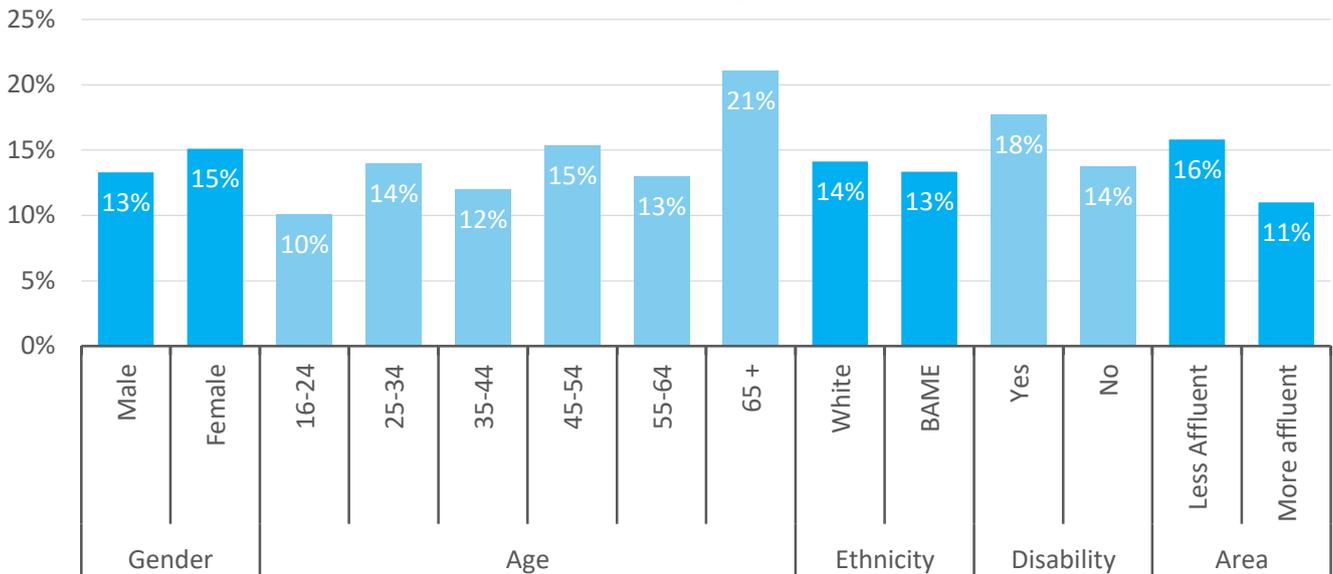
*"It possibly could be more convenient - in situation where I might have to be in 2 places at once - if could just a few minutes out of my day to take a call rather than finishing work early or similar"*

Is there anything that would prevent you from monitoring your own health, or that would put you off doing so?



Respondents were asked if there are any barriers that would prevent them from monitoring their own health – 7 out of 10 said that nothing would do so. Less than a fifth (14%) confirmed they would encounter issues if asked to monitor their own health and 16% said they did not know.

Yes by Demographics



Respondents in the oldest age category were most susceptible to encountering barriers to monitoring their own health with more than a fifth of those aged 65+ mentioning they may encounter issues with this process. There was also a notable difference between those living in less affluent postcodes compared to more affluent areas (16% vs 11%).

Whilst the majority of respondents did not anticipate any barriers to monitoring their own health, those who did foresee issues provided a number of reasons across three main themes: Confidence; accuracy and impairment. Whilst some respondents relayed concerns about their confidence in using monitoring equipment, others worried about recording accurate readings and how this may affect their healthcare. Further to this, some felt that physical impairments may impair them from correctly monitoring their health. Verbatim contained within the themes included:

*"A wrong reading can be the difference between a good outcome and a misdiagnosis. I would use an electrician for an electrical fault so why would I assume I am qualified to give medical details accurately."*

*"I would be worried about doing the test correctly. I would be concerned that a false reading / inaccurate testing would result in a delayed or incorrect diagnosis."*

*"I just really wouldn't feel comfortable doing this, I only go to the doctors when absolutely necessary and I'd much rather it be face to face if I were to do so."*

*"I had a pituitary tumour so knowing if that had returned would be impossible to monitor at home as I need regular blood tests and MRI's."*

*"It would prevent me if I thought it would be something that could be diagnosed wrong, it's always good to get a professional's feedback."*

*"I wouldn't want to do that because I have mental health problems which make me agitated, so I find it difficult to do things like that."*

*"My daughter does this for me, and I would be anxious if she were unable to do it for some reason. I don't know what I would do."*

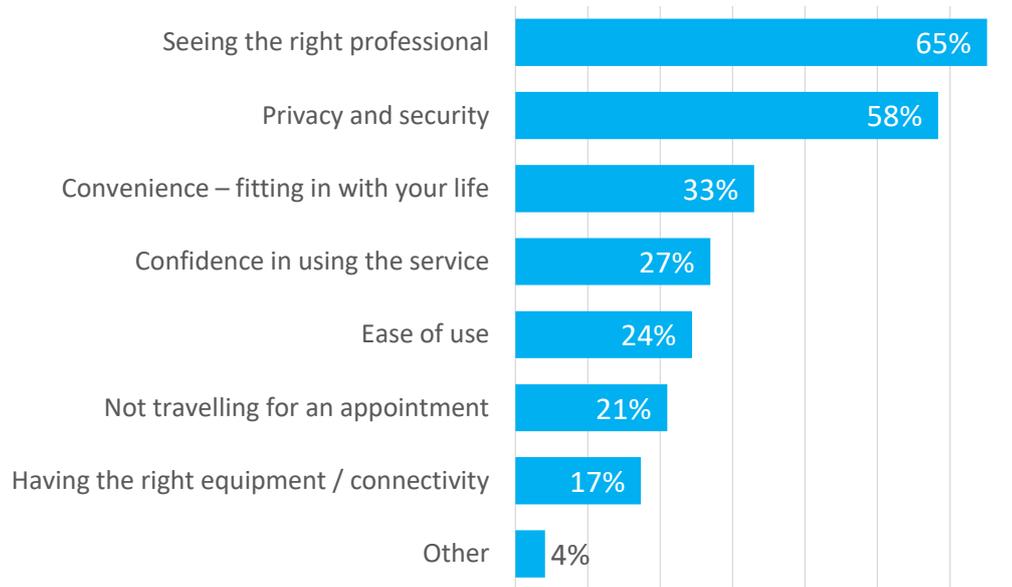
*"I would be afraid of getting it wrong. Not getting the correct medication if need or the correct care being elderly."*

*"I've already bought three BP monitoring units at the request of my GP. It's not fair to ask me to spend more."*

*"I would be paranoid and feel I wasn't doing it correct and could potentially get a little obsessed over checking it."*

*"I haven't got the internet and would rather it be done at the doctors."*

Which of the following are most important to you when thinking about using digital services to access healthcare?



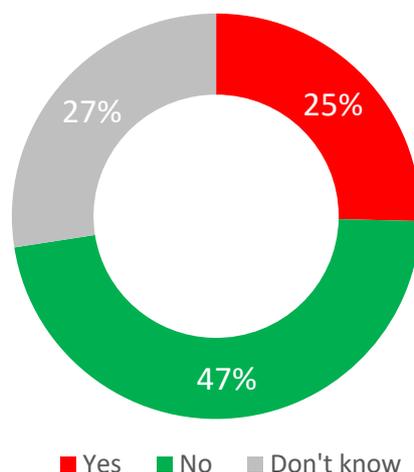
When asked which aspect of using digital services was most important, seeing the right professional was the most prominent answer amongst respondents (65%). This suggests that a key factor in migrating services to this platform could be aided by reassurances that patients would be able to access an appropriate health professional through this method.

Nearly three fifths (58%) cited privacy and security as an important factor when using digital services which is perhaps not unexpected given the rise in awareness of GDPR and data security amongst the population. A third considered convenience to be important (33%) and around a quarter felt that confidence in such a process (27%) and ease of use (24%) were also key indicating support for respondents using digital services could be required. Around a fifth mentioned a reduction in travel was important (21%) and slightly less said that equipment and connectivity was vital (17%). A small percentage mentioned something else (4%) which mainly included aspects such as promptness of care; receiving the right treatment and a preference to be consulted face to face.

## Primary Care

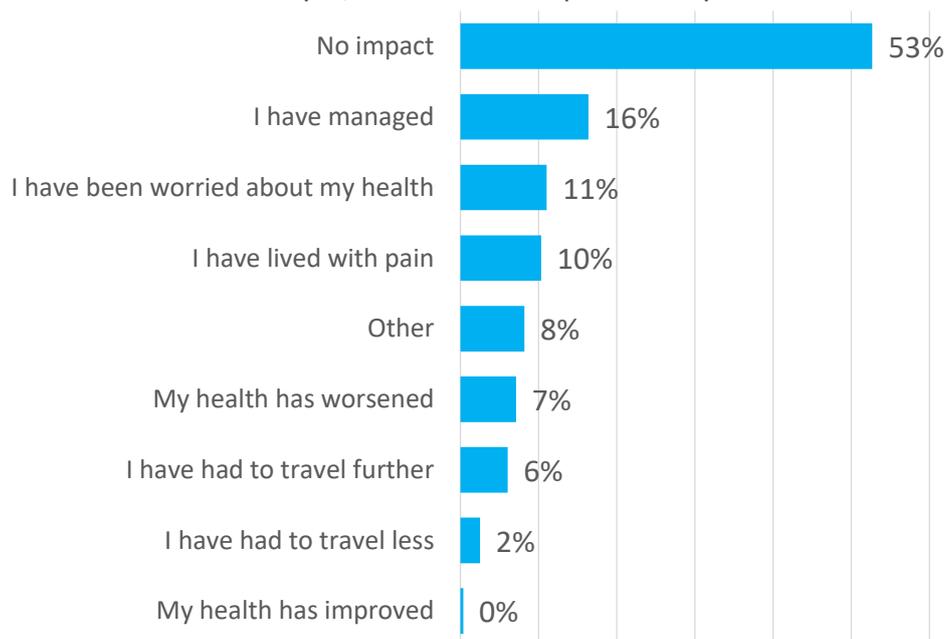
Respondents were asked for feedback on their experience of accessing primary care during the pandemic and if any closures or changes to activities by the CCG in response to Covid-19.

During Covid, has your usual GP surgery been closed?



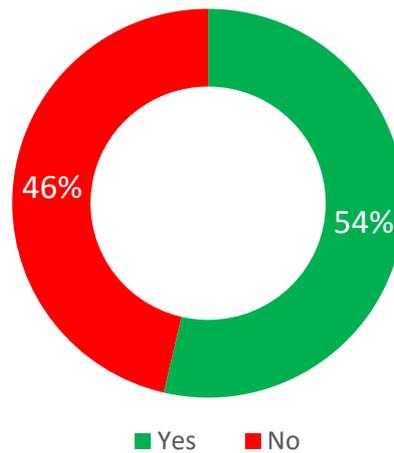
A quarter (25%) of respondents confirmed that they thought their GP surgery had closed during the Covid-19 outbreak. Nearly half (47%) said their GP surgery had remained open and a further quarter (27%) said they did not know, likely due to not requiring primary care services during this time. It was observed that respondents living in less affluent postcodes were more likely to have reported that their GP surgery was closed compared to more affluent areas (27% vs 19%).

If yes, how has this impacted on you?



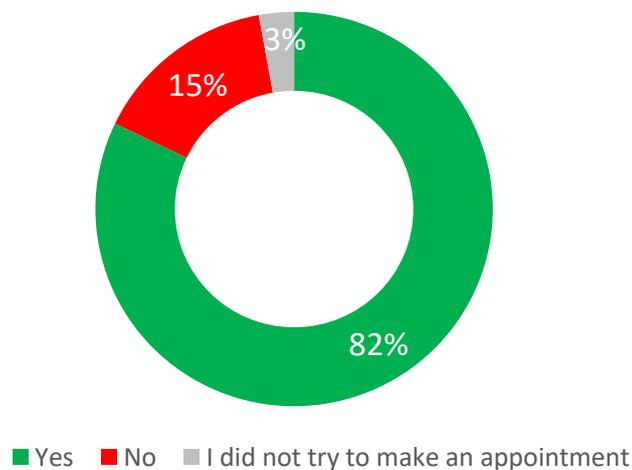
Of those respondents who thought that their GP surgery had closed, a slim majority – just over half (53%) – said this had no impact on them. Less than a fifth said they had managed (16%) and a tenth revealed they had been anxious about their health (11%) or had lived with pain (10%). Fewer mentioned their health had worsened (7%) or they had to travel further (6%). A small percentage found they travelled less due to the closure (2%). Around a tenth (8%) provided another answer which included being transferred to another GP; unable to see a health professional or collect medication.

If no, did you need an appointment at your GP practice during this time?



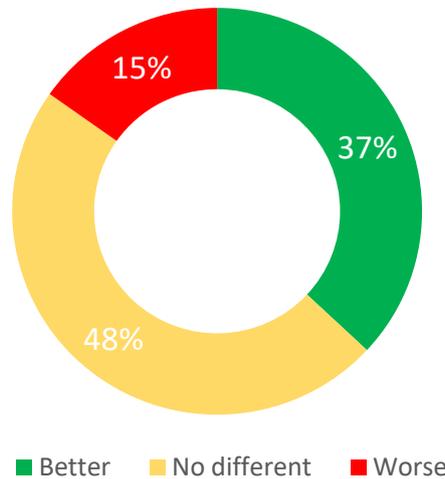
Of those who reported that their GP surgery had remained open during Covid-19, more than half (54%) disclosed they needed an appointment at their practice.

Were you able to make an appointment with your GP practice?



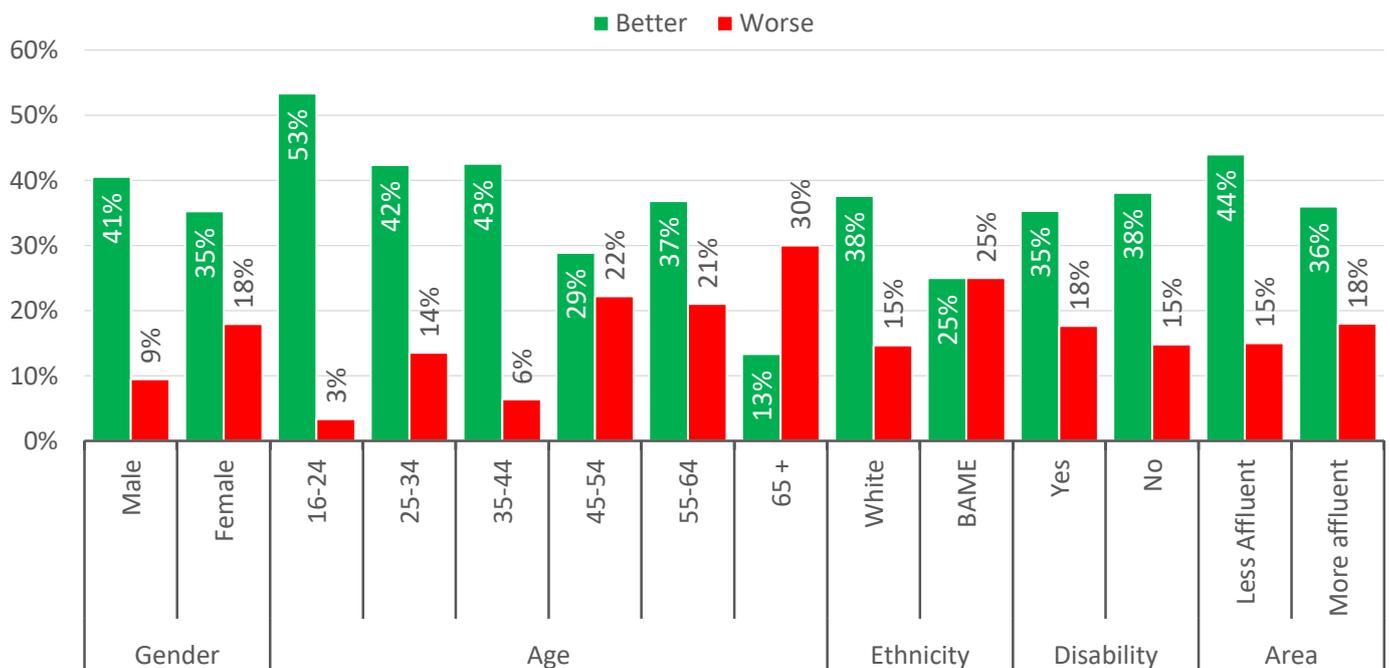
Furthermore, of those who reported that their GP surgery had remained open during Covid-19, more than 8 in every 10 respondents who required an appointment were able to make one with 15% confirming they were unable to. A small percentage said they did not try to make an appointment with their GP.

How did you find the experience compared to before Covid?



The majority of respondents (85%) rated their experience of accessing primary care during Covid-19 as no different or better than before the outbreak. Nearly two-fifths (37%) felt their experience was better compared to previous visits, before Covid, with a net positive score of 22%. Less than a fifth (15%) said their experience was worse.

Better / Worse by Demographics



Although, due to low base numbers, any demographic trends should be treated as indicative; younger respondents, aged 16-34 tended to say they had a better experience of accessing primary care than before Covid-19. Respondents aged 45+ tended to feel their experience was worse. Nearly a third of respondents aged 65+ who had visited their GP during Covid believed the experience was worse than before. While those from a BAME background were also more likely to rate their experience as worse than White respondents (25% vs 15%), base numbers are too low to accurately determine this trend.

Respondents were asked to clarify why they felt their experience of accessing GP services were better or worse than before Covid-19. Those who had a better experience mentioned improved access to GP appointments, improved safety within the system and promptness of service compared to before the pandemic. Those who had a worse experience expressed difficulties in making an appointment and the method of consultation e.g. telephone consultations in place of face to face.

*"Phoned by GP surgery to attend for routine bloods and BP. No waiting. Straight in. Covid friendly except used a pillow to rest arm - when asked was assured they had several in another room in isolation."*

*"My daughter had a rash, we spoke to the doctor, sent a photo via a link and they prescribed the correct treatment. It was totally hassle free; it was however a simple request."*

*"The availability of appointments and the convenience. Also, I have visited the surgery and felt safe."*

*"Less people accessing primary care services unnecessarily and therefore waiting times have been less. Waiting rooms not full so less anxiety about catching an illness whilst there. Telephone consultations have fit in with my life better as I work and have small children."*

*"It was that I had to shield and because of what I had been through, I was in pain when I went to the appointment. I went to a different room instead of the waiting room and I felt they had more time for me."*

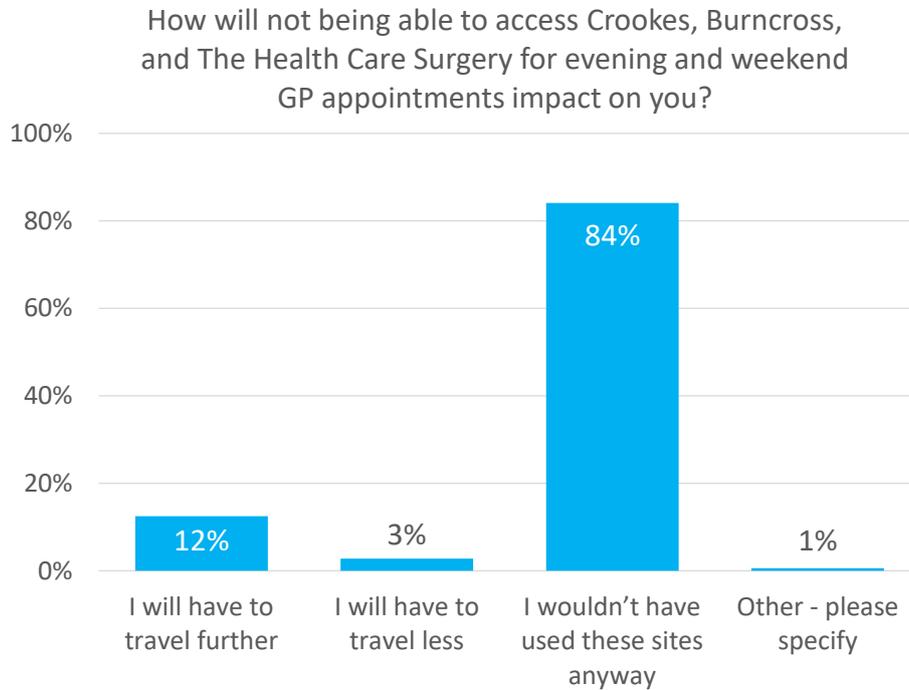
*"Reception have been made to triage more than usual, and as they are not trained in medicine, sometimes it is extremely difficult to explain to them why you need the face to face appointment."*

*"My problem did not get resolved for 3 weeks, was prescribed 3 lots of antibiotics over 3 weeks, ended up at walk in centre then a GP finally saw me."*

*"It didn't fill me with confidence having to have the appointment over the phone because it's just not the same as face to face."*

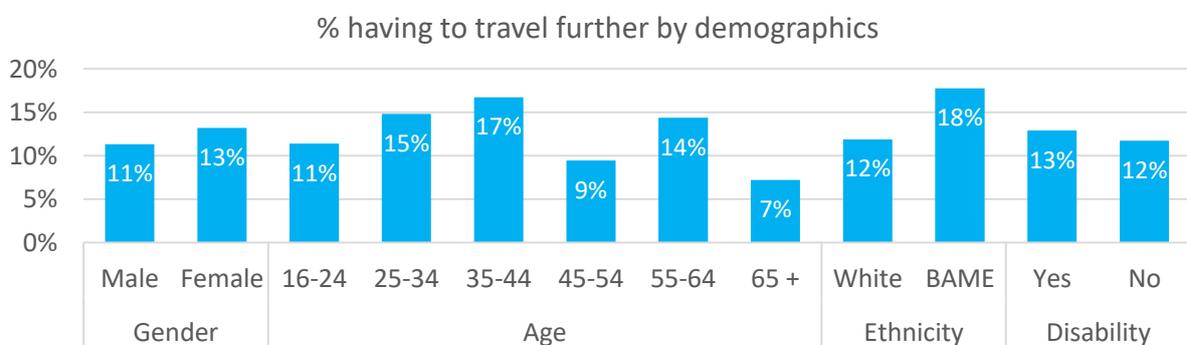
*"I was very anxious about the fact that I could not get to see anyone. I kept ringing up, and speaking to the GP, but I felt I should have been seen."*

The CCG have changed how some evening and weekend GP appointments are offered so Covid and non-Covid patients can be seen at different sites. This has meant they have stopped using the following GP practices for evening and weekend GP appointments as they are not suitable to deliver the service now needed need following the Covid pandemic.



The majority of respondents were not impacted by this action with four-fifths (84%) confirming they would not have used these sites, anyway. However, just over a tenth (12%) revealed they would have to travel further to access weekend and evening GP appointments. A small percentage mentioned they would have to travel less (3%) and 1% said they would be impacted in another way.

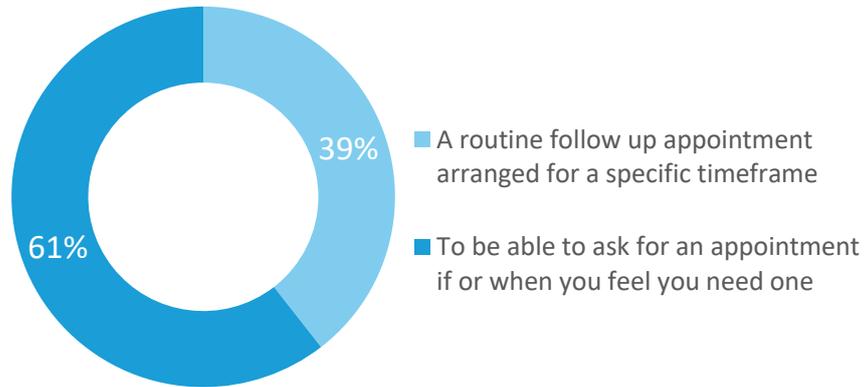
Of those affected by this realignment of provision, the majority reside in postcodes S35, S5, S6 and S13. Although figures are small and should therefore be treated as indicative, BAME respondents seemed to be affected more than White respondents as did those aged 35-44, compared to other age groups.



## Elective Care

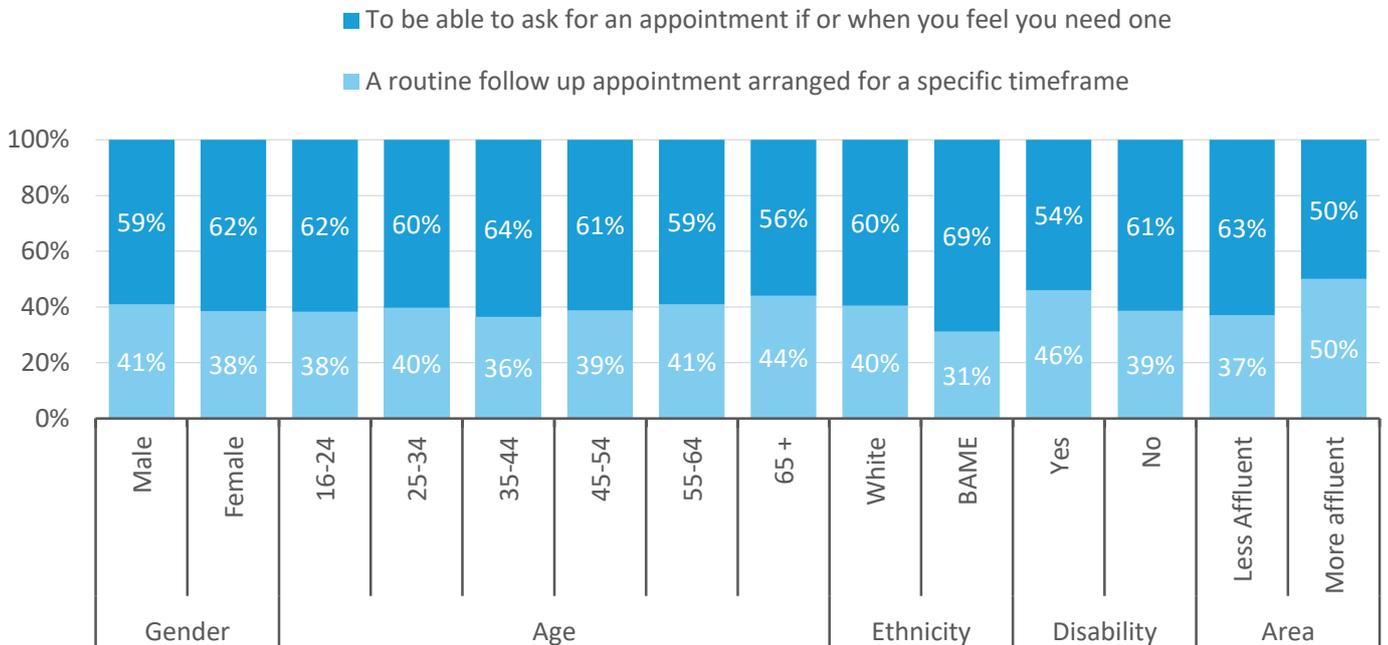
Respondents were asked to provide their views on routine care for long-term conditions, including travelling outside the City for future appointments.

If you had a long-term condition, how would you prefer future appointments were arranged?



The majority of respondents (61%) said they would prefer to be able to ask for an appointment if or when they needed one if they had a long-term condition. Nearly two-fifths (39%) stated they would favour a routine follow up appointment arranged for a specific time.

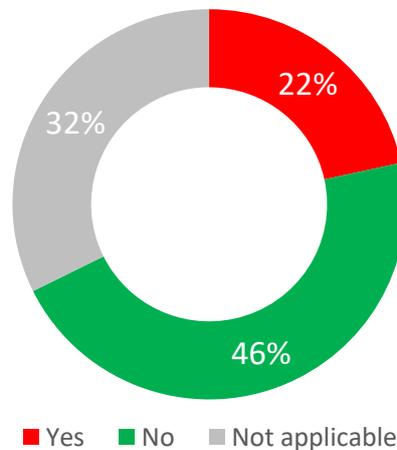
### Results by Demographics



There were no obvious trends when observing sub-groups although disabled respondents and those living in more affluent areas were more evenly divided compared to other characteristics. In general, respondents across the board preferred to be able to ask for an appointment when needed.

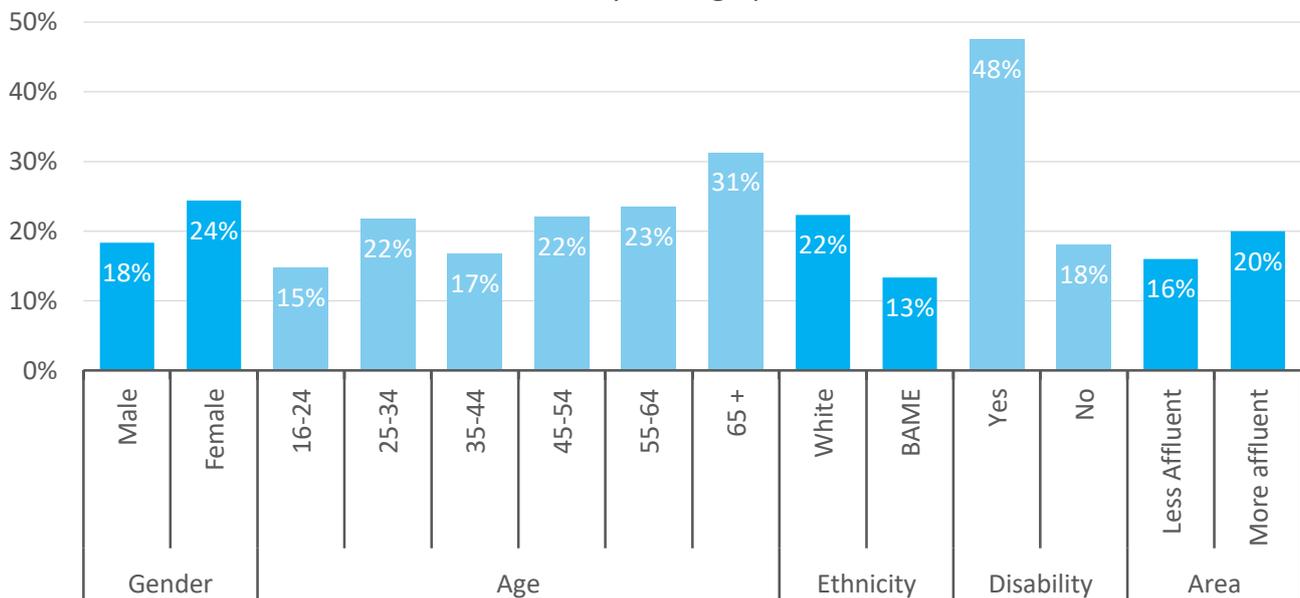
Respondents were asked if any routine healthcare had been postponed since restrictions began:

Has your routine healthcare been postponed or delayed since lockdown restrictions began?

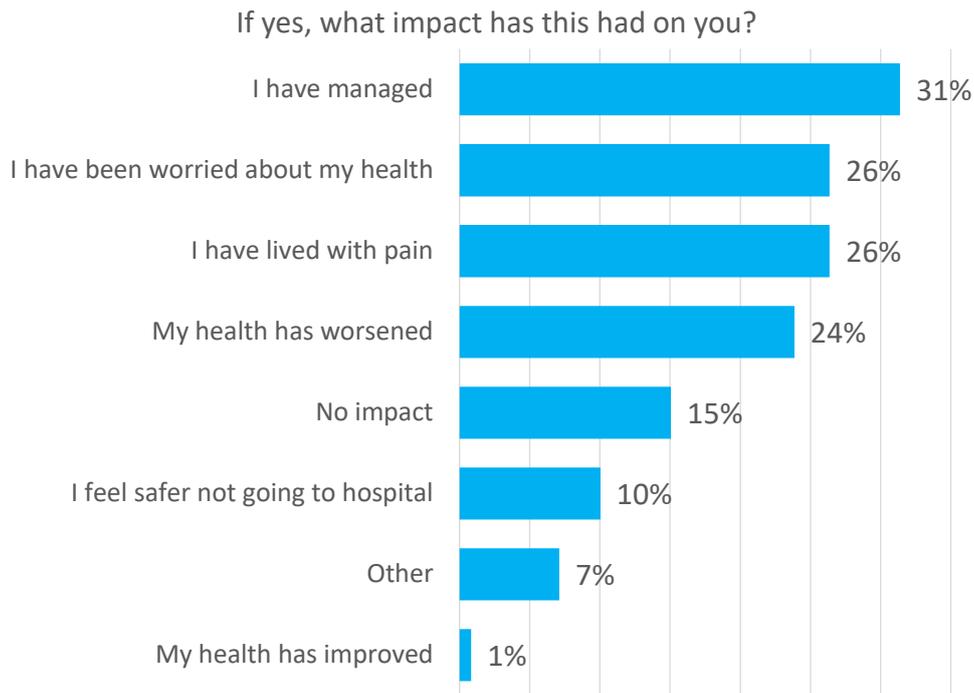


More than two thirds stated they had not been subjected to any postponements to their healthcare or the question was not applicable. Of those who were engaged in routine healthcare, more than a fifth (22%) confirmed that treatment had been postponed or delayed.

Yes by Demographics

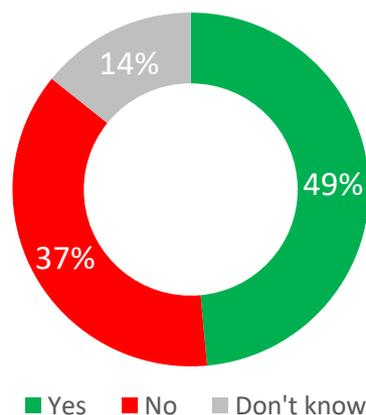


Disabled people were significantly more likely to have experienced delays or postponements to healthcare; nearly half of this cohort (48%) provided this response compared to non-disabled respondents (18%). Females (24%) and those aged 65+ (31%) were also significantly more likely to answer yes to this question compared to males (18%) and younger people (<=23%).



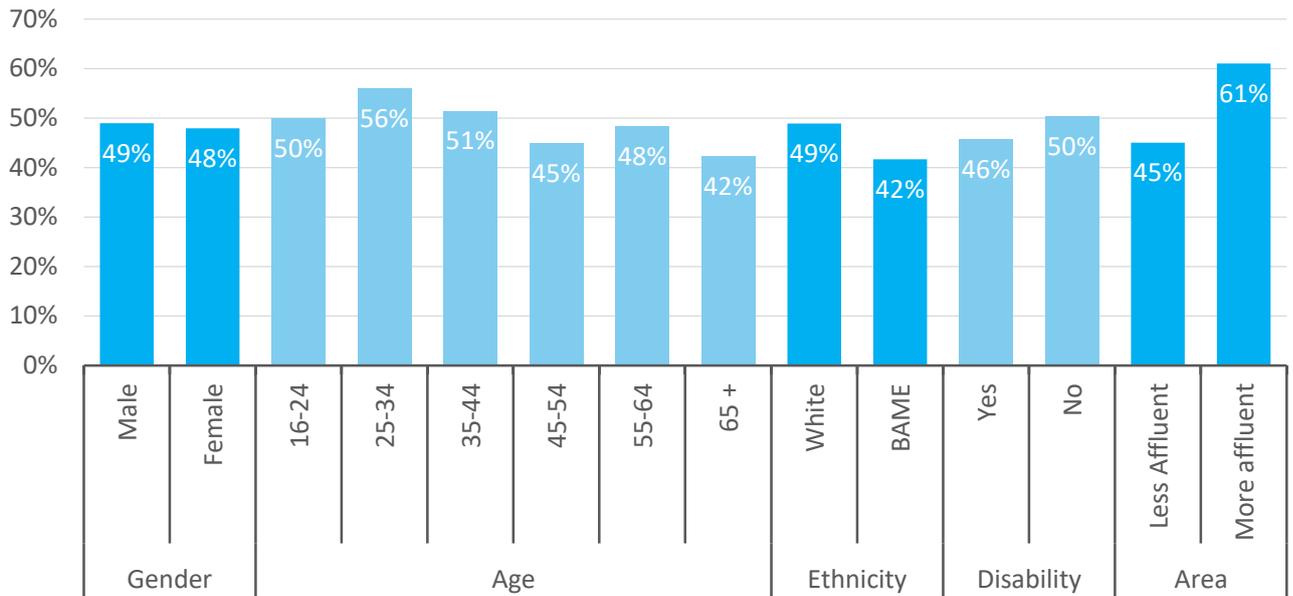
Of those respondents who confirmed they had experienced postponements or delays to healthcare during lockdown, nearly a third (31%) said they had managed while awaiting routine care. A quarter revealed they had suffered some adverse effects due to delays in that they were worried about their health (26%); had lived with pain (26%) or believed their health had worsened (24%). Furthermore, a tenth (10%) said they feel safer not going to hospital and fewer provided another reason.

Would you be willing to travel out of Sheffield for routine surgery if it meant you could be seen sooner?



Almost half (49%) said they would be willing to travel out of Sheffield for routine surgery if it meant waiting times could be reduced. Nearly two-fifths (37%) confirmed they would be unwilling to take this course of action and a small percentage (14%) did not know.

Yes by Demographics



Although no significant trends were identified throughout the demographic information collected. In general, a lack of any significant trends indicates that no particular group would be specifically impacted by this proposal, however, indicative trends may need to be explored amongst older people, BAME respondents and those in less affluent areas.

Those who had been subjected to postponements or delays to treatment were asked to weigh up any potential impact that travelling out of the city for care may have. Although proportion of patients felt this action would have no impact and that it was better to travel for an appointment if that meant being seen sooner, some identified barriers. These ranged from inconvenience through to lack of transport to make such a journey. Some respondents said it would be painful to travel too far due to health reasons and others had concerns about being alienated from family members during care which they had come to rely on.

*“Having 3 young children and breastfeeding it would not be an option for me.”*

*“I wouldn't be able to get there due to disabilities visual impairment and no access to a car.”*

*“It would take up more time to travel further but would be willing to for the sake of my health.”*

*“It would impact on my family as it is hard to see them at this moment in time.”*

*“It would be a struggle to get there alongside the cost of it, I would prefer it to be nearby and not to go through the stress of sorting it out.”*

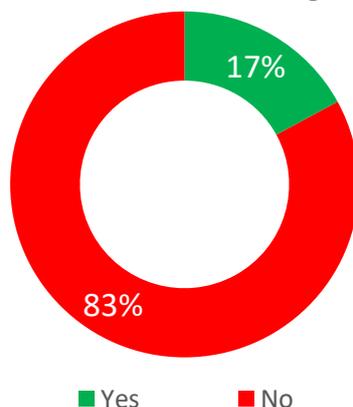
*“I'd manage, stay in a hotel if I had to, my treatment at the Hallamshire has been postponed but my friend travelled to Paddington hospital in London and got it done there”*

*“Improve my quality of life sooner as I would receive more timely treatment.”*

## Urgent Care

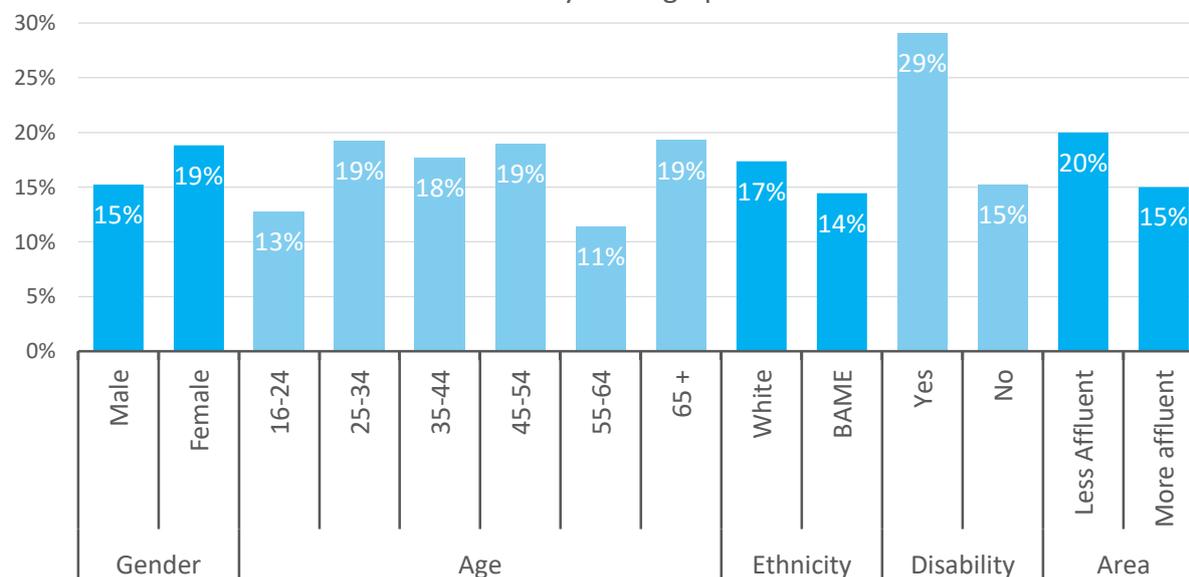
The final sections of the questionnaire focussed on respondents' experiences of urgent health needs since lockdown restrictions began:

Have you had an urgent health need since lockdown restrictions began?



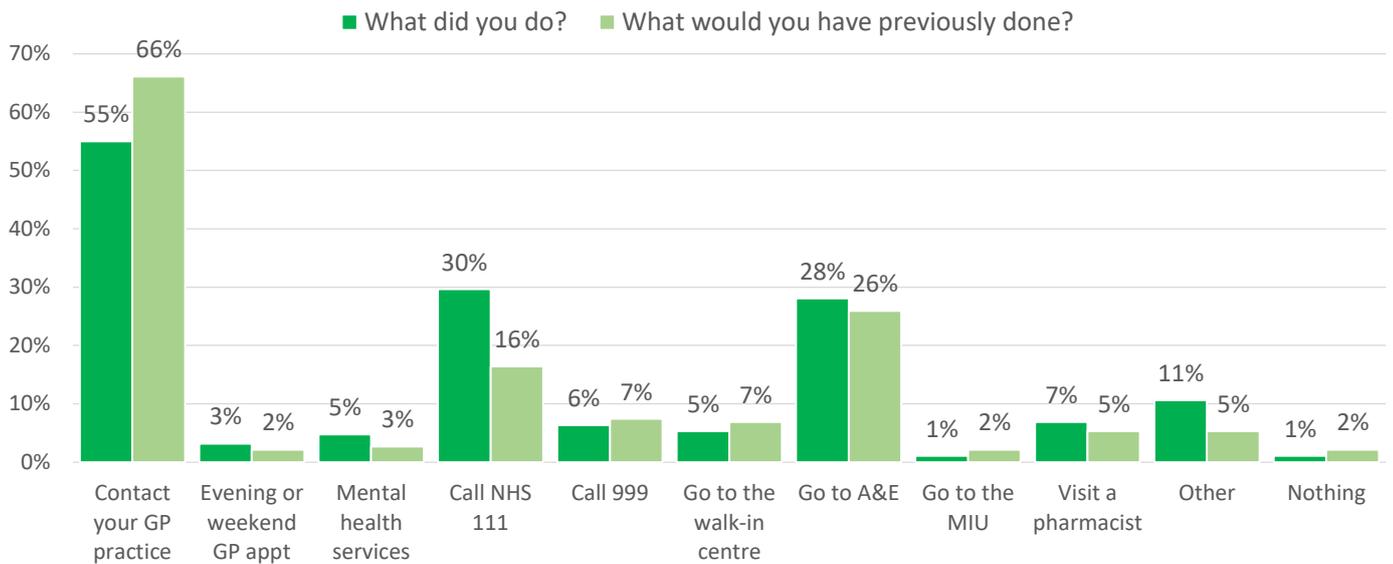
Nearly a fifth (17%) of respondents across Sheffield said they had an urgent health need since restrictions were put in place.

Yes by Demographics



Nearly a third (29%) of those living with a disability faced an urgent health need since lockdown began – the same group who were more likely to experience delays or postponements to routine care.

### What was done compared to what they would have previously done



Respondents were asked to outline what action they took to address their urgent care need and what they would have done previously, before lockdown restrictions. The majority said they contacted their GP practice to meet their urgent care need before and since lockdown, although there was a reduction in respondents using this method for their most recent health issue (66% down to 55%). There was a notable increase in the number of respondents contacting the NHS 111 telephone number; this increased by approximately double since lockdown from 16% up to 30%. Access through other methods remained generally consistent.

### What, if any impact did this have on you?



Respondents were asked to assess any impact that accessing services to address an urgent health need since lockdown restrictions had on them. The results were, in the main, positive. Nearly a third (31%) said they had received the treatment they needed with slightly fewer (29%) stating they had experienced no impact at all. Around a tenth said they were seen quicker (12%) and were seen by the right person (11%). Negative impacts were felt less with less than a tenth stating it took longer to be seen (8%); they weren't assessed properly (8%); they wanted to be seen in person (8%); they did not receive the treatment they needed (8%) or they had to travel further (7%). A small percentage mentioned other types of impact (4%).

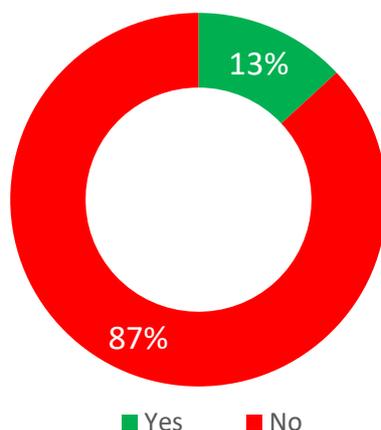
The Minor Injuries Unit at Royal Hallamshire Hospital has been closed during the pandemic. Respondents were asked how, if at all, this had impacted on them. The vast majority (95%) confirmed this closure had no impact at all with many stating they did not know the unit was closed or they did not require urgent care during this time. A very small percentage (5%) said they had been adversely affected by the closure and had to seek urgent care elsewhere in the city. Some respondents chose not to seek care at all during the closure. Other impacts included respondents being affected through relatives unable to use the facility, and having to travel further.

Due to a small sample, demographic trends for this questions are not statistically reliable, however, there is an indication that those who identify as disabled may have been more likely to be affected by the closure compared to non-disabled respondents (10% vs 4%) together with BAME respondents compared to White respondents (9% vs 5%).

## Mental Health

Furthermore, respondents were asked if they had needed help with their mental health since lockdown restrictions started:

Have you needed help with your mental health since lockdown restrictions began?

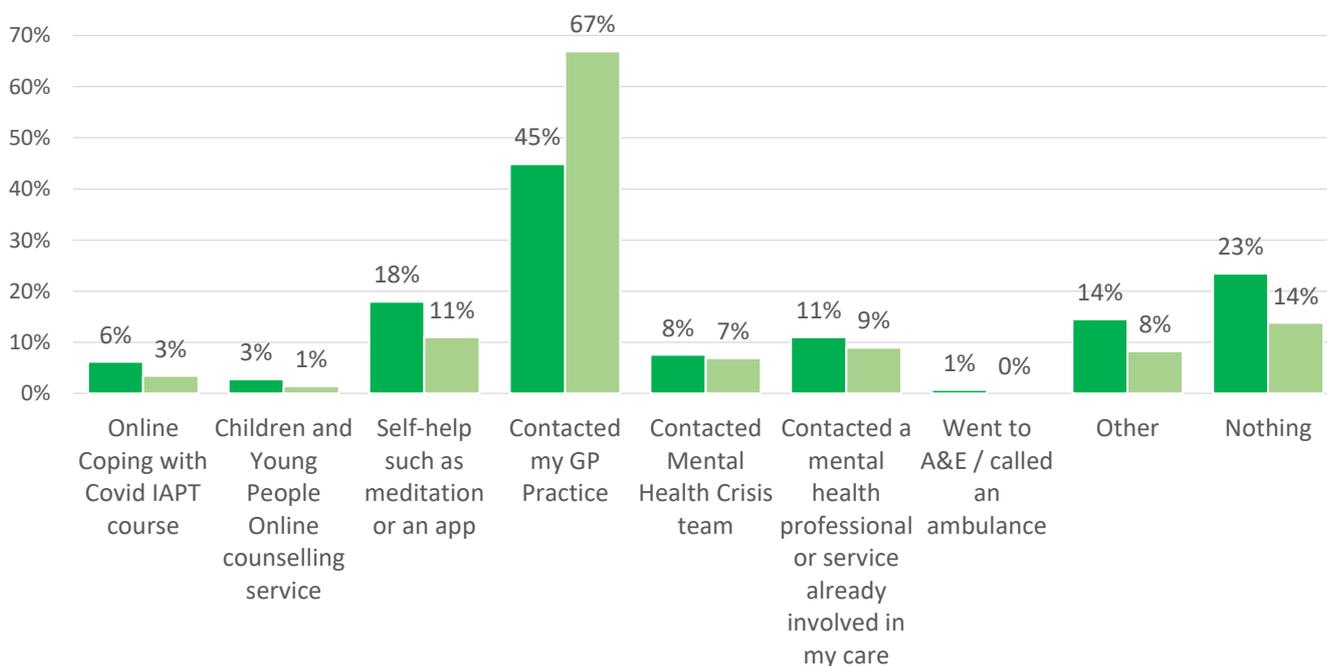


Just over a tenth (13%) of the population said they needed to seek help with their mental health; the majority (87%) said they did not.

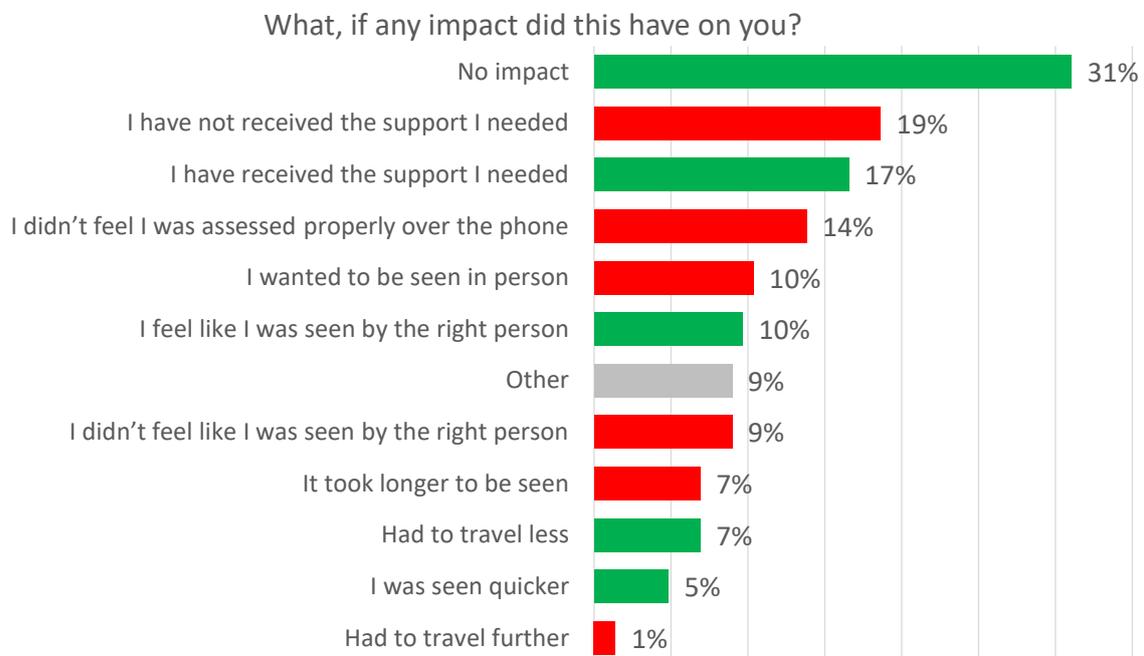
Due to a small sample, demographic trends for this question are not statistically reliable, however, there is an indication that disabled respondents were more likely to require help with their mental health since lockdown began.

What was done compared to what they would have previously done

■ What did you do? ■ What would you have previously done?



When asked to confirm the course of action respondents took compared to before restrictions were in place, there was a decline in engagement with local GP services (45% down from 67% before restrictions). An increase was seen in the use of self-help techniques (18% up from 11%) and also an increase in respondents who did nothing to address issues with mental health (23% compared to 14% before restrictions).

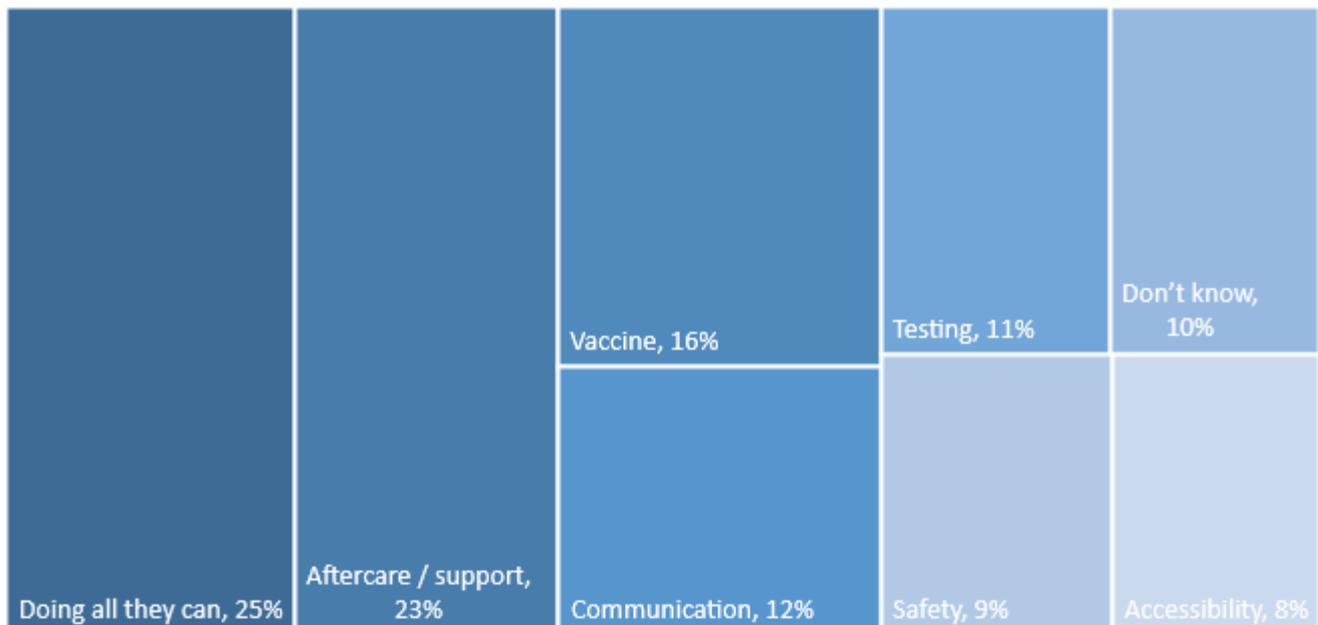


Just less than a third (31%) said that seeking help with mental health since restrictions were put in place had no impact on them, however a fifth (19%) felt they did not receive the support they needed.

Just less than a fifth (17%) confirmed they had received the support they needed, revealing an almost even split between those who received support and those who did not. A similar split was found between patients who felt they saw the right person (10%) and people who did not feel they were seen by the right person (9%). More than a tenth (14%) felt they were not assessed properly over the phone and a tenth (9%) said they were impacted in another way.

## Covid-19

In the final section of the survey, respondents were asked for their thoughts on what the NHS could do to support people affected by Covid-19 and then how the organisation could support more people during the pandemic. The former revealed some distinct themes:



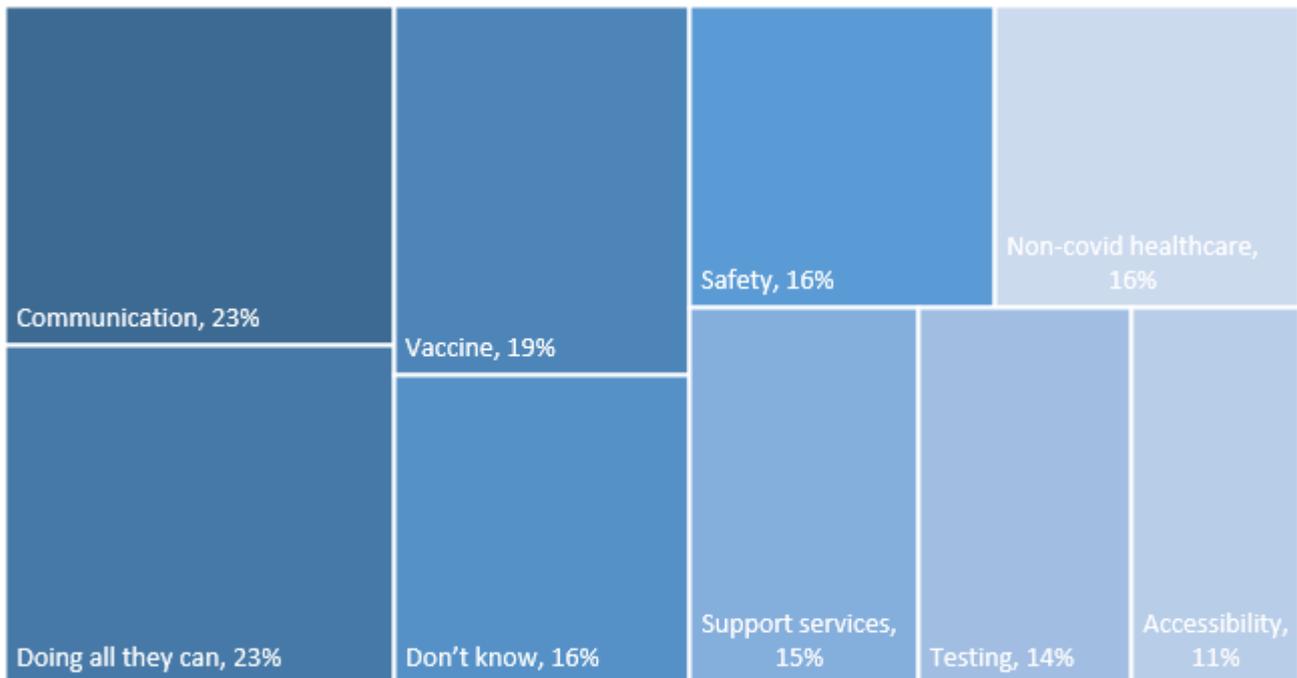
A quarter felt the NHS was doing all it could as an organisation to support people affected by Covid-19; some believing that outside organisations such as the government could provide more assistance to both respondents and the NHS. A further quarter thought that aftercare and support was needed to help people affected by the pandemic. This included monitoring of patients who had contracted the virus, long-term and providing support to patients and their families through the illness. Fewer (16%) believed that efforts to manufacture a vaccine would bring an end to the pandemic and, around a tenth felt that better communication of information relating to Covid-19 (12%); testing (11%) and improved safety measures (9%) could all play a part in supporting people affected. A tenth (10%) did not know and 8% felt that improved accessibility would help.

Verbatim contained within the themes included:

*“Ensure that follow up appointment/regular check-ups are arranged either in person or via a phone call. Point people in the right direction and give advice or even leaflets or apps on what to do at certain points of recovery. Set up a hub or online forum for people to visit at their convenience.”*

*“To be honest the Covid testing needs to be more accessible and available for people as people have struggled to get test and results. More access to service for people who are registered with mental health issues and that the NHS to chafe up people that are vulnerable”*

When asked how the NHS could support the wider population during the pandemic, similar themes were echoed throughout the comments. Long term care, safety, support, communication, and a response to the pandemic were all highlighted with many reiterating comments already made regarding people who had fallen ill with the virus. Similar themes were prevalent amongst the comments:



Nearly a quarter (23%) felt that communication was vital in supporting people during the pandemic with a further quarter (23%) of the belief the NHS was doing everything it can as an organisation to support individuals. A fifth (19%) felt that a vaccine was the answer to the issues the pandemic has caused and would therefore offer support to respondents. Others felt that safety (16%), the provision of healthcare for those with health needs other than Covid-19 (16%) and support services (15%) were important aspects that should be considered.

Verbatim contained within the themes included:

*“The biggest problem currently is the treatment of non-Covid patients who require treatment. I think it needs addressing, even if it means having separate units for non-Covid patients and isolating them beforehand. Also, I think the NHS should make a real effort to keep up with routine vaccinations otherwise we will massive outbreaks of things like measles in the future.”*

*“I look after a lady 92 years old. She is very active and through the lockdown, she became very isolated and confused. I think the NHS could act on information and give elderly people support and check up on them. They also need to give you the option to see them if symptoms remain or worsen and put it on their system so when you ring up, they can give you advice.”*

*“I feel they can help support people more who have mental health issues, a lot of people are struggling with anxiety and mental health and not getting the support they need. The last thing they want is to be on Hold on a phone for hours, especially if they are feeling suicidal.”*

*“Access to GP services has been difficult and lengthy. 111 services didn't seem to be particularly helpful from my family's experience although hospital settings have been extremely efficient and as a family, we have been happy with care given.”*

*“Just be mindful that there are other issues going on, not just the pandemic. When I went to A&E I felt like I wasn't important and there were other things going on but because of the pandemic, I didn't get given the ultrasound I needed.”*

*“The NHS are doing an amazing job and I don't think there is anything else they could do. They are pretty stretched as it is as well as trying to keep everyone else safe, including their own families when going back home after work.”*

*“I had a family member who had cancer, but her treatment was delayed and postponed. They passed away which has left doubts in our minds as to whether they would be still alive if the services were running at full capacity.”*

*“My husband was taken into hospital after having a stroke and I wasn't able to see him for weeks which affected him massively and also affected me so I think more support on situations like that would be good.”*

*“A better support line for people to be able to speak to professionals quicker. Support the vulnerable.”*

*“I don't think that they can do any more, the help needs to come from other resources, e.g. the government.”*

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