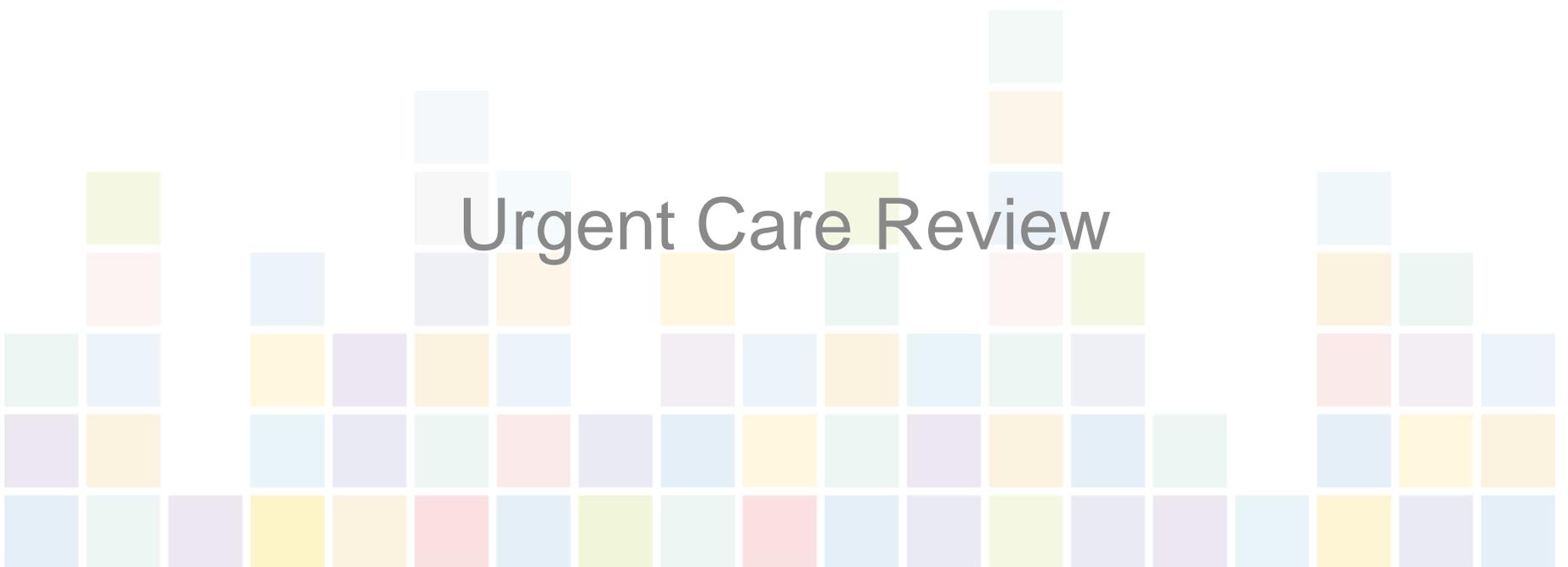


Key outputs from Workshop 4

28 February 2019



Urgent Care Review

Aims of the workshop

Overall Aim - To continue to develop a collective view of the problems Sheffield faces regarding urgent care

Review of work to date

Outreach engagement

Preparing for the next workshop

- Creating characters
- Final draft – problems and issues
- Testing the current draft principles
- Gaps in knowledge

Questions and Close

Exercise 1

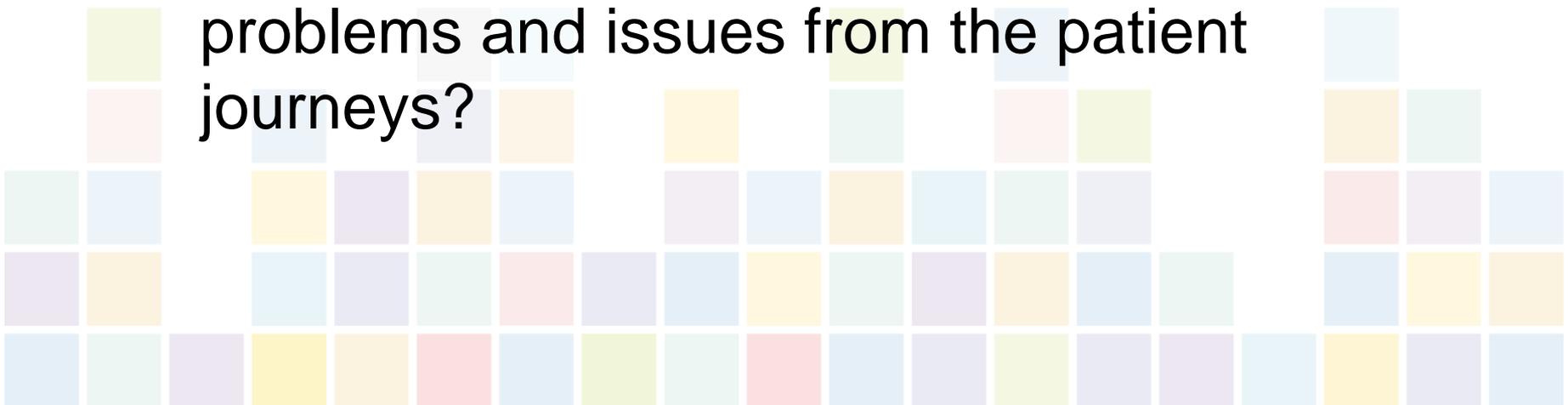
- With the outreach patient journeys on the table
- Are there common themes?
- Review the problems and issues developed in workshops 1 and 2. Do they capture the problems and issues from the patient journeys?

Key Points from the discussion

- Confidence in the services (past experience counts for a lot)
- Being risk averse (swamps the system)
- Lack of flexibility to suit the patient's needs
- Lack of patient centeredness
- Lack of holistic care
- Inequality issue – lack of social support
- Community Infrastructure is important and used.
- Not wanting to go to A&E with MH issues– chaotic, stressful and not welcoming
- Staff warmth, trust, patient centeredness – treating everyone holistically should always be offered
- Pathway for self-harm needs to be improved.
- Physical/Mental health – not everyone trained in physical and mental health - maybe lack of resources
- Trust in people and services is based on previous occasions.
- Some don't like services like Mental Health Liaison at A&E– should they be just at A&E.
- Lack of good staff handover and different level of risk in staff.
- Is a city bus service for disabled people, 1 trip £2 could it be extended to weekends.
- 999 provides transport and 111 don't
- Some know about 111 & WIC but some who don't. They go straight to 999 or just wait to get worse and then need to call 999.
- Is 111 advertised as much as NHS Direct used to be.
- Not big use of Out of Hours GP.
- Staff behaviour (situation not very inclusive some patients may not push)
- Not everyone uses the phone (face to face is warmer)
- How many attendances could be avoided if patients with LTC had their own plan of what to do.
- Transport is an issue
- Cost of transport is an issue
- A&E less waiting time and nearer to some
- Use of WIC – is this linked to ease of access to WIC from Darnall
- Mental Health – go to WIC as can't access appointments in the daytime.
- Access to mental health – The public don't understand if there is direct access to MH? Its unclear.
- Is there a lack of appointments due to availability of actual appointments or/and ability to access available appointments?
- Signposting – any WIC needs to have the full facility to redirect appropriately
- Anxious about the closure of their surgeries – very unclear.
- Geography is a fundamental issue
- Lack of access to services.
- Incompatible meds – is this because of services disjointed.

Exercise 2

- With the outreach patient journeys on the table :
 - Review the problems and issues developed in workshops 1 and 2. Do they capture the problems and issues from the patient journeys?



With the outreach patient journeys on the table, are there problems and issues not covered in the existing venn diagram developed so far.

Health Inequalities

- Where you live in the city.
- Geography & Transport
- Affluence & Poverty
- Language barrier/interpreting - access to services – different to access/receive services (knowledge). Transport
- Remove health from inequalities section
- Inequality impact
- LD/MH less aware of 111

Culture & behaviours

- Language & communication
- Understanding/interpretation of the information provided.
- Language/culture barriers.
- People don't need to differentiate between Hub/Collab/practices – just need to know GP.
- Not treated as an individual
- Need to understand cultural norms about how urgent care works.
- Cultural sensitivity as well as organisation culture and individual behaviours.

Problems and Issues so Far

