

# 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

