Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Urgent Care Services in Sheffield

Public engagement with specific groups

March 2017

Summary report

Contents

1.0 Introduction

This report describes engagement activity conducted in March 2017 with communities of interest about the urgent care system in Sheffield. This builds on engagement activity with the general public in 2015 and 2016 that informed the Urgent Care strategy[1] which was published in May 2016. Links to previous activity are outlined in appendix 1 of this report.

The aim of this report is to provide themes and trends to help inform consultation options development for the future urgent care system in Sheffield.

1.1 Background and context

Demand and pressure on urgent care services continues to increase in Sheffield, in line with the national picture. NHS Sheffield CCG is committed to improving patient care and access to services and is therefore keen to understand the experience of people who receive care locally.

The CCG is committed to meeting our statutory obligations in relation to patient and public involvement and this report highlights activity undertaken in relation to the Health and Social Care Act 2012, The Equality Act 2010, the NHS Constitution and the latest NHS England guidance. The most recent pre-consultation engagement activity also demonstrates our commitment to the Gunning Principals, particularly 'engaging when proposals are still in their formative stage'.

1.2 Methodology

Qualitative and quantitative methods were used to collect data from target communities with the aim of gaining sufficient information to consider themes and trends about usage of services, barriers to access and patient experience.

The aim was not to provide statistically significant and scientific data, but to provide colour and texture to conversations about how the system could best meet the expectations and needs of local people.

1.3 Target groups

In order to inform development of options, it was important to utilise public health data to recognise groups who hadn't been given specific opportunities to share their experience or usage of services in the previous two engagement activities. In the month of March 2017, the following groups were identified, approached and asked for their views:

- Homeless community
- Substance misuse community
- Asylum seekers and those living in temporary accommodation
- Communities with greatest deprivation
- Students
- City workers

[1] http://www.sheffieldccg.nhs.uk/Downloads/CCG%20Board%20Papers/May%2026%202016/PAPER%20E%20Strategy%20for%20Urgent%20Care.pdf

1.4 Approach

Our approach was to work with conduit organisations who support community members to learn from people with lived experience, through semi-structured one to one interviews or completion of a questionnaire (see appendix 2). We also utilised peer to peer conversations, particularly with the homeless community, to ensure authenticity to the data collected. The organisations that contributed to this work were:

Cathedral Archer Project
Health Inclusion Team at SHSCFT
Shipshape
Sheffield Alcohol Support Service
The Fitzwilliam Centre
Drink Wise Age Well
Mulberry Practice
South Yorkshire Housing Association
Darnall Wellbeing
Lowedges Terminus Initiative
Public Health Team
Devonshire Green Practice
Refugee Council
Walk In Centre
Network Church
Sheffield University
Sheffield Hallam University
Arriva
Healthwatch Sheffield

In addition, staff who work within services were interviewed to enable a greater understanding of collective experience amongst communities and to provide overarching themes and trends.

2.0 Executive Summary

This engagement activity targeted specific groups of people, some of whom are considered harder to reach, to ensure that their voice was heard prior to options being developed for the future urgent care system in Sheffield. In addition, the common factor is their geographical proximity to the city centre, where many commissioned specialised services are based.

289 community members shared their views:

Community	Questionnaire responses
Homeless community	30
Communities with greatest deprivation	120
Substance misuse community	14
Asylum seekers and those living in temporary accommodation	5
Students	76
City workers	50

In addition, semi-structured interviews were conducted with staff from the health, social care and the charity sector, to enable exploration of ideas and themes that emerge from daily contact with community members.

It should be noted that for the purpose of this report, people have been categorised according to which service collected their response. Particular attention should be paid to the correlation between homelessness and substance misuse, particularly in relation to service usage. One health professional shared that, anecdotally, it is estimated that around 43% of people who are known to the substance misuse team have had a significant head injury that has resulted in impairment to memory and organisational skills, as well as increased levels of anxiety. The impact of this on the individual and their 'revolving door' use of health services cannot be ignored when considering future health service provision and tailored behaviour-change models for specific population groups.

2.1 Summary of themes and trends

- Access to mobile phones was described as an issue by staff working in specialist health services. From the sample size of 164 people (from substance misuse, homeless and communities of greatest deprivation), 13 people didn't have access to a phone (representing 8%). This has implications for the design of a system based on calling 111, having to phone to make a GP appointment or call the emergency services. For those people who do own a phone, a text reminder of appointments was described as having a positive impact on people attending routine appointments. Anecdotally, however, if someone needed to confirm an appointment by replying (for which they would require phone credit) this was a barrier.

- The cost of travel on public transport was described as a barrier particularly for people with no or low income. E.g. Job Seekers Allowance is £60 per week – £4.80 for a day saver on the bus could mean the choice between eating and travelling. An example was given where a family had walked 3 miles with a poorly young child because they couldn't afford transport. Once at the hospital, they couldn't see any advertising / had low literacy levels and English as a second

language, so left without visiting the cashier's office to use their HC1 card to be given cash for their return journey home.

- From the 164 people sampled from the substance misuse, homeless and areas of greatest deprivation communities, 83 (51%) used walk, bus or ambulance as their mode of transport. These people did not indicate that they had access to a car.

- Temporary visas and therefore temporary registrations at primary health care settings are creating health inequalities due to lack of access to screening, immunisations, long-term condition management support, etc.

- Data supplied by the Walk-In Centre showed that the majority of patients that attend are students and young professionals, that less than 3% of people revisit and most people arrive by car. This data is different to the assumption that the Walk-In Centre is providing support to large numbers of vulnerable people as an 'overspill' to commissioned primary care services in the city centre.

- Conversations with health professionals and charity workers who support vulnerable communities, suggested that people are signposted to the Walk-In Centre when primary care capacity is full at other sites within the city centre. Often, however, patients don't arrive or they register, but don't wait to be seen. The Walk-In Centre sited that the lack of specialist support (e.g. in the case of long term substance misuse) and people not wanting to share their story with someone they don't already have a relationship with were reasons behind this behaviour. Statistically, from the 164 people sampled from the homeless, substance misuse and communities where there is greatest deprivation, there had been 128 reported visits to the WIC in the last year. This compared to 262 visits to A&E.

- With regard to self-reported service use, 9 people started that they had collectively attended A&E 164 times in the last year:
    - From the Darnall community, 4 people had visited 49 times
    - From the Lowedges community 1 person had visited 50 times
    - From the homeless community 2 people had visited 40 times
    - From the substance misuse data, 2 people had visited 25 times

  Consideration of a tailored, specialised, personal intervention, perhaps via the Integrated Personal Commissioning work stream or via active support and recovery could be considered for individuals with high service usage.

- Specialised support teams are pivotal in navigating the system with and on behalf of people. There are strong and historic links between Voluntary, Community and Faith sector organisations and statutory services. Demand for these services has increased over time and, where strong interpersonal and organisational relationships exist, people are less likely to fall between the cracks. Particular issues were expressed about hospital discharge and communication with primary care services to enable appropriate support is in place. Specific examples related to homeless people being discharged from the Northern General Hospital late at night without money or transport, but needing to reach the city centre to find a bed for the

night. VCF sector organisations expressed hope that through social prescribing contracts and greater neighbourhood working, they would be able to provide more of a safety net for people in vulnerable situations.

- Staff working in specialist teams such as the Mulberry Clinic, Refugee Council and Cathedral Archer Project spoke of the need to be flexible according to people's individual needs and experience, to enable people to access appropriate care. They also spoke of the challenge of people becoming so familiar with the way in which specialised services are provided (e.g. on a drop-in basis, with familiar and trusted professional in a familiar location) when the overall aim is to encourage people to access healthcare via GP services in local communities, that this becomes challenging. Specific examples related to requiring access to a phone, being available at 8:30am to make an appointment (perhaps when someone requires sleeping medication in relation to past trauma) and seeing a health professional who they may not have met before.

- Based on the self-reported information, all communities reported that the service they had used most in the last year was pharmacy, other than the substance misuse community. The question that was asked related to use that didn't involve collection of a prescription. This perhaps shows a move towards utilisation of pharmacy services based on the national 'Pharmacy First' campaign or local campaigns such as 'Stop, Think, Pharmacy First'. The majority of people highlighted that they had made that choice because they had 'used it before', 'someone suggested that I went there' or 'the staff are friendly'. With regard to the substance misuse community, the service they self-reported they had used most was A&E.

2.2 Next steps

- To ensure that this information is utilised at Governing body in the decision making process about options for the future urgent care system, particularly in relation to reducing health inequalities.

- To ensure that information ascertained during this engagement activity is shared beyond the Urgent Care portfolio and has impact on wider commissioning in the organisation.

- Build on links made with partner organisations in other CCG activity and particularly when we move to formal consultation on the urgent care system.

3.1 Summary of feedback from homeless people and rough sleepers

Methodology

- Semi-structured interview carried out with the Project Activities Co-Ordinator at the Cathedral Archer Project
- Semi-structured interview carried out with GP from the Devonshire Green surgery
- 30 questionnaires completed by rough sleepers and homeless people, with support from volunteers at the Cathedral Archer Project

Themes and trends from collated data

- The anecdotal feedback from staff about access to a phone was borne out in the data collection from service users – from the 30 people who completed the questionnaire, 7 people didn't have access to a phone and 1 person didn't respond. Staff highlighted that phones are often lost or stolen and, although the use of text messages was helpful as a reminder for appointments, if there was a requirement on the person to respond to confirm their attendance, the cost of phone credit was an issue.
- In terms of accessing a GP, 2 people stated that they didn't have access or weren't registered with a GP, 7 accessed primary care via the drop-in service provided by Dr Liz Allsopp at the Cathedral Archer Project (2.5 hours each Wednesday), 18 were registered on a permanent basis and 3 were registered on a temporary basis. For those not registered on a permanent basis, this could be exacerbating inequalities due to lack of access to screening, long-term conditions management etc.
- In terms of service usage outside the weekly GP drop-in clinic, pharmacy (excluding collection of prescription) was the most frequently used service, followed by A&E and then the Walk-In centre. The primary reasons people gave for the use of these services was that someone had suggested they went there or they had used the service before.
- In terms of transportation to receive healthcare in the last year, 26 respondents mode of transport was a bus, ambulance or had walked, 3 people used a car and 1 person hadn't used any of the services in the scope of the review.
- In terms of if any of the services in the scope of the review moved to a different location, there were 12 negative responses if the minor injuries unit or A&E moved and 10 negative responses if the Walk-In centre moved. Comments received included, 'it would cause stress', 'I would have to travel further'. Other people expressed no adverse effect with comments such as, 'not if I knew where to go' and 'would have to google maps it and find which buss to catch'.
- With regard to general comments about NHS services, there were 9 positive comments which included, 'staff are good to me', 'treated fairly' and 'been a helpful service'. There were 9 negative comments such as, 'Walk-In takes too long', 'under staffed' and 'cannot get a GP appointment'. Additional comments included, 'good and bad experience – was judged on my lifestyle' and 'good service just struggled to get a GP appointment so had to go to Northern General'.

Wider issues for further consideration outside this review

- In terms of breaking the cycle of substance misuse, homelessness and people falling between the cracks of service provision, the 'in-reach' into hospitals model[2] was suggested as an option for exploration by primary care, perhaps via the neighbourhood team. This national model has been adapted in Manchester by the 'Urban Village Practice' and is called 'mpath'.

[2] http://www.pathway.org.uk/about-us/

- A dispersed model of re-housing by the Local Authority means that lots of surgeries offer primary care support for people with experience of homelessness. A multi-agency PLI on homelessness and health would be welcomed.
- Palliative care for homeless people, particularly those with a history of substance misuse, was expressed as an issue.
- Greater neighbourhood working coupled with advances in sharing of information across the multi-agency team were seen as positive, particularly if coupled with support for risk stratification for more vulnerable people.

3.2 Summary of feedback from communities with greatest deprivation

Methodology

120 completed questionnaires were completed with support from the following organisations:

- Darnall Wellbeing (81 returns)
- Shipshape (28 returns)
- Lowedges Terminus Initiative (11 returns).

These were completed by community members with support and encouragement from staff and volunteers with direct links and trust with the community. Conversations took place at craft groups, conversation clubs, dance groups, the older Asian men lunch club, Tinsley conversation club (female only), Roma community clinic, Remploy and Together Woman. Bi-lingual Health Trainers helped to ensure optimum reach within the community.

Themes and Trends

- Based on the 5 services that were in the scope of the review, the service that was attended the most was Pharmacy (749 visits), although this did include one respondent who reported they had used it 365 times. This service was also the most used with 79 out of 120 people having used a pharmacy within the last 12 months.
- Although there were almost double the number of usages of A&E (164) than the Walk-In Centre (83), the number of respondents who had used it was similar, with 40 respondents using the Walk-In Centre and 41 using A&E.
- 5 people had accumulatively visited A&E 99 times in the last year.
- For all 5 services, the main reason given for choosing the service was because they had used it before.
- The services that respondents were most likely to use in the future were their GP (52) or A&E (44).
- When asked about NHS services in general, 5 people who shared their thoughts via Darnall Wellbeing stated ‘can’t get an appointment until weeks later, can only see the doctor about one problem, drop-in doesn’t work, doctors don’t look at records, no translators but you can’t talk for your children, by the time the appointment comes you are feeling better’. Another person reported ‘sometimes it’s a very bad environment with very bad verbal abuse to staff.’ Other people who were asked via Darnall Wellbeing stated positive experiences such as, ‘good experience for me and my family’, ‘all positive, all good’ and ‘always get help when required’.
- From comments received via The Terminus Initiative at Lowedges, greatest concern was expressed if the pharmacy service moved. 8 of the 11 respondents expressed some level of anxiety including, ‘it would be difficult as I am disabled’ and ‘need to find a new bus route’. In relation to other services in the scope of this review moving to a different location, concerns related to bus routes and time taken to travel.

3.3 Summary of feedback from substance misuse community

Methodology

- Semi-structured interview with Clinical Service Manager at the Fitzwilliam Centre
- Focus group with 5 staff working at the Drink Wise, Age Well project
- 14 completed questionnaires by people using Sheffield Alcohol Support Service (SASS)

Themes and Trends

- Based on the 5 services that were in the scope of the review, the service that was attended most was A&E. Significantly, 3 people from the 14 surveyed had accumulatively visited A&E 31 times in the last year, one person stating that their mode of transport was ambulance.
- Based on the 14 responses, 13 people had access to a phone. Staff highlighted however, that people often didn't have credit to be able to make a call.
- Some drugs cause serious problems to teeth and gums. Dental issues can have significant impact on a person's self-esteem. It was reported that navigation of the dental service is particularly complex.
- The cycle of people being detoxed in hospital then falling back into crisis following discharge could be reduced if communication between support services (particularly the VCF sector) was improved.
- The issue of people accessing services, but then not waiting to be seen is significant. This relates to GP appointments several weeks in advance, arriving by ambulance at A&E and not waiting to be seen and at the Walk-In Centre.

Specific Feedback from the questionnaires

- Most people expressed no adverse effect if any of the 5 services in the review were moved. Comments received on individual services were:
    - One person started that if their pharmacy moved it would "affect them badly"
    - One person stated that, if any of the services moved they "Would have to google maps it to find it and find which bus to catch"
    - One person commented that if the Walk-In Centre moved they "Would have to walk or would require a bus/taxi"
    - One person stated that, in relation to A&E, "Depends, to be honest, where it moved too"
- When asked about people's general experience of NHS services in Sheffield, 6 people didn't complete that section, 7 expressed a positive response which included quotes such as, "Attended 2008, very good no complaints, good follow up", "Brilliant not rewarded enough", "I have used the Walk-In centre and found it to be effective" and "Treated at A&E quickly, courteously and efficiently" and one person offered a negative response, "Long waiting list for mental health and was forgotten about".

3.4 Summary of feedback from asylum seekers / those living in temporary accommodation

Methodology

- Semi-structured interview with Clinical Service Manager at the Mulberry Practice
- Semi-structured interview with Project Worker at the Refugee Council
- 3 semi-structured interviews with asylum seekers from Namibia, Pakistan and Afghanistan
- 2 semi-structured interviews with people living in South Yorkshire Housing Association temporary accommodation, 1 from the traveller community

Themes and Trends

- Services for new arrival asylum seekers and refugees tend to be based in the city centre, and are offered on a drop-in basis. For a variety of reasons, people are unlikely to arrive at other services (including the WIC, pharmacies, Minor Injuries, etc.) unless they have been told to attend by a person in authority (including case workers, receptionists, etc.). Even when encouraged, people often choose not to attend or avoid long waits by leaving before they are seen. They would prefer to be seen by the specialised service the following day.
- When asylum seekers and refugees are settled in Sheffield, they are encouraged to register with a local practice. This is sometimes problematic as people with chaotic lifestyles struggle to fit in with surgeries where the system requires same-day appointments via an 8:30am call – particularly as many people require medication to sleep.
- The revised government policy to issue 5 year temporary visas, rather than permanent visas, is having a knock-on effect for people registering at a GP surgery – hence their lack of access to screening, immunisations etc. which is creating greater health inequalities.
- Failed asylum seekers who live with long term conditions are particularly difficult to support, as they are often 'sofa surfing' and therefore cannot carry large quantities of medication drugs for fear of physical assault / may not have access to places to store them appropriately (e.g. insulin in a fridge) / may not have regular access to food if reliant on charity donations. For those people, social isolation can become a significant issue.
- People tend to own a telephone but paying for credit is an issue. Texts were highlighted as an effective way of reaching people to remind them of appointments etc
- Transport was highlighted as the biggest issue for this community as people travel on foot or by bus. The cost of public transport was highlighted consistently as a barrier to people accessing care outside their geographical community e.g. Job Seekers allowance is £60 per week-£4.80 for a bus Day Saver could mean the difference between eating and travelling.
- People are often unable to read English and therefore understanding prescriptions, instructions for medication usage, letters for specialist clinics etc. is entirely reliant on project workers. The first languages of the latest group to arrive in the city are: Arabic, Swahili, Oromo, Somali and Neur.
- People arrive following a period of time (sometimes years) in a refugee camp where there is little access to health care and therefore have different cultural behaviours towards health.

Conclusions and recommendations

- Access to free telephone advice / signposting
- If services are moved outside the city centre, the issue of the cost of transport must be considered
- Staff (receptionists, support workers, clinicians) across all sectors should be prioritised if the system changes in terms of access points as they play a crucial role in signposting.

3.5 Summary of feedback from students

Methodology

- 76 completed questionnaires by students of both The University of Sheffield and Sheffield Hallam University.

Themes and Trends

- Based on the 5 services that were in the scope of the review, the service that was attended the most amount of times was Pharmacy (144 visits). This service was also the most used with 43 having used a pharmacy within the last 12 months.
- In the last 12 months, 13 respondents had used the Walk-In Centre and 14 had used A&E.
- Respondents stated that they were more likely to walk (20) or travel by car (13) to receive health services.
- The services that respondents were most likely to use in the future were their GP (39) or 111 (37).
- Most respondents were registered with a GP in Sheffield, of those that weren't (7), this was because they were registered in a different area.
- Respondents felt that their pharmacy moving location (16) would affect them more than any other service.

3.6 Summary of feedback from city workers

Methodology

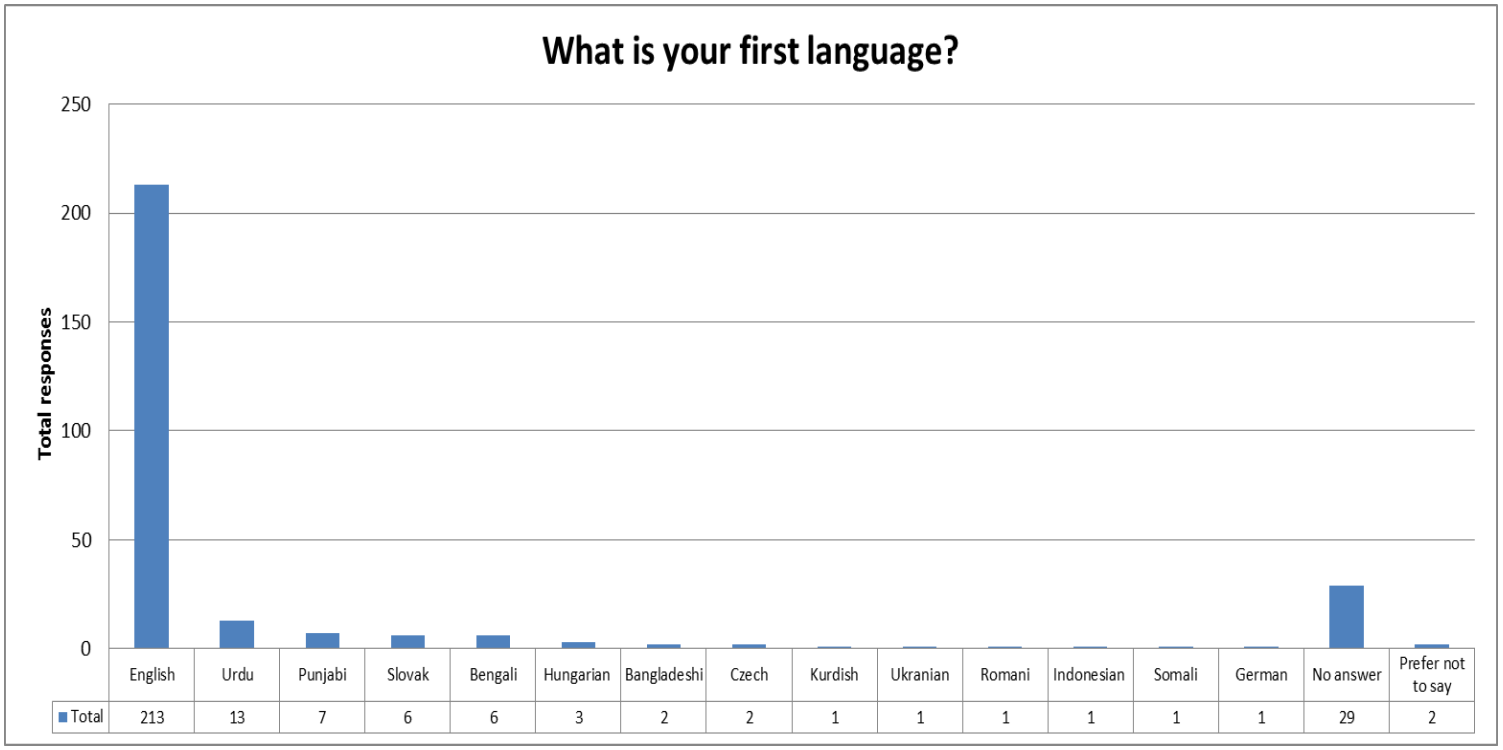
- 50 completed questionnaires by people who work in the City Centre

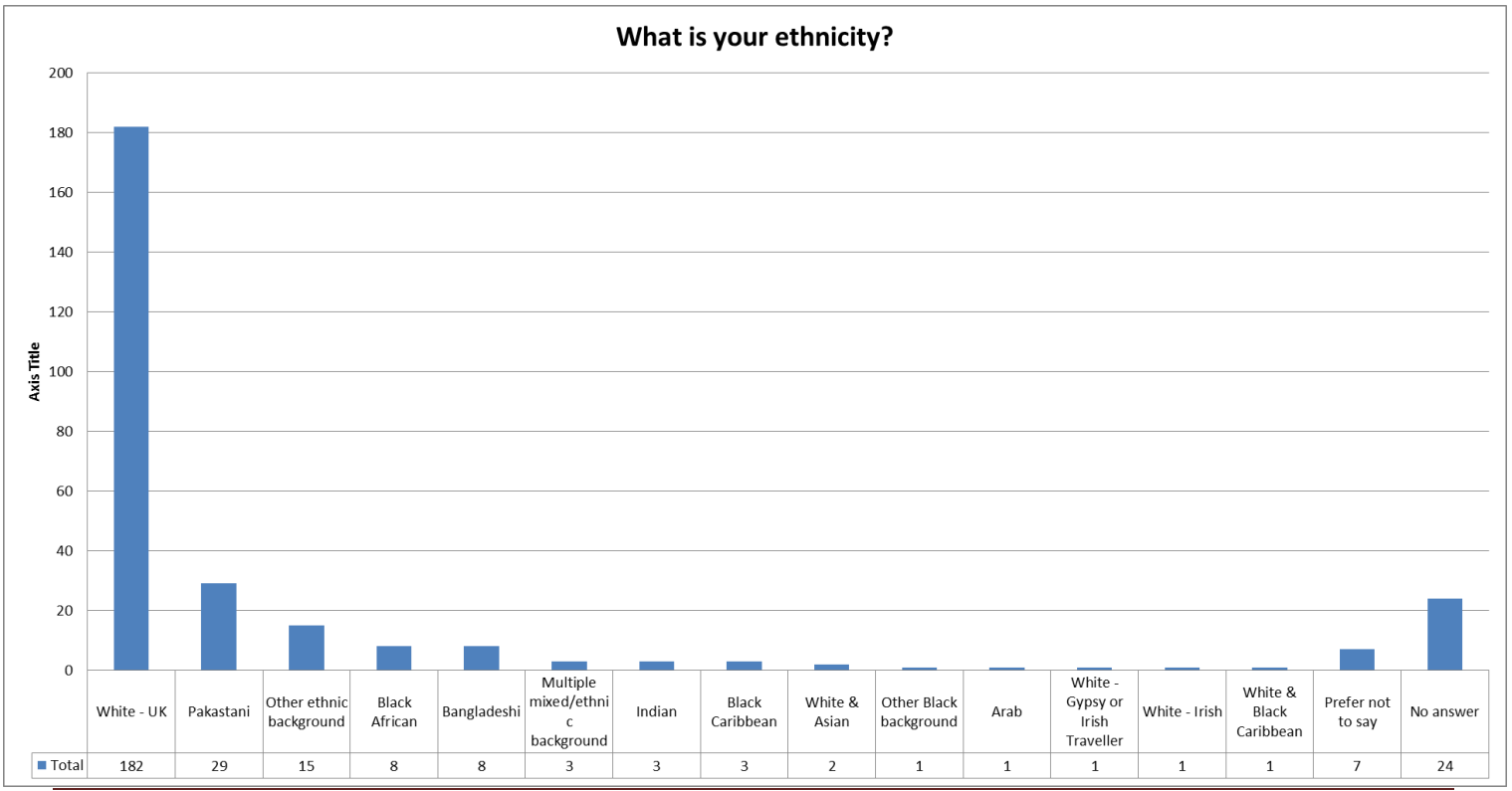
Themes and Trends

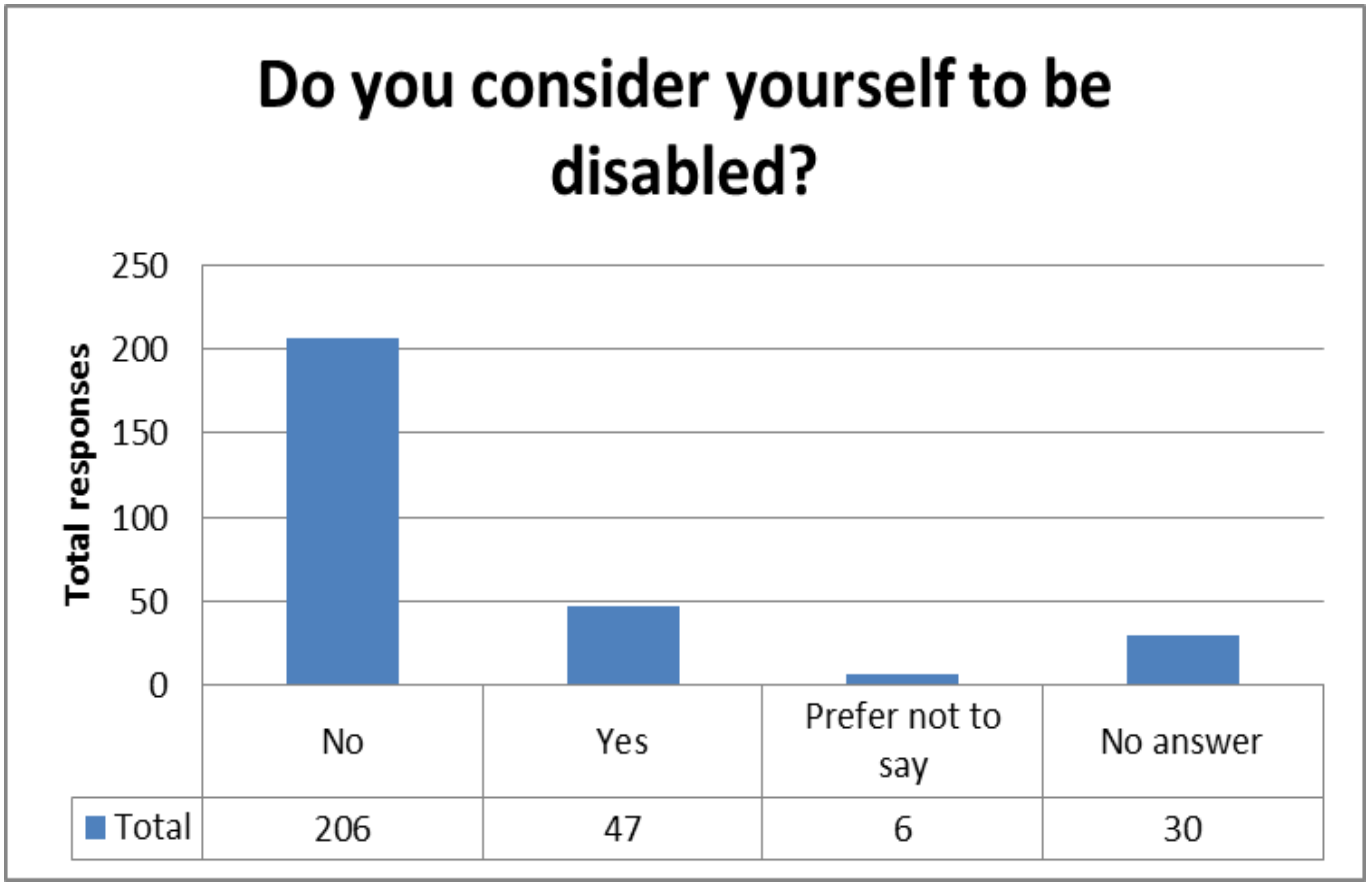
- Based on the 5 services that were in the scope of the review, the service that was attended the most amount of times was Pharmacy (119 visits). This service was also the most used with 29 having used a pharmacy within the last 12 months.
- In the last 12 months, 5 respondents had used A&E and 12 had used the Walk-In Centre.
- Respondents stated that they were more likely to walk (15) to urgent care services.
- Most respondents were registered with a GP in Sheffield, of those that weren't (7), this was because they were registered in a different area where they lived.
- Respondents felt that the Walk-In centre (11) and their pharmacy (10) moving location would affect them negatively. The main reasons cited were that they were currently convenient and accessible to all.

4.0 Summary of demographic information

The following graphs highlight demographic information from the 289 people who contributed to the March 2017 engagement activities. Where relevant, equalities information has also been included in the summary report for each community.






Do you consider yourself to be disabled?
Total responses
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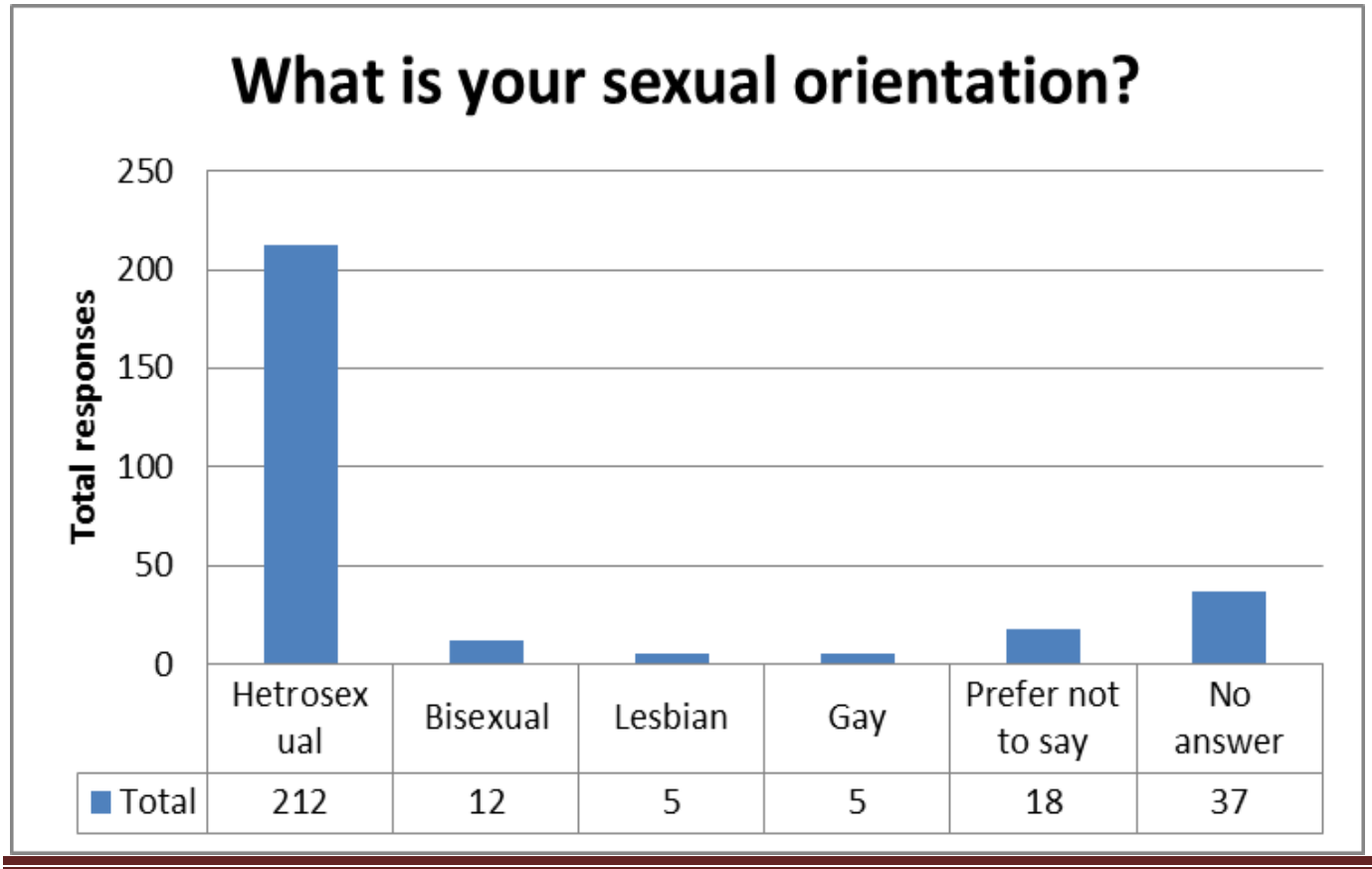
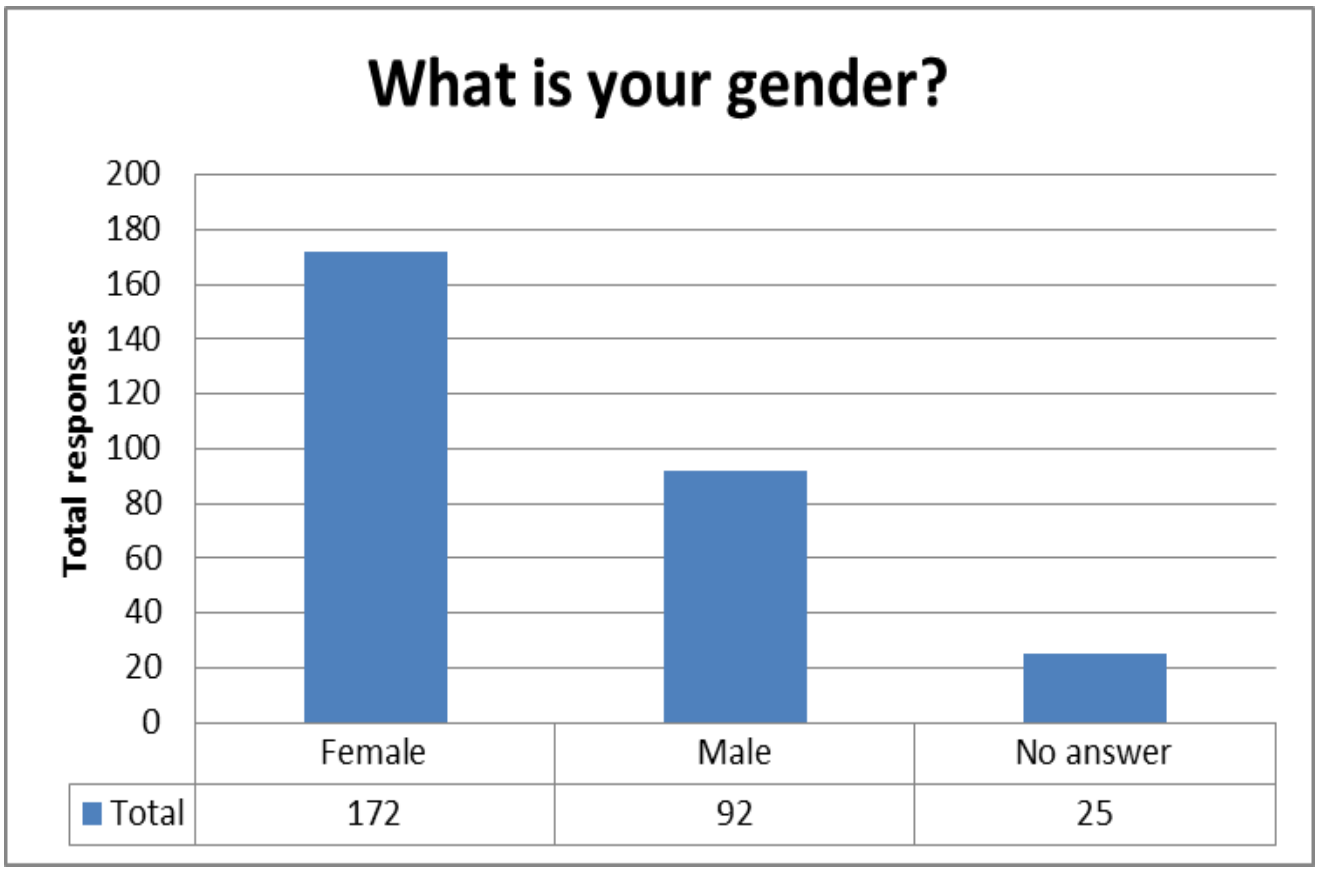
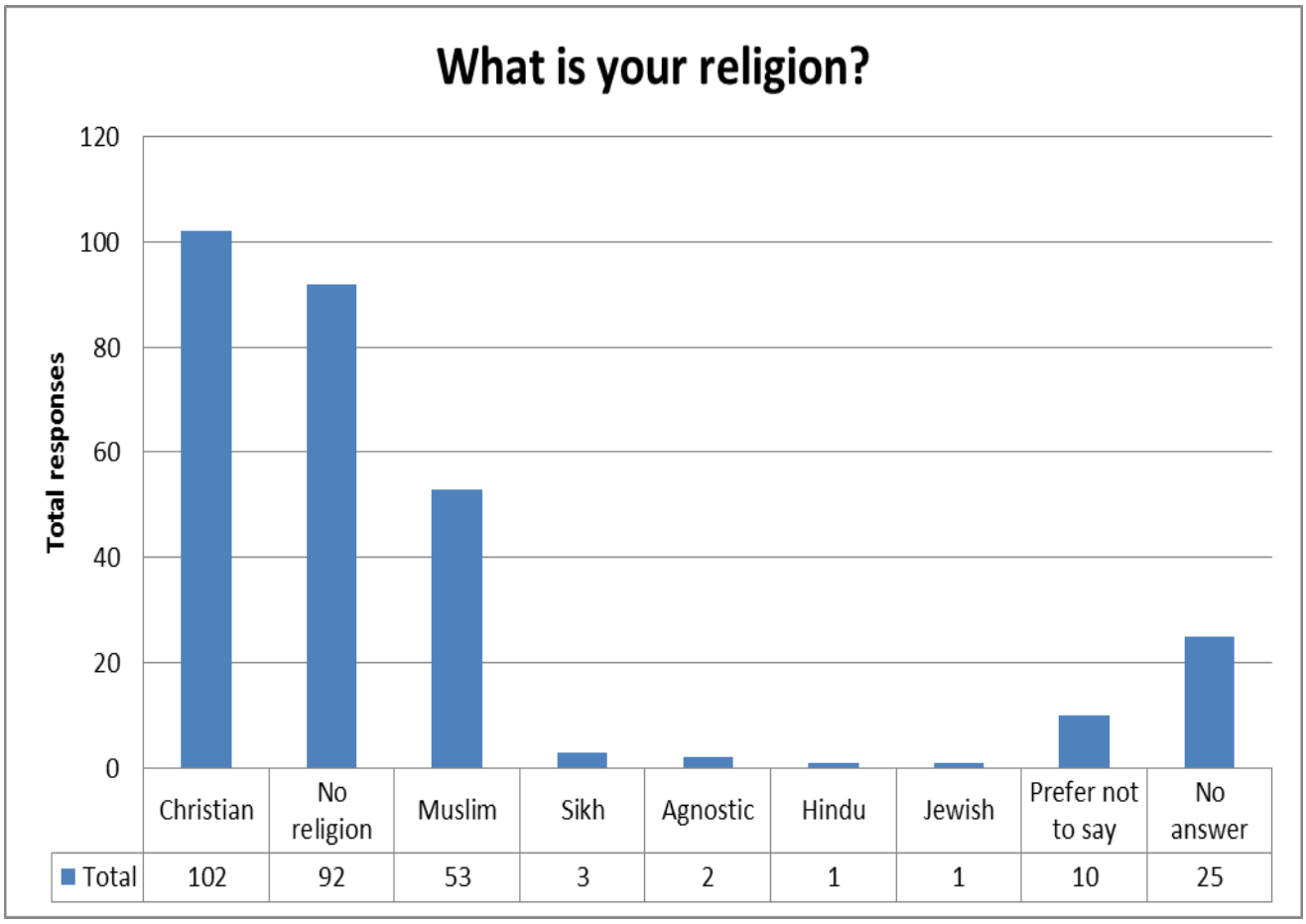
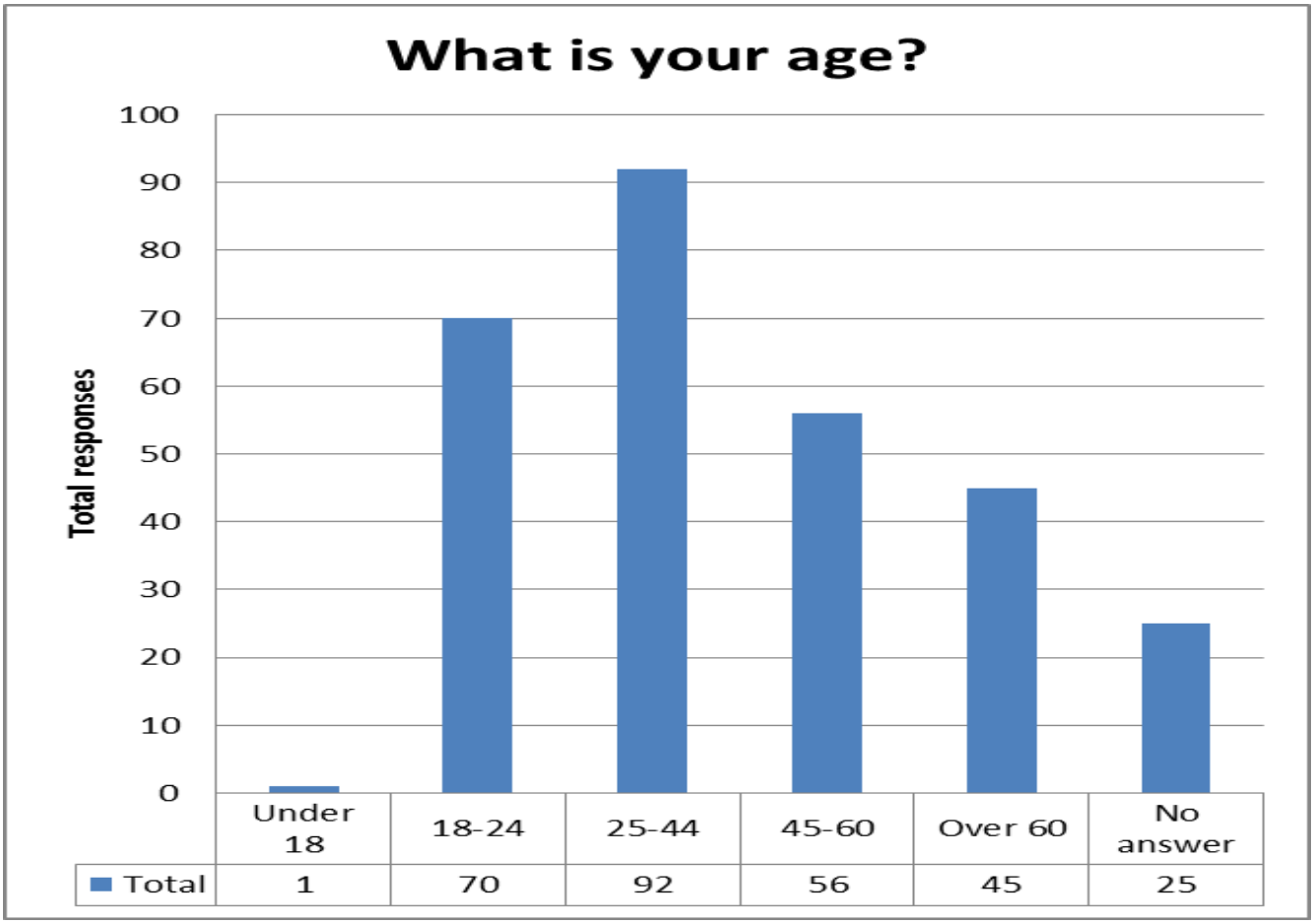
200
150
100
50
0
No
Yes
Prefer not to say
No answer
Total
206
47
6
30


What is your sexual orientation?
Total responses
250
200
150
100
50
0
Hetrosexual
Bisexual
Lesbian
Gay
Prefer not to say
No answer
Total
212
12
5
5
18
37


What is your gender?
Total responses
200
180
160
140
120
100
80
60
40
20
0
Female
Male
No answer
Total
172
92
25


What is your religion?
Total responses
120
100
80
60
40
20
0
Christian
No religion
Muslim
Sikh
Agnostic
Hindu
Jewish
Prefer not to say
No answer
Total
102
92
53
3
2
1
1
10
25


What is your age?
Total responses
100
90
80
70
60
50
40
30
20
10
0
Under 18
18-24
25-44
45-60
Over 60
No answer
Total
1
70
92
56
45
25

Appendix 1 - Summary of engagement with the general public (May 2015-March 2016)

5.0 Engagement activity with the general public between May to August 2015 about experience and usage of urgent care services in the city resulted in:

- 158 completed questionnaires
- 32 attendees at focus groups
- 142 indirect responses from people contributing to the 5 Year Forward View and Care Closer To Home engagement activity
- 343 visits to the dedicated webpage
- 42 views of video about urgent care in Sheffield
- 139 'likes' on Facebook page

The key themes that emerged from this activity were:

- Access to GP appointments
- Confusion about which service to use
- System not working cohesively
- Staff attitude and communication
- Differing experiences and knowledge of the services
- Alternative services available closer to home
- Discharge failures
- Mental health

Direct link to the report

Healthwatch Sheffield were commissioned to complete short questionnaires with patients in the waiting rooms of children's and adult A&E, the Walk-In Centre and Minor Injuries unit on specific days in December 2015 and March 2016. This provided a snapshot of information:

- 81 people contributed across 3 sites in December 2015
- 152 people contributed across 4 sites in March 2016.

The key findings were:

- Predominantly White British
- Registered with a GP
- In employment
- Predominantly female
- English as a first language
- Christian
- Do not live with a disability
- Mainly there for medical advice

- The primary reason given for attendance at the Walk-In Centre and Children's A&E was lack of GP appointments – if their usual service wasn't available, people would go to the Walk-In Centre

Direct link to the reports:
Results of December 2015 engagement:
Results of March 2016 engagement

Appendix 2 – Questionnaire used with community members

NHS Sheffield Clinical Commissioning Group

Thank you for taking the time to look at this questionnaire. It should take no more than 5-10 minutes to complete. All responses will remain anonymous.

Your answers will help us make decisions about the services that are available to people in Sheffield when they feel unwell.

1. Did you hear about this survey through a local charity or organisation?

- ○ Yes
- ○ No

2. If yes, what charity or organisation told you about this survey?

3. How do you access GP services?

- ○ I am registered with a GP practice on a temporary basis
- ○ I am registered with a GP practice on a permanent basis
- ○ I see a GP as part of a service e.g. Cathedral Archer Project
- ○ I do not have access to GP services
- ○ I am not registered with a GP
- ○ Other, please specify

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4. If you're not registered or don't have access to a GP in Sheffield, is there a reason why?

5. How many times have you used these services in the last year?

For example: 3 Pharmacy

- ☐ Pharmacy (Not including collecting a prescription)
- ☐ Minor Injuries Unit (at Royal Hallamshire hospital)
- ☐ Eye Casualty
- ☐ Walk-In centre on Broadlane
- ☐ Accident and Emergency (A&E)

6. Why did you choose to use these services? Please tick all that apply

	Pharmacy	Minor Injuries Unit (at Royal Hallamshire hospital)	Eye Casualty	Walk-In Centre on Broadlane	Accident and Emergency (A&E)
I had used it before	☐	☐	☐	☐	☐
It was close to where I was taken unwell	☐	☐	☐	☐	☐
The staff are friendly	☐	☐	☐	☐	☐
Someone suggested that I went there	☐	☐	☐	☐	☐
I knew that I'd get treated there	☐	☐	☐	☐	☐
I knew that I would get treated quickly if i went there	☐	☐	☐	☐	☐
I don't have access to a phone and I knew I could walk in and receive treatment	☐	☐	☐	☐	☐
I haven't used this service in the last year	☐	☐	☐	☐	☐

7. How did you get to these services?

- ☐ Walk
- ☐ Bus
- ☐ Car
- ☐ Bike
- ☐ I haven't visited any of these services in the last year

Other (please specify)

8. If any of these services moved to a different location, how would that affect you?

Pharmacy ...
Minor Injuries Unit (at Royal Hallamshire Hospital) ...
Eye Casualty ...
Walk-In Centre on Broad Lane ...
Accident and Emergency (A&E) ...

9. Do you have access to a phone?

- ○ Yes
- ○ No

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10. Thinking about the future, if you felt really poorly and needed medical help quickly, what services would you try first?

- [ ] I would look after myself
- [ ] NHS 111
- [ ] Pharmacist
- [ ] GP (Doctor)
- [ ] NHS Walk-In Centre on Broad Lane
- [ ] A&E or 999
- [ ] Other (please specify)

11. We would like to hear about your experience of NHS services in Sheffield. Please share anything that you feel is appropriate.

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Questions 12 – 18 Equality Monitoring

In order to ensure that we provide the right services and to ensure that we avoid discriminating against any section of our community, it is important for us to gather the following information. No personal information will be released; this information will be kept private.

*** 12. What is your age?**

- Under 18
- 18 to 24
- 25 to 44
- 45 to 60
- Over 60
- Prefer not to say

*** 13. What is your race?**

- White - UK
- White - Irish
- White - Gypsy or Irish Traveler
- White & Black African
- White & Black Caribbean
- White & Asian
- Other mixed/ multiple ethnic background
- Indian
- Pakastani
- Bangladeshi
- Chinese
- Other Asian background
- Black African
- Black Caribbean
- Other Black background
- Arab
- Other ethnic group
- Prefer not to say

*** 14. What is your first language?**

- English
- Prefer not to say
- Please tell us...

*** 15. What is your religion?**

- No religion
- Christian
- Buddhist
- Jewish
- Hindu
- Muslim
- Sikh
- Agnostic
- Prefer not to say

*** 16. Do you consider yourself disabled?**

- Yes
- No
- Prefer not to say

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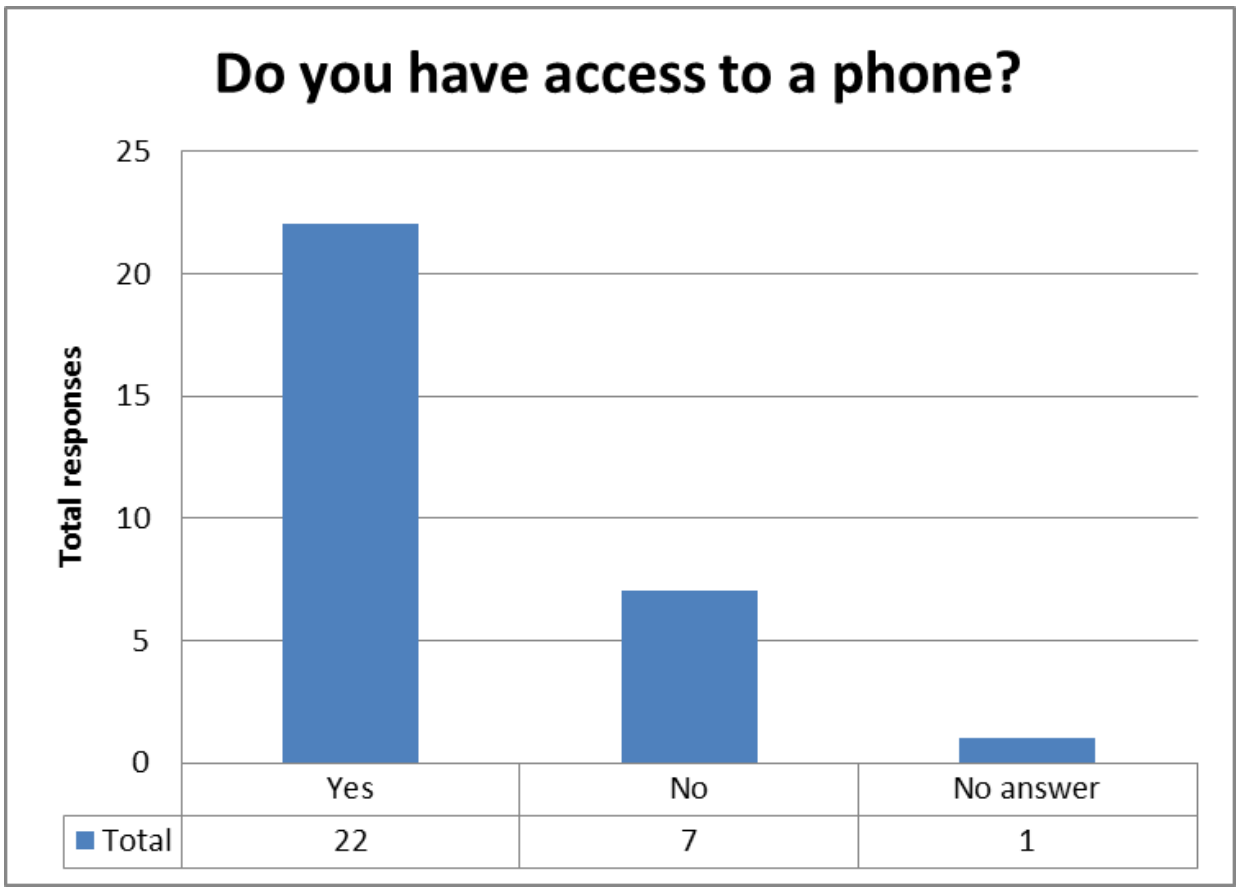
*** 17. Sexual Orientation**

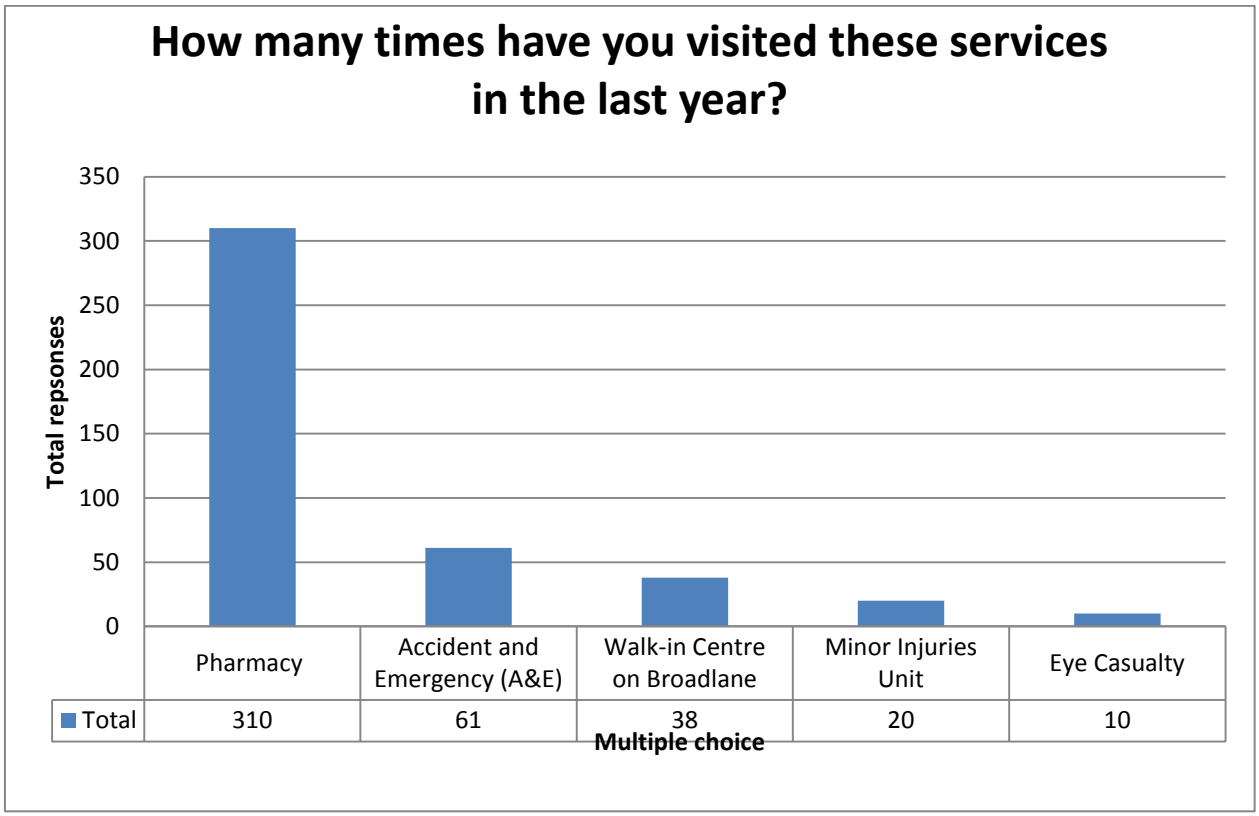
- Hetrosexual
- Lesbian
- Prefer not to say
- Gay
- Bisexual

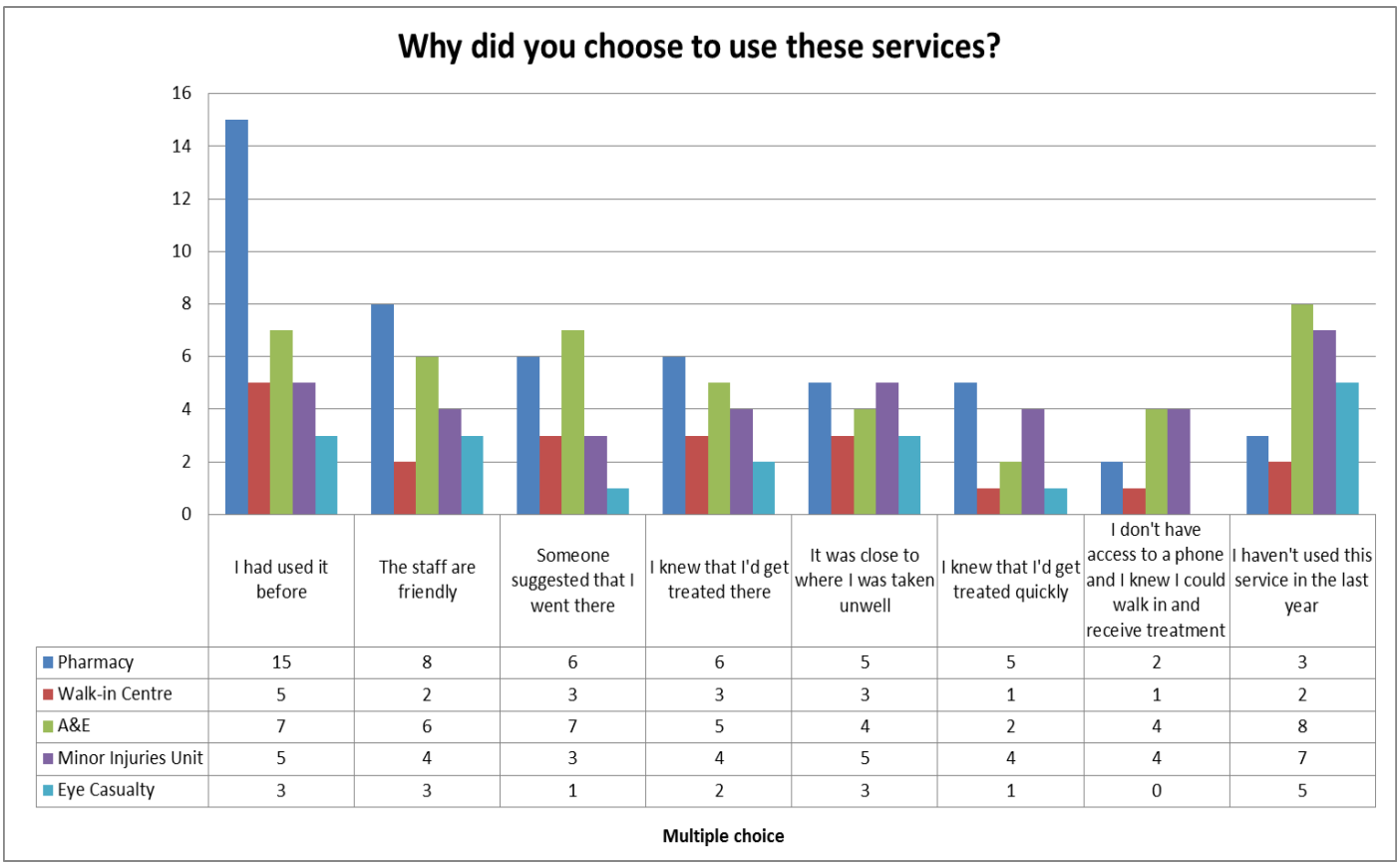
*** 18. Gender**

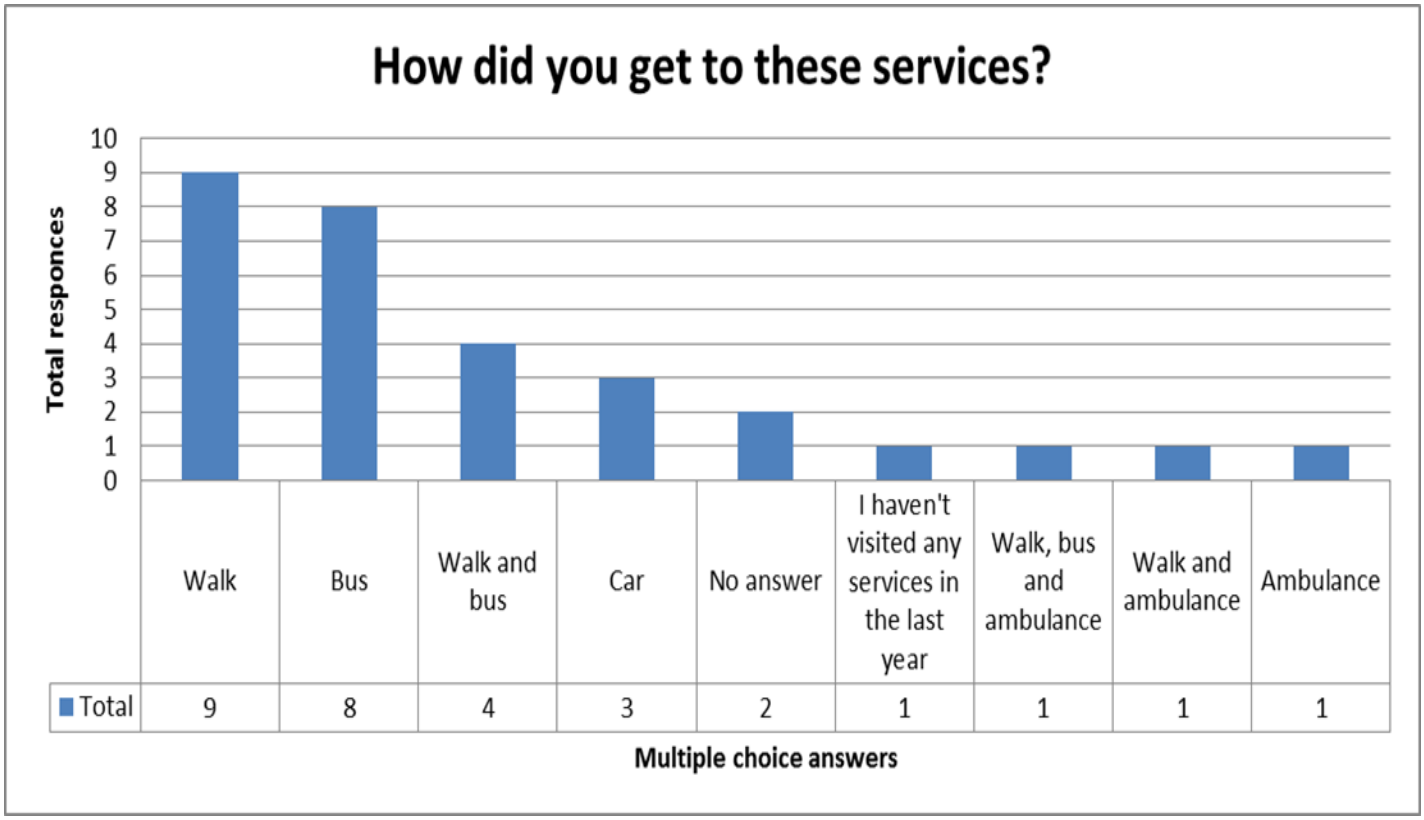
- Male
- I prefer not to say
- Female
- I live and work permanently in a gender other than that assigned at birth

Please enter the first part of your postcode e.g. S2

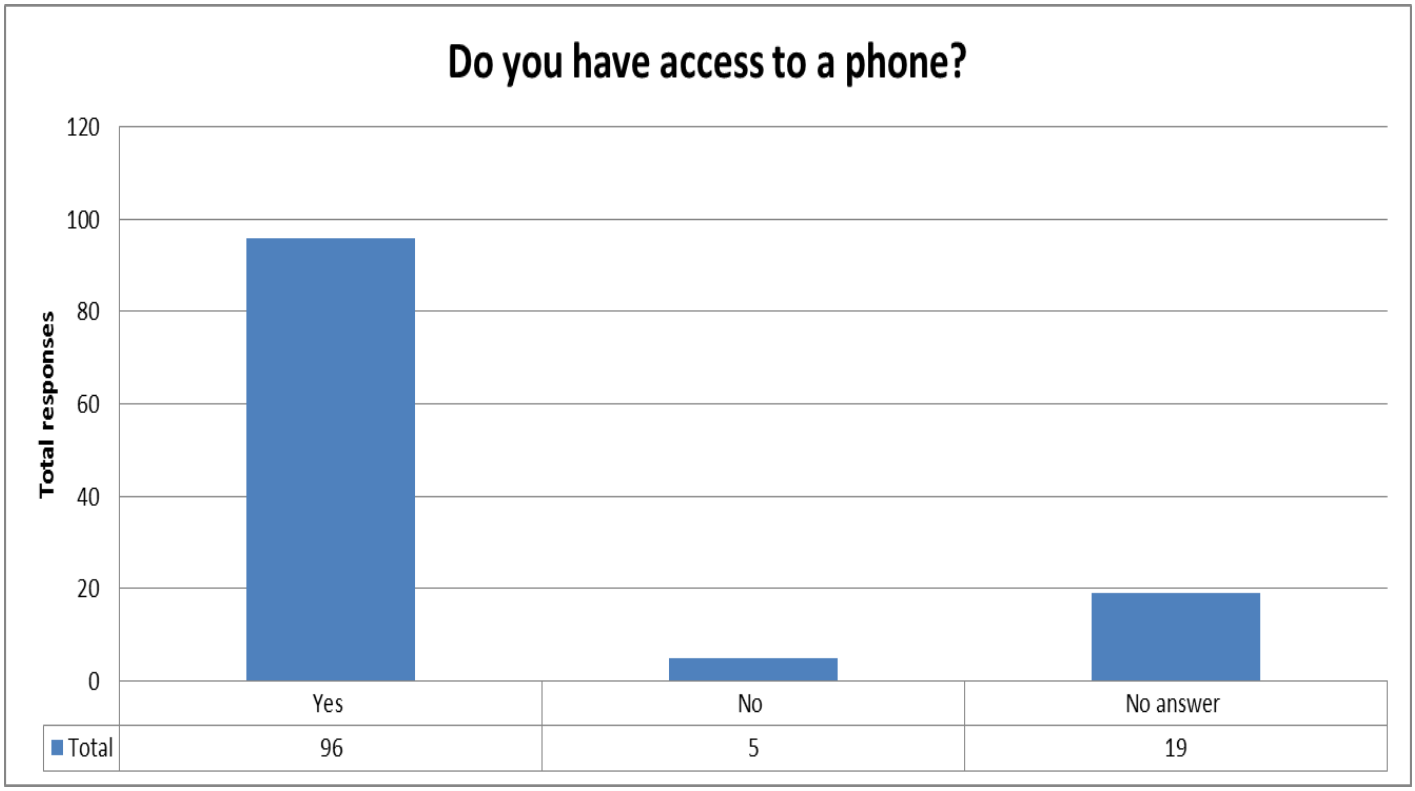

Do you have access to a phone?
Total responses
25
20
15
10
5
0
Yes
No
No answer
Total
22
7
1

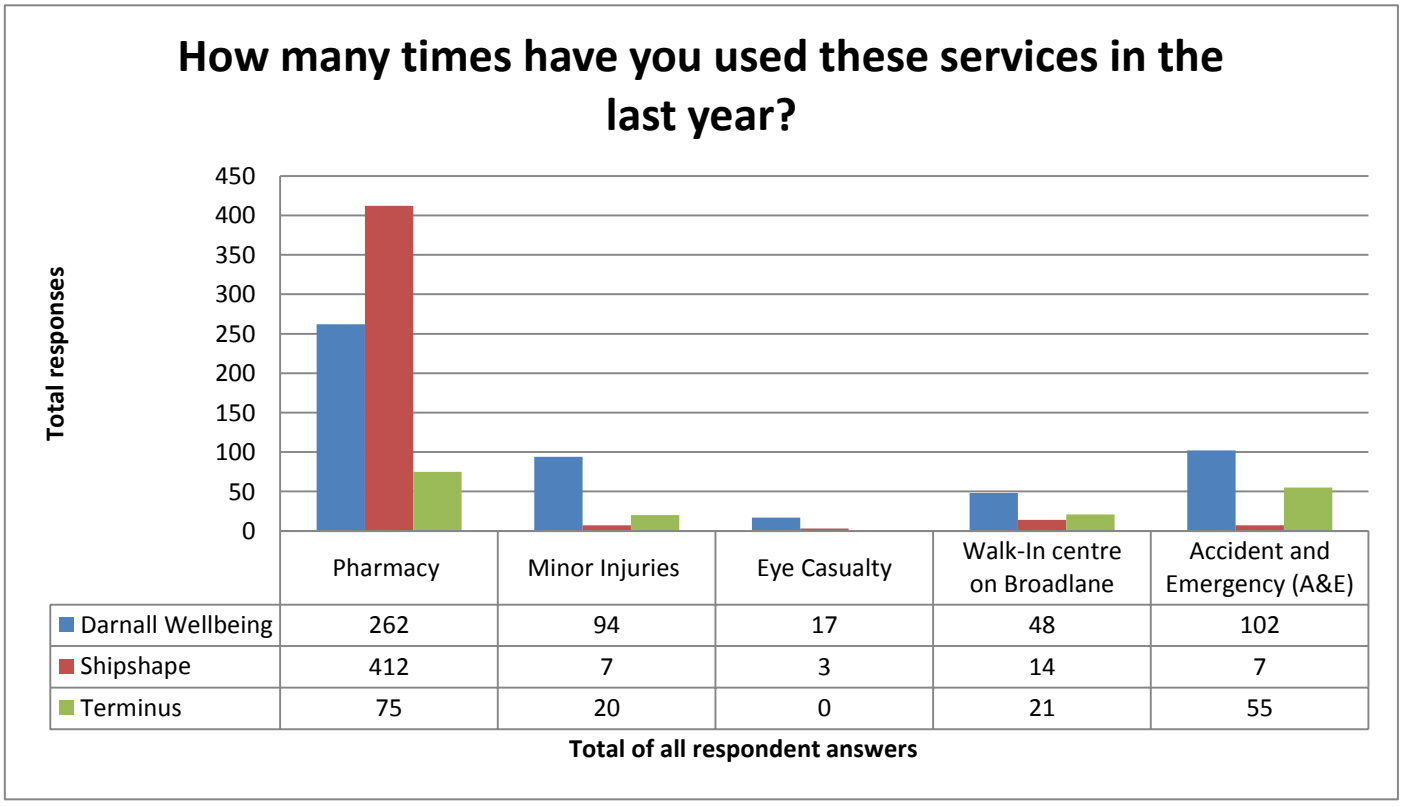

How many times have you visited these services in the last year?
Total repsonses
350
300
250
200
150
100
50
0
Pharmacy
Accident and Emergency (A&E)
Walk-in Centre on Broadlane
Minor Injuries Unit
Eye Casualty
Total
310
61
38
20
10
Multiple choice


Why did you choose to use these services?
16
14
12
10
8
6
4
2
0
I had used it before
The staff are friendly
Someone suggested that I went there
I knew that I'd get treated there
It was close to where I was taken unwell
I knew that I'd get treated quickly
I don't have access to a phone and I knew I could walk in and receive treatment
I haven't used this service in the last year
Pharmacy 15 8 6 6 5 5 2 3
Walk-in Centre 5 2 3 3 3 1 1 2
A&E 7 6 7 5 4 2 4 8
Minor Injuries Unit 5 4 3 4 5 4 4 7
Eye Casualty 3 3 1 2 3 1 0 5
Multiple choice

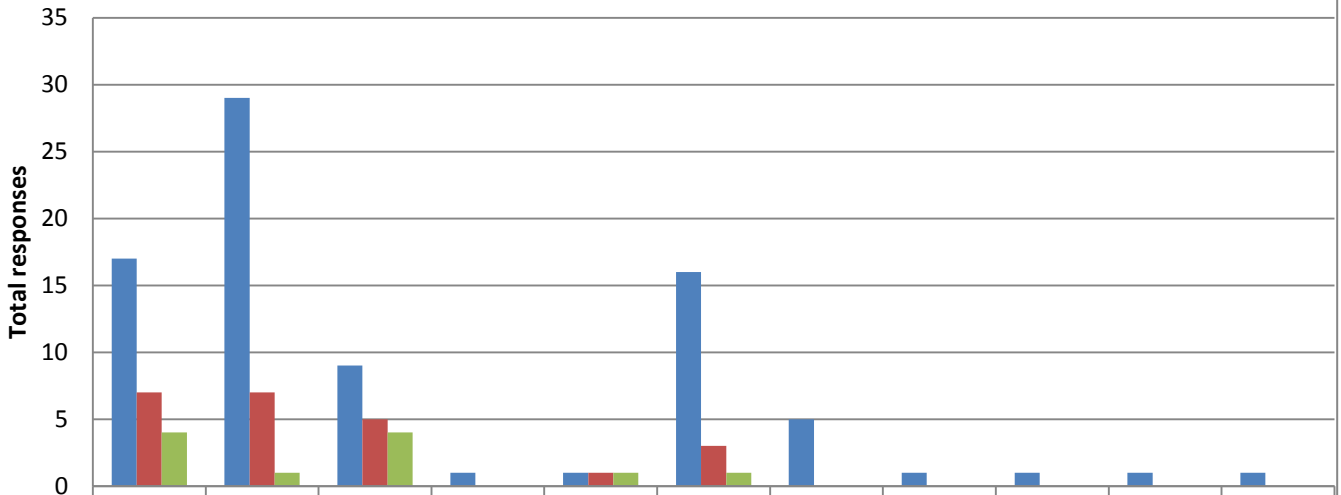

How did you get to these services?
Total responces
10
9
8
7
6
5
4
3
2
1
0
Walk
Bus
Walk and bus
Car
No answer
I haven't visited any services in the last year
Walk, bus and ambulance
Walk and ambulance
Ambulance
Total 9 8 4 3 2 1 1 1 1
Multiple choice answers

Appendix 4 - Data summary from communities with greatest deprivation





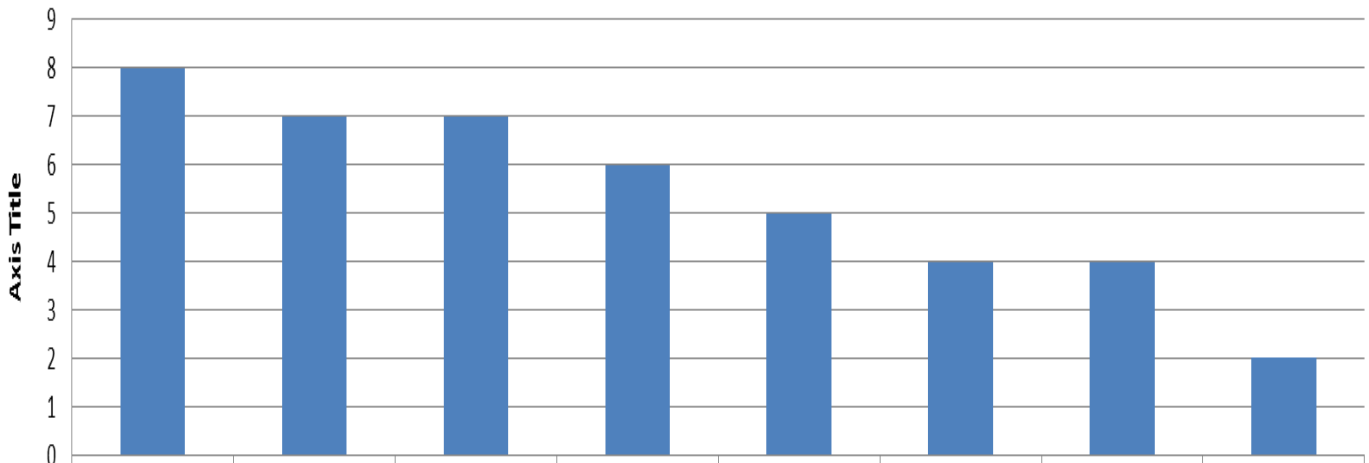
How did you get to these services?



	Walk	Car	Bus	Bike	I haven't use this service in the last year	No answer	Walk & Bus	Bus & Car	Bus, Ambulance &Taxi	Walk, bus, Car & Ambulance	Walk & Car
Darnall Wellbeing	17	29	9	1	1	16	5	1	1	1	1
Shipshape	7	7	5	0	1	3	0	0	0	0	0
Terminus	4	1	4	0	1	1	0	0	0	0	0

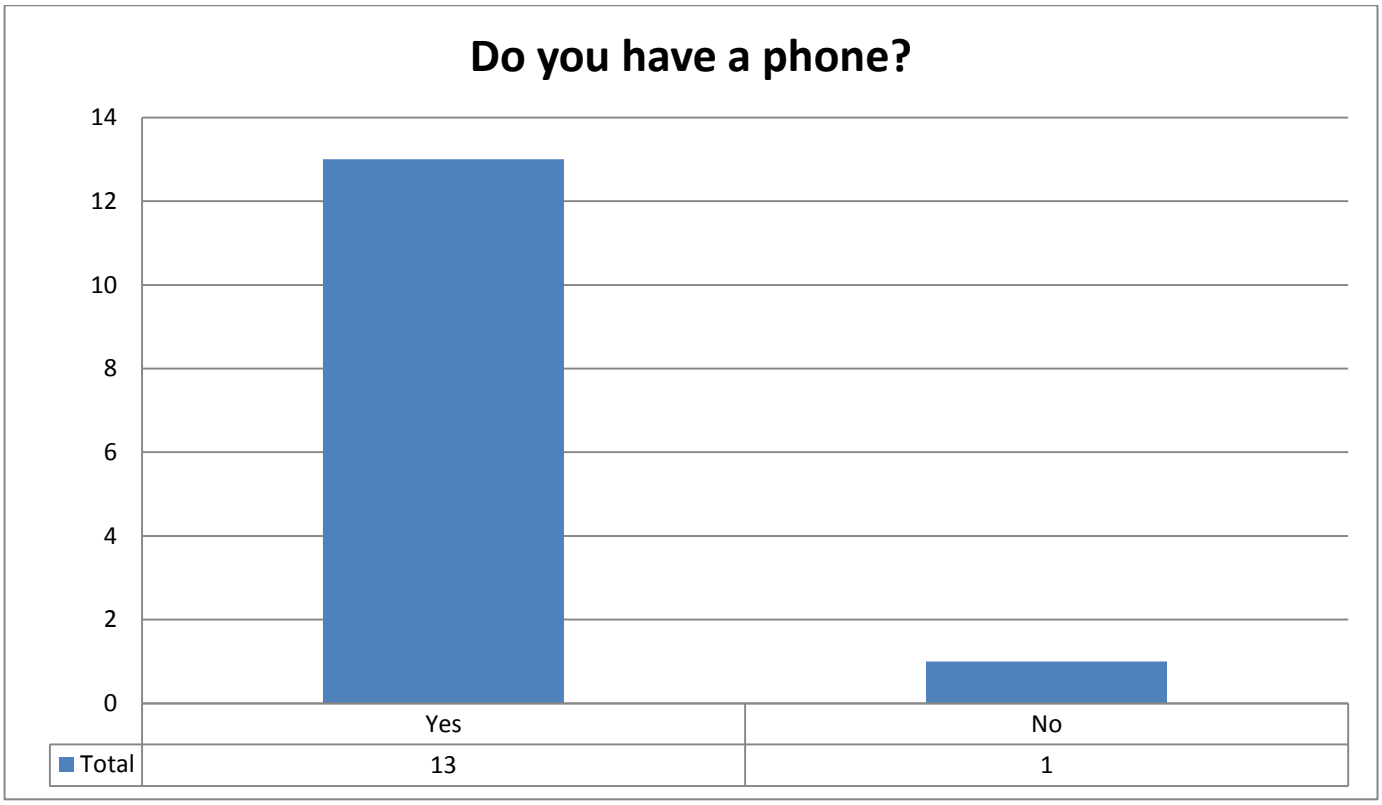
Multiple choice

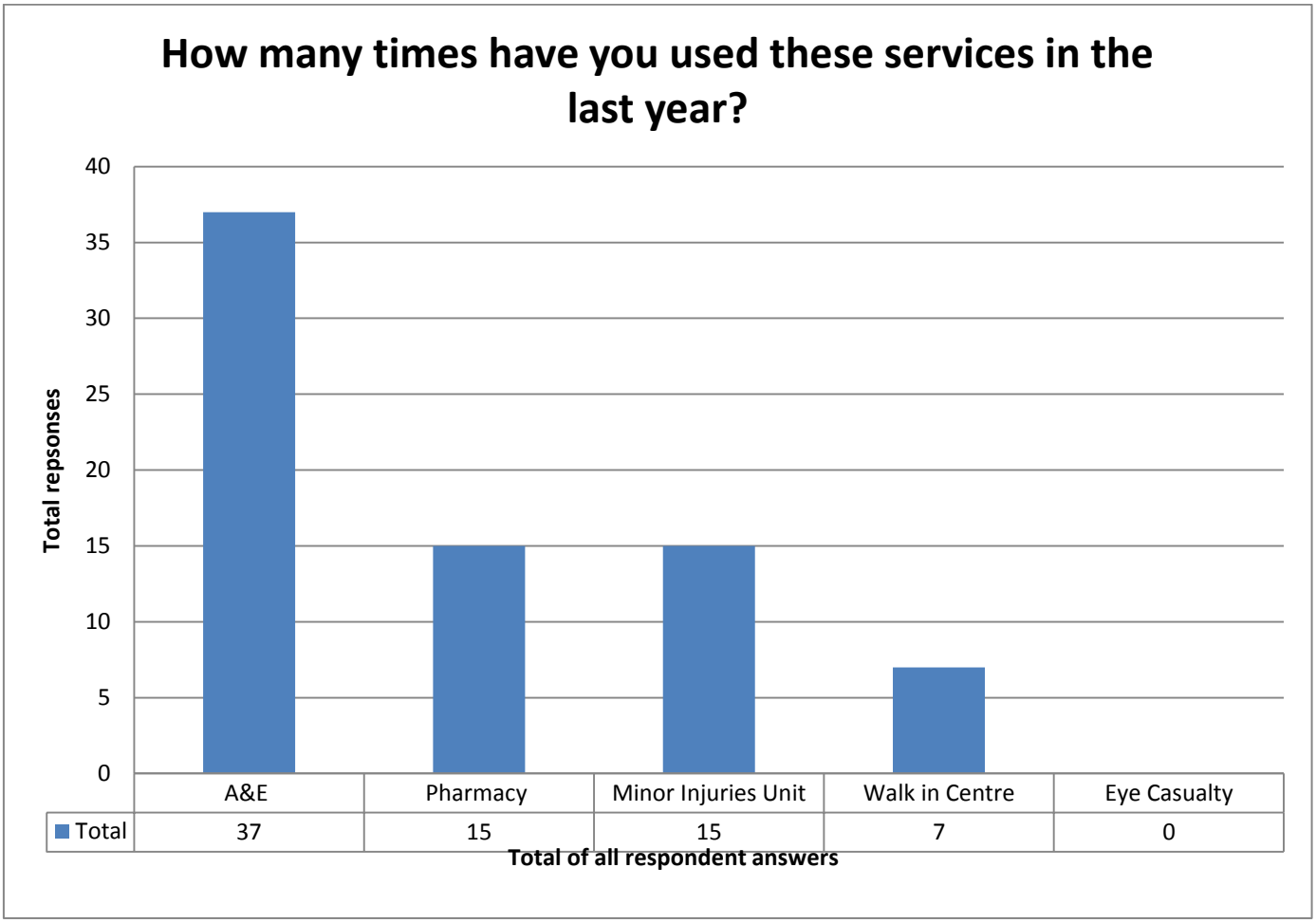
Why did you choose to use Accident and Emergency (A&E) ?

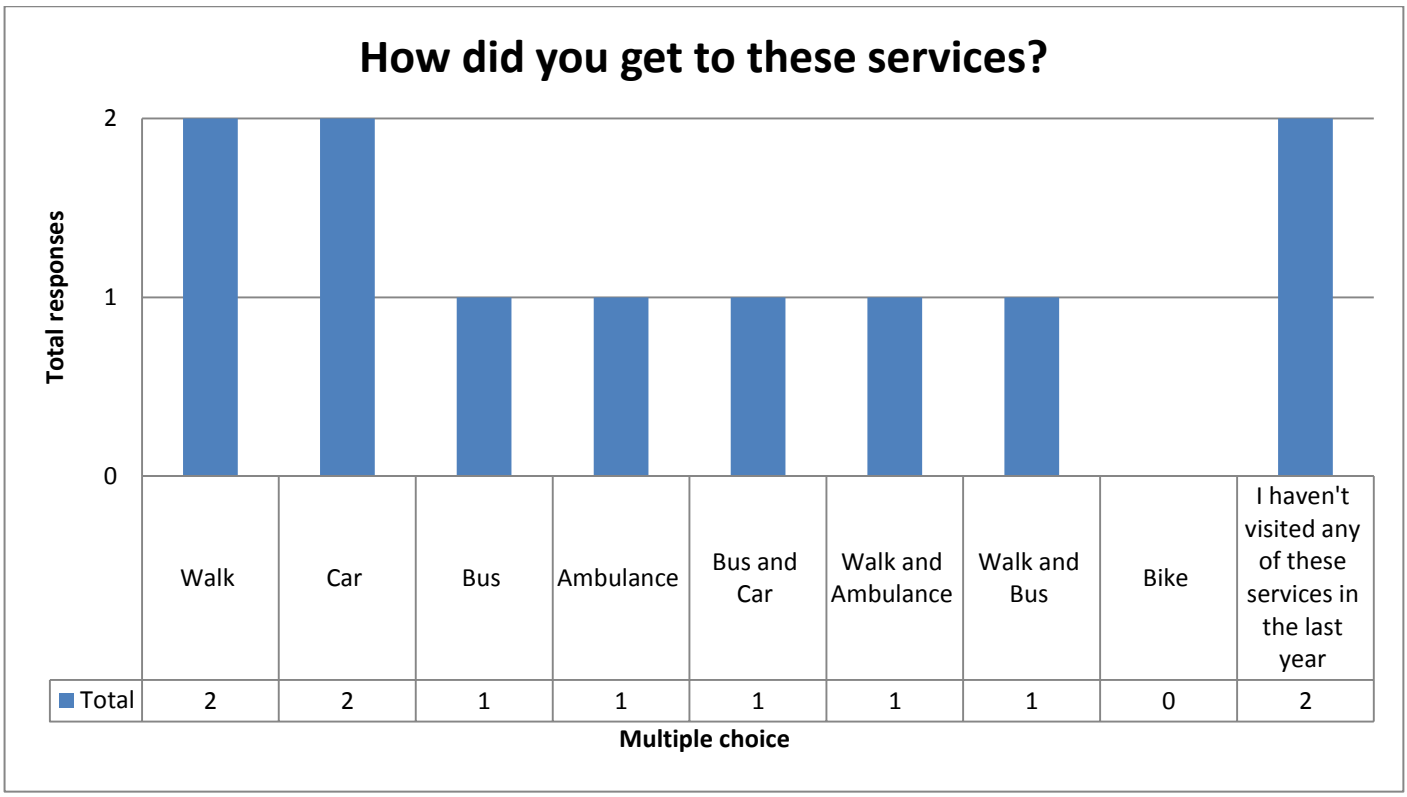


	I haven't used this service in the last year	Someone suggested that I went there	I had used it before	The staff are friendly	I knew I'd get treated there	It was close to where I was taken unwell	I don't have access to a phone and I knew I could walk in and receive treatment	I knew that I would get treated quickly
Total	8	7	7	6	5	4	4	2

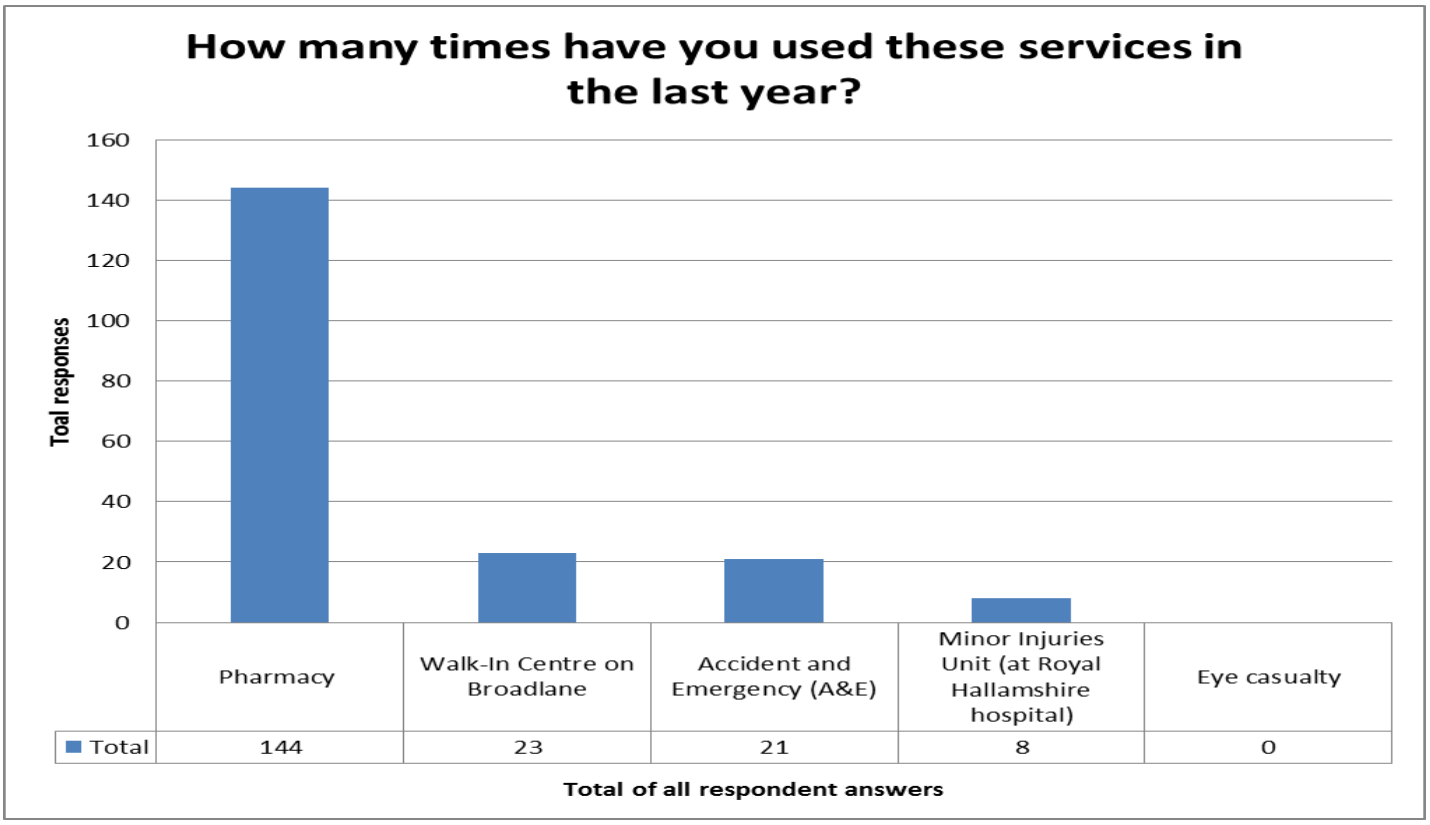
Appendix 5 - Data summary from substance misuse community

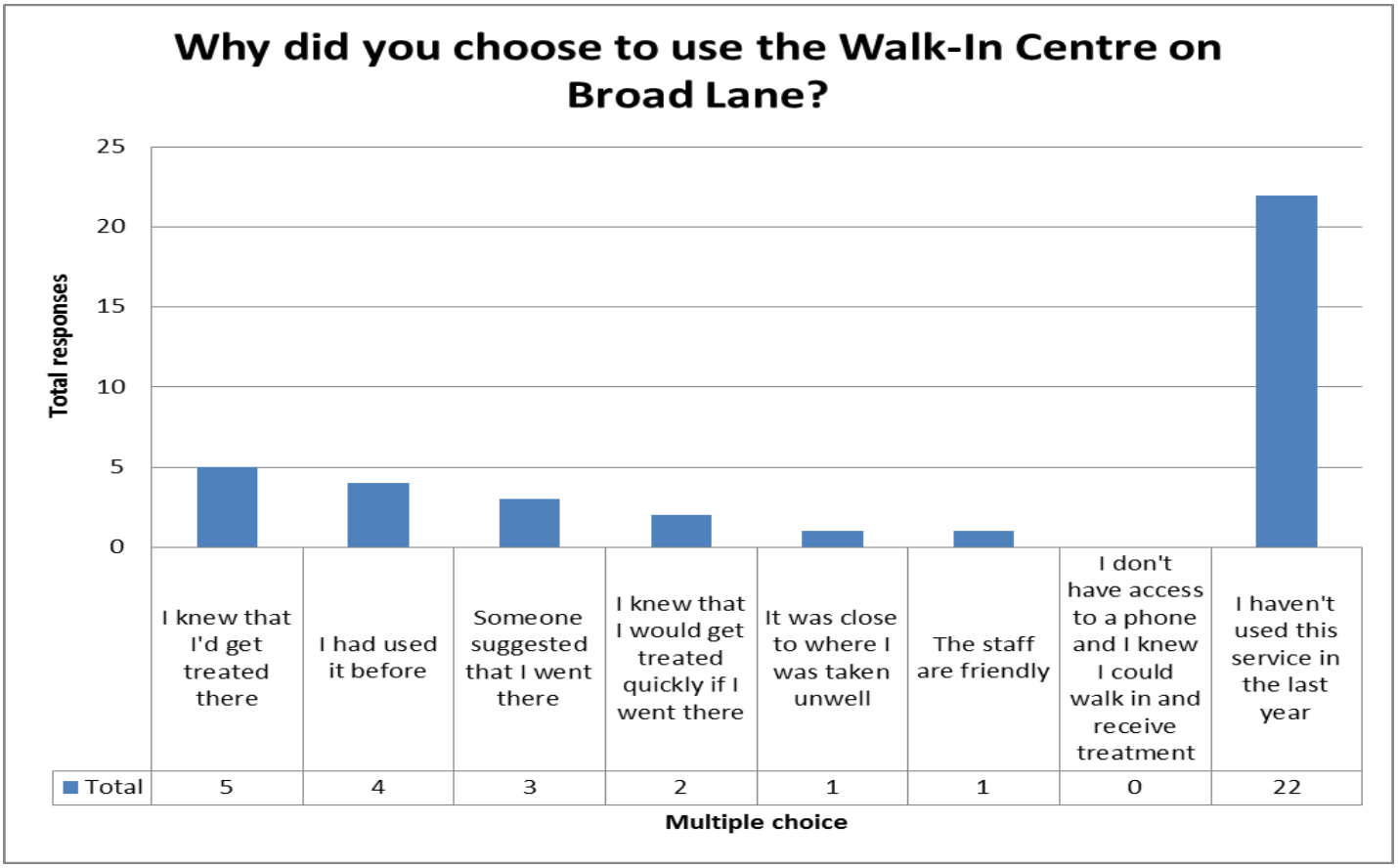


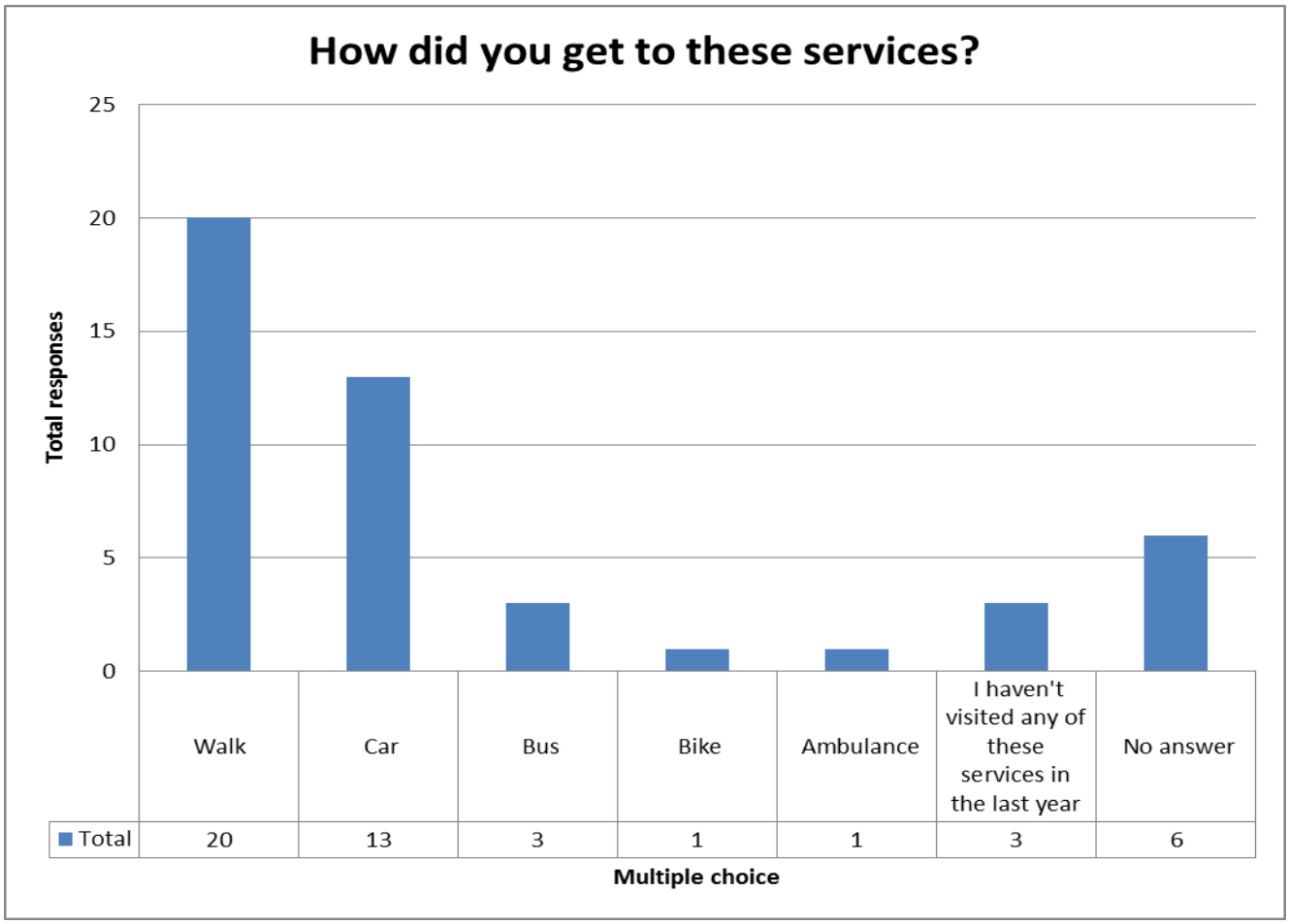


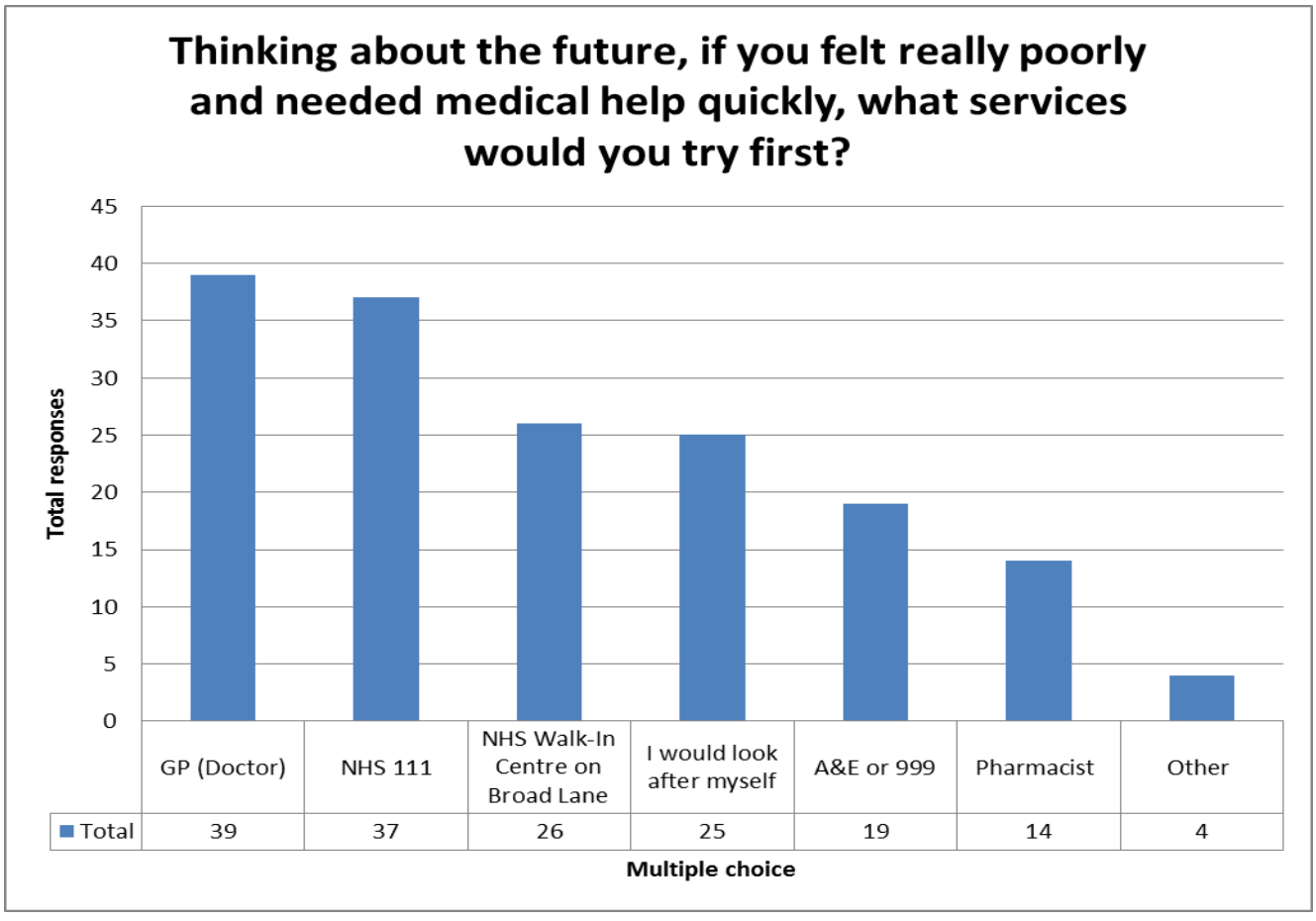

How did you get to these services?
Total responses
2
1
0
Walk
Car
Bus
Ambulance
Bus and Car
Walk and Ambulance
Walk and Bus
Bike
I haven't visited any of these services in the last year
Total
2
2
1
1
1
1
1
0
2
Multiple choice

Appendix 6 - Data summary from students

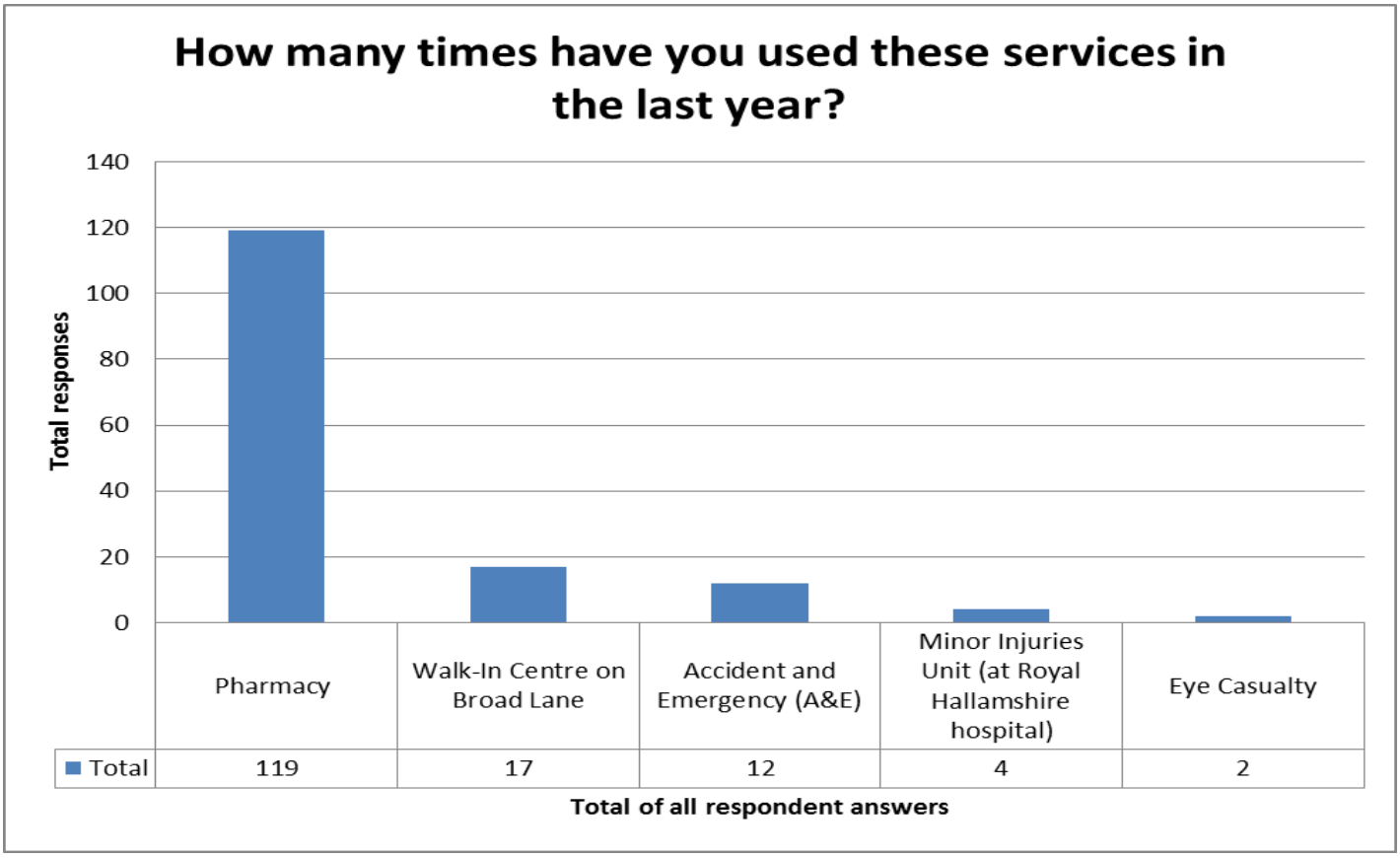


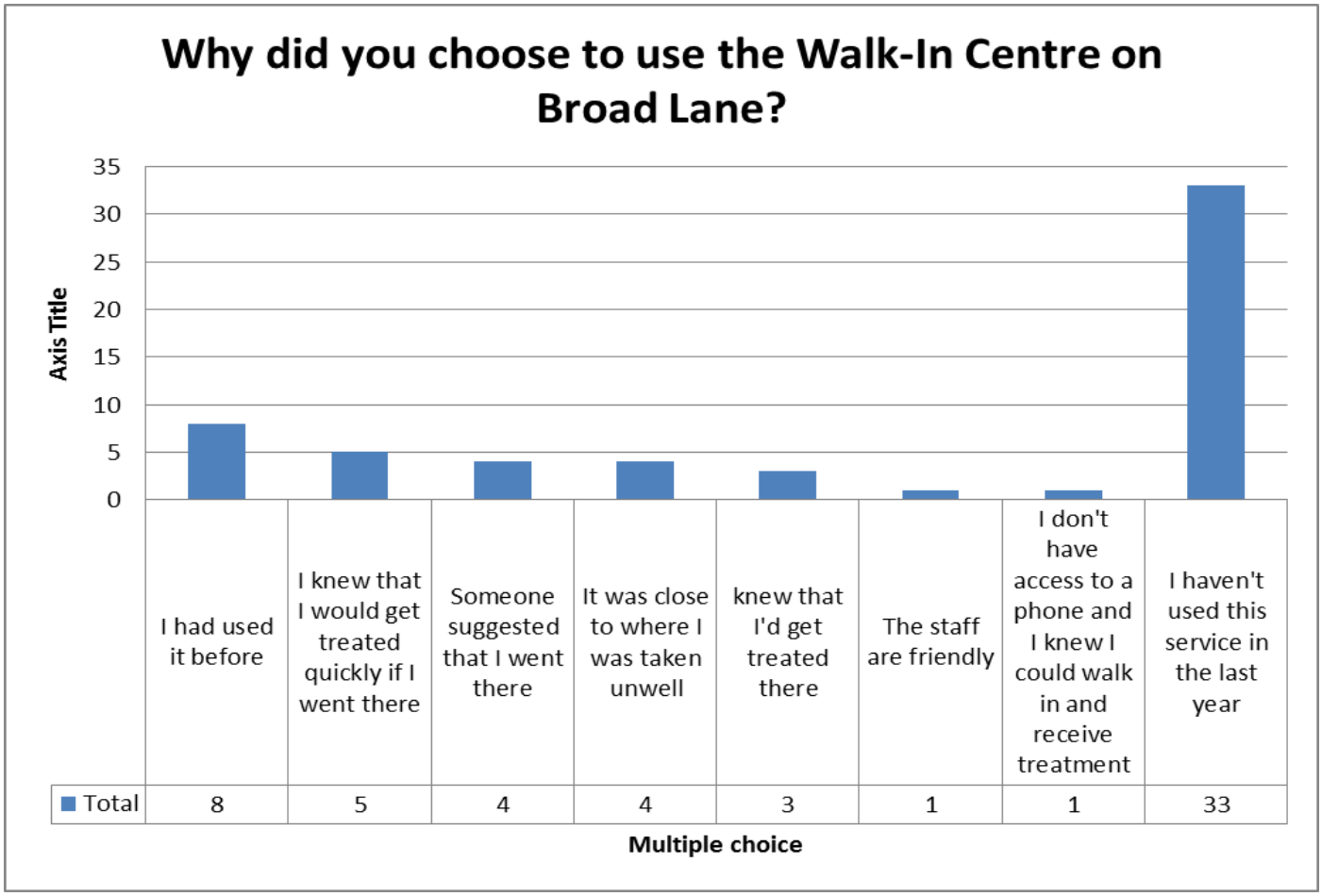


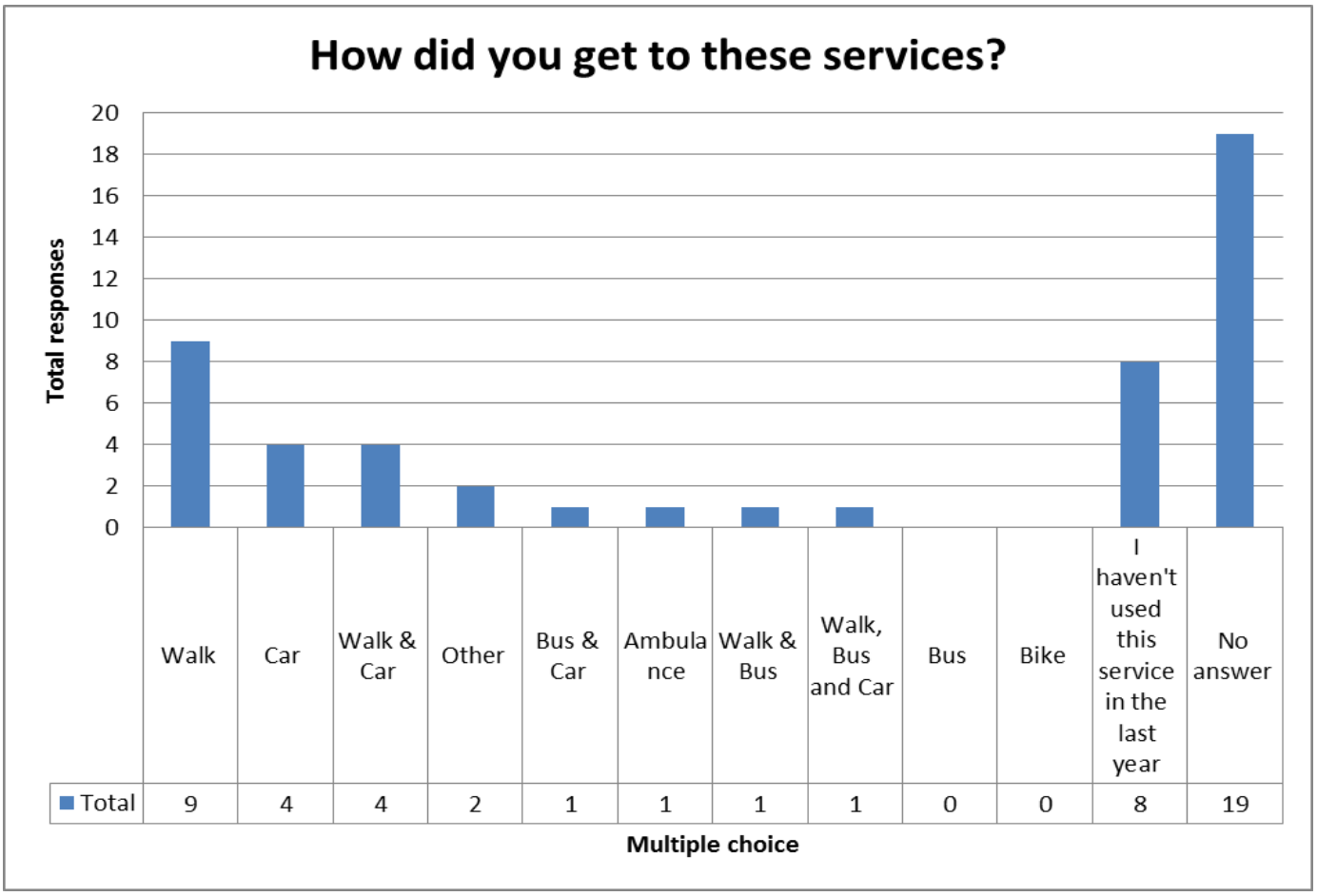

How did you get to these services?
25
20
15
10
5
0
Total responses
Walk
Car
Bus
Bike
Ambulance
I haven't visited any of these services in the last year
No answer
Total
20
13
3
1
1
3
6
Multiple choice

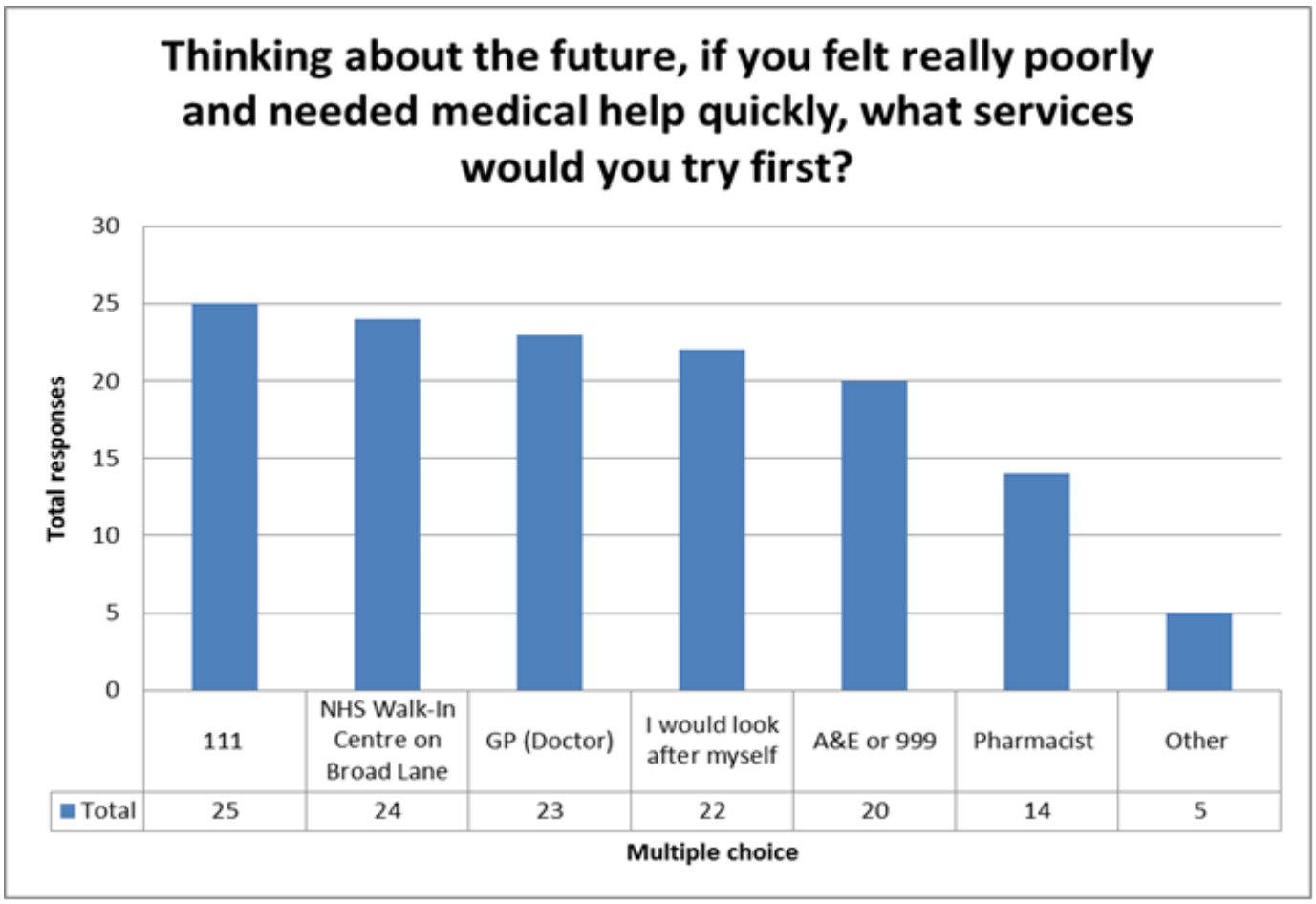

Thinking about the future, if you felt really poorly and needed medical help quickly, what services would you try first?
45
40
35
30
25
20
15
10
5
0
Total responses
GP (Doctor)
NHS 111
NHS Walk-In Centre on Broad Lane
I would look after myself
A&E or 999
Pharmacist
Other
Total
39
37
26
25
19
14
4
Multiple choice

Appendix 7 - Data summary from city workers






How did you get to these services?
Total responses
20
18
16
14
12
10
8
6
4
2
0
Walk
Car
Walk & Car
Other
Bus & Car
Ambula nce
Walk & Bus
Walk, Bus and Car
Bus
Bike
I haven't used this service in the last year
No answer
Total
9
4
4
2
1
1
1
1
0
0
8
19
Multiple choice


Thinking about the future, if you felt really poorly and needed medical help quickly, what services would you try first?
Total responses
30
25
20
15
10
5
0
111
NHS Walk-In Centre on Broad Lane
GP (Doctor)
I would look after myself
A&E or 999
Pharmacist
Other
Total
25
24
23
22
20
14
5
Multiple choice