

## Notes from the Urgent Care Public Reference Group Workshop 11 June 2018

The workshop on 11 June covered 3 areas:

- Travel times and what people considered to be a 'central' location
- The alternative approaches suggested in the consultation
- The criteria used to assess and select the options for consultation

Attendees worked in groups to discuss these topics and feedback was captured by facilitators. Facilitators aimed to capture points in people's own words and the following is the unedited record of the comments and feedback from the discussions.

Common abbreviations used in the notes include: MIU – minor injuries unit, NGH – Northern General Hospital, RHH – Royal Hallamshire Hospital, UTC – urgent treatment centre; and WIC – walk-in centre.

### Task 1: Travel times and 'central' definition

Groups were asked to discuss

- a) what they would define as 'central' and why
- b) what they considered to be a reasonable travel time by car, public transport and walking for urgent care services in their local area (eg GP) and city-wide urgent care services,

#### **Facilitator: Brian**

##### Definition of central

Transport Links - Bus/Tram

Town Hall

Inner Ring Road

Ease of access - bus vs tram vs foot

Problems with bus network

##### What consider 'reasonable' journey times

(Local)

15 minute gentle 'flat' walk but vulnerable/disability/mobility

Bus/Public Transport - 1 bus only, convenience over time, ½ hr bus journey

(including evenings)

Accessible local transport/community transport

Own transport - 15 mins

(Citywide)

1 north and 1 South

Hallamshire

NB: Datashine.org- streetview

**Facilitator: Charlotte**

**What does central mean to you?**

City Centre - live there and student population

City Centre - central to you, used to live near Sharrow, always grown up with that and amenities are there

City Centre - all transport heads into the city centre

Only travelled North for work- no longer travel there

Hillsborough - trams/transport connections/ range of facilities. However some Hillsborough residents who don't use the centre

Facilities

Bottom of the Moor/Fargate/Town Hall/ Peace Gardens and station are central to us because of public transport but are not driver friendly and parking is expensive

Time limit on central location

Discounted parking usage of NHS services

WIC didn't feel central

**Northern General**

Difficult to walk around mobility

Parking

Not on a tram route

Difficult public transport

1hr and a half to park

Unclear to navigate

Too many different ways of public transport and difficulty when feeling unwell/health anxiety

Late public transport

Number of bus stops at Northern General?

**Travel Time**

Pint of milk- bad analogy

Travel time there - not there and back

**Services in your local area-**

Walking - 5/7/10 minutes- feeling unwell could be as little as 30 seconds/3 minutes

Driving and Taxi: 5-10 minutes (Shouldn't be worth the drive)

Wouldn't be bothered 10 minutes if it was driving (parking is it easy to get into the surgery) Not just the journey but accessibility on arrival

Reduced travel times if feeling unwell

Public Transport- If long time may call for an ambulance

10-15 minutes/ 10-20 minutes/ 30 minutes- from start to finish include waiting and walking- door to door

Sometimes you will make the journey no matter how long if you need

### Specialist/Central

Walking - not an option if you need urgent care

Driving - 20-30 minutes (incl parking)

Public Transport - 30 minutes

Good to have them in the hospitals for redirection - UTC at both hospitals

Hallamshire preferred over Northern General

### **Facilitator: Eleanor**

#### Central

- Centre of town
- Hallamshire – can access by bus or tram, one journey to go in and out, easy to get to by bus, 2 mins from centre- can walk
- Where most people live
- Hillsborough - one bus journey to get to either
- NGH central for people at the other side
- Homeless within walking distance of Hallamshire
- 20 mins felt too long with an injury
- Took 40 mins to get back home on bus

NB: should factor in walking round NGH site into journey times

#### Local journey

No more than 20 minutes by bus

Not about time – need direct bus/ reliable. Can be easier to go further

½ hr local, 1hr central

Can get there if bad weather, ice on hills

Tram and flat

GP- ½ hr walk- 5 mins on a bus

Sometimes easier to get to Rotherham A&E + WIC due to traffic

### **Facilitator: Kate**

#### What is 'central'?

No more than 1 bus journey (only 1 bus no changes)

Bus Stops/car parks may be along way from city centre- no chance to get service in city centre- no space to build something new

City centre - Broad lane not bad to get to- not much parking- buses not ideal but lots of buses drop near.

Ideal if can get MIU and WIC together

Buses are not accessible for wheelchairs

#### Services in local area

Car- 10 minutes 20 minutes

Public Transport- 30 minutes

Walk- 20 minutes (NB: depending on hills)

### Central Service

Car- 30 minutes, 45 minutes - more realistic to an hour, would travel to work up to an hour

Bus/Tram- 45 mins - up to 1 hour, 30 minutes from getting on/off bus

Walking- 20 mins if students living in centre, 30-40 minutes (35 from Crookes)

Can use yellow bikes

Need contingency time to allow for traffic/delay etc

Time of day- rush hours

School holiday

### **Facilitator: Richard**

The centre is central. Where you live is local not central.

Need to consider the population range - where do the most people live? Very different. North and South not necessarily the same as geographical with this in mind

Should be more provision where people live including transport

Sheffield is a radial city. Everywhere leads to the City Centre ring road.

All the hospital provision is North of the ring road

One person should make only one journey. Being on one bus is far easier.

Ambulance has sometimes taken to Barnsley/Chesterfield

Not about distance, it's about time.

In urgent care situation would use a car, in elective care situation would use a bus to NGH

Very different when things are planned and can research different travel options

NGH not fit for purpose now, never mind putting more services in.

Difficult to navigate when there

Single journey no more than 60 minutes

Not really a good comparison between shopping and health care

Every GP needs access to mental health provision

30-45 minutes on public transport (students)

Time of day is critical. After 5.30pm buses are less frequent as not dealing with workers.

Still not addressing the move to GPs providing more urgent care. Urgent care is a specialism and is wanted to be moved more to GPs but this is not being presented like this. It would be more like shopping locally

Would practices further away from a UTC get more resource and patients get greater priority?

### **Facilitator: Sue**

#### What is central?

In the ring road (including wicker), max 15 min from city centre because everybody can get there by bus.

Somewhere where everybody can get to

It's all about accessibility and who can get to places

It could be S1 or S2 (inner part) or inner ring road  
Most bus routes go through castle gate  
Need accessible parking, easy, dedicated parking  
Tram route - easy

#### Journey times - what is reasonable?

Depends on the time of day- non peak vs peak

When walking need to consider the terrain

Depends on disability/children

To central UTC: 20 - 30 mins by car; walking probably not an option; 45 minutes by public transport

NB: would be good to have dedicated bus to pick up on ring road? Free

In local area: Walk - 20 mins; Car- 10 min; Bus- ?? 30 mins

#### **Other comments**

- Lack of core provision south side of city
- Northern General currently not fit for purpose for both transport and parking provision
- All transport and roads are radial from city centre but health provision is not central - often involves travel into/across/out of city centre
- In MH crises out of hours you are told to go to A&E
- One single public transport/journey should be the benchmark - total journey 60 minutes maximum
- Central vs Local - Chesterfield Hospital is more local\* (\* in time not distance) to South Side than even RHH. Barnsley is more local\* to North East than NGH
- Local/Urgent - Journey time not distance. For public transport time of day is critical.
- Both NGH and RHH need to have separate multi-storey car parks built for staff so that parking is freed up for patients.
- Air pollution - not want more vehicles on road, need good public transport
- Expense of longer bus journeys - issue for homeless
- Concern that might ring an ambulance if not got money
- Cost of parking at hospital
- Significant proportion of Urgent Care demand is out of business hours, which coincides with much reduced public transport provision.
- Walking distances and gradients from bus stops at NGH and Broad Lane are too great for many infirm and disabled patients.
- Parking provision at NGH is inadequate at present, without increasing demand by adding an UTC.

## Task 2: Review of alternative suggestions made during the consultation

- The consultation feedback included suggestions for 17 alternative approaches. None of the suggestions made contained any details and the wording is as received in the feedback.
- As part of the process of considering all the feedback, NHS Sheffield CCG is reviewing these suggestions to see if there is anything we have missed or that we think could be worth further consideration.
- Initial discussions indicated that seven of these would not be viable due to issues such as cost or lack of workforce.
- For the other 10 suggestions, groups were asked to discuss issues relating to access and what they felt were the pros and cons of each suggestion.
- There was not time for each group to look at every suggestion but the notes were pinned up so people could consider the suggestions and add their thoughts during and after lunch.

1. Keep the walk-in centre open (and shut minor injuries unit)	
<p><b><u>Pros</u></b></p> <ul style="list-style-type: none"> <li>• Illness more common than minor injury</li> <li>• WIC helps students, homeless and vulnerable people access appointments</li> <li>• People are already familiar with the service</li> <li>• Cut down on the number of people who don't need to go</li> <li>• Location: Not ideal but closer to the one journey only ideal</li> <li>• Reasonably central</li> <li>• Good opening hours</li> <li>• Easy to see someone</li> <li>• Covers a broader range of issues than the MIU</li> </ul>	<p><b><u>Cons</u></b></p> <ul style="list-style-type: none"> <li>• Would make A&amp;E busier</li> <li>• Transport problems- South Residents travelling to the North for treatment</li> <li>• A&amp;E would need more resource</li> <li>• WIC doesn't treat injuries like the MIU does and therefore would need to expand the WIC offer</li> <li>• Can close only if those services are <b>actually</b> replaces in the hub rather than intended</li> <li>• Broad Lane is not accessible - it is not easily accessible by public transport, parking is not easy, Trams go as far as West Street and it's a real walk to get to the WIC including the hill. All aren't good when you're unwell.</li> <li>• (Losing) MIU – MIU important, provides a service for that side of the city</li> <li>• Doesn't have the facilities</li> <li>• (If had) better local GP access you wouldn't need the WIC</li> <li>• Community cohesion issues</li> </ul>
<p><b><u>Comments:</u></b></p> <ul style="list-style-type: none"> <li>• Prefer option 8 to this</li> <li>• Not a preferred idea</li> <li>• Don't close the MIU - valued and well-known</li> </ul>	

## 2. Keep the Minor Injuries Unit open (and shut the walk in centre)

### Pros

- If money is re-diverted to local GP practices to would take less time to receive support
- Wider range of treatments on offer at the MIU. Quick service and offers more than a GP, good for the sports facilities in the area and students.
- Provided the service is there you could use the hubs - easier to access care
- Hallamshire is preferred to NGH
- Good transport frequency - but this is different to accessibility
- Good services
- The one service for the South for injuries - where else would they go?
- MIU is efficient and friendly. People value it highly. Keep it open

### Cons

- Need enough local GP appointments to meet demand
- WIC is food for students, vulnerable people, homeless etc not necessarily registered with a local GP
- Unclear about temporary resident GP access so WIC is more clear
- Feel intimidated going to local GP- WIC more anonymous
- Broad Lane is more central- Hallamshire less access
- Clarification of MIU for people - less clear for people and would need better communication and education around what for/why/where. (Needs to be) positive communication (rather than saying don't go there).
- Turn people away from A&E and send more to more relevant (service) - can you (do this)?

### Comments:

- Prefer option 8 to this
- Not preferred

## 5. UTC at Broad Lane

### Pros

- Access - good for cars (if parking available)
- Good for people wanting appointments at work (NB needs of shift workers)
- Broomhall very keen on location
- Established location
- Good for some local communities but not city wide
- Walking distance to city centre- students don't have cars, can't afford taxis and have to walk
- Geographically Central in town
- Access for vulnerable homeless people, students
- People already know about NHS service located there

### Cons

- Demand varies due to university terms
- Poor access by public transport
- Walk from tram not good
- Not great at night
- Need full service so people don't have to go back to a different service (eg. for a sick note)
- Not much parking
- Buses not local - bus stop distance
- If more serious treatment needed, further transportation needed
- Further from some bus routes
- Mileage vs travel time
- Bus links very bad for some
- Walk down hill and up if you get the tram

<ul style="list-style-type: none"> <li>• This is a very good option</li> <li>• Better access than NGH</li> <li>• Easy to find</li> <li>• Feels central - middle of both universities</li> <li>• Central for students</li> <li>• Better than NGH</li> <li>• Feels central</li> <li>• Parking good</li> <li>• Known location</li> </ul>	<ul style="list-style-type: none"> <li>• Harder to find for visually impaired- new routes etc as not a hospital</li> <li>• Space</li> <li>• WIC private provider</li> <li>• Bit remote at night (although more buildings due)</li> <li>• Congestion at Rockingham Street at rush hour</li> <li>• Would need better signage</li> </ul>
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<b>6. UTC in South as well as NGH</b>	
<p><b><u>Pros</u></b></p> <ul style="list-style-type: none"> <li>• Spread the pressure</li> <li>• Could be easier for people in outer areas</li> <li>• Pro if at Hallamshire</li> <li>• Addresses transport access well across the city</li> <li>• Relieve pressure on just one UTC (spreading services across the City)</li> </ul>	<p><b><u>Cons</u></b></p> <ul style="list-style-type: none"> <li>• Staffing?</li> <li>• Cost?</li> <li>• Not fair on East and West</li> <li>• Demographics – SW more likely to have cars to travel</li> <li>• Could widen inequalities</li> <li>• Depends on access- Northern General of building parking bad</li> <li>• More driver/car less homes in the East of city than in South</li> </ul>
<p>Comments:</p> <ul style="list-style-type: none"> <li>• YES!</li> <li>• Great idea</li> <li>• Best solution</li> <li>• Tailor to communities of need - demographics very different in pockets so need to take info into account. Some estates in South get overlooked. Ideal to put in deprived areas</li> <li>• Centres should enhance other services in neighbourhoods</li> <li>• Need to make clear what service are for- signposting and awareness raising</li> <li>• Carers- East and West- greater need for services, low income</li> <li>• Could still be issues getting there if not on good transport routes</li> <li>• Think about people who don't have cars/less affluent</li> <li>• Depends on bus journeys- one journey, not helpful for people in the East</li> <li>• Depends on what site is chosen in the South- parking at Hallamshire</li> </ul>	

<b>7. Site the UTC at the Royal Hallamshire Hospital instead of at the Northern General Hospital</b>	
<p><b><u>Pros</u></b></p> <ul style="list-style-type: none"> <li>• Bus better to RHH than NGH if live in the South of the City</li> <li>• Closer to existing bus routes</li> <li>• Access better than NGH in terms of</li> </ul>	<p><b><u>Cons</u></b></p> <ul style="list-style-type: none"> <li>• Impact on car parking - big issue</li> <li>• Disadvantage if you go to UTC RHH then need to be transported across city to NGH</li> </ul>



<p>transport, distance, physically and geography</p> <ul style="list-style-type: none"> <li>• Transport accessibility better than NGH but when it's place would it be easy still i.e. walk in front door from pavement would be good</li> <li>• Better access as ↑ numbers don't have own cars in the Broomhill (city Centre) Crookes</li> <li>• RHH is far more equitable in it's location more central geography, better for mobility issues, much fairer location.</li> <li>• Lots of sports centres nearby therefore good to have it located close by</li> <li>• Better for more people and still accessible for people in the North of the City and preferred by those</li> <li>• Good transport links - IZO bus very frequent</li> <li>• Walkable for many</li> <li>• Parking good in the evening and after clinics/visiting hours</li> <li>• Minor Illness and minor injury</li> </ul>	<ul style="list-style-type: none"> <li>• B road access and traffic really bad</li> <li>• Very little parking at RHH</li> <li>• Stressful to find and pay for parking - token system for parking would be good</li> <li>• East and West difficult to access, if travelling by bus easier to access</li> <li>• Parking</li> </ul>
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**Comments:**

- Very supportive of this option
- The best option if there is only one UTC in the city
- Access: Tram good but then walk up hill
- The demographic served by RHH better off then NGH? Need to balance the needs of the people
- Good bus route up to RHH - but still need to walk up the hill
- Depends where you live
- If transport between RHH and NGH could use ambulance/PTS as registered in the 'system' already
- Young people don't drive – under 25s catch buses
- Is it actually possible in terms of available space?
- Where A&E used to be would be good
- UTC at both NGH and RHH would be better
- Better for those in the South not for those in the North

**8. Option 1 (from consultation) plus a second UTC at the Royal Hallamshire Hospital**

**Pros**

- One each side of the city
- Walking distance

**Cons**

- Who owns the budget? 2x cost twice as much as 1x

<ul style="list-style-type: none"> <li>• Don't lose any service in the city centre</li> <li>• Better than unknown GP hubs and other vague promised that you probably can't deliver</li> <li>• Not increase inequalities</li> </ul>	<ul style="list-style-type: none"> <li>• Parking still an issue (esp at NGH but also RHH) Public transport is better though</li> <li>• Confusion still exists but more accessible</li> <li>• Access better- but Broad Lane preferred by some- Keep Children's services separate</li> <li>• Is it affordable? X 2</li> <li>• One bus rule should still apply</li> <li>• Parking</li> <li>• Air quality</li> </ul>
<p><b><u>Comments:</u></b></p> <ul style="list-style-type: none"> <li>• This is the best option</li> <li>• Yes, best option</li> <li>• Group was very supportive of the proposal (enthusiastic)</li> <li>• We liked this but had questions around staffing, delivery and cost</li> <li>• How will the decision be communicated? (Healthwatch want to help with the messages including accessible forms of comms)</li> </ul>	

<p><b>12. Provide an enhanced minor ailments Walk In Centre staffed by prescribing nurses and prescribing pharmacist at the Wicker Pharmacy and Mobility Shop</b></p>	
<p><b><u>Pros</u></b></p> <ul style="list-style-type: none"> <li>• Access is good - central on a bus</li> <li>• Accessible for vulnerable groups</li> </ul>	<p><b><u>Cons</u></b></p> <ul style="list-style-type: none"> <li>• Parking terrible</li> <li>• One way system a nightmare</li> <li>• Potentially confusing about why to go here - needs to be simple</li> <li>• Would they have enough ground floor access space?</li> <li>• Lots of prescribing for addicts delivered there (might put people off)</li> <li>• Could be an existing minor ailments service more local to go to</li> <li>• Issues with safety and vulnerability</li> <li>• Concern re. how communicated (not really worked so far)</li> <li>• Would it cost a lot of more money? - lots of families would access</li> <li>• Would (Wicker) understand needs of different communities?</li> <li>• Not the nicest of areas at night if on a bus or with young children</li> <li>• People wouldn't use it as wouldn't know where to go</li> <li>• Adding another layer of complication</li> <li>• Would get more from GP services than</li> </ul>

	from this option <ul style="list-style-type: none"> <li>• Diverting funds that could be better spent</li> </ul>
<b>Comments:</b> <ul style="list-style-type: none"> <li>• Demographics need to be understood</li> <li>• Not sure students would know where it is</li> <li>• Poor option/not a good choice</li> </ul>	

<b>15. Keep the Emergency Eye Clinic Open</b>	
<b><u>Pros</u></b>	<b><u>Cons</u></b> <ul style="list-style-type: none"> <li>• Would prefer to see a consultant ophthalmologist</li> <li>• Adds confusion</li> </ul>
<b>Comments:</b> <ul style="list-style-type: none"> <li>• Don't change what is working well</li> <li>• Does this mean including urgent care?</li> <li>• Not knowing what is urgent or emergency - individual making a decision</li> <li>• Did not know about eye clinic, would have gone to A&amp;E</li> <li>• Been to Eye Clinic - thought it was urgent but was an emergency</li> <li>• See opticians as prescribing</li> <li>• Is it busy?</li> <li>• Keep it as it is</li> <li>• Are the optometrists competent and confident to carry out the work?</li> <li>• Additional non-NHS services pushed - don't want to feel that I might have to pay</li> <li>• Will opticians need additional equipment to provide these services? Will they have to buy or CCG funded?</li> <li>• Don't want more privatisation - would prefer an NHS Clinic, have more confidence in the NHS</li> <li>• How much will it cost? If you want to save money keep it in the NHS</li> </ul>	

<b>16. Scale up the existing PEARS service (to accommodate Urgent Eye Conditions)</b>	
NB: The Primary Eye Acute Referral Service (PEARS) is an NHS service provided by local optometrists with enhanced training to treat minor eye problems and conditions, avoiding unnecessary referrals to hospital eye departments.	
<b><u>Pro</u></b> <ul style="list-style-type: none"> <li>• Makes much more accessibility - accessed through GP but afterwards direct</li> <li>• Easy to use</li> <li>• Need a flexible service - (could be done by PEARS)</li> <li>• More local service</li> <li>• Open longer hours than the EEC Clinic and Saturdays</li> </ul>	<b><u>Cons</u></b> <ul style="list-style-type: none"> <li>• Not everyone has lots of opticians (near where they live)</li> <li>• Complicated communication - won't know how to access when need it, won't take it when not relevant</li> <li>• Most people know about eye clinic. Wouldn't think could go to an opticians - assume you have to pay</li> </ul>

**Comments:**

- What is PEARS? Should we know?
- Would be good to spread that info
- Makes a huge amount of sense
- Keep services in our NHS, not for private profit

**17. Use Optometrists working in clusters similar to neighbourhoods**

**Pros**

- If I did have enough confidence in health professionals or enough information I would prefer to go local
- If can be triaged properly and avoid A&E attendance, it would be a welcome service

**Cons**

- Don't have confidence in opticians providing urgent care
- Confusion over what is Urgent and Emergency
- Private sector have to maximise profit over good services - don't go there

**Comments:**

- Oppose this - want to keep urgent treatment at Eye Clinic
- Don't pay private business more to provide NHS services
- Wouldn't think about going to a pharmacist with an eye problem other than infection or slight scratch
- Would have more confidence being referred by GP

### Task 3: criteria

- When developing the original options for consultation, NHS Sheffield CCG used a set of criteria to assess and select the top 3 to consult on.
- Groups were asked to rate these criteria in order of importance with no 1 being the most important.
- Groups approached this in different ways, with some rating them individually and others collectively.

<b>Facilitator: Charlotte</b>						
1. It will be simple for people to know where they should go for care	1 <sup>st</sup>	1 <sup>st</sup>	1 <sup>st</sup>	4 <sup>th</sup>	1 <sup>st</sup>	1 <sup>st</sup>
2. People can easily get to services without long journey times	3 <sup>rd</sup>	3 <sup>rd</sup>	2 <sup>nd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	2 <sup>nd</sup>
3. Patients will get the care they need at the first place they go	3 <sup>rd</sup>	3 <sup>rd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	4 <sup>th</sup>	3 <sup>rd</sup>
4. Makes the best use of staff, helping to maintain services in the longer term	3 <sup>rd</sup>	3 <sup>rd</sup>	3 <sup>rd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
5. Supports closer working between different organisations	2 <sup>nd</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	4 <sup>th</sup>	4 <sup>th</sup>
6. Helps make sure that everyone can access care whatever their particular needs or circumstances are	3 <sup>rd</sup>	3 <sup>rd</sup>	3 <sup>rd</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	6 <sup>th</sup>
<b>Facilitator: Brian</b>						
6/2						
3/5						
1						
4						
7						
<b>Facilitator: Eleanor</b>						
Gut feel priorities:						
6) Inequalities						
3) First Time						
1) Simple to know where to go						
Top 3 for each group member:						
6,1,2						
6,2,1						
6,1,2						
6,1,2						
6,1,2						
6,1,2						
6,1,2						

**Facilitator: Kate**

No 1 - really important

No 2 and no 6 - should be high

No 5 - important for staff but not for patients

Best use of staff and integration are the same- should be weighted the same

1. No 1 (simplify)
2. No 6
3. No 4 (staff)
4. No 2 (access)
5. No 5 (Integration)
6. No 3 (Right first time)

**Facilitator: Richard**

1<sup>st</sup> – 6

2<sup>nd</sup> - 1

3<sup>rd</sup> - 2

4<sup>th</sup> - 5

5<sup>th</sup> - 3

6<sup>th</sup> – 4

**Facilitator: Sue**

View 1:

1<sup>st</sup> – no 1 - Understand where to go

2<sup>nd</sup> – no 3 - Can get care they need

In order of priority (from each member)

Person 1 - 6,3,4,5,2,1(think is red-herring)

Person 2 - 6,2,4,3,5,1

Person 3 - Cannot rank, all equal

Person 4 - 6,3,4,2,1,5

Person 5 - 6,2,1,3,4,5

Comments:

- Recognise that all criteria are important, these are a view from patients
- Overall a good set of criteria- maybe should be split into organisational issue and personal.
- Horse before cart - all criteria should be decided by stakeholders.
- Don't mind travelling from pillar to post as long as get the right treatment in the end
- 1,2 and 6 if simple and accessible with the right information
- 6 should be provided without saying - basic NHS principle
- Can be unrealistic to be seen straight away
- More likely to get where you need to be if you go to a place where there are a range of services
- If telephone triage works/happens properly it doesn't matter where services are

- Staff principle (4) a concern. Not had proper discussion with unions. Needs of Staff also need to be taken into consideration.
- 3 - conditions worsened due to delays
- 5 - Support organisations working with statutory services can benefit individuals to support. Need to support this. Organisation working together not a top down directive.
- Difficult to rank criteria as confusing aims. Would be good to know the actual conflicting criteria.
- All criteria are interlinked
- Staff' as generic across all areas
- Ability of staff to do job they want - attitude and culture
- Use of community and voluntary groups
- Don't take away a good service (MIU) that people really appreciate
- Could there be a specific Sheffield site - where to direct for what, alongside handy mental health app directory
- Issue of who provides NHS 111

## **Other comments / feedback during workshop**

### Communication / information re services

- All options have issues – education around where to go and when eg use GP notice boards. Look at the right place right time. And look at communicating where people wait - bus stops, sports centres and universities.
- More people use NHS 111- communication is missing around this. Advertise this more on bus stops, create a rhyme (earworm) social media and main stream media. Promote the services after health related TV programmes
- Sharrow Young Families didn't know about ailments service, midwives didn't want to communicate, pharmacists weren't explaining available
- Too much info but not the right info about which services
- Education and making people aware
- NHS info not always up to date eg GP opening times
- Information / promotion would help stop confusion

### Consultation

- Stakeholders weren't involved early enough in the consultation
- Hasn't involved correct stakeholders

### GPs

- Why can't all GPs work same way?
- 23 day wait for appointment - inequality re GPs

### Other

- Sexual health clinic at Mulberry Street was really accessible and helpful - now shut
- Schools and 6<sup>th</sup> forms
- The pushy get what they want eg Asian women not getting appointments

### Questions

- How do ambulances fit in?
- What about on a Sunday?
- NGH and RHH are both north - what proportion of population lives north and what proportion lives south?
- How does mental health fit in? MH crises can be of a life threatening nature - you are advised to go to A&E so how would proposal fit with this?
- What about your data? Can it be accessed?