

What you've been telling us June – October 2016

We look at feedback that our local communities give us about health services. We then pull this feedback into themes which help us to make sure that the services we buy are right for our local population. These themes are refreshed four times a year. The pieces of work that are included in this analysis are:

- Cancer
- Mental Health experiences
- Patient Reference Groups across Sheffield
- Introduction to Community Development and Health graduates
- Annual Public Meeting

There are benefits from **peer support** in addition to one to one care. Getting people together who have a shared experience or condition allows them to form friendships and support networks that can help them manage their health and decrease isolation.

“Allow people to meet and ‘self-help’ - local people talking to local people.”

Health services should be integrated with other public services like education, housing and police. There is concern that the system and services can be fragmented and do not communicate well, but that when they do work well, it can make a big difference to people's lives. Simplify form filling and bureaucracy for the benefit of staff and patients.

“I went for my cholesterol check at the GP surgery and the nurse mentioned that I could have my injections for my back there, rather than at the hospital. It's so much more convenient. I told the nurse my story and suddenly I'd got physios visiting and an acupuncture lady and a lady from St Luke's. Someone from Moorfoot visited to sort out an Aquachair. We've sorted out a scooter so I can go up to the shops and get a paper. They put me in touch with the sports centre and they do Macmillan sessions in the small gym.”

People would like **accessible services outside of normal working hours**. There is also a need for access to support at evenings and weekends, especially in relation to crisis services. People feel that drop-in sessions would help to get advice, information and support about their health.

“Should be open hours that people need”

Parity of esteem between mental health and physical health, but also a recognition that people with mental health conditions also have unrelated physical conditions that also need treatment. There is still a stigma around mental health which creates more problems with diagnosis and treatment.

“Physical conditions tend to be overlooked in people with mental health conditions.”

“5 Ways to Wellbeing should be included in everything the health services does – should always be thinking about mental as well as physical health and wellbeing”

User involvement and coproduction results in better services and gives better outcomes for individuals. Patient Participation Groups have been helping to improve the service received at their practices.

“It’s nice to be listened to.”

“Make it easy for a broad range of people to get involved”

Respecting culture and beliefs. Train staff to have better understanding of conditions and communities. There is a need for more pastoral care for minorities in health services which could address access and health inequalities. Need to think about cultural and language needs of all people that use services.

“There’s an issue about respecting an individuals’ culture and beliefs when they’re in hospital and having appropriate support in place. We have lots of shared heritage and we should build on that.”

Using the right language is important. This could be around health information and advice, what services are called or how people are communicated with about sensitive issues like end of life care.

“Need to use the right language to make sure people know the service is for them.”

Health education in schools. Signposting and supporting young people to be able to look after themselves and access the right services. Focus on prevention and responsibility in the young to stop future health problems.

“Signposting and support needed for young people when leaving school.”

“We should develop a course that could be delivered in schools – need more education around health.”

Understanding people and their circumstances is key to addressing their health issues. People would like to see earlier interventions to help people get better sooner and with better outcomes.

“Go to where people are, asking and listening to better understand the wider circumstances and challenges people are living within.”

Knowledge of screening programmes, including how and when to access them, is low. People are scared of screening as they don’t know what to expect. People prefer positive messages about how screening will improve outcomes rather than negative messages about the consequences of avoiding it. People feel that trusted individuals involved in their care and in the community should be trained to help give advice around cancer screening and self-checking.

“Screening services are a place you go if you think you have cancer, like if you find a lump – I don’t think anyone can go, just if you think you have cancer somewhere...”

“I don’t get the point in being screened if you don’t think you have cancer, if you don’t think you’ve got it it’s a waste of time for everyone”