

## **What you've been telling us November 2015 – January 2016**

We look at all the 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.

### **Access to GP appointments**

A large amount of people feel that they are unable to get a GP appointment when they need one or at a suitable time. This drives people to use urgent care services for convenience, or because their health issues escalate.

*“Too difficult to access GP from Friday to Monday. Closed on a Friday afternoon. If condition worsens have to go elsewhere at a weekend.”*

### **Confusion about what services to use**

There is a lot of confusion about what services to use for what type of need. It is seen that there is too much choice and people default to services that they are comfortable with, know about or have used before. The language that is used to describe urgent care services is seen as confusing and inconsistent. People feel that there should be better signposting to, and education of, these services. Many people feel that the system should guide patients through rather than have to make the choice themselves.

*“I was needlessly sent to adult A&E after contacting NHS 111 for advice. On arrival at A&E I was then sent across town to MIU. This is where I feel I should have been sent in the first place.”*

### **System not working cohesively**

People see the urgent care system and wider health and social care system as complicated, fragmented and lacking communication between services and organisations. This has the impact of people having to repeat their story at every contact within the system and also affects the continuity of care that they receive. They feel that all organisations providing services need to be joined up better with greater integration across health and social care.

*“The Out of Hours service sent an ambulance to take my partner to A&E. The ambulance crew asked why we had called them, then the doctor at A&E asked why we had called an ambulance!”*

### **Staff attitude and communication**

There are mixed reviews around staff attitude. Some people have received the compassionate and friendly care that they expect, whereas others have felt that some staff have been dismissive and unhelpful. Communication between staff and patients, and especially being listened to, are big issues for people.

*“Every member of staff I interacted with was brilliant and made me feel very at ease.”*  
*“Sometimes you are made to feel like it's your fault.”*

### **Differing experiences and knowledge of services**

People are experiencing urgent care services very differently across Sheffield. Many factors affect their knowledge of, and confidence of using, the different urgent care services that are available to them. These factors can include where people live, the language they speak, their education level, and their age.

*“Presume that people have a computer. Need information and advice in other formats. Some people can’t access libraries and they are closing them.”*

### **Alternative services available closer to home**

The types of services, both statutory and voluntary, that are available in the community to support people are varied across Sheffield. People want services in the community, such as more publicity about what local pharmacies can offer, that will help to address their health issues before they escalate and require medical care services like their GP, 999 and A&E.

*“We should encourage people to think of non-medicalised remedies first. If they don’t work, then people should go to their GP”*

### **Discharge failures**

The exit point of urgent care is seen as a particular problem. Unplanned discharges, a lack of follow ups and no continuity of care can create a feeling of falling off a cliff edge.

*“People are thrown off a cliff edge when they finish their treatment. There needs to be an intermediary.”*

### **Mental health**

People want to be treated as a whole, with their mental health needs treated as equal to their physical needs. They want plans to help them in a crisis. Experiences of accessing urgent care services for mental health issues are generally poor.

*“Mental health should be treated just the same as physical health.”*

*“Reduced funding in mental health has stopped my support. Won’t be seen again until at crisis point.”*