

## Access to Health and Social Care Services in Sheffield

### Key issues from April – May 2024

During April – May 2024, we gathered insights from 388 individuals accessing health and care services across Sheffield. Particular highlights have included patient experiences when attending GP practices and various hospital services. Less positive experiences came from people applying for continued healthcare and delays in receiving intensive nursing support. In addition, people have shared their views around the inflexibility of blood testing.

#### Accessing GP services

Over the past two months, we gathered feedback from 203 people across 34 GP practices within the city. 140 patients commented on staff being professional and kind, and stated they had received good treatment and advice from their GP. Lots of people spoke about triage systems; 38 patients shared positive stories and most were able to access an appointment the same day. Patients also referred to the text reminder service and stated how helpful this had been to them.

31 people reported difficulties accessing GP appointments for various reasons. Some found online systems inaccessible or could not book appointments due to online systems not accepting requests. Others faced long waits in phone queues, or were directed to use Pharmacy First when not appropriate. One instance of this occurred when a patient was prescribed medication by their GP and were advised to return if the issue persisted. When trying to request a follow up appointment, they were directed to use Pharmacy First instead. Additionally, some patients were advised to attend the Walk-in Centre or partner GP services but were unable to do so due to various reasons including mobility issues, limited public transport, or lack of travel funds to get there.

Patients fasting during Ramadan informed us they often felt dismissed when visiting their GP as they were frequently told their symptoms were likely due to fasting. Some people continued to feel unwell days or even weeks later, prompting them to seek further medical advice. Some needed antibiotics and stated due to their GP being dismissive initially it had likely caused a delay to their treatment.



“The doctor was so helpful and fully checked all notes and listened to our concerns.”

“I experienced long delays in their triage system and unnecessary re-referral to a pharmacist that delayed treatment.”



## **Prolonged wait times for people experiencing symptoms of cancer**

We heard about the lengthy wait times some patients faced when being tested for prostate cancer. These delays were largely due to slow processing of blood tests, scans, and biopsy results. One patient reported waiting over two months from their initial GP referral to hear an outcome. Additionally, when asking for biopsy results over the phone, some patients were refused and had to wait for an in-person appointment. Some suggested that patients should have the option to choose how their results are communicated if it would speed up the process. We also heard about the lack of support information provided to individuals undergoing tests. Patients who received a prostate cancer diagnosis reported there were prolonged delays in receiving surgery. People said that both the lack of support resources and the long waiting times experienced had severely impacted their mental wellbeing and that of their family members.



“However, it then got worse as we were informed there are further delays ahead for surgery too of approx 5 months, and that's only once you're on the list! ”

## **Referral delays to initiate intensive nursing support**

In some cases, we heard end of life patients receiving home care were not promptly referred to the intensive home nursing team when needed. This left families and, in some instances, carers using equipment they weren't trained to use and providing intensive care they didn't feel prepared for. It was reported a lack of joined up approach between GPs and District Nurses often resulted in issues and delays to healthcare. Additionally, we heard there was a lack of information about the services on offer to support end of life care, leaving families feeling helpless and unsure of where to seek assistance.



## **Limited options around blood testing**

A service working with individuals with learning disabilities shared concerns raised by service users, their families and carers relating to blood testing. After hospital and GP visits, some individuals were asked to schedule follow-up blood test appointments on separate days. It was suggested it would be more helpful to carry out the blood tests the same day which would reduce anxiety and stress and avoid additional journeys.



Other people we spoke with told us they would much prefer to be given the option of having a blood test carried out their GP practice. This was largely due to hospital provision or drive through blood testing being inaccessible for various reasons including mobility conditions, costs to get there, public transport limitations and being full time carers.

## Pharmacy feedback

A continuous theme we hear about is prescriptions often not being ready leading to some people having to make return journeys to collect them. In some cases, patients attempted to call ahead to prevent wasted trips, however calls often went unanswered. People said it would be helpful if they could receive a text message notifying them when their medication was ready to collect.

Additionally, feedback was provided around Nomad trays, which help keep medications organised and dosages correct. Whilst Nomad systems were praised for providing people with independence, concerns were raised about their effective use. Particularly if the individual using them did not have carers or anyone to check if the medication had been taken, as the trays are discarded after use .

## Frustrations with NHS services not sharing patient records

Patients attending secondary care services outside of Sheffield expressed frustration relating to ongoing issues they had experienced because medical records were not being shared between hospital services and their Sheffield GP practice. This resulted in delays to receiving care and treatment and in some cases cancelled appointments after they had travelled a considerable distance to get there.

## Unsuccessful Continuing Healthcare (CHC) applications

People got in touch to report their family members had received rejections when applying for Continuing Healthcare and wanted guidance about how to initiate a formal complaint. Some were confused about the reasons for rejection, as they believed their relatives had met the eligibility criteria in place. Additionally, we heard of a case where Continuing Healthcare funding

“I don’t drive and would find it difficult getting on a bus, it’s too much for me.”



“I really like my Nomad system; it helps me know when I need to take my medication.

“They need to be sending my notes and results across to each other.”



was awarded to an individual for a considerable period of time but then they received notification that they were not eligible. We signposted these people to Beacon, which is funded by NHS England and offers up to 90 minutes of free Continuing Healthcare professional advice.



## Healthcare accessibility

Positive examples of care for disabled patients were shared this period where effective reasonable adjustments were implemented in different healthcare settings. However, concerns were raised about some staff not fully understanding disabled patients' needs. It was suggested disability awareness training, alongside attending regular refreshers would ensure staff remain aware of how to provide the most appropriate support.



Some patients reported the call board systems at their GP surgery were extremely helpful due to the audio alerts and display screen, however, some noted these systems were not consistently used. We contacted one GP practice who told us their call board was out of order and in need of repairs but were uncertain when it could be fixed due to the costs involved.

"I wish staff had even a basic understanding of my needs."

Additionally, we heard glass or perspex screening fixed to some healthcare reception desks was unhelpful for some patients who lipread due to the effects of lighting glare.

## Patient transport

Positive examples of patient care were shared relating to ambulance and Patient Transport Services with staff being described as helpful, friendly, and professional. We did hear of issues relating to wait times for patient transport when attending hospital outpatient appointments. Due to transport often arriving late, appointment times were missed. Although patients were still able to attend their appointments, these delays caused them stress and worry.



"I was really worried that I wouldn't get there in time and I wouldn't be seen"

Patients requesting hospital transport provided feedback around the process. Frequent users of the service felt it was unnecessary to be asked the same set of questions each time they phoned and expressed frustration of having to justify their needs for patient transport despite being fully eligible.

"It feels like every time I phone them, I have to battle and fight to have to prove myself. "

One patient said they would much prefer to be asked if there had been any changes since their last interaction, rather than having to repeat themselves each time they made a new request.



We heard upon discharge from hospital, that patients using hospital transport were limited to taking two bags with them, while any additional items were sent to their home via taxi. One patient mentioned being unable to take their mobility walker with them and expressed concern about a possible delay in receiving it. They were relieved it arrived by taxi 10 minutes after they got home but were worried in the future, this may not always be the case.

## Care in hospital

During this period, we received 41 pieces of mixed feedback about Hospitals in Sheffield. 19 people reported high quality care and praised staff for the treatment they had received at A&E, Gynaecology, Surgery, Fracture Clinic, Cardiology, Physioworks, Osborn 4 and Chesterman.



Less positive experiences largely related to a wide variety of issues including discharge delays, staff attitudes, delays to a range of test results and surgery wait times.

Feedback was shared by patients and their families who had attended A&E and had experienced a lack of personal care. Some were ignored when requesting a commode or toileting assistance, others were told they needed to wear a continence pad without underwear which they did not feel comfortable with. We heard staff in A&E were busy but some less so, and some were engaging in unprofessional conversations that patients could hear.

We heard from a small number of patients who experienced difficulties swallowing, impacting on their ability to eat and drink. Some were awaiting assessments from the speech and language team but reported delays to receiving them. Another patient was frequently given toast and sandwiches despite requesting foods that were not dry. They had to continuously ask for foods they were able to eat.

People got in touch to say they had tried contacting PALS (Patient Advice and Liaison Service) during opening hours but were greeted by a pre-recorded message stating the service was closed. They were given an email option to get in touch which was not suitable for all.

“All the staff made me feel relaxed during this somewhat stressful experience.”

“I contacted the department and was told that there was up to a 4 month wait for surgery but it is well over that now and still no response.”



## Impact from our last briefing (Feb– March 2024)

Sheffield Teaching Hospitals have responded to our last briefing, outlining how they plan to address areas for improvement and have made the following comments outlined in blue.

**Issues were raised relating to staff shortages impacting on care.** There are several actions that the Trust take to ensure that its nursing staffing levels are safe. These include:

- The trust being fully compliant with all national guidance in relation to nursing safer staffing requirements where all wards and departments have annual or biannual workforce reviews. At these reviews managers and matrons review their quality and workforce data as well as their nurse staffing levels.
- The trust also collects quality data monthly from all wards and departments which are overseen by the matrons and Nurse Directors.
  - The trust has recruited a significant number of registered nurses over the last two years from overseas and locally and the current recruitment and retention rate is low.
  - The Trust also hold twice daily staffing huddles which are chaired by the Duty Matron. There is a Duty matron on both hospital sites who oversee the nurse staffing throughout a 24-hour period 7 days per week. During the staffing huddles, the nurse staffing is reviewed, and plans are made to support areas to be safe if they fall below planned staffing levels due to issues such as staff sickness. The Duty Matron will then redeploy staff from elsewhere, or use and allocate on arrival team, or utilise the NHS bank to support any shortfalls.

**Patients, carers and their families gave feedback relating to long waiting times in A&E, patients left in cubicles in A&E for prolonged periods of time due to a lack of beds on wards and patients being left for prolonged periods of time when requiring assistance with personal care.** The feedback raised in relation to experiences in A&E has been shared with the Emergency Department team for them to review and consider in order to be able to provide a complete response, which will be brought as part of the next Patient Experience feedback paper in July 2024.

**We heard about insufficient amounts of continence supplies provided when patients were discharged from hospital.** There is an ongoing piece of work that senior staff are involved in regarding the discharge of patients from hospital and the pad supply provided on discharge, so action to address this is ongoing. All patients who require continence products on discharge should be supplied with a 7-day supply, plus a referral to district nurses for a home continence assessment. A reminder to this effect has been circulated to all nursing staff via email today. This will also be reiterated at the May PEEG (Patient Experience and Engagement Group) meeting. There is a slightly different approach for known End of Life patients: these patients are discharged with 7-day supplies of continence products, plus a referral to District Nurses who refer/request to the continence team to supply further products. The continence team contact supply chain with the request and products should be supplied to the patient within 48 hours. The details of this process are also set out within the Sheffield Teaching Hospital Continence Policy.

This summary of key issues is a snapshot of what we are hearing about. We want to reflect the experiences of people who share their stories with us, and we hope that it can help services, and commissioners of services, by indicating potential areas of focus. It is based on:

- Experiences that members of the public share with us through our information and advice service
- Feedback shared by voluntary sector partners who support clients in Sheffield
- Stories shared through Care Opinion, who we've partnered with to provide a feedback-sharing platform

**Want to share your own experience? Get in touch**

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