

# Quarterly Report

## October–December 2024

Heard from **401** people about their views and experiences of health and care




Hosted a round table discussion on **Social Care**




Helped **162** people with enquiries about health and social care services



Introduced an **Easy Read Information Section** for our website



Started our weekly **information and advice drop in sessions**



Published our report on **Access to Long Covid Services in Sheffield**

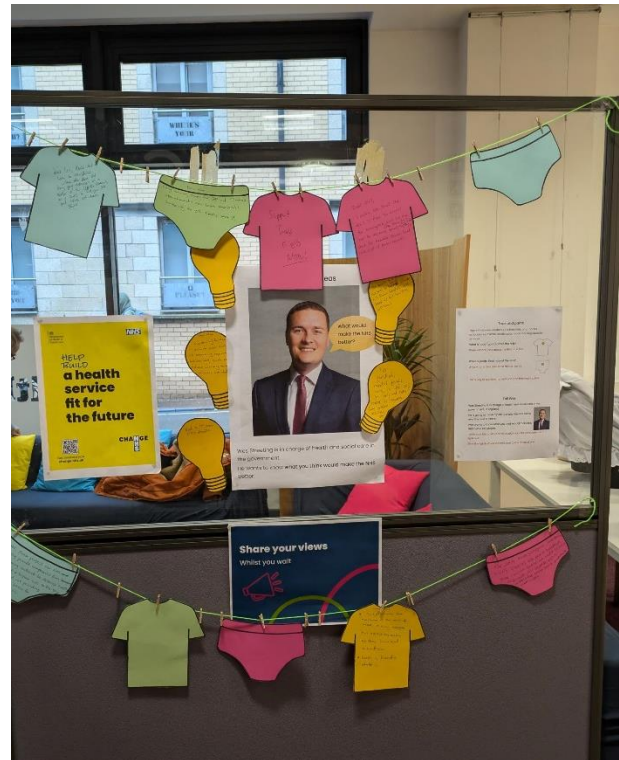


# 1. Introduction

This quarter we welcomed Winnie Lutakome and Husam Hassan as our new Community Outreach Leads. This has enabled us to make good progress with our work in Tinsley, as part of our priority of 'a neighbourhood focus on health and care'.

Alongside this, the team have been doing work to get people's views on the NHS 10-year plan. One of the 3 shifts in the plan is 'making better use of technology' - while we know technology can be put to good use in healthcare, we want to highlight where there are challenges, and a risk of increasing inequalities. For example, this quarter we heard how the introduction of a new digital platform for booking GP appointments has been causing difficulties for some people (including asylum seekers) who have found it hard to use.

With so much national focus on the NHS 10-year plan, we wanted to highlight the urgent need for a national conversation around social care. As part of this, we held a roundtable discussion with Sheffield Central MP Abtisam Mohamed, inviting a small group of people with personal and professional experiences of social care. We posed the question 'If the government was writing a 10-year plan for social care, what should it include?'



*Display in the Healthwatch Hub to tell people about the NHS 10-year plan consultation, and enable them to leave comments*

We've reported before that the numbers of people we are providing information and advice to have roughly trebled since 2019 – this service continues to be well used. This quarter we've been focussed on ways to make our information more accessible for people with particular access needs; as part of this we've introduced an easy read section of the website and also a weekly in person drop in at our Healthwatch Hub.

Finally we were pleased to publish our [report on Long Covid](#), as we wrapped up the Long Covid project. The legacy of the project is an active Long Covid Network, a new peer support group in Fir Vale, and a set of co-designed resources for raising awareness of Long Covid within different communities. The report itself captures learning about people's experiences, and highlights where the services offered could be improved and developed to better meet their needs.

## 2. Enquiries, Information and Advice

Members of the public can tell us about their experiences of health and social care services in the Sheffield region so that we can then share their views and opinions with decision-makers. We also offer specific information and advice about their care. Giving information about health and social care services is one of our statutory duties.

Enquiries we receive may include finding out about people's rights to treatment, what services may be available to them, or how to raise a concern about a negative experience they have had. We help people to find the right information as well as signposting them to further support if needed. Sometimes we can help people with their question immediately, whilst other situations may be more complex and may involve supporting the individual for a longer period of time.

Between October - December 2024, we gave information and advice to **162 people** – this ranged from brief pieces of information given out at community stalls, to more in-depth conversations through email or over the phone.

Feedback was shared about hospital services and a very busy A&E department. People reported having to queue outside the A&E entrance, with some standing for long periods due to a lack of seating and available wheelchairs. In addition, we heard from patients who had been referred to various hospital services but experienced lengthy wait times without receiving updates on their progress. Some faced delays not only in getting their initial appointment but also in scheduling follow-up appointments after their first visit.

We have been out and about with information stalls at different events (for example at ISRAAC Somali Community Association, and at a Diabetes UK event). We combined this with speaking to people about the NHS 10-year plan, gathering feedback about experiences of NHS care and suggestions for improvement. Many praised NHS staff and reported they had received good quality care when they had been able to access it, however, there were also reports when care hadn't been good. Key priorities people wanted to see in the plan included areas such as increased investment in staff and resources, improved patient care and communication and greater availability of appointments across all healthcare services.

People are still telling us about the difficulties they face in getting GP appointments. Many said they can't book routine appointments in advance and have to call on the day, which isn't accessible for everyone. Patients without internet access told us they feel their GP surgery is becoming even harder to access.

# Where have we signposted people this quarter?



## Case Study

### Support to access a Covid booster vaccine

\*Peter contacted us about his elderly wife, Val, who was due a Covid booster vaccine. Val had previously experienced severe side effects from a specific vaccine brand so wanted a different one this time. Peter tried to find her preferred vaccine but faced many challenges in doing so. Their GP couldn't provide the brand and couldn't offer information of where to get it. Calls to NHS 119 (the Covid vaccination booking service) and NHS England didn't help, and several pharmacies Peter contacted didn't have Val's vaccine choice in stock. This left them feeling frustrated and worried.

We contacted South Yorkshire Integrated Care Board (SYICB), who were very helpful and advised a delivery of the preferred vaccine was expected soon. After the delivery date, we contacted several pharmacies and found one that had the vaccine in stock. We also made sure the facilities were accessible for Val. Val received her booster, and reported while she had experienced some side effects, they were mild in comparison to her previous reactions. Peter and Val were relieved and grateful to finally receive the vaccination, and appreciated the assistance provided.

\*names have been changed

## Information service drop in at the Healthwatch Hub

In November 2024, we launched our new information drop-in service, to assist members of the public seeking information around health and social care. Information may include topics such as patient rights, health care support options and how to raise a concern about a negative experience.

The information drop-in service is held every Wednesday 10am- 1pm. An appointment isn't needed. You can find us in the Healthwatch Hub on the ground floor of The Circle, 33 Rockingham Lane, Sheffield, S1 4FW.



## 3. Website

Between October and December 2024 there were 4,795 visitors to our website, totalling 6,153 page views.

Popular webpages this quarter included:

- Information about [GP collective action](#), the [Pharmacy First scheme](#), and [how to make a complaint](#) about NHS or Adult Social Care
- An [invitation to take part in our survey](#) about trans and non-binary people's experiences at their GP practice
- Our intelligence briefing from [August-September 2024](#), outlining the key issues we heard during this period

## Information and advice

This quarter we published 2 new information and advice articles on our website – informing people about [flu vaccines](#) and advice about looking after their [health in the cost of living crisis](#).

## Easy Read resources

We want everyone to be able to access the information and advice they need, in a way that works for them.

In October, we created a new section on our website for Easy Read information.



We have published 11 Easy Read leaflets so far. They provide information about the different services people can use, how to make a complaint about their care, and information on specific health conditions. Thanks to Healthwatch Rotherham for sharing resources which we could adapt for a Sheffield context – we also shared resources created by organisations such as Mencap, Macmillan and Diabetes UK.

You can find all the Easy Read information resources on our website:

[www.healthwatchsheffield.co.uk/easy-read-resources](http://www.healthwatchsheffield.co.uk/easy-read-resources)

## 4. CQC / Sharing intelligence

**Healthwatch England:** We have been sharing data with Healthwatch England monthly, via their new digital platform. This connection with Healthwatch England helps us influence policy at a national level.

**CQC:** This quarter we haven't shared any pieces of feedback with the CQC.

**What have we been hearing?:** This quarter we have shared 2 roundup reports with statutory partners, commissioners and service providers to highlight the issues that people are talking to us about. These are picked up in different ways, and have become a regular item for discussion at the Health and Wellbeing Board. We also share them with members of the Health Scrutiny Committee.

As well as sharing the headlines of what we hear in this briefing, we also share more detailed feedback with health and social care providers directly where appropriate and where we have the appropriate consent from the people we have spoken with.

## 5. Children and Young people

In November and December, we were joined by two medical students who helped to design and deliver a sexual health project. The project aimed to take a snapshot of the current picture in terms of access to sexual health services for young people in temporary accommodation, and assess the extent of the impact of the work we supported Sheffield Foyer to produce in 2023.

The students visited 3 hostels to get surveys completed by residents and staff. They also delivered an interactive feedback session at Cherry Tree Hostel and participated in a Sexual Health Fun Day at Sheffield Foyer. The report can be read [here](#) – next steps will be to hold a roundtable discussion to identify actions which can further improve the services for young people.



### Impact

The [Speak Up report in 2023](#) highlighted travel as a major barrier to accessing sexual health services. Since that time, services have responded and put in place a range of measures to address this, with more support now delivered on-site at the hostels. In our most recent work, young people no longer named travel as the main barrier to access.



## 6. Community Partnerships

This quarter we invited our [Community Partners](#) to join us in a round-table meeting with Abtisam Mohammad, MP for Sheffield Central. Staff from SACMHA and Disability Sheffield joined the us for a discussion where we posed a question 'If the government were writing their 10-year plan for **social care**, what should they include?'. We were pleased that Leroy Young, from Silver Healthcare also joined us to share his perspective as a Care Home provider. We will share a write up of this event next quarter.



# 7. Projects, Involvement and Engagement

## Asylum Seeker experiences of digital platforms for booking GP appointments

In October we did some work to understand experiences of the Anima Health online appointment system, which has been newly implemented across several GP practices in Sheffield to streamline appointment bookings and provide multi-language support.

Our focus was on understanding its impact on asylum seekers and refugees; we visited asylum seeker accommodation and worked with staff from the Refugee Council to speak with 13 people. This provided valuable insights into challenges faced by this group including:

- **Lack of awareness:** many were unaware of Anima or didn't understand it
- **Delays for new arrivals:** those without NHS numbers faced delays and were unable to register for the service
- **Registration challenges:** people felt the process was complex and confusing
- **Language barriers:** limited language support (e.g., for Arabic and Tigrinya) further complicated the process
- **System limitations:** Anima does not support dental or vision appointment bookings, which are essential for many.

This work underscores the importance of inclusive digital health solutions and maintaining alternative booking options. We shared these findings with Primary Care Sheffield, who have responded with a range of measures that they will implement to try and support improvement in the way this works for this group. We will revisit to assess progress and further improvements.

## Visiting Care Homes to speak with people about the NHS 10-year plan

In November we visited two care homes – Rosebank Care home and Leahurst Care home where we spoke to both residents and staff to hear their views on the NHS 10-year plan. You can read more about what people said in our [blog](#).

We will share the feedback locally with the NHS in Sheffield and South Yorkshire, and we will also share it with the national consultation that is currently happening for the plan. It's not always easy for people living in care homes to have their say, so we want to ensure that we regularly include visits to these settings in our outreach activities.





## A Neighbourhood Focus on Health and Care – Tinsley

In the last quarterly report we described how we had paused our Tinsley project due to lack of staff capacity – this quarter, with new Community Outreach staff in post we were able to begin again.

Staff have spent time connecting with community groups in the area, as well as visiting locations such as GP surgeries. We have carried out a number of one-to-one interviews, and have more lined up for next quarter.

Things we are hearing about include:

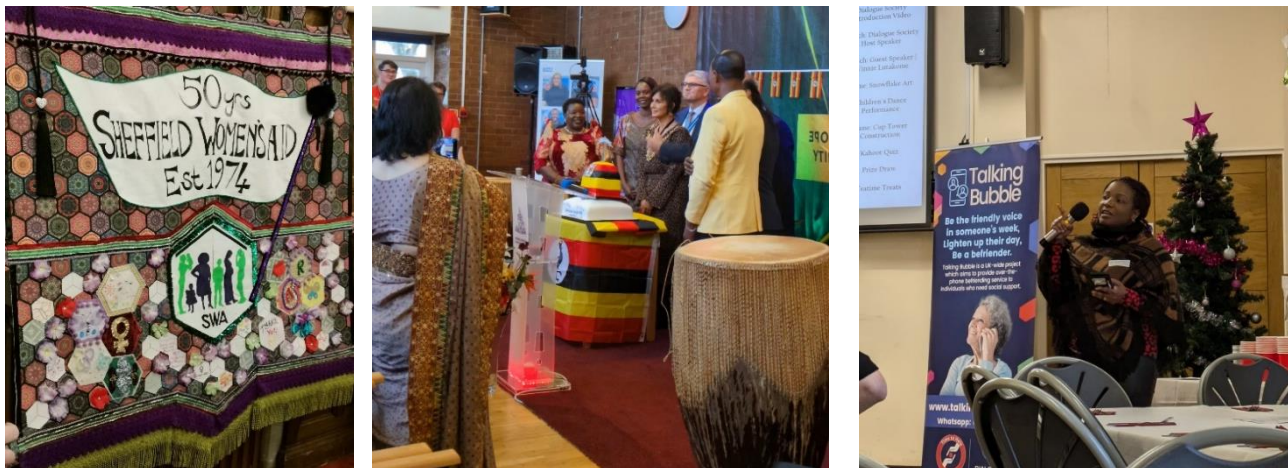
- **Access to GP appointments:** difficulties booking GP appointments are exacerbated by language barriers and unfamiliarity with digital booking systems
- **Cultural sensitivity:** some felt alienated by services that hadn't met their cultural or religious needs
- **Mental health support:** limited access and slow response times for mental health services left many feeling unsupported
- **Transport:** the lack of reliable local transport disproportionately affected elderly and disabled residents, forcing them to rely on costly taxis.
- **Financial strain:** many families struggled with financial difficulties, further limiting their access to essential services
- **Communication:** frustration with miscommunication with the GP surgery and the pharmacy and poor communication between the different services
- **Medicines:** limited stock of the medication at the pharmacy and long waiting time for medication
- **Social care:** people not receiving the personal care and support that they need
- **Limited resources:** a lack of social activities in the area, particularly outdoor activities
- **Language support:** a limited number of interpreters for some of the languages
- **Local environment:** high levels of litter and air/noise pollution in the area

## Out and about at community groups and events

Connecting with other organisations at their events is an important part of our outreach work. By doing this, we are able to hear about the experiences of the people that they support as well as raising awareness of Healthwatch Sheffield, including our information and advice offer.

This quarter, we have participated in an event at ISRAAC, visited a community group in Batemoor, taken part in a Substance Use Conference at the Pakistan Muslim Centre, and joined Women's Aid at their AGM which marked their 50-year anniversary supporting Women in Sheffield.

In October we had a stall at an event held by the Alpha and Omega church to celebrate Uganda Independence Day. In December, Winnie Lutakome (our new Community Outreach Lead) was invited to give a speech at the Sheffield Dialogue Society Christmas party, where around 150 people heard her talk about the work she had done previously as Participation Co-Ordinator with New Beginnings, and her new role with Healthwatch Sheffield.



## Trans and non-binary people's experiences of GPs survey

We were commissioned by Healthwatch England to help find out about trans and non-binary people's experiences of GP services. We were asked to get 20 surveys completed between the end of October and beginning of December. We worked with SAYIT to promote the survey and provided food for one of their service users groups as a thank you to those filling in surveys. In total, 73 surveys were completed. Healthwatch England will publish their report in the spring, 2025, at which point we will be able to use the local data and share our findings with decision makers.

## 8. Reports

### Accessing Long Covid support in Sheffield

In November we published our report on people's experiences of Long Covid support in Sheffield.

The report is based on the findings of 21 in-depth interviews with people with Long Covid and their carers, and a grants programme which connected with 440 people. We wanted to shine a particular light on the experiences of people who are under-represented in formal Long Covid services, including people from ethnically diverse communities and those with lower socio-economic means.

The report focusses on different elements of living with Long Covid:

- **People's experiences of health services:** People's journeys through general practice, hospital care, and specific Long Covid services

- **Self-management:** How people use different strategies, voluntary sector support, and online resources to manage long term conditions
- **The impact of Long Covid:** How the condition has affected people's mental health, work and finances, relationships and social life, and their caring responsibilities

You can read the full report on our website [here](#). We asked service providers and commissioners for a response to our recommendations, which we will publish on this page when we receive them.

## Your Voice Counts: the experiences of refugees and asylum seekers living in Sheffield

In December we published a briefing exploring the experiences over 40 refugees and asylum seekers had shared with us over the last year.

This was not the result of a focussed project; instead, it has come out of our regular engagement work in the city. We speak to a wide range of people living in Sheffield at different events and groups, including refugees and asylum seekers. During these conversations we have identified a number of key issues which we wanted to highlight.

This includes challenges understanding the health and social care system as a new arrival, language barriers, and financial difficulty. We also highlighted the opportunities that people said they wanted – mental health support, the chance to pursue work, volunteering, and education, and socialising with others.

You can read the full briefing on our website [here](#).

### Impact

These insights have been shared with the Sheffield Public Health Team to inform the Health Needs Assessment for Refugees and Asylum Seekers in Sheffield, which has been recently completed.

Following this, we have joined the newly formed Health Workstream of the Refugee Asylum and Migration Strategic Partnership Group; this brings together people working in a range of organisations across the city, enabling us to work together in developing plans and actions to address the health needs within this community.

Following a specific concern that was raised with us in December about access to minor ailments medication for refugees and asylum seekers, we contacted the NHS in South Yorkshire to highlight the impact of recent changes to pharmacy provision. As a result, measures were put in place to ensure that this group could continue to access minor ailments medication in the way that they had previously.



## What have we been hearing?

This quarter we published two of our regular intelligence briefings:

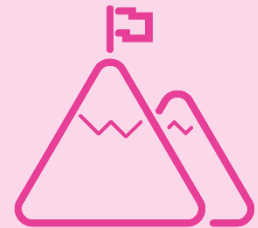
- [Insights from August – September 2024](#)
- [Insights from October – November 2024](#)

We continue to share concerns on key issues in GP practices, NHS dentistry, and mental health services. We have also heard about other issues this quarter, relating to topics like Personal Independence Payments (PIP), and taxi services, along with sharing feedback we've gathered from the public in relation to the NHS 10 year plan.

### Impact

Some services let us know what actions they have taken in relation to the feedback we share in this way. This quarter, this includes Sheffield Teaching Hospitals agreeing to:

- Plan “wheelchair hubs” for hospital main entrances, so people are more easily able to travel around the buildings
- Engage further with patients with Hydrocephalus and their families about their needs



## 10. Quality Accounts

This quarter we analysed intelligence relating to Sheffield Teaching Hospital's NHS Foundation Trust, and produced a long list of possible **quality objectives** for the trust for 2025 – 2026. Some of our suggestions were put forward for further consideration, such as improving the consistency of information about different services, better quality interactions with staff, and timely access to equipment and advice for carers supporting peoples with high levels of need, including those at end of life. Their objectives will be finalised in early 2025.

### Impact

Last year, Healthwatch Sheffield shared feedback about the experiences of people with visual impairments at Sheffield Teaching Hospitals (STH), to help inform the areas of focus for the hospitals Quality Improvement.

STH chose this as one of their Quality Objectives, and took action to improve the experience and care of people accessing their service. This included:

- Involving a local voluntary sector organisation in the accessibility audit of the hospital site
- Training for staff and volunteers in how to guide people with visual impairments around the site
- Putting in aids and adaptations which would improve experiences and safety while in hospital



# 11. Health & Care Public Forum (Sheffield)

## Health & Care Public Forum

This quarter our regular Health and Care Public Forum met 3 times. This forum is a public and patient forum which we run on behalf of Sheffield Health and Care Partnership to help inform their work.

In **October**, the Forum heard about joint work between Sheffield City Council and Primary Care Sheffield, to better understand and develop integrated neighbourhood working which aims to improve people's health and care. Views and experiences were shared to provide insights into what happens in practice from a service user and carer perspective.

In **November**, there was a discussion to inform the thinking around reshaping insomnia services in Sheffield and South Yorkshire, with opinions being shared around using a Cognitive Behavioural Therapy App and a new sleep specific drug which could be made available in primary care.

The Forum were updated on work to improve hospital discharge during their **December** meeting. They also discussed a proposal to implement wheelchair stations at Sheffield Teaching Hospital's NHS Foundation Trust's hospital sites.

## 12. Local decision making

The Health and Care Bill made changes to the way the NHS is organised – on 1st July 2022 new **Integrated Care Boards (ICBs)** were set up across the country in each sub-region. These boards will work with partnerships of local organisations such as voluntary sector organisations and local authorities, as part of an **Integrated Care System (ICS)**. Sheffield is now part of the **South Yorkshire ICS**.

This is important to the work of Healthwatch because our role is to influence and improve the way services are run. Some decisions about Sheffield services are now made at a South Yorkshire level – this means we need to have routes to influence decisions in this new structure.

**During this quarter we have:**

- Continued to work with other Healthwatch in South Yorkshire to promote the importance of public involvement and citizen voice in the new structure
- Continued meeting regularly with Engagement and Involvement leaders at the ICB, to ensure that our work at Healthwatch is connected to work taking place at a South Yorkshire level
- Continued attending the Quality, Performance and Patient Experience sub-committee of the ICB

Healthwatch has a non-voting place on the South Yorkshire ICB where we have the opportunity to bring insight from our work, and constructive challenge to the system in our role as a critical friend. As an interim measure, the Healthwatch Sheffield Chief Officer has taken this place while we develop a longer-term plan to ensure we can be fully effective in our work with the board.

Locally, our Chair has been attending the **Sheffield Health and Care Partnership Board** meetings, and has been active in contributing to discussion around the future of how services will work together as Sheffield Place. This also links to the role that we have currently facilitating the Health and Care Public Forum, giving people and patients an opportunity to directly hear about and comment on locally developed plans.

**We will continue to advocate for the importance of involving people in decision making, wherever those decisions are made.**

## 13. Supporting services to involve people

### Sheffield Health and Care Partnership

In December we took a paper to the Sheffield Health and Care Partnership (HCP) about how we could work together to bring more voice, involvement and experience into the work of the HCP. The paper was welcomed, and the board committed to a working group to look at this. They will consider how existing insights can be included in discussions at board, and what more can be done to ensure that patient and public voice is included in their work.

### Connecting with the national Healthwatch Network to improve the way we do our work

Being part of a national network of local Healthwatch gives us opportunities for peer learning – we come together with other Healthwatch in different forums to learn from each other about ways to improve our effectiveness. This quarter we were involved in a number of national meetings including:

- At the **Healthwatch Research, Intelligence Network Group (RING)** meeting, we discussed the possible benefits and issues arising from using AI in our work.
- We attended two of the newly established **Healthwatch Adult Social Care Network meetings**, alongside other local Healthwatch and the Healthwatch England policy team. The meeting gives us the opportunity to share our insights and flag concerns, hear national policy updates and review national policy positions, propose local and national projects and learn about recent publications and upcoming research.
- Along with other Healthwatch in South Yorkshire (Doncaster and Rotherham), we attended a **meeting with the Care Quality Commission (CQC)** to discuss

piloting a new approach to how we work together and how our intelligence is shared and used.

- We raised a question about how to improve **the quality of formal responses to our reports and recommendations** on the Healthwatch network digital platform. This topic sparked much interest in our Healthwatch colleagues, so we organised and chaired a meeting to discuss the topic and think about wider impact issues together. 12 local Healthwatch representatives and the Head of Impact at Healthwatch England attended. We took away actions to make improvements, and shared useful resources and outputs from the meeting with both attendees and the wider network. We have arranged to have a follow up meeting in six months' time to discuss the impact of any changes that local Healthwatch have implemented.

## 14. Volunteers and Placements

This quarter volunteers have given up around **202 hours** of their time to help make care better in Sheffield. This includes being part of our Strategic Advisory Group, representing us at boards and committees, sharing views as part of the Health and Care Public Forum, and coming out with us to events to speak to local people.

### Volunteering highlights

In November we attended Voluntary Action Sheffield's winter volunteering fair. Despite the snow, lots of people came out to talk to us about volunteering and how they could make a difference.

We met a number of people who were interested in becoming Engagement Volunteers – the volunteers who help us speak directly to people across Sheffield through conversations, surveys, focus groups and more.

In December we held a volunteering introduction/training session for new Engagement Volunteers, which was attended by 8 people. We talked about the role local Healthwatch plays in supporting services to improve, the importance of everyone being able to share their views and experiences, and how we as a whole engagement team could create a supportive environment for people to do that.

We are pleased to have a new cohort of volunteers joining us, and look forward to them coming out on engagement events with us in the New Year.



## 15. Healthwatch Team

This quarter we welcomed two new members of the team as Community Outreach Leads -Winnie Lutakome and Husam Hassan. Mina Clarke has also returned to work with us a Project Support Assistant one day a week.

## 16. Coming up next

We will have another MP Roundtable with Gill Furness

We will start work to develop a new strategy for Healthwatch Sheffield, enabling others to work with us in shaping the delivery of Healthwatch under our new contract

We will hold a roundtable discussion about sexual health services for young people in temporary accommodation.

We will start work on developing our new Visiting Volunteer initiative – shaping the role and recruiting people to it

### Using Voice for Influence



As well as sharing our intelligence in our written round ups, staff and volunteers regularly raise feedback and share experiences in the meetings they attend. Taking part in meetings helps us stay informed about developments in services, and enables us to promote the importance of listening to, and involving people, in shaping those developments. This quarter, we have attended the following meetings, boards and committees:

- Sheffield Health and Wellbeing Board
- Lived Experience and Co-production Assurance Group (Sheffield Health and Social Care Trust)
- Integrated Care Board (NHS South Yorkshire)
- Quality, Patient Involvement and Experience Committee (NHS South Yorkshire)
- Health Scrutiny Sub-Committee – Sheffield City Council
- Area Prescribing Group
- Primary Care Commissioning



- Integrated Medicines' Optimisation Committee (IMOC)
- VAS weekly network meetings
- Sheffield Health and Care Partnership Board
- South Yorkshire Local Dental Network
- Oral Health Advisory Group (Sheffield)
- Sheffield Teaching Hospitals Quality Objective Steering Group
- Patient Engagement and Experience Committee – Sheffield Teaching Hospitals
- Adult Partnerships Board
- Care Homes Transformation meeting
- 'Enhanced support' working group
- Older Adults Transformation meeting (mental health)
- Health Workstream of the Refugee Asylum and Migration Strategic Partnership
- Collaborating for Health working group
- Sexual Health Network

**Representatives from other Healthwatch in South Yorkshire also attend a range of meetings on behalf of our region, giving us an opportunity to feed into other areas of work including:**

- South Yorkshire Integrated Care Partnership
- South Yorkshire Mental Health/Crisis care meetings
- South Yorkshire System Quality Group