

Access to health and social care services in Sheffield – key issues from October 2020

What are we hearing?

This month we've heard about difficulties accessing primary care, including flu vaccines. We've also heard about mental health services, and the impact that not being able to access respite care is having on people, as well as hearing some experiences of inpatient care. October brought a lot of information about social care and Continuing Healthcare assessments, including what it's like taking part in assessments and meetings online. Visiting in care homes and supported living is another ongoing topic, and we've heard some more about how that is working across the city.

Dentists

This month saw more enquiries about dentists. As we reported last month, the difficulties mainly relate to people not being able to register with a dentist; this has included families needing to register young children, and people new to Sheffield. Very few dentists are taking on new NHS patients, although it is still possible to register as a private patient.

We also heard about people whose treatment has been paused for a long while now due to the pandemic, and the difficulties they're facing.



"I am aghast how he can be left in such a terrible state, in so much pain"

Accessing GP appointments

We have heard about frustrations with telephone triage systems at GPs, which have made GP services feel inaccessible to some. In one example, the automated process was so long that the patient's phone cut off before reaching a person to talk to. Someone else had tried for 3 consecutive days to have a discussion about medication without success.



"Telephoning is like a lottery"

Flu Vaccine delays

We have heard mixed experiences of accessing flu vaccines across the city. For some people it was straightforward, but we have heard from others that despite being eligible for a flu vaccine, their GP has not yet been able to provide this.

After concerns were raised about vaccine availability, we reached out to Sheffield Clinical Commissioning Group (CCG). They confirmed that despite early access problems, they are confident they will have enough flu vaccines for everyone who needs one.



"I was pleasantly surprised by how smooth and quick it was"

"Dr came out to inform us no flu jabs were available. Ended up paying [at a] pharmacy"



Read our advice article [here](#), where we address the most common concerns we've heard about the flu vaccine.

If you have trouble accessing a flu vaccine, let us know – we will report issues to the CCG to help them plan the distribution of vaccines.

Positive attitude of front line staff

We heard from people who wanted to praise the staff working to help them across Sheffield's hospitals, as well as Yorkshire Ambulance Service, often under challenging circumstances. Some people pointed out positive interactions with front line staff even when the service more widely was not able to help them.



"didn't judge me, if anything they treated me as a friend"

Mental Health Respite Provision

Last month we reported that we'd heard from people impacted by the closure of the respite bed at Wainwright Crescent. This month we heard from a 4th person in relation to this issue.



The closure of the service at Wainwright has highlighted a wider issue – a lack of overnight mental health respite provision in the city. We're continuing discussions with Sheffield Health and Social Care Trust and Sheffield City Council about how they can meet people's assessed needs.

Inpatient mental health care

We've heard about people's experiences of inpatient mental health services, either directly or through their relatives. Each person had a unique issue they wanted to address, however they all found it challenging to raise their issue through internal systems. The family members of these patients did not feel like their complaints were resolved, or that they were listened to about their experiences.



These people were contacting us for support, and advice on where to take their complaints next. We supported the patients and family members by providing them with information about how to access advocacy support, and advice about how to escalate formal complaints.

Continuing Healthcare (CHC)

Assessments for CHC were restarted at the beginning of September, following a national pause during the pandemic. In October we heard some feedback about how the assessment processes were working for people. There have been challenges with participating in the process over Zoom - due to lack of internet at people's homes, not having the right devices, or carers/personal assistants not being able to use Zoom. Personal assistants spoke of being "bombarded" with calls in order to arrange a DST (Decision Support Tool), which they found intrusive. However, we did hear some positive feedback about a DST meeting that had worked well over Zoom.



"They are really pushing to meet the 28 day target and forgetting about the people involved."

Virtual assessments/meetings

We heard from advocates who have been supporting people in virtual meetings and assessments. They've told us that when people are able to use technology, it generally goes well.



Positives can include:

- Often more people are able to attend virtually than in person.
- Some clients prefer virtual meetings due to flexibility.
- It can be less time consuming than travelling to a place.



Things that don't work so well:

- Lack of privacy and control. Individuals are dependent on support staff or family to help set up and use technology.
- In care homes especially, this reliance on staff can make it hard to have honest and open conversations.

Visiting Care Homes

This continues to be a significant issue which is impacting on residents in care homes and their relatives.

We have been told that the approach of care homes varies significantly across the city. There are examples of good practice, such as homes which use WhatsApp to keep in contact with friends and family, and homes which have done individual risk assessments to facilitate visits. In other places, we have heard that a more blanket approach has been used. We hope that the [new local guidance](#) will support homes to develop a more individualised approach for their residents.



Supported Living

We have heard some examples of good practice in supported living services, where people have been able to have visitors, and also go out and meet family members in a public place (with the support of a carer). We have also heard some negative stories – for example one person, who despite having their own tenancy, was not able to make their own decisions about visitors to their self-contained property. They were expected to follow guidelines which were stricter than those issued by government at the time.





A closer look at: Interpreters and Deaf people's access to services

We first published [our report](#) into Deaf people's experiences of accessing health and social care services in 2018. We have revisited the topic several times since then, and find that there are still major challenges. This month we spoke to a group of BSL (British Sign Language) users who told us about the issues they are facing. Many of these are longstanding issues, but Covid-19 service changes have made them a more significant problem:

- Even where primary care staff know that an individual is Deaf, the system doesn't seem to be able to work flexibly. They still send standard texts and letters directing them to make contact by phone with the surgery.
- People aren't usually told in appointment letters whether an interpreter has been booked. Sometimes people attend an appointment expecting an interpreter but one doesn't show up.
- Apps such as Ask My GP work for some Deaf people, but communication is in English which can make it hard to understand and get the information they need. This will be more difficult for some Deaf people than for others.
- Access to technology and different apps can be helpful, but there are many different options which can be confusing. Deaf people need information about what is available. There is also concern that a significant number of Deaf people don't have access to, or know how to use, the technology which can support them with this. Covid-19 has made this more of a concern – most practices are triaging patients and booking appointments primarily over the telephone or online.

We recommend that health and social care providers, especially those working in primary care, look at how their Covid-19 service changes are likely to have impacted on their Deaf patients, and how they can mitigate this. We would also refer them to the recommendations in our previous report, and their responsibilities under the Accessible Information Standard.

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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A green speech bubble icon with the text "Talk to us..." inside in white. The bubble has a tail pointing towards the bottom left.

**Talk
to us...**