

Parson Cross Community Development Forum **#SpeakUp** project report

Older people's access to health and social care services in
Parson Cross



What is #SpeakUp?

#SpeakUp is Healthwatch Sheffield's micro grants programme, offering funding of £2000 to not-for-profit, voluntary, and community groups. The purpose is to run a project which will reach out to people across Sheffield, and hear what matters to them in relation to health and social care. By working with groups which are already trusted partners in their communities, we can make sure we're hearing from even more people, including those whose voices aren't often heard by decision makers.



Parson Cross Community Development Forum



PARSON CROSS
COMMUNITY DEVELOPMENT FORUM
Support > Connect > Engage

Since 1999, we have been supporting our community and engaging them to achieve our mission: To unite, develop and improve the Parson Cross community; to enable it to progress and reach its full potential, thereby creating and nurturing community pride.

The Parson Cross Community Development Forum is based in St Thomas More Community Centre in the heart of Parson Cross. Parson Cross is one of the largest estates in Europe with more than 19,000 residents and is in the top 10% of most deprived areas in the UK. Parson Cross Forum currently runs 22 daytime activities to meet the needs of our community. Over the last 25 years we have evolved into the Hub of the community, growing from 100 to 1000+ residents accessing and attending our activities every week. We are renowned as the hub of dementia in the North of Sheffield and are a first point of contact to form partnerships with charities and agencies such as Age UK, Social Services, Memory Clinics, Hospitals and Care Homes.

We are often central to a person's social activity and support network. Our weekly diary of events helps people manage challenging personal circumstances with health, disability, mental health.

Healthwatch Sheffield

Healthwatch Sheffield Healthwatch Sheffield helps adults, children and young people influence and improve how NHS and Social Care services are designed and run. We're completely independent and not part of the NHS or Sheffield City Council. We want to understand your experiences, and help your views to influence decision-makers in the city.



Introduction

Why did we carry out this project?

As an organisation we have evolved into the hub of the community – the work we do is central to the lives of so many families and older people in Parson Cross. We provide activities for older people and those with complex health needs such as dementia. Using the SpeakUp funding we wanted to explore the state of care and support for the elderly in Parson Cross.

We hope that it will identify gaps in care and support in the area, as well as common issues or concerns that people have. We can then lobby for better services and ensure that the people who need it most are being looked after.

Who did we speak to?



160 people



11 groups and sessions

In Summer 2023, we used 11 of our regular activity sessions to speak to people about health and care for older people in Parson Cross. In some sessions people discussed as a group and we wrote down what people said. In others people answered questions individually and we collected their answers. Not everyone shared views on each question – only the ones that felt relevant to them.

Group	Who did we speak to?
Young at Heart, a gentle exercise session	20 women across 4 sessions, aged 60+
Memory Café, a session for people with dementia and their carers	35 people across 3 sessions, aged 50+
Lunch Club, a chance to socialise over a hot meal	20 people across 2 sessions, aged 50+
Cake My Day, a warm space activity	20 people, aged 40+
Sequence Dancing, a social dancing class	45 people, aged 60+

Findings

Health care

We wanted to know about people's experience of accessing health care in Parson Cross – what services they use, how easy they are to access, the experience of treatment there, and how well services work together.

What health services are available in Parson Cross?

To begin our discussion around health care, we asked people to tell us what health services were available locally. We wanted to build a picture of what care and support people could access close to home.

Nearly everyone felt there was good availability of primary care services locally:

- **GP practices:** Most people are registered at one of the GP Practices in the Network North Primary Care Network (including Ecclesfield Group Practice, their Margetson Surgery branch, and Mill Road Surgery) or the slightly further away SAPA5 Primary Care Network (including Norwood Medical Centre and Shiregreen Medical Centre). Some people could walk to their GP, others had to catch a bus
- **Dentists:** People spoke about various dental practices in the area, including Parson Cross Dental Surgery, Halifax Road Dental Care, and Bupa Dental Care Southey Green. One person was a patient at Wheata Place Dental Clinic which offers specialist care by referral. Only one person said they felt there weren't any dentists local to them
- **Opticians and pharmacies/chemists** were also mentioned frequently, with a good range available nearby

Other services mentioned frequently were physiotherapy (which some people received at another GP practice in the area, Foxhill Medical), and podiatry/ chiropody, along with local chiropractors. Some people mentioned that the Northern General Hospital was nearby ("15 minutes away").

There were gaps here – for instance very few people talked about mental health services. One person talked about "therapy" referrals via their GP.



What is it like using these health care services?

Having health services available locally is only part of the picture. We also wanted to find out if these services were meeting people's needs.



People shared a wide range of experiences of local health care services, both positive and negative.

Key factors in positive experiences were:

- **Helpful and friendly staff:** "I use Firth Park simply because I find them very caring, efficient, and the receptionist friendly"; "Ecclesfield Group Practice doctors have been really helpful"
- **Convenience and efficiency:** "Chemists send a text when my prescription is ready"; "Can get dentist when needed"
- **Good overall service:** "Physio at Fox Hill good service"; "Very good service, NHS doctors, chemist"

However, despite people mentioning lots of health services in the local area, and some good quality care, many people felt less positive about their ability to access care, and the experiences they have had.

Focus on: GP appointments

One of the main issues raised was how difficult it was for people to see their GP. The biggest theme was **lack of availability for GP appointments:**



"It's very difficult to access doctors, in fact Ill is the usual answer for them"

"Even if you ring at 8am no appointment"

"Long hold time on phone when trying to book appointments. Some people just give up – this could be dangerous"

Others talked about **digital exclusion**, at GP practices where people are encouraged to book appointments online:

"What if you haven't got a phone or computer?"

"There are obstacles to getting care because everything is now online"

There were other specific obstacles raised by people who struggled to see their GP, relating to **physical access and opening hours:**

"Access [is] very difficult for wheelchair users [...] building is too small and no automatic doors"

"Not open for people who work in an evening"

"Walk in appointments – stood outside in all weathers. Opening time 8.30!"

People also spoke about other poor experiences or obstacles to accessing health care, including:

- **Issues getting medication on time:** “Chemist haven’t always got medication”; “Rare they have the items in the chemist and have to go back. Sometimes more than once”
- **Lack of continuity of care:** “Never same doctor, no continuity”
- **Delays with care, especially referrals:** “Since covid services such as doctors and any referrals from doctors will be longer than it used to be”; “You have to wait too long for hospital”; “The length of time for replies and then assessment and then actually getting things done”; “Doctors are the main portal for any services, but every referral have long waiting times usually over 12 months so if another referral is needed the waiting time is longer”
- **Lack of information:** “Knowing who to go to”
- **The way services work together:** “I don’t even think the GPs in some surgeries talk together, there seems to be no interaction”; “Don’t work together – you have to explain each time”; “Services like doctor/hospital work well together rarely. GP send you into hospital and consultant sends you back home”

Additional comments related to health care professionals not listening to family carers, and services not being accessible for people with dementia.

Focus on: Travel

Some people said they live near to the services they need to use regularly, however transport and travelling came up frequently as a barrier to care. Some of the people we work with drive their own cars; others are reliant on public transport, taxis, or lifts from family members.



For those with mobility issues, on a low income, or without the right public transport routes nearby, even **travel to local services can be challenging:**

“I have to travel to all services”; “Doctor, dentist – everything”

For services that aren’t available in Parson Cross, these issues are amplified.

Travel to hospital services was mentioned often, with people travelling for a wide range of reasons including xrays, appointments with consultants, hearing aid clinics, podiatry, blood tests, diabetes checkups, and injections:

“Buses are none existent for getting there. My son takes me in his car”

“I have to use my car or a taxi”

The **cost of travel** was raised by some people too:

“Have to use taxi, so expensive”

What do you think would improve health in Parson Cross?



Generally speaking, people didn't feel particularly well supported by their local health care services, with access and travel being key concerns, along with services not working well together as a system. We wanted to know what would improve health for people locally.

People would like to see **more staff working**, with **better pay and working conditions** for them: "More staff to make getting an appointment easier"; "More staffing, better pay"; "We obviously need more medical staff"; "A phone line that is answered and more appointments"

People would also like to see improvements to other kinds of access issue. These are all about **flexibility** – supporting people to access health care in ways that work for them: "Not expecting everyone to have a smartphone"; "Don't have internet – tell you to let them know by internet if you don't have it"; "Longer opening hours, more availability for appointments on Saturday morning/evenings"; "Better opening times"

More joined up working was also key for some: "Integrated health and social care"; "Better communication between doctors"

Other comments related to **supporting people with specific health needs** – "Dementia under primary care, it's a physical disease of the brain. Better funding, annual reviews" – and more general support for people ageing and their families – "A more regular check of the health of older people who are often unable to know if they have a problem".

Support groups were mentioned, with more requests for increased resources like this in the area.

Some people said they would like to see **more services delivered locally**. When asked which services they would like closer by, most people focused on **support services**, rather than bringing hospital-based services like blood testing closer to home: "More social service hubs"; "Mental health"; "Advice centre"; "Bereavement counselling"

Others felt that **increasing capacity in existing local services** would be enough to meet their needs: "Just be better with more staff available so appointments would be more available"

Finally, some felt it was positive **services could be delivered in different ways**, meaning they didn't have to travel if it was only a conversation: "Talk to doctors over phone – very good"

Social care

20 people told us they had experience of using social care services – either for themselves or for a family member.

What is it like using social care services in Parson Cross?



We heard a real mix of experiences from people about social care services.

Positive experiences focused on **supportive staff**:

“We had a social worker for past few months of her life, she was brilliant a good help with getting my mother in respite”; “Very good and helpful”

Less positive experiences of social care focused on **poor quality care**:

“Could have done with better help with mental problems”

“Recent respite very poor service. Came home unable to walk or feed herself. Respite therefore meant harder work after she came home”

People also raised the issue of **difficulty communicating with social care providers**:

“Waiting lists. No call back. No follow up”

“Difficult getting to right department. Don’t always return calls”

For many, social care provided a very **mixed quality service**:

“Hit and miss, sometimes good other times diabolical”

“Not enough staff. Waiting times for appointments too long. If care needed, no services available”

“Supported housing for alcohol addiction. OK – but no structure”

A couple of people were currently in the process of getting social care packages in place:

“I have home care. I’ve had assessment for more support, still waiting. My late husband was my carer”

Others told us about accessing support from community organisations instead of formal social care:

“Parson Cross Forum, dementia café, fantastic”

“Used SOAR to help with dementia issues and where to access activities”

Focus on: Support to access social care services

People told us what it was like trying to get social care in place for themselves or a family member. In the stories people told us, getting support to navigate this process relied on individual staff in different settings noticing that people need help.



Where people felt well supported through the process, this **help came from a wide range of sources**, including GPs, hospital teams, and voluntary organisations such as Parson Cross and SOAR:

“Staff at SOAR has helped for assessing the need for support”; “The support was very good. The hospital arranged the social care before I left them”

Other people said they received no support and **had to navigate the system alone, or had to ‘fight’ to get support:**

“I had to fight for services I desperately need”; “Had to fight and continue ringing. New GP helped”; “Not [good support] until hospital became involved”

People felt that unless you knew where to go, or were persistent in asking for help, you would not be offered it:

“Yes [I got support] by knowing what services in Sheffield were available for support”; “Not supported enough. Wasn’t offered the care services that were available”

What do you think would improve social care in Parson Cross?

People shared a range of ideas that they felt would help improve social care locally. Like with health care, some of these focused on the workforce – for there to be **more carers and social workers**, for them to work differently or have **additional training**, and for **better working conditions** for them: **“More staff with better wages”; “More recognition and funding of the important work of the carer givers”; “Carers should be more flexible”; “Having social workers that do their job. Not constantly off sick. Have had four social workers because of this in a year”; “More social workers, more social services”**



Other people talked about the importance of having **better information available** about social care, which many people do not understand: **“Better information – what it is, what it costs, how to access”; “More knowledge for people to find out how to access services”; “Think more information needs to be easily available and**

mentioned by GPs as no one seems to realise what's available as no one promotes it"

The idea of having **more local and grass roots services** was also popular: "A total shake up of the current system. Collaborative working. Community grass roots investments"; "More grass roots services available"; "More accessible services"; "Investment for support groups to open to help people"

Perhaps bridging the themes of more information and more local services, people wanted someone they could actually speak to about social care – **making services more personable**: "Easily accessible contact"; "Sometimes phone calls are too quick so don't get chance to ask for things"; "Able to get in touch when needed"

Carers

As part of this project, we wanted to understand more about the specific experience of carers, and their perspectives on accessing care and support for themselves and the person they care for. **19 people** told us they are – or used to be – carers:

Focus on: Support for carers

While 19 people at our sessions considered themselves carers, they talked about few sources of formal support or information (for example their GP, the Carers Centre, and Carers Assessments). There was a strong sense of people having to cope by themselves: "just think we can all manage when we can't".



Does your GP know you're a carer?

Only 6 people said their GP was aware of them being a carer, and for those who had this relationship with their GP there was real value in it: "[they] are very supportive".



Have you had a Carers Assessment?

Only one person said they have had a Carers Assessment to understand their support needs – and one other person had recently been referred for one.



Have you been referred to the Carers Centre?

Only 3 people had been referred or received any information from the Carers Centre – and these people only received emails and information. No one had ever phoned for advice or been to a session: "I've got information and get emails but not gone to any meetings as either far away or at times that I'm caring"

What is important to your health and wellbeing as a carer?

People listed lots of priorities here, some involving formal and informal support services, and some concerning other elements of their lives. They are themed below, in order of the number of people who mentioned them, with some examples of what people said:



Social support – “support from other carers”; “to be in contact with other people”; “availability of social connections; gathering for a chat”; “see family”

Community centre – “Parson Cross Forum excellent help for local community”; “having a community centre with different activities”; “coming to Parson Cross Forum, meeting people and making friends there”; “the Forum is my main support outside family and friends”; “this is our life line this has totally changed our lives completely”; “Tommy More’s [St. Thomas More’s Catholic Church]”

Hobbies – “meals out”; “bookies”; “singing group”; “watching TV”; “tending your garden”; “holiday”; “DIY”

Exercise/fitness – “the Age Well Keep Fit group I attend”; “keeping fit”; “walking”

Getting help when/where needed – “to be able to access services locally”; “get help when needed”

What are the barriers to accessing support for carers? What would improve them?

Only 3 carers told us they had no problems accessing the services they need. For everyone else, there were two key issues that kept coming up:

Transport, and associated cost – this was mentioned the most by far. People relied on having private transport – their own car, or a family member who could give them a lift. People who didn’t have this face real issues in getting themselves and the person they care for to appointments and activities: “main obstacle is transport with wheelchair access”; “limited mobility, need mobility scooter, taxis, private cars”; “only by car. Local transport buses etc very poor service”; “I need transport for all services. Without my car I would not be able to access them”

Information and support – people felt like they needed support to access services, or someone they could contact for advice: “where do you go? Who do you talk to? What’s available?”; “most organisations should be more personal not like call centre ring if needed”; “on your own its hard. Need support of professionals which is not easily accessible”

Recommendations

Enabling people to reach services; location of services and travel

- Health care settings should be located close to public transport – where new services are established this should be a priority. The Integrated Care Board (ICB) should work pro-actively with transport providers to support the development of transport links to health services across the city
- Offer services in community-based settings where possible – for example, mental health services, bereavement support, places to access social care
- Claiming travel costs back – where applicable, appointment letters should give clear information about how to claim the cost of travel, and who might be eligible
- Where new health settings are established, the ICB and individual providers should involve the public and / or relevant community organisations in considering accessibility of the location

Improving the accessibility of information and support

- Health services should have different routes to accessing care – for example, GP Surgeries need appointment booking systems that are flexible to people's needs. This might include both telephone and online options.
- Information about care and support options should be readily available in community settings – this is particularly needed in relation to social care
- Further develop local roles (in statutory services and / or the voluntary and community sector) which are able to support people in knowing about and accessing services

Supporting carers

- Establish more local support offers across the city, for example peer support groups
- Primary Care Networks (PCNs) should support individual practices to develop good practice in identifying carers, and connecting them with support. This work should be in line with the suggested actions set out in [Supporting Carers in General Practice: A framework of Quality Markers](#)