

Experiences of health and social care in Sheffield

Key insights from April – May 2025

Between April and May 2025, 332 individuals shared their experiences of health and social care services across Sheffield. We have been hearing some cross cutting issues this period, with many people reporting experiencing barriers to accessing a wide range of services for varying reasons. Additionally, people have contacted us to query the cost of their NHS dental treatments and we have heard some people have found it difficult to obtain Covid Booster vaccines if housebound.

GP services

During this period, 219 people shared their experiences of more than 29 GP practices across the city. Of these, (188) praised their surgeries, speaking positively about their interactions and care experiences with a wide range of different clinicians. Where people shared less positive feedback, access to appointments remained the most commonly raised issue.

Some patients told us they were unhappy about the unequal access to ear syringing services across GP practices and would like to see a fairer system. Since it's no longer a standard NHS service, some patients can still access ear syringing through their GP, whilst others are told to seek pharmacy assistance or pay for private treatment.

We heard about a new buzzer system, recently installed at one GP surgery. Patients reported not being able to hear the receptionist clearly and were concerned about having to share personal details through an outside intercom system before being allowed in. This made some patients feel uncomfortable and worried about their privacy.

Feedback was shared about a range of different errors patients had experienced, which largely centred around administration issues. Examples of this included patients receiving requests to attend vaccines or health checks that were not needed, receiving incorrect appointment details, and patient forms going missing after being handed in. We also heard of an alarming case where a patient had been given the wrong test results over the telephone.



"The doctor immediately put me at ease. They were incredibly personable, understood my concerns, and were exceptionally helpful."



"Mistake after mistake wish I never left my old doctors."

Some patients told us they were turned away for arriving a few minutes late to their appointments. This caused frustration, as they then had to rebook, which can be very difficult for some. Others shared experiences of long waits to be seen and in some cases, patients reported having to leave before they saw a clinician.

(...) told me the nurse had cancelled my appointment as I was "7 minutes late"

Social prescribing

We've heard that some people would like to see more awareness of Social Prescribing Teams and Community Support Workers. Many people are not fully aware of the wide range of support these teams offer – such as help with housing, connection to social activities, and finding support at home. People have told us they would welcome seeing more information displayed in GP practices and via patient text messaging.

"I didn't know such teams existed."

Hospital care

16 patients, family members and carers shared their experiences of hospital care with 44% (7 people) describing caring and effective treatment in a range of areas, including ophthalmology, neurosurgery, surgery and outpatients.



The majority of the issues raised were about delays in communication between hospitals and GP practices. This included things like waiting for scan or test results to be shared, or delays in updating medications. These hold-ups caused a lot of worry and stress for patients.

"I can honestly say that upon meeting various members of staff, their kindness and understanding certainly put you at ease."

We also heard about problems relating to the hospital calling patients from "no caller ID" numbers. Some patients have phones that automatically block calls from unidentified numbers, whilst others are hesitant or unwilling to answer calls they do not recognise. As a result, important communication regarding appointments, test results, or treatment updates may be missed, leading to potential delays in care.

Unequal access to care

Some patients with long-term health conditions have told us they feel their concerns aren't fully acknowledged when visiting A&E or the Walk-in Centre. They worry they don't always receive thorough assessments or the level of care they need. One patient shared that they no longer attend Sheffield A&E for this reason and now travel to a different hospital instead.



Another person was told not to return as they were “taking a space for someone who needed it.” Someone else felt upset after seeing their electronic health record labelled with the heading “frequent user of healthcare services.”



Dementia care concerns

Concerns were raised about the delays associated with starting dementia treatments. Whilst medication can be very effective in the early stages of dementia, patients in Sheffield may wait up to 18 months to access the Memory Service. In contrast, we heard Barnsley’s Memory Service has a much shorter wait time.

We’ve also heard feedback about the support provided to carers of patients newly diagnosed with dementia. Some carers are provided with the guide [Caring for a Person with Dementia](#), published by the Alzheimer’s Society. Whilst the guide was reported to contain lots of helpful information, some carers find it overwhelming and inaccessible. Many expressed a preference for in-person support rather than receiving a lengthy booklet.



In addition, it was noted patients are not always referred to the Admiral Nurses. Although there is set criteria in place to access this support, people would like to see increased access, as many patients and carers feel they are missing out on the help provided.

Mental health access

We continue to hear reports of poor access to mental health support. Many people have told us about the lengthy wait times and often don’t know where to turn for help. A lack of counselling services was raised in our last briefing, and this remains a reoccurring issue this period. Some individuals say they feel stuck in a cycle—being referred from one service to another, often without an assessment, or being told they don’t meet the criteria for support. Those who can afford private support are choosing this option, but for many, this isn’t accessible.

“The Crisis Team didn’t assess me, they passed me on to NHS 111. NHS 111 didn’t assess me, they passed me back to my GP.”

We’ve also heard from people who tried reaching out to the NHS mental health crisis line (option 2), only to be told they were ‘misusing the service’.

This left them feeling even more isolated and unsure of where to go for help. People reported feeling hesitant to call crisis lines at all because they felt they were not offered any support and also feared what was recorded on their electronic health records.

“Medication is available, but never counselling.”

Diabetes prevention programme

Feedback was shared about the NHS Diabetes Prevention Programme–[Healthier You](#) and how some eligible patients were not referred by their GP. As a result, some patients reported missing out on the personalised support offered, which aims to reduce the risk of developing type 2 diabetes through education, healthy eating, weight management, and physical activity. In addition, some patients already accessing the programme reported being unable to access an HbA1c test after the programme had ended to check whether their blood sugar levels had improved as a result.



Covid Booster – difficulty accessing at home

We have been hearing some people have found it incredibly difficult to access Covid booster vaccines if housebound suggesting a need for clearer information. Some patients after speaking with their GP surgery have been advised to contact 119 to get help but still were unable to access support and didn't know where to turn.

NHS Dentistry

Three people contacted us this period because they felt they had been overcharged for dental treatment at their regular dentists. They were concerned that the costs seemed higher than expected and didn't match [NHS banding](#). A further four people got in touch as they were in need of a regular dentist and had experienced difficulties finding one.



We regularly contact dentists across Sheffield to get an accurate picture of which practices are accepting new NHS patients so we can signpost people to them. After we called round in May, we discovered just four practices across the city were able to offer appointments to new adult NHS patients.



Impact from our last briefing (Feb- March)

Sheffield Teaching Hospitals have responded to our [last briefing](#) outlining how they plan to address areas for improvement. Their comments are in blue.

Response from Sheffield Teaching Hospitals

Long waiting times for initial appts, follow up appts and surgery: We recognise the length of wait that has occurred post Covid and are working closely with services to reduce the long waiting times for all services, with a view to delivering back to the national standard by 2029. We are exploring Patient Initiated Follow Ups for many areas to make sure we are following up those patients as and when input is required.

Very busy A&E department- insufficient waiting space: It is difficult for us to limit the number of relatives that attend with patients to the Emergency Department (ED). However, when the waiting room is busy the Nurse In Charge will ask that anyone who isn't a patient (or registered carer) goes and waits elsewhere, so that patients are given priority of the seats available. We will review our space allocation procedures and look into better ways of managing accessibility, particularly during peak times. The waiting room is currently under review with spaces for wheelchair access provided across from reception.

Accessibility of Centralised Pre-Op Assessment Unit: All patients receiving an appointment at Central Clinic should receive a map of the location which provides details of the locations of nearby blue badge and general parking spaces. We would also recommend using the AccessAble Guide for the location ([Central Pre-Operative Assessment | AccessAble](#)) as this provides factual information and high-quality images of each location to enable people to find out information that is relevant to their own accessibility needs, to help plan ahead before a visit. The Non-Emergency Patient Transport Service serves patients attending the Central Health Clinic, so if you have an and think you may be eligible for Patient Transport Service, please contact the [Yorkshire Ambulance Service Patient Transport Service](#). Estates have reviewed the uneven flooring and due to the nature of the issue, unfortunately it is not possible to undertake structural works to rectify this at this time. However, signage has been implemented to make patients aware of the uneven floor and to take caution. If a patient attending is a wheelchair user, it is helpful to make the team aware of this before their attendance, as the team will organise for their full appointment to take place in a larger size clinic room, rather than moving between different spaces. If a patient is unable to attend the

Central Health Clinic for access reasons, we telephone assess the patient and then work with the specialty and GP for any further tests to be done elsewhere in a suitable location for the patient.

Support resources for patients with Hearing Impairment: We are in the process of reviewing the use of identification tools for patients with hearing impairments and are exploring alternative solutions, including lanyards, to make these indicators more visible and practical.

Lack of specialist dietitian for patients under care of the Liver Team: We acknowledge that we do have a gap in dietitian service with regard to the Gastro service, which includes the liver service. This is reflected on our risk register and to mitigate the risk, patients are offered nutritional support in our outpatient clinics. To address the risk, we are developing a business case to request funding for a specialist gastro dietitian.

Unequal access to services: Sheffield Teaching Hospitals have detailed access guides available for all areas via [Sheffield Teaching Hospitals NHS Foundation Trust | AccessAble](#). At Sheffield Teaching Hospitals, we have a Learning Disability and Autism team who provide support to patients who may need additional support to be able to access their healthcare. If a patient with a learning disability or an autistic patient needs support or advice in advance of an upcoming hospital attendance or are having difficulty accessing the reasonable adjustments that they need at STH they can contact our Learning Disability and Autism team on STH.LDA@nhs.net or 0114 226 7472.

Long waits at hospital phlebotomy services: We are aware that across both the RHH Outpatient Phlebotomy and Drive Through Bloods Services we have been experiencing some long waiting times. This has been due to some staff vacancies and long-term sickness, which resulted in the suspension of the Saturday service. We have recruited to the vacancies across both sites; as a result, there has been a significant improvement in waiting times. However, both sites still have some staff on long term sick leave; there will be further improvement to service delivery when at full capacity and the team intend to re-open the Saturday services from July this year.

Update on items from previous briefings

Name badges not being worn and staff not introducing themselves and/or being hard to identify: There are a range of different staff name badges in use across the organisation currently. A piece of Trust-wide work is therefore in progress to evaluate the preferred option of staff badge to be used. This piece of work includes gathering feedback from patients, carers and visitors on their preferred option for the format of staff badges to be used by the Trust. Anyone who wishes to give feedback on the preferred option can do so here: <https://ex.civicamysay.co.uk/EYdXfpOUIPP>.

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

Want to share your own experience? Get in touch

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