

Experiences of health and social care in Sheffield

Key insights from October– November 2025

Between October and November 2025, we gathered insights from 189 people who use health and social care services across Sheffield. During this time, several recurring themes emerged, including difficulties accessing GP appointments and long waiting times for certain services. People also shared their experiences of breastfeeding support, as well as feedback on wider determinants of health, such as housing issues and the amount of litter on Sheffield's streets.

GP services

Between October and November 2025, 65 people shared their experiences of 28 GP practices across the city. Of these, 24 individuals (37%) praised the care and treatment they had received, particularly highlighting thorough consultations and polite and friendly staff.

A large proportion of less favourable feedback centred on recurring themes we often hear about. The most common issue raised related to long waiting times for appointments and limited availability of urgent slots. Patients also raised concerns about the quality of care they had received, particularly in relation to receiving advice they didn't find helpful. Others experienced difficulties accessing referrals to secondary care and reported feeling unheard during consultations.

Some autistic adults said they would welcome being included in the eligibility criteria for annual health checks. This would allow GPs to review existing conditions and medications, as well as help identify any new health concerns. Currently, only individuals on the learning disability register are invited to attend an annual health check with their GP.

Covid 19 vaccine eligibility

Views were shared about the government's decision to exclude health and social care workers from the current COVID Autumn/Winter vaccination programme. People were concerned that leaving frontline staff unvaccinated puts both the people they care for, and the staff themselves at greater risk. Individuals who are immunosuppressed also shared concerns that their close relatives or household contacts weren't eligible for the vaccine, meaning they would have to pay for it privately.



"The doctor listened to my concerns, explained her reasoning for a differential diagnosis and acted promptly."

"I have ongoing health issues but feel rushed and or dismissed in appointments."



"My husband can't get one unless he pays £98."

Hospital Care

46 patients, family members and carers shared their experiences of hospital care with 57% (26 people) describing effective and caring treatment in areas such as A&E, Jessops, Ophthalmology, Huntsman Ward and Cardiology.

Where less positive feedback was shared, issues largely related to lengthy waiting times to access treatment or surgery, long waiting times in A&E, patients feeling unhappy about the quality of care provided and patients experiencing errors with their appointment times.

Some patients reported difficulties in accessing care at home after being discharged from hospital. Sheffield City Council provides a Reablement Service through its Short-Term Intervention Team (STIT) offering up to six weeks of support following discharge. The support helps people live independently, and includes assistance with showering, dressing, and medication. However, some patients said after being assessed, they were not eligible for the service even though they felt that they really needed the support. Other patients who were eligible, reported experiencing some delays in receiving care from the service once they were home.



"They bend over backwards to help me with whatever health issue I am having."

"I had quite major spinal surgery (...) I am (over 70yrs old) and live alone, for the first two week I had no help at all at home."

Breastfeeding support

We have received mixed feedback relating to breastfeeding support that's available in Sheffield. Some people found the Infant Feeding Peer Support Workers based at Sheffield Family Hubs were very helpful, accessible, and supportive, whilst others said the advice they offered was sometimes limited. Others reported that hospital and community midwives were often very kind and supportive, but the guidance they provided could sometimes be inconsistent. One person shared that after receiving advice from both midwives and the Peer Support Team, they were still struggling to feed. They were determined not to give up, so chose to pay privately to see a lactation consultant. After finding the advice extremely helpful, they felt that access to high-level specialist support should be more accessible for breastfeeding mums who experience ongoing difficulties.



"My amazing IFSW Nicola came to visit me and has helped me ever since."

Mental health feedback

In our [last briefing](#), issues were reported around the gaps in mental health support for children and young people, particularly around a combined approach to mental health and substance use. During this period, we continue to hear similar concerns about adults who sometimes struggle to access certain mental health services due to eligibility criteria related



to substance use. We heard that when these services are not well connected, people often fall through the gaps and miss out on vital support.

People have continued to express concerns about the lack of specialist mental health services in Sheffield and are frustrated they are often passed between different services without receiving meaningful support. We also heard that, instead of being able to access specialist care and ongoing support, people were often directed to NHS 111 option 2 or the Samaritans. Some people also felt that Sheffield's mental health services did not communicate effectively with each another.

Issues relating to wider determinants of health

Views were shared about the amount of litter visible in many Sheffield neighbourhoods, with people wanting to see more action taken to tackle the issue. People said that litter on the streets, overflowing bins and fly-tipping seemed to be getting worse and was significantly affecting individual wellbeing and negatively impacting communities.

We also heard about a range of housing-related issues, including delays in accessing social housing repairs, long waiting times for priority rehousing, and reports about a lack of support for people experiencing homelessness.

NHS Dentistry

Twenty-one people got in touch with us this period related to NHS dentistry. Fourteen of these individuals specifically mentioned that they needed help finding an NHS dentist or were professionals supporting someone who did. Three of these people said they had received emergency dental treatment but were unable to access follow up care with a regular dentist. Another person shared that they had previously paid for private dental care but could no longer afford the cost. Five people shared positive feedback and were happy with the treatment they had received at their regular dentists.

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 November, we discovered just five practices across the city were able to offer appointments to new adult NHS patients.

"No coherent treatment pathway for bipolar disorder in Sheffield."



"There is so much litter around, it is so awful to live like this! I do not want to go out. It's affecting my mental health. "



"I've been unable to find an NHS dentist in Sheffield since moving here."

Impact from our last briefing (Aug- Sept)

South Yorkshire Integrated Care Board (SYICB) and Sheffield Teaching Hospitals (STH) have responded to our [last briefing](#), outlining how they plan to address areas for improvement. Their comments are in black.

Response from South Yorkshire Integrated Care Board

Long Covid Hub: South Yorkshire ICB has worked in partnership with Sheffield Teaching Hospitals to reduce the cost of delivering this service. These savings have been achieved through improved operational efficiency, and there has been no reduction to the service offer commissioned for patients. The level of care and access to services remains unchanged.

Hormone Replacement Therapy: The ICB is aware that some patients are waiting an unacceptably long time for menopause treatments in secondary care. We are reviewing gynaecology pathways, working with Primary Care Sheffield and Sheffield Teaching Hospitals NHS FT, to investigate how we can re-design services so that more patients can be seen more quickly in community-based clinics. The Women's Health Hub, which is a temporary pilot funded by NHS England, includes a multi-disciplinary menopause service. Since the Hub was established in March 2025, we have seen a reduction in referrals to STH and a shorter queue, and the service has been praised by patients. The ICB is currently in a very challenging financial position and at the moment we are unable to commit to picking up the funding to continue the hub in 2026/27, but we are committed to ensuring that learning from the pilot helps to shape any service re-design.

CAMHS : Thank you for the helpful feedback. Sheffield Place team at SY ICB recognise the concerns raised about long CAMHS waiting times and the experiences of families who felt support did not meet their needs and welcome any lived experience and insight that helps improve services. It is positive that recent work by Sheffield Children's Foundation Trust has led to reductions in waiting times and waiting lists in Sheffield, and we will continue to monitor and sustain this progress.

We also acknowledge the challenges for young people using substances and the importance of ensuring they do not fall through gaps in care. Strengthening existing connections between CAMHS and other NHS services and existing services such as The Corner can help provide more joined-up support. This may include:

- Clearer referral pathways and improved communication between services.
- Shared training and case discussions to build confidence in supporting co-occurring needs.

- Better signposting so families and professionals understand available options for support from non-NHS and community services.

We will keep working with partners to explore these opportunities and ensure young people receive holistic, coordinated care.

Weight management: The new weight management medication, 'tirzepatide' (brand name Mounjaro®) is being made available to NHS patients to support weight loss. NHS South Yorkshire Integrated Care Board (ICB) is designing a new service with general practice to deliver this in South Yorkshire and expect the service to be accepting patients from February 2026. Patients on tirzepatide will be required to complete a nine-month behavioural support programme which provides healthy lifestyle advice. The drug will be made available on a staggered basis. When the service starts, the first group of people eligible under the national criteria are:

- People who have a Body Mass Index (BMI) of 40 or more
- People from minority ethnic family backgrounds with a BMI of 37.5 or more

Also, eligible patients will need have at least four of the following long-term conditions:

1. Type 2 diabetes
2. High blood pressure (Hypertension)
3. Abnormal blood fats (Dyslipidaemia)
4. Heart disease
5. Obstructive sleep apnoea (when your breathing stops and starts while you sleep)

Not all practices will wish to deliver the service and there may be a wait until the ICB can source alternative provision for patients registered with practices not delivering the service.

Response from Sheffield Teaching Hospitals

Provision of only one hearing aid for patients who have received a diagnosis of severe hearing loss in both ears: The provision of hearing aids for patients diagnosed with severe hearing loss in both ears is guided by specific criteria. Typically, patients referred to the routine hearing service receive one hearing aid. However, since 2015, criteria have expanded to include those who have shown significant benefit from their first aid and where clinical assessment shows a second aid would help further. The current waiting time for an initial assessment in the hearing service is up to 65 weeks, followed by an additional wait of up to 11 months for the aid to be issued. Efforts are ongoing to reduce these waiting times.

Surgery being cancelled within days of it being due to take place, sometimes due to tests/scans being out of date by the time of the surgery:

Despite efforts to reduce waiting times, sometimes the original imaging is no longer current enough for safe surgical planning. Updated scans may be required, and while this is usually identified well in advance, there are instances when it is only noticed during the surgeon's final review. If there isn't enough time to arrange new scans, surgery may need to be postponed. We understand the significant impact these cancellations have on patients and their families, but ensuring the safest care is our priority.

Not meeting specialist consultant until surgery consent appointment: Due to the high volume of patients awaiting surgery, it's often not feasible or efficient for the listing clinician to perform the procedure. The consent process ensures patients meet their operating surgeon either before the surgery at an outpatient appointment or on the day of admission.

Long waits for outpatient appointments and lack of contact/updates during the wait for an appointment:

Our teams continue to work hard to reduce waiting times and significant progress is being made. All services should provide a contact point for patients waiting for an appointment and we will use this feedback to remind all services of the importance of keeping patients informed regularly. The My Planned Care website provides information about average waiting times for services, and it is calculated at a national level only based on our, and all other Trusts in England's, Referral to Treatment submission which is the national standardised approach.

Administrative issues with patient letters: Following the change to a new electronic patient record system we have had some temporary issues with some correspondence. We are aware of the areas impacted and have already rectified a number of the issues and work is underway to resolve those remaining at pace.

Uncertainty about the support provided by the Long COVID hub: The Long Covid Rehabilitation Hub focuses on symptom management and rehabilitation. While there is some medical input, patients needing specific medical care must consult their Primary Care provider. Information on accessing the Hub and treatment offer is available here: [Long Covid rehabilitation hub - Sheffield Teaching Hospital](#). The funding for the service has been reduced by the ICB in line with reduced referral numbers. Although the service has reduced in size, its core scope remains the same and now has permanent funding.

Accessible exercise- equipment for home use to help disabled people to stay active:

Although this feedback isn't specifically for STH, we'd like to highlight the AccessAble detailed access guides. These guides cover various locations across Sheffield and can be filtered by venue type. Here is the link to the AccessAble site: [AccessAble - Your Accessibility Guide](#). This includes access guides for fitness centres, gyms, leisure

centres, and sports centres in Sheffield. These guides offer factual information to help individuals determine which venues meet their accessibility needs.

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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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