NHS Sheffield CCG

Commissioning Intentions 2022

Survey carried out by SMSR Social Research and Voluntary, Community and Faith sector organisations in Sheffield

Contributions from 1,523 people living in Sheffield

March 2022 (V05)



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# Summary

A statistically robust, representative sample of 1,523 residents from across Sheffield were interviewed during the consultation, including 452 respondents associated with Voluntary, Community and Faith Sector organisations. The overall sample includes 25% people of colour, 33% people who live with a disability and 45% from less affluent postcodes. Overall, the sample provides a confidence level of 95% with an interval of +/- 2.5.

More than three-fifths (62%) felt confident accessing healthcare during the pandemic with just over a third stating are still not confident in accessing healthcare (36%). When accessing healthcare, face-to-face appointments were deemed the most popular method of access when considering different types of healthcare and support services. Being seen face-to-face was particularly favoured for first appointments at hospitals (88%), therapy appointments (86%) and GP appointments (85%).

Over half (57%) say they would be happy to be referred to a different health professional other than a GP or consultant, with many stating this may lead to them being seen quicker or lead to them seeing someone with more specialised and specific knowledge to provide treatment to them. A quarter felt that being referred to a different health professional would be dependent on the situation with just under a fifth (18%) mentioning they would rather wait to be seen by a GP or consultant.

The majority (84%) said they would be likely to access healthcare support services or routine GP appointments in the evenings or at weekends, with over half (55%) very likely to access them at these times. Only 14% said they would be unlikely to access evening or weekend appointments for support or appointments. Furthermore, half (51%) would be willing to travel up to 5 miles to access these evening and weekend appointments, although a quarter (26%) said they would not be prepared to travel any further. Just over half (55%) would access these evening and weekend appointments by car; 37% would travel via public transport.

Almost two-thirds (64%) felt it was a good idea for the NHS, social care services and schools and nurseries to have an agreement in place to share information so individuals didn’t have to share their story or information multiple times; a further 20% agreed, although said they would have some concerns surrounding the proposal and a tenth did not think it was a good idea.

Around 7 in every 10 were confident they knew where to access help for their urgent health needs, with just under a third (32%) very confident; however, three-tenths (30%) were not confident in knowing where to access this help. More than a quarter (28%) had experienced an urgent physical or mental health need over the past year, with around half (51%) of those contacting their GP practice to address this health need. A fifth (19%) said they went to A&E to address their urgent health and 15% contacted 111, either over the phone or online. Prior to the pandemic around seven out of every ten (72%) would have contacted their GP for an urgent health need with around a quarter that would have gone to A&E (24%) or contact 111 (23%).

Over two-thirds (68%) felt that information about their condition would be helpful whilst they, or their family, were waiting to see a specialist. Two-fifths (42%) felt that exercises that could help the condition would be useful; slightly fewer (38%) felt information about support groups would be helpful and 32% felt a referral to a voluntary or community organisation would be helpful whilst waiting to be seen by a specialist.

When asked what would lead to them attending a ‘one stop shop’ instead of going to hospital, two-thirds (66%) stated that if they could get tests done at a ‘one stop shop’ which led to a quicker diagnosis it would encourage them to attend a ‘one stop shop’ with less than half (48%) that would be encouraged to visit a ‘one stop shop’ if there were other diagnostics and services there which would mean they only needed to travel once. Further to this 38% would be influenced to visit a ‘one stop shop’ if it was more convenient for them to get there and around a third (32%) would visit a ‘one stop shop’ is they knew where the location was and were confident getting there.

When asked which areas should have extra money spent on and be prioritised, ‘mental health, learning disability, dementia and autism services’ was the most frequently chosen response with three-quarters who felt this aspect of healthcare needed prioritisation (75%). Around two-fifths felt the extra money should be spent on services provided in the home, GP practices or the local community (41%) or on treating patients that are already ill (41%), with around a third believing services that children and young people (33%) and services or initiatives that prevent people from becoming ill (32%) should be prioritised.

The need for extra focus on mental health related services was backed up when respondents were asked what they would suggest to the NHS Chief Executive if they could tell them one thing that would improve the NHS, with a greater importance on mental health services revealed as one of the key themes in the verbatim comments provided. There was also focus on staffing and funding related issues with low staff levels, more funding for services, reduced waiting times and pay rises for staff all being frequently mentioned. A need for clearer communication and more information was also seen as a key area to improve upon.

Throughout the engagement there were notable differences between residents associated with a VCF organisation and those that participated in the residents survey with residents associated with a VCF organisation tending to be less positive. Residents associated with a VCF organisation were much less confident in accessing healthcare during the pandemic (45% VCF to 69% residents), were less inclined to be happy to be referred to a different health professional (47% VCF to 61% residents) and were less confident they would know where to access information for an urgent health need (60% VCF to 75% residents). It should, however, be noted that there are notable differences in in the demographic breakdown of the VCF sample when compared to the resident sample. The VCF sample is made up of significantly more females (67% VCF to 51% residents), respondents with disabilities (44% VCF to 28% residents), those from less affluent areas (77% VCF to 69% residents), people of colour (50% VCF to 14% residents) as well as having a sample made up of respondents that were older compared to the residents sample.

# Introduction

## Background

Since the onset of the Covid-19 pandemic in the UK and the subsequent lockdown restrictions, the Engagement and Patient Experience teams at NHS Sheffield CCG have been collecting community insight through existing relationships with VCF organisations and partnership working. This insight has focussed on how communities in Sheffield are coping and the impact on different communities.

NHS Sheffield Clinical Commissioning Group and Sheffield City Council are working together to develop plans for next year to help make the people of Sheffield healthier, stay independent, safe and well. The CCG would like to understand what is important to residents and what is required in order to make sure that services that are planned and bought meet the needs of the city.

NHS Sheffield CCG commissioned Social & Market Strategic Research to undertake consultation designed to gain responses from a broadly representative sample of the city. The questions within the survey focussed on the themes identified above included a wider consultation involving the CCG’s partner organisations.

The Voluntary, Community and Faith sector organisations who contributed to this work were: African Women’s Health Group, Archer Project, Aspiring Communities Together (ACT), Ben’s Centre, Carers Centre, Chinese Community Centre, Darnall Wellbeing (Roma Slovak project), Disability Sheffield, Faithstar, Firvale Community Hub, ISRAAC, MAAN (Somali Mental Health), Manor and Castle Development Trust, Mencap, MIND, Pakistan Muslim Centre, Reach Up Youth, Refugee Council, Roshni, SACMHA, SADACCA, Shipshape, SOAR, Together Women, Unity Gym, ZEST and NHS Sheffield Clinical Commissioning Group would like to extend their appreciation of the work undertaken by these organisations to ensure that commissioning plans are built upon feedback from diverse groups of people who live in Sheffield.

NHS Sheffield Clinical Commissioning Group would like to thank everyone who gave their time to complete the questionnaire, feedback about their recent experiences and contribute suggestions for the future.

## Report Structure

This report includes headline findings for each question combined with insight based on demographic trends. It should be noted that when the results are discussed within the report, often percentages will be rounded up or down to the nearest one per cent. Therefore, occasionally figures may add up to 101% or 99%. Due to multiple responses being allowed for the question, some results may exceed the sum of 100%.

Trends identified in the reporting are statistically significant at a 95% confidence level. This means that there is only 5% probability that the difference has occurred by chance (a commonly accepted level of probability), rather than being a ‘real’ difference. Unless otherwise stated, statistically significant trends have been reported on.

Some questions have been subject to cross-tabulation against demographic information and significance tested to a 95% confidence level. Not all demographic trends displayed in charts are significant, however, those that are have been commented on throughout the report.

# Sample and Methodology

An interviewer led, CAPI (Computer Aided Personal Interviewing) survey was designed by staff from NHS Sheffield CCG and validated by the project team at SMSR Ltd. Interviews were conducted face to face with residents across the city centre in areas of high footfall. Quotas for age, gender and ethnicity were set using the latest census estimates and the sample included broad representation across the geography of the city by means of collecting postcode details of each respondent. Interviewing took place during February 2022.

An online version of the survey was adapted and staff at the CCG distributed it amongst 26 organisations who represent people living in the areas of highest deprivation, people of colour, the homeless population, carers and people previously involved in the criminal justice system were involved in conducting semi-structured interviews with community members. This approach was taken to ensure that the voice of those least likely to be heard was amplified within this approach to develop the CCG commissioning intentions.

A total of 1,523 residents took part in the consultation, overall. The demographic and geographic breakdown of residents was as follows:

|  |  |  |
| --- | --- | --- |
| Survey | Number | Percentage |
| Resident | 1,071 | 70% |
| Voluntary, Community and Faith Sector contributions | 452 | 30% |

|  |  |  |
| --- | --- | --- |
| Age | Number | Percentage |
| 16-24 | 274 | 18% |
| 25-34 | 228 | 15% |
| 35-44 | 300 | 20% |
| 45-54 | 242 | 16% |
| 55-64 | 231 | 15% |
| 65+ | 224 | 15% |
| Prefer not to say | 17 | 1% |

|  |  |  |
| --- | --- | --- |
| Ethnicity | Number | Percentage |
| White | 1,115 | 74% |
| People of colour | 374 | 25% |
| Prefer not to say | 26 | 2% |

|  |  |  |
| --- | --- | --- |
| Disability | Number | Percentage |
| Yes | 492 | 33% |
| No | 980 | 65% |
| Don’t wish to say | 37 | 2% |

|  |  |  |
| --- | --- | --- |
| Gender | Number | Percentage |
| Male | 642 | 42% |
| Female | 845 | 56% |
| Trans | 3 | 0% |
| Non-binary | 9 | 1% |
| Other | 1 | 0% |
| Prefer not to say | 14 | 1% |

|  |  |  |
| --- | --- | --- |
| Postcode | Number | Percentage |
| Less affluent | 687 | 45% |
| More affluent | 274 | 18% |

Staff at the CCG provided information, based on postcode prefix, as to the areas of Sheffield deemed most affluent and also those deemed to be least affluent. Those living in postcode areas S1, S2, S3, S4, S5, S9, S12, and S13, were categorised as less affluent and those living in areas S7, S10, S11, and S17, most affluent.

# Main Findings

Respondents were initially asked about their confidence in accessing healthcare during a pandemic:

Over three-fifths (62%) were confident in accessing healthcare during the pandemic with just under a quarter (23%) revealing they were very confident. More than a third (36%) did not feel confident accessing healthcare during the pandemic; more than a tenth (14%) declared they were not at all confident. The Net Promotor Score for those confident in accessing healthcare during the pandemic is +26.

Those aged 16-24 were most confident in accessing healthcare during the pandemic, with nearly three-quarters (74%) of this cohort confident in doing so. Confidence declined with age; just over half (54%) of those aged 65+ said they were confident accessing healthcare during the pandemic.

Males (67%) tended to be more confident than females (58%) in accessing healthcare during the pandemic. White respondents (67%) and those without a disability (67%) also indicated higher levels of confidence when compared to people of colour (48%) and those with a disability (52%).

Residents associated with a VCF organisation were much less confident in accessing healthcare during the pandemic than those that completed the residents survey (45% compared to 69% respectively).

When considering those that were not at all confident in accessing healthcare, those aged 55-64 (20%), 65+ (21%), people of colour (22%), those with a disability (19%) and residents associated with a VCF organisation (22%) were more inclined to say they were not at all confident accessing healthcare.

Respondents were asked to consider how they would prefer to be seen at a series of points during healthcare:

Face to face consultations were the most popular method of consultation for all healthcare and support services. This was the preferred method by more than 8 in every 10 respondents for first appointments at a hospital (88%), for therapy appointments (86%) and for GP appointments (85%). Just over three-quarters preferred face to face appointments for routine check-ups (78%) and follow up appointments at hospitals (76%).

Less than a fifth would prefer a telephone consultation for a follow up appointment at a hospital (18%), for routine check-ups (16%) and for peer support groups (16%). Video consultation was preferred by a fifth for peer support groups (21%), however, this was generally the least preferred method with less than a tenth revealing this was a preferred method when accessing healthcare at all other stages.

Just under two-thirds (64%) felt it was a good idea for the NHS, social care services and schools & nurseries to have an agreement in place to share information so individuals didn’t have to share their story or information multiple times. A further 20% agreed but did have some concerns surrounding this proposal. A tenth did not agree with this proposal and slightly fewer (7%) stated they were not sure. The Net Promotor Score for this question is +74.

Males (69%) tended to be more agreeable to this proposal when compared to females (60%). Those aged 25-34 (70%) and 25-34 (69%) were also more likely to agree this was a good idea, whereas older respondents were less likely to share this view with around three-fifths of those aged 65+ (58%) and 61% of those aged 45-54 and 55-64 in agreement.

People of colour (61%) were less inclined than white respondents (66%) to agree it was a good idea for the NHS, social care services and schools & nurseries to have an agreement to share information so individuals didn’t have to share their story or information multiple times. Respondents who took part in the VCF survey (54%) were also less inclined to agree this was a good idea compared to those that took part in the residents survey (68%).

Respondents were asked if they had any concerns about this proposal. Key issues of concern included confidentiality, security, and data protection:

*“Concerns about whether the data would be secure and how many people would be able to access it”*

*“It gives another potential pathway for data to be stolen or misused, and they’ll probably find some excuse to sell the data under the guise of sharing it.”*

*“You can never trust what the government will do with your data, especially given the behaviour of the current government especially Boris and Priti Patel”*

*“Making sure people have the right to change their mind and ensuring data protection is applied.”*

*“There are inaccuracies in my health records that I do not wish to be perpetuated by being shared. And there is info in my records that I wouldn’t want other H&SC workers knowing. I want to retain choice and control over who I tell what to.”*

*“I don't like the idea of information being shared on my behalf as this would mean other information could potentially be passed onto third parties.”*

*“To much data is exchanged today without the consent or knowledge of the individual; it creates a ‘big brother' effect and causes vulnerable people to mistrust authority. A personable approach is always better so that people feel heard and understood. information that is passed on may be out of context or incorrect, and they are dealt with as names and numbers and not people.”*

*“I would want to know that all the services have strict confidentiality guidelines in place, including storage and who can access information from each organisation.”*

*“This depends on the circumstances. Data is sensitive and should be treated carefully. What data is shared is very critical in this approach. Fair, reasonable, and accurate data should be shared but parents and guardians must know what data is shared and its accuracy.”*

*“I would prefer to say which information can be shared. Concerned some medical information could be misinterpreted by non-medical staff.”*

*“Medical information is sacrosanct, it must be very carefully protected and only ever shared if absolutely essential and with the patients permission.”*

*“I want to see what information is being shared. I have had experience of inaccurate information being shared by professionals.”*

Over half (57%) would be happy to be referred to a different health professional other than a GP or consultant. A quarter (25%) stated that it would depend on the situation with just under a fifth (18%) preferring to wait to be seen by a GP or consultant.

Those aged 65+ (47%) were least inclined to accept being referred to a different health professional, with between 57% and 60% of all other age groups happy to be referred. Males (62%) were around a tenth more willing to be referred to a different health professional than females (53%).

White respondents and those without a disability (both 61%) were happier to be referred to a different health professional other than a GP or Consultant when compared to people of colour (47%) and those with a disability (50%). Respondents who took part in the VCF consultation (47%) and those in the lesser deprived areas (51%) were less inclined to be happy to be referred to a different health professional compared to those that took part in the residents survey (61%) and those in the most deprived area (51%).

Respondents asked why they gave the response they did. The main themes that were brought up included seeing someone with more specialised and specific knowledge to be able to treat a condition or that it would simply be quicker than seeing a GP or a consultant. Others commented they preferred to see their GP or that it would be dependent on the seriousness or type of condition that they had.

*“They probably would be more specialised in the matter than a GP or consultant.”*

*“It might be quicker and takes pressure off doctors.”*

*“Whoever can treat me is better than waiting months.”*

*“It may be quicker and free up the doctors time for more important things.”*

*“That’s their job and what they have been trained in. Someone else is just cost cutting and putting the patient last.”*

*“Quick referrals can often be key in delivering care.”*

*“GP’s can be better placed to see how everything links together, but that assumes you have a regular GP.”*

*“I want the best possible treatment and think a GP or consultant would offer this.”*

*“It depends what my illness was. Somethings can only be dealt with by a consultant.”*

*“They know my history and don't have to explain things from start so more efficient.”*

*“It might be more helpful to see someone more specialised than a GP.”*

*“It would depend on what the concern was and who is most suited.”*

*“It would be quicker to go straight to the right person.”*

*“I prefer to see a doctor that knows me.”*

*“They are specifically trained for that specific role, as opposed to a general healthcare role.”*

*“Depends on what kind of health problem I have and the level of their qualification.”*

More than 8 in every 10 would be likely to access support for their long-term health condition, or for a GP appointment after 6pm or at the weekend. Over half (55%) that said they would be very likely to access support or appointments at these times. More than a tenth (14%) said they would be unlikely to access evening or weekend appointments for support or appointments. The NPS for those likely to access support after 6pm or at weekend is +70.

Those aged 65+ (72%) would be least likely to access appointments or support in the evenings or at the weekend if they were available; those aged 25-34 (89%) were the most likely to want to access evening or weekend appointments. Those with a disability (78%) were less likely to want evening or weekend appointments when compared to those without a disability (87%).

Those who took part in the VCF consultation (80%) and females (82%) were slightly less likely to want to access evening or weekend appointments if they were available when compared to those that took part in the Residents survey (85%) and males (86%).

Respondents were asked what the main reasons were for saying they would be likely – or unlikely – to access appointments at weekends and evenings with the main reasons given being that it enables them to attend at a time that is more convenient to them and fit it round other commitments such as work and childcare. There was also a feeling that it would mean there are more appointments available so they may be able to be seen quicker.

*“Because I may only need to see a GP rather than use another service. And late and weekend appoint would make it more accessible and I would not have to wait as long for an appointment.”*

*“I work full time, Mon to Fri, 9 to 5, so accessing GP services during these times can be difficult.”*

*“I work some mornings, and sometimes afternoons and it’s hard to book appointments around a flexible shift schedule. Evenings and weekends don't change for me so this would be very easy.”*

*“It is so difficult to have an appointment when we really need it - this should help.”*

*“To be able to access services out of work hours as my job doesn’t allow me much flexibility.”*

*“I understand that the NHS is under huge pressure to support huge number of patients and if this step can ease the pressure I would welcome.”*

*“Illness is a 24-hour a day complaint, so getting the remedy should be as well.”*

*“Because I work Mon-Friday 9-5 and find it difficult to arrange time off to attend appointments. I also have to take my mother to appointments and would find it easier to do this out of usual working hours.”*

*“Due to work commitments and think it would also reduce the wait time to see the GP”*

*“I am generally busy during the day and wouldn’t get paid for time off. Evenings and Weekends provide me the opportunity to access services without taking time off work.”*

*“I am still physically able to get to my appointments with no problems. Evening/weekend appointments can be easier to attend, rather than arranging time off work. I can also see the potential for appointment waiting times being reduced.”*

*“It’s important to feel you can discuss health issues without the pressures of family and work commitments and sometimes health is put behind other commitments.”*

*“I work and I have complex needs and getting any appointment during the day is unbelievably hard.”*

*“I work and my children are at school, so it would be easier to get appointments for myself and for them outside of 9-5 working hours.”*

Just over half (51%) would be willing to travel up to 5 miles further to be able to access an evening or weekend appointment; 12% would be willing to travel up to 10 miles and 4% would be willing to travel over 10 miles. Just over a quarter (26%) would not be willing to travel any further to access evening or weekend appointments.

Those aged 65+ (42%), those with a disability (42%) and those who took part in the VCF consultation (42%) were the least inclined to be willing to travel up to 5 miles to access and evening or weekend appointment.

Of those who would not be willing to travel further the prominent reasons mentioned were lack of access to a car, the extra costs involved in travelling further or the inconvenience of the extra travel.

Of those that would be willing to travel to an evening or weekend appointment, over half (55%) would access the appointment by car, with over a third (37%) via public transport (37%). Less than a tenth (6%) said they would access the appointment on foot, with 1% that said they would access by bicycle or by another method.

It was noted that respondents who were willing to travel 10 miles or more would do so predominantly by car with 68% of those willing to travel up to 10 miles having access to a car and 78% of respondents willing to travel more than 10 miles having also having access to a car.

Just over a quarter (28%) had an urgent physical or mental health over the last year, with 69% that had not had an urgent health need during this period.

Those with a disability (47%) were more than twice as likely than those without a disability (19%) to have had an urgent health need over the past year. Females (31%) tended to be more likely than males (24%) to have had an urgent physical or mental health need during this time.

Those aged 35-44 (23%) were less likely to have had an urgent health need with those aged 45-54 (33%) and 55-64 (31%) more likely to have had an urgent health need over the last year. Those who took part in the representative resident survey (26%) were less likely to have had an urgent health need compared to those that took part in the VCF consultation (34%).

It was found that 7 out of every 10 were confident they knew where to access help for their urgent health needs, with just under a third (32%) very confident in this respect. Three-tenths (30%) were not confident in knowing where to access help with just over a tenth (12%) not at all confident they knew where to access help for an urgent health need. The net promotor score for those knowing where to access help for their urgent health needs was +40.

Younger respondents indicated higher levels of confidence in being able to access help for an urgent health need with four-fifths of those aged 25-34 (79%) confident. However, 62% of those aged 35-44 and 63% of those 45-54 were confident they knew where to access this help.

White respondents (75%) and those without a disability (78%) were more confident in knowing where to access help than people of colour (57%) and those with a disability (64%). Respondents from the least deprived postcodes (57%) and those that participated in the VCF consultation (60%) were less confident than those from the most deprived postcodes (71%) and those that completed the residents’ survey (75%) that they would know where to access information for an urgent health need.

Respondents who had had an urgent health need were asked what they did to address that health need:

Just over half (51%) of those who had an urgent health need contacted their GP practice. A fifth visited A&E (19%) and slightly fewer contacted 111, either online or over the phone (15%). Less than a tenth called 999 (7%) or went to a walk-in centre (5%); a further 5% said they did nothing about their urgent health need.

A small proportion said they had either visited a pharmacist (3%), used mental health services (3%), accessed evening or weekend GP appointments (2%) or gone to the Minor Injuries Unit (1%). A tenth said they had used another method.

In the previous engagement in 2020 a slightly higher proportion (55%) stated they would contact their GP practice. In the 2020 engagement more respondents who had an urgent health need also chose to call NHS 111 (30%) or go to A&E (28%) when compared to the current engagement.

Respondents were then asked what they would have done prior to the pandemic if they had an urgent health need:

The majority (72%) said that, prior to the pandemic, they would have contacted their GP practice for an urgent health need. Just under a quarter would have gone to A&E (24%) or contacted 111 (23%), either by phone or online, for an urgent health need.

Less than a fifth would have gone to a walk-in centre (17%) or called 999 (15%) for an urgent health need prior to the pandemic, with just over a tenth that would have contacted mental health services (11%). Less than tenth would have visited a pharmacist (8%), gone to the Minor Injuries Unit (7%), arranged and evening or weekend GP appointment (6%) or done something else (6%). Only 2 respondents said they would have done nothing (<0%) if they had an urgent health need.

Respondents were more inclined to contact their GP practice prior to the pandemic (72%) than what they have actually done over the past 12 months (51%). For the majority of services available to them what the respondent has actually done is lower than what they would have done prior to the pandemic with this being most notable for attending a walk-in centre (-12%), contacting 111 (-8%), calling 999 (-8%) and accessing mental health services.

There was an increase in those that said they did nothing in the event of an urgent health need over the past year, with 5% that stated they did nothing; prior to the pandemic less than one percent (0.5%) would have done nothing in the event of an urgent health need.

It was noted that when respondents were asked what they would have done prior to the pandemic, participants tended to choose more than one response whereas tending to define what they did in the last 12 months by one action. In any case, the findings reveal that the majority of patients would access GP services for an urgent health need and would have done so prior to the pandemic.

Over two-thirds (68%) felt that information about their condition would be helpful whilst they, or their family, were waiting to see a specialist. Around two-fifths felt that exercises that could help (42%) or information about support groups (38%) would be helpful with around a third that felt a referral to a voluntary or community organisation (32%) would be helpful whilst waiting to be seen by a specialist. Just under a fifth (18%) felt that none of these options would be helpful to them or their family.

Those who took part in the VCF survey were much more inclined to find all of these options helpful whist waiting to see a specialist (with the exception of ‘none of the above’) when compared to those that participated in the resident’s survey. Those who took part in the VCF survey were more than 20% more likely than those who took part in the resident’s survey to say that being referred to a voluntary or community organisation (+27%) and having exercises that could help (+24%) would be helpful.

Just under two-thirds (66%) stated that if they could get tests done at a ‘one stop shop’ and this led to a quicker diagnosis then this would lead to them in attending a ‘one stop shop’ instead of going to hospital. Just under half stated that if there were other diagnostics and services there which would mean they only needed to travel once (48%) this would encourage them to visit a ‘one stop shop’ with a further 38% that would be influenced to visit a ‘one stop shop’ if it was more convenient for them to get there. Around a third (32%) also said knowing where the location is and being confident getting there would encourage them to attend instead of going to a hospital.

Less than a quarter mentioned availability of car parking (24%), if it was on a bus or a tram route (22%) or if it was quicker for them to get to from home (21%) as factors that would influence them to be seen at a ‘one stop shop’ instead of attending a hospital.

Those who participated in the VCF survey were a lot more inclined than those that participated in the resident’s survey to say they would be influenced to attend a ‘one stop shop’ if it was more convenient for them to get there (+20%), if there was support available in other languages (+17%) and if there was car parking available (+8%).

Conversely, those who participated in the resident’s survey were more likely than those that participated in the VCF survey to say they would be more likely to attend a ‘one stop shop’ if there were diagnostics and services available which meant they would only need to travel once (+9%), if it was on a bus or tram route (+7%) or if the tests available led to a quicker diagnosis (+4%).

Three-quarters felt that any extra money should be spent on services such as Mental Health, Learning Disability, Dementia and Autism services (75%) with two-fifths that felt the extra money should be spent on services provided in the home, GP practices or the local community (41%) or treating patients that are already ill (41%).

A third felt the extra money should be spent on treating children and young people (33%) and services or initiatives that prevent people from becoming ill (32%) with a quarter that felt it should be spent on physical health services (25%). The areas that respondents were least keen for Sheffield CCG to prioritise and spend the extra money on were services provided in hospitals (20%) and services that treat adults (12%).

Younger respondents were more likely to favour prioritising Mental Health, Learning Disability, Dementia and Autism services with 80% of those aged 16-24 and 83% of those aged 25-34 that felt this should be prioritised, whereas only 68% of those aged 65+ felt this should be prioritised. Services that treat children and young people were also more likely to be prioritised by younger respondents (42% 16-24, 39% 25-34 and 39% 35-44) than they were by elder respondents (25% 45-54, 24% 55-64 and 27% 65+). Older respondents were, however, more inclined to prioritise services provided in the home, GP practices or local community e.g. GPs, District Nursing with around half of those aged 55-64 (49%) and 65+ (54%) that felt this should be prioritised.

White respondents (78%) were more in favour of prioritising Mental Health, Learning Disability, Dementia and Autism services compared to people of colour (68%), whereas people of colour were more in likely to prioritise physical health services (31%) compared to white respondents (23%). Those with a disability were less likely to prioritise services that treat children and young people (23%) compered to those without a disability (38%), with disabled respondents more likely to prioritise services provided in their home, GP practices or the local community (47%) compared to those without a disability (39%).

Those that took part in the VCF survey were more than a tenth more likely than those that took part in the resident survey to feel that services provided at home, GP practices or in the local community (+13%), physical health services (+13%), and services or initiatives that prevent people from becoming ill (+12%) should be prioritised and have extra money spent on them. They were also 8% more inclined to prioritise services that treat adults.

Those participating in the resident survey were more likely than those participating in the VCF survey to prioritise services that treat children and young people (+16%), treating patients that are already ill (+13%), services provided in hospital buildings (+6%) and Mental Health, Learning Disability, Dementia and Autism services (+4%).

A clear majority felt the CCG should spend money on Mental Health, Learning Disability, Dementia and Autism services across the sample collected and advocated by both residents and those associated with a VCF organisation. It is reasonable that this area of spending does benefit a wide range of demographics and backgrounds thus supported by the majority. Some differences in the demographic makeup of the resident and VCF sample may explain some of the variance in advocacy for different areas of spending. For example, the VCF sample contains more older respondents and may explain higher levels of support for services in the home and services to treat adults. The more representative sample of residents may naturally elicit more concern for children’s services. The VCF sample also contained a higher level of disabled people, almost half (44%) so this may have impacted on the responses

Finally, respondents were asked what they would say to the NHS Chief Executive if they could tell him one thing that they felt would improve the NHS.

|  |  |  |
| --- | --- | --- |
| Theme | Number | Percentage |
| More staff | 258 | 21% |
| Better access to healthcare / appointments | 246 | 20% |
| Reduce waiting times | 186 | 15% |
| More focus on mental health | 149 | 12% |
| Improve efficiency of NHS | 71 | 6% |
| Improve staff welfare / conditions | 62 | 5% |
| Better communication / information | 53 | 4% |
| Increase funding | 43 | 3% |
| Better standard of care | 33 | 3% |
| Do not privatise NHS | 32 | 3% |
| Preventative strategies | 31 | 2% |
| Better trained staff | 19 | 2% |
| Better working with other organisations | 11 | 1% |
| Localise health facilities | 10 | 1% |
| Listen to patients | 10 | 1% |
| Do not politicise NHS | 8 | 1% |
| Keep the NHS free | 8 | 1% |

The most frequently mentioned issues and improvements that were brought up centred around access and staffing levels, with topics such as a need for more staff (21%), better access to healthcare services and appointments (20%), reduced waiting times (15%) as well as a greater importance placed on mental health services (12%).

Other issues that were mentioned include improving the efficiency of the NHS (6%), improving working conditions and welfare for staff (5%) as well as improvements to the communication and information provided (4%).

Below are some of the comments made by respondents to this question:

*“Mental health and young people are in dire straits. The backlog of terminally ill people needs rapidly bringing down.”*

*“Get more face to face appointments because you can't always tell what’s wrong with people over the phone.”*

*“More GP appointments and better ways of working. I feel like I’m not getting the attention I need and feel I’m not understood. Expand services to deal with all issues.”*

*“Sufficient funding is needed. I wouldn't want the NHS to go private, need to award staff more often”*

*“Coordinate how elderly patients can be best cared for other than just hospitals. Better access to GP appointments.”*

*“Better access to GPs to make appointments and additional facilities to lift pressure from GPs.”*

*“Pay the nurses more, bring back bursary she. Lower the Executive salary and put back into the NHS, not so many managers are needed.”*

*“Employ more staff and reduce waiting times. There seems to be a shortage of GP's and consultants.”*

*“Clearer systems of communication, ideally standardised. It would help people who are not confident in engaging with GP services.”*

*“Pressure the government for funding based on the needs of the area not on targets which are usually impossible to meet due to lack of staff and reduced budgets.”*

*“Give more information on diagnosis, and information on where to find support. This could ease worries and make fewer appointments. Also, wait times for appointments are insane. I've been waiting for 4 months for an appointment that is not being set until June.”*

*“A lot of problems at my GP are due to poor communication systems. Instructions are often long winded, contradictory, confusing and sometimes plainly inaccurate. Patients are being blamed for doctors being unable to manage with loads. Sometimes the messages to patients are rude, collective punishments just cause bitterness and loss of confidence. Our GP has sent a message which effectively instructs people to go to the pharmacist or else to A&E - but not the GP.*

*“Have information in different languages which make it easy for people to understand the support services available.”*

*“My son is a GP and he has to deal with a huge increase in mental health problems. More funding is needed for mental health professionals.”*

*“Employing more staff so that there would be more face to face contacts. Increasing salaries.”*

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