

Health Scrutiny Sub-Committee

Wednesday 23 November 2022 at 10.00 am

**To be held in the Town Hall,
Pinstone Street, Sheffield, S1 2HH**

The Press and Public are Welcome to Attend

Membership

Councillor Ruth Milsom
Councillor Steve Ayriss
Councillor Martin Phipps
Councillor Dawn Dale
Councillor Mary Lea
Councillor Abtisam Mohamed
Councillor Anne Murphy
Councillor Kevin Oxley
Councillor Gail Smith

PUBLIC ACCESS TO THE MEETING

Meetings of the Health Scrutiny Sub-Committee are chaired by Councillor Ruth Milsom.

A copy of the agenda and reports is available on the Council's website at www.sheffield.gov.uk. You may not be allowed to see some reports because they contain confidential information. These items are usually marked * on the agenda. Members of the public have the right to ask questions or submit petitions to Health Scrutiny Sub-Committee meetings and recording is allowed under the direction of the Chair. Please see the [webpage](#) or contact Democratic Services for further information regarding public questions and petitions and details of the Council's protocol on audio/visual recording and photography at council meetings.

Health Scrutiny Sub-Committee meetings are normally open to the public but sometimes the Committee may have to discuss an item in private. If this happens, you will be asked to leave. Any private items are normally left until last on the agenda.

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Alternatively, you can observe the meeting remotely by clicking on the 'view the webcast' link provided on the meeting page of the [website](#).

If you wish to attend a meeting and ask a question or present a petition, you must submit the question/petition in writing by 9.00 a.m. at least 2 clear working days in advance of the date of the meeting, by email to the following address: committee@sheffield.gov.uk.

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FACILITIES

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with mobility difficulties can be obtained through the ramp on the side to the main Town Hall entrance.

**HEALTH SCRUTINY SUB-COMMITTEE AGENDA
23 NOVEMBER 2022**

Order of Business

- 1. Welcome and Housekeeping**
The Chair to welcome attendees to the meeting and outline basic housekeeping and fire safety arrangements.
- 2. Apologies for Absence**
- 3. Exclusion of Press and Public**
To identify items where resolutions may be moved to exclude the press and public
- 4. Declarations of Interest** (Pages 7 - 10)
Members to declare any interests they have in the business to be considered at the meeting
- 5. Minutes of Previous Meeting** (Pages 11 - 16)
To approve the minutes of the last meeting of the Sub-Committee held on 8th September, 2023.
- 6. Public Questions and Petitions**
To receive any questions or petitions from members of the public
- 7. Consultation Findings - NHS South Yorkshire's health centres consultation** (Pages 17 - 110)
Report of the NHS South Yorkshire Integrated Care Board.
- 8. Update on Primary Care in Sheffield** (Pages 111 - 116)
Report of NHS South Yorkshire Integrated Care Board.
- 9. Work Programme** (Pages 117 - 128)
Report of the Interim Director of Legal and Governance.

NOTE: The next meeting of Health Scrutiny Sub-Committee will be held on Wednesday 7 December 2022 at 10.00 am

ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

If you are present at a meeting of the Council, of its Policy Committees, or of any committee, sub-committee, joint committee, or joint sub-committee of the authority, and you have a **Disclosable Pecuniary Interest** (DPI) relating to any business that will be considered at the meeting, you must not:

- participate in any discussion of the business at the meeting, or if you become aware of your Disclosable Pecuniary Interest during the meeting, participate further in any discussion of the business, or
- participate in any vote or further vote taken on the matter at the meeting.

These prohibitions apply to any form of participation, including speaking as a member of the public.

You **must**:

- leave the room (in accordance with the Members' Code of Conduct)
- make a verbal declaration of the existence and nature of any DPI at any meeting at which you are present at which an item of business which affects or relates to the subject matter of that interest is under consideration, at or before the consideration of the item of business or as soon as the interest becomes apparent.
- declare it to the meeting and notify the Council's Monitoring Officer within 28 days, if the DPI is not already registered.

If you have any of the following pecuniary interests, they are your **disclosable pecuniary interests** under the new national rules. You have a pecuniary interest if you, or your spouse or civil partner, have a pecuniary interest.

- Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner undertakes.
- Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period* in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

*The relevant period is the 12 months ending on the day when you tell the Monitoring Officer about your disclosable pecuniary interests.

- Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority –
 - under which goods or services are to be provided or works are to be executed; and
 - which has not been fully discharged.

- Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.
- Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.
- Any tenancy where (to your knowledge) –
 - the landlord is your council or authority; and
 - the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.
- Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -
 - (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
 - (b) either -
 - the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
 - if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

If you attend a meeting at which any item of business is to be considered and you are aware that you have a **personal interest** in the matter which does not amount to a DPI, you must make verbal declaration of the existence and nature of that interest at or before the consideration of the item of business or as soon as the interest becomes apparent. You should leave the room if your continued presence is incompatible with the 7 Principles of Public Life (selflessness; integrity; objectivity; accountability; openness; honesty; and leadership).

You have a personal interest where –

- a decision in relation to that business might reasonably be regarded as affecting the well-being or financial standing (including interests in land and easements over land) of you or a member of your family or a person or an organisation with whom you have a close association to a greater extent than it would affect the majority of the Council Tax payers, ratepayers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the Authority's administrative area, or
- it relates to or is likely to affect any of the interests that are defined as DPIs but are in respect of a member of your family (other than a partner) or a person with whom you have a close association.

Guidance on declarations of interest, incorporating regulations published by the Government in relation to Disclosable Pecuniary Interests, has been circulated to you previously.

You should identify any potential interest you may have relating to business to be considered at the meeting. This will help you and anyone that you ask for advice to fully consider all the circumstances before deciding what action you should take.

In certain circumstances the Council may grant a **dispensation** to permit a Member to take part in the business of the Authority even if the member has a Disclosable Pecuniary Interest relating to that business.

To obtain a dispensation, you must write to the Monitoring Officer at least 48 hours before the meeting in question, explaining why a dispensation is sought and desirable, and specifying the period of time for which it is sought. The Monitoring Officer may consult with the Independent Person or the Council's Standards Committee in relation to a request for dispensation.

Further advice can be obtained from David Hollis, Interim Director of Legal and Governance by emailing david.hollis@sheffield.gov.uk.

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Health Scrutiny Sub-Committee

Meeting held 8 September 2022

PRESENT: Councillors Ruth Milsom (Chair), Steve Ayris (Deputy Chair), Abtisam Mohamed, Kevin Oxley, Brian Holmshaw (Substitute Member) and Ann Whitaker (Substitute Member)

1. APOLOGIES FOR ABSENCE

1.1 Apologies were received from Councillor Gail Smith with Councillor Ann Whitaker as substitute, Councillor Martin Phipps with Councillor Brian Holmshaw as substitute, and Councillors Anne Murphy, Mike Drabble and Dawn Dale.

2. EXCLUSION OF PRESS AND PUBLIC

2.1 No items were identified where resolutions may be moved to exclude the public and press.

3. DECLARATIONS OF INTEREST

3.1 There were no declarations of interest.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Sub-Committee held on 8th June, 2022, were approved as a correct record.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 Questions were received from Michael Suter, Chair of Sheffield Save our NHS, relating to the Primary Care Estates Transformation Programme. The Policy and Improvement Officer confirmed that responses had been requested from the Integrated Care Board and would be shared with the questioner and Sub-Committee members.

6. SHEFFIELD TEACHING HOSPITALS – CQC INSPECTION AND MATERNITY SERVICES UPDATE – REPORT OF SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

6.1 The Committee received a presentation from Sheffield Teaching Hospitals regarding the CQC Inspection and Maternity Services.

- 6.2 Present for this item were Dr. Jennifer Hill, Medical Director (Operations), Professor Chris Morley, Chief Nurse, Mr. Andrea Galimberti, Deputy Medical Director/Interim Clinical Director for Obstetrics, Gynaecology and Neonatology, Laura Rumsey, Interim Midwifery Director, Sandi Carman, Assistant Chief Executive, (Sheffield Teaching Hospitals) and Alexis Chappell, Director of Adult Health and Social Care (Sheffield City Council) and Dani Hydes, Deputy Director of Quality, (NHS South Yorkshire ICB).
- 6.3 Dani Hydes gave a brief overview of the quality assurance framework and the new governance arrangements following the transition to the South Yorkshire Integrated Care Board (ICB). She reported that the changes had not diluted the role of Sheffield as a 'place' in Quality Assurance, that 'place' is an active member of the Quality Assurance Board.
- 6.4 Alexis Chappell said that the Health and Care Act introduced an assurance system for Integrated Care Systems which the Care Quality Commission (CQC) have been charged to implement. The CQC will look at how systems are working together and integrating to improve population health. A working group was in place in Sheffield to ensure preparedness for this new framework. Alexis Chappell agreed to bring a report to a future meeting of the Committee on the new CQC assurance framework.
- 6.5 Dr. Jennifer Hill gave a presentation outlining what had happened after the CQC inspection of Sheffield Teaching Hospitals had taken place, the action plan that had been formulated from that and the progress made so far. Dr. Hill said that during the inspection the CQC talk to staff and patients, observe practices and review documents including patient records, staff records, and training records. Then individual services were rated. Dr. Hill said that an inspection of maternity services had been carried out in March 2021, during the period that the pandemic had severely impacted services and resulted in a rating change from Outstanding to Inadequate. Following this, further inspections were carried out over a number of different services including urgent and emergency care, medical, surgical and community inpatient services and maternity services and this had resulted in a further report which identified 85 "must do" requirements and 26 "should do" recommendations requiring improvements by the 17th July, 2022. She said that these concerns were taken very seriously, and immediate action was taken to address them. Dr. Hill then outlined 17 improvement actions and their progress to date. She reported that a team had been established to undertake quality support visits, and a Compliance Oversight Group established to oversee the progress of the action plan.
- 6.6 Professor Chris Morley referred to the presentation and outlined particular areas where improvements had been made. He referred to safety huddles on wards which looked at any concerns on wards, the introduction of 'Ward Boards' which gave helpful information for visitors, and also for staff to be able to see what was happening on their wards. He said that there had been additional nursing staff and midwives recruited and more was expected during September. He referred to the Maternity Improvement Plan which would be implemented to drive the improvements required going forward. Professor Morley outlined the systems and training that had been put in place on mental health wards and training in risk

assessment on those wards.

6.7 Members made various comments and asked a number of questions, to which responses were provided as follows:-

- With regard to staffing, retaining staff was a key aim. The Trust is the eighth best Trust at retaining staff, but more was needed. There was a programme for the first year to 18 months to ensure that each new starter had a mentor to help with their early career. Secondly, there were a number of opportunities on offer, such as acting up, diversity of roles etc. and finally a transfer register so that someone could transfer across areas should they so wish. Flexible retirement was often offered, and support given to midwives and nurses at the end of their career.
- A review was being undertaken which was giving advice and recommendations on how to staff areas and be able to skill mix the maternity workforce. Midwives should do what they were trained to do. Registered Nurses are not a substitute for midwives, but can add value and promote safe care. The Trust was looking at how to capitalise further on that. Nurses could be used to enhance the safety of mothers and babies and some post-natal care can be delivered by a non-midwife worker. Nationally, there was a shortage of midwives, but it was hoped to make the Jessop Wing an attractive place to work to recruit more staff to it. Plans to support staff to work as a team were in place by listening and hearing what staff were saying from the bottom up.
- Receiving feedback from patients was not easy. The Directorate Teams had tried many ways to regularly engage and listen to the feedback at all levels. Out and about visits had commenced and they would go to many different areas and get feedback from staff. On maternity wards, there were monthly “walkrounds”, to find staff, talk to them and get their feedback. There was a refreshing approach to patient experience generally, but there was more that could be built on. There were many opportunities for patients to feedback and the Trust was looking to build on this as it goes forward.
- With regard to diversity, and inclusion, the Trust has a very clear EDI Strategy and works with staff groups on this. The Trust is keen to effectively represent the community it serves and work is ongoing to improve diversity at Board level.
- With regard to the “falls pack”, the first step in the process was to risk assess a patient as they entered the ward to ascertain whether they were at risk of falling, and there were a number of checks carried out by staff when completing a falls risk assessment and the patient would be given a leaflet with advice on how to prevent them from falling.
- In terms of patient feedback from maternity services, the Trust has in place a Maternity Voices Partnership which collaborates and co-produces improvements to services, as well as traditional mechanisms such as the

NHS 'Friends and Family Test'. The Trust was confident that women and families had a say in services provided to them through their feedback and also had a right for reply. There was also now better oversight of complaints as this was being managed at Trust level.

- The Trust was procuring an electronic patient record, but this wouldn't be in place until 2024. The current system did not always make it easy for nursing teams to identify patient needs so they have been encouraging teams to ask what matters to patients and include any issues raised in their care plans, ensuring that all elements of care were addressed by the right professional.
- No advance notice was given of the CQC inspections. The Chief Executive was phoned at 6.00 a.m. on the day it was to be carried out and the inspectors arrived two hours later. Some issues highlighted in the inspection didn't come as a surprise and it was recognised that there was a lot of work that needed to be done to get processes back up to speed following the pandemic.
- There were a number of mechanisms in place to achieve best practice. The Medical Directors and Chief Nurses meet on a regularly basis to share best practice. On a national stage, there was a Shared Hospital Trust to which met to share its experiences, which was particularly useful during the pandemic. With regard to benchmarking, the Trust used a range of data sets and carried out comparisons with other organisations to pick up best practice.
- Work had been carried out with regard to inequality in outcomes in maternity services for BAME communities, and the Trust was in the process of benchmarking against national reports. The Yorkshire and Humber quality dashboard did not include ethnicity, but the Trust had recently developed an inequalities dashboard, and this was a focus of the organisation. If a woman or her baby was found to be at risk, the Service was keen to reduce risks and focus on meeting needs.
- The Trust recognised the issue of transparency, and that it is important that members of the public are able to easily access information about Trust performance and action being taken on the CQC outcomes.
- For the past 10 years, there had been a lot of work carried out in maternity services and many initiatives to improve quality of care. However when the pandemic hit, many areas of the NHS changed but maternity had to keep going and redesign its pathways. There was a constant amount of working then reworking which disrupted a lot of improvement work. Going forward, a lot has been learned and particularly the value of the quality support team and the governance which was in place but was disrupted.
- The reporting of incidents was done by all levels of staff and were monitored quickly. Each Head of Department would go through quality of measures in place and there were a number of mechanisms in place to

deal with incidents.

- Each Directorate had a management team and monthly or quarterly meetings were held to flag up any issues that had arisen and offer support.

6.9 The Chair thanked Dr. Jennifer Hill, Professor Chris Morley, Andrea Galimberti, Laura Rumsey and Sandi Carman for their presentation and their valued contribution to the meeting.

7. CQC IMPROVEMENT UPDATE

7.1 The Committee received an update from the Sheffield Health and Social Care Foundation Trust on the CQC improvement to date.

7.2 Present for this item were Beverley Murphy, Director of Nursing, Professions and Operations and Mike Hunter, Medical Director, Sheffield Health and Social Care.

7.3 Mike Hunter gave a presentation and a brief update on the Care Quality Commission (CQC) inspection from 2020 which rated the Trust as being “inadequate” and placed the Trust in special measures. At this time last year, an improved rating “requiring improvement” was published. Since that time, the Trust had been inspected again with a focus on Acute Wards and Psychiatric Intensive Care Units and it was found that things had improved. It was known that the Trust had improved and recognised that there was still more to do and build on the progress made.

7.4 Members made various comments and asked a number of questions, to which responses were provided as follows:-

- There had been an increase in staffing numbers but there were ‘hotspots’ that were more difficult to recruit to. The Trust’s 9% vacancy rate in the NHS was considered relatively healthy.
- Of that 9% vacancy rate, the impact on a day-to-day basis, monthly and six-monthly basis was tracked and reported against specific standards. In-patient acute services had a higher turnover of nurses which could impact on morale.
- Senior medical staff vacancies were filled by locums whilst waiting for permanent recruitment. Staff shortages were a national issue, it was hoped that as the Trust continued to improve and becomes a more attractive place to work, recruitment will become easier. The Trust was looking at alternative staffing options such as the use of Physician Associates where appropriate.
- Some issues facing the Trust were national issues – such as recruitment; and impact of covid - the acuity in communities of people becoming unwell and not being cared for. Specific to Sheffield, there had been a lack in

investment in its Estate, so since being rated inadequate, there had to be a lot of improvement in buildings. Improvements have been made, but there was still progress needed to make buildings therapeutic. The Trust was still working with partners in and around South Yorkshire and nationally and looking for capital support.

- The Trust was improving against the background of greater need. Quite often it was about helping people against consequences of a number of factors. Working in partnership with Sheffield Mind and other providers, trying to put what might in the past been a specialist offer, i.e. classed as a referral from a GP and then waiting for specialist care to become available, the Trust was trying to get closer into homes, people and families through primary care, by being able to get into people's lives earlier to make better interventions.
- An Engagement Lead had been appointed and she has helped the Trust to understand that there was a mistrust of mental health services in some communities. She was able to act as broker, and develop networks.
- A lot of time, effort and resource had been put into the Trust's leadership. Engaging the workforce was the key to sustainability of the changes and improvements which had been made and there was a need to continue to invest in mental health services.
- There was a carers strategy, the Trust is working to further develop this. Engagement work with service users and patients was developing but needed more energy and focus from the Trust. For people to remain well, people need housing, access to health services, and work was needed to assist carers.
- A report on a carers strategy was to be brought and discussed at the Adult Health and Social Care Policy Committee.

7.5 The Chair thanked Beverley Murphy and Mike Hunter for attending the meeting.

8. WORK PROGRAMME

8.1 The Policy and Improvement Officer reported on the Work Programme and set out the proposed agendas for forthcoming meetings. Sub-Committee members suggested issues to be considered for inclusion in the work programme:

- Primary Care
- Changes to Community Mental Health Teams
- Backlog in elective care and impact on increasing inequality
- Impact of energy crisis on new build NHS building.

8.2 **RESOLVED:** That the Sub-Committee supports the Work Programme as set out in Appendix 1.



Report to Health Scrutiny Sub-Committee

Author/Lead Officer of Report: Lucy Ettridge, Deputy Director of Communications, engagement and Equality/ Jackie Mills, Director of Finance both NHS South Yorkshire

Tel:

Report of:	<i>NHS South Yorkshire</i>
Report to:	<i>Health Scrutiny Sub- Committee</i>
Date:	<i>23 November 2022</i>
Subject:	<i>Consultation findings from NHS South Yorkshire's health centres consultation</i>

Purpose of Report:

Read and consider the consultation findings and make a formal response to NHS South Yorkshire on the proposals set out in the consultation.

The deadline for the written response is 30 November.

Recommendations:

- *Consider the findings*
- *Provide a formal response to make comments on each of the individual hub proposals by 30 November in writing to lucy.ettridge@nhs.net*

Background Papers:

n/a

NHS South Yorkshire's consultation findings on building new health centres

1. Background

In March 2022, HM Treasury confirmed the award of £57.5m funding to South Yorkshire to improve primary care buildings in the region. Of this, £37m was allocated for schemes in Sheffield. NHS South Yorkshire launched a public consultation over plans to invest millions in building new GP health centres in Sheffield in August 2022.

Most of the money is to build four new health centres in Sheffield to replace 12 existing GP practice buildings (as part of 9 practices). If plans go ahead, it will mean the practice moving from its current site and into a new building shared with other GP practices, and the current GP practice site would close

We have funding to build up to five health centres. We don't yet have a shortlist of locations for the fifth centre in the city centre, so were not part of this consultation. Once we have a proposal, the practices will share more information.

The city needs more clinical staff, more accessible and higher quality services, and better premises and technology. There is a chronic shortage of GPs in the UK and a growing population in Sheffield.

We hope building new health centres will attract more clinical staff as doctors and nurses want to work in modern more spacious buildings and will have room to train other staff.

We believe the best way to support people and improve their health is to bring services together and wrap them around patients in these new health centres, keeping them well, independent, and out of hospital.

A number of GP premises in these areas are more than 50 years old. Many are too small to deliver medicine in the 21st century and to benefit from the latest advancements in healthcare and in technology. Waiting rooms are cramped, they lack enough consultation rooms and space for other services which could help improve people's health.

The new health centres will do more for patients on one site, increasing access to services and ultimately improving people's health.

2. Pre-consultation engagement

In March 2022, NHS Sheffield CCG, working with GP practices, decided to explore what this would mean for practices and their patients so held an engagement exercise for 9 weeks starting on 14 March 2022 and ending on 15 May 2022. During this time, we engaged with patients to find out what they thought about the proposed new health centres and to help develop the plans.

We heard from over 1,900 people via the survey, 200 people at public meetings, and 65 through emails and telephone calls. The CCG and practices evaluated

feedback and some practices withdrew from the programme after the engagement and views informed the consultation business case.

A summary of the engagement was presented to the health scrutiny sub-committee on 21 June 2022.

The pre-consultation business case was presented at the same meeting and can be found here [Sheffield Health Centre PCBC v4.pdf \(syics.co.uk\)](#).

3. Consultation

NHS South Yorkshire ran a public consultation on behalf of local GP practices on the proposals to relocate nine GP practices to one of four new health centres in Sheffield. The consultation ran for 10 weeks between 1 August 2022 and 9 October 2022.

The following table details the GP practices involved and the potential locations for each new health centre.

Centre	Practices interested in moving	Potential location	Branch sites that may close
Foundry 1	Burngreave Surgery Sheffield Medical Centre	Spital Street	Herries Road Surgery Cornerstone Building
Foundry 2	Page Hall Medical Centre Upwell Street Surgery	Rushby Street	
SAPA 1	Firth Park Surgery Shiregreen Medical Centre	Concord Sports Centre	Melrose Surgery
SAPA 2	The Health Care Surgery Buchanan Road Surgery Margetson Surgery	Buchanan Road / Wordsworth Avenue	

The consultation plan was presented to health scrutiny and discussed on 21 June.

Over 2,000 consultation documents, 12,000 leaflets, and 500 posters were made available from 1 August, this included translated copies.

We heard from 5,006 people. An independent research company, SMSR Research, engaged 4,023 residents across the four centres. A further 561 surveys were completed online, and 116 paper surveys were completed, meaning 4,700 residents took part in the consultation by completing a survey. A total of 226 people attended a public meeting and 80 individuals were involved in disability specific focus groups.

We funded 17 local community organisations to help raise awareness of the proposals and support individuals to respond. These organisations were selected for their specific reach into and trusted relationships with, the communities

identified as being potentially affected by the proposals, including geography and protected characteristics.

A detailed report which analysed the consultation by the centre and by demographics is shown in Appendix A. This report is to help inform scrutiny's formal response to the consultation as a key stakeholder.

4. Post-consultation

Two weeks after closing the consultation, the results of each question for each of the nine practices were shared with the practices.

The draft report and equality impact assessments were also shared with Sheffield's programme team and NHS South Yorkshire's committee in Sheffield responsible for oversight of involvement and equality activities.

This information is being used to inform practices' decision on whether they want to continue in the programme and move into a new centre. It is also being used to inform the final business case, which is currently being written by the programme team.

5. Next steps

The programme team is talking to all 9 practices to see whether they want to continue with the proposal to move into a new centre. If they do, this will be modelled for deliverability, affordability, and impact as part of finalising the business case.

The funding allocated to the programme was based on a bid in 2018, Since then, there have been a number of challenges that have put pressure on the programme, most notably building cost inflation and workforce pressures impacting deliverability.

The consultation findings, including this committee's response; the equality impact assessments; practice commitment; and an assessment of deliverability, affordability, and impact of each of the individual hub proposals will be used to inform a decision-making business case.

The draft decision-making business case will be presented to the Sheffield Health and Care Partnership Board (formal sub-committee of the ICB) on 1 December as well as to this Health Scrutiny Sub Committee on 7 December. A final business case will be presented to NHS South Yorkshire's board on Wednesday 4 January for a decision on which, if any, of the health centres go ahead.

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NHS South Yorkshire

Proposal to relocate nine GP Practices to new health centres

Survey carried out by SMSR Social Research
Contributions from 5,006 people living in Sheffield

October 2022 (V02)



South Yorkshire
Integrated Care Board



Prepared by



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Summary

Foundry 1 - Spital Street

Respondents who provided feedback on Foundry 1 (Spital Street), ranked availability of appointments and quality of care as the most important aspects of their GP Practice.

They felt the main advantages of the proposals were a better range of services (29%), more appointments (27%) and modern facilities/equipment (25%). Although, travel distance (23%), access issues for the elderly/vulnerable (19%) and being too busy (16%) were cited as possible disadvantages.

Over half (54%) think the proposals would have a positive impact on them and the majority (73%) would continue to use the practices if the proposals went ahead.

The average travel time to the GP Practice would increase from 9 minutes currently to 12 minutes at the proposed site. This means some respondents would be more likely to take a bus or taxi, rather than walking.

Some respondents reported those with a disability or age-related issues might be impacted more than other people if the proposed site went ahead.

Foundry 2 - Rushby Street

Respondents who provided feedback on Foundry 2 (Rushby Street) ranked quality of care as the most important aspect of their GP Practice, followed by availability of appointments.

They felt the main advantages of the proposals were modern facilities/equipment (43%) and better quality of care (42%). Although, being too busy (27%), access issues for the elderly/vulnerable (22%) and being impersonal (19%) were cited as possible disadvantages.

The majority were optimistic about the proposals, with over three-quarters (77%) saying they would have a positive impact on them. Over eight in ten (81%) would continue to use the practice if the proposals went ahead.

The average travel time to the GP Practice would increase from 10 minutes currently to 12 minutes at the proposed site. This means some respondents would be more likely to take a car/motorcycle, bus or taxi, rather than walking.

Some respondents reported those with a disability or age-related issues might be impacted more than other people if the proposed site went ahead.

SAPA 1 - Concord Sports Centre

Respondents who provided feedback on SAPA 1 (Concord Sports Centre) ranked availability of appointments and quality of care as the most important aspects of their GP Practice

They felt the main advantages of the proposals were more appointments (22%), a better range of services (21%) and modern facilities/equipment (18%). Although many (44%) felt there were no advantages to the proposals, especially those aged 65+ (56%). The main disadvantage to the proposals was seen to be travel distance (38%), followed by availability of appointments (23%) and issues for the elderly/vulnerable (21%).

Only a minority were optimistic about the proposals, with just 33% feeling they would have a positive impact on them. A further third (34%) felt they would be negatively impacted by the proposals, rising to 42% for those aged 65+.

The average travel time to the GP Practice would increase significantly from 8 minutes currently to 17 minutes at the proposed site. This means many more respondents felt they would need to take a car/motorcycle, bus or taxi, rather than walking. However, two-thirds of people (66%) would continue to use the practice if the proposals went ahead.

This would impact those with a disability or older people disproportionately if the proposed site went ahead.

SAPA 2 - Wordsworth Avenue/Buchanan Road

Respondents who provided feedback on SAPA 2 – (Wordsworth Avenue/Buchanan Road) ranked availability of appointments and quality of care as the most important aspects of their GP Practice.

They felt the main advantages of the proposals were modern facilities/equipment (46%) and a better range of services (44%). Although, issues for the elderly/vulnerable (26%) and travel distance (25%) were cited as possible disadvantages.

Over half (56%) think the proposals would have a positive impact on them and the majority (80%) would continue to use the practice if the proposals went ahead.

The average travel time to the GP Practice would increase from 8 minutes currently to 12 minutes at the proposed site. This means some respondents would be more likely to take a car/motorcycle, bus or taxi, rather than walking.

Some respondents reported that those with a disability or older people might be impacted more than other people if the proposed site went ahead.

Introduction

Background

NHS South Yorkshire Integrated Care Board ran a public consultation on behalf of local GPs on proposals to relocate nine GP practices to four new health centres in Sheffield. The consultation ran for 10 weeks between 1 August 2022 and 9 October 2022.

The following table details the GP practices involved and the potential locations for each new health centre.

Centre	Practices interested in moving	Potential location	Branch sites that may close
Foundry 1	Burngreave Surgery Sheffield Medical Centre	Spital Street	Herries Road Surgery Cornerstone Building
Foundry 2	Page Hall Medical Centre Upwell Street Surgery	Rushby Street	
SAPA 1	Firth Park Surgery Shiregreen Medical Centre	Concord Sports Centre	Melrose Surgery
SAPA 2	The Health Care Surgery Buchanan Road Surgery Margetson Surgery	Buchanan Road / Wordsworth Avenue	

This report includes:

- The arrangements that NHS South Yorkshire put in place to inform the public about the proposals and provide opportunities to respond.
- An independent analysis of the feedback received.

Consultation activity - NHS South Yorkshire

Consultation materials

Over 2,000 consultation documents, 12,000 leaflets, and 500 posters were made available from 1 August.

In addition, the consultation document and leaflet were translated into nine alternative languages, including:

- Arabic
- British Sign Language
- Easy Read
- Romanian
- Simplified Chinese (China)
- Slovak
- Traditional Chinese (Hong Kong)
- Urdu

These materials were distributed to the following community locations:

- 12 GP practice sites
- 19 local pharmacies
- 4 libraries:
 - Parson Cross
 - Firth Park
 - Southey
 - Burngreave
- Concord Leisure Centre
- Independent Living schemes (sheltered housing)
- 5 children centres:
 - The Meadow (Shirecliffe)
 - Early Days (Parson Cross)
 - Burngreave
 - First Start (Firth Park)
 - Grimesthorpe
- 18 churches
- 5 mosques

Materials were also made available to community partners funded to undertake consultation activity as well as the following community organisations.

- Burngreave Food Bank
- Church on the Corner (Food Bank)
- Fir Vale Food Bank
- Flower Estate Family Action
- International Worship Centre
- ISRAAC
- Lower Wincobank TARA
- MAAN
- SAYIT
- Sheffield MIND
- Young carers

Supporting documents

In addition to the materials mentioned above, the following documents were also made available on the NHS South Yorkshire website to allow for full consideration of the proposals.

- Frequently Asked Questions
- Equality Impact Assessment
- Pre-Consultation Business Case
- Travel analysis

GP practices' activity

Each GP practice involved in the proposals sent at least one text message to their patients with a valid mobile number on their patient record. The text message included a brief explanation of the proposal, with a weblink for more information and the telephone number of the local community partner to get more information. A letter was sent to patients who did not have a mobile telephone number recorded.

A second text message was sent from GP practices to their patient's mid-way through the consultation which included details of the remaining public meetings for each health centre area.

All GP practices included information on their own websites.

Public meetings

Sixteen public meetings were advertised and held. 226 people attended these meetings in total. The meeting details are summarised in the table below.

Date	Time	Venue	Health Centre	Attendance
Monday 15 /08/2022	10:30	Greentop Circus Centre	Foundry 2	14
Tuesday 16 /08/2022	10:00	Parson Cross Development Forum	SAPA 2	13
Tuesday 16/08/2022	17:30	Firvale Community Hub	Foundry 2	13
Wednesday 17/08/2022	12:00	Vestry Hall	Foundry 1	2
Wednesday 17/08/2022	15:30	The Learning Zone	SAPA 2	9
Friday 19/08/2022	11:30	Firth Park Methodist Centre	SAPA 1	25
Wednesday 24/08/2022	10:30	Verdon Street Community Centre	Foundry 1	10
Friday 26/08/2022	12:00	Shiregreen Community Centre	SAPA 1	14
Friday 02/09/2022	11:30	The Learning Zone	SAPA 2	26
Friday 02/09/2022	19:00	Parson Cross Development Forum	SAPA 2	8
Monday 05/09/2022	10:30	Vestry Hall	Foundry 1	15
Monday 05/09/2022	16:30	Firvale Community Hub	Foundry 2	9
Tuesday 06/09/2022	18:30	Firth Park Methodist Centre	SAPA 1	24
Wednesday 07/09/2022	18:30	Verdon Street Community Centre	Foundry 1	0
Tuesday 27/09/2022	18:00	Online meeting	All	14
Monday 03/10/2022	18:30	Grimesthorpe Family Centre	Foundry 2	30

Two of the planned meetings were cancelled due to Her Majesty the Queen's death. One of these was rescheduled with patients being informed of the new date. Unfortunately, a suitable venue was unable to be sourced for the other meeting.

In addition, a pop-up consultation stall was run in Ellesmere Green on 16 September 2022 between 11am and 3pm. This was suggested by a community partner as a way of reaching people attending Friday prayers. Several members of NHS South Yorkshire staff were in attendance alongside multi-lingual volunteers from Reach Up Youth to talk to people. Over 100 people were spoken to during this session with an additional 44 responses recorded.

Social media

Information has been regularly posted on the social media accounts of NHS South Yorkshire and Sheffield Health and Care Partnership. table below highlights the overall number of impressions for these posts.

Social media platform	Posts	Impressions
Facebook	56	34,687
Twitter	56	18,119
Total	112	52,806

Community partners

Seventeen local community organisations were funded to help raise awareness of the proposals and support individuals to respond. These organisations were selected for their specific reach into, and trusted relationships with, the communities identified as being potentially affected by the proposals, including geography and protected characteristics.

- ACT
- Age UK
- Binstead TARA
- Brushes TARA
- Burngreave TARA
- Carers Centre
- Deaf Advice Team
- Disability Sheffield
- Faithstar
- Fir Vale Community Hub
- Friends of Firth Park
- Longley 4G
- Mencap
- Parson Cross Development Forum
- Reach Up Youth
- SADACCA
- SOAR

Community activity

Both Fir Vale Community Hub and SOAR hosted telephone lines to have one to one conversations with people wanting to know more information and feedback. The telephone numbers were included in the materials and text messages sent out by GP practices. The majority of phone calls have been from patients that have no, or limited, internet access, or have low literacy levels.

For those individuals who have contacted the telephone lines, the community partners have been completing the survey online with them whilst on the phone, sending out the information booklet with additional surveys for family members, meeting people face to face (including home visits for those who have mobility issues), and setting up drop-in sessions for question and answers and survey filling support. They have also been sharing any insight that they did not feel would be recorded in surveys, which will be included in the overall analysis.

Wider community partners have been utilising the groups and sessions that they run to share information about the proposals and ask and record feedback, using bilingual workers to ensure that those who don't speak English as a first language are able to take part in the consultation. These groups include:

- Arts groups
- Bowls clubs
- Carers' groups
- Croquet clubs
- Dementia groups and day centres
- Falls prevention classes
- Food banks
- Holiday activity programmes
- Keep fit sessions
- Lunch clubs
- Music and singing groups
- Over 50s groups
- Social cafes
- Tai Chi sessions
- Yemeni community sessions
- Youth groups

Community partners also visited other groups around their localities including food banks, churches, mosques, local Tenants and Residents Associations, and other smaller groups.

Pop up stalls and street teams were set up outside GP practices, shopping areas, and local community centres, with one organisation specifically speaking to homeless individuals. Materials were delivered door to door. Local residents were taken on a walk to the Rushby Street site to show the potential location.

Other community partners contacted service users with disabilities, learning disabilities, and carers, to explain and advise about the proposals and support completion of the survey. Sessions were arranged with specific groups to facilitate conversations with individuals with additional communication requirements. These included:

- Sheffield Voices for people with learning difficulties or autism.
- Sheffield Royal Society for the Blind for people experiencing sight loss on the 21st of September. This session included extra description for maps where details were difficult to produce in a clear alternative format.
- A British Sign Language event on 14th September facilitated by the Deaf Advice Team with fully qualified BSL interpreters.

Social media

Information was included on community partners' social media channels including Facebook pages, websites, WhatsApp groups, and e-newsletters. The reported total of people contacted via these methods was 16,597.

Community partners coordinated their activity with each other to avoid duplication and maximise their resources.

SMSR

NHS South Yorkshire commissioned SMSR, a social research agency, to provide an online survey, and to undertake a telephone and fieldwork survey of a minimum of 1,000 responses in each health centre area.

The online survey included the ability to offer the alternative languages detailed above.

SMSR Research commenced their data capture on week commencing 15 August. They have worked with the Communications and Engagement Team and used census information from the ONS to understand the layout of each area in terms of demographics and worked to quota targets to engage with a representative sample of residents in each of the four target locations.

SMSR coordinated their activity with both GP practices and community organisations situated in the area.

Report Structure

This report includes headline findings for each question combined with insight based on demographic trends, methodology and qualitative data. Individual results are provided for each of the four proposed centres. 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. The margin of error overall is +/- 3%. For example, a 60% "yes" response with a margin of error of 3% means that between 57% and 63% of the general population think that the answer is "yes. 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 have been commented on throughout the report.

Throughout the report, the descriptions of findings have been standardised. The table below provides a guide between the language used and the percentage referred to:

Term	%
The vast majority	90% or more
The majority	50% + 1
Many	25%-49%

Sample and Methodology

An interviewer led, CAPI (Computer Aided Personal Interviewing) survey was designed by staff from NHS South Yorkshire and validated by the project team at SMSR Ltd. Due to the specific nature of the target areas, interviews were mainly conducted face to face with residents within four GP networks in North-East Sheffield. Quotas for age, gender and ethnicity were set using the latest census data together with mapping and demographic information provided by the ICB. Interviewing took place between the 15th August 2022 and 9th October 2022.

SMSR Research engaged with a total of 4,023 residents across the four networks. A further 561 surveys were completed online, and 116 paper surveys were collected by the ICB and delivered to SMSR Research for processing, meaning 4,700 residents took part in the research by completing a survey. A total of 226 people attended a public meeting with a further 80 individuals being involved in disability specific focus groups bringing the overall total of participants to 5,006..

Survey	SMSR	Online	Paper
Foundry 1 - Spital Street	1,000	34	67
Foundry 2 - Rushby Street	1,011	161	19
SAPA 1 - Concord Sports Centre	1,004	138	23
SAPA 2 - Wordsworth Avenue/Buchanan Road	1,008	228	7

The overall demographic and geographic breakdown of those who completed a survey was as follows:

Survey	Number	Percentage
Foundry 1 - Spital Street	1,101	23%
Foundry 2 - Rushby Street	1,191	25%
SAPA 1 - Concord Sports Centre	1,165	25%
SAPA 2 - Wordsworth Avenue/Buchanan Road	1,243	26%

Age	Number	Percentage
16-24	462	10%
25-34	693	15%
35-44	821	18%
45-54	765	17%
55-64	872	19%
65+	943	21%

Ethnicity	Number	Percentage
Asian, or Asian British - Chinese	22	0%
Asian, or Asian British - Indian	124	3%
Asian, or Asian British - Pakistani	495	11%
Asian, or Asian British - Other Asian background	205	4%
Black, or Black British - African	153	3%
Black, or Black British - Caribbean	100	2%
Black, or Black British - Other Black background	130	3%
Mixed / multiple ethnic group - Asian and White	27	1%
Mixed / multiple ethnic group - Black African and White	43	1%
Mixed / multiple ethnic group - Other Mixed / multiple ethnic background	36	1%
White - British	2,873	62%
White - Gypsy / Traveller	10	0%
White - Other White background	216	5%
Other - Arab	85	2%
Other	26	1%
Prefer not to say	115	2%

Disability	Number	Percentage
Yes	1,676	36%
No	2,702	58%
Don't wish to say	276	6%

Gender	Number	Percentage
Male	2,054	44%
Female	2,582	55%
Other	1	0%
Prefer not to say	28	1%

Sexuality	Number	Percentage
Heterosexual	4,315	93%
Homosexual	77	2%
Bisexual	52	1%
Other	16	0%
Prefer not to say	181	4%

Foundry 1 - Spital Street

1,101 respondents completed a survey and provided their views on the Foundry 1 proposal. The breakdown of respondents by practice and ethnicity are as follows:

Practice	Number	Percentage
Foundry 1 - Burngreave Surgery	523	48%
Foundry 1 - Cornerstone Building	9	1%
Foundry 1 - Herries Road Surgery	58	5%
Foundry 1 - Sheffield Medical Centre	186	17%
Foundry 1 - Melrose Surgery	72	7%
Foundry 2 - Page Hall Medical Centre	4	0%
Foundry 2 - Upwell Street Surgery	0	0%
SAPA 1 - Firth Park Surgery	9	1%
SAPA 1 - Shiregreen Medical Centre	9	1%
SAPA 2 - Buchanan Road Surgery	2	0%
SAPA 2 - Margetson Surgery	0	0%
SAPA 2 - The Health Care Surgery	0	0%
None of the above	213	19%
I am not registered with a GP	16	1%

Ethnicity	Number	Percentage
Asian, or Asian British - Chinese	4	0%
Asian, or Asian British - Indian	33	3%
Asian, or Asian British - Pakistani	142	13%
Asian, or Asian British - Other Asian background	43	4%
Black, or Black British - African	88	8%
Black, or Black British - Caribbean	41	4%
Black, or Black British - Other Black background	24	2%
Mixed / multiple ethnic group - Asian and White	9	1%
Mixed / multiple ethnic group - Black African and White	22	2%
Mixed / multiple ethnic group - Other Mixed / multiple ethnic background	15	1%
White - British	558	51%
White - Gypsy / Traveller	0	0%
White - Other White background	68	6%
Other - Arab	28	3%
Other	7	1%
Prefer not to say	16	1%

Age	Number	Percentage
16-24	155	14%
25-34	161	15%
35-44	193	18%
45-54	172	16%
55-64	196	18%
65+	195	18%

Gender	Number	Percentage
Male	531	48%
Female	567	52%
Other	0	0%
Prefer not to say	2	0%

Disability	Number	Percentage
Yes	329	30%
No	702	64%
Don't wish to say	68	6%

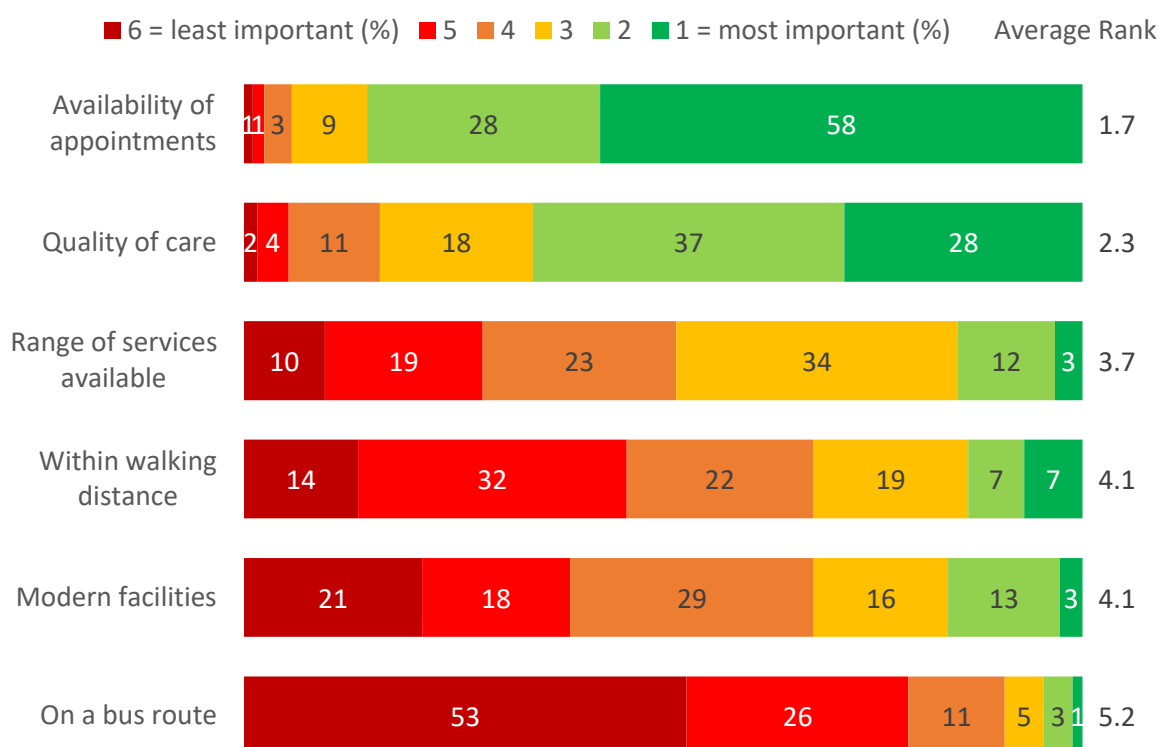
Sexuality	Number	Percentage
Heterosexual	1,047	95%
Homosexual	17	2%
Bisexual	8	1%
Other	2	0%
Prefer not to say	24	2%

Main Findings

Respondents were first asked to rank how important each of the following items was in terms of their GP Practice.

Availability of appointments was ranked the most important, with the majority (58%) ranking it as their most important item. This was followed by quality of care with an average ranking of 2.3. The range of services available, being within walking distance and modern facilities received similar importance rankings. Being on a bus route was less important, with over half (53%) ranking this as the least important element.

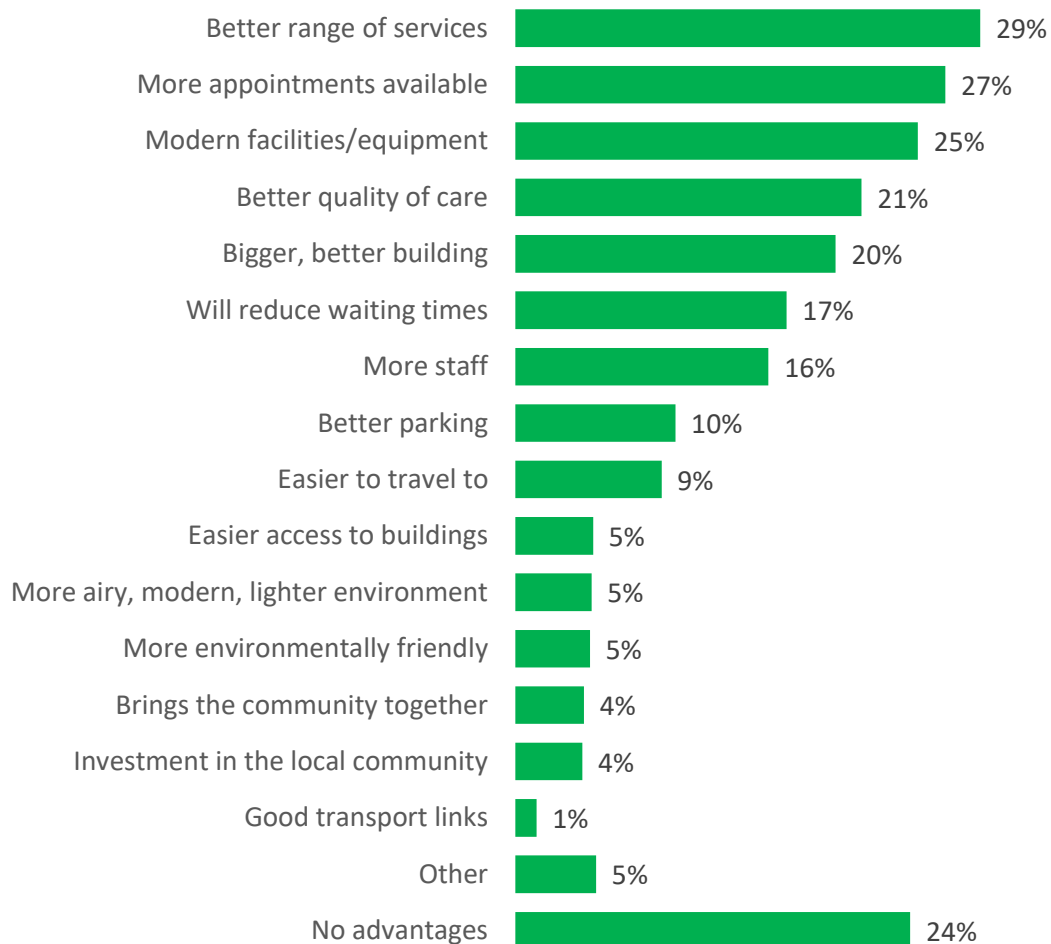
In terms of your GP Practice, please rank each item below in order of how important they are to you



The main advantages to the proposals were seen as a better range of services (29%), more appointments (27%) and modern facilities/equipment (25%). Around a fifth also cited better quality care (25%) and a bigger, better building (20%).

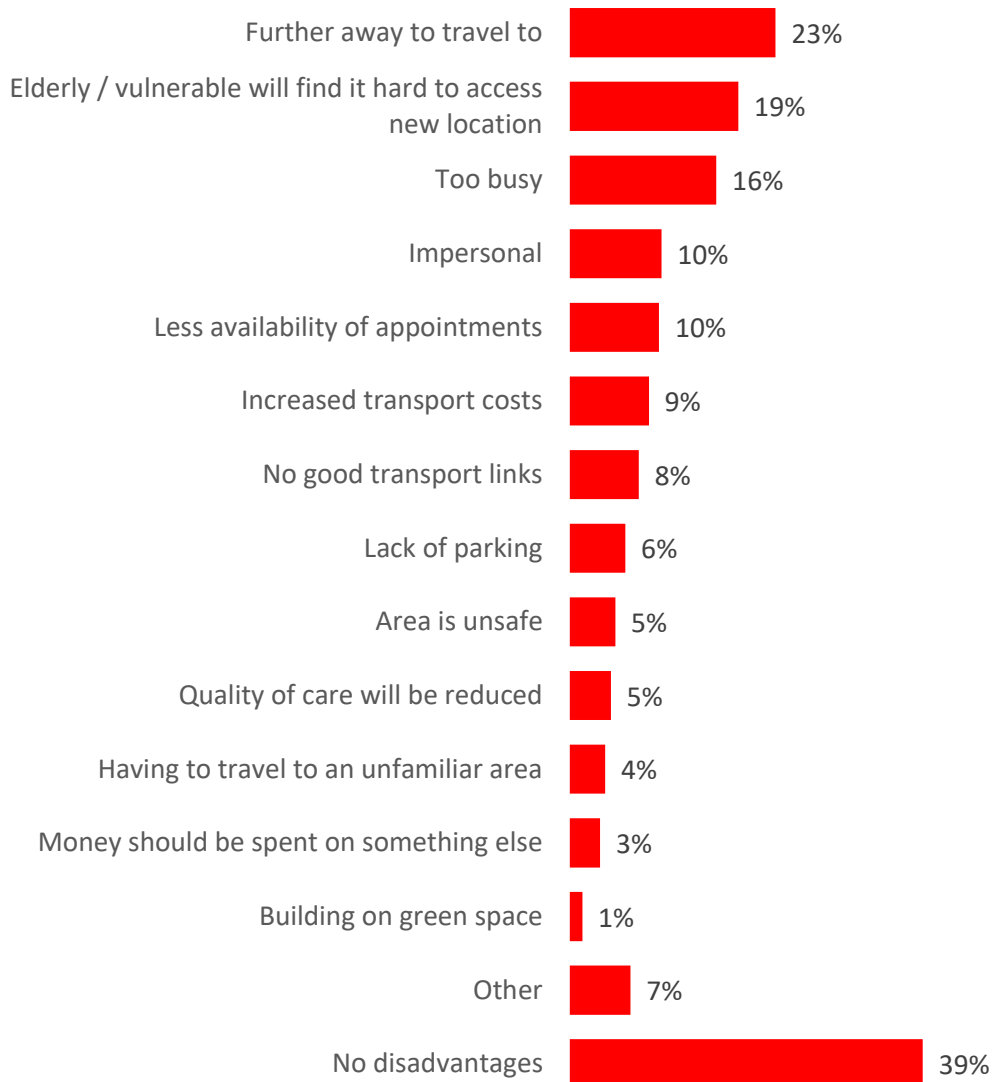
A quarter (24%) felt there were no advantages to the proposals, especially those aged 55+ (31%)

What are the advantages of these proposals?



Respondents felt the main disadvantages to the proposals were travel distance (23%), access issues for the elderly/vulnerable (19%) and being too busy (16%). Although almost four in ten (39%) could not find any disadvantages with the proposals, rising to half for under 25s (50%).

What are the disadvantages of these proposals?



Over half (54%) think the proposals will have a positive impact on them. These are more likely to be ethnic minorities (64%) and those aged 25-44 (62%).

Almost a fifth (18%) think they will be negatively impacted by the proposals, rising to 24% for those aged 65+. Although respondents were low (n=58), almost half of patients attending Herries Road Surgery felt they would be negatively impacted (47%).

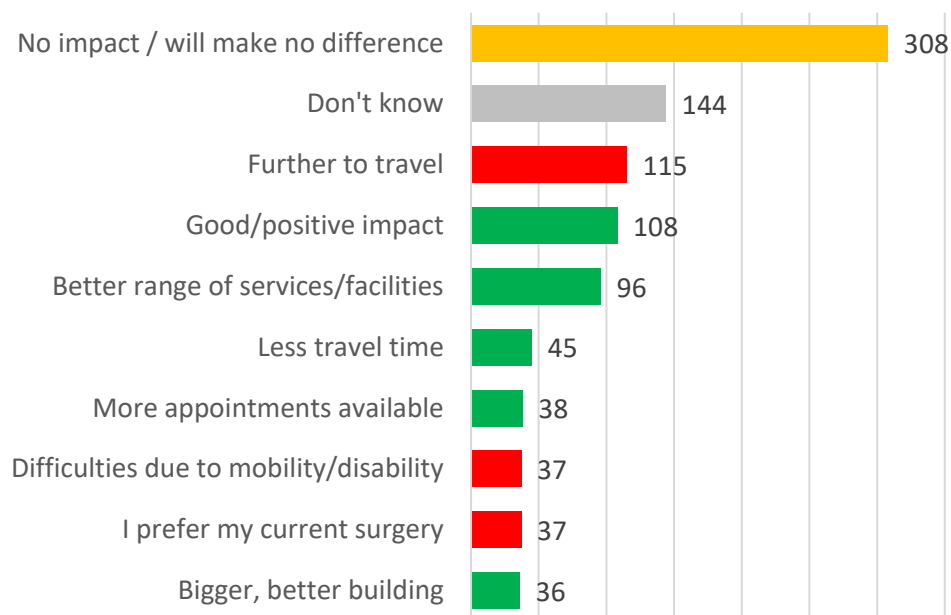
What impact will these proposals have on you? On a scale of 1-10, where 1 = positive and 10 = negative

■ Very negative (9-10)
 ■ Somewhat negative (6-8)
 ■ Neutral (5)
 ■ Somewhat positive (3-4)
 ■ Very positive (1-2)



Respondents were asked to explain the impact the proposal may have on them or their families; verbatim comments were grouped into key themes:

What impact do these proposals have on you or your family? (Top 10)



More than a quarter of those responding (29%, 308 respondents) felt the proposal to build a new health centre on at the Spital Street site would have no impact. More than a tenth (13%, 144 respondents) were unsure about what impact the proposal would bring. Those from an ethnic minority background were less likely to feel the proposals would have no impact compared to White residents (25% vs 32% respectively).

“Having recently moved, I’m looking to change practice anyway but as long as my GP is accessible, has appointments available when needed and isn’t too far away, there’d be no real impact.”

“No impact - looking forward to it, as I am not very happy with the reception staff and go since my GP has gone So difficult to reach out.”

“It's almost the same distance from my house, so it won't affect me much.”

“No impact unless it gets harder to get an appointment.”

“Same area, new location is not far from my existing surgery Should not be any problem.”

In terms of negative impacts, around a tenth said the new proposal would have an impact on the distance they would need to travel to access health services (11%, 115 respondents) and a small percentage foresee difficulties due to mobility or disability (4%, 37 respondents). The same percentage said they would prefer to continue using their current surgery (4%, 37 respondents). A higher proportion of disabled respondents felt that having to travel further would impact them, compared to non-disabled residents (16% vs 7%).

“I’m not sure of this, I want proof that it’ll be a bigger, better surgery with better facilities: how do you know this until it is built and in action? You don’t! My surgery is convenient where it is, it’s right next to the pharmacy. If the surgery relocates, it could mean missed appointments due to being late with further to travel.”

“This would be a real trek for me. I don’t drive. There is no direct bus route that I know of, and the area is unsafe. It would take me 30 minutes to walk there!”

“This will be bad for me as I have a bad hip and have to walk with two sticks, my sight is poor, and I don't like change.”

“I suffer with depression and anxiety, I don't like change but if it means we have more services in one place, I am all for that.”

A tenth (10%, 108 respondents) revealed the impact of the proposal would be generally good or have a positive impact and a similar percentage believe a better range of services or facilities would be available (9%, 96 respondents). Fewer felt that travel times would be reduced (4% 45 respondents) or that more appointments would be available (4%, 38 respondents).

“As far as I’ve heard the walk-in centre won’t be affected but it’s just bringing things up to date and the modern centre will be able to offer more healthcare instead of having hospital visits.”

“It’s quite local and not too far out of our way and I have a car so I could drive there, and it would have much better parking than our current surgery.”

“It will save me having to travel to different area for different appointment of they are putting other services into the same building.”

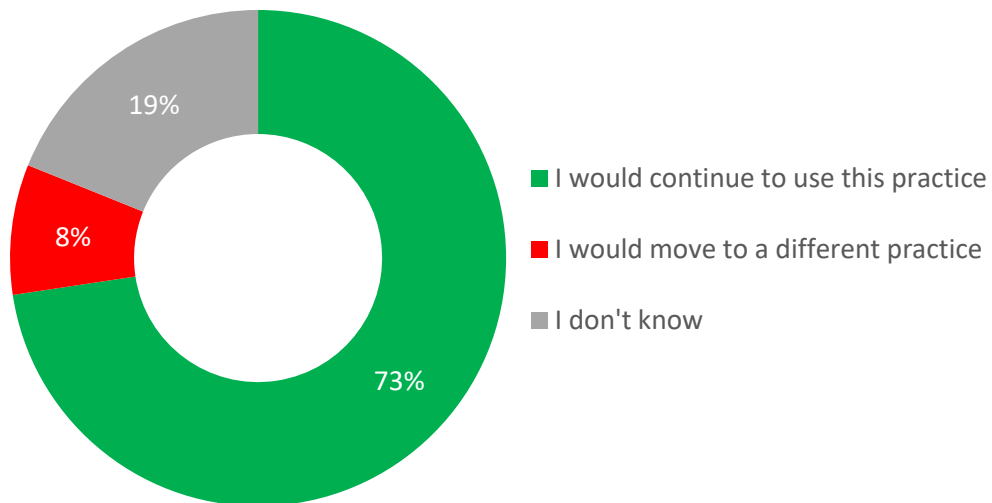
“No impact on me, personally, but I think this is a good thing, there’ll be better services and access to lots more.”

“It’s all positive from me, something as to be done to help relieve the problems we suffer now.”

“I feel this a big step forward of bringing the GPs in Sheffield into the modern era.”

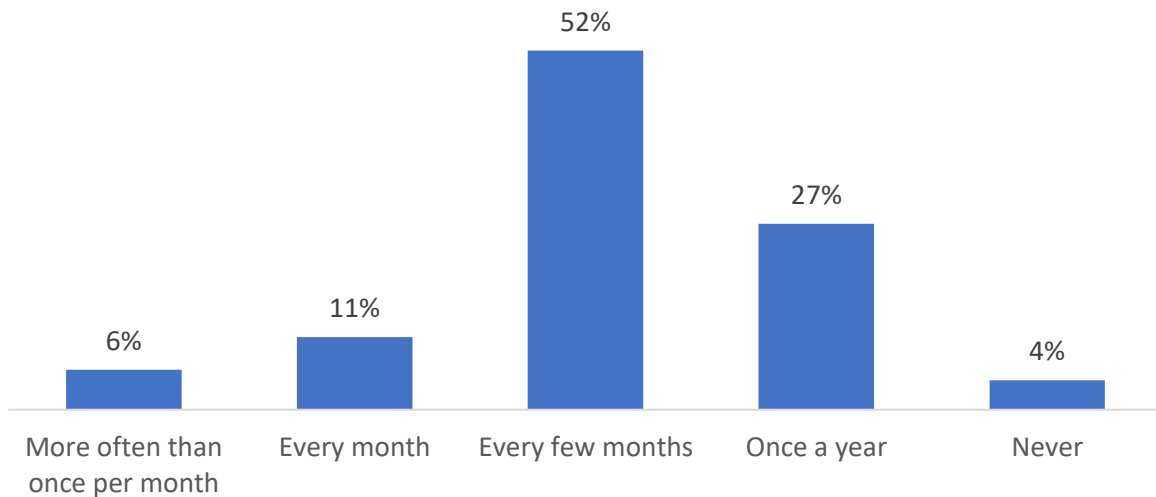
Almost three-quarters (73%) say they would continue to use the practice if the proposals went ahead, with less than one in ten (8%) saying they would move to a different practice.

If the proposals went ahead, would you continue to use your practice, or would you move practice?



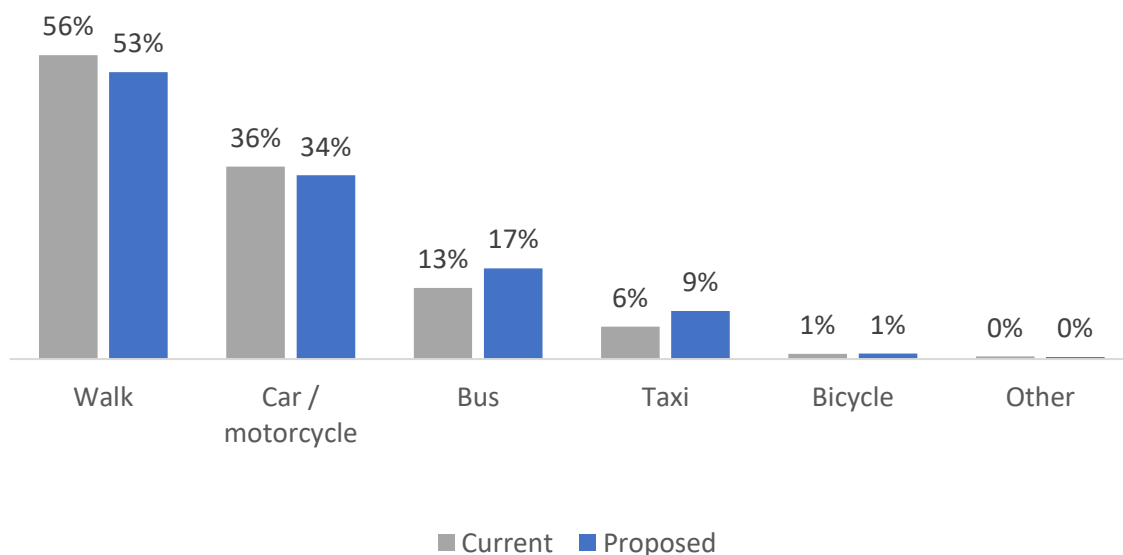
The most frequent visit to the GP Practice was once every few months (52%). Frequency of visitation was higher for more vulnerable groups. The majority of those with a disability (84%) or aged 65+ (74%) visit their GP Practice at least every few months – compared to an average of 69%.

On average, how often do you visit your GP Practice?



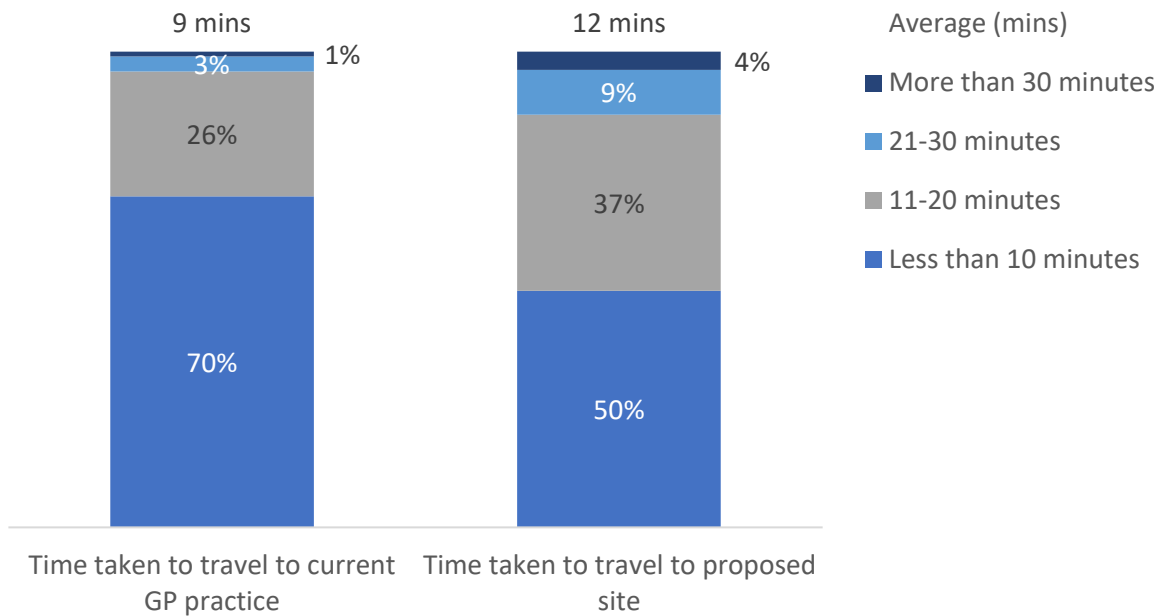
The majority of respondents (56%) currently walk to their GP practice and will continue to do so at the proposed site (53%). There is some indication that buses (+4%) and taxis (+3%) will be used more frequently at the proposed site.

Travel mode comparison between current GP and proposed site:



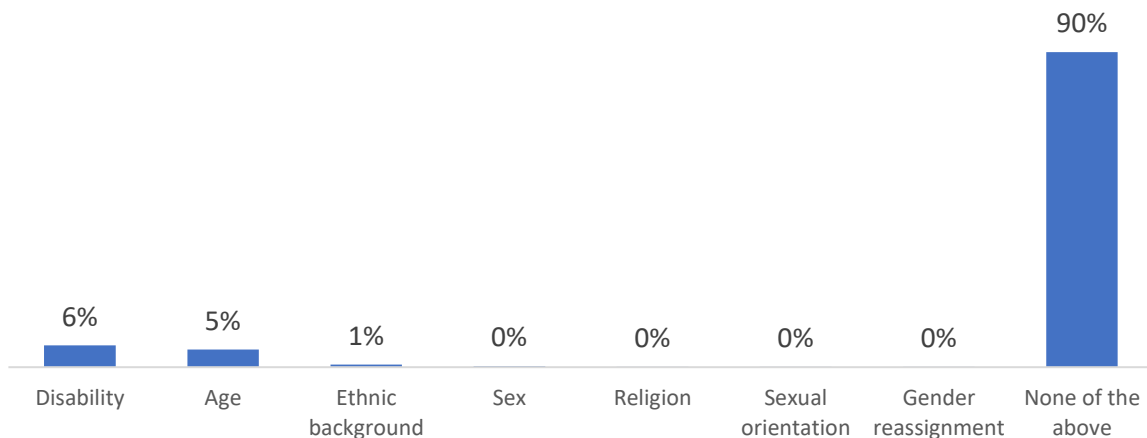
The travel time from home to the proposed site is significantly higher than the travel time to the current GP Practice. Currently it takes an average of 9 minutes to travel to the GP Practice, which increases to 12 minutes for the proposed site. Presently seven in ten respondents (70%) live within 10 minutes of their GP Practice. Under the proposed site this drops to 50%.

Travel time comparison between current GP and proposed site:

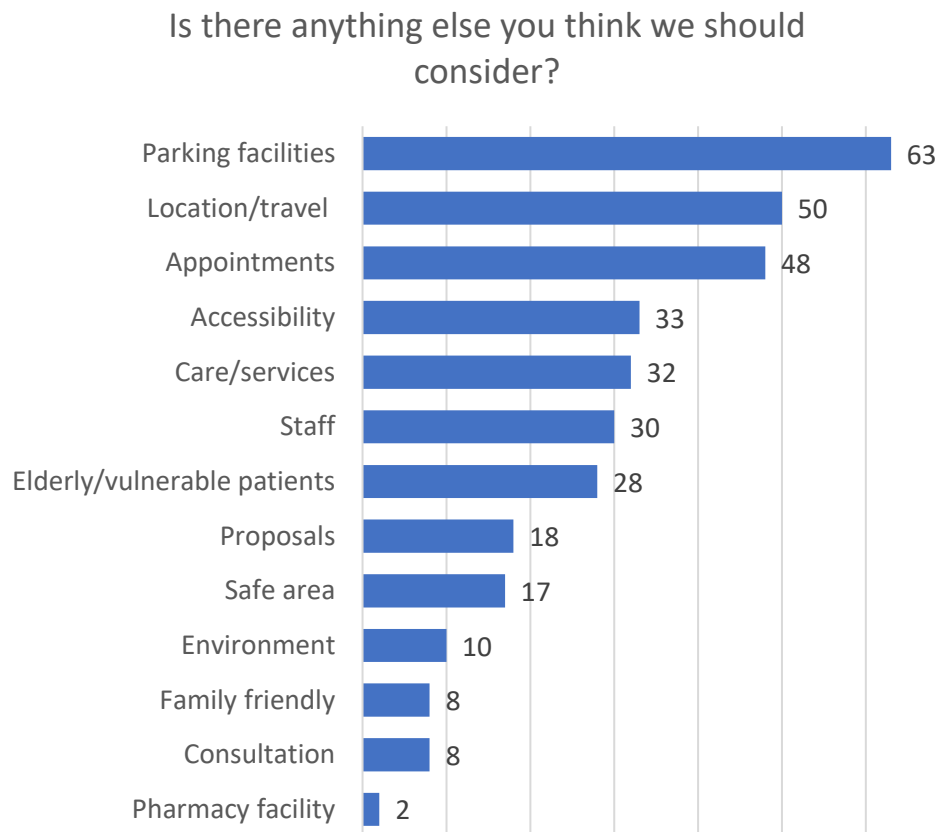


The vast majority (90%) did not feel the proposals would impact them more than other people. Disability (6%) and age (5%) were the main issues cited by respondents who felt they would be more impacted than others.

Do you feel that these proposals will impact you more than other people because of your...?



Finally, respondents were asked if there was anything else that should be considered in relation to the proposed health centre; verbatim comments were grouped into key themes:



Almost a fifth of those who provided an answer mentioned that parking facilities should be considered (18%, 63 respondents), indicating that provision is not adequate in the area and given that service users may have to travel further to access healthcare, if the proposals are approved:

“There is an issue with parking at the moment. Hopefully they (sic) will be a car park.”

“Parking because you can never park around that area as it is.”

“Traffic levels and parking is a major problem around that area.”

Respondents were also concerned about the availability and system of appointments (15%), with some explaining it can be difficult to access healthcare at their current surgery:

“Trying to get appointment is a problem now.”

“Just make sure there are enough appointments for patients.”

“So many patients under one roof which could make it difficult for people to get an appointment.”

A similar percentage mentioned the location of the proposed health centre (15%, 50 respondents), stating concerns about an increase in travel time, the cost of travel and provision of public transport:

“Don't drive, it can be difficult for me to walk if I am not well. There are no bus routes. Would get a taxi.”

“Better public transport as there is no bus.”

“The bus services are not very good from where I live which can affect the time you can travel.”

Those who identified as having a disability were more likely to raise concerns about the location of the new health centre compared to those who did not (27% vs 9%).

Others talked about accessibility (10%, 33 respondents) and that any new building should be designed to be accessible to all patients, including elderly and vulnerable service users and those whose first language is not English. A similar percentage (9%, 32 respondents) mentioned care and services including the scope available, whether there could be a pharmacy onsite and perhaps dentists. Other themes that respondents put forward for consideration included the staffing of the new building (9%, 30 respondents) and taking extra care of the elderly and vulnerable (8%, 28 respondents).

“For those that physically have to pick their prescriptions up, those that are not online, if the surgery is further away from them then this will be really inconvenient.”

“I don't think people that come up with these ideas actually think about the older generation who have been attending our GP practices for many, many years and have rapport with our GPs's and other clinical and non-clinical staff. We like our surgeries leave them alone. This is not going to improve services; it's going to make them worse!”

“My mother is elderly and struggles with walking, but the GP is not far, so she is able to attend alone. She won't be able to attend the new one alone.”

“To be easily accessible. More toilets needed. Improve waiting areas and disabled access.”

“Make it accessible to everyone and make sure it's wheelchair friendly.”

“Access to the building as there is a lot of parking on the pavements.”

“The elderly: especially of its location and it seems it will be impossible to get an appointment.”

Public Meetings Findings

The following public meetings were held with residents and stakeholders affected by the Foundry 1 proposals to build a new health centre on Spital Street (next to Sheffield Medical Centre):

Date	Time	Venue	Health Centre	Attendance
17/08/2022	12:00	Vestry Hall	Foundry 1	2
24/08/2022	10:30	Verdon Street Community Centre	Foundry 1	10
05/09/2022	10:30	Vestry Hall	Foundry 1	15
07/09/2022	18:30	Verdon Street Community Centre	Foundry 1	0

Across the meetings, a total of 27 residents attended to ask questions, air concerns and provide their opinions on the proposed new health centre. Prevalent themes included questions on the proposal itself, how the proposal would be funded and sustained, the design of the building, services available and access to healthcare within the Foundry 1 community. Other topics of conversations included transport and travel, staffing and the scope of the consultation.

Residents were keen to understand the proposals in more detail and how they would be affected by the building of a new centre:

“I thought the practices were merging?”

“I thought there would be lots more people going to the same practice.”

“Can’t we change the current buildings?”

“Will Burngreave Close?”

Stakeholders attending the meetings provided answers to the questions posed, providing an indication that information could be key to allaying concerns about the project as highlighted by one attendee:

“I’ve been going to my practice since I was a baby so when I first heard about it, I thought ‘no you can’t move my practice!’ but now you’ve explained it I’m liking the idea.”

Residents also provided questions regarding budgeting considerations including how services would be funded, reinvestment and sustainability including rent costs.

Questions were aired regarding the design of the health centre, how it would be laid out, environmental credentials and access issues. As found throughout the consultation, mobility issues were also touched on:

“In LIFT buildings there are long corridors – hard for people with mobility problems – will there be places to stop and sit down and rest- comfort seating stops?”

Access to healthcare and continuity were discussed in the meetings; service users were naturally concerned about accessing healthcare:

“How is a new building going to give more appointments?”

“Can patients change GPs if they want?”

“The main concern is I am able to get an appointment with a GP like I can now?”

there was hope that a number of services could be provided at the new centre including a pharmacy, phlebotomy, physiotherapy, addiction support, vaccine provision and social prescribing.

Due to potentially having to move surgeries, some attendees had worries about travelling to the new centre:

“I am concerned about Public Transport being available to the new hub. There used to be a bus, H1, that went between the hospitals and through a lot of these areas. They even made it free for people with a bus pass who had an appointment. That would help vulnerable people if that could be run.”

“Travel is main concern, have you explored current buildings, for example the one here in (Vestry Hall)?”

“Can you divert buses?”

These concerns were addressed, and it was mentioned the ICB were working with the relevant parties and the Transport Executive will look to change the routes if the project goes ahead.

Community Feedback

Both Fir Vale Community Hub and SOAR have hosted telephone lines to have one to one conversations with people wanting to know more information and feedback.

A small number of respondents made contact via telephone about the Foundry 1 proposal. Aside from enquiries of how to participate in the consultation, the remaining highlighted the need for continuity in accessing healthcare and travel times would not be adversely affected:

“I'm not really bothered either way as long as I can get in when I need to.”

“I hope it works out. It's not really that far from my Drs now and I walk anyway if I have to go.”

Foundry 2 - Rushby Street

1,191 respondents completed a survey and provided their views on the Foundry 2 proposal. The breakdown of respondents by practice and ethnicity are as follows:

Practice	Number	Percentage
Foundry 1 - Burngreave Surgery	3	0%
Foundry 1 - Cornerstone Building	0	0%
Foundry 1 - Herries Road Surgery	1	0%
Foundry 1 - Sheffield Medical Centre	0	0%
Foundry 1 - Melrose Surgery	0	0%
Foundry 2 - Page Hall Medical Centre	346	29%
Foundry 2 - Upwell Street Surgery	827	69%
SAPA 1 - Firth Park Surgery	3	0%
SAPA 1 - Shiregreen Medical Centre	0	0%
SAPA 2 - Buchanan Road Surgery	0	0%
SAPA 2 - Margetson Surgery	0	0%
SAPA 2 - The Health Care Surgery	0	0%
None of the above	8	1%
I am not registered with a GP	3	0%

Ethnicity	Number	Percentage
Asian, or Asian British - Chinese	6	1%
Asian, or Asian British - Indian	49	4%
Asian, or Asian British - Pakistani	217	19%
Asian, or Asian British - Other Asian background	95	8%
Black, or Black British - African	35	3%
Black, or Black British - Caribbean	19	2%
Black, or Black British - Other Black background	74	6%
Mixed / multiple ethnic group - Asian and White	6	1%
Mixed / multiple ethnic group - Black African and White	5	0%
Mixed / multiple ethnic group - Other Mixed / multiple ethnic background	5	0%
White - British	525	45%
White - Gypsy / Traveller	2	0%
White - Other White background	64	5%
Other - Arab	41	3%
Other	10	1%
Prefer not to say	19	2%

Age	Number	Percentage
16-24	95	8%
25-34	190	17%
35-44	229	20%
45-54	210	18%
55-64	219	19%
65+	200	17%

Gender	Number	Percentage
Male	508	43%
Female	655	56%
Other	0	0%
Prefer not to say	11	1%

Disability	Number	Percentage
Yes	427	37%
No	700	60%
Don't wish to say	40	3%

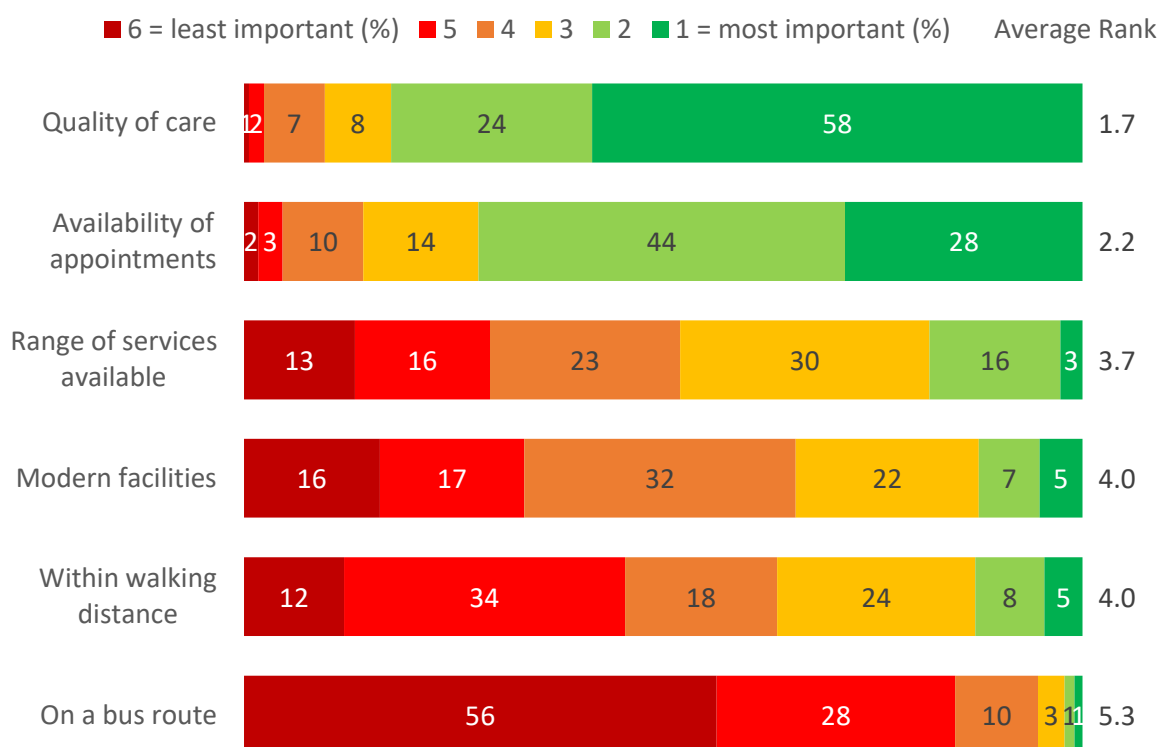
Sexuality	Number	Percentage
Heterosexual	1,107	95%
Homosexual	11	1%
Bisexual	13	1%
Other	3	0%
Prefer not to say	31	3%

Main Findings

Respondents were first asked to rank how important each of the following items was in terms of their GP Practice.

Quality of care was ranked the most important, with the majority (58%) ranking it as their most important item. This was followed by availability of appointments with an average ranking of 2.2. The range of services available, modern facilities and being within walking distance received similar importance rankings. Being on a bus route was less important, with over half (56%) ranking this as the least important element.

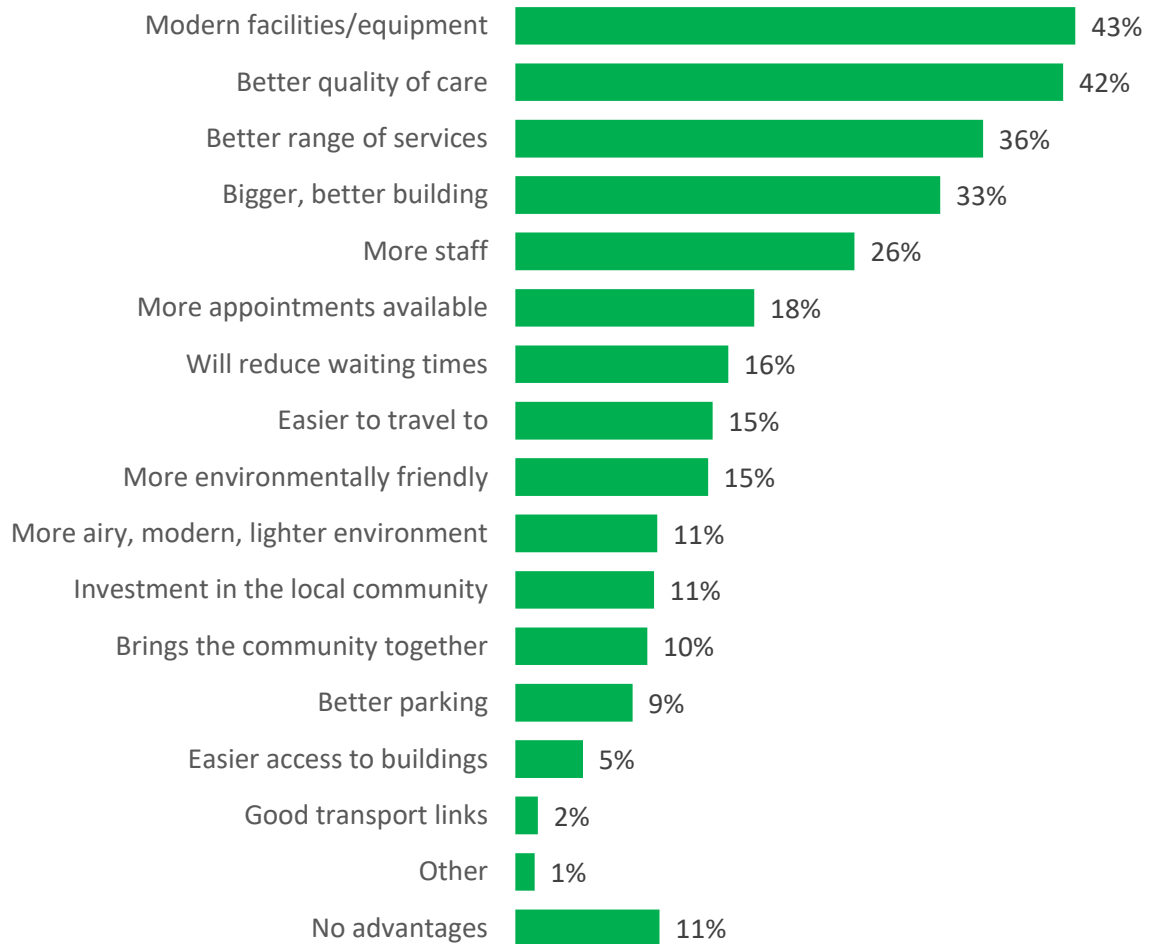
In terms of your GP Practice, please rank each item below in order of how important they are to you



The main advantages to the proposals were modern facilities/equipment (43%) and better quality of care (42%). Around a third also cited better range of services (36%) or a better, bigger building (33%).

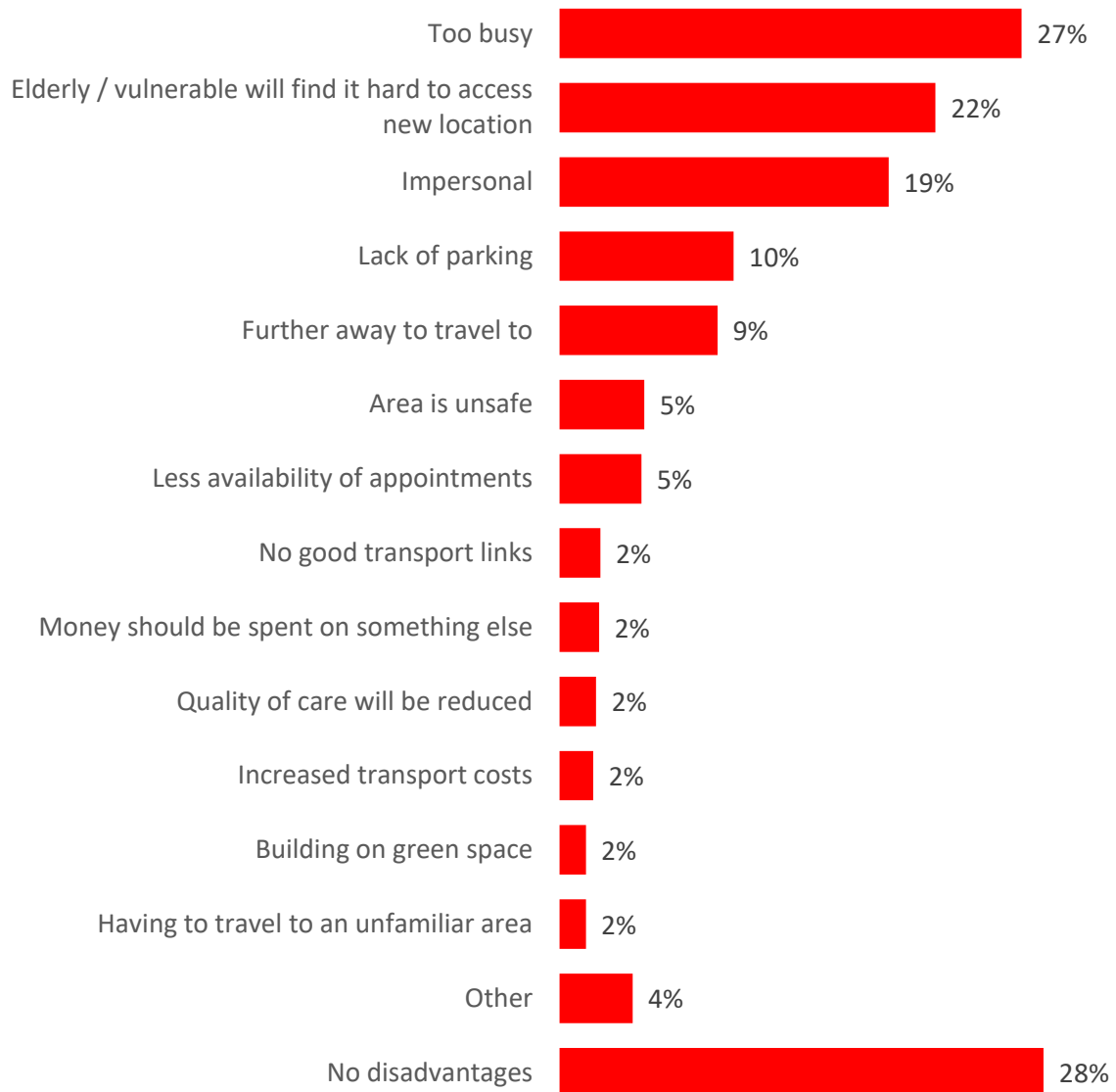
Only around one in ten (11%) could not see any advantages to the proposals.

What are the advantages of these proposals?



Respondents felt the main disadvantages to the proposals were being too busy (27%), access issues for the elderly/vulnerable (22%) and being impersonal (19%). Over a quarter (28%) could not find any disadvantages with the proposals, rising to almost half for under 25s (46%).

What are the disadvantages of these proposals?



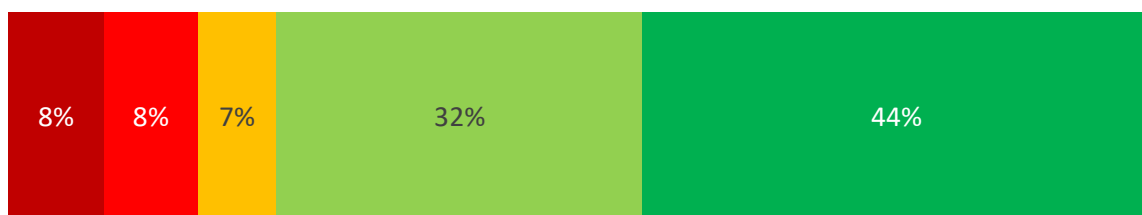
Over three-quarters (77%) think the proposals will have a positive impact on them, rising to 84% amongst those aged 35-54.

Only around one in six respondents (16%) think they will be negatively impacted by the proposals, although this rises to one in five amongst those with a disability (20%) or aged 65+ (19%). No significant differences in impact were observed between the two main surgeries in this network: Page Hall and Upwell Street.

What impact will these proposals have on you?

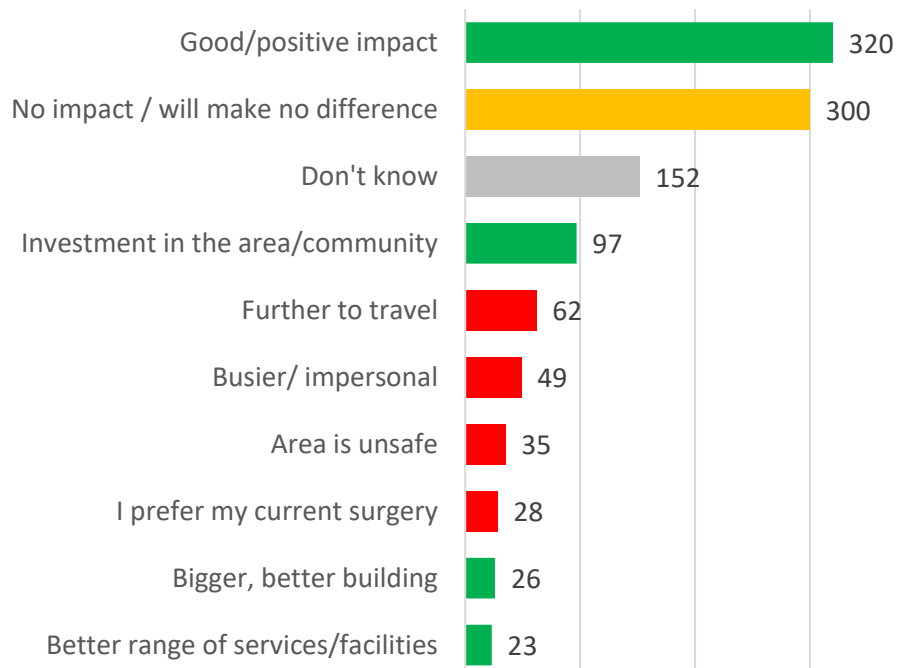
On a scale of 1-10, where 1 = positive and 10 = negative

■ Very negative (9-10)
 ■ Somewhat negative (6-8)
 ■ Neutral (5)
 ■ Somewhat positive (3-4)
 ■ Very positive (1-2)



Respondents were asked to explain the impact the proposal may have on them or their families; verbatim comments were grouped into key themes:

What impact do these proposals have on you or your family? (Top 10)



More than a quarter revealed they felt the proposals would have a positive impact in general (28%, 320 respondents); a quarter reported they expected no negative impact or that the proposals would make no difference (26%, 300 respondents). Just over a tenth (13%, 152 respondents) were unsure what impact the new health centre would have on them. Generally, younger people were more likely to say they were unsure of the impact of the proposal.

"I disagree with my wife (surveyed separately)! I think this is a good idea, I think it will be better, less crowded, better parking and a better experience all together."

"Just better. Good idea. NHS spending money in the right way, for once, instead of high salaried management."

"This will be beneficial as I've been with this doctors since 1998 and it's in need of an upgrade."

"Very good and positive impact on local health service."

"Shouldn't have any problem, almost the same distance for me. As long as I am seeing my own GP."

"No problem at all, same distance from my house and will have the same staff."

Other positive impacts cited by respondents included investment in the area or community (8%, 97 respondents), the advantage of a better, bigger building (2%, 26 respondents) and a better range of facilities (2%, 23 respondents).

"I think the new proposals, with better facilities and quirker of care, are extremely beneficial for us all and give us hope for better health and care. Over the past two years I stopped calling my local medical centre and stopped having hope of being helped."

"Good for me and the community, it will create more jobs in the area."

"No problem, actually it's a good investment for the community."

"Good investment in the area, it'll be good for us."

"It is the same distance to both surgeries. But will be bigger and better."

"This area does need this kind of investment."

Respondents also highlighted some negative impacts the proposals may bring, stating that it would be further to travel to the centre (5%, 62 respondents). Disabled residents were more likely to mention this than non-disabled residents (7% vs 3%, respectively). Others felt the building itself may be busier or more impersonal than their current surgery (4%, 49 respondents) and that the area surrounding the new health centre is deemed unsafe (3%, 35 respondents). A small percentage revealed they would prefer to stay at their current surgery.

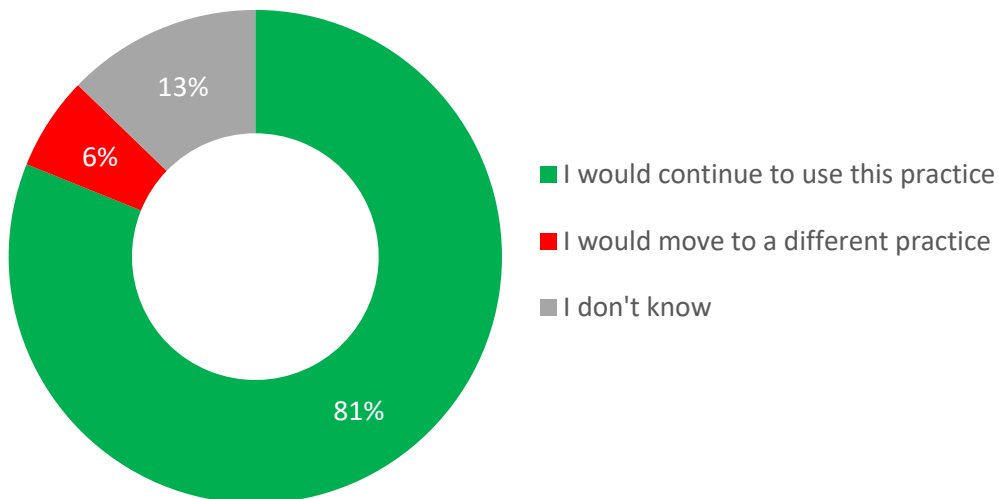
“I only visit my GP on foot, this proposal will move the practice further away from me. The other practices involved in the merge have lower patient satisfaction scores and longer wait times. Therefore, the merge can only have a negative impact on the health care I currently receive. I have a complicated health history, including a chronic bowel disease, and I have built a relationship with the doctors at the current practice. The proposal means I will be far less likely to see the same GP and instead will see doctors unfamiliar with me personally.”

“I will probably have to try to change my GP, which I am reluctant to do as I have been with the practice for over 20 years and know the staff and they know me. But the proposed area is not one I would consider safe due to the crime rate etc and I would certainly not want to be around there in the dark. There is no bus service to get there so I will have to get taxis there and back which is an extra expense in difficult financial times.”

“I have a chronic illness and frequently visit my GP. I am currently able to communicate with the same GP and surgery staff. I also don't drive and walk to the GP. The proposal will move it further away and will reduce the continuity of care I currently receive. I see NO advantage to me in this proposal.”

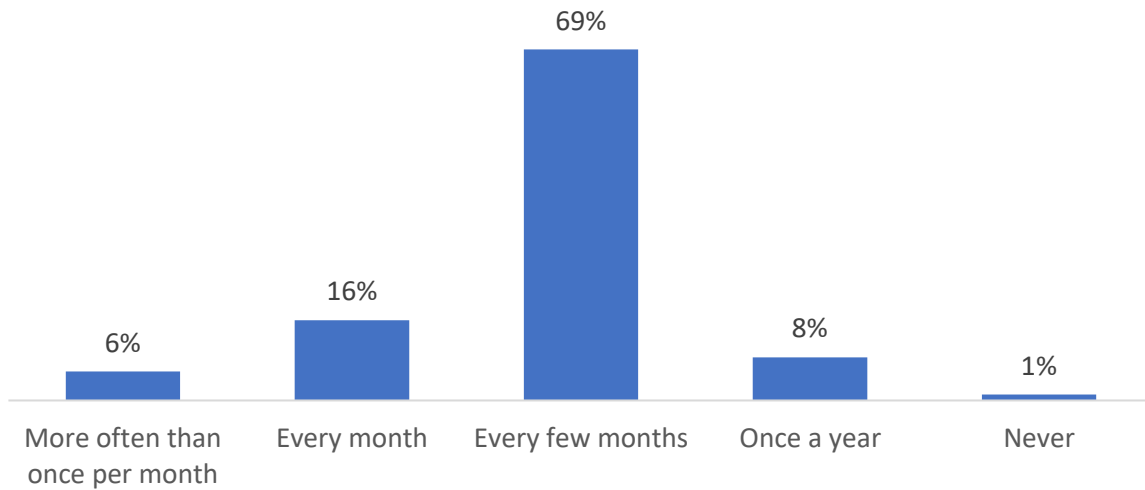
Over eight in ten respondents (81%) say they would continue to use the practice if the proposals went ahead, with only a minority (6%) saying they would move to a different practice.

If the proposals went ahead, would you continue to use your practice, or would you move practice?



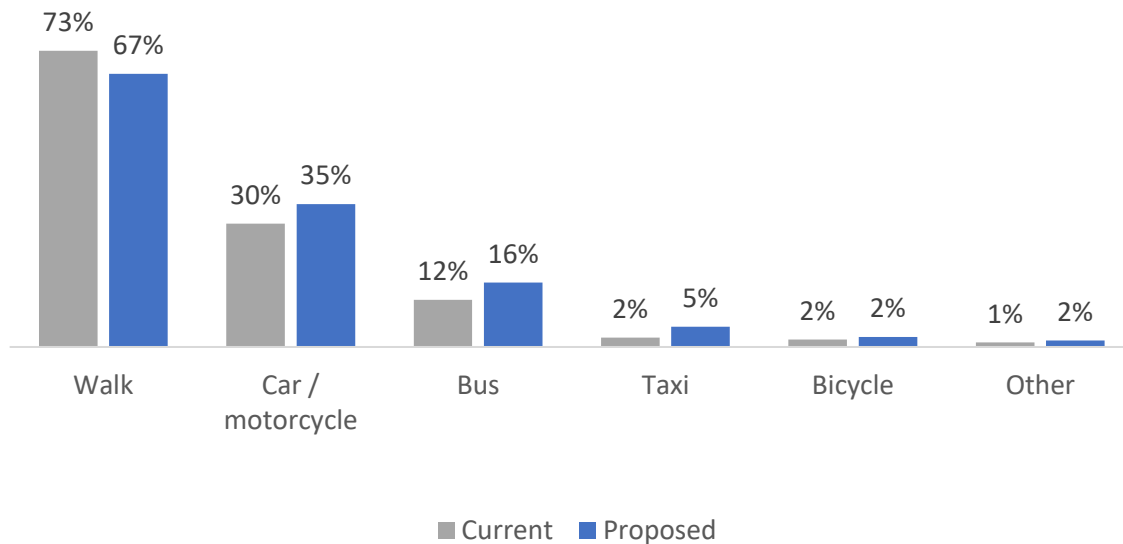
The most frequent visits to the GP Practice was once every few months (69%). Frequency of visitation was higher for more vulnerable groups. Many of those aged 65+ (39%) or with a disability (31%) visit their GP Practice at least every month – compared to an average of 22%.

On average, how often do you visit your GP Practice?



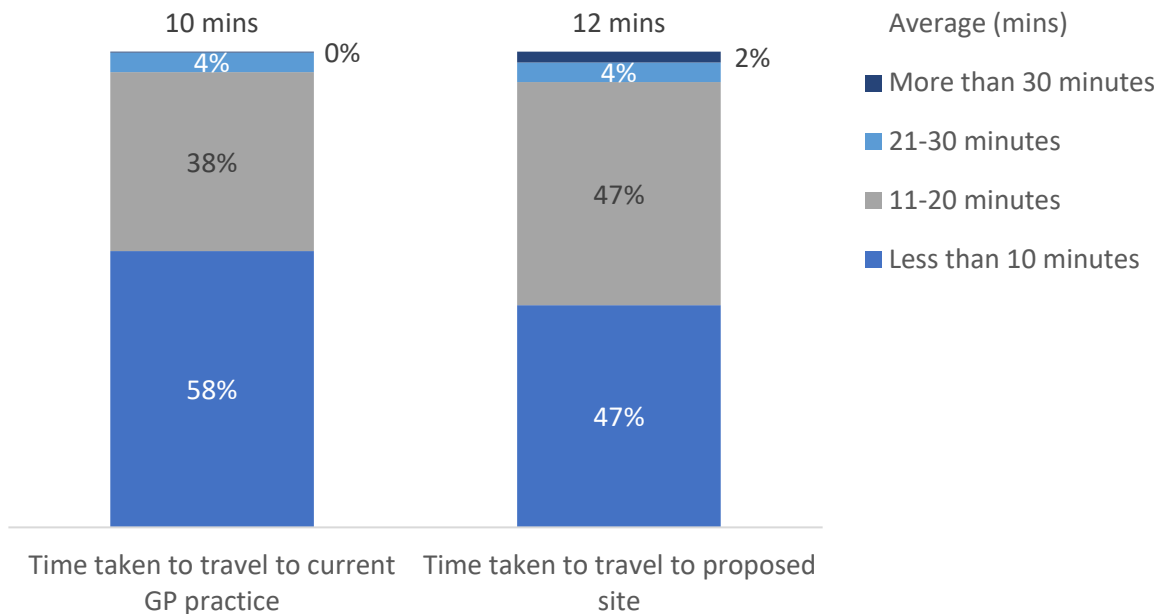
Although the majority of respondents say they will continue to walk to the proposed site (67%), this is significantly lower than the proportion who currently walk to their GP Practice (73%). This will be replaced by a higher proportion travelling by car / motorcycle (+5%), bus (+4%) or taxi (+3%).

Travel mode comparison between current GP and proposed site:



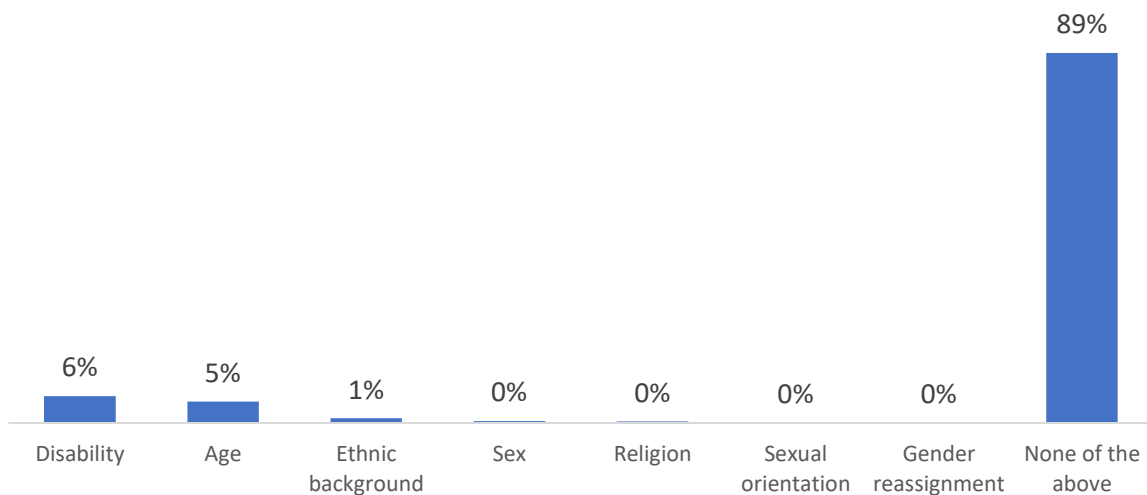
The travel time from home to the proposed site is significantly higher than the travel time to the current GP Practice. Currently it takes an average of 10 minutes to travel to the GP Practice, which increases to 12 minutes for the proposed site. Presently almost six in ten respondents (58%) live within 10 minutes of their GP Practice. Under the proposed site this drops significantly to 47%.

Travel time comparison between current GP and proposed site:

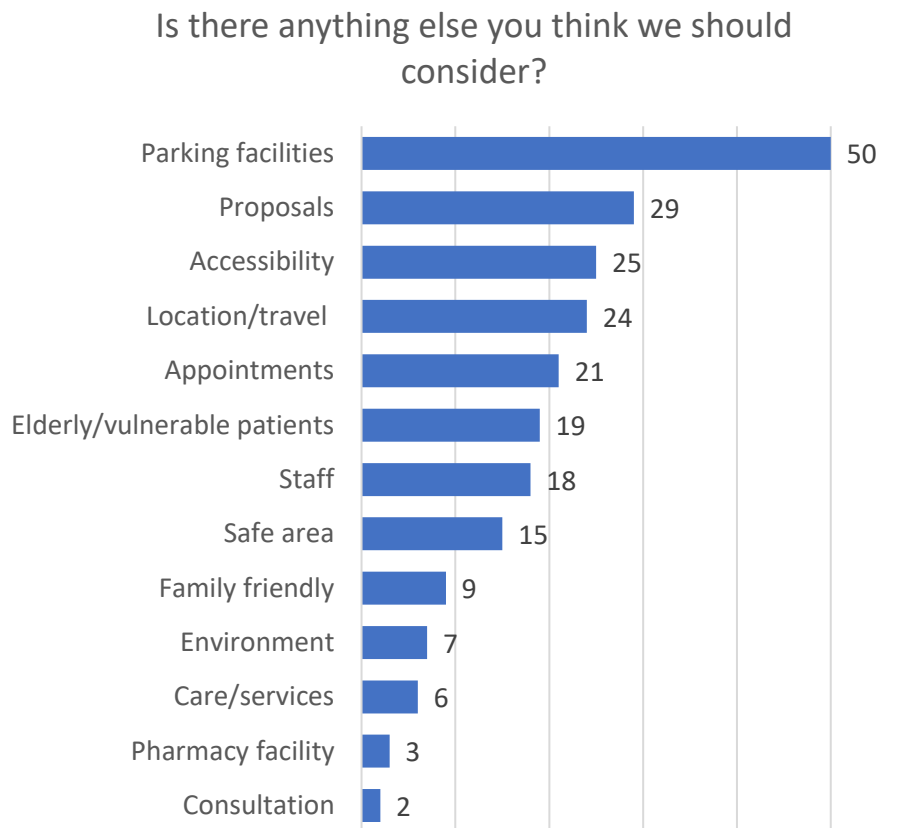


The majority (89%) did not feel the proposals would impact them more than other people. Disability (6%) and age (5%) were the main issues cited by respondents who felt they would be more impacted than others.

Do you feel that these proposals will impact you more than other people because of your...?



Finally, respondents were asked if there was anything else that should be considered in relation to the proposed health centre; verbatim comments were grouped into key themes:



Almost a quarter of those who provided a response raised the importance of parking facilities at the proposed new site (23%, 50 respondents) stating there should be ample bays available for service users:

“It needs to have a proper car park and a big one.”

“Suitable parking to accommodate patients.”

“Enough parking spaces.”

Just over a tenth said they had issues with the proposals (13%, 29 respondents) feeling they should be reconsidered or amended, or that they would have a negative impact on the community:

“Leave the surgeries where they are and spend money on getting more doctors and nurses plus more admin staff to answer the phones.”

“On speaking to many of my neighbours who attend the same practice I don't know of anyone who wishes the proposal to go ahead.”

“Please consider not going ahead with this plan, many local residents share similar concern to mine.”

A tenth mentioned that accessibility to the new health centre should be considered (11%, 25 respondents), with thought given to accessing the building, wheelchair access and cited issues accessing healthcare in a deprived area:

“Easy access for vulnerable people, I accompany my mother-in-law and sometimes it gets difficult with her.”

“For others that also will face difficulties registering with a new surgery or not being informed could be in for a vast shock or may not be able to access the healthcare they need.”

“Easy access to the building Faster appointment system.”

Other aspects respondents wished to draw attention to include the location of the new building (11%, 24 respondents) and the impact that a potential increase in travel time would have on service users, particularly the elderly and those without transport. Respondents also alluded to the requirement of a better appointments system and the availability of appointments (10%, 21 respondents). Other prevalent themes included consideration of elderly and vulnerable patients (9%, 19 respondents), staffing concerns (8%, 18 respondents) and the safety of the area the proposed centre is to be built in (7%, 15 respondents).

“As happy as I am that the location would still be local, the area is really not the best. The health of patients, as well as the staff needs to be considered. I feel like the Page Hall medical should stay where it is and be reconstructed with better facilities.”

“I am thinking about my husband has he cannot do this has he has problem and not been able to walk I think it is unfair to move the doctors and make it harder for people when there is no need for it.”

“The new building will make the area more congested in terms of cars, the building itself won't look appealing as it will be built on area of greenery.”

“Putting your site in an area notorious for street fighting, mugging and an area people are afraid to walk around in is not a good idea.”

“Yes, older people will be more vulnerable are most likely be scared visiting such a rough area.”

Public Meetings Findings

The following public meetings were held with residents and stakeholders affected by the Foundry 2 proposals to build a new health centre on Rushby Street:

Date	Time	Venue	Health Centre	Attendance
15/08/2022	10:30	Greentop Circus Centre	Foundry 2	14
16/08/2022	17:30	Firvale Community Hub	Foundry 2	13
05/09/2022	16:30	Firvale Community Hub	Foundry 2	9
03/10/2022	18:30	Grimesthorpe Family Centre	Foundry 2	30

A total of 66 residents attended the meetings to ask questions about the proposed new health centre and speak to stakeholders about their concerns. The predominant themes of conversations within the meetings concerned clarification of the proposal, the location of the proposed health centre, the design of the building, transport links and services.

Attendees were eager to understand what considerations had been given to the project:

“What happens if Rushby Street isn’t suitable? The environmental land survey is today.”

“I’ve been going to Upwell since the old building, say want more room, there half the rooms are empty.”

“Was the space behind Rushby Street considered?”

“It sounds like there is still a degree of sorting out between the NHS and GP surgeries that needs to happen. Just want to check that the public won’t be any worse off if this goes ahead?”

There was some concern amongst attendees about the location of the new health centre, especially regarding patient safety when travelling to and from the new health centre:

“Why have you picked areas so dangerous at night?”

“This area is horrendous.”

“There was a riot there last night. It’s very frightening.”

“People don’t feel safe in this area. It is real fear. Why are we putting a brand-new building in an area where people fear crime?”

Some patients in the wider consultation alluded to safety concerns regarding the Rushby Street proposal - it is clear this aspect will need to be considered by the ICB.

Residents also posed questions concerning the new health centre building in terms of design, construction and the existing buildings that service users receive care in:

“Will it be built to a size that could accommodate other surgeries in the future or will it just fit two?”

“Where will the entrance be?”

“Have you got any idea of what the building will look like? Will it be an eyesore in the middle?”

“What about when you’re building it – will there be lots of disruption?”

“What happens to the current buildings?”

There were also fears expressed concerning the environmental impact of building a new health centre on the Rushby Street site, especially the loss of green space and trees:

“I like that it’s green belt space. You’re going to dig it all out and all those trees.”

“What are you going to do with all that? That one mature tree, will it stay?”

“It’s one of the last green spaces we have. I think there’s a much better site behind the GP surgery.”

“Worry about losing an open space.”

As with all the proposals, the theme of travel and transport was discussed at the meetings with service users highlighting potential issues with getting to and from the new centre. Concerns around public transport, parking and traffic were all mentioned:

“I find the traffic a real problem around here. There’s schools and gyms and a community centre and a nursery & families have lots of cars – there’s so much traffic. If you’re coming to a GP surgery, you’re not worried about the people who live here are you when you’re looking where to park your car?”

“The 18 bus comes down here, but only every hour.”

“Has there been any agreement about public transport?”

Residents who attended the Firvale Community Hub groups cited concerns about the provision of a chemist next to the surgery, which they currently have access to.

Residents also wanted to know understand the money involved in the project and how it would be allocated to health provision:

“We all know that the council have got no money. I heard it’ll be council owned – what about if there’s a recession and they need to make more cuts – what happens then? What guarantees are there for us that in 18 months they won’t want their money back?”

“Some practices are now just doing extensions. Are they getting the money to do this form this fund?”

“Is the NHS responsible for revenue streams once it is built?”

“Savings that are coming out of this – will that go back into to GP surgeries, so they have additional funds?”

Attendees addressed worries about accessing healthcare at the new centre, some of which were being experienced at their existing surgery:

“Need a better telephone system – wait 40 mins and get cut off.”

“I have to wait 6-8 weeks to get an appointment. On the phone from 8am, wait in line, by the time you get through there’s no appointments. I’m sick and tired of Page Hall Medical Centre. Ever since Covid they’ve used it as an excuse to not see you. They say they will call you back, but they never do. We’ve got the same problem with dentists.”

“People want quicker, easier appointments. Space is mentioned ten times in the consultation document, but the bit after, getting more people/doctors, needs to be part of this now.”

“Will it be harder to register with a GP?”

Other themes of discussion included how the new centre will be staffed, given a shortage of health professionals in the area and that further consultation with residents may be needed to provide answers to service users’ questions and the benefits of the new centre.

Community Feedback

Both Fir Vale Community Hub and SOAR have hosted telephone lines to have one to one conversations with people wanting to know more information and feedback.

The main themes amongst the feedback highlighted concerns about accessing appointments and issues experienced with current provision:

“You still won't be able to get an appointment if they are moving it exactly like it is. It will be a waste of money.”

“I understand about the other services they want to put in the new building but if you can't get to see your Dr, how can you get referred to the other services? It needs more Drs and I hope it works because you can't get to see one now.”

“How will it change for the better. They don't pick up the phone now and sometimes I wait for an hour to get through.”

“I could be dying and can't get an appointment.”

There were also some concerns about the location of the new centre:

“They want to build it in front of where I live. I'm concerned it will cause lots more traffic and congestion and it's already really busy there.”

“Very concerned about how safe it is around Rushby St, particularly when it gets darker for evening appointments. It's further than the current surgery location and some are in their 80's with mobility issues which will make it more difficult to get to Rushby St. There's no bus that will get them there. The agreed consensus was that it was a done deal already and having their say won't make a difference.”

SAPA 1 - Concord Sports Centre

1,165 respondents completed a survey and provided their views on the SAPA 1 proposal. The breakdown of respondents by practice and ethnicity are as follows:

Practice	Number	Percentage
Foundry 1 - Burngreave Surgery	13	1%
Foundry 1 - Cornerstone Building	1	0%
Foundry 1 - Herries Road Surgery	18	2%
Foundry 1 - Sheffield Medical Centre	3	0%
Foundry 1 - Melrose Surgery	15	1%
Foundry 2 - Page Hall Medical Centre	23	2%
Foundry 2 - Upwell Street Surgery	10	1%
SAPA 1 - Firth Park Surgery	308	26%
SAPA 1 - Shiregreen Medical Centre	320	27%
SAPA 2 - Buchanan Road Surgery	38	3%
SAPA 2 - Margetson Surgery	10	1%
SAPA 2 - The Health Care Surgery	7	1%
None of the above	389	33%
I am not registered with a GP	10	1%

Ethnicity	Number	Percentage
Asian, or Asian British - Chinese	5	0%
Asian, or Asian British - Indian	13	1%
Asian, or Asian British - Pakistani	57	5%
Asian, or Asian British - Other Asian background	13	1%
Black, or Black British - African	13	1%
Black, or Black British - Caribbean	18	2%
Black, or Black British - Other Black background	8	1%
Mixed / multiple ethnic group - Asian and White	8	1%
Mixed / multiple ethnic group - Black African and White	9	1%
Mixed / multiple ethnic group - Other Mixed / multiple ethnic background	9	1%
White - British	918	79%
White - Gypsy / Traveller	5	0%
White - Other White background	27	2%
Other - Arab	4	0%
Other	7	1%
Prefer not to say	46	4%

Age	Number	Percentage
16-24	128	11%
25-34	162	14%
35-44	159	14%
45-54	171	15%
55-64	221	20%
65+	282	25%

Gender	Number	Percentage
Male	491	42%
Female	662	57%
Other	0	0%
Prefer not to say	8	1%

Disability	Number	Percentage
Yes	469	41%
No	611	53%
Don't wish to say	78	7%

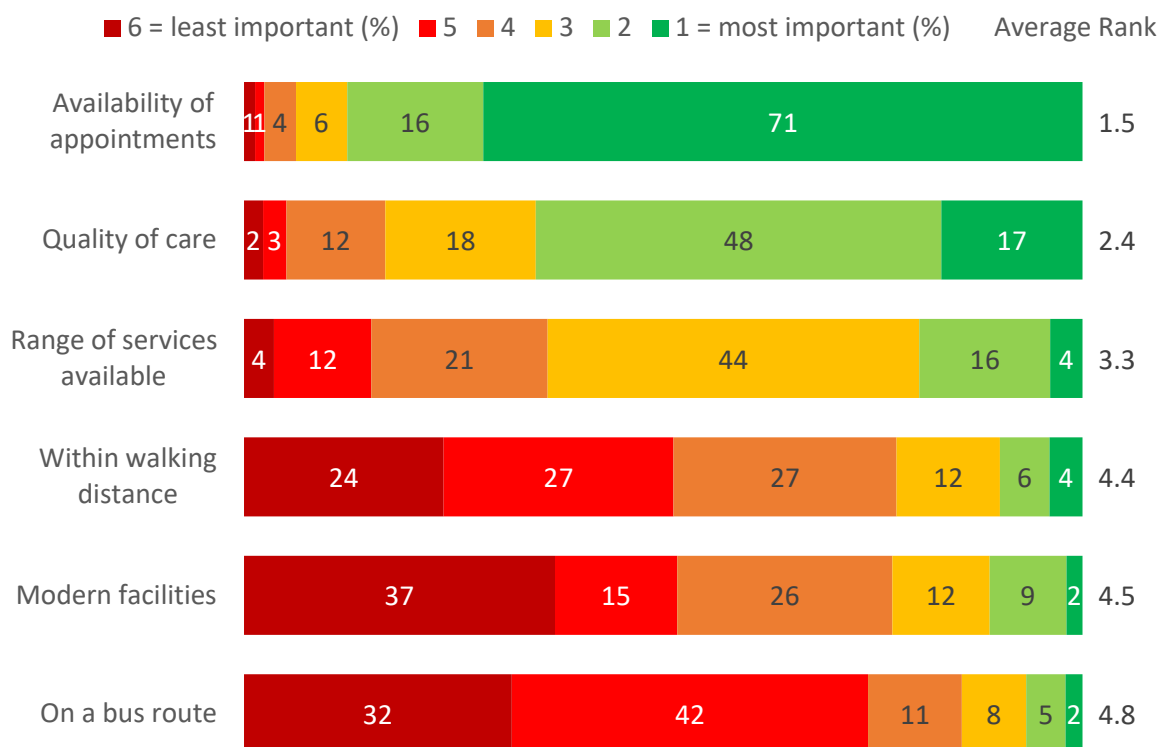
Sexuality	Number	Percentage
Heterosexual	1,056	92%
Homosexual	26	2%
Bisexual	17	1%
Other	5	0%
Prefer not to say	45	4%

Main Findings

Respondents were first asked to rank how important each of the following items was in terms of their GP Practice.

Availability of appointments was ranked the most important, with the majority (71%) ranking it as their most important item. This was followed by quality of care with an average ranking of 2.4 and range of services (3.3). Being within walking distance and modern facilities received similar importance rankings. Being on a bus route was least important, with almost three-quarters (74%) ranking it fifth or sixth.

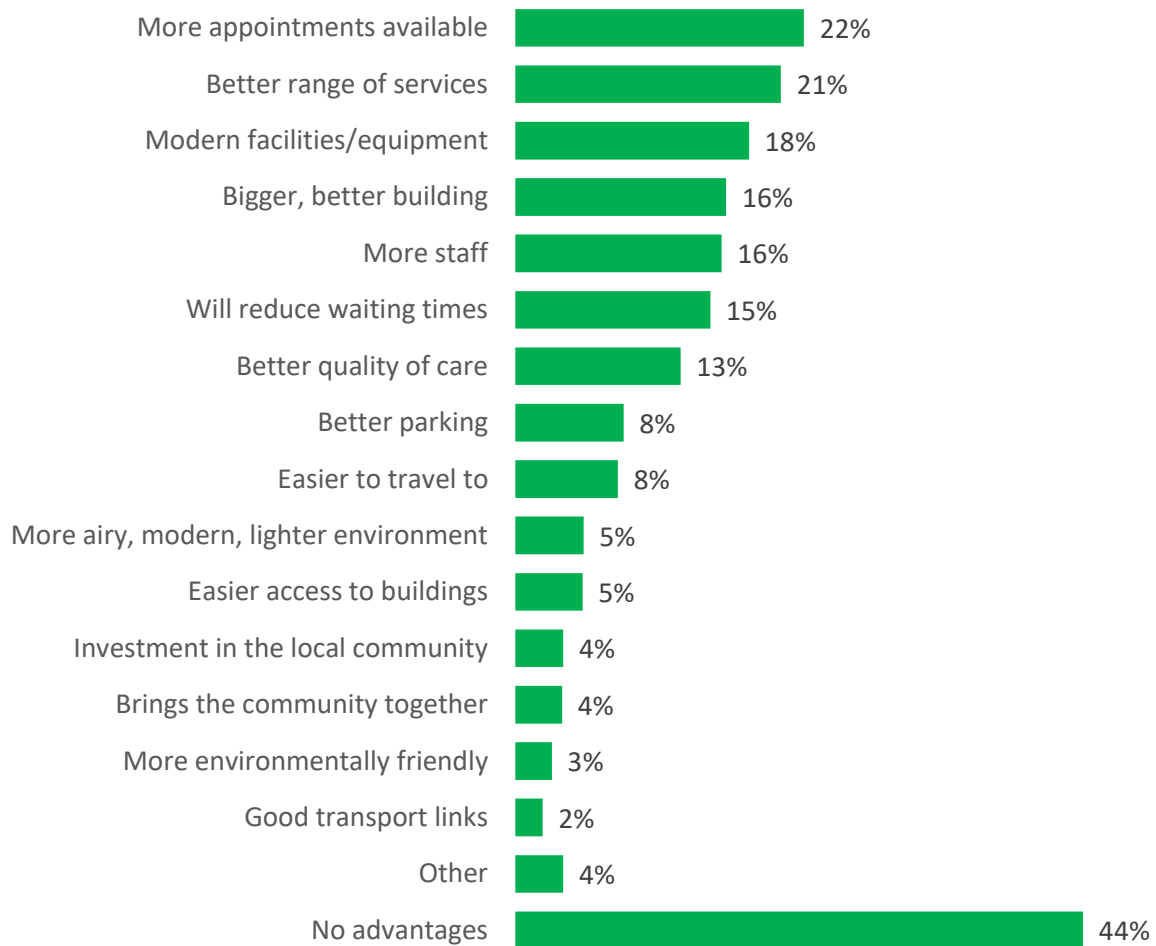
In terms of your GP Practice, please rank each item below in order of how important they are to you



The main advantages to the proposals were seen as more appointments (22%), better range of services (21%) and modern facilities/equipment (18%). Around one in six also cited a bigger, better building (16%) and more staff (16%).

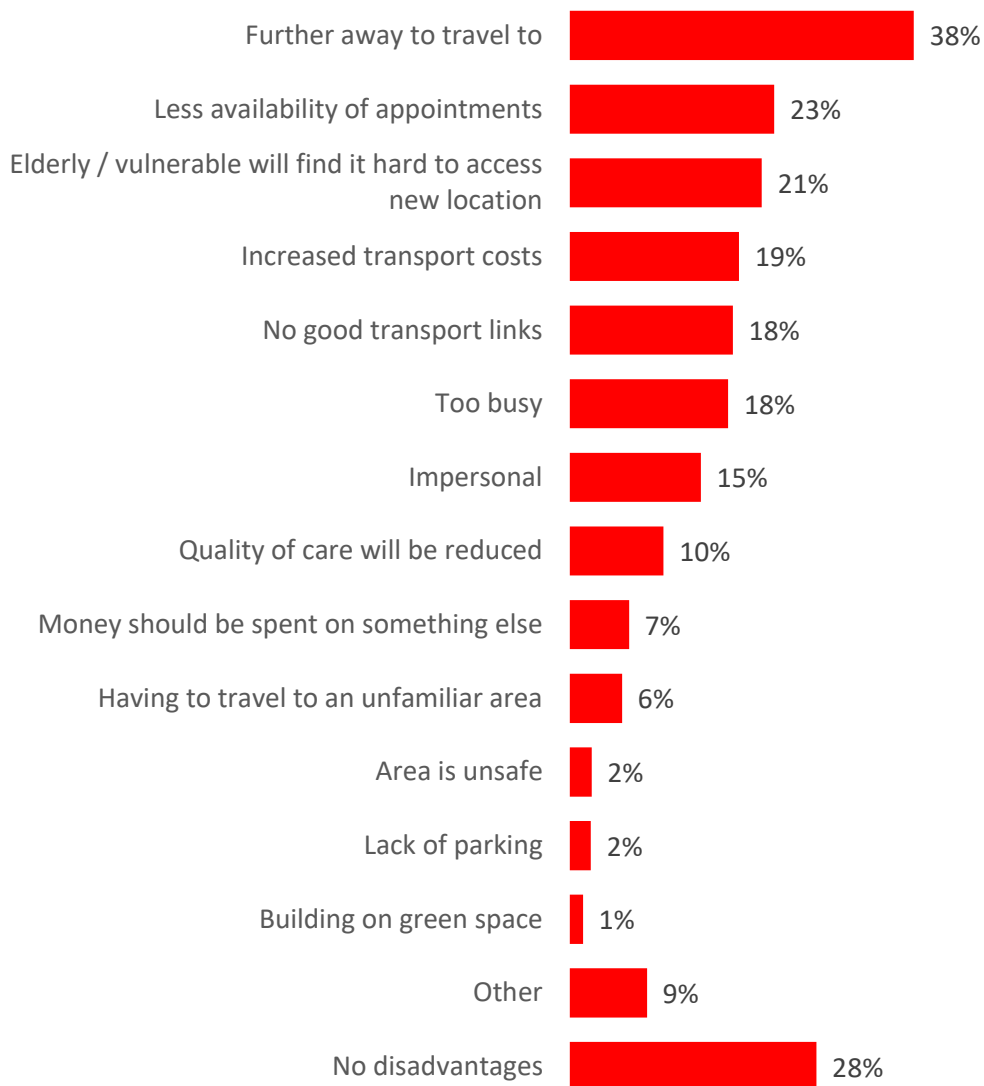
Almost half (44%) felt there were no advantages to the proposals, especially those aged 65+ (56%).

What are the advantages of these proposals?



Many respondents (38%) felt the main disadvantage to the proposals was travel distance. Over a fifth also cited availability of appointments (23%) or issues for the elderly/vulnerable (21%). Although almost three in ten (28%) could not find any disadvantages with the proposals, rising to 40% amongst under 25s.

What are the disadvantages of these proposals?



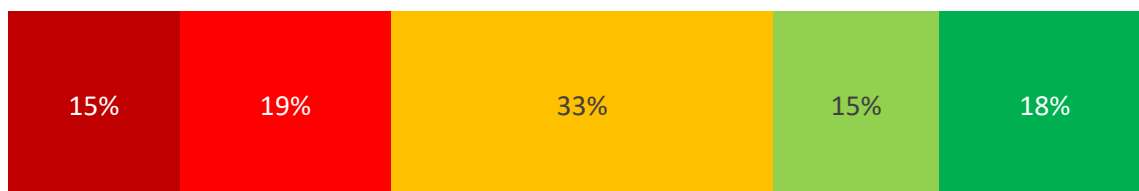
A third (33%) think the proposals will have a positive impact on them. These are more likely to be ethnic minorities (41%) and those aged under 35 (40%).

A further third (34%) think they will be negatively impacted by the proposals, rising to 42% for those aged 65+. No significant differences in impact were reported between the two main surgeries in the network: Firth Park and Shiregreen.

What impact will these proposals have on you?

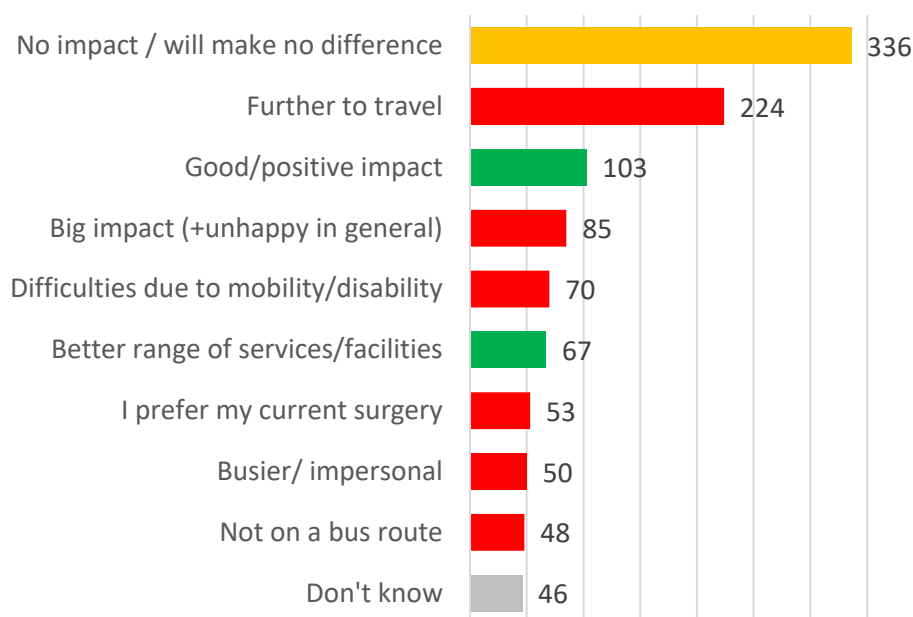
On a scale of 1-10, where 1 = positive and 10 = negative

■ Very negative (9-10)
 ■ Somewhat negative (6-8)
 ■ Neutral (5)
 ■ Somewhat positive (3-4)
 ■ Very positive (1-2)



Respondents were asked to explain the impact the proposal may have on them or their families; verbatim comments were grouped into key themes:

What impact do these proposals have on you or your family?



Almost a third say the proposals to build a new health centre at the Concord Sports Centre would have no impact (30%, 336 respondents).

“I don’t think this will have much impact on me and my family as it’s around about the same distance to travel to, progress is a good thing, but the elderly might find the changes disruptive, and it might be even harder to get an appointment.”

“Won’t really have an impact as it’s still an easy location to get to for myself, it’s just if the Increase in availability of appointments will actually happen.”

“I don’t use the surgery very much so won’t impact me much, I’m happy to travel to a GP if it makes things better and easier for all involved.”

However, a fifth (20%, 224 respondents) say it would impact on travel time to and from the centre. Almost a third of disabled residents mentioned distance as an impact compared to non-disabled respondents (29% vs 13%).

“This would be really bad for me, too far away and out in the middle of nowhere. Where my surgery is at the moment is really convenient for me and my children, school is close so I can take them quickly and bring them back, moving to Concord would mean they’d need to spend more time outside of school.”

“This will have a bad impact on me, it’s too far to travel to, uphill, if it snows how do we get there? There are no public transport links, how will the elderly cope with a thirty-minute walk up hill?”

“Further away from home. Not on a bus route. Difficult to get there in winter - icy. Need a taxi - costs involved. What parking would be available.”

Regarding the positive effects of the proposals on service users, a tenth felt the new health centre would have a positive impact in general (9%, 103 respondents) with younger people more likely to envisage a positive impact. Others felt there would be a better range of service and facilities on offer (6%, 67 respondents).

“After weighing up the advantages and disadvantages the advantages outweigh the disadvantages. The only thing that concerns is travelling to the new premises where I’m not sure they are etc.”

“A welcome reassurance that public health and wellbeing are an ongoing consideration of agencies entrusted to promote the improvement of provision. Forecast already exceeds expectations.”

“I think this will be better overall. I’m a wheelchair user and even though the new location will be further away, I’d imagine it will be more easily accessible by wheelchair.”

“Seen something about this change and had text messages regarding it, I see it as a positive move. If it has a range of services under one roof and more staff then it will be less waiting times for hospitals.”

“I have five children and so the extra services and more appointments will make a huge difference.”

Aside from having to travel further, almost a tenth viewed the proposal as having a negative impact, generally (8%, 85 respondents). Others mentioned difficulties due to limited mobility (6%, 70 respondents), they would prefer to stay with their current surgery (5%, 53 respondents) and a larger centre could be busier or more impersonal than current facilities (4%, 50 respondents). A further 4% raised the fact that the centre is not on a bus route (48 respondents).

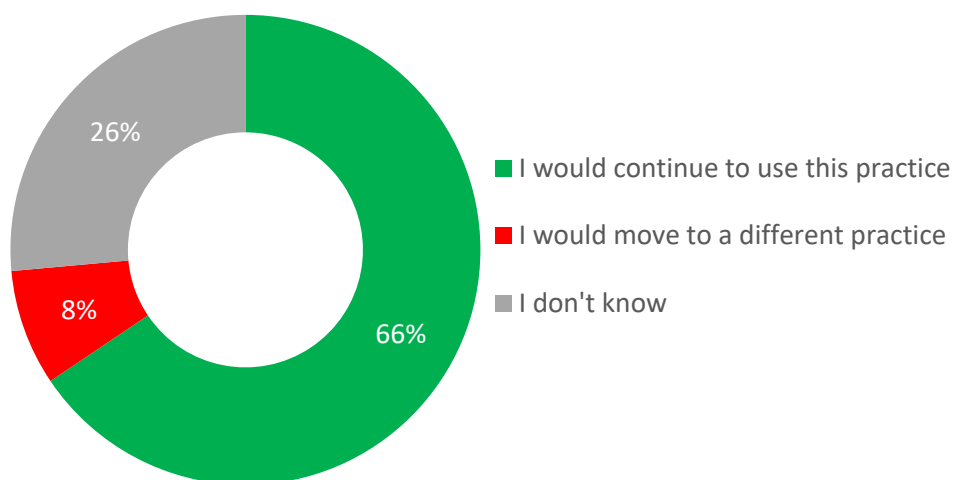
“This would be inconvenient for me and my family as my father has a pulmonary heart murmur, diabetes and high blood pressure so needs to visit the GP regularly and it needs to be within close proximity. My mum is also a nurse and gets her supplies from the practitioners before work. If it were to move, it would be very, very inconvenient for us.”

“Extremely negative. This will affect my mental health severely. I have spent years making a relationship with doctors who know me to then have to start again.”

“I have heart problems and at the moment my wife drives me to my surgery but if she were incapacitated in any way then it would be impossible for me to get to the new location.”

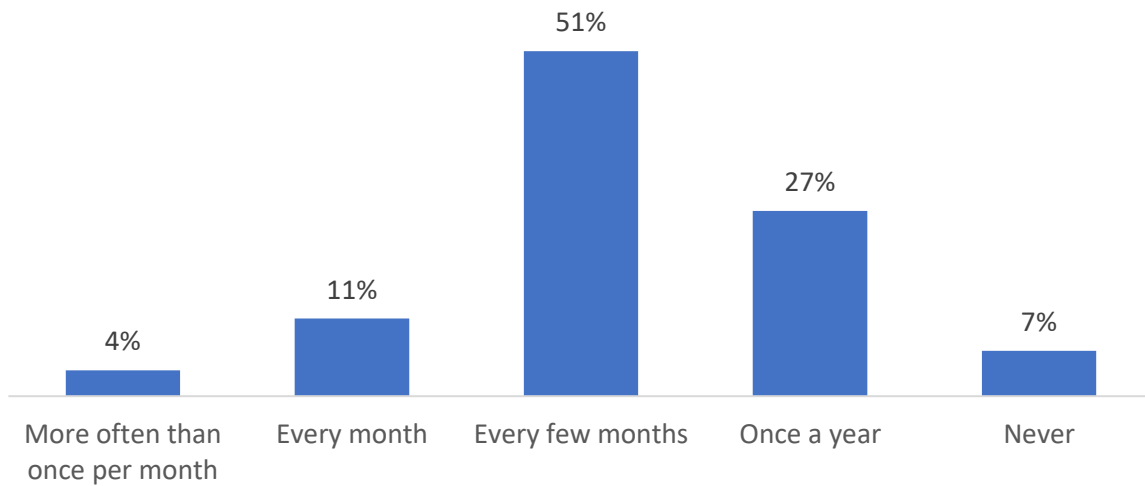
Two-thirds (66%) say they would continue to use the practice if the proposals went ahead, with less than one in ten (8%) saying they would move to a different practice.

If the proposals went ahead, would you continue to use your practice, or would you move practice?



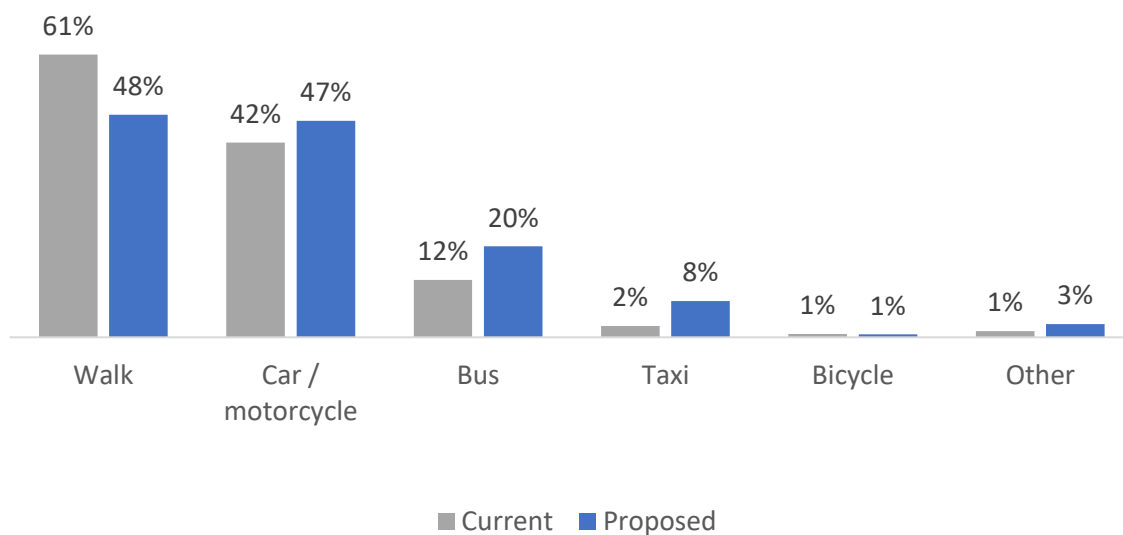
The most likely frequency to visit the GP Practice was once every few months (51%). Frequency of visitation was higher for more vulnerable groups. The majority of those with a disability (80%) or aged 65+ (75%) visit their GP Practice at least every few months – compared to an average of 66%.

On average, how often do you visit your GP Practice?



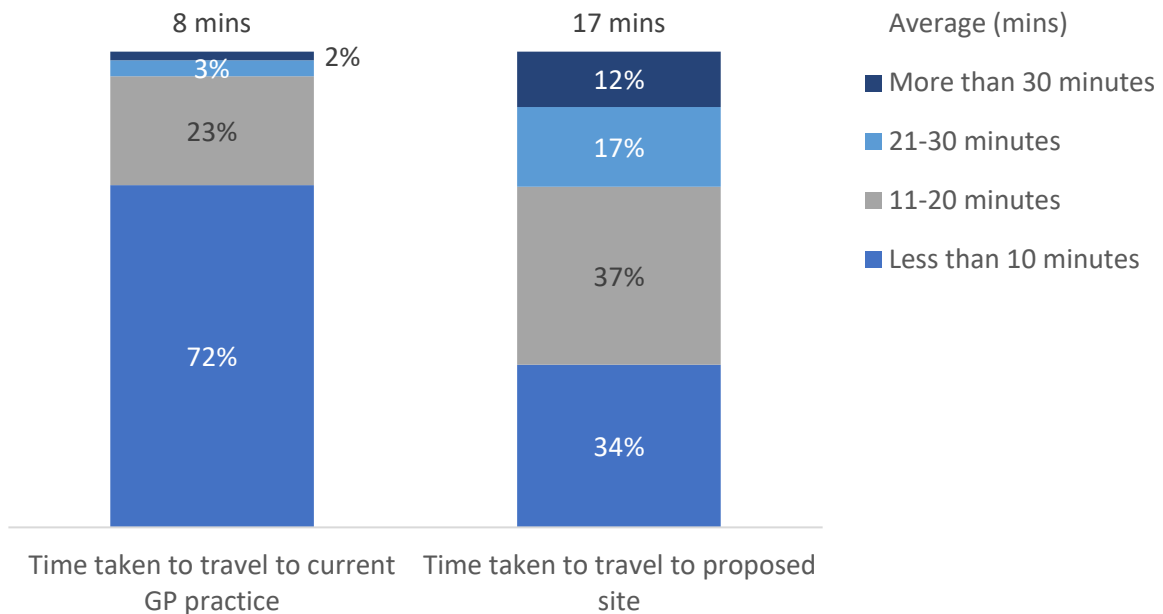
The proportion of respondents who currently walk to their GP Practice (61%) will reduce significantly under the proposed site (48%). There is some indication that cars/motorcycles (+5%), buses (+8%) and taxis (+6%) will be used more frequently at the proposed site.

Travel mode comparison between current GP and proposed site:



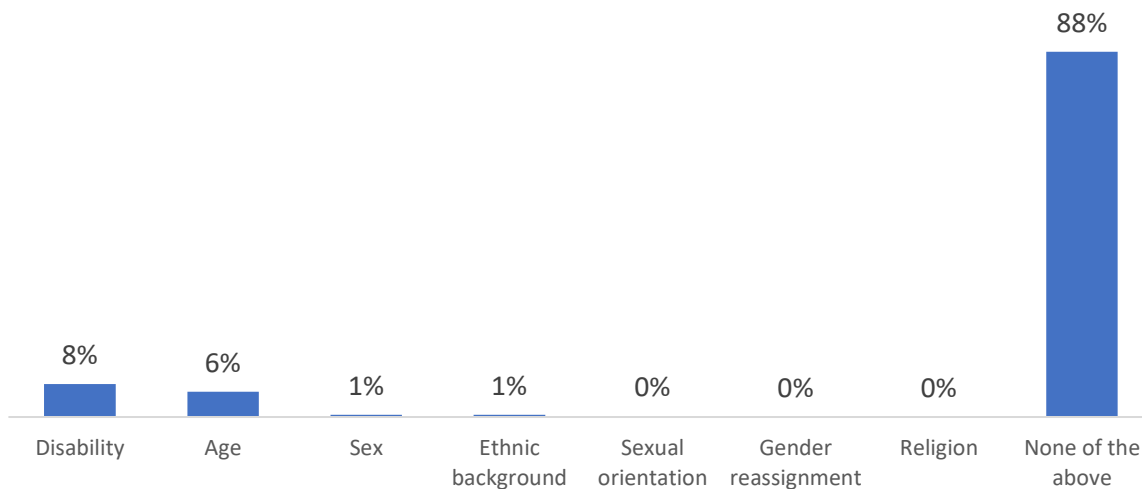
The travel time from home to the proposed site is more than double the current travelling time. At the moment it takes respondents an average of 8 mins to travel to their GP Practice. This rises to 17 mins for the proposed site. Presently, over seven in ten respondents (72%) live within 10 minutes of their GP Practice. Under the proposed site this drops significantly to 34%.

Travel time comparison between current GP and proposed site:

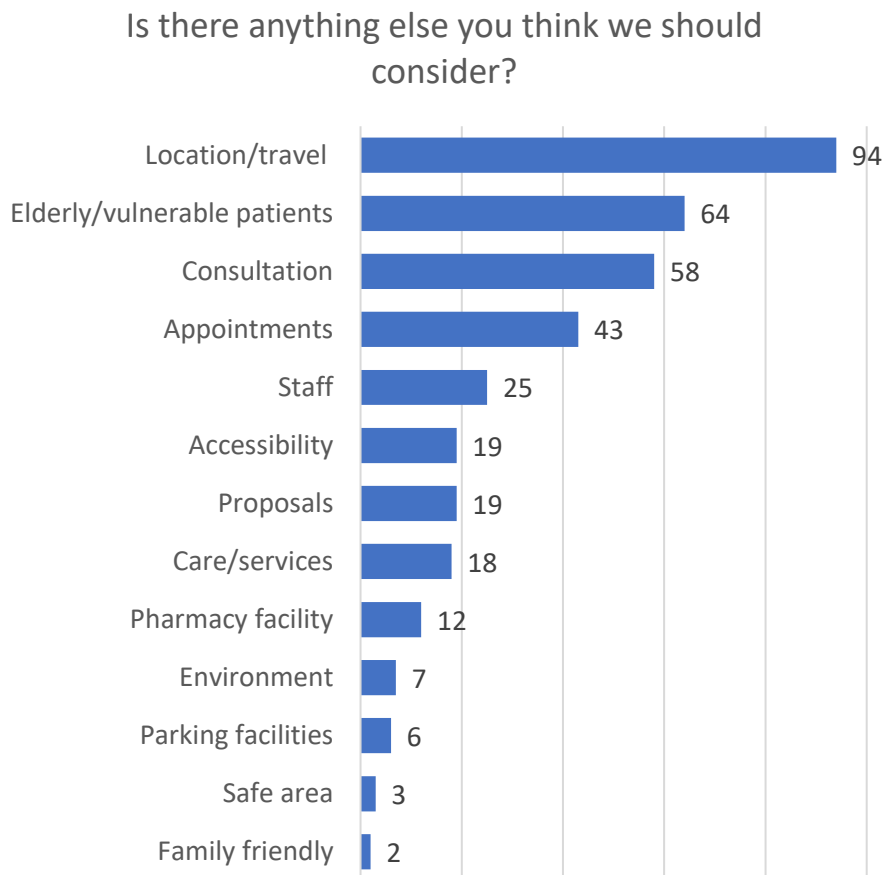


The majority (88%) did not feel the proposals would impact them more than other people. Disability (8%) and age (6%) were the main issues cited by respondents who felt they would be more impacted than others.

Do you feel that these proposals will impact you more than other people because of your...?



Finally, respondents were asked if there was anything else that should be considered in relation to the proposed health centre; verbatim comments were grouped into key themes:



The main consideration that people responding to the SAPA 1 proposals was the location of the new health centre (26%, 94 respondents). Respondents mentioned the need for adequate public transport provision, and that increased distances may affect older people, disproportionately:

“No transport, no links, not thinking about disabled and elderly.”

“Ensuring that there’s bus routes direct as I currently have that issue with my own GP.”

“Just transport, elderly people and it may be too far to travel.”

Furthermore, respondents also drew attention to the impact on elderly and vulnerable patients (18%, 64 respondents) which should be considered:

“What about old people who won't understand this change or can't get to the new surgeries.”

“What about the elderly, I think they will find it very hard to accept this. They will have been using the same practice for years.”

“I think this will be a bad move I am talking for the elder generation rather than myself having worked in the community and speaking to the more vulnerable service users.”

Others questioned the reach of the consultation and whether people had been informed about the plans or included in the discussions (16%, 58 respondents):

“They should have more contact with the patients, actual see people not online services, listen to the patients as well.”

“The people that are at the surgery, more research into what they want, the older generation will not want change”

“They should have more contact with the patients, actual see people not online services, listen to the patients as well.”

Respondents also stated there were other considerations that should be factored into the proposals such as the availability of appointments (12%, 43 respondents), staffing considerations at the new buildings (7%, 25 respondents) and accessibility to the new health centre (5%, 19 respondents).

“Most people in Firth Park are on low incomes and having to get on a bus is expensive for them. People cannot walk far when they are ill and elderly people are less likely to seek medical help if it not here in Firth Park. Currently it is central and near the pharmacist which us useful for people.”

“Accessibility has got to come first! There is no point in moving to admittedly more spacious premises if (as seems very likely) there is no increase in the availability of appointments. All that will happen is that patients will find it more difficult to get to the surgery.”

“Some patients will have difficulties getting to surgeries. They have mobility issues and domiciliary visits should be available. Communicating better if phone appointments don't just ring once keep trying people may not reach the phone quickly enough.”

“The current surgery is fit for purpose, it's the ability to book an appointment that causes all issues. Moving to a new location does not guarantee more availability or an easier booking system, just more difficulty.”

“GP appointments need to be more available receptionists need to be more helpful, stop trying to act like they are medically trained and understand when an appointment is needed.”

Public Meetings Findings

The following public meetings were held with residents and stakeholders affected by the SAPA 1 proposals to build a new health centre at the Concord Sports Centre:

Date	Time	Venue	Health Centre	Attendance
19/08/2022	11:30	Firth Park Methodist Centre	SAPA 1	25
26/08/2022	12:00	Shiregreen Community Centre	SAPA 1	14
06/09/2022	18:30	Firth Park Methodist Centre	SAPA 1	24

Altogether, 63 residents attended across three meetings in the network to share their thoughts, feelings and concerns about the proposal to build a new health centre. The main themes discussed across the meetings were as follows: general thoughts on the proposal; transport and travel issues; services that would be available as part of the offer and continued access to healthcare in the network.

Residents questioned the scope of the project and what it would mean for surgeries and other projects in Sheffield:

“If Elm and Dunninc close, you’ll get their doctors. Is there room for these patients (at the new centre)?”

“Have plans been drawn up already? Because there were going to be 5 practices and now it is only 2 so how does that change the plans?”

“The city centre hub – is that going to be affected by surgeries in the north-east?”

“Could surgeries that have said that they don’t want to be involved change their mind and go into the hub?”

“What name will the new hub have?”

It was noted that strong support was expressed towards the proposal by some attendees, however, travel and distance concerns were repeatedly mentioned.

Residents were interested in understanding what considerations had been given to transport links and travelling during the design of the proposal, citing concern about public transport, traffic and parking:

“What about bus services to the new practice?”

“Transport is very important because these areas have a lot of people with limited mobility.”

“Let’s get to the nub of it. There is no bus route. The 32 has stopped after you started this consultation.”

“How many disabled parking spaces are at Concord?”

“I don’t think shared car parking will work.”

“Have you ever actually tried to divert a bus route?”

There was also some disagreement from residents about whether the travel figures given were accurate.

Across the meetings, discussions were had regarding services at the new health centre, what services would be available, if they could be sustained and if there would be the provision of a chemist at the site:

“Extra services potentially on offer at the new hubs are already overstretched – how will new buildings help?”

“Main concern is moving to a bigger building; we want better services.”

“Will you move the chemist? Chemists around here need replacing.”

“You’re going to have 15k people in one building. Why no pharmacy?”

“Will the new facilities include x-rays?”

“Will there be a community pharmacy in the building?”

Access to healthcare was prevalent amongst discussions and poor experiences were raised within the meetings when trying to get an appointment, referral or access surgeries via telephone:

“You go to countries that aren’t as rich with better healthcare.”

“From a poorer area, it takes 2-3 times longer for a referral to a hospital.”

“I don’t want to go to surgery if I can’t get in (as so many patients).”

“We can’t get an appt because there is a lack of staff. Can’t get to see a GP. There are not enough receptionists. Can’t get through on the phone.”

“I can’t get through to the GP so my default is to go the Northern General rather than the GP and I am sure that it is the same for most people.”

It was acknowledged that practice systems are out of date, and it is not just new buildings that are needed, phone systems need to be updated and modernised. One elderly attendee understood that healthcare provision had to be modernised:

“Well, we’ve moved on since then. Thank goodness or we would still all be waiting in a waiting room and going into that dingy room to see one doctor. I am 70 now. We have got to look forward and think about what will be provided for the young people and children growing up on these estates. The investment is a fabulous opportunity, we need modern healthcare facilities, it would be a shame to lose this opportunity.”

Other themes across the meetings included questions on the budgeting of the proposal in terms of which areas of the city would benefit, where money for additional staff would come from and how the new centre would be sustained financially. Questions were also asked about the building itself – if it could cope with the volume of patients and why existing building could be expanded. Some concerns were raised about the reach of the consultation in that some residents were not aware of the meetings.

Community Feedback

Feedback was mixed amongst patients affected by the SAPA 1 proposals: some were not affected by the plans; some people were concerned about vulnerable patients and how they may react to or travel to the new health centre and some felt the proposals had already been approved.

Patients at Dunninc Road surgery seemed largely unaffected but may consider moving to a new centre:

“I usually go to Dunninc and didn't know they have decided to pull out. I'll still have a look though. One of the new sites is closer to me.”

“I'm at Dunninc and might move to the new one as its closer to where I live.”

“I might be able to access some services at the new building as part of the GP group and hope that I can if I need them. Dunninc has pulled out, but I take mum to Firth Park and hopefully it will make it easier with parking etc. I know it's further for some people, but time has to move on. It's really not working as it is so why not give it a chance. Travel and distance will always be a problem for some people, and I bet it already is for some at the GP's as they cover big areas. It just might mean it will become an issue for different people this time and there is always a solution.”

Those affected by the move mentioned they may have issues accessing the new site if they had to travel:

“It all looks like a great idea but for me it's just too far to go. I live past Wincobank and there is no bus to get me there. It takes me long enough to get to Firth Park surgery as it is. It'll take me even longer to get to Concord and I don't drive. I probably change my Drs but I don't want to have to.”

“It's going to be very difficult for many elderly people. There's no consideration for those bad on their legs. I'm extremely concerned about it.”

“Not happy with Bellhouse road surgery moving – it's too far and no public transport”

“Moving it will make it too far and not accessible on foot. I have to have regular blood tests with an early appointment, and this will mean I either have to walk through the park before 8am in the morning and it’s not nice for an older lady, or I will have to get on the bus and that costs money. I also don’t have internet and have to take my prescriptions into the surgery, so this means further to go more often. Right now, I live quite near so it’s no problem. It will make it difficult in the bad weather and our busses always stop when it snows.”

Some felt that a decision had already been made:

“I’ve been to one of the meetings and might go to the one at Firth Park. I think they have already decided though and they will do what they want.”

“Been to a couple of the meetings and the GP at one was clearly so in favour it wouldn’t matter what the patients say. They want it to go ahead regardless. What nobody seems to understand is that when you are older and already not feeling well, travelling further is a big ask. There is how much it might cost too.”

Feedback from Friends of Firth Park

Main concerns voiced centred around greater distance to proposed new site at Concord and poor bus services to facilitate attendance, with increased risk of being late or worrying about missing appointments because of this.

Likewise, distance and worrying about not being able to use mobility scooter for attending appointments, without having to rely on other people to take them in a car or expense of a taxi.

One lady suggested that present 75/76 buses could make a ‘loop’ to Concord from their present routes.

SAPA 2 - Wordsworth Avenue/Buchanan Road

1,165 respondents completed a survey and provided their views on the SAPA 2 proposal. The breakdown of respondents by practice and ethnicity are as follows:

Practice	Number	Percentage
Foundry 1 - Burngreave Surgery	6	0%
Foundry 1 - Cornerstone Building	0	0%
Foundry 1 - Herries Road Surgery	3	0%
Foundry 1 - Sheffield Medical Centre	1	0%
Foundry 1 - Melrose Surgery	1	0%
Foundry 2 - Page Hall Medical Centre	0	0%
Foundry 2 - Upwell Street Surgery	0	0%
SAPA 1 - Firth Park Surgery	1	0%
SAPA 1 - Shiregreen Medical Centre	6	0%
SAPA 2 - Buchanan Road Surgery	362	29%
SAPA 2 - Margetson Surgery	426	34%
SAPA 2 - The Health Care Surgery	300	24%
None of the above	130	10%
I am not registered with a GP	7	1%

Ethnicity	Number	Percentage
Asian, or Asian British - Chinese	7	1%
Asian, or Asian British - Indian	29	2%
Asian, or Asian British - Pakistani	79	6%
Asian, or Asian British - Other Asian background	54	4%
Black, or Black British - African	17	1%
Black, or Black British - Caribbean	22	2%
Black, or Black British - Other Black background	24	2%
Mixed / multiple ethnic group - Asian and White	4	0%
Mixed / multiple ethnic group - Black African and White	7	1%
Mixed / multiple ethnic group - Other Mixed / multiple ethnic background	7	1%
White - British	872	71%
White - Gypsy / Traveller	3	0%
White - Other White background	57	5%
Other - Arab	12	1%
Other	2	0%
Prefer not to say	34	3%

Age	Number	Percentage
16-24	84	7%
25-34	180	15%
35-44	240	20%
45-54	212	17%
55-64	236	19%
65+	266	22%

Gender	Number	Percentage
Male	524	43%
Female	698	57%
Other	1	0%
Prefer not to say	7	1%

Disability	Number	Percentage
Yes	450	37%
No	690	56%
Don't wish to say	90	7%

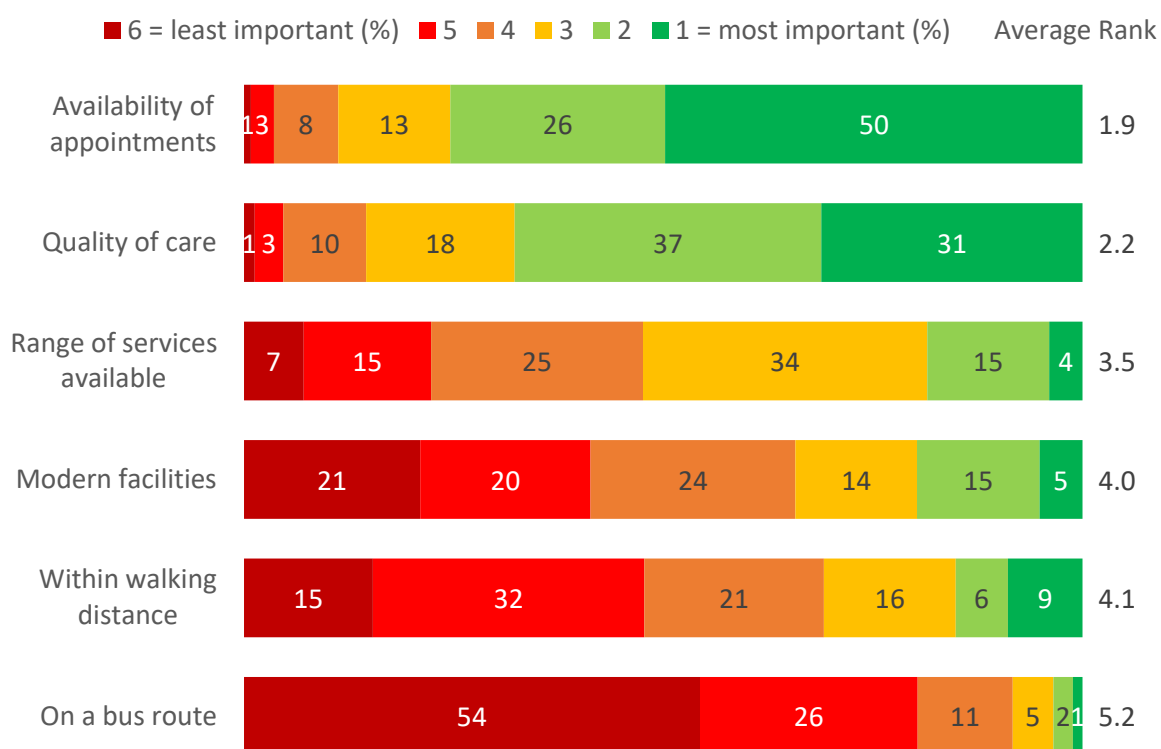
Sexuality	Number	Percentage
Heterosexual	1,105	90%
Homosexual	23	2%
Bisexual	14	1%
Other	6	0%
Prefer not to say	81	7%

Main Findings

Respondents were first asked to rank how important each of the following items was in terms of their GP Practice.

Availability of appointments was ranked the most important, with half (50%) ranking it as their most important item. This was followed by quality of care with an average ranking of 2.2 and range of services (3.5). Modern facilities and being within walking distance received similar importance rankings. Being on a bus route was least important, with eight in ten (80%) ranking it fifth or sixth.

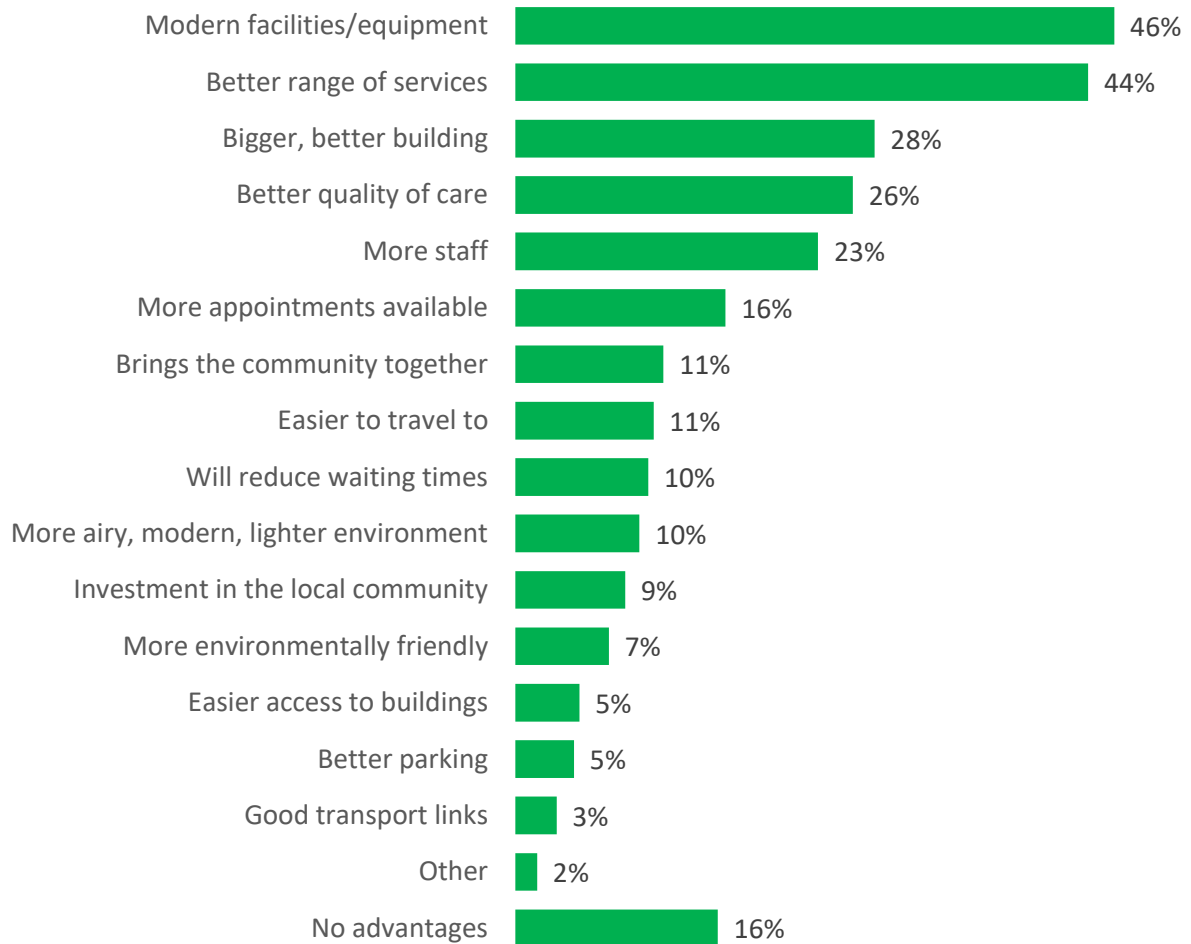
In terms of your GP Practice, please rank each item below in order of how important they are to you



The main advantages to the proposals were modern facilities/equipment (46%) and a better range of services (44%). Over a quarter also cited a bigger, better building (28%) or better quality of care (16%).

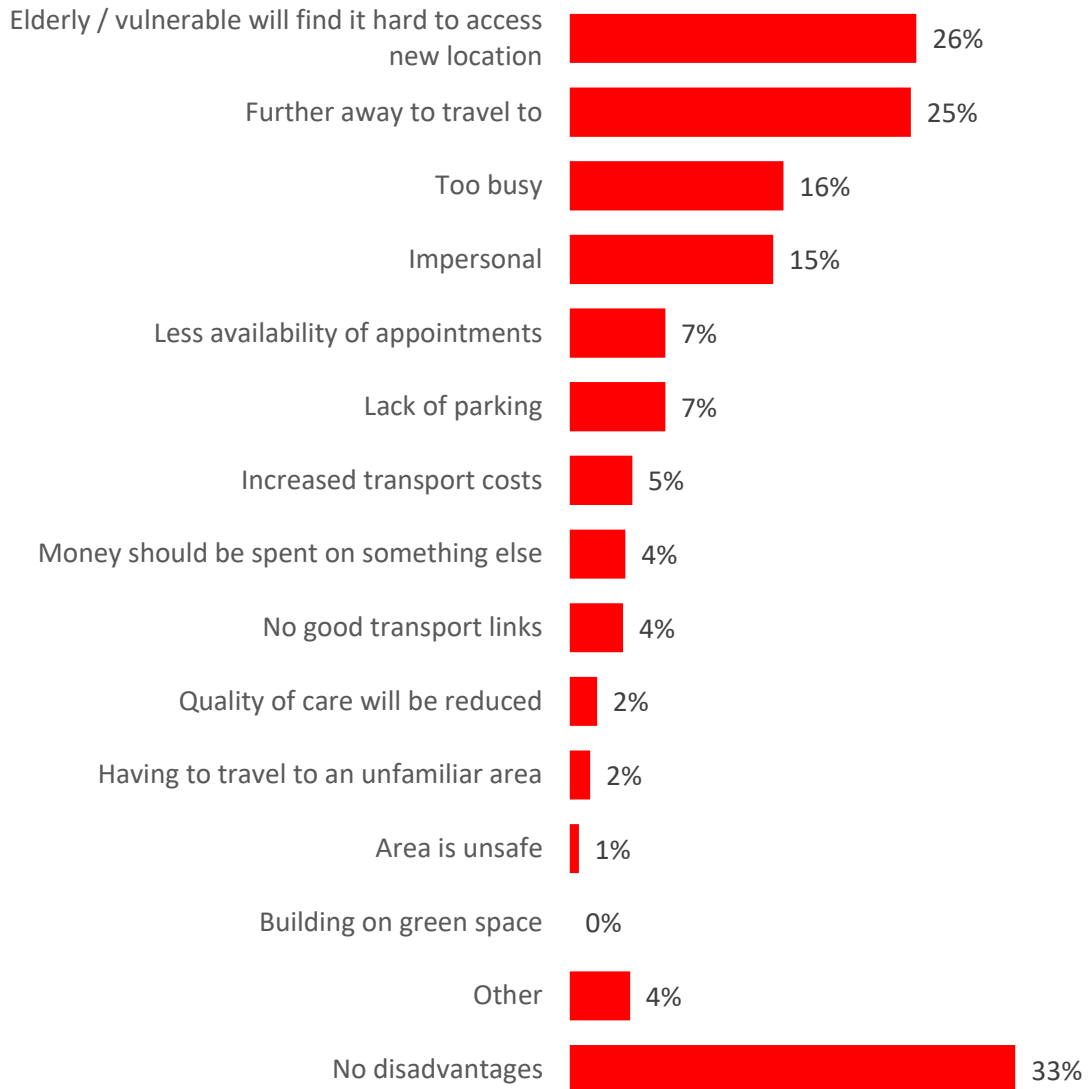
Only around one in six (16%) felt there were no advantages to the proposals.

What are the advantages of these proposals?



The main disadvantage to the proposals were issues for the elderly/vulnerable (26%) and travel distance (25%). Around one in six also cited the proposed site would be too busy (16%) or impersonal (15%). Although a third (33%) could not find any disadvantages with the proposals, rising to 49% amongst under 25s.

What are the disadvantages of these proposals?



Over half (56%) think the proposals will have a positive impact on them. These are more likely to be those aged under 35 (67%) and ethnic minorities (63%)

Less than a fifth (17%) think they will be negatively impacted by the proposals, although this rises to 26% for disabled respondents and 24% for those aged 65+. More than a third of patients attending Margetson Surgery (33%) and The Health Care Surgery (36%) felt they would be negatively impacted compared to a fifth (20%) of those attending Buchanan Road.

What impact will these proposals have on you?

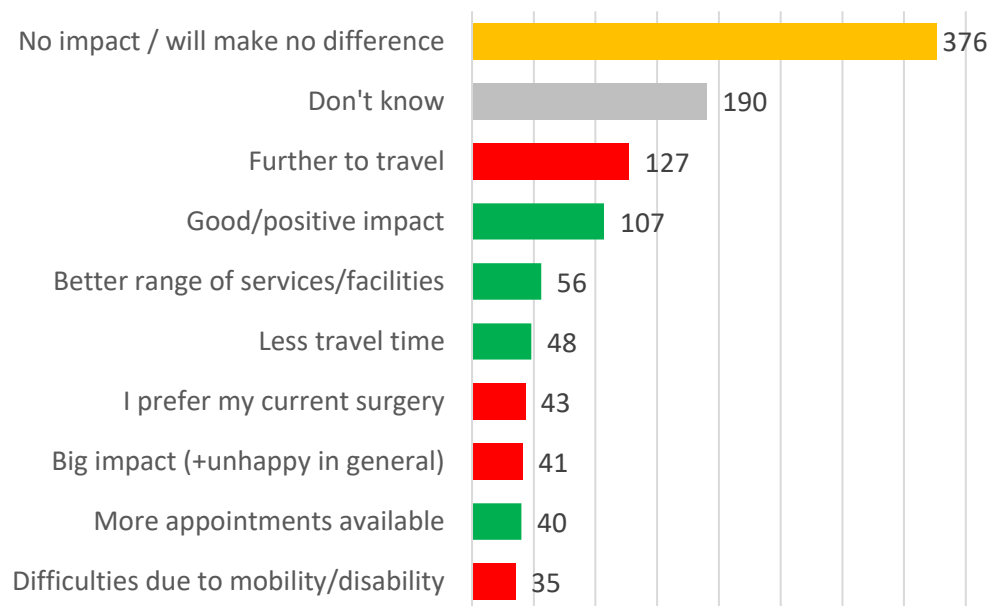
On a scale of 1-10, where 1 = positive and 10 = negative

■ Very negative (9-10)
 ■ Somewhat negative (6-8)
 ■ Neutral (5)
 ■ Somewhat positive (3-4)
 ■ Very positive (1-2)



Respondents were asked to explain the impact the proposal may have on them or their families; verbatim comments were grouped into key themes:

What impact do these proposals have on you or your family?



Around a third of respondents confirmed the proposals would have no impact (33%, 376 respondents). Less than a fifth (16%, 190 respondents), were unsure about how the proposals would affect them.

“No direct impact on me personally, but based on the document, relocation sounds positive in terms of physical state of building and impact on staff and community. But, like any service, it needs to be within easy reach, especially for those in struggling areas and elderly/disabled/those who struggle to walk.”

“They probably won't impact me too much right now, but I am getting older and so worry about how this move may affect me in the future. Will I be able to get to the new hub as easily, probably not.”

“None really, my surgery will still be close to me. Hopefully there'll be a car park to make parking easier as parking can be a challenge currently.”

“No difference in the distance I'd have to go to get there.”

A tenth believe the proposals will have a generally positive impact (9%, 107 respondents) and others predicted more specific advantages, including a better range of services and facilities (5%, 56 respondents), less travel time (4%, 48 respondents) and more appointments (4%, 40 respondents).

“I will be able to access other health care such as physio, mental health support. The building will be a nicer place to attend GP appts. New technology should mean that it would be easier to contact GPs. There will be more room for outside agencies to meet. The funding will not have to be paid back so this is a genuine redevelopment of the area.”

“I like the idea of one purpose-built place that can offer additional services. I like the idea of a new modernised space, that will hopefully offer the latest technology e.g. displaying wait times or QR codes to information leaflets about particular services.”

“My wife is disabled so any more modern facilities are a better option. The proposed site is easier and nearer for us to get to. There is a chemist just across the road from the proposed site. My wife has regular injections and blood tests so this would be better for her treatment.”

A tenth said the proposed site would incur longer travelling times (11%, 127 respondents); disabled residents were more likely to be impacted in this way (14% vs 9% non-disabled) together with those aged 65+ (22%). A small percentage said they would prefer to stay at their current surgery (4%, 43 respondents). A similar percentage felt the proposal will impact them in a negative way (4%, 41 respondents) and 3% had concerns about the impact on patients with mobility issues or disabilities (35 respondents).

“Significant. At present I have to walk one to two miles to the surgery, mostly up hill. There is a bus but it still leaves a fair walk. As I am getting older, my condition is making it harder to visit the present surgery. Consequently I have stopped making appointments. The situation has been compounded by the surgery not taking prescriptions over the phone, only by letter at the surgery. The new health centre would address all of these limitations.”

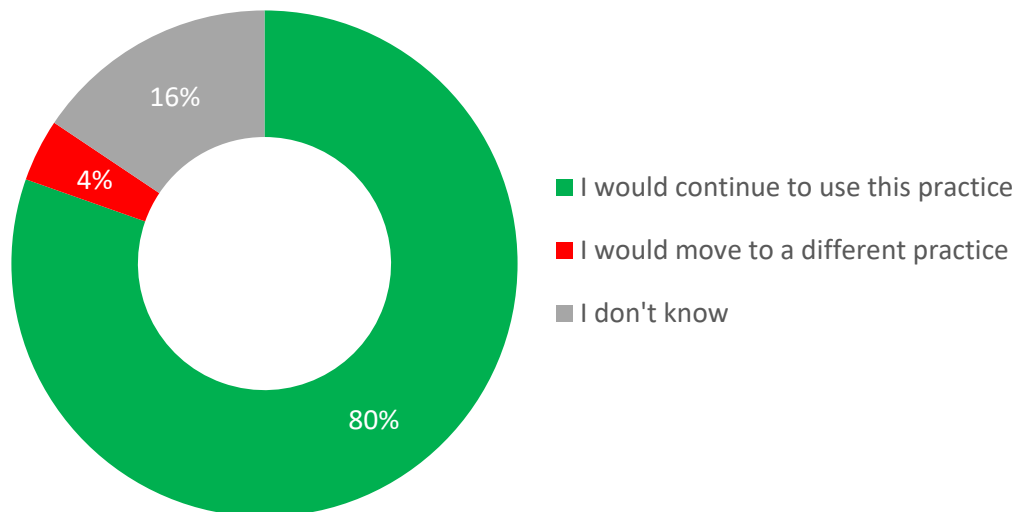
“It’s further away from my home and I just don’t feel like it will be managed well enough to see an improvement. I hardly ever need to see a doctor but on the rare occasion I do it’s always like mission impossible trying to get an appointment. Moving more patients to one place will make it even more difficult.”

“The new site is further away. I don’t have internet so can’t get prescriptions online and now I can’t order them on the phone so have to go to the surgery. This could be a problem in bad weather and even more if it moves further away.”

“I don’t want a move to happen. It would be another 10 mins added on to my walk there. At the moment I like to walk but it’s still too much.”

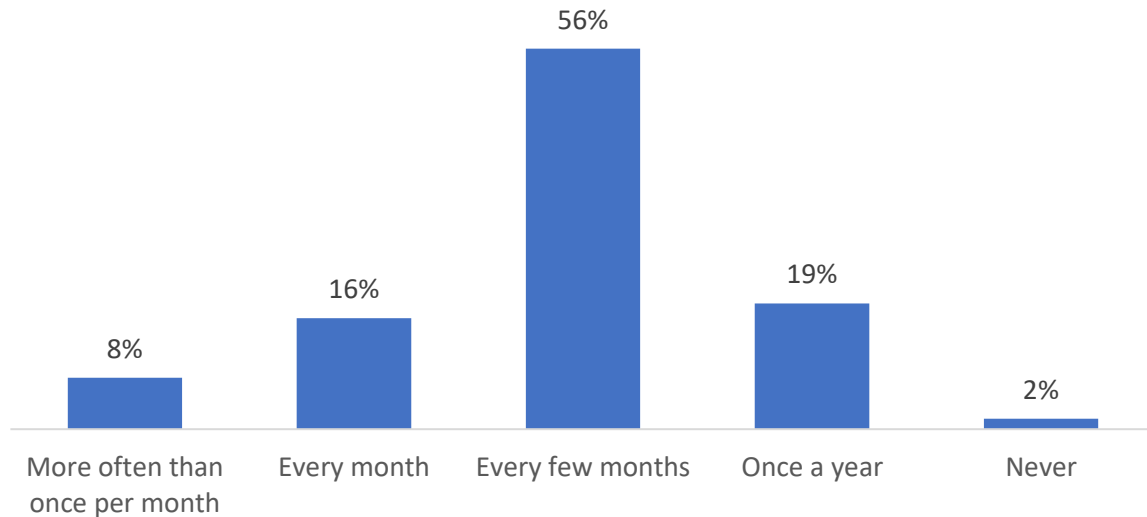
Eight in ten (80%) say they would continue to use the practice if the proposals went ahead, with less than one in twenty (4%) saying they would move to a different practice.

If the proposals went ahead, would you continue to use your practice, or would you move practice?



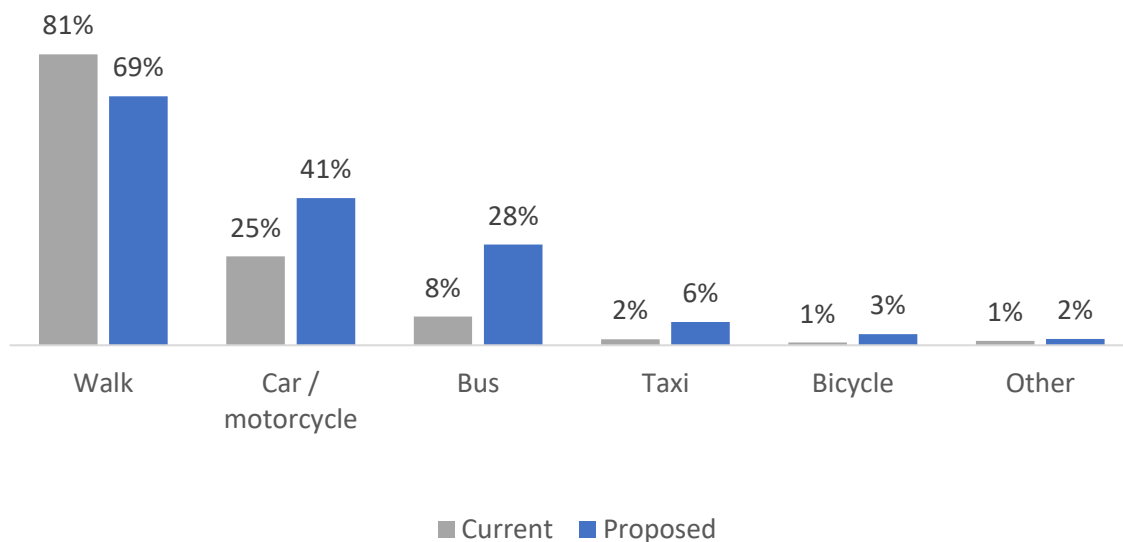
The most frequent visits to the GP Practice was once every few months (56%). Frequency of visitation was higher for more vulnerable groups. Many of those with aged 65+ (46%) or with a disability (39%) visit their GP Practice at least every month – compared to an average of 24%.

On average, how often do you visit your GP Practice?



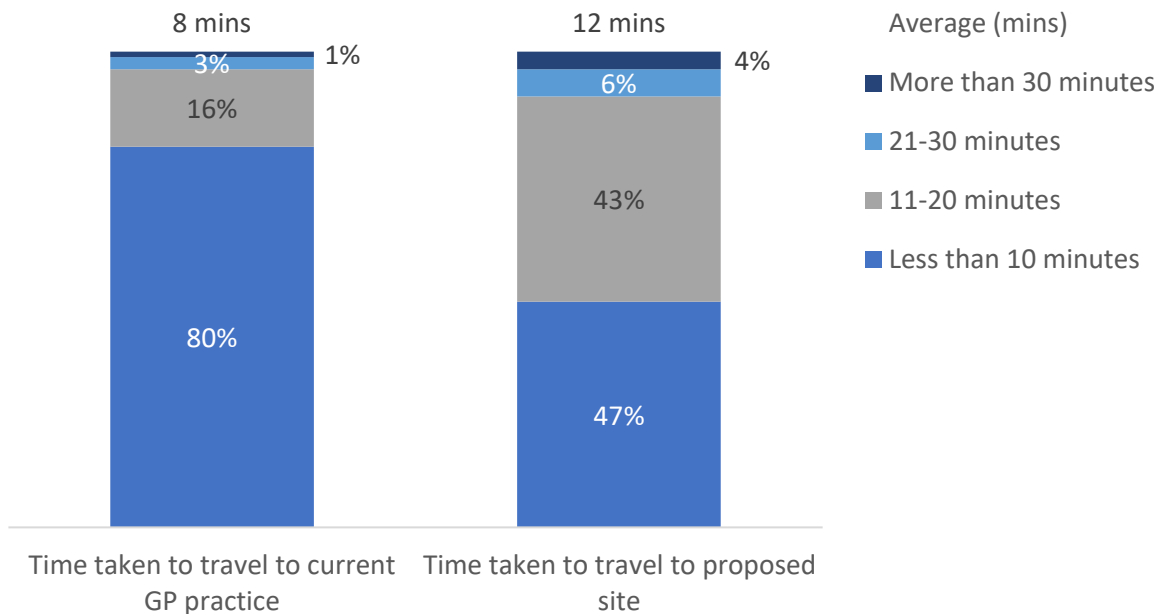
The proportion of respondents who currently walk to their GP Practice (81%) will reduce significantly under the proposed site (69%). Respondents will be significantly more likely to travel to the proposed site via car/motorcycle (+16%), bus (+20%) or taxi (+4%).

Travel mode comparison between current GP and proposed site:



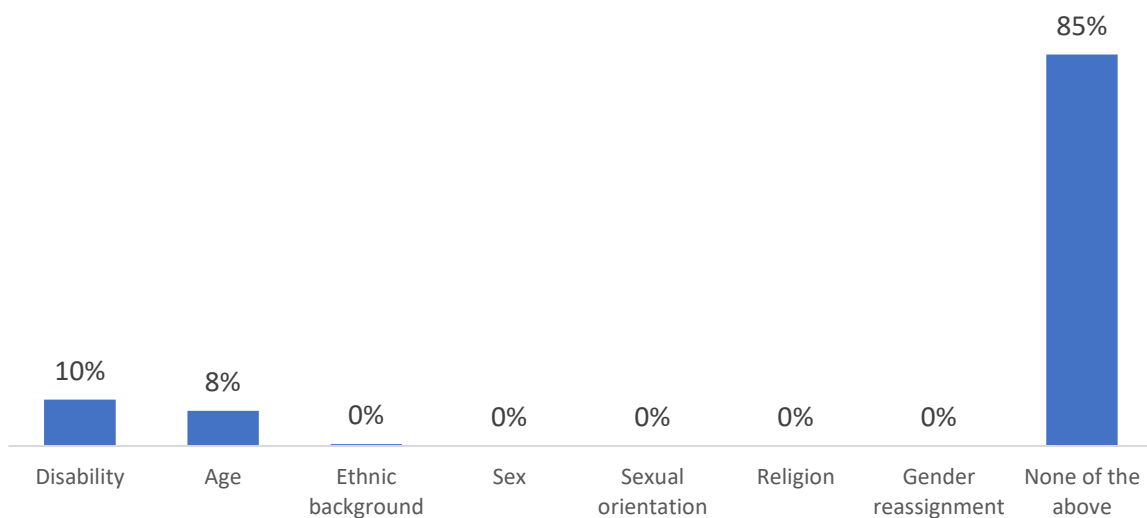
The travel time from home to the proposed site is significantly higher than the travel time to the current GP Practice. Currently it takes an average of 8 minutes to travel to the GP Practice, which increases to 12 minutes for the proposed site. Presently, eight in ten respondents (80%) live within 10 minutes of their GP Practice. Under the proposed site this drops significantly to 47%.

Travel time comparison between current GP and proposed site:

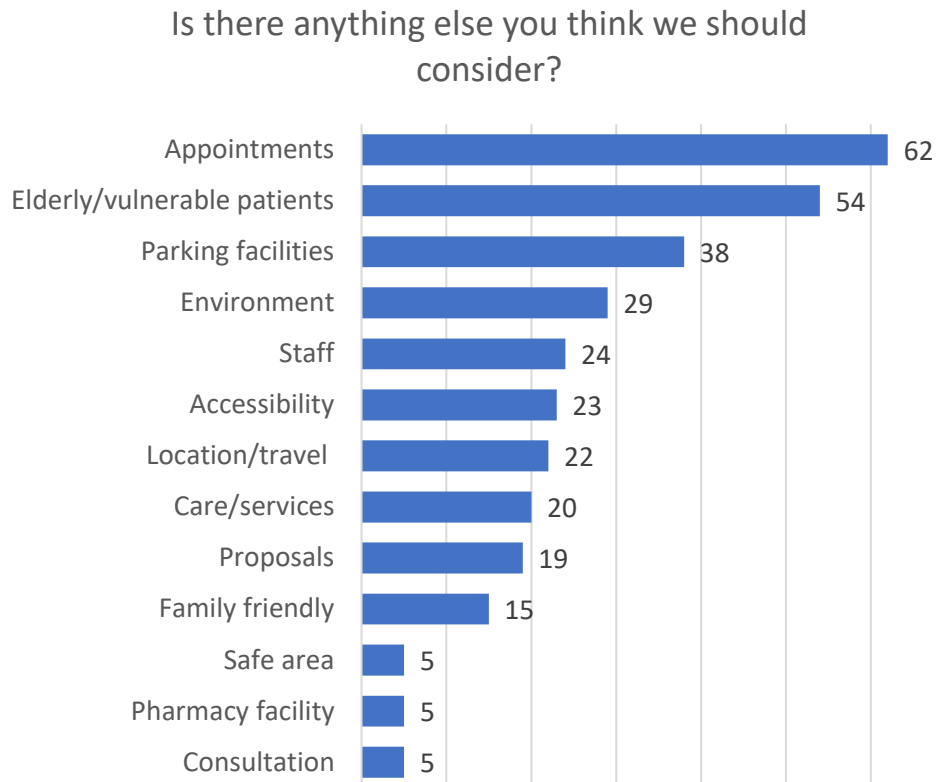


The majority (85%) did not feel the proposals would impact them more than other people. Disability (10%) and age (8%) were the main issues cited by respondents who felt they would be more impacted than others.

Do you feel that these proposals will impact you more than other people because of your...?



Finally, respondents were asked if there was anything else that should be considered in relation to the proposed health centre; verbatim comments were grouped into key themes:



The most prominent theme mentioned involved appointments with a fifth (21%, 62 respondents) raising this aspect for consideration. Respondents mentioned the need for a better appointment booking system, the availability of appointments and reduced waiting times:

“If practices were to combine there would be more patients, which would mean actually making an appointment for a face-to-face consultation even more difficult than it already is.”

“As stated before. You can’t get a GP appointment anymore so you tell me what the benefit will be for the proposed changes”

“Will we be able to get quicker appointments and better services? Make sure we do!”

There was also concern amongst respondents for elderly and vulnerable people and that they should be considered as part of the proposals, almost a fifth highlighted the need to consider these groups (18%, 54 respondents), a quarter of disabled respondents mentioned this aspect (25%):

“Patient of MS, sometimes get difficult to sit for long so need comfortable seating area and less waiting time.”

“Consider the elderly who live near to me. How will they travel to the new location?”

“I have a learning disability so find changes difficult.”

As with other proposals, respondents feel that parking facilities should be considered when designing the new health centre (13%, 38 respondents):

“Available parking, and pharmacy on site or within easy distance.”

“Parking at the current surgery is very limited.”

“As I drive a fully electric vehicle, it would be handy if charging points were available.”

In addition, respondents also put forward other aspects of healthcare that should be considered in the proposals such as the environment of the building (10%, 29 respondents): comfortable waiting rooms; peaceful environment and friendly and open. Staffing was also mentioned (8%, 24 respondents) together with accessibility of the new health centre (8%, 23 respondents).

“People like this surgery including myself because it is one of the last of the old school style doctors, where the staff are aware of who you like the receptionist this gives a huge impact on being at ease when in a nervous situation, I have attended other practices previous to this one and it does make you more uneasy when it is so impersonal.”

“I also have anxiety and big places and crowds bring on panic attacks, the current surgery is very helpful in accommodating for that, it would all change if the surgery moved to a new building and I definitely would stop going to the doctors.”

“Spacious and open reception area, have depression don't like too many people.”

“Spacious waiting room, it can get very busy.”

“Think of people’s financial hardship and the extra costs of bus fares that will impact budgets. Think of the effects of people’s mental health having to travel further away from home. Think of families with small children and the upheaval, stress and financial difficulties having to travel on bus. Think of our poor elderly people and their needs too.”

Public Meetings Findings

The following public meetings were held with residents and stakeholders affected by the SAPA 2 proposals to build a new health centre at Buchanan Road/Wordsworth Avenue:

Date	Time	Venue	Health Centre	Attendance
16/08/2022	10:00	Parson Cross Development Forum	SAPA 2	13
17/08/2022	15:30	The Learning Zone	SAPA 2	9
02/09/2022	11:30	The Learning Zone	SAPA 2	26
02/09/2022	19:00	Parson Cross Development Forum	SAPA 2	8

Altogether, 56 residents attended the public meetings set up in the network to air thoughts and concerns around the proposal to build a new health centre in this location. Naturally, discussions within the meetings covered the proposal and insight into the details of the project but there were also conversations in which issues including access to healthcare, the financial aspect of the proposal, the wider consultation and the proposed building.

When discussing the plans laid out in the proposed changes, residents aired concerns about how the proposals will affect people and organisations within the network:

“Could these plans all change again? Practices have already pulled out, does that mean that the £37m will be reduced? That’s how funding usually works, less practices, less money.”

“If the new buildings have community rooms to hire out and voluntary services like debt advice it could affect local community groups and venues like SOAR or offer debt advice and get revenue from hiring out community rooms.”

“Are these happening in the south of the city as well? Why just in the North?”

“Will the GPs remain the same?”

“Can we change GPs?”

Some attendees did acknowledge that health provision had to move forward, and that people are sceptical due to the lack of investment in the area.

More specific discussions involved access to appointments with a number of service users providing examples of not being able to access appointments within the current system:

“Appointments for those that aren't good at using technology. All appointments go early in the morning. The only way is to wait outside the practice in the morning. Those on computer seem to get through quicker.”

“It's not a problem once you get an appointment. It's getting through to get one in the first place.”

“Will there be new telephone systems?”

One patient explained that in her many years of being a patient at Margetson Practice, she has never been able to telephone for an appointment and has to physically attend the practice to book and return when the appointment is planned and was mirrored by other attendees. These issues were accepted by representatives and reassurances were made that improvements to telephone systems will be made. Attendees also questioned potential duplication of services such as smoking cessation and whether bringing services under one roof would put pressure on shared services such as counselling.

Budget considerations formed a common theme within the meetings and concerns were raised about instability in the economy:

“The council have no money; how can they afford to run this?”

“Worried about funding. Inflation is high and will shrink the budget. Concerned that we could be left with the building not being finished or scaled back and the benefits not fully realised.”

“At what point could inflation seriously affect these plans? We don’t want buildings that aren’t fit for purpose. We’ve had community buildings in the past that have been built that weren’t fit for purpose.”

“How far will £37m go with inflation and rising building costs?”

There were other questions regarding finances and how they affect patients, the targeting of the funding and whether GPs pay rent at the new building, all of which were explained by representatives.

Comments were made by residents about the wider consultation with some expressing their disappointment that GPs did not attend the meetings:

“Why is there no GP at this meeting? They’ve known about this meeting for long enough.”

“It’s disappointing and concerning that GP’s can’t spend time crossing the road to attend the session tonight.”

There were also some concerns that not enough people had been informed about the benefits of the proposals and disappointment that more residents had not attended the meetings.

As found across the other networks, residents wanted to understand what would happen to the current buildings and what they would be turned into:

“We don’t want current buildings being left to rack and ruin. Similar abandoned buildings have been turned into cannabis farms and crack dens.”

“It does sound great with all the different things you would have in the new buildings but what happens to the old practice buildings? Is there a cost?”

Other points covered included transport and how vulnerable residents such as the elderly could continue to access health services if they move location and if there would be increased costs to

access such as parking fees and taxi fares. The provision of a pharmacy was also discussed and if services such as bereavement counselling could be made available. This was taken on board and representatives explained that the move promotes transformation and that practices need to look at their current deliver and how they can improve the services they currently offer.

Community Feedback

Both Fir Vale Community Hub and SOAR have hosted telephone lines to have one to one conversations with people wanting to know more information and feedback.

There was positive and negative feedback provided on the SAPA 2 proposal from patients in this network. Much of the positive feedback seemed to focus on the location of the new centre in terms of convenience:

“Happy either way. New location is not too far away from Buchanan surgery.”

“Excellent idea. Closer than doctor is now and on a bus route.”

“It will put it on a bus route for me. It won't be any further to walk either. I hope it makes it easier to get an appointment because you can't now.”

“Happy with the Proposal if it is on the corner near the café as walking down Buchanan would be a struggle. The Bus route at Asda will be good and would encourage a pharmacy within the premises as he has bad legs and struggles to access his prescriptions at the other pharmacies.”

“The proposal is a brilliant idea as all the doctors will be nearer together.”

In the main, opposition to the proposal also focussed on the potential location of the surgery:

“Against the proposal. It will be much further away from my house than it is now and means I won't be able to get there.”

“Has anyone given any thought to the traffic at the junction to Wordsworth Ave and Buchanan Rd. Its already busy and the crossing is really close.”

“Doesn't want the change, it's just inconvenient. The caller was sure it would go ahead but didn't want it to. Concern that they would need to take a taxi to the GP which would cost a lot of money. Also complained about the difficulty of getting an appointment currently and a fear the changes would make this worse.”

Additional feedback

Feedback from Sheffield Voices (Disability Sheffield)

Concerns

- Some people were worried that they would not get to see their normal GP and they felt very strongly that they needed someone who they have a relationship with.
- People also worried that they might have to travel a distance to get to the hub.
- People were worried there would be fewer doctors and more of the new 'physician assistants' and that it might lead to people having a worse service - a particular concern where their learning disability makes it harder to track their own health and self-advocate.

Advantages

- People might get a better service.
- Expecting to not have to wait in queues so much on the phone
- Have access to longer hours of access to GP care rather than having to go to walk in or A&E

Summary of group findings at Sheffield Royal Society for the Blind (Disability Sheffield)

Much of the discussion related to how the indicated approach of several GP surgeries on one site would function where much of the concern was the practicality of using a larger service if the proposed plans go ahead.

Several would be unhappy with the proposed change of scale "From what you are telling me I'd be looking at changing to a smaller surgery" This came to a head for several of the group when considering not just the scale but that many of the new sites would likely be on multiple floors.

Smaller scale existing services were generally favoured because this is easier to learn or be supported to use by staff. One person highlighted that they (and others not present) really valued the personal touch where staff already remembered their needs.

Will larger setting successfully deliver the "telling you when you're being called because you can't see the next patient display" that visually impaired people can't use. This can be more practical for long term residents in particular who have acquired sight loss more recently. Another noted of their existing GP surgery "the way they communicated was superb and so I wouldn't want to change".

One member reflected on whether separate receptionist teams etc would increase delays and make it harder to get prompt attention particularly if patients are struggling to identify where they should be queuing etc. They went on to note in some surgeries where many have English as a second language there can be significant delays at reception desks to get help.

There are also concerns that some GPs with onsite/integrated chemists might be at risk as this gives much better access to the treatment just prescribed.

SAPA 1 (Concord) caused some concern because of distances and the need to rely on a carer to access whichever alternative whether a new or alternative existing surgery.

With some sites such as Rushby Street, it is unclear from the maps supplied whether there will be an entrance on the main road. Entrances on back roads or side streets would potentially cause more difficulty in navigating to when arriving.

The key thing will be for entry to always work well for those arriving both on foot or by bus for all of the sites NOT just car.

Some proposed sites e.g. Rushby Street site is near many schools etc. there is a concern that parking will be abused making it hard at times to get taken and parked up. Additionally, want to see confirmed number of spaces for staff, blue badge, etc.

If the plans go ahead some thoughts:

- Will it be better to just merge everything together, so it is simpler for arriving, booking etc?
- What risk is there of smaller surgeries closing their lists to new patients who cannot cope with the larger health centres?
- Concern that some will not bother to go if too difficult, or too far, or not getting support for mobility training in a timely manner.
- Will opening hours be improved?
- Impacts on older or more unwell are more dramatic as they need to go more regularly. There is a danger that some proposals will increase poverty/inequality at least for some surgeries/proposals.

Practicalities of independent access:

- Getting to/finding the new premises.
- Mobility training in all instances.
- Whether a bus service is available especially considering the implications of getting older and difficulty walking.
- Getting to the right places once inside the surgery:
- One reception desk with multiple queues will be impossible to know which queue you should join if you have little or no sight.
- Any digital check-in would also suffer from serious difficulties in both locating and likely in using it.
- Building entry reception will need to be able to facilitate sighted guiding to the relevant location for waiting/appointment.

Key requirements for accessible transition:

- Planning for and funding additional mobility training support to show affected visually impaired patients' new routes.
- Physical building design group to meet monthly with building designers to share their lived experience on what will make the building more accessible. For VI, lighting design, good contrast with walls, skirting, floor.
- Separate Operations consultation group to work with healthcare providers to ensure the onsite processes and assistance will work.

Email Responses

A small number of email responses were sent from service users potentially affected by the proposals which contained a combination of concerns and enquiries for further information. The content of the emails were generally in opposition to the proposals and cited transport issues, access to healthcare and mobility issues that may disproportionately affect older people.

BSL Consultation

An evening event for profoundly Deaf BSL users was held at Voluntary Action Sheffield, Rockingham Lane on the 14th September 2022. Citizens Advice Sheffield promoted the event by posting a BSL video on our social media page, which reached over 220 of our Facebook members. The consultation document was also posted for people to access independently. Two qualified British Sign Language Interpreters were present to ensure full communication. A total of 21 Deaf BSL users of mixed age, gender and ethnicity attended the event.

Key sections of the BSL version of the consultation were played, and we then opened up the floor for discussion about the access needs of BSL users in relation to the proposed new health centres. The following points and suggestions were raised which apply to all the proposed new health centres

- Must have good public transport links to the health centres
- Clearly lit buildings especially when it's becoming dark in the evenings
- Clear visual signs that show where the Deaf patient needs to go - could be colour coded
- Letters detailing appointments should state that an Interpreter has been booked - do not write letters requesting patients to call the surgery
- Dedicated text number for Deaf patients only to text using basic language - use to book appointments
- Add a 'marker' on patient's medical records which identifies that they are Deaf and prompts an Interpreter to be automatically booked for all appointments; even blood tests etc to ensure that full communication is achieved
- Create visual information leaflets-simple language
- Reception area which does not have a screen as this makes attempting to lip read even harder

- Lip reading is not an alternative to an Interpreter
- Deaf Awareness for all staff to be refreshed on a regular basis
- Full access into the health centres - no intercoms which require patients to speak or systems for that rely on being able to hear your name being shouted out
- Make good use and integrate Apps and other technology that assist Deaf people's access
- Information in BSL- health videos in waiting rooms / use social media to produce information in BSL formats
- Use Video Interpreters such as Sign Live for emergency appointments and where an in-person Interpreter can't be booked in advance
- Qualified Interpreters NO using of family members or unqualified signers
- Choice of interpreters i.e. male / female
- Provide continuity by seeing the same GP or nurse
- Implement the Accessible Information in Standards and ensure Deaf people's preference for how they are communicated with is recorded and adhered to
- BSL users to be consulted at every stage of the process should the proposals go ahead- Service users' group to oversee
- Generally Deaf BSL users don't change GP's even if they are dissatisfied with the service- don't want to (or know how to) complain so are often impacted negatively by developments and changes because of their disability
- Resources could be shared between the different GP surgeries that are housed in the same new building i.e. one Interpreter across the different surgeries -economy of scale
- Typically BSL users feel they receive a poor service from their GP's; for example refusal to book and pay for interpreters, no Deaf awareness, assumptions made that they can read and write or lipread etc - this should be an opportunity to get accessibility correct from the start
- Ensure Deaf patients communication needs are shared across all medical services i.e. if a GP refers a patient to the hospital make sure the hospital know they are Deaf and what they need to fully access the service
- It was reported that some BSL users are frightened to attend their GP surgeries because often there is no effective communication and this causes upset, confusion and frustration- so people reported 'not bothering' to seek health care
- Deaf Blind patients will require further support with access and will need to be consulted - one suggestion is to ensure there are yellow markers in the reception areas leading to the various rooms in the Health Centres

Summary of Sheffield Mencap and Gateway Consultation

Feedback was recorded from 59 people, this was a mixture of adults with learning disabilities, carers of adults with learning disabilities and others known to the organisations, some of whom are registered to the GP Practices impacted by the proposals. In total 14 people are registered to the GPs Practices that could be impacted and 45 who were registered to other GP Practices. People were consulted by group work, 1-1 sessions in person and over the phone and an online form we shared with carers via e-mail.

Protected Characteristics

Throughout the consultation topics were repeated, around quality of care, being able to see the same GP, new venue and transport concerns. These were also presented when asked why they felt their protected characteristic and the proposed changes impacted them more. Out of 59 people surveyed 47 have a disability and 11 selected age.

Following the question around protected characteristics we recorded the following explanations (some are repeated but were stated by different groups or individuals) as to why the proposed changes could impact them greater than the general public. Quotes were split into categories:

New GP

- Worries about going to GP
- More staff in a building could mean I see different people
- I don't like explaining things to the GP
- Doctors need to understand me
- The only thing that concerns me is the idea of seeing a different GP, but this might not happen

Accessibility

- Need to be accessible
- The places need to be accessible and welcoming for people with learning disabilities
- It needs to be accessible for my wheelchair

Meeting new people

- Don't like meeting new people
- Takes me a while to remember people
- Unsure of meeting new people
- I don't like meeting new people
- Unsure of meeting new people

Transport worries

- Planning new journeys
- Feel shy, nervous, worry about getting lost/ getting there on time
- Travel times
- Might need to arrange alternative transport
- Finding new buildings in new areas
- Might need to rely on public transport - might mean having to wait/miss appointments
- I might get on the wrong bus
- This will make life a lot harder. Not everyone has access to a car. Moving the surgery would mean I have to take 2 buses and then walk to my local surgery.
- I would need to learn new routes/new buses or trams
- My mum takes me to appointments and doesn't drive. I need to be close to my surgery. Also, if weather is bad, I live at Stannington, and it can be hard to get buses in snow. This may stop me being able to get to the doctors.
- Difficulty in travelling

Mobility

- My son has a disability, and it is difficult for him to walk longer distances.
- Husband has mobility problems.
- My son struggles with walking. Long distances are more difficult for him because of this.

Complex Health needs

- Multiple and complex needs in the family.
- Complex needs.
- People one has respiratory problems and people 2 has physical and Learning disabilities and autism, so new venue would be challenging.
- I have mobility issues my husband has breathing issues plus a bad heart and my daughter has anxiety and autism

New places and Anxiety

- Unsure of new places.
- uncomfortable in new surroundings
- how would I feel inside the building
- What if there is security?
- Unsure of visiting new places
- Unsure of new places, need reassurance
- Getting to know a different setting is difficult
- Unsure of new places
- Adjusting to something new can be harder for me because of my disabilities

Other quotes of considerations:

- This was tried with the Norfolk Park surgery and Dovercourt. There was a protest. With an aging/disabled population places need to be accessible.
Impact on the environment
- People are all different, and 'one fits all' will not fit many, with disabilities and especially autism what could have been OK one day may not be the next.
- I'd like to know about the parking if it would be free?
- I would have to arrange for someone to come with me, so I knew where I was going. The money could be spent elsewhere on staff maybe.

Advantages and disadvantages of the proposals

Respondents most frequently mentioned that a better range of services and that more appointments may be available were advantages of the proposals. Others mentioned the more modern building, a reduction in waiting times, a better environment and modern facilities and equipment.

The main disadvantage was an increase in distance to the new centre which could adversely affect disabled patients or cost more in travel expense. Others perceived a new centre to be too busy and impersonal, presenting a challenging environment to deal with.

Following the consultation period and the feedback we received, should the proposals go ahead, here are some recommendations that would support any challenges with the above concerns raised, appreciating all these may not be possible/ practicable:

- Easy read documents about the new health centre, where its located and bus routes, services available.
- Support from other agencies to explain the changes face- face or over the phone so concerns can be heard and where possible reassurances and support put in place.
- Quiet waiting room spaces.
- Allowing a tour of the new health centre before its opens.
- Virtual tours online to enable carers to show their loved ones before arriving.
- Staff trained/ have awareness of disabilities and hidden disabilities.
- Availability/option of appointments available at times where travelling would be quieter, e.g. not required to travel during peak traffic.
- Signage in venue is clear and concise.
- GP consistency, enabling people to book to see the GP that knows them, so appointments are not lengthy or repetitive in answering the same questions over and over again (given that 41 people stated they see their GP every few months).
- Ensure systems are in place to recognise disabilities on making an appointment- so if someone doesn't attend an appointment due to anxiety that day, they are not at risk of losing their registration to GP.
- Able to make appointments in the way which the current GPs take appointments. E.g. if they can currently ring for an appointment, still allow this.
- Continue with home visits for those who require them. (Communicate this to those individuals)
- Staff aware of bus routes, should someone ring to ask about travel options to the practise.

In addition to recommendations around the proposed changes, here are some regarding the consultation:

- Continue to commission consultation for face to face/ group sessions for specific groups. It was very beneficial to have face to face, group consultations by staff who know our members (patients) and understand learning disabilities. This allowed good communication and further questioning to increase understanding of issues that would have not been recorded.
- Review question types that do scales of 1-10 or 1-5. There are a lot of numbers and if there are no further explanation to the scores, we find that people can just pick a number. We have also found this not only within this consultation but online polls we have completed for other pieces of work. A good example where it can work for example 1: strongly agree, 2: agree, 3: neither agree/ disagree (neutral), 4: Disagree, 5: strongly disagree. It's clear and concise and helps aid the person in picking the number that is right for their views/ answer.

Conclusion

The consultation worked well. We were able to consult people who, usually, would not have a voice or the support to voice their opinions on the subject. This can be time consuming to ensure questions are understood and answers are accurately recorded, but data received enabled us to offer recommendations to support smooth transition.

We received feedback from 59 people.

- 41 people currently attend their GP Practice every few months, this meant change of venue could impact them 3 to 4 times per year.
- 57 people currently have a journey time of 20 minutes or less to their practice.
- Transport to a new health centre remained the same for car/ motorcycle, Bus and taxi. Walking reduced from 23 to 6. However, 'Don't know' increased by 11 and 'Other' by 2. There can be a number of factors around this, that people genuinely don't know if the new health centre would be in walking distance or if they needed to get a bus, what bus they would get etc.
- 19 people attend appointments on their own, 28 with a parent/carer, 6 by other relative and 10 by support staff.
- 28 people said they would continue to use their current GP, 19 were unsure, 11 said they would move and 1 couldn't give an answer. If further support could be available with the transition to the new health centre, this could alleviate some of the concerns and anxiety around attending the new health centre.

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Report to Health Scrutiny Sub-Committee

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Tel:

Report of: *NHS South Yorkshire Integrated Care Board*

Report to: *Health Scrutiny Sub-Committee*

Date: *23 November 2022*

Subject: *Update on Primary Medical Services*

Purpose of Report:

The purpose of this report is to provide an overview of Primary Medical Services in Sheffield. The report highlights the current priorities, challenges, and opportunities for Primary Care.

This report is presented for information and update.

Recommendations:

The Sub-Committee is asked to consider the update report provided.

Background Papers:

Not applicable

Update on Primary Medical Services

Introduction

General practice has been, and continues to go, through a period of unprecedented pressure. Like the rest of our NHS services practices had to adapt rapidly to the changes brought by the COVID-19 pandemic and continue to deal with the results of the pandemic now. In Sheffield, as nationally, practices have seen a rise in demand for primary care services while infection prevention and control requirements constrained capacity.

Practices in Sheffield remained open throughout the period and continue to work hard to meet their patient's needs and this paper presents an update to the Sub-Committee on primary medical services in Sheffield.

Background

There are 74 general practices in Sheffield, 73 of these practices are members of one of 15 Primary Care Networks (PCN). PCNs are groups geographically contiguous practices working together to serve registered populations of between 30,000 to 50,000. The purpose of PCNs is to enable more integrated working at a scale that supports the delivery of services using a wider workforce in primary care.

Legislative Changes

The Health and Care Act (2022) abolished Clinical Commissioning Groups (CCGs) and established Integrated Care Boards (ICB) from 1 July 2022. Under these arrangements delegated responsibility for primary medical services was delegated by NHS England to NHS South Yorkshire (NHSSY). Most functions and decisions continue to be exercised at place level in line with the intention of the new legislative framework to enable decisions to be taken as close as possible to their local populations.

The Health and Care Act (2022) also directed that Pharmacy, Optometry and Dentistry should be delegated to ICBs from 1st April 2023. Work is underway to determine how and what functions be delegated from NHS England to NHSSY.

Access

Since the end of the first wave of the COVID-19 pandemic in England, general practice has seen a significant increase in demand. In *'Our Plan for Patients'* the Secretary of State for Health and Social Care identified access to general practice as a key priority.

Appointment data for general practice is published monthly by NHS Digital at sub-ICB level. Charts 1 and 2 below provide a summary of key data and trends. At September 2022, the latest reporting period, 291,328 appointments were booked with practices in Sheffield. The majority of these 201,510 (69.1%) were delivered face to face, a slightly higher proportion than the national mean.

The pandemic accelerated changes in how appointments could be offered and there continues to be a focus, nationally, on increasing awareness of alternative modalities for consultation and this includes not only telephone but online and video consultation where clinically appropriate and preferred by the patient.

Chart 2 demonstrates the upward trend in total appointments offered by practices and also illustrates that the majority of patients booking an appointment with their practice are seen on the same day.

Chart 1 General Practice Appointments in Sheffield in September 2022 by mode

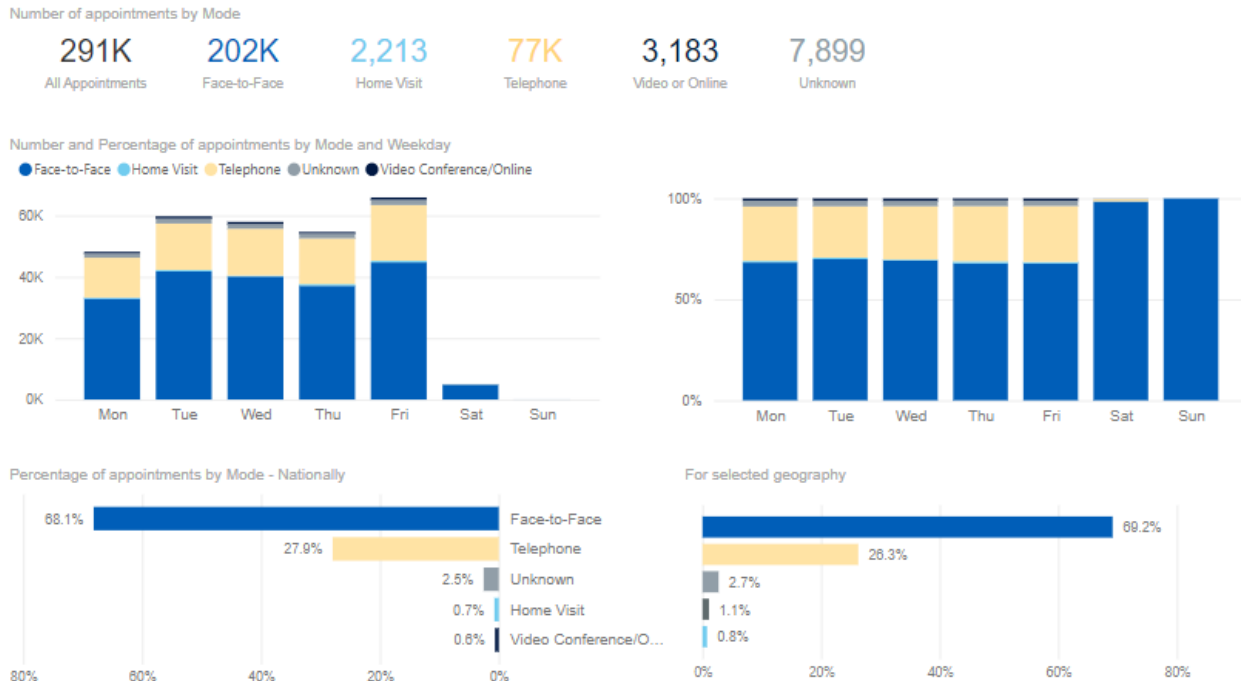
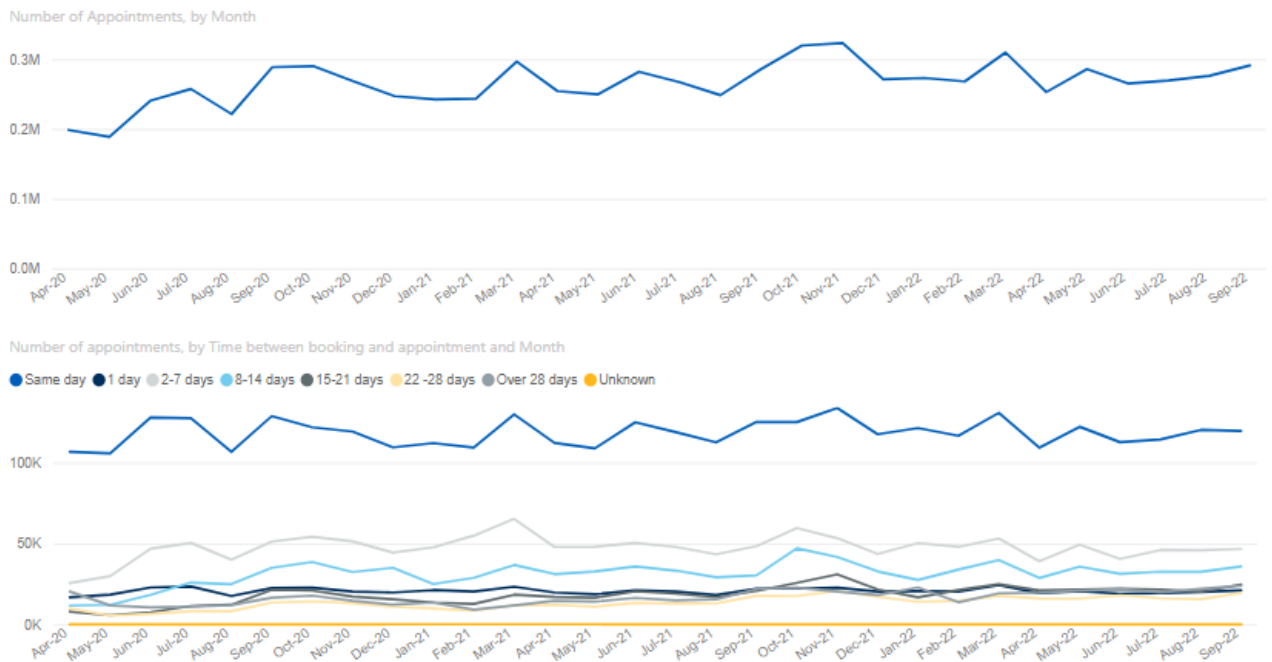


Chart 2 Total General Practice Appointments in Sheffield - timeline for all appointments and time from booking to appointment



The national appointment data collection, the source of these data, are experimental statistics and it is known that there are data quality issues with the collection however, in line with the commitment of the Secretary of State in '*Our Plan for Patients*' NHS Digital will publish appointment statistics at practice level for the first time at the end of November. NHS South Yorkshire has plans in place to work with practices to understand and improve data quality and identify opportunities to improve access.

Winter Resilience

Resilient general practice is an essential cornerstone of healthcare and, key to the urgent care response while staffing, demand, capacity and economic factors place additional pressure on practices. As demand for services continues to increase plans for our urgent care response in primary care continue to be implemented. NHS South Yorkshire is working with practices in Sheffield to provide additional support during the winter period.

Plans already implemented include re-commissioning an Same Day Advanced Nurse Practitioner Service to provide up to 200 hours of urgent, in-hours, capacity for primary care per week from two sites in the north of the city. RE-commissioning a paramedic home visiting service to free up GP time for other tasks. Funding additional late blood collections from practices to increase efficiency. Supporting practices to transition to new, cloud-based telephone systems to improve flexibility, access and interoperability. Supporting practices to create capacity by the off-site storage of paper records. Practices have also been offered grant funding to improve access over the winter period by increasing in-hours capacity, providing further support to care homes, or working with high intensity users of their services.

Further plans are in development including the implementation of operational pressures reporting that will help us offer timely support to practices in times of exceptional pressure and a primary care communications plan to be rolled out that uses proven communication techniques to support people to be prepared and to make the best choices when seeking primary care assistance.

We continue to offer bespoke support and assistance to practices who request this including help and facilitation to improve processes, address pressure points and undertake organisational development.

The Time for Care Accelerate Programme is a recent initiative being offered to practices nationally, aimed at supporting practices to improve all aspects of access, from how they manage/smooth demand and realise/optimize capacity, increase appointments, reduce waiting times, improving signposting. Several Sheffield practices have taken up to offer to participate and overall feedback has been positive. We continue to discuss opportunities to use the experience of the Team more widely to develop communities of good practice in Sheffield and to share learning.

Workforce

Primary Care general practice workforce recruitment and retention continue to be a significant challenge with national staff shortages in many clinical professions.

The implementation and rollout of the Additional Roles Reimbursement Scheme for PCNs has led to increased workforce in new roles including pharmacists, Social Prescribing Link Workers, Physicians Associates, paramedics and occupational therapists working as part of a wider primary care team.

While a number of our PCNs have been able to make full use of the Additional Roles Reimbursement Scheme to recruit to new roles some PCNs have struggled to make full use of this opportunity and NHS South Yorkshire is working with Primary Care Sheffield and our PCNs to explore opportunities to improve recruitment.

Sheffield continues to perform better than many areas in recruitment and retention of GPs and other staff, however, workload, social and economic factors together make primary care recruitment and retention across all staff groups challenging and developing plans to support primary care workforce is a priority.

Steps taken so far include, a GP mentoring scheme run by the Local Medical Committee, a mid-career GP fellowship scheme run by the South Yorkshire Primary Care Workforce Hub. Continued funding of a nurse vocational training scheme, the development of an administrative and clerical staff vocational training scheme and the development of support and training packages for administrative staff.

Primary Care Workforce Health and Wellbeing

The effects of COVID-19 and resulting pressures continue to be felt in general practice. Staff absences due to COVID-19 and sickness as well as stress affect the health and wellbeing of staff and the ability of practices to function.

As pressure on services has grown locally and nationally incidents of abuse and violence against staff by patient have increased. NHS Sheffield CCG conducted a survey last year that found that 95.5% of practice staff who responded had experienced verbal abuse from patients in the workplace in the preceding 9 months and 52% had experienced intimidation and 47% of respondents said they experienced verbal abuse on a weekly basis.

NHS Yorkshire developed a targeted campaign to support a zero tolerance message and is currently running a campaign linked to World Kindness Day with media releases and materials for practices to use. Training on dealing with difficult situations and complaints handling support has also been provided.

NHS South Yorkshire has developed a range of wellbeing offers for practice staff to complement the support available nationally. Nationally the number of referrals to the "Health Practitioner Programme" that offers support to GPs who are struggling to continue to practice has increased by a third over the last 16 months. We are consistently working with our practices and the Sheffield Local Medical Committee (LMC) to look at ways we can protect and support our staff.

Enhanced Access

In March 2022 NHS England published contractual changes to the arrangements providing access to primary medical services outside core hours (8:00am to 6:30pm) to take effect from 1 October 2022.

The previous arrangements for appointments outside of core hours were:

- CCG Commissioned Extended Access Service - 7 days a week between 6.30pm to 10pm Monday to Friday and 9 to 5 at the weekend
- PCN Extended Hours – offered before 8.00am and between 6.30pm to 8.00pm

The new national requirements formally merge these arrangements into the single Enhanced Access service to be delivered by PCN's in Network Standard Hours i.e., 6.30 to 8pm Mondays to Fridays and 9am to 5pm on Saturdays, from the 1st October 2022 offering a minimum of 60 minutes of appointments per 1,000 PCN adjusted populations per week with GP cover available.

In addition to hours of provision the significant changes brought by the new service are that appointments must be bookable in advance and same day., delivered in a mixture of in person face to face and remote access and greater focus on general practice services, including appointments for planned care like screening, vaccinations (including COVID-19 vaccinations and boosters) and immunisations, health checks and PCN services with any unused appointments are made available to NHS 111 on the day.

PCNs undertook engagement with their patients earlier this year to help them plan the new services and have reflected patient preferences in hours, services offered and locations. 12 of the 15 PCNs in Sheffield have chosen to subcontract a service from Primary Care Sheffield with three providing the service themselves. As services must be provided at locations convenient to patients the number of sites across Sheffield has increased but patients may now only be referred to their PCN site.

A service for patients of the one practice not within a PCN has been commissioned from Primary Care Sheffield and is provided at a nearby site.

The effect of these changes, in particular the impact on access to urgent primary care on Sundays and Bank Holidays that no longer form part of the PCN Network Standard Hours is under review and PCNs continue to obtain feedback from patients on the new services.

Conclusion

There continue to be significant challenges for primary care nationally and locally that have been exacerbated by the pandemic and subsequent economic pressures in the UK. However, we continue to work together with our practices, our patients and other partners to maximise opportunities and address variation and inequity.



Report to Health Scrutiny Sub-Committee

23 November 2022

Report of: David Hollis, Interim Director of Legal and Governance

Subject: Work Programme

Author of Report: Emily Standbrook-Shaw, Policy & Improvement Officer
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Summary:

The Committee's Work Programme is attached at Appendix 1 for the Committee's consideration and discussion. This aims to show all known, substantive agenda items for forthcoming meetings of the Committee, to enable this committee, other committees, officers, partners and the public to plan their work with and for the Committee.

Any changes since the Committee's last meeting, including any new items, have been made in consultation with the Chair, and the document is always considered at the regular pre-meetings to which all Group Spokespersons are invited.

The following potential sources of new items are included in this report, where applicable:

- Questions and petitions from the public, including those referred from Council
- References from Council or other committees (statements formally sent for this committee's attention)
- A list of issues, each with a short summary, which have been identified by the Committee or officers as potential items but which have not yet been scheduled (See Appendix 1)

The Work Programme will remain a live document and will be brought to each Committee meeting.

Recommendations:

1. That the Committee's work programme, as set out in Appendix 1 be agreed, including any additions and amendments identified in Part 1;
2. That consideration be given to the further additions or adjustments to the work programme presented at Part 2 of Appendix 1;
3. That Members give consideration to any further issues to be explored by officers for inclusion in Part 2 of Appendix 1 of the next work programme report, for potential addition to the work programme; and

Background Papers: None

Category of Report: Open

COMMITTEE WORK PROGRAMME

1.0 Prioritisation

1.1 For practical reasons this committee has a limited amount of time each year in which to conduct its formal business. The Committee will need to prioritise firmly in order that formal meetings are used primarily for business requiring formal decisions, or which for other reasons it is felt must be conducted in a formal setting.

1.2 In order to ensure that prioritisation is effectively done, on the basis of evidence and informed advice, Members should usually avoid adding items to the work programme which do not already appear:

- In the draft work programme in Appendix 1 due to the discretion of the chair; or
- within the body of this report accompanied by a suitable amount of information.

2.0 References from Council or other Committees

2.1 Any references sent to this Committee by Council, including any public questions, petitions and motions, or other committees since the last meeting are listed here, with commentary and a proposed course of action, as appropriate:

Issue	
Referred from	
<i>Details</i>	
<i>Commentary/ Action Proposed</i>	

3.0 Member engagement, learning and policy development outside of Committee

3.1 Subject to the capacity and availability of councillors and officers, there are a range of ways in which Members can explore subjects, monitor information and

develop their ideas about forthcoming decisions outside of formal meetings. Appendix 2 is an example 'menu' of some of the ways this could be done. It is entirely appropriate that member development, exploration and policy development should in many cases take place in a private setting, to allow members to learn and formulate a position in a neutral space before bringing the issue into the public domain at a formal meeting.

2.2 Training & Skills Development - Induction programme for this committee.

Title	Description & Format	Date

Appendix 1 – Work Programme

Part 1: Proposed additions and amendments to the work programme since the last meeting:

Item	Proposed Date	Note

Part 2: List of other potential items not yet included in the work programme

Issues that have recently been identified by the Committee, its Chair or officers as potential items but have not yet been added to the proposed work programme. If a Councillor raises an idea in a meeting and the committee agrees under recommendation 3 that this should be explored, it will appear either in the work programme or in this section of the report at the committee’s next meeting, at the discretion of the Chair.

Topic	
Description	
Lead Officer/s	
Item suggested by	<i>Officer, Member, Committee, partners, public question, petition etc</i>
Type of item	<i>Referral to decision-maker/Pre-decision (policy development/Post-decision (service performance/ monitoring)</i>
Prior member engagement/ development required <i>(with reference to options in Appendix 2)</i>	
Public Participation/ Engagement approach <i>(with reference to toolkit in Appendix 3)</i>	
Lead Officer Commentary/Proposed Action(s)	

Part 3: Agenda Items for Forthcoming Meetings

Meeting 3	November 23 rd 2022	Time				
Topic	Description	Lead Officer/s	Type of item <i>Decision/Referral to decision-maker/Pre-decision (policy development)/Post-decision (service performance/ monitoring)</i>	Prior member engagement/ development required <i>(with reference to options in Appendix 1)</i>	Public Participation/ Engagement approach <i>(with reference to toolkit in Appendix 2)</i>	Final decision-maker (& date) This Cttee/Another Cttee (eg S&R)/Full Council/Officer
Primary Care Capital Transformation – Consultation Findings	To consider the findings of the ICBs public consultation on proposals to create 5 GP led hubs in the City.	Lucy Ettridge, Jackie Mills, NHS SY ICB	Consideration of ‘Substantial Variation’ to health services.	Sub-Committee has had previous engagement – considered at June meeting of the Sub-Committee.	This item will details the findings of the public consultation.	This Committee
Primary Care Update	Update from NHS SY ICB on issues currently facing Primary Care in Sheffield	Abigail Tebbs, NHS SY ICB	Briefing			This Committee
Standing items	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> • <i>Work Programme</i> 					

Meeting 4	December 7 th 2022	Time				
Topic	Description	Lead Officer/s	Type of item <i>Decision/Referral to decision-maker/Pre-decision (policy development)/Post-decision (service performance/ monitoring)</i>	Prior member engagement/ development required <i>(with reference to options in Appendix 1)</i>	Public Participation/ Engagement approach <i>(with reference to toolkit in Appendix 2)</i>	Final decision-maker (& date) <i>This Cttee/Another Cttee (eg S&R)/Full Council/Officer</i>
Primary Care Capital Transformation Programme – Business Case	To consider and comment on the business case prior the NHS SY ICB Board Decision.	Lucy Ettridge, Jackie Mills NHS SY ICB	Consideration of ‘Substantial Variation’ to health services.	Previously considered at June and November meetings of the sub-committee.	Full consultation findings previously presented to the Committee.	This Committee
Wainwright Crescent Step Down Beds	Progress report following implementation of proposals as discussed at June Sub-Committee meeting	Heather Burns, NHS South Yorkshire ICB/Greg Hackney, SHSCFT	Performance Monitoring.	Site visit to be offered to Sub-Committee members.	Report expected to include patient and carer feedback. HealthWatch Sheffield will have opportunity to feed in views of local people where appropriate.	This Committee
CQC Assurance Framework	To receive an update on the new CQC single assessment framework.	Alexis Chappell, Director of Adult Health & Social Care	Briefing			
Standing items	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> • <i>Work Programme</i> 					

Meeting 5	January 25 th 2023	Time				
Topic	Description	Lead Officer/s	Type of item <i>Decision/Referral to decision-maker/Pre-decision (policy development)/Post-decision (service performance/ monitoring)</i>	Prior member engagement/ development required <i>(with reference to options in Appendix 1)</i>	Public Participation/ Engagement approach <i>(with reference to toolkit in Appendix 2)</i>	Final decision-maker (& date) This Cttee/Another Cttee (eg S&R)/Full Council/Officer
Standing items	<ul style="list-style-type: none"> Public Questions/ Petitions Work Programme 					

Meeting 6	March 23 2023	Time				
Topic	Description	Lead Officer/s	Type of item <i>Decision/Referral to decision-maker/Pre-decision (policy development)/Post-decision (service performance/ monitoring)</i>	Prior member engagement/ development required <i>(with reference to options in Appendix 1)</i>	Public Participation/ Engagement approach <i>(with reference to toolkit in Appendix 2)</i>	Final decision-maker (& date) This Cttee/Another Cttee (eg S&R)/Full Council/Officer
Quality Accounts 2022/23	Sub-Committee to agree approach to the 2022/23 Quality Accounts process.	Principal Democratic Services Officer	Statutory consultation	Briefing on role and purpose of Quality Accounts to be included in report.		This Committee.
Standing items	<ul style="list-style-type: none"> Public Questions/ Petitions Work Programme 					

Items which the committee have agreed to add to an agenda, but for which no date is yet set.						
Topic	Description	Lead Officer/s	Type of item <i>Decision/Referral to decision-maker/Pre-decision (policy development)/Post-decision (service performance/ monitoring)</i>	Prior member engagement/ development required <i>(with reference to options in Appendix 1)</i>	Public Participation/ Engagement approach <i>(with reference to toolkit in Appendix 2)</i>	Final decision-maker (& date) <i>This Cttee/Another Cttee (eg S&R)/Full Council/Officer</i>
Adult Dysfluency and Cleft Palate Speech and Language Therapy Services	Healthier Communities and Adult Social Care Scrutiny Committee has previously been involved in considering 'substantial change' to service. Proposals have since been reviewed – still awaiting new proposal on future service model. The Scrutiny Sub-Committee will need to consider the new proposal when it has been developed.	Lucy Ettridge/Kate Cleave, NHS South Yorkshire ICB	Consideration of 'substantial change' to service.	Last considered January 2022: Adult Dysfluency and Cleft Lip and Palate Service Update.pdf (sheffield.gov.uk)		This Committee
Continence Services	Healthier Communities and Adult Social Care Scrutiny Committee received the NHS response to the report and recommendations of the Scrutiny Continence Working Group in March 2022. Committee requested that the NHS be invited to give a	Sarah Burt, NHS South Yorkshire ICB	Performance monitoring	Last considered March 2022: Continence Services.pdf (sheffield.gov.uk)		

	further update on progress at a future meeting.					
NHS Commissioning in 'Place' – Sheffield Committee arrangements	Update on the developments of South Yorkshire ICB and the establishment of the Sheffield Place Committee	Emma Latimer – NHS South Yorkshire ICB	Briefing			This Committee
CQC CAMHS Monitoring Visit – post visit action plan.	To consider progress on addressing the issues identified through the CQC CAMHS visit, to include the Children's Hospital, Care Trust and Teaching Hospitals.	tbd	tbd			This Committee
Standing items	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> • <i>Work Programme</i> 					

Appendix 2 – Menu of options for member engagement, learning and development prior to formal Committee consideration

Members should give early consideration to the degree of pre-work needed before an item appears on a formal agenda.

All agenda items will anyway be supported by the following:

- Discussion well in advance as part of the work programme item at Pre-agenda meetings. These take place in advance of each formal meeting, before the agenda is published and they consider the full work programme, not just the immediate forthcoming meeting. They include the Chair, Vice Chair and all Group Spokespersons from the committee, with officers
- Discussion and, where required, briefing by officers at pre-committee meetings in advance of each formal meeting, after the agenda is published. These include the Chair, Vice Chair and all Group Spokespersons from the committee, with officers.
- Work Programming items on each formal agenda, as part of an annual and ongoing work programming exercise
- Full officer report on a public agenda, with time for a public discussion in committee
- Officer meetings with Chair & VC as representatives of the committee, to consider addition to the draft work programme, and later to inform the overall development of the issue and report, for the committee's consideration.

The following are examples of some of the optional ways in which the committee may wish to ensure that they are sufficiently engaged and informed prior to taking a public decision on a matter. In all cases the presumption is that these will take place in private, however some meetings could happen in public or eg be reported to the public committee at a later date.

These options are presented in approximately ascending order of the amount of resources needed to deliver them. Members must prioritise carefully, in consultation with officers, which items require what degree of involvement and information in advance of committee meetings, in order that this can be delivered within the officer capacity available.

The majority of items cannot be subject to the more involved options on this list, for reasons of officer capacity.

- Written briefing for the committee or all members (email)
- All-member newsletter (email)
- Requests for information from specific outside bodies etc.
- All-committee briefings (private or, in exceptional cases, in-committee)
- All-member briefing (virtual meeting)
- Facilitated policy development workshop (potential to invite external experts / public, see appendix 2)
- Site visits (including to services of the council)
- Task and Finish group (one at a time, one per cttee)

Furthermore, a range of public participation and engagement options are available to inform Councillors, see appendix 3.

Appendix 3 – Public engagement and participation toolkit

Public Engagement Toolkit

On 23 March 2022 Full Council agreed the following:

A toolkit to be developed for each committee to use when considering its ‘menu of options’ for ensuring the voice of the public has been central to their policy development work. Building on the developing advice from communities and Involve, committees should make sure they have a clear purpose for engagement; actively support diverse communities to engage; match methods to the audience and use a range of methods; build on what’s worked and existing intelligence (SCC and elsewhere); and be very clear to participants on the impact that engagement will have.

The list below builds on the experiences of Scrutiny Committees and latterly the Transitional Committees and will continue to develop. The toolkit includes (but is not be limited to):

- a. Public calls for evidence
- b. Issue-focused workshops with attendees from multiple backgrounds (sometimes known as ‘hackathons’) led by committees
- c. Creative use of online engagement channels
- d. Working with VCF networks (eg including the Sheffield Equality Partnership) to seek views of communities
- e. Co-design events on specific challenges or to support policy development
- f. Citizens assembly style activities
- g. Stakeholder reference groups (standing or one-off)
- h. Committee / small group visits to services
- i. Formal and informal discussion groups
- j. Facilitated communities of interest around each committee (eg a mailing list of self-identified stakeholders and interested parties with regular information about forthcoming decisions and requests for contributions or volunteers for temporary co-option)
- k. Facility for medium-term or issue-by-issue co-option from outside the Council onto Committees or Task and Finish Groups. Co-optees of this sort at Policy Committees would be non-voting.

This public engagement toolkit is intended to be a quick ‘how-to’ guide for Members and officers to use when undertaking participatory activity through committees.

It will provide an overview of the options available, including the above list, and cover:

- How to focus on purpose and who we are trying to reach
- When to use and when not to use different methods
- How to plan well and be clear to citizens what impact their voice will have
- How to manage costs, timescales, scale.

There is an expectation that Members and Officers will be giving strong consideration to the public participation and engagement options for each item on a committee’s work programme, with reference to the above list a-k.

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