

# Quarterly Report

## January–March 2026

Heard from **537** people about their views and experiences of health and care



The **Sheffield Young Carers Speak Up** report was published, along with resources to help young carers to be identified



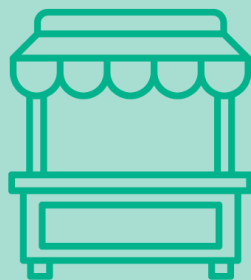
Helped **245** people with enquiries about health and social care services



Visited **4 Extra Care Supported Housing Schemes** to hear about experiences of hospital discharge



Hosted **2 Health and Care information Community** events at Wybourn



Published our report **Tinsley: a neighbourhood view of health and care**



# 1. Introduction

This quarter we boosted capacity in our Community Outreach team by welcoming Harry Frost our new Community Outreach Lead. Harry is a former member of our Strategic Advisory Group and has previously supported us with a range of activities as a volunteer. Recently, Harry and the team have been busy visiting residents living in Extra Care Supported Housing, to find out about their experiences of hospital discharge. In the coming months, our insights will be published and shared with those deciding how to improve discharge experiences.

We continue to work with the Local Healthwatch Working Together group to coordinate a collective response at a national level to the proposed abolishment of our network. The recently published King's Fund report [\*The future of patient voice: Learning from the Healthwatch model\*](#) highlights the importance of having independent voice in any future arrangements, and underlines the need for a comprehensive review of the overall patient/user feedback landscape, as the decision to abolish Local Healthwatch was made without this having happened. Locally, system partners are preparing for the future. Health and Wellbeing Board members have committed to their organisations being involved in the design of a new independent voice model in Sheffield, and have agreed to identify how such a model could be funded.

In March, the government published their [\*neighbourhood health framework\*](#) which sets out the initial steps that local areas will need to take to develop their neighbourhood health plans for 2027/28. In the same month, we published our report [\*Tinsley: a neighbourhood view of health and care\*](#). The findings emphasise the need for the health and care system to take a joined up, coordinated approach at a neighbourhood level, to improve access to information, activities, and care and support. Learning from the report can be applied beyond Tinsley, with implications for neighbourhood health plans, and wider learning around digital, travel and language barriers.

We published this year's first Speak Up project report on Young Carers Action Day. The [\*report\*](#), which was produced by Sheffield Young Carers and their Young Carers Action Group, highlights the need to increase the identification of young carers, and includes co-designed resources to help address this issue. We will be supporting them to disseminate the resources over the summer.

We wrapped up our Great Places commissioned work in Wybourn at February half term. We ran 2 events shaped by local people's feedback – 'Healthy Living' and 'Healthy Minds'. Across these events, 21 services ran stalls, providing information and advice alongside a range of fun activities for families, including handling snakes!

## 2. Enquiries, Information and Advice



- Giving information about health and social care services is one of our statutory duties.
- People can get in touch with our [information service](#) by email, phone, and at our weekly in-person drop in. We also provide information when we are out and about at community events.
- We can help with things such as people's rights to treatment, what services may be available to them, or how to raise a concern about a negative experience they have had.
- People who come to us for information also share feedback with us which helps shape the rest of our work.

245

contacts with our  
information and  
advice officer

1152

views of the  
information and  
advice section of our  
website

32%

of visitors to our  
website looked at  
information articles

We published 7 information and advice articles this quarter. This was a series of articles about pharmacies, including understanding hospital outpatient pharmacies, getting emergency contraception from a pharmacy, and more. You will find all the articles here: <https://www.healthwatchsheffield.co.uk/advice-and-information>

The most viewed information and advice articles were "[What is social prescribing?](#)" and "[Jess's Rule: a new NHS safety measure to catch illnesses earlier](#)".

### Examples of what we've heard through our Information Service this quarter

We heard about AI systems being used by some GP practices to help manage patient calls. Concerns were raised about accessibility, in particular, when trying to book appointments as some patients were unable to speak directly with reception and were instead sent a booking link to their mobile phone by the AI system. Some

patients don't have a smartphone or internet access which meant they couldn't complete the booking process.

Insights were shared about a recent increase in Right to Choose waiting times with some providers, in relation to child and adult ADHD and autism assessments. We heard the rise seemed to have happened within recent months, particularly with ADHD child assessments.

We also heard that patients' health passports were sometimes not fully referred to when patients were admitted to hospital. Feedback was shared that clinical needs were generally met but personal care needs were sometimes overlooked. This included support with washing, showering, and continence care, particularly for people with learning disabilities or mental health conditions.

## Where have we signposted people this quarter?



## Case study

### Access to GP services

\*Adele contacted us to report ongoing difficulties in booking an appointment with her GP surgery. She explained that she had been trying to access care for a couple of weeks but had been unable to get through to the practice.

Each time Adele called, the phone system was busy, she was not placed in a queue or given the option to wait. Instead, an automated message directed her to use online services to book an appointment before ending the call. Adele told us this was frustrating, as she does not have a smartphone or use the internet so was unable to book an appointment.

With Adele's consent, we emailed the GP practice to share her feedback. We also asked if the practice could contact Adele directly to help her secure an appointment. A short time later, Adele told us that the practice had contacted her by phone and she was able to successfully book an appointment.

From April 2026, GP practices are expected to make sure patients can contact them in different ways, including by phone, online or in person. Patients should not be required to use online services only, so that people without smart phones or internet access are not excluded. You can read more about this on NHS England's webpage [Changes to the GP Contract in 2026/27](#).

\*Name has been changed.

## Impact

We've shared with Sheffield Teaching Hospitals that patients don't always know what to expect while they're waiting for care, or know who to contact to check how things are progressing.



In response, they've sent out communications to the relevant services to reiterate that they need to provide a point of contact for people on waiting lists, along with regular updates.

## 3. Website

### Website views:



This quarter we had 2,820 **visitors** to our website, totalling 6297 **page views**

### Most popular pages:



People wanting to give feedback or get information and advice:

[Share your views](#) and [Contact us](#)

### The most viewed reports were:



[October-November 2025: what have we been hearing?](#)

[Speak Up: Sheffield Young Carers](#)

## Blogs

Recently we've been using blogs on our website to share findings from our visits to community groups and health and care settings.

The blogs have been well received by the organisations we've visited, as they provide

insights into their service users' needs and what they value the most. They can also work with us to help people where an information or support gap has been identified.

Blogs from this quarter cover visits to the **Memory group at Parson Cross Community Development Forum**, and the **Social Café at SOAR**.

You can read all of these blogs [on our website](#).

## 4. Children and Young people

### Speak Up

We have been working with six local organisations on Speak Up projects which focus on children and young people's views and experiences. This quarter we published the first report in this year's series.



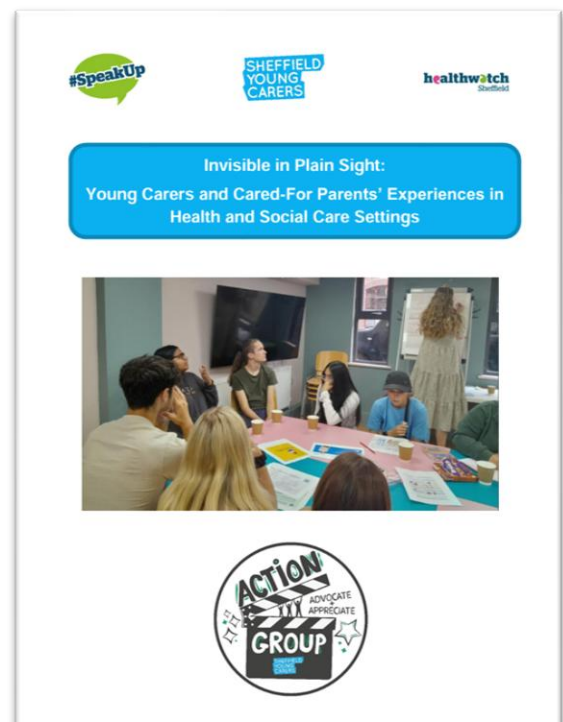
### Sheffield Young Carers

On 11 March – to coincide with Young Carer Action Day – we shared the Speak Up report from Sheffield Young Carers and their Young Carers Action Group. This project focused on the experiences of young carers and cared-for parents in Sheffield.

You can read it on our website [here](#).

#### Key findings:

- There is a lack of identification of young carers by professionals, despite families having long term contact with services
- There is commonly a fear and distrust of services, with young people worrying that intervention might lead to them being separated from their families or other consequences
- Communication and relationship building with professionals is hugely important
- Parents and young carers need a whole-family approach; focusing just on the individual patient fails to recognise the impact that illness, disability, or substance misuse has on the wider household.



## Resources:

The group also worked together to create a series of resources that could be used in health and care settings. They felt these could be effective in identifying other young people in caring roles:

- A 'Do you help someone at home?' poster – for young carers to recognise their own role
- A 'Who else supports this patient?' flowchart – for professionals to identify and support young carers more confidently

We have shared this report with local commissioners and providers of health and social care services. Some services have already begun promoting and disseminating the resources.

## Other Speak Up projects

We are currently working with four of the remaining organisations on final amendments to reports, and expect these to be published next quarter in April and May.

One organisation is still working on project delivery due to some extenuating circumstances, and we are supporting them where we can.

## The Sheffield Foyer Health & Wellbeing Day

We ran a stall at Sheffield Foyer's Health and Wellbeing Day in February. Sheffield Foyer provides accommodation, training and support to homeless people, aged 16-25. We provided information and advice about health, wellbeing, and social care services, and gathered feedback on experiences of care and support.

Key findings include:

- Long and frustrating wait times for GP appointments, and at A&E.
- Difficulty accessing GP appointments via the phone, consultations feeling rushed, and lack of follow-up after tests.
- There was a lack of trust in the quality of care from the NHS due to previous negative experiences around things being missed.
- Some positive experiences of opticians and dental care, as well as support with interpreters.

## 5. Community Partnerships

### Burton Street Foundation

We visited our community partner [Burton Street Foundation](#) at their community hub. We heard about people's care needs and experiences, and provided people with information and advice on dental access and other support services.

Key findings include:

- Positive experiences with GP surgeries, pharmacies, carers, and social workers, highlighting reliable and supportive care.
- Hospital care was consistently described as high quality, with knowledgeable, reassuring, and responsive staff.
- Significant barriers to access remain, including long waiting times, complex systems, communication issues, and challenges related to transport, digital exclusion, and service availability.



Our blog about this visit will be published next quarter.

### Community Outreach Lead recruitment

The Managing Director of our community partner [Sheffield Flourish](#), sat on the interview panel for our new community outreach lead – thanks Josie for your time, wisdom and bringing a wider perspective to the process.

### Impact

#### Supporting community connections

When we asked people in Wybourn what health related activities and information they would like in their area, some people told us they would like to have health checks and others said they would like to know more about mental health support.



We provided a mental health focused event and blood pressure checks were available on the day. After the event we connected [Wybourn Works](#) with [St Matthew's Parish Nursing Service](#) who can visit existing groups to offer basic health checks, mental health support and signposting.

This may lead to many more local people having health checks and finding out about mental health support from a trained, non-judgmental professional in a trusted environment.

## 6. Projects, Involvement & Engagement

We visit groups in the community to find out about people's experiences of health and social care services, and to provide information and advice to help them navigate the system, raise concerns, and access the care they need.

In addition to hosting our own events, we go to regular activities and events held by other organisations, to listen and learn as well as sharing insights and information about accessing care and support.

### Extra Care Support Housing

Between January and March 2026, we visited 5 Extra Care Housing Schemes - **Hilltop Lodge, Guilford Grange, Roman Ridge, The Meadows, and Brunswick Gardens.**

Residents told us about their experiences of hospital discharge, and health and social care services.

Key findings include:

- Some people said they were not fully involved in discharge decisions, with short notice or limited explanations leaving them feeling unprepared.
- People's relatives and carers weren't always kept informed or involved in decision making.
- Some people reported smooth discharges, whilst others experienced delays with medication, paperwork, transport, or equipment, and reported that processes were poorly coordinated.
- Post-discharge, some individuals felt safe and supported, while others faced gaps in care or felt there wasn't sufficient follow-up.

Our insights will be reported in a briefing next quarter. It will be shared with health and care decision-makers to help inform improvements.

### Sheffield Royal Society for the Blind

In February, we spoke with members of a stroke support group hosted by the Sheffield Royal Society for the Blind. They shared experiences of receiving treatment and follow up support for strokes.

Key findings include:

- There were many positive experiences of care at GP practices and hospitals.
- There were long wait times for treatment, including urgent procedures.
- Some people could not discuss multiple health conditions at one GP appointment, and their appointments felt rushed.

- NHS written communications are not always provided in suitable formats.
- NHS systems and processes are often challenging to navigate for those with visual or cognitive impairment post-stroke.

## Zest babies and toddler group

In March we visited Zest’s babies and toddler group to speak to parents about their experiences of accessing children’s health services and support, and their own experiences of care and support.

Key findings include:

- Parents we spoke to generally felt supported during and after pregnancy by the range of healthcare provided by their GP practice, Sheffield Children’s Hospital and health visitors.
- Poor and slow communications between different Trusts and service providers left parents feeling overwhelmed, sometimes by the administrative load.
- Lack of access to NHS dentistry resulted in parents either going private or going without dental care.



We gave parents information and advice including a list of dentists accepting new NHS patients and information about booking GP appointments online.

## Feedback from Refugees and Asylum seekers on using the NHS App

In January, we visited asylum seekers’ accommodation to gather feedback on using the NHS App. This helped us to understand the barriers and challenges involved in using the app, and what could be done to make it easier to use.

Key findings include:

- Preference for human interaction or text over using apps.
- Limited access to suitable devices and low digital confidence.
- Challenges with app usability, including difficult registration, confusing interfaces, and language barriers.

- Concerns about accessibility, readability, and data security.
- A need for simple, user-friendly design with guidance, step-by-step instructions, and clear communication about why the app is needed.

## Memory Café at Parson Cross Community Development Forum

In January, we visited the Memory Café at Parson Cross Community Development Forum to speak with people living with dementia, their relatives and carers. They shared their experiences of care and support and we provided a range of tailored information and advice about services, including dental care, support organisations and the Patient Advice and Liaison Service (PALS).

Key findings include:

- Hospital care was widely praised, with patients highlighting the kindness, professionalism, and high quality of clinical treatment provided.
- However, significant challenges were reported in accessing services, particularly GP appointments, dental care, and specialist referrals.
- Issues relating to continuity and communication were also identified, including frequent changes in paid home carers.

Click [here](#) to read our blog about this visit.

## Social Cafe at SOAR

In January, we visited the Social Cafe at SOAR in Parson Cross to hear about people's experiences of health and social care and provide and personalised information and advice.



Key findings include:

- Reports of good care from GPs, dentists, opticians, and hospital staff and effective social care and emergency support.
- Difficulties accessing GP appointments, eg long waits for appointments, and administrative barriers.
- Digital exclusion, service gaps, and inconsistent mental health or pharmacy support, contributing to stress, anxiety, and isolation.

Click [here](#) to read our blog about this visit.

## Archer project, Sheffield

We visited the Archer Project in January. The Sheffield-based charity supports people experiencing or at risk of homelessness by providing non-judgemental, holistic support to help people build stability and move towards a more fulfilling life.

Key findings include:

- Struggles to access GP care despite multiple health conditions, including arthritis, heart issues, and mental health needs.
- Positive support from specialist services and the Archer Project, providing non-judgemental care and access to doctors and dentists.
- Experiences of stigma and feeling judged by healthcare staff, particularly when homeless or seeking treatment.
- Financial and transport barriers prevent access to hospital care, contributing to unmet health needs and feeling neglected.

## Health and care information project: Wybourn

We delivered two health and wellbeing events at the Pat Midgley Community Hub during February half term to conclude the health and care information project funded by Great Places Housing Group. The Healthy Living and Healthy Minds events were shaped by the feedback we gathered from Wybourn residents during the consultation phase of the project.

A wide range of representatives from 21 health, social care and wellbeing services attended across the 2 events, to offer support and raise awareness of available support. They offered information and advice on a broad range of topics including, oral health, infant sleep, parental attachment, healthy eating, mental health, specific conditions such as cancer, diabetes and dementia, employment, and cost of living advice. Additionally, Sheffield United Community Foundation promoted their support and activities offer and carried out blood pressure checks. We also provided family-friendly activities such as face painting, handling exotic animals, arts and crafts and a prize wheel on our stall, to encourage people to give feedback about health and social care services.

### Impact

Around 50 people came to our Wybourn events to get practical advice and information about health, and support options. Professionals valued the opportunity to help people in an informal,



friendly setting, and thought that networking and learning about other services was particularly useful.

Members of the public shared their views about the event:

*"It was great to meet service providers face to face and to ask questions instead of trying to figure it out online."*

*"I appreciated being able to ask questions about mental health and wellbeing services and it felt safe and supportive."*

*"It felt like a proper community day rather than just an information event."*

Professionals told us:

*"It's been good getting to know about other services who can help and support families"*

*"Learning from other services and provided our support too. Making good connections and future partnerships is always well worth it."*

## Inequalities: networking and insight sharing events

We attended the **Period and Menopause Equity Charter Annual Event**, which provided valuable insight into efforts to address inequalities and improve support related to menstrual and menopause health.

The **Professional Network: Improving Services for Diverse Communities event**, focused on sharing best practice and exploring ways to enhance inclusivity and accessibility across services.

Both events enabled us to exchange knowledge, and inform our ongoing work to amplify the voices of the diverse populations in our communities.

## 7. Reports

### What have we been hearing?

We published one of our regular intelligence briefings this quarter:

[What have we been hearing? December 2025 – January 2026](#)

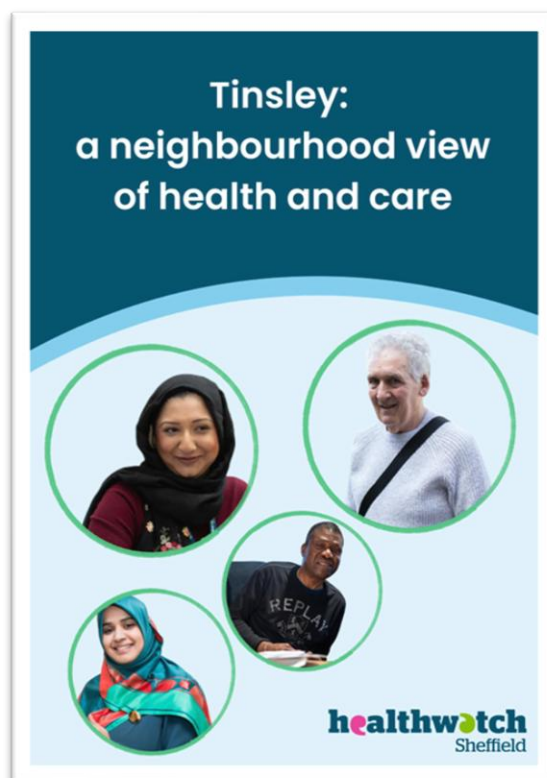
We continue to raise issues directly with service providers in a timely way through these briefings. This includes topics we hear about regularly (like NHS dentistry and difficulties getting a GP appointment), as well as emerging topics like an apparent increase in Right to Choose waiting times.

## Project reports

In March we shared a significant project report – '[Tinsley: a neighbourhood view of health and care](#)'.

This project aligns with one of our current priority topics – local people asked us to look at health, care, and wellbeing from a neighbourhood perspective. Since beginning this work, neighbourhood models of care are also being emphasised by the NHS and central government through the [NHS 10 year plan](#).

We chose Tinsley as a neighbourhood to focus on for a variety of reasons, and interviewed people living and using services there about their experiences of health, social care, and voluntary sector support, as well as wider factors that influence their health and wellbeing.



### Our key findings in Tinsley:

1. There is a huge information and advice need in the area – exacerbated by language and digital barriers
2. There's low awareness and uptake of some services – Adult Social Care and Mental Health support in particular
3. Travel barriers to the city centre and other neighbourhoods further worsen people's access to secondary care and wider support
4. The low identification of carers puts additional strain on families
5. A shortage of groups and activities in the area means many people's social wellbeing needs are not being met

Due to the broad reach of this report, we have made recommendations to commissioners and providers of a wide variety of services. We have also taken steps to make sure that topics relating to the wider determinants of health (ie not statutory health and social care services) have been shared with organisations working with communities to help make improvements.

Outside of Tinsley, we hope that this report will also provide wider learning and insight where work to improve population health at a neighbourhood level is being done elsewhere.

You can read the report on our website [here](#).

## 8. Quality Accounts

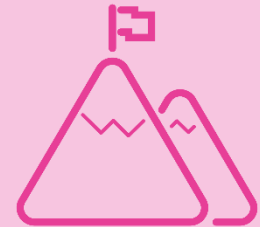
Quality Accounts are published annually by NHS healthcare providers. They are a way for local services to report on quality and show improvements in the services they deliver. Measures of quality and service improvement include patient safety data, effectiveness of treatment, and patient feedback about the care they receive.

Local Healthwatch are sent a draft Quality Account by each NHS Trust in Sheffield, and provide a response based on the feedback we've received over the last year. We also comment on the Quality Objectives that each Trust sets themselves.

This quarter we received the first of the draft Quality Accounts from 2025-26. We expect to receive the rest – and respond to them – in the next quarter.

### Impact

Sheffield Teaching Hospitals ask for our input into choosing their Quality Objectives each year, which is a significant opportunity for us to raise themes and issues relating to hospital care that patients and the public have been telling us about.



This year the Hospitals will be carrying on with some 2 year objectives – including one to improve services for young people including healthcare transition from children's services. We fed into the decision-making process to choose this objective, and have been able to share relevant intelligence based on young people's experiences as the focus on this group continues.

## 9. Health & Care Public Forum (Sheffield)

This quarter, the Health and Care Public Forum met in February. We run this patient and public forum on behalf of Sheffield Health and Care Partnership, to help inform their work.

At the meeting, the Forum shared views on our recent work and what has been happening in the local health and care system, including the outcome of the Care Quality Commission's (CQC's) assessment of how well Sheffield City Council are fulfilling their responsibilities under Part 1 of the Care Act (2014).

The Forum were updated on local and national developments around the proposed abolition of Local Healthwatch, and plans to remove governor roles from NHS trusts. The Lead Governor of Sheffield Teaching Hospitals explained the role of governors

and shared his views on the potential impact of not having governors and Local Healthwatch.

There were discussions around the importance of acknowledging the difference between collecting feedback through the NHS App and meaningful involvement work, and recognising that further digitisation of the NHS highlights the need for face-to-face involvement work with those who are digitally excluded. When considering the national picture, people pointed to the risk of increased variation in voice models across the country, and possible inefficiencies created by 'starting from scratch' if the Healthwatch branding is lost.

## 10. Local decision making and the Healthwatch role



In the summer, the NHS 10 Year Plan was published, along with the National Review of Patient Safety (the Dash report). It announced plans to close Local Healthwatch, and Healthwatch England. The law needs to be changed for Local Healthwatch to be abolished; it is therefore likely that it won't happen until some point in 2027. You can find out more about the legislative process and what taking a bill through parliament involves [here](#).

We have continued working with colleagues from other Local Healthwatch through the Local Healthwatch Working Together group, and National Response group. We have been involved in firming up a strategy to challenge the decision to get rid of statutory independent voice and have been working on how to influence the legislation in the Health Reform Bill which could see us abolished.

Local system partners have now confirmed that they would like to have an independent voice organisation in Sheffield in the future, and have started to share which of our statutory functions they value the most. This was set out in a paper that was discussed at the Health and Wellbeing Board in March. The relevant board members agreed that their respective organisations would engage in the process of designing a future model and that they would look into ways of funding the model.

In March, the King' Fund published [The future of patient voice: Learning from the Healthwatch model](#). The report sets out learning from the Healthwatch model, and how this can inform the government's plans around how patient and service user experiences are collected and used in the future. The findings are based on a review of existing evidence, interviews and workshops with local and national stakeholders. The report emphasises the importance of retaining independent voice in any future arrangements.

## 11. Supporting services to involve people

We met with Sheffield City Council to discuss how people could influence improvement plans which address the issues raised in the Care Quality Commission's (CQC's) assessment of how well the council meets its duties under [Part 1 of the Care Act \(2014\)](#).

We discussed ways of involving people, invited the team to engage with members of our Health and Care Public Forum, and agreed to share a survey and help people who need support to fill it in. It was felt that as an independent organisation, Healthwatch Sheffield is well placed to approach and listen to people who want to talk honestly, share their priorities for change, and openly suggest ideas on how to make improvements.

## 12. Volunteers

This quarter our volunteers have given up at least 117 hours of their time to support patient and public voice in Sheffield.

They have helped shape our work through our Strategic Advisory Group, shared views on local plans as part of the Health and Care Public Forum, and supported our daily activities like engagement and outreach, and admin.

This quarter we have also been part of a project with the volunteering team within Voluntary Action Sheffield to streamline volunteer record-keeping and admin management in the organisation. This is part of our good practice work to ensure people have a consistent and positive experience volunteering with us.

### Volunteering highlight

Some of our volunteers came to help out at our Healthy Living and Healthy Minds community events in Wybourn in the February half term. They helped with face painting, temporary tattoos, and hook a duck – fun for children and grown ups alike!



## 13. Healthwatch Team

There have been some changes within our community outreach team this quarter:

- Harry Frost, our new full-time community outreach lead, joined our team in February.
- In March, our Community Outreach Lead, Winnie Lutakome reduced her working hours from full-time to 16 hours per week.



## 14. Coming up next

Publishing the remaining 4 Speak Up reports and hosting a showcase event to connect this year's organisations with decision makers

Sharing our briefing on the experiences of trans and non-binary people's experiences of GP services

Hosting a roundtable event to discuss actions that can be taken in response to the findings in our Tinsley report

Visiting more Extra Care Schemes and publishing our insights on hospital discharge

## Using Voice for Influence



As well as sharing our intelligence in our written round ups, staff and volunteers regularly raise feedback and share experiences in the meetings they attend. Taking part in meetings helps us stay informed about developments in services, and enables us to promote the importance of listening to, and involving people, in shaping those developments. We regularly attend the following meetings, boards and committees:

- Sheffield Health and Wellbeing Board
- Lived Experience and Co-production Assurance Group (Sheffield Partnership University NHS Foundation Trust)
- Health Scrutiny Sub-Committee – Sheffield City Council
- Area Prescribing Group

- Primary Care Commissioning
- Integrated Medicines' Optimisation Committee (IMOC)
- Sheffield Health and Care Partnership Board
- South Yorkshire Local Dental Network
- Sheffield Teaching Hospitals (STH) Quality Objective Steering Group
- STH Patient Experience and Engagement Group
- STH Patient Engagement and Experience Committee
- Adult Social Care Collaborative
- Sexual Health Network
- Sheffield Children's Hospital Care Experience & Engagement Group
- Learning Disability Partnership Board

**Representatives from other Healthwatch in South Yorkshire also attend a range of meetings on behalf of our region, giving us an opportunity to feed into other areas of work including:**

- South Yorkshire Integrated Care Partnership
- Integrated Care Board (NHS South Yorkshire)
- South Yorkshire Mental Health/Crisis care meetings
- South Yorkshire System Quality Group