

## **Response from NHS South Yorkshire Integrated Care Board (ICB) to Healthwatch Sheffield's SpeakUp report in collaboration with Saalik Youth Project**

**March 2024**

Thank you for sharing the report with us and for funding the Saalik Youth Project to carry out such important engagement. Apologies for the slight delay in sending our response.

Please pass on our thanks to Saalik Youth Project for their work. Young Pakistani Muslim people often aren't heard in Sheffield, we commend their involvement in SpeakUp and NHS South Yorkshire (the ICB) is committed to working harder to engage young Muslim people.

We have read the report with interest and will seriously take on board their recommendations. We have shared the report widely, we'd like to respond to some of the findings and recommendations. The range of comments was diverse, we have separated them into primary care, workforce and interpretation.

### **Primary care**

We know that increases in demand for primary care services have placed huge pressures on GP services. This can have a negative effect on many people's ability to contact their practice and in some cases the length of time they have had to wait for an appointment although practices are doing their best to see patients according to their clinical needs. The ICB is working with practices on plans to improve patient access to GP services following the launch of the *'Delivery Plan for Recovering Access to Primary Care'* by NHS England in May 2023.

Part of this work is supporting practices to make better use of all the routes patients can use to contact them, including online access. Many practices in Sheffield have either moved or are working towards a new approach where patients can contact the practice online, by phone or in person to request an appointment, medication, or ask a question. Using this approach all patient contacts are reviewed in the same way to decide how soon they need to be seen.

Practices using this system find that they can deal with many more requests by email or phone and there is more time to see patients who need face to face appointments in the practice. Patients no longer have to ring at 8am each morning if they want an appointment, communication is improved and, although they may have to wait to be seen if their condition is not urgent, they know when they are going to be seen. Using this system also means patients who need regular appointments can book these in advance. We are working with other practices to show them the benefits of adopting this approach, sometimes called the Modern Model of GP Access, and practices can receive financial support to do. Funding is also available to help practices upgrade their telephone systems with better call queuing and call back functionality as well as more phone lines in and out of practices.

We are aware that appointments between 08.00 and 18.00 do not suit everyone's circumstances so a range of other choices are available such as Primary Care Network Enhanced Access Hubs which offer appointments with GPs and other staff between 18.00 and 20.00 Monday to Friday and the Urgent Same Day Service which operates in and out of practice opening hours six days per week. These services also increase the number of appointments available. For Burngreave, this is provided at Flowers Health Centre, in Pitsmoor. We know that locations for these may not be convenient for everyone, but we have done our best to locate provision in areas of greatest need and where they are

accessible by public transport. However, we always welcome feedback and suggestions on the services. If you do not require care urgently and you are offered an appointment at one of the hubs by your practice and it isn't convenient or accessible you can still ask them to make you an appointment at the practice although in some cases you may have to wait a little longer for this.

The feedback about young people's ability to respond to phone calls from their GP when in school or college is very helpful and we will include this in future discussions around online and telephone access, while GPs cannot always work around these restrictions or may need to contact you urgently we can support practices to adopt as flexible an approach as possible when calling and, where possible to give you advance notice.

It's really encouraging to see the feedback here on NHS 111. As well as phone this can be accessed online. We would also encourage young people to download the NHS App as a good way to allow your practice to communicate with them and to manage their records, requests etc. I'd ask if there are opportunities, based on this to engage more widely with young people on online/digital access to healthcare and promote 111 and the app.

### **Young people want to see themselves reflected in the healthcare workforce**

The ICB is carrying out outreach work in community settings. We are supporting this in several ways:

- We deliver around four live stream webinars per year looking at different job roles and routes into those roles. Last week we hosted a one hour webinar for National Apprenticeship Week, with genuine apprenticeship job vacancies advertised alongside the session. There is a broad invite to ALL schools in South Yorkshire and participation from Sheffield schools was good.
- We take career information sessions, career ambassadors and jobs into Sheffield College to recruit directly from business, digital, and health and social care courses. We work closely with the College and its Employment Support team to support UCAS applications, develop employability skills and prepare students for interviews. We are looking to extend this partnership working to Longley Park College which will help students in Buregreave.
- Last summer we took our Health Careers Roadshow out to over 1,000 pupils in years 8,9 and 10 across South Yorkshire.
- We are developing work experience partnerships between a secondary school/college and their local GP practice to support work experience placements. This brings a hyper-local flavour to the work experience and makes the health centre feel like a more accessible community resource for young people.

All of the above are focussed on raising awareness of the range of job roles available and the different step-in points, and all with an emphasis on widening participation, supporting young people to be able to recognise themselves in the role.

We try very hard to represent a range of ages, genders and ethnicities in everything we do but have had only moderate success with this as, in reality, we have a shortage of ethnic role models to choose from as a proportion of our overall workforce. We have addressed this when attending schools with a high number of people from the global majority populations by talking about the limited diversity in the workforce, why this isn't the best for our patients, and how our audience can be part of the change we want to see. We have also worked with our annual internship students and Sheffield Hallam University on this issue, with proposed solutions identified that included unconscious bias training for recruiters and for cultural awareness to be embedded within the health taught curriculum.

## **Interpretation services**

We agree it isn't acceptable that young people interpret for family members. The NHS in Sheffield has good access to interpretation services covering hundreds of languages provided by DA Languages. This is provided over the phone and face-to-face, where it's needed. This should be routinely offered by health services, if it isn't please do ask for an interpreter as they are available including at short notice on the phone. Our contact is for telephone interpreters to be connected within 60 seconds. There are occasions when interpreters aren't available for example for rare or high-demand languages. When this happens, we ask that GP practices feed that back to the ICB so we can work to improve the level of service offered.

I hope this response is helpful, thank you once again for the report.