

# Tinsley: a neighbourhood view of health and care



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# 01

## Introduction

### About Healthwatch Sheffield

Healthwatch Sheffield helps adults, children and young people influence and improve how NHS and Social Care services are designed and run in the city.

We're completely independent and not part of the NHS or Sheffield City Council. We want to understand your experiences, and help your views to influence decision-makers in Sheffield.

### Executive summary

In 2025 we carried out a project to understand the experiences of people living in Tinsley relating to health and social care services, and the wider factors that influence their health and wellbeing.

Since beginning this work, neighbourhood models of care are being posited by the NHS and central government as the future goal for services. This model relies on statutory services and wider support organisations working together around individuals in the community.

However, in Tinsley we can see how strain falls on one part of this system when the other pieces aren't there to back it up. In the absence of robust take-up of social care and secondary health services, and with additional barriers to accessing support, primary care services in the area are feeling the pressure, and people's health and wellbeing are being impacted.

#### **Our key findings include:**

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

We have made recommendations to local services and decision-makers to address some of these issues. We believe the best solutions will come from joint working in the area to meet people's needs.

## Our recommendations for improvement:

1. Develop an improved information and advice offer in Tinsley
2. Act on service user feedback to improve patient access and care satisfaction
3. Improve people's access to social groups and activities which benefit their health and wellbeing
4. Monitor and tackle inequalities in access
5. Improve access to learning opportunities that enable people to access and navigate services and information independently
6. Better communicate key information to help improve access to care and support

## Thank you

We would like to thank everyone living and using services in Tinsley who spoke with us and shared their experiences as part of this project.

We would also like to thank local community groups, organisations, and services who helped to connect us with local residents, and bolstered our knowledge of the local area with their own insights. These include:

- Tinsley Forum
- Darnall Well Being
- Primary Care Sheffield
- The women's chai group at Tinsley Community Centre
- The mum and baby group at Tinsley Community Centre
- The over 60s group at Tinsley Forum
- The English Conversation Group at Tinsley Forum
- The Friday Apostles Church

# Background

## A neighbourhood focus

Much of our work starts by looking at a particular type of health and social care service (for example hospitals, care homes or dental practices) and then working outwards – *who uses this service?, what is their experience of it?, how could it work better for them?*

When we were consulting with people to set our latest work priority areas, we were prompted by the public to approach health and social care from a different angle. They asked us to look at particular areas in Sheffield, and ask slightly different questions – *who lives here?, how easy it is for people living here to get the care and support they need, in all aspects of their lives?*

In selecting Tinsley as the first neighbourhood to focus on, we considered a range of factors. These included:

- **Public health data:** People living in Tinsley have a lower healthy life expectancy than average, and higher prevalence of certain health conditions<sup>1</sup>
- **Geography:** Tinsley is cut off from the rest of Sheffield by the M1, which has an impact on travel into city-centre services, access to voluntary and community sector provision, and overall choice in services and leisure activities
- **Issues with current services:** Local people asked us to focus on Tinsley. They had already made us aware of particular barriers accessing GPs, dental care, and medication, amongst others
- **Current work in the city:** We were aware of particular NHS- or Council-led projects in other areas of the city, but little focus on Tinsley, so we wanted to ensure this neighbourhood is not overlooked

In March 2025, NHS England published their Neighbourhood Health Guidelines<sup>2</sup>; this is a vision for how all parts of the health and social care system should work together.

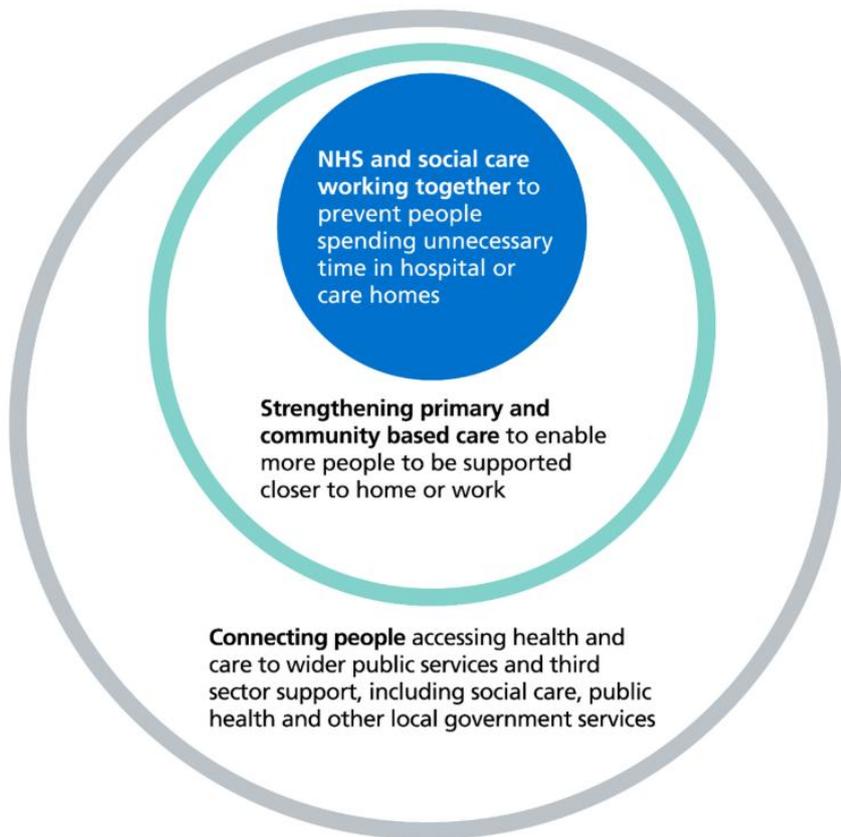
They describe the aims of Neighbourhood Health as follows:

*“Neighbourhood health aims to create healthier communities, helping people of all ages live healthy, active and independent lives for as long as possible while improving their experience of health and social care, and increasing their agency in managing their own care.”*

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<sup>1</sup> <https://www.sheffield.gov.uk/public-health/health-wellbeing-needs-assessment>

<sup>2</sup> <https://www.england.nhs.uk/long-read/neighbourhood-health-guidelines-2025-26/#summary-of-requirements-for-2025-26>



The guidelines also share an illustration of the model which begins with a focus on the innermost circle and working outwards. This kind of collaborative and holistic working is the aim for neighbourhoods over the next 5 – 10 years.

While these guidelines were published after the majority of our interviews and research in Tinsley were complete, we believe that this model is a helpful lens through which to view the findings of this report.

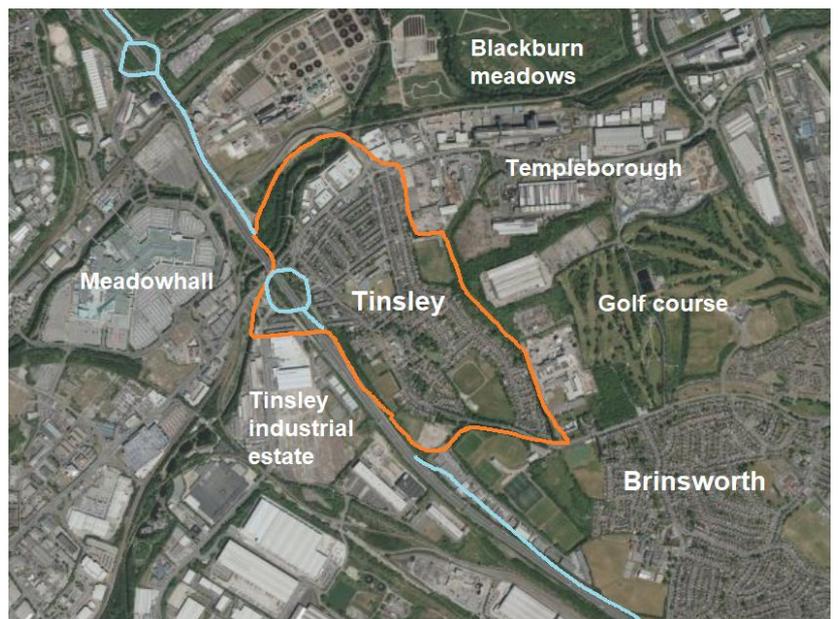
People’s views on how different parts of this system

are – or are not – currently working together, and their impact on people’s health and wellbeing, can shed a light on what needs to be done to make it successful in a neighbourhood like Tinsley.

## Identifying Tinsley

We first ran some initial mapping exercises with different community groups meeting in Tinsley. This is because neighbourhoods can mean different things to different people – we wanted to focus our research on the area that people living there identified as Tinsley.

This map shows the area in orange that local people agreed on – including only the residential areas rather than the industrial and business area on the other side of the M1. The M1 is highlighted in blue.



These mapping exercises also gave people an opportunity for people to describe what amenities they had in the area – including food shops, cafes, faith centres and parks along with GPs, pharmacies, and opticians – as well as to share some broader things they liked or disliked about the area.

Tinsley, as defined by the residents we spoke to, is a small neighbourhood, made up of around 1,500 households and 4,900 people. There are some primary healthcare services located in the neighbourhood:

- 2 GP practices
- 1 optician
- 1 dental practice
- 1 pharmacy

There are also some pharmacies and opticians located in nearby Meadowhall shopping centre.

Tinsley residents would need to travel outside of the neighbourhood for other services, including hospitals, care homes, and some mental health services. They may travel into Sheffield for these, or into Rotherham.

## Who did we speak to?

As part of this project, we spoke with approximately **60 people** who live and use services in Tinsley, between December 2024 and March 2025. Most of the in-depth insight for this report comes from the longer individual interviews we carried out with local residents, and the discussion groups we attended.

We spoke to people from a range of different backgrounds.

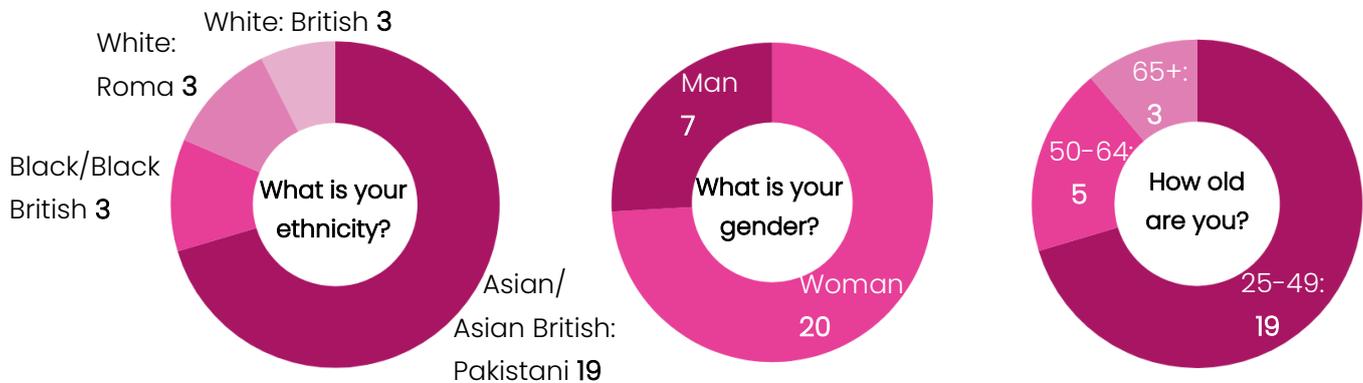
There were 33 women and 9 men.

What is your ethnicity?	Number of people
Asian/Asian British: Pakistani	27
White: British	9
Black/Black British	3
White: Roma	3



## The interviews

We interviewed 27 people.



- The interviews were semi-structured conversations, asking about people’s experiences of using health and social care services, and other factors that contributed to their health and wellbeing;
- We met people in places that were convenient to them – in person, over the phone, or via video call;
- Most of the interviews were carried out in English. Some were carried out with the support of a formal interpreter, and some were carried out in the participants’ own language with one of our staff members;
- Interviewees received a £10 gift voucher to thank them for their time.

## The discussion groups

We held two discussion groups where we learnt about people’s experiences in detail:

- An over 60s coffee morning with 7 participants (5 women and 2 men) who were White British
- A women’s chai group, with 8 women of Asian background and mixed ages



## We also spoke to:

We heard some feedback from other places we visited in Tinsley, including:

- A conversation class with 6 English language learners
- People we spoke to in Highgate Surgery waiting room
- Women attending a mum and baby group

We did not collect demographic information from these groups.



# 02

## Primary care

### GP practices

There are two GP practices in Tinsley. One of them is Highgate Surgery, which is one of the GP practices managed by Primary Care Sheffield (PCS). This means patients at Highgate will sometimes be offered services at the other PCS sites – such as the one in Darnall. The other practice is much smaller; The Medical Centre is known by many local residents simply as “Dr Okorie’s” as he is the only GP there. Given the difference in size and patient lists, we spoke with more people who were registered at Highgate Surgery than at The Medical Centre. A few people were patients at Brinsworth Medical Centre, which is just over the border into Rotherham.

Many of the issues we heard from patients in Tinsley are things we hear in our wider work across Sheffield; many come down to stretched clinical capacity and administrative barriers which are wider (sometimes national) challenges.

#### A community service

One of the key positives people shared about their GP practice was that it’s a local service. We learnt it was one of only a few things people didn’t have to travel for, and as such is a first port of call for most. People appreciated being able to walk 5 – 10 minutes to their appointment:

“I walk, it’s not far from my house”

For Highgate patients, they are sometimes offered an appointment at a different PCS practice – people’s receptiveness to this depended on whether or not they drive, as Darnall can be difficult to get to by public transport:

“Sometimes they give you an appointment to Darnall or Wincobank, and I drive there”

“If they give you an appointment, they tell you to go to the hub at Darnall, how are you supposed to go there if you’re not driving”

## Booking appointments

Patients at The Medical Centre mostly reported that they were able to get appointments in a timely way. Some suggested this is because this GP practice has a much smaller patient list than Highgate:

“I used to go to Highgate but changed the surgery because Highgate was always busy and my daughter hated being around too many people. She is happier at the Medical Centre because it is less busy and quieter. It is also easier to get same day appointments when I ring them”

“When you phone up I never had to do that thing where people are phoning about half past 8 in the morning and then like a long queue”

Some patients at Highgate Surgery also had positive experiences of booking appointments, including attendees at the over 60s group. Many of this group said that they had no issues in getting an appointment on the same day. Other patients at this practice had a different experience, though. They described the difficulty of 8am phone queues, especially for people who work or have to take children to school. This echoes the broader concerns about booking GP appointments that we hear from patients all over Sheffield, and regularly report on in our briefings:

“You can hardly get an appointment. You wait in the queue for about an hour [...] Sometimes I work, and I can only call them on my break, I sometimes just don't bother calling even when I need to be seen because you know you are not going to get through”

“The biggest issue is the waiting time. There was a time when my daughter had a high fever, and I called the GP at exactly 8 am, but by the time I got through, I was already number 78 in the queue. By the time they answered, all the appointments were taken, and they told me to call back the next day”

“I had this one time where I was on hold for 45 minutes. When someone finally picked up, I got disconnected. I nearly threw my phone across the room. It's stressful enough being sick”

Several people noted that online appointment booking systems at the practices were intended to reduce the pressure on phones in the morning, but that this wasn't suitable for everyone. People felt there could be some improvements made to telephone systems, or to reception capacity, in order to reduce waiting times on the phone.

People do not actually have to phone at 8am for appointments at either GP practice – phone lines open in the morning but patients can phone at any point during opening hours to request an appointment. As of October 2025 this information has to be published on all GP practices' websites as part of the new Patient Charter – ‘You and your general practice’<sup>3</sup> – but awareness of this may still be low. Until more patients are informed of this, the morning rush will likely continue to cause problems.

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<sup>3</sup> <https://www.england.nhs.uk/long-read/you-and-your-general-practice-english/>

Appointment booking issues are not unique to Tinsley; it is one of the most common things we hear about GP practices across the city. To get an additional perspective on this issue, we also spoke to the Support Manager of Highgate Surgery. She believes much of the issue is availability of appointments compared to the need, and the capacity of the practice simply being unable to meet demand.

However, she also touched on issues that make the existing appointment booking system more difficult – both for patients and for staff at the Surgery. This included people not knowing how to make GP appointments using Anima, an online triage tool used by Highgate Surgery. These patients have to phone the practice and reception staff have to fill in the Anima form over the phone with them instead. Doing this over the phone contributes to long waiting times for other callers; the receptionists do not make the triage decisions, so the information still has to be filtered through the Anima system.

An additional source of pressure on the practice's available capacity is the types of support that people need. Alongside medical requests, the practice receives a large number of requests for support with things like Personal Independence Payment (PIP) forms, housing forms, and more. There is limited support available locally to meet these needs – including access to information and advice – so people have to come to the GP practice instead. This takes up additional time from clinicians being able to see patients and puts more pressure on primary care to be people's main source of support.



## A spotlight on digital services

'Fit for the Future: the 10 year Health Plan for England'<sup>4</sup> sets out three main shifts the government wants to make in the NHS. One of these is the shift from analogue to digital; a commitment to create a more digitally accessible health service. It states that "the NHS app will be the front door to the NHS" – for example through booking appointments, speaking with health professionals, and leaving feedback about their care.

With this increasing focus on digital tools, we asked people about their use of the NHS app. In response, people told us about both the NHS app and Anima. Anima is one of several websites/online platforms used by GP practices to manage patient requests such as appointment booking. Highgate Surgery, along with the other Primary Care Sheffield practices, uses Anima. The Medical Centre uses Accurx.

Some people spoke about the NHS app, Anima, and Accurx interchangeably – it was clear that many people didn't really understand the difference between these

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<sup>4</sup> <https://www.england.nhs.uk/long-term-plan/>

platforms. As such, we've considered people's descriptions about using digital tools for health more broadly.

There were some positive experiences of using digital services. Some people found them an easier way to book appointments and avoid the early morning telephone queues, and appreciated being able to do other administrative functions in their own time:

"I think it is good because it makes it easier when booking appointments because you don't have to wait for a long time on the phone"

"I use it for seeing my test results and for booking my appointments. I have found everything with it to be good and easy to use"

It is worth noting that nearly everyone who shared positive comments was in one of the younger age cohorts that we spoke to (25-49), and mostly didn't need an interpreter when they went to the GP.

We did hear from other people who generally felt comfortable with digital services, but had experienced particular frustrations with the NHS app or Anima not working well. They experienced bugs or glitches, or got stuck in 'digital red tape' with systems that made the process more difficult:

"I used the NHS App, but after I changed my phone number, it was a nightmare trying to update it. The system just wouldn't recognise my details, and I ended up going in circles. I even called the surgery for help, and they said, 'Oh, we can't help with that you need to contact NHS Digital'. In the end, I just gave up"

"The Anima app is okay, but the only thing is there are a lot of questions. There are too many, and sometimes it's in the morning when you're trying to get the kids to school, but they have got like 27 different questions to answer. Is it easy for me to access it, easy to get on, easy to understand. It's just that there are so many different questions [... and] I don't think they read those notes to be honest with you"

Beyond issues with app functionality, some people faced more significant obstacles to using digital services. The most common of these was a lack of digital knowledge or confidence. Many people told us they didn't understand how to use the app, and didn't know how to learn. Language barriers came into play too, with some people being unable to use digital platforms in English:

"I have not used the NHS App before because it is too hard. They sent me a text with a link but I could not open it. The app is too hard to use"

"I don't use it myself because I don't understand English so my wife uses it for me. It would be good if they can translate it in other languages as well. One of the problems with it is that it is only in English and people like me who don't understand English properly struggle with accessing it. It would help if it can be translated in other languages. I always have to ask my wife to book the appointments for me with the Anima"

## What happens if you can't use computers?

Digital exclusion is exemplified by people's responses to questions about the NHS app, but in an increasingly digital world the consequences for people's health and wellbeing are wider ranging than this.

Wardah\* is older (aged 65-79) and doesn't have any confidence in using computers or smartphones. She knows that digital services are becoming more and more common and does want to be able to use them, but finds it really difficult. Wardah is also not fluent in English, which makes it even harder – but she wants to improve at this as well. Despite her willingness to learn, she can't find any services offering the support that she needs:



"I don't use online because I can't use it and I can't write properly. If I could I would because I like learning and trying different things – sometimes it makes me mad that I can't do it and I am not thick. I want more English classes [...] also IT classes to help us"

Lack of confidence using digital technology means Wardah isn't able to use online services like the NHS app, which has impacts on her access to healthcare. It also makes it impossible for her to find wider information online – about support services, social activities, and more. She worries that she risks becoming increasingly isolated:

"I am scared of the app because you see a lot of scamming, one click and you are done, you don't know where your information goes. A lot of old people are targeted, you see it on television every day. I need computer classes because everything now involves using a computer, I want to learn but there is nothing here.

It is hard to get information because I can't read properly and I can't use a mobile phone properly. So I can't even google to find the information. So I have to rely on my family and other people"

If the health and social care system is going to become more reliant on digital tools and platforms, we need to ensure it is not leaving people behind. If even those with a strong desire to learn can't get the support they need to do so, further investment in learning resources must be needed.

*\*name has been changed*

## Quality of care

Key to people's perception of the quality of care delivered by both GP practices was whether or not they felt truly listened to by doctors and other staff. This theme was central to people's positive experiences:

"The GP service is good when I can actually get an appointment. I remember once when my son had a fever and a bad cough; I managed to get an appointment the same day. The doctor was very attentive, checked him thoroughly, and prescribed the right medication. It was such a relief because, as a mother, I always worry when my kids fall sick. The doctor also explained what to do if his condition worsened, which gave me peace of mind. Moments like these make me appreciate the service"

"They're approachable. They are very cooperative and friendly. The doctors there are good and provide a good service and I am happy with them"

One told us that they booked a GP appointment because they found a lump, and even though the GP couldn't feel it, they believed them and referred them to Hospital, which confirmed a cancer diagnosis and started treatment.

Conversely, *not* feeling listened to was key to people's negative experiences of care:

"If I call because of the infections, they don't check or ask for my urine sample to check and they don't give me appointments or investigate the problem, and it has been 3 years now and the problem is just getting worse. They don't take it seriously at all"

"You're often in and out within five minutes. Last time I went in with a bad chest infection, the doctor barely looked at me and just handed me a prescription. No checks, no tests, just, 'Here, take this'"

"The doctor seeing me said, 'Oh, what's wrong with you?' [...] I have been to you last time, so you would know what I came here for, have a look on the system"

## Communication with patients

Communication with patients was a key area where people told us they thought their GP practices were lacking. Even where care was good, some people didn't feel well informed or that they trusted that staff would contact them when they said they would. They wanted to see better systems for communicating with patients about appointments and call backs:

"Sometimes they don't have appointments and say they will call you back, but they don't call back"

"My daughter had to have a vaccination appointment, but they didn't send me any messages for the vaccination and then they said that she missed the appointment [...] They should be able to notify people. I was at [a different GP practice] before here and

they had a much better service there. They would send reminders for appointments in case people forgot”

“You have to chase the test results up and call the GP surgery to find out your test results, they don't call us back us to tell the test results”

We did hear a positive example of a communications-based reasonable adjustment being made in one case. One participant who has a learning disability, said receptionists at Highgate had developed a system to support him to book appointments in a different way:

“If I go in, they give me a slip that I can take home with the date and time on. That helps me to remember if it's written down”

Asking for and encouraging patient feedback is a vital part of two-way communication with patients. Both GP practices in Tinsley have a way to leave patient feedback on their websites, and use the standard NHS Friends and Family Test to gather more feedback about people's experiences. Highgate also have a Patient Participation Group (PPG) which they advertise to patients, and which meets every 3 months. Attendance is fairly low, and only one interview participant we spoke to knew about this opportunity to have their say. The Medical Centre doesn't advertise a PPG at all.

Utilising these feedback and communication tools more effectively could help people to feel more involved in their local services, and in turn lead to meaningful patient-led improvements.



## A spotlight on language

Interpreter provision at GP appointments is a more significant issue in Tinsley than in some other areas of Sheffield. In the 2021 census, 11.0% of people said they 'cannot speak English well' or 'cannot speak English'. This compares to 2.0% in Sheffield more widely.<sup>5</sup> People who do speak conversational English, but it is not their first language, may also prefer to have an interpreter for medical appointments to ensure they understand medical terminology. Most GP practices have contracts with interpreting agencies to manage their language needs – interpreting is often done over the phone but sometimes in person.

We interviewed several people who spoke no or limited English. We also interviewed people who spoke English themselves, but had family members who didn't – often older relatives. They spoke to us about interpreter provision at their GP practice.

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<sup>5</sup> 2021 National census data: <https://www.ons.gov.uk/census> We built a custom area profile to replicate the borders of Tinsley as defined by local residents (see page 5).

Some people felt interpreter provision was well managed at Highgate Surgery. This was especially true for Slovakian interpreting – which was commented on by those who spoke this language and others who had noticed a Slovakian interpreter sat in the practice regularly:

“They always provide an interpreter every time I go and it is alright”

Some people felt that interpreters for other languages were also well organised, and routinely offered. A few people also commented that – outside of formal interpreters – some of the practice staff like the receptionists could speak their language, and often helped patients with registering or booking appointments.

“They always provide an interpreter whenever I go to the GP because I can’t speak English”

“I don’t need an interpreter. They always ask me but I don’t feel like I need one but I know that if I need one, they can be offered”

However, some people felt the interpreter provision wasn’t suitable. Telephone interpreting wasn’t particularly popular, a lack of choice for interpreters could cause problems, and some people described circumstances where interpreters were unavailable, or there was a miscommunication or misunderstanding:

“I just walk to the surgery but I struggle with walking there because of my knees and when I get there, they say no appointment because there’s no interpreter. Go home and come back another time”

“I went with my brother and he can’t speak English [...] whenever I go, they say that they don’t have interpreters. So, I have to go with my brother to translate everything which means that there’s no privacy at all from your family. They are not good at providing interpreters”

“There is an interpreter available over the phone, but I prefer having one in person at the GP appointment. I often have many questions to ask the doctor, and it’s difficult to communicate everything clearly through a phone interpreter”

The GP practice staff member we spoke to sympathised with patient views on this topic, recognising that many people prefer face-to-face interpreting to being over the phone. However, their ability to provide face-to-face interpreting is limited by their resources and the contracts they have in place, and can feel out of their control on a practice level. Interpreters are provided by the contracted agencies, so GP practices don’t have direct influence on who is available – for instance making sure they speak the correct dialect or have the correct medical terminology.

## What happens when you don't speak English?

Samira\* doesn't speak much English and needs an interpreter at health appointments. Her experience highlights the interconnected barriers people face – language barriers and interpreter provision can mean people have less choice over other needs and preferences like gender, or face-to-face communication.



This can lead to people not seeking healthcare when issues arise that they're not comfortable discussing in front of particular interpreters. Language barriers also create technological barriers, and make it more difficult to access support, information and advice which has increasingly moved to written online information, rather than being able to speak face-to-face with a person. Tinsley no longer has a formal advice centre which has amplified this issue.

"Sometimes they give an interpreter only on the phone but not in person. There's always a Slovakian interpreter at the surgery but the only Pakistani interpreter is over the phone. Before there was a Pakistani lady [at reception] that used to help. Sometimes the interpreter on the phone is a man and there's no privacy, you cannot talk about personal stuff when the interpreter's a man. It is shameful and embarrassing to talk to a man about female problems.

One of the volunteers [at Tinsley Forum] helps when I need to read documents and make phone calls to places like the Council but sometimes they refuse to talk to her because she only does it to help and not as a professional [...] For 6 months I have not got any money from Universal Credit and there's no advice centre to help now. They say do it online but I can't and nobody answers the phone. So I don't have anyone to help me. I don't even understand what they say. They asked me to fill out a form online which I did but they sent another form to do it again and I just can't do it on my own.

When I first moved to UK and to Tinsley in the [early 2000s] there were a lot of things, loads of English classes, computer classes and I did everything, but now there's absolutely nothing, everything has stopped. They just say you need to work but how do you find work, sometimes they don't give you a job if you don't speak English".

Language barriers remove a lot of choice for people in managing their healthcare; services should be mindful of this and try to give people options where possible. Supporting people to improve their English language skills is also key to them being able to access healthcare independently.<sup>6</sup>

*\*name has been changed*

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<sup>6</sup> For more on this topic, see the report we published in collaboration with Sheffield Association for the Voluntary Teaching of English (SAVTE) in August 2024: <https://www.healthwatchsheffield.co.uk/report/2024-08-09/speakup-savte>

## Appointment preferences

Some people in Tinsley appreciated the convenience of telephone appointments for certain issues – especially more routine check ins about medication. However most expressed a strong preference to be seen in person by their GP if they had a new health concern. No one we spoke to wanted an online/virtual appointment:

“I think in-person because if you've got a rash or you've got eczema and you have to do this send a picture, they can't see it in real life. How are they going to check your temperature and make an observation if it is not in-person?”

“I would like to see my doctor in person because on the phone, a doctor cannot examine the patient properly [...] by attending the doctor in person, they can better understand the patient condition and they can be more empathetic toward their patients when they see them”

People at the English language class we visited also shared strong preferences for in-person appointments – perhaps because this can make communication easier when there is a language barrier.

As well as this, people generally wanted longer GP appointments to discuss their issues. Several interviewees expressed concern that appointments weren't long enough to discuss their health concern. This is a concern we hear regularly, and is difficult to balance against the practice staff's capacity when they have large patient lists. Some interviewees acknowledged this issue:

“They are all overworked. It is all financially led. I am not blaming the doctors around here, they are all doing their best”

We heard from Highgate Surgery's Support Manager that people not knowing how GP appointments are set up also leads to a mismatch of expectations, making people feel let down by the service – for instance when multiple people arrive at the practice but only one appointment has been booked. They felt that better communication about how NHS services work for new arrivals to the country might help to better align people's expectations.

## Lack of privacy

Several patients at Highgate Surgery told us they were concerned about the lack of privacy when booking or signing in for appointments at the practice. They would like to see some consideration given to physical layout, and the way conversations are carried out in the public areas of the site:

“When you go there, there's no privacy at the reception. They just say what's the problem and everyone in waiting area is listening”

“Sometimes it's annoying when you go there because there's not much privacy to disclose the matter. There's no separate consultation room where you can pop out, speak in private. It's an open area”

“When they're on the phone, they'll mention your name two or three times [...] I'm thinking, anyone who sat in that reception knows my things then, there's no privacy”

## Dentists

Most of the people we interviewed had a regular dentist that they saw either for routine check-ups, or when they had a dental issue. The majority (around 20) of these went to the only local dental practice in Tinsley – Azure Dental Practice. This practice offers both NHS and private care; most people used the practice as an NHS patient.

We heard mixed experiences of Azure Dental Practice. A lot of those who described routine check-ups (not requiring particular treatment or urgent care) were very satisfied with their care:

“You get an appointment when you need one, and they will see you. I like the [dentist] here, he is very good”

“I like the dentists there because when I go to them, they check my teeth and they properly explain to me what's wrong and tell me what they are going to do”

We also heard about some positive communication with patients, considering their individual needs and involving them in decisions about their care:

“When I told him that I might be pregnant, they were actually very happy, they were so excited, which was quite nice. Then they told me, that they allow you to make your own decision – ‘Do you want to do the filling? But we advise that you don't. You can just have a temporary one. Once you're in the second trimester, it's more safe’. So that was good that I was informed about that”

We did hear some negative experiences from people who've had fillings at the practice:

“I was there 2 weeks ago for a filling but it was out after 2-3 days”

“The fillings come out, I've noticed. It's not very... I wouldn't recommend”

We also heard from people who had needed root canal procedures, but found that the practice wasn't able to offer this treatment to them:

“My wife's tooth [...] an issue with the root canal, and it needed to be taken out, but they did not have a qualified doctor to do the operation for that. They said they don't do operations for that to take out the root canal, so although we had paid, she went privately”

*“When my wife needed a root canal procedure, they couldn’t perform it, and we have to pay privately elsewhere”*

We spoke to staff at Azure Dental Practice about this feedback to understand more about these concerns, and any additional context necessary around these procedures. They said:

*“With all our treatments we provide at the practice, we always advise patients that if they have any issues or pain, they are welcome to call for an appointment that is convenient for them to allow us to assess and remedy their problem, may this be a lost filling or sensitivity following treatment.*

*Root canal treatment is routinely completed at our practice on the NHS. However, sometimes to give the best possible outcome for the patient’s tooth, this requires specialised treatment of which we refer to a private practice. The treatment is then completed by a specialist under a microscope.”*

## **Availability of NHS dentistry**

Among those who didn’t use Azure Dental Practice, many used a nearby practice in Brinsworth, which is in Rotherham. Dental care is not linked to a ‘catchment area’ like some other health services, and so being a patient in a different area like Rotherham is more common than it might be with other services. Some older residents in Tinsley still use the practice in Brinsworth, because they have been going there since before there was a practice in Tinsley. Others went there because at the time they needed a dentist, Azure wasn’t taking on new NHS patients.

Other dentists used by people living in the area were in Darnall, or Attercliffe. Often this is because they needed urgent treatment at some point, and they then started to get regular treatment from the provider they’d accessed for urgent care (sometimes arranged through NHS 111).

We know from our wider work that many people find it extremely difficult to find a dentist taking on new NHS patients. It has long been a key theme through our information and advice service, and Healthwatch have raised this locally, regionally and nationally.

We do a regular ring-round of dentists in Sheffield to find out where people can get NHS treatment. Out of more than 50 local practices, we usually find around 4 or 5 who can arrange appointments for new adult NHS patients, and Azure Dental Practice often features on this list; they tend to have greater availability than other practices in the city. Despite this, not everyone living in the area has been able to get an appointment when they needed one, and availability is still not consistent:

*“I need help with my teeth. My husband has been to register us a few times, but every time he has been to Azure dentist, he keeps getting told to come back another time.*

He was told to go back in August because they were not registering new patients and when he went in August, they said come back next year”

We spoke to Azure Dental Practice about their appointment availability and the issues facing dental practices. They told us about their system which allows them to see new patients more often than many practices in Sheffield:

*“We are one of few practices that are taking on any new NHS patients as we are aware of the shortage of NHS practices offering appointments for new patients and emergency patients. Over the last 12 months, we have taken on more than 1800 new patients at our practice as well as treating our own regular patients of the practice. As we are a busy 3 surgery practice, we are only able to accommodate so many new patients at once without having to extend our waiting times for regular attenders that require further appointments for treatment.*

*We frequently open and close our new patient availability to allow our dentists to free appointment spaces for new patients to access and to prevent booking too far in advance, whereby patients then forget and miss their scheduled appointments which causes a lot of wasted appointment time for the practice. Over the past year, we have had 936 appointments that have been missed or cancelled with less than 24 hours’ notice. This is equivalent to 358 hours, or 45 days of surgery time wasted.*

*Unlike most practices, we do not maintain a waiting list, as the excessive demand for NHS registrations and appointments makes this difficult to manage and therefore patients are encouraged to our social media platforms such as Facebook and Instagram, and the NHS website, which are updated regularly to reflect current availability for new patient appointments on a day-to-day basis.”*

Even among those who told us about negative experiences at a dentist, there was some reluctance to complain because of the perception that they were lucky to be receiving treatment:

“I’m very lucky, touch wood, to be back on that dentist because I know dentists are a golden ticket right now”

Cost – even for an NHS patient – is also a key issue. Some people in Tinsley told us this was a key barrier to accessing routine check ups, as well as treatment when they had a problem:

“I have not used the dentist in the last 2 years because it costs a lot of money [...] my teeth have been painful and I might need a filling. They charge a lot of money for fillings”

“We only go to the dentist when we have problems with our teeth like when they are aching as they are too expensive [...] for only check up £28 which is too much money. My sister did a filling at the same dental surgery and was charged £80 which is very difficult with everything that is going on in the economy at the moment”

Azure Dental Practice did express sympathy over the cost-of-living crisis affecting patients that pay for their NHS treatments and find it difficult to afford routine exams and treatments. However, NHS dental charges are nationally set, and local dental practices have no control over these costs for patients.

## Opticians

The NHS recommends that people have an eye test every two years, unless a professional recommends that they should visit more often. We know that not everyone takes up these appointments for a variety of reasons. Around half of our interview participants told us they do visit the optician for themselves or their children, either for routine check-ups or just when they are experiencing a problem.

We found that people were more likely to attend the optician for their children than for themselves. This may be due to cost, and children being eligible for free NHS appointments:

“I have never been to the optician for myself but I take my daughter to the optician [Harvey’s] twice every year for eye tests and to change her glasses. We just walk there. They are good because they always have appointments every time we need appointments and my daughter gets free glasses. They are also open on Saturdays. They are very kind and nice whenever I take my daughter”

Some people did tell us why they didn’t attend the optician for themselves. Some people simply felt they had no issues with their vision or eye health. Others were concerned about cost.

Language barriers can cause a particular problem in optician settings. One woman told us about her experience of this, which has meant she has avoided going to the optician despite knowing she needs to see one:

“I’ve not been for a long time. I have a problem with my right eye, and I was wondering if I should get glasses because my vision is sometimes bad. I have not been to get myself checked out because I can’t go on my own because I don’t speak English and not many places have interpreters, and it is difficult and my husband is always at work, and my daughter doesn’t have time to run me around”

Where people do visit their optician on a regular or occasional basis, there was some variety in the opticians that people visited. Nearly all of the older participants we spoke to use the optician on the Tinsley high street – Harvey’s. People who used this optician focused on customer care when talking about their experiences. They had largely positive things to say about how they were treated:

“I have an eye test every two years at Harvey’s optician. My husband and I use them for reading glasses and check ups. We just walk there. They are quick with calling and

reminded you of your appointments. They send text messages to remind you and also call you. They provide a very brilliant service [...] They are very respectful and provide good care. That is why I changed from my previous optician to these ones.”

Younger participants were more likely to visit larger chains of opticians, like Boots or Optical Express in nearby Meadowhall shopping centre, or other opticians further afield. Their reasons for not using the more local service were mostly due to cost or appointment availability – convenience and efficiency were important to them:

“I go to Boots in Meadowhall because they give appointments quickly, even on the same day. It is also convenient because you go and do shopping after your appointment”

## Pharmacies

There is one pharmacy in Tinsley – Cohen’s Chemist on the high street. This is the pharmacy linked to both GP practices in Tinsley, so unsurprisingly nearly everyone that we spoke to had experience of using this service.

Experiences were mixed – most people had been able to use this pharmacy to collect prescription medications, and buy over the counter medicines and items too. For many, it was clear that there was real value in having a local pharmacy in walking distance of home, and with staff who recognised and were able to support people on an individual level:

“They are nice people. When I go in for my wife’s prescription, he just looks at me and goes into the drawer and gets the prescription out – he knew who I were. I don’t get my medicines delivered because I just like going out – gives me a reason to go out for a walk. They have offered it. On occasion they have brought it around if it’s urgent”

“The staff are polite, and when they actually have my medication in stock, they’re usually pretty quick. I appreciate that they always greet me with a smile and don’t make me feel like I’m just another number. They’ve even rushed through prescriptions when I explained it was urgent, which I’m grateful for.”

However, people described some key issues they’d experienced around access. This included medications not being in stock. We know that medication shortages are an issue both locally and nationally – this is not an experience unique to this pharmacy:

“Most of the time when the doctor sends the prescription to the pharmacy and I go to collect, they say they will order for the medicine and ask to go back next week because they don’t have the stock”

“My child has epilepsy, and there was a time when her medication was out of stock for a whole week. The pharmacist just said ‘we don’t have it; check back tomorrow.’ No offer to call another pharmacy, no solution just ‘come back tomorrow’. I was panicking

because this wasn't something trivial. I had to call around different pharmacies myself until I finally found one that had it, but it was miles away"

We spoke to staff at this branch of Cohen's Chemist about the feedback we'd heard; they told us that they are generally a well-stocked pharmacy when it comes to commonly dispensed items. However, they are required to keep stock levels to a minimum due to expenses of the company. They said they receive medications within 24-48 hours of ordering them, but as they don't open on weekends, people might have to come back the following week if they visit on a Friday.

Other barriers to accessing medicines included cost – there was a perception from several people that larger chains of pharmacies were able to offer over-the-counter (OTC) medicines and other items at a lower price, so they had to decide between travelling further or paying more:

"Sometimes their medication is very expensive. There is a discrepancy between the medication prices compared to other places like Boots in Meadowhall."

Some older residents with mobility issues described some physical access difficulties with the pharmacy. One participant at a group session told us that access through an alleyway had been restricted, meaning they had to travel the long way round a car park which causes problems for them. We also heard other access issues:

"The door is too strong for me to open. I had to keep asking the lad to come and open the door for me. There is no automatic door here and the door they have is too strong and not easily accessible"

Language barriers caused problems for some – those who didn't speak English mostly told us they had to send a family member to collect their medicines.

Finally, many people commented that Cohen's closes at 6pm, and doesn't open on the weekend at all – so anyone needing medicines on a weekend would have to wait until Monday, or go further afield:

"It would be great if they could extend their opening hours, especially during weekends. If they had a late night service or emergency collection point, it would be really helpful for families like mine who sometimes face unexpected health issues"

## Getting medication delivered

There seemed to be some confusion about who could get medication delivered from the pharmacy in Tinsley, and how to arrange this. Some people commented that their pharmacy does have some helpful information visible about medication delivery. However, others felt unsure about eligibility or the process of arranging it:

"No medication delivered to my house even when my daughter is poorly and I can't leave her on her own because I have to look after her and they ask me to pick up the

medication. They used to deliver her medication but now they took her off the list for home delivery”

“I would like medication to be delivered at home, but I don’t know how to sort that out [because I can’t speak English]. It would be easy for someone who can speak English to sort something like that out”

Some felt the local delivery service didn’t work for them, and led to further inconvenience, and problems re-issuing the prescription:

“I don’t want that risk. It’s so stressful, because in this place we are living in a flat. And downstairs you have to ring the bell. If I am not at home, nobody can reach my house. And many times I have problems with my delivery. They just ring the bell. If I am home. If I am not at home. That medication is really important. They can’t prescribe second times because of that, the pharmacy”

A small number of people described good experiences of getting medication delivered – all of these used pharmacies outside of Tinsley (in Darnall and in Attercliffe). These people felt it was extremely convenient to manage their prescriptions in this way:

“The service is really good if I need a prescription. If I need to take something off the prescription, they will do it. I just signed up and that’s it”

“I no longer use the pharmacy in Tinsley. I don’t really like it as you turn up and there might be shortage of medication. So I’ve just went to the other pharmacy, in Darnall, which has been excellent. [My mum] she had some problem, she wanted some painkillers, and they said ‘yeah we’ll send it with the prescription and just pay a pound for it’. As well she asked for some general medical advice. The pharmacies were able to help and very accommodating”

## Pharmacy First

We asked all our interview participants about Pharmacy First. Most felt positively about the idea of being able to go straight to the pharmacy for certain issues, believing it to be a good way to reduce having to go to the GP. However, awareness was low, with most not having heard of the scheme before. We were able to give people information about it for the future.

A few people did describe using a pharmacy in a way that falls under this service, suggesting medical staff referring them to the pharmacy simply hadn’t used these words.

# 03

## Other health services

### Mental health services

We heard very little about mental health services from people in Tinsley, and many people had a low level of knowledge of the types of support that could be offered.

Some of the people we interviewed did disclose a mental health condition such as depression or anxiety, but most of them were not receiving support beyond their GP, if at all.

One person told us they had used Talking Therapies and had a good experience of this, including a positive experience of referral from their GP:

“I was referred to Talking Therapies in Sheffield [...] I was exposed to some trauma [...] That was a really good service. I’m very pleased with the service and what results came out and how I did all the work and things [...] Referral was simple, I went regarding some headaches. [They said] ‘Have you had any therapy regarding this matter?’, ‘Not really’, ‘OK, let’s refer you’. And that was excellent”

Another person didn’t feel so supported by their GP:

“I keep on going to the GP and they just say ‘you need to ring the number and they deal with it’, but I don’t know, there’s not much support here for mental health. Mental health goes undiagnosed, you might look perfectly fine but you don’t know what the person’s going through. It’s even worse than a physical problem, like I was crying yesterday because I was just getting frustrated with myself”

The women’s chai group we spoke to identified mental health support as a specific gap in the area, telling us there was no support for mental health locally. They would like to see some specific focuses, for example on domestic violence and suicide prevention.

They feel people in their community don't talk about these issues and there's no culturally appropriate support for them, meaning these continue to be unmet needs. They would also like to see a more holistic approach to mental health more generally – addressing the root causes like social isolation rather than just prescribing antidepressants.

The desire for a holistic approach to mental health was echoed by some of our interview participants, who identified that social issues worsened their mental health:

"I want things like you find in other areas like taking people out, taking walks. Such activities are good because you know some people live alone and that is why people have more mental health issues. Sometimes even myself I can't sleep because I have anxiety problems and I can't sleep properly because my head will not switch off"

"I don't like that there is nothing for me to do. It gets really lonely and affects my mental health"

## Urgent and emergency care

We spoke with people about specific services they might use for an urgent medical issue – like the Walk-In Centre, NHS 111, and A&E. We also asked people in more general terms what they would do if they had an urgent medical issue.

Again, we found that most people preferred to contact their regular GP as a first port of call, rather than make use of more specialised services. This was particularly true of the older people we spoke to, but common among younger people too. The reasons for this included the fact that other services were further away and harder to get to, and a lack of familiarity with the different options available to them and when they would use each one, especially NHS 111. Additional information about different NHS services, and when to use each one, would likely be helpful for people living in the area.

### Walk-In Centre

Most of the people we spoke to hadn't used the walk-in centre, even in cases where it had been recommended to them by their GP or staff at NHS 111. The main reason for this was difficulties in travelling there:

"When the GP surgery advised me to go to the walk in centre, I did not go because it is very far from Tinsley and there's only one bus that comes from this area"

Most people would prefer to wait until their GP practice has availability to see them; they told us they would continue trying for a same-day appointment. Some people had visited the Walk-In Centre when they felt it was necessary. Two interview participants told us they found it was a helpful and convenient choice, and

appreciated the care they received there, but most people said they were unhappy with the long waits or with the care they received:

“Walk in centre is 10 times better than GP. I had once diarrhoea and vomiting problem for two days. I lost lots of water and [...] they won't give me any appointment in GP. We went walk in centre. We wait two hours. It was OK there, was really kind and nice. And then give me some medication and tell me what I need to do, what I should do”

“I have used it [walk in centre] twice but it is not helpful because the staff there are rude, one of the ladies there once said to me Why not go to your GP for help, why come here. So instead of going to the walk in, I would rather go to A&E”

“We went to the walk-in centre and it was actually a terrible experience because we have to wait for hours. We went in a taxi which was quite costly and waited for like five hours to see the doctor”

## NHS 111

Awareness of NHS 111 was generally fairly low, particularly among the older residents we spoke to. They were unaware of NHS 111, or weren't sure what the service was for. When we asked what they'd do if they needed help urgently, answers included:

- Calling 999
- Calling their GP
- Calling family or neighbours
- Using their care alarm

When people had used 111, they had mostly had good experiences. One participant in the over 60s group told us about the timeliness and effectiveness of support that 111 had organised when their husband had a stroke. An interview participant also told us about good experiences calling 111:

“When you ring the 111, they're really good, whatever the problem you've got. And if they think you need an ambulance, they will send you one, or if the ambulance is going to take six hours, they'll send you a taxi automatically”

## A&E

Most of our participants hadn't needed to visit A&E recently. Some people at the older people's focus group told us they prefer to visit the A&E in Rotherham rather than the one in Sheffield; they felt it wasn't as busy.

One person said her GP receptionist tells her to go to A&E regularly:

“Everything they just say ‘go to A&E, go to A&E’. The other day my son, he has asthma, he takes injections for diabetes and he went to A&E, 13 hours later he was sitting there. He called the GP at Highgate, they told him to go to A&E and he had to wait for 13 hours to see the doctor”

## Hospitals

### Attending hospital appointments

Some of the people we spoke to had had referrals to hospital, or had non-emergency appointments at various clinics and departments.

We heard some positive experiences of maternity services at Jessops from our interview participants:

“She [the sonographer] took her time [...] she told me to go for a five minute walk and then when I came back, the baby was in the right position. She was able to take the measurements and give photos. Yeah, it was a very good experience. And then you go after the scan, you go and sit in the waiting room for not even many minutes. And then they call you to when you speak to the midwife”

“I have used Hallamshire for blood testing and Maternity care because I am pregnant and they have been very good except for the waiting time which can sometimes be too long [...] The midwives are also very good and supportive”

“My wife had midwifery support at Jessop Hospital when she was pregnant, and that was actually a really good experience. The midwives were kind and professional, always checking in on her and making sure everything was going smoothly”

Other hospital departments received praise for good treatment and caring staff too:

“I think Hallamshire I really like it. I have had no issues with my doctors. There are no issues at all, it is really good and if something is good I say it. If bad I say that, but my doctor there is super nice”

“I have been to Hallamshire for tests, for ultrasound, for blood tests and checking my blood pressure, my sugar level and diabetes. They usually give me appointments for these tests. In Hallamshire the treatment is good, I had to spend a night there. They treated me very politely, very kindly”

We only heard one negative experience of hospital treatment – one man told us that he didn’t feel doctors at a hospital in Sheffield listened to him when he told them about his previous experiences and diagnosis in his home country.



## A spotlight on travel

Difficulties travelling into Sheffield City Centre from Tinsley came up in various different parts of our interviews with local residents. However, it came up the most frequently, and had the biggest impact, when people spoke about routine hospital appointments, and urgent and emergency care.

Many people we spoke to had similar concerns to those we hear elsewhere in Sheffield – that parking at the Northern General Hospital and Royal Hallamshire Hospital is difficult to find and expensive, and that they find it difficult to navigate the hospital sites on foot. However, there were some particular difficulties due to the location and connectivity of Tinsley, compared to other neighbourhoods in Sheffield. One interview participant described the geography issue:

“That is another stupid thing, because when they built the motorway, they made Tinsley an island. They split it off from Sheffield and Rotherham, so one side is Sheffield and the other is Rotherham but even the boundary from Sheffield to Rotherham is just down the road which makes it hard for people around here”

A number of people expressed that they were closer geographically to Rotherham than Sheffield, and the transport links seem easier in that direction, so they were sometimes frustrated that they were expected to use services in Sheffield the majority of the time. We were told in detail about the local bus routes; the ones that people could use to get to the hospitals come once an hour, and take a long time to travel into town. Due to reductions in the timetable and changes to the route, many people still have a steep hill to climb to get to/from the bus stop, or a long walk, and feel unable to use public transport because of this. Some people use taxis but say it is too expensive to do this regularly, while others say they can't afford the taxis at all.

We spoke with people about reclaiming their public transport expenses at the hospital, but not everyone who finds the cost prohibitive is eligible for this under current criteria. For others, it was the time rather than the expense which proved the most important factor – especially those who had caring responsibilities at home. For those who find it hard to travel to hospital, it can be too much, and they find themselves unable to attend necessary medical appointments.

People felt like some services – for instance blood testing – could be offered at their GP practice instead of them being made to travel. They felt frustrated by having to attend the drive-through service:

“Sometimes people have to go to Hallamshire hospital for blood test which is expensive. There should be blood test facilities at the GP for people”

## What happens when you can't travel to hospital?

We heard some examples of the real impacts on people when they are unable to travel into hospital.

Lavinia\* is one of these; she has some health conditions that mean she is referred to hospital on a regular basis. She finds herself unable to attend these appointments due to a number of compounding factors – including cost, confidence using public transport, language barriers, and the lack of someone to go with her. For her, travel becomes an insurmountable barrier which leads to missing out on necessary healthcare.



"The doctor said I had to go to hospital but I did not go. I have [a health condition] which may stop me from getting up one day. I don't go to hospital because I am not good with public transport and can't speak English and I could get lost. I had a few appointments for the last two years but I didn't go to them because my husband is working and my children are never around, and I am scared of going alone. My daughter can sometimes take me places but she has her own children and can't take me every time.

If it would be possible to listen to us or help us with how to get to hospital, because it is difficult to get there. I know there was a leaflet where they help older people with transport, but it would be good if they also help us, especially with my disability. I do not have a car to go to the hospital. It is expensive to get a taxi every time, so I end up missing hospital appointments because I can't afford to go, and appointments are hard to get. Once I miss, it takes like a year to get another appointment"

When Lavinia doesn't attend her appointments, neither the hospital nor her GP gets in touch to ask why, and offer help or adjustments that would support her to attend. Lavinia is even considering moving out of Tinsley because she thinks living in the area makes it so much harder to access services:

"I really need to move away from this place because my children are suffering. We need to move somewhere like Darnall where we can get better doctors, especially for my children, not just for me."

*\*name has been changed*

# 04

## Children's services

### Experiences of children's services

We did not speak with any children or young people directly as part of this project. However, many of the people we interviewed were parents, and spoke to us about some of the health and social care services their children had used. Some of their children were autistic, while others had complex health needs. People were generally very pleased with the care their children had received from specialist children's services.

Some parents told us about care at Sheffield Children's Hospital, particularly highlighting the way staff had been supportive and kind in several different departments:

"The dentist [at the Children's Hospital] was very cooperative. They handled my daughter very well and all was fine. They explained each and everything to me like when they filled the form, they asked me 3 times like when the first dentist checked them, the social workers, they told me about everything and then they took her to the surgery. If I wanted to access social workers, the risk of the surgery, each and everything and then took her to the surgery."

"I have been to the children's hospital for my daughter's eczema appointments and they were very good and kind and gave my daughter the prescription for the creams and other medicine"

"I have also been to the children's A&E when my daughter fell over and hurt herself and when my children have not been well and to the walk-in centre when my children have been sick. Both the children's hospital and walk-centre were good [...] the doctors have all been good and nice"

Where people highlighted negative experiences with children's services, the main focus was waiting times:

“It took one year from the time she had her first appointment. She had too much pain and in the one year she almost took at least one paracetamol every day because she was constantly in so much pain.”

“Ryegate has been good with providing good care and treatment for my daughter. They also provide medication that helps my daughter with her autism. We have also met and spoken to other families with the same problems which has been helpful. There was also a long waiting time and it was very hard for my daughter to be seen at Ryegate because she was on the waiting list for a very long time to be diagnosed. It took a very long time for my daughter while she was suffering”

## What happens when services work well together?

Nasrin’s\* daughter is autistic and has received support from Ryegate Children’s Centre. She also has some complex health needs which means she has to visit Sheffield Children’s Hospital regularly to see various consultants. The family have also been supported by a children’s social worker.

Nasrin has generally been pleased with the support she and her family have had from specialist children’s services, and the way that they have worked together to support her and her daughter. This contrasts with her daughter’s experience at all-age services like the GP, and with Nasrin’s experiences at adult services. For this reason, she is worried about what will happen when her daughter transitions to adult services:

“We have not accessed any support for my daughter’s autism except for Ryegate children’s centre because sometimes my daughter is suicidal but the GP is not helpful at all even when I tell them. They were good when we went there because they were able to listen and to help. There has been an interpreter when we have been there [...] The Children’s Hospital is very nice, not like other services. She has lots of doctors there, but they are all very good compared to the GP and the Northern General. I don’t want my daughter to be moved to Northern General because the Children’s hospital is very good and she is used to going there, changing hospitals and doctors will affect her”

Working with a social worker was also a positive experience, but Nasrin wished the support could have lasted for longer:

“My daughter has had a Social Care Assessment. The Social worker was very good and helped to get her treatment sorted but after 2 months, it was stopped. The Social



worker had helped to sort everything, her school arranged for the social worker which was very good. [It would be better to] keep the helpful social workers on for longer, because children who are poorly need constant support, they also give good advice as well.”

Nasrin and her daughter’s story reflects that when services work together, this can have a really positive impact on health. When this includes wider services like schools and social workers, it can play a particularly key role in connecting people to health services and in supporting wellbeing.

*\*name has been changed*

Despite the family’s positive experience with children’s services, Nasrin does think that living in Tinsley does make it harder to access this support. She finds the distance difficult – time and cost both become factors, especially when administration or communication errors cause wasted trips – and sometimes means her daughter doesn’t get the medication she needs:

“My daughter’s prescription, I get it from the children’s hospital which is far from me. But when I go to the pharmacy here, they always say they have not received the prescription and I ask them to look in the system and get the medicine in 2 weeks’ time. It is too far and the parking there is very expensive when my husband takes us. Sometimes I just give my daughter paracetamol because I don’t want to go to hospital”

These experiences were echoed by other parents. Most children’s services are located centrally, and this makes travel difficult for people:

“It is very far from Tinsley and hard to get there. It would be good if the waiting time is reduced and if it would be possible to provide transport or if NHS could reimburse. I wish the services were closer to Tinsley because it is hard when you have other children to look after”

# 05

## Adult Social Care

### Adult social care

#### Awareness of social care

Adult social care refers to physical or practical support which helps people with day to day living. People who receive this support might have a physical or mental health condition, a learning disability, or age-related needs. It includes care homes, home carers, adaptations to your home, and more. Local authorities (the Council) are responsible for managing social care services; they might provide some services themselves, and buy other services from care providers.

There was generally a low awareness of adult social care among the people we spoke to – what role these services could play for people who needed support with daily living, and how people would go about getting it in place. We asked at the older people’s focus group what people would do if they started to need help with day-to-day activities – most said they would call on friends or families. When prompted, participants didn’t seem to be aware of how to access social care services from the Council, and weren’t familiar with Care Needs Assessments.

Most people hadn’t used any adult social care services before, but a number did describe apparent care needs, and we were able to provide them with information about how they might be able to get support. They told us they hadn’t been provided with this information before, and hadn’t known where to go for this type of advice.

#### Aids and adaptations

Some of the participants in the older people’s focus group talked about their experiences trying to get aids and adaptations in place for their homes.

One had tried to get support with a stairlift installation for her husband, but was told they weren't eligible as the waiting list was 18 months long, and they couldn't provide assurance that he would live that long.

One of our interview participants had also needed adaptations around the home to make their bathroom more accessible, and a more appropriate chair for them. They opted to pay for these things privately, as waiting lists were long to get this organised through the council.

## Home care

Some people were able to tell us about their experience of home carers – mostly for their parents as they became older:

*“When my dad needed one, they were really good. They came and looked after him”*

A participant at the English language class we visited had carers visit their home too – they said visit times were inconsistent: *“sometimes late or early”*.

We heard about a short-term care package one woman received after breaking her ankle – while the couple weren't clear exactly how the short-term re-enablement had been arranged, they were extremely pleased with the care provided:

*“My wife broke her ankle and became immobile immediately. We also had carers. I don't know where they came from but they were brilliant. They were different ones but I don't know whether they came from Sheffield or Rotherham but they were all brilliant.”*

## What happens when a care package doesn't meet your needs?

One of the people we interviewed has a support package which includes support workers. He told us some more about his experience of care, which has slowly reduced since the Covid-19 pandemic.

Kaseem\* has a learning disability and mental health condition. He has a support package which includes visits from support workers, and is helped by family too.

It is important for him to get to know his support workers, but they change regularly and he doesn't get to stay with the same person. The agency who employs them doesn't tell him who will be coming each week.

In recent years the 'social' elements of his support package have changed and his support workers aren't able to help him access as wide a range of activities. They do



help him with administrative tasks, but his opportunities to socialise are more limited than before.

“My support worker checks if I have been taking my medication which helps me. I have been struggling to get a new bus pass for a few months but they have helped me now to get it.

Since Covid they stopped a lot of stuff so they don't help me as much anymore. I used to go [swimming] which was good but they don't do that now. I go and get a bit of fresh air with them now or go for a walk”

This has led to him becoming increasingly isolated outside of his immediate family, and reduced his ability to take part in activities which are good for his wider health.

*\*name has been changed*

## Unpaid/family carers

We heard from a significant number of people who had taken on a caring role in their families. Some of these were quite complex, with people caring for a number of different relatives, often while navigating health or support needs themselves.

Most of these people did not formally recognise themselves as carers, though, and had not been recognised as such by services – for instance by having a Carer's Assessment, receiving Carer's Allowance, or being registered as a carer with their GP.

### What happens when carers are too stretched?

Uzma\* is one of the women we spoke to with a complex caring role. She has children, is managing her own health conditions, supports her husband with a long term health condition, and looks after her parents-in-law who need help with day-to-day living. Uzma does receive carer's allowance, and her father-in-law has a support package with paid carers, but this isn't enough to relieve the pressure she faces every day:

“Every day [my father-in-law] has to use a lot of electricity, gas for heating, cooking and washing and that money is not enough. Too hard life, to buy washing powder for clothes, food and many other things. The money is not enough, I have to change his beddings every day, 2 – 3 washings a day so for me that's not good, it's too hard life. I also struggle with my mother-in-law but not got any help. So I have to cook food and take to her and help her with other things like cleaning



and washing. Carers only come in for 30 minutes to give [father-in-law] a bath and change his clothes, nothing else. I have to do everything else, I give him his medicine, make breakfast and lunch, wash his clothes”

Her caring responsibilities mean she is unable to access the support she needs for her own health. None of the services involved in her or her family’s care have picked up on these barriers and tried to put additional support or adjustments in place for her. Uzma didn’t know where else she might be able to get support – and her ability to travel outside of Tinsley to get it (eg by attending Sheffield Carers Centre meetings) is extremely limited:

“[GP] says go to the hospital but it takes me more than an hour to get there and yet have to look after my father-in-law the whole day, nobody helps me so no time to go to the hospital [...] Nobody has ever delivered or offered to deliver the medicine for me even when I struggle to walk and also can’t leave my father-in-law on his own for long. I am at home the whole day and don’t go out because my father-in-law is poorly, my husband is poorly, and my son [is poorly] so I have to take him to the hospital every month. No sleep for me, really hard life. Being a carer for my family is very hard”

Uzma’s story demonstrates the way that, when life gets extremely complex, people can fall into the gaps between services. Health, social care, and wider support services would need to work together closely to provide a safety net of support for families like Uzma’s, especially when people don’t have the information they need to proactively reach out for more help themselves.

*\*name has been changed*

We heard similar stories from other people, who felt they didn’t have any support – or didn’t even know there was support available to them. Many people felt that caring for their relative was something for them to manage themselves, without external support:

“I am here to look after her and that is why I retired. That is what I signed up for when we got married [over 50 years] ago”

“When my mum needed help, I’m the one that’s got it all for her. Got her paperwork and the physical stuff. But the lady said to me that, ‘You know, we can do, we can provide her with the care’. But she didn’t want it. My mum didn’t want it. I know my mum. We do it ourselves or my mum does it herself”

Awareness of organisations who could offer formal or informal support – like Sheffield Carers Centre – was low. Even among people who knew of them, most didn’t access their support. People in the over 60s group told us that meetings were too far away; there was a desire for some more peer support and advice for carers in the local area.

Another key issue we heard from this group was that Carers Allowance ends when you reach retirement age – those who had received this and relied on it found themselves

struggling without it and felt this was unfair when they were still someone's primary carer, and that person's support needs were actually increasing with age.

Both GP practices in the area ask patients to let them know if they are a carer, and outline some of the support they can put in place for them. Examples of support a GP practice could offer include annual vaccinations, referrals to support organisations, and flexible appointment systems. In practice, this doesn't always happen. One person we spoke to said they were a carer for their spouse; they both needed to get blood tests but they weren't able to get appointments at the same time, or next to each other. They were advised their appointments were several hours apart, which was not feasible due to the effort needed to get to and from the surgery and their caring responsibilities. They felt they weren't being heard and had to fight to get the accommodations they needed, though this was eventually put in place for next time.



## A spotlight on services working together

The neighbourhood model referenced on page 5 relies on health and social care services working well together at the centre of a community.

In Tinsley, we met many people with social care needs who weren't getting this support, and unpaid carers like Uzma who aren't getting the right support from either health or social care services. This makes the model problematic from the very first step; with low awareness and uptake of social care services, and seemingly low awareness of some types of healthcare like mental health services, it is difficult to see how this co-working can work well without changes to the current local offer.

### GPs and pharmacies

People spoke to us about the way that some of the different services they use work together. This came up mostly in relation to getting prescriptions sent from their GP to the pharmacy; some people described problems that regularly sent them back and forth between the two:

"The GP send the prescription to the pharmacy but the pharmacy keeps saying that they don't have it, you need to go to the GP, and the GP says that they have already sent it to the pharmacy, then later after 3 weeks they say they have found it, you need to come and pick it up"

"Doctors sign and sends it to them but when you go there they say it is missing or no the doctor did not send it. I have to walk back 20 mins to the doctor, I say at reception give me a link or proof that you sent it to them and I take to the pharmacy, they say 'oh... we could not see it before'. That's why it annoys me. And sometimes they say there's no stock, Monday or Tuesday it is coming. And I am a heart patient, it is very dangerous when my medicine is finished"

Some people mentioned getting a message from the pharmacy to let them know when their medication was ready, or if there had been a delay with it, but the vast majority just spoke about turning up at the pharmacy to see if their medication was there. Communication systems could reduce wasted trips to the pharmacy.

## GP practices in the neighbourhood

We also heard some stories about the two GP practices in Tinsley working together. A patient at The Medical Centre told us that when she was pregnant, her appointments with the midwife were arranged through Highgate Surgery. This worked well for her:

“The midwife is for Highgate Surgery she comes in, I think every Tuesday, or once a week. [...] For Doctor Okorie’s surgery, they don’t have any space for her to come, and also she was saying in 1 year normally there’s only like 6 women giving birth, so there’s less women compared to the Highgate Surgery”

## Boundary issues

Tinsley is located next to Brinsworth, a neighbourhood in Rotherham. Some people living in Tinsley live closer to Brinsworth Medical Centre than to Highgate Surgery or The Medical Centre, and are registered there instead. Generally the people we spoke to who are registered at the practice in Brinsworth are happy with the care they receive, outside of the appointment booking issues we hear elsewhere. However, there are administrative issues that come up by being registered in a different area – Rotherham rather than Sheffield.

Referrals to hospital seem to be made to Rotherham Hospital by default at this GP practice. Some preferred this, but some would prefer to go to Sheffield; patients would like to be involved in making this decision where possible but are not always offered any choice. Due to proximity, patients at The Medical Centre in Tinsley are sometimes referred to Rotherham Hospital too; again, being involved in the choice was important to them but not always offered.

## Being sent back and forth

Some people told us about getting referrals to other services, or being sent elsewhere for treatment. Some of these stories were positive, but other people described lengthy processes of being passed back and forth between different services:

“Every time I ask for an appointment they say go to the walk-in centre and when I go to the walk-in centre they say go back to the GP and then the GP says go to A & E. At the walk-in centre, they tell me that I need a referral from the GP”

“And when I go to the hospital, the hospital says, you need to go back to your GP. It’s like a vicious circle”

# 06

## Wider support

### Information and advice about health and care

We wanted to understand where people were getting information about health and wellbeing, support services, and how to navigate the health and social care system.

People got information from a variety of sources – many again relying on their GP as their first point of contact.

#### Where do you get information and advice from?



Some people felt they can't find trustworthy information from anywhere, or have too many barriers to finding out information that could help them – language, digital, or otherwise. This disempowerment was frustrating for many:

"I don't get information from anywhere. Sometimes, there is a van that comes in the area for treating cancer. They come and ask people to test. Other than that, I don't know anywhere else"

"It's a constant fight. You never know where to get the right information, and you're often sent from one place to another"

“Yes it is hard to get information because I can’t read properly and I can’t use a mobile phone properly. So I can’t even google to find the information. So I have to rely on my family and other people”

Some of the women who attend groups at Tinsley Forum identified community leaders there as key sources of information. Many of them had language or digital barriers which meant they struggled to access information to help them in other ways, so voluntary/community organisations play a vital role for them. Some of these individuals play a central role in their communities:

“I don’t usually get any information about groups and activities but recently, when I was at library. Oh, in the library, [the volunteer] told me about the family activities that are coming up in the holidays and I didn’t know about it before”

## **How would people like to receive information and advice?**

There was a strong desire from people for more information and advice – about health, care and support, but also about what was going on in the area socially. Even though there are limits as to what’s on offer socially, many people we spoke to didn’t know about the existing groups unless they already went to one. There was a feeling that groups weren’t well advertised; several people told us they’d like to see a timetable of groups who meet in the available community spaces, such as Tinsley Community Centre. We heard other ideas too:

“If I want to get new information I think it should be in the library or GP surgery but as I said before, the library is only open 2 times a week which makes it hard”

“It could be on WhatsApp, it could be on leaflets or word of mouth”

“Even if they [the Council] have a notice board, like how much does it cost to install a notice board? And then come and stick on if there’s things going on, or ‘you need your vaccines’ and stuff. And in another language too. Or [...] we have WhatsApp groups, like the mosque Whatsapp groups and information. I know that I sometimes get a message that it’s the cancer bus comes and one or two times the blood pressure checking buses come outside the mosque, so I do feel that that’s increased. So maybe yeah, for the NHS to utilise those networks, or know the key figure in the community that does the announcements so they can speak up”

The Support Manager at Highgate Surgery gave us further insight into the lack of support with information and advice in the area. She would like to see more information opportunities to do with health and wellbeing. She identified some gaps for people locally, including health screenings, self-management advice, information about how the NHS and digital health tools work, as well as support like English and IT classes, mental health, substance misuse, and domestic abuse support.

She also told us that patients rely on the practice for help with forms and procedures relating to issues like Personal Independence Payments (PIP), Universal Credit, and Housing, because there isn't good availability of local alternatives like an advice centre that could support with these issues.

This causes administrative backlogs for the surgery, and makes it harder for people to get help with the things they need. Through social prescribing the practice can refer patients to Darnall Well Being, who have a link worker based in the practice twice a week. They can support and signpost with some of these advice issues.

## **The local information and advice offer is more limited than it used to be**

We spoke with many people who said that organisations, groups and activities that used to exist in the Tinsley area had closed down, or drastically reduced their offer.

People told us about the former advice centre. They said that they used to be able to visit advice workers in person who could help them with forms and documents, as well as other questions. Several people said they wished this was still in operation.

"My father in law is very old, and sometimes does not understand his letters so I [brought] him here [...] so they can read and explain to him. Sometimes if he has benefit problem I bring him here because it is easy for him to trust a professional than a family member. So he can talk to them himself. This was before, when they had an advice centre but now they don't any more. There should be more advice centres."

Citizens Advice Sheffield currently run a Community Access Point at Tinsley Forum twice a week – Tuesdays 10am-2pm, and Thursdays 1-4pm. This is a screen that people can use to connect with an advice worker remotely. Awareness of this service was low among the people we spoke to, and the one person who did have experience of it felt that it wasn't as good as the in-person system they used to have:

"Just speak to someone over the screen, it's not really fit for purpose. I know there used to be Citizens Advice people that would come there and advise people or support people. Those are some of the things that we want to see if they can try to be reinstated"

Lots of people also talked about the library. There used to be a library on the high street which was popular with families as it hosted many child-friendly activities, alongside its role as an information hub for the community. This has now closed. Instead there is a small volunteer-run library in Tinsley Forum, which opens for 9 hours a week and does not include weekends. People said they valued the library and wished there was funding for a bigger offer:

“When I was younger, there used to be a nice paper library for the kids to get out and read some books or do some activities. There’s nothing like that anymore. There’s now just some little library that I have never been to”

“Normally in other areas in Sheffield all libraries open minimum 4 days a week but in Tinsley, it opens only 2 days. I see families trying to go to the library but there’s nothing for them to go there to do”

## Voluntary and community sector organisations

To help us connect with local people in Tinsley, we spoke with leaders at Tinsley Forum, which houses the library and some social groups (like the older people’s coffee morning, and the English learning class we visited), and with groups who meet at Tinsley Community Centre (like the women’s chai group). We also found interview participants through other means, including by working with the local GP practices. There were limited other physical spaces where community groups could get together in Tinsley.

We found that many social groups and activities run by voluntary and community sector organisations are held in Darnall, or run by Darnall-based organisations. Tinsley sits within the Darnall Council ward area, and Darnall Well Being is the People Keeping Well<sup>7</sup> lead partner organisation for the Darnall and Tinsley area.

Darnall Well Being delivers some groups and activities in Tinsley itself, such as a chairobics class and a diabetes group, but limited resources and limited access to very few community spaces in Tinsley impacts what group sessions they can offer. Darnall Well Being also employ link workers – social prescribers – with one based in Highgate Surgery twice a week, holding appointments with local residents who might need information and signposting.

There is a view across organisations that additional resources and investment would be needed to enable further delivery of activities in Tinsley. Groups described how further funding could support them to expand activity, strengthen partnership working, and develop a more sustainable presence within the neighbourhood.

Other activities are delivered in Darnall. Darnall is a larger area than Tinsley, with more residents, and a wider choice of community venues to host groups and activities. People living in Tinsley are welcome to attend events in Darnall and some do; many

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<sup>7</sup> <https://www.sheffielddirectory.org.uk/adults/healthy-living/advice-pages/keeping-well-in-your-local-community/>

people we spoke to knew about a range of activities on offer there. However, it is on the other side of the M1 and can be difficult for Tinsley residents to get to, especially if they don't drive as there is a lack of direct bus route between Tinsley and Darnall. This in turn limits residents' ability to access community activities, health groups, and wider support.

One interview participant outlined the travel barrier that may stop many Tinsley residents from accessing these groups:

"I saw some information on the information board in the [GP] surgery about some family centres and meetings and this type of information, but all the activities on the board that I saw were in Darnall. It is too far from our area and we can't walk there. If we go by bus, you have to change the bus 2 times. There's no direct bus that goes there so I think they should be resolved like bus services that go direct to Darnall and the other thing they should put the activities in the Tinsley area"

Others spoke about a wish for a greater number of activities and organisations to be delivered in Tinsley directly:

"There's nothing in Tinsley. If you go to Darnall, they have community support. They have chronic health for pain management, they have stuff like that going on just to help people come out in the community. There's no funding around this area"

"We had a big library here and they closed it, the advisory centre was closed off. They want us to go to Darnall, there are more services there, why, why not here in this area?"

"There's a lot that could be changed. Like we have local MPs for Tinsley, but the constituencies are in different areas like Darnall [...] A lot needs to be done about Tinsley. It's going downhill a lot massively. Other areas are thriving compared to Tinsley, which is very deprived area, I think"

## Groups and activities

People spoke to us about the different activities and groups they took part in in Tinsley. They didn't always know who ran these groups or how they were organised - for instance whether they were run formally by voluntary or community sector organisations, or set up informally by local people.

The activities attended by people we spoke to included:

- Arts and Crafts at The Apostles
- English classes at Tinsley Forum
- Over 60s group at Tinsley Forum
- Women's chai group at Tinsley Community Centre
- Yoga class at Tinsley Community Centre

We heard about a few key issues with the current offer of groups and activities in Tinsley. One thing came through very strongly – the absence of an easily accessible physical community space is actively stopping people from getting together, and doing things that are good for their health.

## **It is difficult to find out what is available**

A number of people told us that they didn't know how to find out about groups and activities happening in the local area. There was some awareness that there are groups that meet at Tinsley Community Centre, but it is difficult to find out what these are. There isn't a noticeboard outside the community centre advertising any of the sessions – this information is inside, along with a range of helpful leaflets, but the community centre is locked when it is not in use, so people can't access this information unless they are already attending something.

This was identified as a barrier to getting involved in social opportunities. One woman we interviewed had been trying to find out about local activities unsuccessfully for some time, and was only able to discover some opportunities by chance when she came upon some women arriving for a yoga class:

“When I see ladies are going inside, I just follow them and ask them ‘what you are doing here, what’s going on here?’ Because it’s generally closed and you can’t get any advice or anything. [...] I enter and take some picture of the information. There are lots of good information. There are lots of nice flyers. But the place is always closed. That’s why people have not reached out.”

## **There are barriers to setting up new initiatives**

We spoke to several people who were keen to set up and run local initiatives and support people to get involved – either in a formal or informal basis. However, they hit barriers to doing this in Tinsley, largely relating to funding and resource.

One woman told us about attempts to set up sports and activities for young people locally, but lack of appropriate spaces and funding opportunities have made this difficult:

“We need a ground to play netball or activities like basketball or any other ball games that would make our health better. We were promised a new trampoline for the community and neighbourhood as the old one broke but we have still not got it [...] There was someone who wanted to train children to play football but had no access to space like a football pitch that they can use.

[We need] resources and funding for activities that would enable people to come together. More adult activities like talk and share events, and other family activities that bring families together, which is great for people's mental and physical wellbeing.

The difficulty is we have been and are still struggling for funding to run community activities in the area and have spoken to different people who have promised to help and have said that there is funding available but nothing has come through. It would be good if someone can help"

The women's chai group we visited told us a similar story about a group who had tried to start a community gym in the area, but said that funding issues had ultimately made it difficult.

Other people told us about other practical issues to setting up groups – accessing Tinsley Community Centre is difficult for people wanting to book the space as well as those wanting to find out what's being run in there. The over 60s group told us they'd found it difficult to contact the Community Centre via Sheffield City Council in order to book the space for activities – this has been a barrier to organising events and activities. Another interview participant also told us they wished it was easier to make use of this community space:

"I think it will be good and if they can let us do something as a volunteer, I would like to open like coffee morning [...] I want to invite my like organisation as well, have a meeting but the doors always closed. I call the number. I send emails I check if someone is getting there. But there is really, really hard to contact".

## What would people like to see in Tinsley?

People certainly feel there are gaps, then, in what is available locally to support their physical activity and their social wellbeing. And for some, it's clear that this is a missing piece of the puzzle in terms of local health and care provision – the wider support that helps people to stay well and have meaningful activity.

Some people identified particular groups they thought needed social activities and groups the most. This included:

- **Children and teenagers** – Many people told us there isn't much to do for young people, especially for children in the summer holidays, and for teenagers to feel like an active part of their community
- **Young women** – Some people felt this group were becoming more socially isolated, especially if they were at home with children
- **Older men** – The over 60s group and the women's chai group talked about there being a gap for older men from both White British and Asian Pakistani communities

Lots of people told us about what they'd like to see locally to fill these gaps – both for the particular groups identified, and for the wider community.



# 07

## Life in Tinsley

Good health is about more than just timely and appropriate access to health and care services, and wider support infrastructure like the voluntary and community sector. The wider determinants of health are the social, economic, and environmental factors that influence people's health and wellbeing. This includes housing, employment, local environment, and more, and can be linked to a wide range of health inequalities.

We asked people open questions about living in Tinsley – what they thought was good or bad about the area – and listened to what they had to say.

We will share these findings with relevant leads in local statutory and other organisations, who are working with communities on these topics.

### Local environment

When we asked more general questions about life in the local area, around half of the people we interviewed brought up litter being a real problem. This ranged from people dropping cans and bottles in the street, to fly tipping old furniture. Some people identified that the Council used to be more active in tackling this, and that local initiatives to help had sprung up, but lack of resource or motivation had stopped this:

“They throw the trash in our lawn, in front of the doors. Our garden is small but we have to pick the trash up every weekend and we are fed up of this”

“Even the dog poo everywhere when you walk, it goes on your shoes every time”

“Some people in the neighbourhood come around drinking and dump litter and rubbish in our area for us to clean up which is not fair and really frustrating. Some times they throw old mattresses, televisions, sofas, used nappies and other things in our area”

Some people told us about noise pollution from traffic and surrounding factory machinery. Others talked about other environmental problems – air pollution both from traffic and people burning rubbish. Situated so close to the M1 motorway, levels of air pollution are higher in Tinsley than in other Sheffield neighbourhoods. High air pollution is linked to respiratory health conditions like asthma and Chronic Obstructive Pulmonary Disease (COPD).

“Already my oxygen level is very low. Every time I go to the doctors and they do oxygen readings it is very low, but people are not bothered, they keep burning their rubbish instead of properly taking the rubbish away”

Access to green spaces was also important for people’s sense of wellbeing. Tinsley has a recreation ground (Tinsley Green) with a small children’s play area on it. This is attached to the primary school and is used by the school for the children to play on. Some people still use it, but others feel they are no longer able to, or that the small park isn’t sufficient for the number of families in the area:

“There is a park for walking for exercise. It is good and peaceful”

“The school has taken over the park, there’s not much greenery [...] There’s not much facilities in the park for children. There’s much not much going on. There’s nothing. It’s not fun”

The women at the chai group also spoke about the nearby Blackburn Meadows as a local green space, but told us they didn’t feel safe walking there alone due to antisocial behaviour and a lack of lighting at night.

There was a strong desire for support to access the outdoors more, and the benefits this could bring:

“Activities like taking families out on trips and walks. There’s a lot of depression here because people have too much stress because of staying inside all the time. I have the same problem”

## Safety

Crime and antisocial behaviour also ranked among some people’s concerns. Beyond the littering and fly tipping, people shared more serious worries:

“A lot of people steal things, break into houses [...] Also people sitting in the park and making mess and smoking. You can smell it very strong and it makes others not go to the park. And drinking and throwing bottle everywhere on the floor, spitting on the streets”

“I get scared to take my children to the park because you find young people there smoking and can sometimes be scary”

“But you see here young kids, 14-15, they are smoking and doing drugs there”

# Community feel

Whether a neighbourhood has a good sense of community is important to people living there; we didn't ask about this specifically, but a large proportion of the people we spoke to brought this up in relation to our open questions 'what is good about Tinsley?', or 'what don't you like about Tinsley?'.

It is helpful to understand the way that Tinsley as a neighbourhood has changed rapidly over the last few decades. Older residents, brought up in the 1940s and 1950s, describe a much more rural neighbourhood. Employment was a big draw to the area; they tell us most men worked in local heavy industry. When factories, mills, and forges began to close down, the neighbourhood changed. Newer residents may have instead been drawn to Tinsley by its proximity to the motorway for commuting, or by its now low house prices (among the lowest in Sheffield). Tinsley is a diverse community; just over half of residents identify as Asian/Asian British, alongside White British and Black/Black British residents, and there is also a relatively significant Roma community, amongst others.

Some people told us they feel a strong sense of community in Tinsley; they highlighted the importance of connecting with people who they have shared experiences with. This included many of the Asian Pakistani women we interviewed, who appreciate their shared background with some of their neighbours, along with some of the older White British residents we spoke to, who enjoyed a shared history of living in this area:

"Tinsley has good close community [...] people help each other if you need anything"

"I think there's a lot of people from our home country [...] There's a lot of people from [our town] and that is good because we speak the same language and we can communicate very easily"

"[There is] friendship, nice and down to Earth people. People say hi to each other"

However, others expressed a sense of disconnection because they feel isolated and don't know their neighbours, or a sense loss at how the area has changed over time. In particular, many of the Roma women we spoke to expressed their loneliness, and the over 60s group told us that important social hubs for them, including local pubs and the working men's club, had closed down. Despite a number of new housing developments in the area, they felt new places to socialise (along with increasing the health, educational and other services to meet need) had not been built, which limited their chances to build a community feel:

"If I walk down that road, I won't know anybody. I don't know anybody in the area [...] We used to have a good community, we used to have parties, parades, and things but it has all been dissolved"

"I don't really socialise. I don't have anybody. I just go alone to the park to walk around. I don't have groups of friends in Tinsley"

Some of the people we spoke to described a wish that there was more connection between different communities in Tinsley. People from all different backgrounds

expressed similar thoughts on this, including some who had lived in other areas and seen community-building initiatives working well there:

“I don’t think there’s enough [opportunities to socialise]. While there are some voluntary learning centres, most of the people attending are from specific communities. To be honest, there isn’t much of a relationship. It’s just disconnected. People stay to themselves, and there’s no real sense of community or trust among neighbours.”

“I think the barrier between different ethnicities should drop and we should interact with each other. We should have positive thoughts about each other because that makes a good community”

“When you hear other communities, mosques will do different things like they’ll [invite] other cultures, other people from different backgrounds to ‘come and join our fun day’. And churches do it too. And you’re welcome, they don’t care about your religion, they’ll welcome you. [It would be good if here] it was open for everyone to for a free space to offload, talk, have a cup of tea and things.”

People felt that, while there’s a need generally for more social opportunities for people in Tinsley, ones that encouraged different members of the community to get together and participate would be especially welcome. While there are voluntary and community sector organisations doing good work here, these findings highlight an underlying need for good community connection and development work that needs wider support and resourcing.

## Local facilities

We learnt a lot about the way facilities and services in Tinsley have changed from the over 60s group we spoke to, many of whom had lived in Tinsley for most of their lives.

Residents felt that a lot of new housing developments were being built but that there were not enough health, social or educational services to support the community with increased numbers. They raised this with a local councillor some time ago but didn’t know whether any actions had been taken to address these concerns.

They also said there used to be two supermarkets in the area, a laundrette, a butcher’s, a greengrocer’s, and a sweet shop as well as many other amenities but that these have all disappeared over the years. Other spaces and activities they said had seen closures in recent years include tennis courts, a bowling club, a spacious park and a local festival, along with a local lunch club.

“At the bottom of the road there used 3 or 4 pubs where people would get together. There used to be a working men’s club but they are all gone”

People had mixed views when they described the current local facilities in Tinsley. Food shopping came up for many people. Some felt positively about the food shops in Tinsley, which are mostly small, local corner shops:

“It is good because all the community together and the shops are all nearby particularly Halal shops”

“I like the area. I have everything I need around me, shops, park, Meadowhall shopping centre”

However, many felt this was very limiting – smaller independent shops generally have less choice, and people felt they were more expensive than supermarkets. There are no supermarkets in walking distance of most people’s houses. Those who didn’t have a car told us that going to supermarkets on the bus was difficult because of limited bus schedules and having to carry their shopping home uphill, and that getting taxis was too much of an expense.

“We don’t have any shops like grocery shops and stuff. If you do shopping, you have to go to other places like Darnall, where there are so many grocery stores, and you can get a variety of stuff you know there are different prices which is not in Tinsley. I think in Tinsley because there’s no competition the prices for things is too high. That is why I do most of my grocery shopping like for meat and other grocery I go to Darnall because it is also cheaper”

“To be honest, I don’t like it here. I would want to leave this place because you need to take a taxi to go anywhere. There are no shops, [no] Aldi, Asda, supermarkets here”

However, others talked about the positives of living near Meadowhall shopping centre – for them the proximity of Meadowhall makes up for the small local high street:

“A big shopping centre is nearby so that is a great facility to have”

# 08

## Recommendations

### About the recommendations

Based on our findings, we have made a number of recommendations to local and regional service providers and commissioners of health and social care. Under the broader recommendations, we have suggested specific actions, but we know services may have additional ideas about how to make improvements.

This report covers the whole range of health and social care services people living in Tinsley might use, as well as some wider determinants of health and wellbeing. Many of our findings underline the importance of taking a collaborative approach when improving neighbourhood health; we would like to see this reflected in the actions that organisations take in response to our findings and recommendations.

We also believe that many of these recommendations, like the findings, contain learning for wider principles of neighbourhood working – and are therefore relevant outside of Tinsley too.

Where findings are broader than statutory health and social care services, we will be sharing the report with the decision makers and teams working with communities to improve neighbourhoods in Sheffield.

It is important to note that our work in Tinsley provides a snapshot of people's views and experiences – it is a good starting point, but there is more work to be done to support residents in Tinsley in deciding how to improve people's health and care in their area.

We recommend that South Yorkshire Integrated Care Board, Sheffield City Council, Sheffield Health and Wellbeing Board and Sheffield Health and Care Partnership use the findings in this report to inform their thinking around neighbourhood health, and improving population health at a neighbourhood level. The findings should be considered in discussion around the strategic commissioning, design and delivery of neighbourhood health, and inform the neighbourhood health plan which will set out local aims and outcome measures.

## 1. Develop an improved information and advice offer in Tinsley

### Findings:

In the absence of an in-person, language-supported information and advice service in Tinsley, many people are:

- Going without access to the advice they need, and missing out on benefits and statutory services they could be entitled to, along with wider support.
- Relying on their GP practice to support with form filling (eg PIP and housing forms), and to help them access wider support. This is stretching the practices' already limited capacity.

### Actions:

- Consider funding mechanisms which would enable the delivery of more in-person information and advice provision in Tinsley.
- Create an information and advice model which:
  - Includes support with filling in official forms
  - Addresses cultural, language, and digital barriers
  - Is delivered in person in a community space(s) that is open to all residents

## 2. Act on service user feedback to improve patient access and care satisfaction

Some of the findings in this report can be addressed directly by the services being delivered in Tinsley. We have made recommendations for local providers based on feedback from people using their services.

Service	Findings	Actions
Azure Dental Practice	<ul style="list-style-type: none"> <li>• Some people were not clear about the policies around accessing care.</li> </ul>	<ul style="list-style-type: none"> <li>• Improve communication with patients around policies and procedures online and in the practice – including waiting list management and NHS dental prices.</li> </ul>

	<ul style="list-style-type: none"> <li>• A large number of appointments are missed or cancelled on short notice, which impacts on practice capacity.</li> </ul>	<ul style="list-style-type: none"> <li>• Consider a system (eg text messages) to invite patients who are willing to accept last minute appointments if there is a cancellation.</li> </ul>
Cohens Chemist	<ul style="list-style-type: none"> <li>• There is low awareness of Pharmacy First, and other things local pharmacies can help with.</li> <li>• People presenting at the pharmacy when their medication isn't available yet is frustrating for patients and for staff.</li> </ul>	<ul style="list-style-type: none"> <li>• Promote the Pharmacy First scheme.</li> <li>• Provide standardised information about what options people have if their medication is not in stock.</li> <li>• Provide clear information about signing up for free NHS prescription delivery.</li> <li>• Encourage people to check the medication they need is in stock before travelling to collect it – and advertise the way they would like patients to do this.</li> </ul>
Highgate Surgery and The Medical Practice	<ul style="list-style-type: none"> <li>• It can be difficult to book appointments at both practices, due to long waits on the phone, difficulties using online services, or appointment availability.</li> <li>• Feedback mechanisms aren't widely used or promoted, including complaints systems, and Patient Participation Groups (PPGs). Highgate Surgery does have a PPG but awareness is low. The Medical Centre does not appear to have a PPG.</li> </ul>	<ul style="list-style-type: none"> <li>• Review actions from other practices in the city who have trialled ways of working to improve appointment booking systems, for instance: <ul style="list-style-type: none"> <li>○ Separating out the phone lines for results and appointments.</li> <li>○ Reviewing the way that online booking systems intersect with telephone booking to avoid duplication.</li> </ul> </li> <li>• Review feedback mechanisms such as: <ul style="list-style-type: none"> <li>○ Considering different ways of running and promoting PPGs to encourage wider involvement.</li> <li>○ Involving PPG members in raising and trialling improvement ideas for the surgery.</li> <li>○ Exploring ways to involve the wider Primary Care Network (PCN) in PPG initiatives to increase involvement opportunities.</li> <li>○ Clearly advertise ways for patients to raise feedback or concerns directly with the practice, or through other means.</li> </ul> </li> </ul>

### 3. Improve people's access to social groups and activities which benefit their health and wellbeing

#### Findings:

- People we spoke to in Tinsley were clear that social groups and activities form a key part of their wider health and wellbeing, and help to build community bonds. However, many felt that the neighbourhood didn't have enough provision for this.
- People felt there were specific gaps in provision, for example for unpaid carers.
- Some people wanted to set up and run initiatives in Tinsley but needed practical advice and support, and needed to secure funding.
- A lack of suitable physical spaces in the area was thought to be a barrier to social activities taking place.

To address these findings, we recommend:

#### a) Improving access and signposting to existing groups and activities

##### Actions:

- **Sheffield City Council** to erect a notice board outside Tinsley Community Centre where an activities timetable for the venue could be displayed.
- **Sheffield City Council** to advertise a clear way to book Tinsley Community Centre for meetings and activities.
- **Local organisations** running groups and activities to speak with local people about how best to advertise these and disseminate information about what's going on in the area.

#### b) Reviewing the social groups and activities being run in Tinsley and increasing this offer

##### Actions:

- **Commissioners** to consider mapping the current offer of social groups and activities in Tinsley and consider ways of funding further provision which will address gaps, and align with local people's needs and priorities.
- **Commissioners of carers support** to work with providers to explore the possibility of providing a carers support group in Tinsley. The offer should be accessible to people who experience language and cultural barriers.
- **Sheffield City Council** to support work to explore the availability of community spaces in Tinsley; bringing together local organisations to consider how existing estate in the area could be used to support the provision of more social activities and events.

- **Voluntary Action Sheffield** to consider providing development and funding advice in Tinsley to support local groups and individuals who are looking to set up additional social initiatives.
- **Mental health services** to work collaboratively with local groups and leaders to better understand local provision and offer a more holistic approach to mental health and wellbeing.

## 4. Monitor and tackle inequalities in access

### Findings:

- Some Tinsley residents, or certain communities within Tinsley, faced barriers to accessing particular services. We found:
  - Low uptake of adult social care and mental health services.
  - Low self-identification of unpaid carers.
  - Digital barriers creating obstacles in access across various services.
  - Language barriers creating obstacles in access across various services.

### Actions:

System-wide partners should:

- Ensure they have robust methods for collecting and using data to better understand and address the differences in access between communities. For example, they should consistently collect demographic information such as age, ethnicity, carer status and postcode when looking at service use and missed appointments.
- Do further work with communities to better understand the reasons for differences in access, and how they need to be addressed. This should involve qualitative methods.
- Ensure a diverse mix of residents in Tinsley are involved in prioritising and deciding what work should be done to address access barriers.

## 5. Improve access to learning opportunities that enable people to access and navigate services and information independently

### Findings:

- There were high levels of digital exclusion and language barriers, which created obstacles in navigating the health and care system and accessing health and

social care services online (eg through the NHS app). This is an increasing concern for people with the NHS focus on shifting to digital systems.

- Digital and language barriers have a wider impact on people's health and wellbeing, as they also limit people's ability to seek out reliable information and advice, and organisations and groups who could support them.
- There was a desire among people with digital and/or language barriers to improve these skills, to help them to access health, care, and wider support services independently.

#### **Actions:**

Commissioners and system-wide partners should:

- Promote and signpost to existing organisations and groups who can offer support building digital skills and English language learning.
- Strengthen the local offer for skills learning based on what people in Tinsley say would work for them – consider working with existing providers to offer further resourcing and funding.

## **6. Better communicate key information to help improve access to care and support**

Many findings in this report point to specific information and advice needs in Tinsley; many people don't know about the types of support they could be eligible for, or how certain parts of the NHS or social care system work.

A neighbourhood approach should underpin this work. It should involve working with local people and services to design and disseminate resources in formats and languages which reflect the local populations.

Healthwatch Sheffield has a statutory information and advice function, and we would be happy to support this work.

Below we have set out a table which presents the specific information gaps we identified by service type.

Service type	Who is this recommendation for?	Findings	Information to communicate	How this could help
<b>Opticians</b>	South Yorkshire Integrated Care Board (SYICB) and optician practices	<ul style="list-style-type: none"> <li>• Many people (particularly adults) aren't having regular eye tests.</li> <li>• Cost can be a barrier to optician services.</li> </ul>	<ul style="list-style-type: none"> <li>• Promote the importance of regular eye tests.</li> <li>• Promote information about entitlements to free NHS eye tests and optical vouchers.</li> </ul>	<ul style="list-style-type: none"> <li>• More people taking up routine eye tests, which are important for vision as well as detecting health conditions.</li> </ul>
<b>Dentists</b>	SYICB and dental practices	<ul style="list-style-type: none"> <li>• There is a lack of timely access to NHS dental care.</li> <li>• Many people aren't having regular dental check ups.</li> <li>• Cost can be a barrier to accessing dental care.</li> <li>• Some people are unhappy with their care, or experience long waits, but don't realise they can use a different provider in another area.</li> </ul>	<ul style="list-style-type: none"> <li>• NHS dental costs and the criteria for getting full or partial help with dental costs.</li> <li>• Unlike GP practices, there is no formal registration with a dental practice and people can use a provider anywhere in the city or outside of Sheffield.</li> </ul>	<ul style="list-style-type: none"> <li>• More people accessing NHS dental care when they need to, including for regular check ups which can help to reduce the need for more costly and intensive treatments.</li> </ul>
<b>GPs</b>	SYICB and Primary Care Sheffield	<ul style="list-style-type: none"> <li>• People struggle to book an appointment due to long waits in the 8am telephone queue.</li> </ul>	<ul style="list-style-type: none"> <li>• Wider promotion of telephone opening hours and other choices in appointment booking.</li> </ul>	<ul style="list-style-type: none"> <li>• Relieving pressure on GP telephone systems in the mornings improves practice capacity and patient experience.</li> </ul>

Service type	Who is this recommendation for?	Findings	Information to communicate	How this could help
Pharmacies	SYICB and pharmacies	<ul style="list-style-type: none"> <li>• Pharmacies do not always have medicine stocks – and people do not always know how to locate the medicine they need at other pharmacies, or don't find out that the pharmacy doesn't have their medication until they visit.</li> <li>• The local pharmacy doesn't have evening or weekend provision – and people don't know where their closest alternative is.</li> <li>• The eligibility criteria and process of signing up for medication deliveries can be confusing.</li> <li>• Awareness of Pharmacy First is low but people generally thought it was a good idea.</li> </ul>	<ul style="list-style-type: none"> <li>• The Pharmacy First offer and how people can make best use of their local pharmacy.</li> <li>• What options people have if their medication is not in stock and their regular pharmacy.</li> <li>• The nearest pharmacies that are open at weekends and evenings.</li> <li>• How to arrange free NHS prescription medications to be delivered and the eligibility criteria.</li> <li>• How to check that medication is in stock before travelling to collect it.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased use of the Pharmacy First service.</li> <li>• A less stressful and costly experience of accessing medications in a timely way.</li> </ul>

Service type	Who is this recommendation for?	Findings	Information to communicate	How this could help
<b>Adult Social Care</b>	Sheffield City Council	<ul style="list-style-type: none"> <li>• There's generally a low awareness of Adult Social Care, what people might be able to get support with, and where to go for information and advice.</li> <li>• There's very low self-identification of unpaid carers in Tinsley, and low uptake of carers' assessments and other forms of support. This group are struggling to manage alone, which has implications for their own health and the health of people they care for.</li> </ul>	<ul style="list-style-type: none"> <li>• What Adult Social Care is and how to request an assessment.</li> <li>• Advocacy support, as well as sources of forms and informal support, including culturally appropriate options.</li> <li>• What an unpaid carer is, where to go for information and support, carers' rights, registering as a carer with a GP. This applies to both adult carers and young carers.</li> </ul>	<ul style="list-style-type: none"> <li>• Earlier access of Adult Social Care support for people who need it.</li> <li>• Increased identification of unpaid carers and uptake in carers' support.</li> <li>• More carers registering their caring status with their GP surgery.</li> </ul>
<b>NHS 111</b>	Yorkshire Ambulance Service	<ul style="list-style-type: none"> <li>• There was low awareness of NHS 111 – both telephone and online services – among the people we spoke to. This led to people not knowing what to do when they had a medical problem, or using a service like A&amp;E or their GP practice when that might not be the most appropriate service for their situation.</li> </ul>	<ul style="list-style-type: none"> <li>• How NHS 111 can help with advice, and signposting people into the right service for their medical situation.</li> </ul>	<ul style="list-style-type: none"> <li>• Triaging people to the most appropriate service for them leads to more timely medical assistance, and relieves pressure on services.</li> </ul>

Service type	Who is this recommendation for?	Findings	Information to communicate	How this could help
<b>Mental health</b>	SYICB, Sheffield Health Partnerships University (SHPU), Primary Care Sheffield (Primary Care Mental Health service team)	<ul style="list-style-type: none"> <li>• People identified that they had mental health needs but were largely not accessing support beyond their GP,. They weren't aware of many mental health support options, including support that address social factors that impact on mental health</li> <li>• People valued a holistic approach to mental health and wellbeing.</li> <li>• There were specific needs around culturally appropriate support on topics like domestic violence and suicide prevention.</li> </ul>	<ul style="list-style-type: none"> <li>• What statutory mental health services are available in Sheffield, and the referral routes to them, including those that people can self-refer to.</li> <li>• Information about who to contact in mental health crisis.</li> <li>• Information about other sources of mental health support, including voluntary and community sector provision.</li> </ul>	<ul style="list-style-type: none"> <li>• Earlier uptake of mental health support and earlier intervention when people become unwell.</li> </ul>
<b>Travel</b>	All services	<ul style="list-style-type: none"> <li>• Travel time and travel costs are a barrier to accessing city-centre services, including hospital appointments, the walk-in centre, and children's services.</li> </ul>	<ul style="list-style-type: none"> <li>• How to reclaim travel costs and the eligibility criteria for the Healthcare Travel Costs Scheme.</li> <li>• Information about other support for travel, including Patient Transport, Community Transport, and travel entitlements for carers.</li> <li>• A reminder to services and patients about their right to choose referrals to Sheffield, Rotherham, or elsewhere based on what works best for them.</li> </ul>	<ul style="list-style-type: none"> <li>• Reducing missed appointments based on people's inability to travel to them.</li> </ul>



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