

Public Session

**PATIENT/PUBLIC ENGAGEMENT AND EXPERIENCE
REPORT**

NHS ROTHERHAM CCG

2nd April 2014

CONTENTS

1.	ONLINE FEEDBACK/ PATIENT OPINION	1
2.	FRIENDS AND FAMILY TEST (FFT).....	2
3.	PRACTICE PARTICIPATION GROUPS NETWORK	2
4.	OTHER WORK AND CONTACTS	2

1. ONLINE FEEDBACK/ PATIENT OPINION

6 posts; one via NHS Choices, all about The Rotherham NHS Foundation Trust. However, these are interesting; several are amazingly positive, while others describe very distressing experiences. Please note that the following are all excerpts and that the full stories can be accessed on the patient opinion website.

'..... knee replacement and a hip replacement. I cannot praise the staff and services at this hospital high enough. At all times I was kept fully informed and involved in the choices available for the surgery. All staff were courteous, professional, and competent.....'

'..... Despite the fact that my labour was complicated and distressing at times I was confident in their care throughout, and felt that every decision was made easy for me due to their constant advice and help. Every member of the team was friendly and really helped make the process much less traumatic than it could have been'.....

These posts have received responses, thanking the patients for sharing their story and acknowledging that the compliments have been passed to the staff concerned.

One is a very lengthy account of a miscarriage; noteworthy is the fact that this happened in October 2012; it's only now that the patient has wanted to share her experience. It's worth reflecting how the immediate feedback of FFT correlates to this.

'.....I was left to wait for an hour and a half before being seen. I found this incredibly traumatic - I was bleeding fairly heavily and crying uncontrollably as I felt that the wait could be harming any chance of my baby being saved.I was finally seen by a doctor that I felt was completely unsympathetic..... the thought of having to wait two days to find out if my baby was alive - coupled with the idea of having to deal with it at home - was appalling.....I returned at 9am for a final ultrasound to check that the miscarriage was complete; this time I waited for over an hour in a waiting area full of couples looking at their scan pictures..... reception staff had misplaced my notes quicker, more sympathetic treatment would have made the whole situation more bearable....'

A response has been posted, stating that the story has been shared with the chief nurse and asking the patient to contact the A&E Matron to discuss the issues.

Another story follows a recent hysterectomy:

'.....no care or help given at all although they were asked nicely by family to change my gown to nightdress, my family were told they would do it soon. The sheets on the bed were covered in blood, no help came. There was no drink or food the next day..... I was in pain, weak and dizzy.....I ended up with 4 different antibiotics and after 10 days on them I'm still ill. I would not go to Rotherham hospital again.'

A response has been posted to this, stating the story has been shared with the chief nurse and encouraging the patient to contact the patient experience team.

And a final story from dermatology reflects on staff attitude and communication

'.....After waiting 50 minutes I was called in and examined by a woman, while her co-worker sat and stared out the window. I was examined and asked questions about my condition, spoken to like I was stupid ("yaaaaaa" in a monotone voice seemed to be her response to my every concern and question).....

Again, a response has been posted, stating that the story has been shared with the dermatology lead nurse, and asking the patient to contact this person

2. FRIENDS AND FAMILY TEST (FFT)

2.1 Local data

	October 2013	Nov 2013	Dec 2013	Jan- 2014	Feb 2014
Response rate A&E	16.9%	10.8%	12.5%	16.6%	22.87%
NPS A&E	71	74	77	69	65
Response rate -inpatients	38.7%	34.2%	27.8%	27%	25.34%
NPS - inpatients	77	74	77	73	73
Response rate - combined	22.3%	16.6%	16.3%	20.2%	23.67%
NPS - combined	74	74	78	71	68
Maternity – response rate	37%		25%	32%	31.67%
Maternity NPS	68	75	77	82	80

The data for January and February is not ratified to date and should be seen as indicative only. Since January, both A&E and inpatients have been maintaining response rates over at least 15%; more commonly over 20%; and NPS scores of 65-75. Maternity services are receiving response rates in the 30%'s; and NPS scores of 80+.

2.2 Key points and issues

- *The anticipated review report on FFT from NHS England expected for the start of March has been deferred to early April*
- *Guidance for the next roll out is now expected in June; with the message that FFT should not be implemented until guidance is received.*
- *There is concern that this gives a very brief window before the incentive early implementation in October; concerns have been fed back widely to NHSE around this.*

3. PRACTICE PARTICIPATION GROUPS NETWORK

Meeting planned for 1st April 2014; agenda will cover updates on key issues such as the Urgent Care Centre; briefing on the Health and Wellbeing Board, and an overview and discussions on Public Health- as requested by the network

4. OTHER WORK AND CONTACTS

4.1 Healthwatch

- *Will be providing regular updates at PPG network meetings*
- *Student researcher now in place for one day per week working on the care leavers health access project. The worker is currently seeking background information and establishing contacts pending ethical approval; it is hoped that interviews with young people will take place in April/May*

4.2 Engagement in Transforming Community Services

- Desktop audit of information already available
- Preparation of a wider public/patient survey
- Possible focus group(s) to be identified

4.3 Events

Planning has started for 'Working Together for a Healthy Rotherham' – working with the Health and Wellbeing Board on 16th July. This will include a national level keynote address; briefings from local stakeholders, and a 'question time' panel; in addition to dedicated discussion time, and market type information stands.

4.4 Background (non-contact)

- *Rotherham CCG is intending to submit to an 'Investors in Excellence' assessment; highlighting that the CCG is an effective, quality organisation. Engagement is fundamental to the assessment process and criteria, so participation by the engagement lead in this process is vital.*
- *Following the highlighted need to pull an overview of patient experience and engagement feedback we have from multiple sources, a dashboard template has been drafted. We are seeking to populate this over several months to test out the mechanism, and then will circulate for comments, evaluation and discussion.*
- *Co-production of a plain English version of the annual plan; initially at the suggestion of the PPG network. A draft has been circulated to several members of the public who offered to act as a reader group, testing out how understandable CCG documents are. Copies will then be taken to the next PPG network, and following final comments and suggestions, both printed and electronic/web versions will be made available.*
- *Working with RCCG medicines management team on translating key material into community languages and patient access to repeat prescriptions. Problems have been identified in the way that repeat prescriptions work, highlighting waste, patients not receiving messages, and different systems leading to unequal access across different areas. Additional patient views and feedback on these issues will be sought in order to inform the work of the medicines management team.*

Sue Cassin
Chief Nurse
April 2014

Helen Wyatt
Patient and Public Engagement Manager