

**Public Session**

**PATIENT/PUBLIC ENGAGEMENT  
AND EXPERIENCE REPORT**

**NHS ROTHERHAM CCG**

**6<sup>th</sup> APRIL 2016**

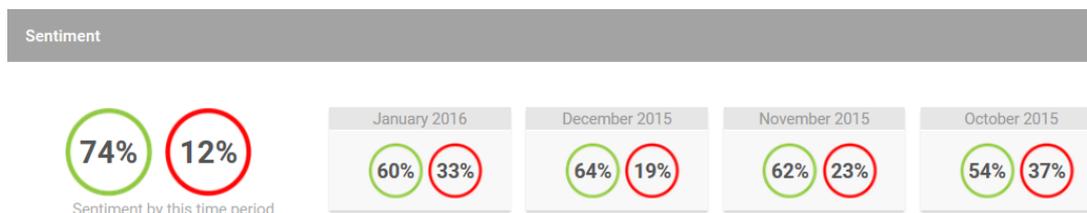
*(Report Written In March, February Activity, January Friends and Family Test)*

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## 1. WHAT WE ARE HEARING...

### 1.1 Feedback from Healthwatch for February



### 1.2 Feedback themes

We have a number of small pieces of feedback, that together demonstrate the importance of communication; and how much difference that the presence or absence of great communication makes.

As usual, this will be fed through relevant quality monitoring mechanisms as appropriate.

#### Gaps in communication (and patient focus), resulting in poor experiences

*“Rotherham hospital have cancelled my last 2 appointments for the eye clinic. I was ready this morning at 9am as I was told to be as the lift provided would pick me up at this time even though my appointment was not while 1pm. The lift did not arrive and I then had a phone call later this morning telling me the appointment was cancelled. I had been sat around for hours waiting for the lift.”*

*Rotherham Healthwatch*

*“My handicapped brother was admitted to A5 with confusion, staff got annoyed when I was calling ONCE a day for 2 days, until my brother was able to answer his own cell. I was calling from Canada, which is GMT minus 7 hours. I was waking up at night to call them during regular hours. I have no vested interest in annoying A5 ward staff unnecessarily. They put IV line in his hand, preventing him from answering his phone properly. Very noisy environment with 6 people in 1 room”*

*Patient opinion*

*(Summarised) My wife is in her 80's and she has to take warfarin... (and needed) blood tests 3 days before the operation ..... We went to a ward in the urology dep for the blood test..... then had to wait around for three hours for results, which were followed by an injection. Then we left. This same process went on every day for over 14 days. It took 3 hours every day, **Why weren't we told on the first day that we could go home after the bloods were taken?** My wife is diabetic, so having to wait around for a long period of time without knowing how long that time will be, or when she will be able to eat, isn't very good for her health. To add insult, we were never informed that we could park for £1 a day. It ended up costing nearly £50 in parking fees which is over half of my wife's weekly pension. The operation was scheduled for a Wednesday, so we went in, but they ran out of theatre time so we went home and were told to come back on Friday. It was late evening on Wednesday when she was sent home. This caused transport difficulties. 19 days after the operation we still had no results. So, I finally phoned the hospital to find out when we might receive them. The person on the other end looked at their computer and said there was nothing on there, so they went to the records department and had to fetch her records up for a doctor to check. They then called me back about an hour later with results from the doctor, luckily the result was all clear. How long had those results been sitting there while we have been at home worrying, (both ourselves and our family) and kept in the dark? And how much longer could we have potentially had to wait if I hadn't picked up the phone?*

*Patient opinion*

## Great communication helps to make experiences positive

*"Staff nurse was very nice and friendly, she was communicating and telling me what she was doing, what will happen and it was going to happen 100%"*

*Rotherham Healthwatch*

*"My mum was transferred to the Butterfly room. What a lovely and caring place. Thank you for making the last few days so pleasant. The staff could not do enough for my mum and me and my family. The facility was clean and peaceful."*

*Rotherham Healthwatch*

*My very frail elderly dad is back in hospital for the second time in less than 2 weeks.....we are preparing ourselves for the worse and not sure he'll make it home this time.....The nurses tonight though on ward A4 were amazing, especially Lorraine.....she was so kind and caring, she didn't mind my question, she let me help get dad comfy and settled for the night; she heard me talking to dad behind the curtains and knew he had said his neck was hurting so I didn't have to ask for painkillers she offered them; and because he refused his tablets this morning she knew he may well refuse them now so she gave him IV paracetamol recognising that he needed to be comfortable and pain free. Even when I had asked questions she asked me if there was anything else I was worried about*

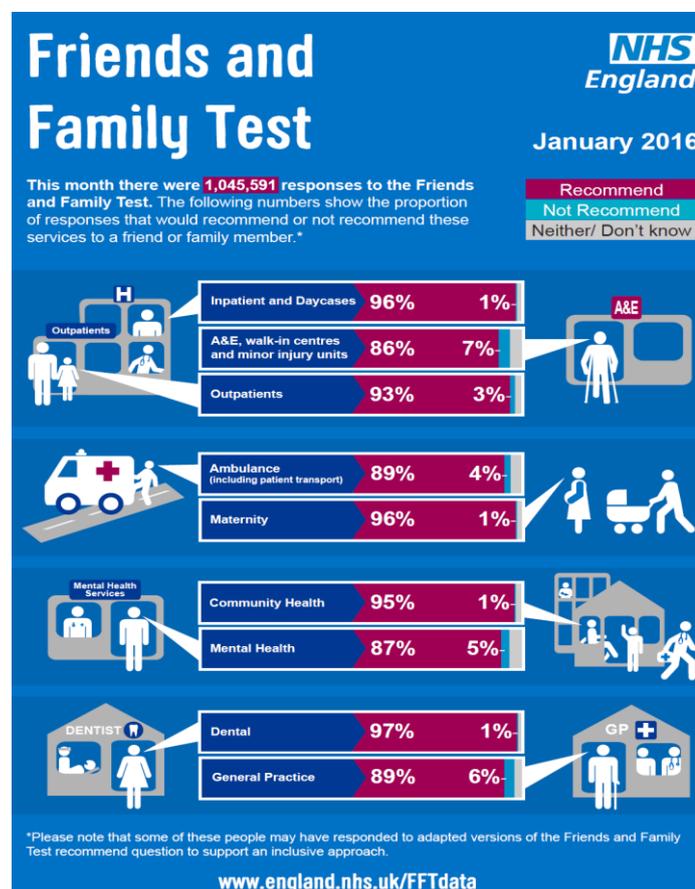
*Patient opinion*

## 2. FRIENDS AND FAMILY TEST (FFT) January 2015

### 2.1 National Headlines

The national level data is now summarised as a one page infographic

<https://www.england.nhs.uk/wp-content/uploads/2016/03/fft-summary-infographic-jan-16.pdf>



## 2.2 TRFT

Overall TRFT received 4111 positive responses in January, an increase of over 800, taking response levels back to the level achieved in November; negative responses are also in line with November at 68

Across the whole trust, only two areas demonstrated a positivity rating of less than 90%;

- School nursing at 59% (note that data is collected post vaccination)
- A4 – 85% note low response rate; however A4 is a frequent outlier

## 2.3 Rotherham GP Practice data for January

11 practices failed to submit any data in January. A further 6 practices submitted 10 responses or less. The overall numbers collected across Rotherham remain fairly static at 778. Of the practices supplying more than 5 responses, only 2 practices recorded positivity ratings of less than 80%. Response numbers and satisfaction will be used to inform the primary care dashboard. Currently, we have no access to free text data comments to identify the issues that patients are raising and the actions practices are taking to ameliorate these issues.

## 2.4 Mental Health/RDASH

The responses submitted by RDASH from Rotherham Patients remains low; at this level the data received is not sufficiently robust to be particularly useful. The number of responses has been raised at quality meetings.

	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan
Totals	319	389	402	394	330	128	230	238	132
Rotherham	54	82	97	82	80	Not received	48	75	74

RDASH have also shared over 70 individual text responses, the majority are very positive, with , as usual, the majority of negative comments focusing on access – faster access, more sessions. The following are an example of the comments.

- From my personal experience there are no improvements I cannot thank \*\*\*\*\* enough for helping me turn my life around. She is my hero :)
- The only negative was how long I had to wait to see a counsellor. It was several months after visiting my GP that I got a counselling appointment. But I have no complaints at all about the actual service - I found it a very positive experience.
- Shorten the waiting times, although I appreciate that there is a huge demand for the service. However, I was offered and did attend a group session at my surgery whilst waiting for a one to one, and I did find the group sessions very helpful.
- Send e-mails out for group sessions and texts message.
- Not long enough to really discuss group issues

## 2.5 Ambulance data

Responses remain low, particularly across Yorkshire; YAS submitted 29 responses for patient transfer from an eligible population of over 83,000 and 174 responses for 'see and treat' from an eligible population of over 13,000, therefore this should not be seen as robust and reliable data.

## 3. OTHER WORK AND CONTACTS During February

- Support to Children's and maternity services commissioner; focusing on improving the work around the maternity services liaison committee and engagement in this area. We have identified a number of distinct projects and actions that will enable us to hear the voice of more new mums, and those experiencing perinatal mental health problems, and the voices of mums from BME communities

- Support to several practices and patient groups
  - Greasbrough have refreshed their structure and now have officers, a noticeboard and are compiling a newsletter
  - Several practices have recently established a group for the first time
  - Several other practices have taken steps to review and refresh their membership and materials
- Re-launch of Rotherham carers forum
  - Several CCG officers are co-working to ensure that the forum becomes active once again, offering a real voice for carers.
  - The new forum has been officially launched, and is now looking at priority actions and planning for carers week
- Engagement and communications sub-committee
  - Main points
- Disabled Go
  - Attendance at initial meetings; RCCG and the local authority have contracted with this social enterprise, who will be working with local disabled people to compile a number of access audits
- Launch of peer support group supported for personal health budget and direct payment holders
- Information session on personal assistants and pensions, in relation to personal health budgets; feeding back to staff working on direct payments and continuing health care
- Older carers
  - Planning for and facilitation at NHSE funded focus group for older carers, the feedback will help to develop thinking nationally and inform local work across agencies.
  - Key themes emerging from the work were:-
    - The huge commitment of spouse carers to their partners
    - The ill-health and long term conditions experienced by the majority of older carers
    - Isolation – their role limited their lives to the extreme, many noted the lack of friends and that family were living away
- Big Health Day – this was funded by the CCG, and for the first time used theatre to explore voice and disability. Several discussions and surveys were completed over the day that will be used in monitoring service quality and people's priorities.
- **Working Together** –Stroke pre-consultation focus group; main themes emerging were
  - People trust the NHS to ensure they reach the right part of the service when they are really ill
  - Participants focused more on the pathway – prevention, identification and re-habilitation – than the hyper-acute part of the journey.
  - Little things had a big impact on people – communication charts was noted, and that carers could 'get a cuppa'.

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**April 2016**