



**Public Session**

**PATIENT/PUBLIC ENGAGEMENT  
AND EXPERIENCE REPORT**

**NHS ROTHERHAM CCG**

**April 2017**

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## NHS ROTHERHAM

### 1. WHAT WE ARE HEARING...

Over the last few months we have seen an increase on social media posts, using both Patient Opinion and NHS Choices, as well as local systems, such as Healthwatch. Generally, there are single posts on any service, with just a couple of exceptions. The experiences described tend to be at opposite extremes, with people detailing very positive or negative experiences. There are a number of posts regarding A & E, which demonstrate some concerns, some long waits, and the pressures systems are under, as reported previously. However several also note the excellent treatment received, these are reflected in the stories below. The stories below have both been received by Healthwatch Rotherham, and have been highlighted, as in both cases the patients spontaneously refer to being treated holistically, and being part of their own care and decision making (in bold); this is something that remains challenging to measure and quantify.

*“Had a foreign object stuck in ear. Went to Walk in Clinic, was seen within 10 minutes. Referred to A and E as they recognised they could not treat me effectively. Staff were brilliant. Arrived at A and E expecting to have a substantial wait; was seen by a nurse practitioner within 10 minutes. Again, they tried to treat me but recognised a specialist was required. Nurse made an appointment for me to be seen in the ENT clinic running that day; doctor agreed to see me after clinic giving me an hour’s wait. Nurse very professional and friendly, made me feel at ease. Reception staff taking details were fantastic too. Plenty of places to buy a drink and something to eat. Arrived at ENT clinic expecting a delay of communication between departments, receptionist had my appointment booked in and was fully aware I had been sent from A and E - brilliant! Seen by SHO supported by nurses, worked for a full hour to try and remove object, SHO very friendly and professional, they were fab. Couldn’t remove all of the object, **together we put a plan together re treatment** and an appointment made by SHO for me to attend in a weeks’ time. Not from area so SHO registered me to the hospital data base. Following day received written confirmation of my appointment - fantastic. Attended clinic on and object was finally removed within a few minutes, again fantastic staff on all levels! An excellent service from the NHS. Rotherham Hospital you should be very proud of the service you have provided- well done.”*

*“Have had problems in both my hands. The first time when I went I had a very bad experience and I was dreading going back to have my other hand treated. The first time I felt they just treated the injury and not the person. They treated my hand, badly and that was it. **This time they treated me and looked at all the issues, not just my hand. I felt much more supported and part of the process** “*

### 2. FRIENDS AND FAMILY TEST

National Headlines – the national level data is now summarised as a one page infographic for January <https://www.england.nhs.uk/wp-content/uploads/2017/03/fft-sum-infographic-jan-17.pdf>

#### Rotherham data- January

#### TRFT

**A&E** – The response rate is low at 2.4% (106 from 4496 eligible), having dropped from previous months, and possibly reflecting the pressures during January. Positivity is slightly under the national average, and response rates are at the low end of the regional average. This area did receive a number of negative comments, in excess of other clinical areas; all referred to waiting times and busy staff.

**Community services** – 402 responses from 72,000+ eligible. Response rates are low, though positivity is above national average.

**Inpatient** – 1,174 responses from 2,394 eligible – highest response rates in the Y&H region; positivity just above the national average at 97%.

**Maternity** – 300 responses; the response rate is slightly lower than previous months, but positivity remains good and slightly above the national average at 98%

**Outpatients**- 1009 responses received from over 21,000 eligible, positivity at 97% is 4 points over the national average.

### Rotherham GP Practice data for January

14 practices failed to submit any data in January; (the same as December), and only one practice submitted less than 10 responses.

**Overall 2912** responses were collected across Rotherham; this has effectively tripled the responses; and 10 practices have more than 100 responses (Market have 700+). This is a direct result of practices moving to the electronic text system MJOG for appointments and data collection.

**In total this is 2,620 positive comments, and 156 negative comments across the contributing practices.**

Only 2 practices had positivity ratings substantially lower than the national average of 89%.

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.

### 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. Data for Rotherham only patients has not been made available, neither have free text comments, over the last few months, this has been requested repeatedly.

	Dec 15	Jan 16	Feb 16	Mar 16	April 16	May 16	June 16	July 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17
Total RDaSH	238	132	341	148	85	70	150	194	150	124	80	99	143	105 responses from 19491 eligible
Rotherham	75	74	91	N/A	N/A	N/A	63	N/A	N/A	N/A	N/A	N/A	N/A	N/A

### Yorkshire Ambulance Service

Response rates are habitually low; in January, there were only one response received across 2 categories from a potential of over 100,000 patients- this is similar to previous months

### 3. OTHER WORK AND CONTACTS – February- march

- **Consultations on Hyper-acute stroke and children's surgery** extended to mid-February;
  - In addition to locally collected data, a telephone survey was carried out across the region
  - The data shown by locality is attached as appendix 1, demonstrating the following
    - For HAS, Rotherham has the highest number of locally collected data other than Barnsley. Positivity for the locally collected responses and the telephone survey are within a few % points, indicating that this is fairly reliable. Slightly more people agree than disagree with the suggested proposals
    - For Children's surgery, the locally collected data forms 11% of the total responses. Positivity between the locally collected responses and the telephone survey demonstrate significant variation (48-63%); however both also demonstrate a high and similar rate of 'don't knows', at around 20%- reflecting the complexity of the issues. Negative responses for both components for Rotherham people are lower than positive responses.
    - The regional reports are released on 27<sup>th</sup> March 2017; a summary of the emergent themes is included as an appendix to this report. Most opposition for the proposals has come from Barnsley. The telephone survey gave a higher proportion of people who felt unable to comment. The most concerns about both issues were about access and travel, and impact on the most vulnerable.
- Extensive work with medicines management team to take messages into community groups around 3<sup>rd</sup> party ordering; this has included
  - Attendance at a range of BME groups
  - Messages and materials circulated to a number of groups and organisation
  - Offer of additional contact and outreach to a variety of organisations; should issues and concerns arise.
- **Engagement & Communication Sub-committee** February 2017. The meeting considered
  - Working together consultations

- STP and Rotherham Place Plan engagement; Healthwatch and VAR shared their plans for this, which were endorsed by the committee
- Urgent and Emergency Care Centre communication plan
- Behaviour Change insights- a task and finish group will take this issue forward
- Every Contact Counts – The Health and Wellbeing Board are leading this work, the sub-committee is to receive additional information on this.

- **PPG Network meeting -**

The meeting was exceptionally well attended with 37 attendees from 20 practices, and was very lively and productive, considering in depth the following

- **Emergency Centre**
  - The meeting heard a presentation and saw a walk through, asking relevant and pertinent questions. A table top exercise was completed, which will inform the communications and engagement plan. All materials have been circulated in a way that enables those present to take information back to practice groups. Issues raised included the following:-
    - Parking, transport and access
    - Language - what is a Urgent & Emergency Centre/Walk In Centre; and what this means in terms of easily understanding how to access the right care at the right time.
    - Misunderstanding that the Community Health Centre will close
    - Interest in the open day
- **STP and place plan** – Healthwatch presented information on the STP, and asked for feedback on the general themes. Points raised include:-
  - Concerns about social care- availability, access- and care homes. Past models such as home helps and community hospitals that worked and helped to keep people out of hospital. Concerns that community based care needs to be properly funded, supported and staffed if it is to be safe, quality care.
  - People also mentioned the need for services to work across health and social care better; and the importance of including families in care plans. People were concerned about patients getting 'stuck' in hospital beds, and asked to discuss this at the next meeting
- **Work with the Gate surgery**, inputting to a multi-agency funding bid for support to communities with high levels of migrants; to ensure the bid included health elements. This would support and align with our current work 'right care first time', extending this to newcomers to the UK in an accessible format via outreach.
- **Transforming Participation** – this guidance on engagement is being updated, and leads have been requested for issues, concerns and experience to ensure the update will meet current and future needs. This has been done electronically and via webinar to ensure maximum input at lowest cost. It was noted that all areas nationally now are facing difficult communication and engagement workstreams; where services may close or be re-focused, with a number of bodies concerned about the possibility of judicial review. The PPE manager has requested that the following issues be included within the revised document; there was wide support for both the issues below
  - Guidance on managing engagement/consultation when the decisions made may impact patient experience but are clinical decisions
  - Guidance on how to monitor personal engagement in own care and patient choice, while avoiding intrusive and complicated paperwork and processes that are unlikely to be completed unless incentivised.

**Sue Cassin**  
Chief Nurse

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Patient and Public Engagement Manager

## Appendix 1- Hyper- acute stroke and children's Surgery consultation results by area (Not in public domain till 27<sup>th</sup> March 2017)

Table 13: Hyper-acute stroke survey respondents by CCG area

CCG area	Consultation survey respondents		Telephone survey respondents	
	Actual	%	Actual	%
Barnsley	132	39%	72	10%
Bassetlaw	14	4%	33	4%
Doncaster	52	15%	98	13%
North Derbyshire and Hardwick (combined)	16	5%	227	31%
Rotherham	75	22%	106	14%
Sheffield	41	12%	139	19%
Wakefield	3	1%	65	9%
Other	3	1%	0	0%
Did not say	4	1%	0	0%
<b>Total</b>	<b>340</b>	<b>100%</b>	<b>740</b>	<b>100%</b>

Table 15: 'Do you agree or disagree with the three centre option to change the way we provide hyper acute stroke services?' (By survey channel and CCG area)

CCG area	Survey channel	Agree (%)	Disagree (%)	Don't know (%)	Total (% and actual)
Barnsley	Consultation survey	18%	80%	2%	100% (132)
	Telephone survey	32%	54%	14%	100% (72)
Bassetlaw	Consultation survey	43%	50%	7%	100% (14)
	Telephone survey	48%	30%	21%	100% (33)
Doncaster	Consultation survey	71%	21%	8%	100% (52)
	Telephone survey	58%	31%	11%	100% (98)
North Derbyshire & Hardwick	Consultation survey	81%	19%	0%	100% (16)
	Telephone survey	59%	25%	17%	100% (227)
Rotherham	Consultation survey	49%	43%	8%	100% (75)
	Telephone survey	45%	40%	16%	100% (106)
Sheffield	Consultation survey	41%	51%	7%	100% (41)
	Telephone survey	49%	34%	17%	100% (139)
Wakefield	Consultation survey	33%	67%	0%	100% (3)
	Telephone survey	43%	37%	13%	100% (65)

Table 8: 'Do you agree or disagree with our proposal to change the way we provide children's surgery and anaesthesia services?' (By survey channel and CCG area)

CCG area	Survey channel	Agree (%)	Disagree (%)	Don't know (%)	Total (% and actual)
Barnsley	Consultation survey	32%	63%	5%	100% (98)
	Telephone survey	64%	17%	19%	100% (72)
Bassetlaw	Consultation survey	36%	57%	7%	100% (14)
	Telephone survey	70%	12%	18%	100% (33)
Doncaster	Consultation survey	73%	14%	13%	100% (56)
	Telephone survey	64%	11%	24%	100% (98)
North Derbyshire & Hardwick	Consultation survey	38%	37%	25%	100% (227)
	Telephone survey	61%	12%	27%	100% (227)
Rotherham	Consultation survey	48%	33%	19%	100% (52)
	Telephone survey	63%	16%	21%	100% (106)
Sheffield	Consultation survey	65%	23%	13%	100% (31)
	Telephone survey	58%	14%	28%	100% (139)
Wakefield	Consultation survey	33%	67%	0%	100% (3)
	Telephone survey	74%	11%	15%	100% (65)

Table 6: Children's surgery and anaesthesia survey respondents by CCG area

CCG area	Consultation survey respondents		Telephone survey respondents	
	Actual	%	Actual	%
Barnsley	98	20%	72	10%
Bassetlaw	14	3%	33	4%
Doncaster	57	12%	98	13%
North Derbyshire and Hardwick (combined)	227	46%	227	31%
Rotherham	52	11%	106	14%
Sheffield	31	6%	139	19%
Wakefield	3	1%	65	9%
Other	3	1%	0	0%
Did not say	3	1%	0	0%
<b>Total</b>	<b>488</b>	<b>100%</b>	<b>740</b>	<b>100%</b>

### **Consultation findings summary**

Potential changes to services, particularly where loss of services are involved, understandably cause apprehension among those who may be affected and there has been clear and vocal opposition where this is potentially the case in some areas, but not others (eg, Barnsley compared to Rotherham where the same changes are proposed).

The outcomes of the consultation process will be considered alongside other information on the likely impact of each of the options. The Joint Committee of Clinical Commissioning Groups will review the evidence and alongside the other relevant evidence. The independent analysis and subsequent decisions by the JC CCG will be widely shared with all stakeholders and respondents and published on the Website.

### **Children's surgery – regional responses summary**

**A consistent picture emerges from the different consultation strands. There is mixed support for the proposals including the preferred options. The main concern across all feedback is the impact on access to high quality care close to home if the proposed changes are introduced.**

Respondents tend to agree with the proposed changes; more self-selecting respondents disagree with the proposals compared randomly selected telephone survey respondents.

There was a strong view among those agreeing with the proposals that these changes appeared to provide the best outcomes for children. While there was more support for the proposals from the telephone survey than the consultation survey, key themes from both surveys correlate and include:-

- better quality of care and better health outcomes for children
- fairer and equal access to the best services
- more effective allocation of resources
- trust in NHS locally

However, there were also deep concerns raised by many who did not support the proposals for change. Some of these include: -

- Not being able to access high quality care closer to home
- Impact on patient outcomes and patient safety

### **Support for options**

Almost 1/4 consultation survey respondents did not agree with any of the options. 42% of consultation survey respondents supported option 1. Conversely, with telephone survey respondents, 64% preferred option 2. The highest lack of support for these options comes from the Barnsley area.

The majority of people who supported option 1 were from the North Derbyshire and Hardwick areas – this was the only option that retained services at Chesterfield Royal Hospital, citing anxiety not having access to services at Chesterfield: and the cost and difficulty of travelling (including parking) to Sheffield with a sick child). Also option 1 enabled more centres to be provided and therefore giving a wider coverage and easier access to people across the areas impacted.

The most common reason cited for supporting option 2 was that it provided easy travelling distance to a centre for everyone in the impacted areas. The 45 minutes access time resonated with many respondents who felt this was not unreasonable. Many felt that because it provided equal access to care across the areas that it seemed to be the fairest option. Some also felt that it provided a realistic level of specialist focus given the resources available (both in terms of staff and finances). A small number also felt that since this was CWT's preferred option, then it should be trusted as the preferred one since CWT would have had the right evidence to support their recommendations.

Far less support was expressed for option 3 than the others. Of those who did, they stated the benefits of being able to access Sheffield Children's Hospital. A small number also felt that fewer centres (only two) would be the most effective and efficient use of resources.

A number of respondents (especially those living in the Barnsley area) did not support any of these options and explicitly stated that it was because Barnsley District General Hospital was excluded from all of the options as a potential host / provider of children's surgery and anaesthesia services. Others felt that there should be specialist centres in all of the hospitals in the area; some respondents felt there should be just one centre. There were also requests to tackle the staffing issues, including the need to make jobs more attractive to student doctors and nurses so that all services in every hospital can be improved.

Some respondents noted the potential impact on travelling further with children with some conditions, for example cerebral palsy, autism and complex special needs; and those needing to use public transport

### **Stroke –regional responses summary**

**A consistent picture emerges from the different strands of the consultation. There is mixed support for the proposals outlined including the preferred option. The main concern highlighted across all consultation feedback is the impact on the ability to patients and families to access high quality care closer to home if the proposed changes are introduced; this correlates with discussions within Rotherham.**

There are a number of key themes emerging that underpin people's levels of support towards the three centre option for hyper acute stroke services:-

- *Quick and easy access to high quality care*  
There was general recognition of the importance of speedy treatment with suspected stroke symptoms and a number of personal stories were used to illustrate this point. Many felt that the three centre option still allowed suspected stroke patients to be seen within the 'golden hour'. Many respondents recognised that this option had identified three reasonably centrally located centres that allowed patients to get easy access to a high standard of specialist care in a quick and timely way. Some respondents also felt that they would be happy to travel slightly further to be seen quickly by a specialist.
- *Improved quality of care and better health outcomes*  
Many respondents also recognised that it was not just speed that was important but also the ability to have high quality services. They welcomed having access to three specialist hyper acute stroke services units in the region which would be supported by acute services in local hospitals. They felt this would allow safer fast treatment which might reduce the effects of a stroke. A number of people also spoke of the benefits of having expertise focused in hyper acute stroke units that could develop as centres of excellence. They felt that patients who had access to this high level of expertise would have better health outcomes as a consequence. It was also mentioned that the need for expert paramedics to support these proposed changes was also critical in making it work.
- *More effective allocation of resources*  
A number of respondents also felt that the three centre option was the most cost effective, fairest and efficient use of existing resources. Some felt that having fewer centres would increase the chances of developing true centres of excellence which in itself might help in attracting the right number of staff.

Issues and concerns raised included:-

- *Not being able to access high quality care in a timely way and patient safety*  
Many felt that the location of the three centres was still far for many, especially those living in Barnsley or Rotherham, with anxiety about traveling further and potential impact on safety and health outcomes.
- *Social impact*  
A number of respondents felt that this would impact the disadvantaged and most vulnerable by introducing extra travel costs, and would increase the burden on families.

There were also concerns raised generally around NHS funding; cases made for units in every hospital, and concerns over the impact on the ambulance service.