

Public Session

**PATIENT/PUBLIC ENGAGEMENT AND EXPERIENCE
REPORT**

NHS ROTHERHAM CCG

4 December 2013

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1. PATIENT OPINION

7 stories - this demonstrates that if we don't seek out stories, the general positive comments are rarely forthcoming, though those having a negative experience will seek whatever means possible to share.

2 -Wathwood Hospital – both positive, both have responses

1 - Northern General Hospital Cardiology 'From waiting to go to surgery to after care in ICU, nothing was too much trouble. '

1 - TRFT Adult community services, Nutrition and dietetics –positive comment

1-Tissue viability 'Lovely pleasant nurse... I was surprised to get some free pressure, full length stockings'- has an acknowledgment

1 - Ambulance/TRFT A & E/stroke unit – post cites a number of criticisms; wrong ambulance assessment; delayed A & E assessment; on ward, patient not washed; food put in front and removed (on 2 wards), no support offered; issues re CT scan access. Response on site suggests the person contact TRFT to enable investigation

1 - TRFT A & E, several point of criticism, including changing plans/information to patient 'the part of the hospital I visited was run down and dirty. Nurses I met were unhelpful when I moved to CDU to await transport. The rumours around hospital and in Rotherham are that the place is leaking money and will ultimately close pending privatisation. The change in 8 months since my last visit was awful. If the rumours are true, I believe it deserves to close.

The post has a response, asking the patient to contact the deputy chief nurse for the issue to be investigated

2. FRIENDS AND FAMILY TEST (FFT) SEPTEMBER 2013 DATA

The indicative figures for October are that TRFT will have achieved over 20% response rate for October, with a Net Promoter Score (NPS) of around 74. Maternity is likely to have achieved a response rate of almost 40% overall, and a score of around 68.

- The response rates are now good, with good NPS; It is being widely recognised that TFT has taken initial low response rates and turned these round.
- Maternity are getting good response rates, with only delivery suit not achieving the 15% target
- Ward postnatal NPS is low; however it should be noted that this does not reflect a large number of people who would not recommend the service, but that there are similar numbers who would be extremely likely and likely to recommend the service – for the NPS, those that are 'likely' are discounted

Raw data; comments

Data is now being received systematically from all wards and services; offering the opportunity to consider all comments received in October; key points are:-

- 328 comments; only 30 of these could be said not to be completely positive
- There was a surprising lack of correlation between scoring and positive/negative comments; ie some who would recommend the hospital may equally point out areas they felt could improve, and the reverse.
- With only 30 comments, it's hard to pull out themes or trends, so this exercise should be repeated once more data is available
- Some of the issues were
 - 7 people raised issues around poor communication, spread across different services
 - 8 people mentioned staff being very busy, and the implications of this (3 in orthopaedic, 3 in cardiology)
 - 3 described a problem with their care
 - 4 mentioned having disturbed nights, 2 of these on cardiology

- Other issues mentioned by just one or two people were poor staff attitude; poor food; waiting (for pain medication or clinics); and the need for ensuite bathrooms
- TRFT are now piloting and are about to roll out a system of linked actions – where people score that they are extremely unlikely to recommend the service, this will be flagged electronically to the ward manager for investigation and immediate action, this will then feed into the 'you said we did' publically displayed information on all wards

3. OXYGEN USERS GROUP

Medicines management facilitated a meeting with oxygen service users; it is hoped that this will become a service user group or reference group, and will meet several times a year. Points raised included:-

- The lack of accessible parking at TRFT
- Issues around the drop off zone, and the difficulties for those managing poor mobility and equipment
 - These issues will be passed to the project lead for the urgent care centre
 - Consideration will be given to relocating some respiratory clinics at Breathing space, and seeking to ensure that clinic appointments and oxygen assessments are planned together if possible
- Highlighting the problems caused for patients by patients smoking outside TRFT; patients asked that TRFT enforce their no-smoking policy more strongly

4. PATIENT PARTICIPATION GROUP (PPG) NETWORK

The network met at the end of October and considered some of the key issues from the Annual Commissioning Plan (ACP). The meeting was well attended, with 42 patients from 22 practices. The session focused on areas that were predominantly new, and where opportunities for public involvement had been limited; ie self-care; hospice at home; preventing admissions in the elderly, case management, social prescribing. Work is now on-going to develop the rich data from the discussions into a format that can be used to inform the relevant strands of the ACP. As soon as possible, the notes and feedback will be sent to participants.

Key issues raised were:-

Hospice at Home

- General support, but concerns about fragmented service and ensuring all have choice at end of life
- Issues around instigated discussions to ensure people die where/how they want to

Self-Care

- General support needed
- Need to ensure culture change – in public, patients, and staff, with a clear message about personal responsibility. Note that this message may need to be different to different groups of people
- Issues around isolation and anxiety; informal support and the trust people have in services and individual can all impact on behaviour, and are linked

Case Management

- Overwhelming agreement, people were very enthusiastic about the approach
- This could well work best when there is good knowledge of the patient, the patient has a good relationship with the clinician, and there is good and consistent communication between all parties
- This also links to the emergent theme from other groups about personal responsibility and ownership

Secondary to primary care

- People are comfortable with the current suggestions for roll out, but it would be useful to discuss further additions to this list with patients/public

Social Prescribing

- General agreement for social prescribing.
- Opportunities for PPGs to work with the project to share information and promote referrals and uptake

Preventing admissions in the elderly

- Refer to 'managing', not 'preventing' admissions; otherwise general support
- Isolation impacts on how people use services; role here for voluntary/community sector (link back to discussion in other groups)
- Concern that level of admissions may reflect diminishing care support; changes in community/district nursing, and GP capacity. All this may also mean that informal carers (families) may be struggling to continue, and may also need support.

5. OTHER WORK AND THEMES

- Work on the engagement section of the ACP; focusing on ensuring that engagement is also embedded throughout the document.
- Regional PPI leads meeting - will continue to meet quarterly to share information and good practice
 - Octobers meeting included updates from NHS England Area Team and information on FFT
- Work to support several PPGs in developing patient surveys
- Reporting out on the work with looked after children continues, with presentations to the corporate parenting officer group and to performance quality & governance
 - Seeking mechanisms to support additional work with care leavers to further explore their barriers in accessing health services
- Attendance at Carers 4 Carers (mental health carer group); log of issues raised kept and shared with mental health lead, NHSE and Healthwatch
- Regular meetings with Healthwatch continue, sharing information is a key part of this, work is ongoing to identify potential joint projects
- Meeting with REMA, to update, and to consider emergent issues and themes. Key issues at the moment are focused around the health needs of the Roma Slovak community, and concerns about the potential influx of Roma communities from Romania.
- Planning for the 'Ask 3 Questions' training the trainers session in November

Sue Cassin
Chief Nurse

Helen Wyatt
Patient and Public Engagement manager