

**Public Session**

**PATIENT/PUBLIC ENGAGEMENT  
AND EXPERIENCE REPORT**

**NHS ROTHERHAM CCG**

**2<sup>ND</sup> DECEMBER 2015**

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## NHS ROTHERHAM

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

Over the summer, staff from RCCG have worked with Rotherham Older People's Forum, who have acted as community researchers; asking older people about their experiences of emergency care, and specifically what would help people avoid crisis and the need to seek emergency care.

These are some of the direct quotes from this report. The full report will be presented at the start of the January Governing Body meeting

#### **What do you think could help older people stay out of A&E?**

- *Older people will go all day with the problems but not do anything about it so the 1st person they see, often a carer, rings an ambulance*
- *More triage work at home pre-admission. If an older person rings Rothercare then when they arrive they will ring for an ambulance. GPs would advise doing this rather than coming out. I can understand that the risk may not be their (carers) pay grade but protocols should be in place because even the transfer to hospital may cause more distress to the patient*
- *Community nurse led/GP led telephone advice line available 24 hours a day – a lot of people just need reassurance and this could filter out people who should not be attending A&E*
- *The nursing home kept sending my mum in 2 or 3 times a week (To A&E)– it was the worst place for her to be and they said she shouldn't be there. I think the home didn't want her to die in the care home*
- *Older people need more information and education about keeping well and to phone NHS direct before panicking and going into hospital*

### 2. FRIENDS AND FAMILY TEST (FFT) - September data

Please note that from this point forward, all data reporting on FFT will relate to one month only, all data here is from September. This reflects new and more cohesive national data reporting mechanisms, developed as reporting has increased.

#### **2.1 Regional overview for September**

- TRFT – local data for all categories are more positive than national figures, apart from A&E (85% positive locally, 88% positive nationally); however the national figure does include walk in centres and minor injury units, which may impact on the data.
- Comparisons for other streams are not easily available, as % of responses are not collected

#### **2.2 TRFT**

**September** data – note that this is repeated from last month, to bring the data in line with all reporting schedules

#### **Overall 3,404 positive responses; 75 negative responses**

- Inpatients 39.5% response rate (890 comments) 97% positive over all for inpatients, with only A4 less than 20% response rates. All wards had positive ratings of 93% or more
- Day cases had 359 responses (65% response rate); positivity overall was 99%
- A&E – 9.5% response rate (429 responses), 85% positive.
- Community services – 525 responses, 97% positive overall only School Nursing had a positive rating lower than 90%
- Maternity – 42% response rate (353 responses), positivity is 99%.
- Outpatients – 995 responses, 97% positive, no clinics with rates over 10 responses had a positivity rate below 90%; fracture clinic had a rating of 90%

A substantial number of comments refer to waiting times, especially in A&E; as of the beginning of October, actions are already in place and noted (by the bi weekly FFT steering group). While acknowledging the disruption of the new build, actions also include:-

- new triage training in place
- adverts out for more medical staff
- mechanisms to keep patients better informed of waiting times
- staffing levels being revised and new ways of working implemented

### 2.3 Rotherham GP Practice data

- No data submitted by 4 practices, a slight fall from August
- 10 practices submitted less than 10 responses

Overall number of responses for GP practices								
Jan	Feb	March	April	May	June	July	August	Sept
1448	1142	741	864	608	818	752	867	816

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 – please note that this data is repeated from the previous month, again this bring all reporting in line with national data, and for the same calendar month.

The responses submitted by RDASH from Rotherham patients remains constant but 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.

	Sept	Aug	July	(June)	(May)
Totals	330	(394)	(402)	(389)	(319)
Rotherham	80	(82)	(97)	(82)	(54)

Free text comments are now being made available, and work being undertaken with the provider to maximise responses and to constructively use the feedback.

### 2.5 Ambulance data

Responses remain low, particularly across Yorkshire; YAS submitted 4 responses for the whole of their area for September.

## 3. OTHER WORK AND CONTACTS

- **November Engagement Event** – The Changing Face of GP Services (feedback will be included in January's report)
- **PPG meeting** – 1st December, to focus on the refresh of the commissioning plan
- **Reader Group** – has been used twice, to test out a privacy statement and a medicines management patient information leaflet
- **Support to Mental Health projects**
  - Developing two voluntary sector projects via CAMHS transformation funding streams, one to increase advocacy for young people, the other will provide a baseline audit on engagement with the aim of identifying good practice and gaps
  - Support to the consultation process around transforming Adult Mental Health Services with RDASH

- Helping to support the commissioning process for a patient requiring a complex package of care
- **Community involvement**
  - Rotherham Carers Forum is now formally constituted; we will hope to work further with this organisation as it grows and develops
  - Rotherham Older People's Forum - as described in 'What we are hearing'
- **Healthwatch**
  - Ensuring we share information, and working with Healthwatch on the planned event in November
- **Support to Older People's rights day;** focus on roll out of 'Right Care' information, and discussion of system costs, using the 'cost cards'
- **Young People's Information Card** –presented back to young people at their November Voice event
- **Working Together** – work with communications staff and across South Yorkshire to identify issues and actions for the Working Together program, initially focusing on Children's surgery and stroke. This will form a substantial part of the next communications and engagement sub-committee agenda.
- **Corporate issues**
  - Engagement and Communication sub-committee, on 18<sup>th</sup> November
  - Engagement activity mapping has been comprehensively updated and presented to SCE and the Engagement & Communication sub-committee
- **Working Voices** – a survey aimed at –overlooked- people in work has been piloted, and will be rolled out in the near future
- **REMA conversation club** – contact with this informal group, sharing of information such as 'right care' and general discussion about the NHS and people's experiences. No specific issues raised, but the group will contact the CCG via the Engagement lead as needed.
- **Engagement leads informal** (South Yorkshire and Bassetlaw) meeting, this occurs quarterly for around 2 hours, and is an opportunity to identify and share good practice and the potential to work across areas. Plans have been limited by role and staff changes as some staff are employed by the CSU.
- **GPs and Patient Participation Groups** – a survey has been completed and a report compiled, which has been circulated to OE, SCE, and the Primary Care Committee

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**December 2015**