

Public Session

**PATIENT/PUBLIC ENGAGEMENT
AND EXPERIENCE REPORT**

NHS ROTHERHAM CCG

7th December 2016

CONTENTS

1.	WHAT WE ARE HEARING.....	3
2.	FRIENDS AND FAMILY TEST	3
3.	OTHER WORK AND CONTACTS (SEPTEMBER/OCTOBER).....	5

NHS ROTHERHAM

1. WHAT WE ARE HEARING...

- **Low cost, over the counter medicines:**

Generally, people are in agreement that low cost items such as paracetamol could be bought rather than prescribed.

People have been thoughtful and helpful in highlighting areas where patients may be vulnerable and access and support should be considered.

Full details in the combined summary of engagement around over the counter medicines.

- **Hyper-acute stroke and children's surgery consultations**

For many people, the proposals in the consultation papers are not significant

A small number of responses have been received from Rotherham residents (4 responses on each of the surveys by mid-November)

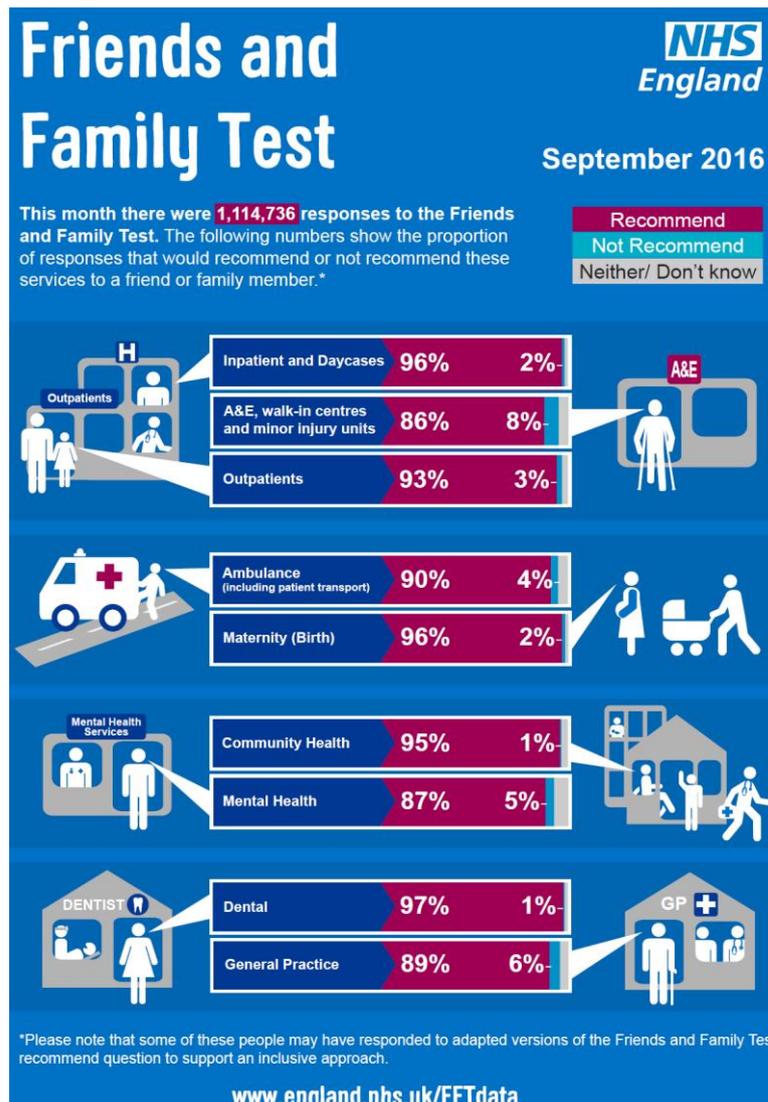
Despite being well advertised, there were no attendees at the public meeting held on 18.11.16.

2. FRIENDS AND FAMILY TEST

2.1 National Headlines

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

<https://www.england.nhs.uk/wp-content/uploads/2016/11/fft-summary-infographic-sep-16.pdf>



Rotherham data

2.2 TRFT

Overall TRFT received 4,520 positive responses in September – an increase; negative responses are fairly static at 50. Many wards and clinics now routinely submit responses from more than 50% of patients, which is to be commended. No inpatient wards displayed satisfaction levels of less than 91%.

Positivity ratings in A&E should be commended, at 93% positive, this is 7% over the national average of 86%.

Taken as a whole, each service area is higher than national average, with a very small number of wards and services falling below these averages.

2.3 Rotherham GP Practice data for August

11 practices failed to submit any data in September, and an additional 7 practices submitted less than 10 responses. Overall 602 responses were collected across Rotherham, which is around 30% less than previous months. Of the practices supplying more than 10 responses, only 1 practice recorded positivity ratings of less 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.

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 figure below is a response rate of less than 1%; however this is in context of no similar mental health trust in the region having achieved more than 3.7% of responses. The number of responses has been raised at quality meetings. Over the last two months, the number of responses for RDASH as a whole has dropped significantly, and data for Rotherham only patients has not been made available, neither have free text comments

	2015							2016								
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Total RDASH	389	402	394	330	128	230	238	132	341	148	85	70	150	194	150	124 (30276 eligible)
Rotherham	82	97	82	80	N/A	48	75	74	91	N/A	N/A	N/A	63	n/a		

2.5 Yorkshire Ambulance Service

Patient Transfer 5 responses (over 87,000 eligible patients);

See and treat - 3 responses (over 14,000 eligible patients)

2.6 Other data

Crossroads Care have been adding the FFT question to two questionnaires; one when services are reviewed, and one when services are ceased. There are not enough of these to make monthly reporting statistically meaningful, therefore Crossroads do not have to mandatorily upload data. However, they will continue to seek this information in a way that is manageable, proportionate and achievable; and continue to share feedback informally with the CCG.

For the period June 2015- March 2016, 134 questionnaires were circulated, and 111 received; giving a response rate of 82%, which is to be commended. These were split between 55 at end of service, and 56 at review; 98% of these stated that they would recommend the service to others.

3. OTHER WORK AND CONTACTS (SEPTEMBER/OCTOBER)

3.1 Engagement Mapping

All engagement activity that has taken place or is planned is mapped annually against the CCG's Commissioning Plan. This is done in order to record and assess activity, and to highlight and prioritise any potential gaps.

3.2 Working Together/STP

- Consultations re hyper acute stroke care and children's surgery went live 3rd October and will run to January 2017
- Links to the website and materials were sent to a variety of local organisations on 3rd October, and hard copies circulated to around 700 organisations and buildings
- Direct and separate approaches were also made to BME groups, LD advocacy organisations and the Deaf community and through the stroke association, who have direct contact with patients and host drop-in sessions.
- Details of the consultations have been shared on social media; and reposted several times. There have been very few shares, less than 100 views on each and no comments at time of writing.
- As of mid-November, only 8 comments had been received from Rotherham residents
- Weekly templates are being completed to record all activity and interest, and fed back to the regional leads
- Public meetings have been held on Friday 18th November in Rotherham; Thursday 17th in Barnsley; 24th November at the Source, Meadowhall for the region. A further meeting will take place on 7th December for the Dearne.

3.3 Cancer patient experience survey

- This was circulated by the NHSE Quality Improvement Lead (Cancer).
- It covers 60 questions; dates for data collection were not made clear.
- The reporting was all geographically, by town, with no reference to provider trust; this was highlighted as an issue; especially where people may have received a service from various providers. It was felt that it would be useful to see information categorised by CCG origin and provider.
- For Rotherham, the reporting was mixed; Rotherham rated as highest in a number of categories, however this was based on figures very much lower than other locations.

3.4 Planning for the December PPG network

Focus will be on the integrated locality pilot.

3.5 Attendance at and support to (alongside other staff):

- Youth Cabinet annual review and forward plan
- Developing an autism strategy
- REMA – AGM
- Listen to Learn – refresh of RDASH engagement structures

Sue Cassin
Chief Nurse

Helen Wyatt
Patient and Public Engagement Manager

December 2016