

Public Session

**PATIENT/PUBLIC ENGAGEMENT AND EXPERIENCE
REPORT**
(December data)

NHS ROTHERHAM CCG

4th February 2014

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1. WHAT WE ARE HEARING..... AND WHAT WE ARE DOING

Patient opinion – Although only comments have been posted, these cover a variety of CCG commissioned and non CCG commissioned services. However, what is worth noting, is that these all focus predominantly on poor communication - people struggling to find the right place, receiving no communication or duplicate and contradictory communication/appointments. In some instances, patients subsequently requested alternatives as felt they had lost trust in a service.

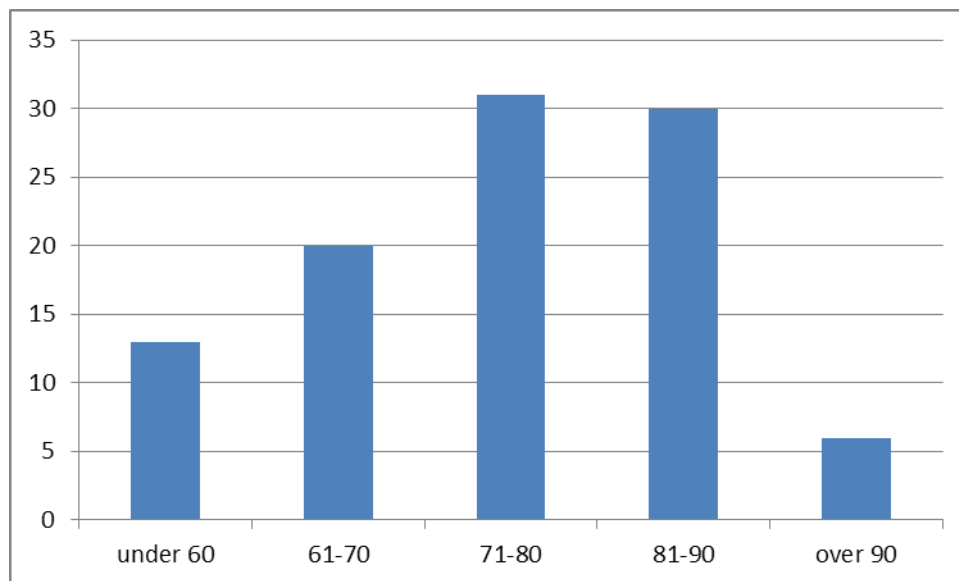
In terms of minimising waste and ensuring that pathways work and provide value, this demonstrates how important these basics are - both to patients and in terms of using resources effectively

Parent carer feedback - Rotherham Parent Forum Limited have been seeking feedback from parents and young people on health services.

Voluntary Action Rotherham (VAR) Survey on community services (targeting social prescribing clients)

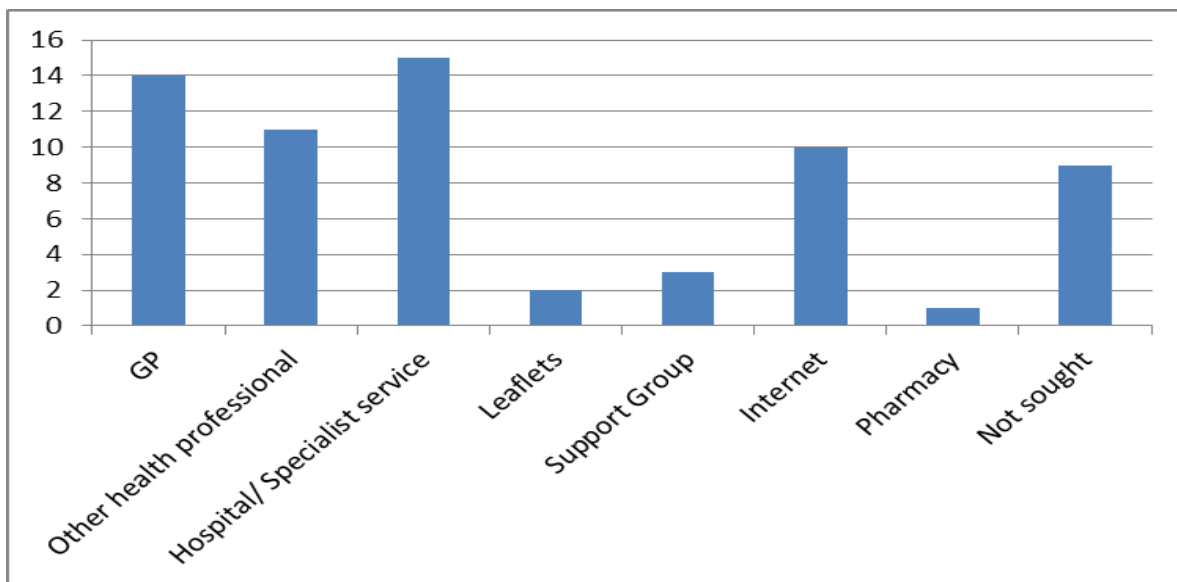
Over the summer and autumn, social prescribing staff from VAR spoke with 100 clients about community services that might help them in some way. There were slightly more women than men interviewed, and most of the clients were aged between 70-90.

Age range



Key points

- Over 40 stated they did not know what a care plan was.
- The two things that people thought most likely to be in a care plan were information about medication and emergency contacts
- The services most currently accessed were medication support and telecare (however Rothercare access may have skewed this response)
- Most responses noted that people relied on support from GPs and from family – this could be noteworthy if GP practices are under pressure, and carers are not well supported themselves.
- The majority felt that they had enough information about their condition, and that they were confident in knowing where to get information. In comments, patients noted that they liked getting information face to face from a health professional, but also that they could be overwhelmed and information could be hard to digest, so it was good to have something written to go back to.



- People were less interested in attending formal ‘taught’ self-management programmes, than in meeting up informally with people with similar experiences. Comments showed a spread of opinion, with some people expressing concerns about isolation; and others stating they ‘just want to get on with things’
- If people felt their condition had worsened, most (77% would contact their GP); others would contact family or go to A&E. Least preferred options were 111 and local pharmacies.

The information is currently being shared, and consideration given as to ways of using the data to inform service development.

2. FRIENDS AND FAMILY TEST (FFT)

	Sept 14	Oct 14	Nov 2014	Dec 2014
A&E	18.6% Positive 89% pos 5% neg	Response rate 25% -963 responses Positive 83% Negative 6%	Response rate 27% - 959 responses Positive 87%; Negative 2%	Response rate 32% 1178 responses Positive 76% Negative 8% NB NPS 33
Inpatients	37.6%	Response rate 31% - 516 responses Positive 94% Negative 2 % Less than 90% satisfaction; Community Hospital, Stroke Ward and PIU (A3); of those only Community Hospital had more than 15% response rate	Response rate 30% - 440 responses Positive 95% Negative 2% Less than 90% satisfaction - A1; A2;A3;A4; B1- of these, only A2 had response rates of more than 25%. Note that B1 had a high proportion of negative comments (4/15%)	Response rate 24% 363 responses Positive 96% Negative 2% Less than 90% satisfaction - A3
Maternity	34.83% Positive 99% Negative 1%	Response rate 31% -288 responses Positive 99% Negative 1%	Response rate 28.57% 280? responses Positive 95% Negative 2%	28.2% Response rate 241 responses 100% Positive (1 neutral only)

	Sept 14	Oct 14	Nov 2014	Dec 2014
Outpatients	(643) Positive 88% Negative 1%	Response rate- % not available 1195 responses Positive 94% Negative 2% Only 2 services had scores under 90%; GUM (86%) and Haematology (75%);	Response rate % not available - 831 responses Positive 95% Negative 2% The 3 areas with less than 90% satisfaction also had low response rates -GUM; ENT; Respiratory; note the 0% for respiratory related to one response	Response rate % not available 426 responses 96% Positive 3% Negative 2 areas with less than 90% satisfaction fracture clinic and respiratory, the latter related to two responses only. TRFT are looking at waits in fracture clinic and patient processes.
Day Cases	(473)	Response rate- % not available - 562 responses Positive 99%; No areas below 95%	Response rate- % not available - 565 responses Positive 99%; Negative 0% Only 'don't knows' prevented 100% satisfaction	Response rate NA 328 responses 99% Positive 0% negative
Community services	Positive 99%	Response rate- % not available - 270 responses 96% positive No negative responses.	Response rate- % not available - 269 responses; Positive 99%; No negative responses; Only 'don't knows' prevented 100% satisfaction	Response rate NA 661 responses 99% Positive 0 Negative
Children's OPD and Ward (SCBU for parents)				% response N/A 101 Children's responses 93% positive; no negative 58 Parents responses - 86% positive; 3% negative

3. PRACTICE PARTICIPATION GROUPS (PPG) NETWORK

The meeting on the 2nd December was attended by 12 practice groups; with 3 further practice groups sending apologies. Summary of discussions:

- Following concerns from patients, Stag practice are now displaying photos of staff; and are running monthly health promotion sessions
- The draft commissioning plan was shared, and several members agreed to read and comment on the draft – these comments have subsequently been incorporated into later versions. The draft Engagement and Communications plan was also shared for comment and feedback.
- The network was updated on the Emergency Centre work and progress. Car parking access remains an issue for patients and the public
- The 'Self Care in Winter' Campaign was highlighted, a number of people offered to help distribute materials. Practice groups were made aware that the information would be sent to all practices shortly.
- The RMBC budget consultation was noted; concern was raised around shared health and care budgets; this may be a potential subject for a future meeting

- Information was shared on dementia diagnosis by practice and the published CQC practice ratings
- Changes to primary care commissioning – once the impact of changes and new structures are clear, this will be revisited
- Friends and family test in GP practices – presentation and discussion on how the test will work in GP practices, and how practice groups could support the process, and use the information that will come from the test.

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