



## **Public Session**

# **PATIENT/PUBLIC ENGAGEMENT AND EXPERIENCE REPORT**

**NHS ROTHERHAM CCG**

**July 5<sup>th</sup> 2017**

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## NHS ROTHERHAM

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

In light of the imminent opening of the new Urgent and Emergency Care Centre; it feels opportune to triangulate all the feedback we are currently hearing about the present system.

**Healthwatch** received the following comment over the past few weeks, demonstrating that services seem to be working well for many patients

*"I have today been through A&E with my daughter, she was offered analgesia in the waiting area, was triaged within 10 minutes and was then seen by a very thorough Dr, x-rayed and discharged within an hour and 20 minutes luckily with no broken bones. Excellent service received thank you."*

Some patients describe a more mixed experience

*NHS Choices -Posted by DW -mid June*

*"Went to day with a leg complaint, went to the walk in center first then they told me to go to A and E. went to A and E was seen very quickly and was told to go to X-ray. Had my X-ray took then walked to A and E reception told them I was back then 2 minutes later I was called. Got walked around as the registrar didn't have a room to go in. Then was told there's nothing wrong with me and just to rest it they didn't say anything about my X-rays and didn't even look at my leg. I've fractured bones before and it feels very similar to past incidents. Feels like the registrar couldn't be bothered and didn't want to know."*

Waiting times within A&E continue to be an issue for many patients; in addition frustration with the temporary environment is often noted:-

*NHS Choices -posted by jdj53 in early June*

*"Visited A&E today, 4 June, with a suspected DVT in my left leg following a long haul flight 2 weeks ago. Reported that I had had pain in my calf for two days and today I noticed swelling in the calf. Arrived at 2.45pm and there were around 12 patients in the waiting room.....After well **over 6 hours in a cramped, overheated joke of a waiting room**, we left without seeing a Doctor. I felt exhausted and ill but couldn't have waited another hour or two (or maybe even 3) to see a Doctor. I am 63 years old and have various medical conditions and have probably been to A&E maybe 3 times in my life, but I would rather be ill than go through that debacle again"*

*NHS Choices -Posted by Anonymous during May*

*"**The waiting room, if you can call it that is ridiculous** and the "triage" is a joke.....other A and E departments in hospitals in the locality are so much better so why is this hospital so severely lacking?"*

Issues with the temporary environment are also reflected in comments received through the 'Friends and Family' question. There were over 3,200 FFT responses to FFT for Rotherham Hospital in April, with only 50 negative responses, however of these 50, half related to the existing Urgent & Emergency Care Centre. Many of these focused on waiting times and communication. Some are very relevant to the physical space and will be addressed when the service moves in July to the new build. Of these comments:-

- 4 comments related to the physical space
- 20 comments related to waiting times
- 14 related to communication, staff attitude and care; these are hard to split, but include 'no communication from staff/not knowing/no indication of waiting time/unhelpful....'

Some of these comments are below:-

- *The room is too hot, seats very uncomfortable. No distractions like radio or tv. No indication of waiting time.*
- *Waited up to 5 hours.*
- *Staff pleasant but so slow.*

- *Waiting times ridiculous. Waiting area too small & not fit for purpose. People sat grieving in same room as people waiting for treatment. Not seen within the hour as stated by 111. Awful care.*
- *Poor! 7+ hrs to see a doctor, Eye bleeding in need of stitches and left to dry out and heal dodgy. I think Rotherham hospital should be ashamed of their waiting times.*
- *8-10 hours wait. Staff with attitude. No solution. Conclude as not a major issue*
- *Arrived at 11.15pm room too warm, small fan in corner, been seen by 1 dr, told to wait for a bed and its now 6.15am and still here. Had to beg for pain relief*

**However, these comments also need to be considered in light of the new centre.** Over 50 PPG members took part in a series of guided tours round the new facility, and were generally extremely impressed, although a few people did express concerns around car parking. Some of the concerns raised will be issued as the remaining facilities are installed; for example hand sanitizers, the number of seats, and bins. There were also helpful suggestions, people were happy to pass on key messages, and discussed ways of conveying some of these messages to the wider community. Comments included:-

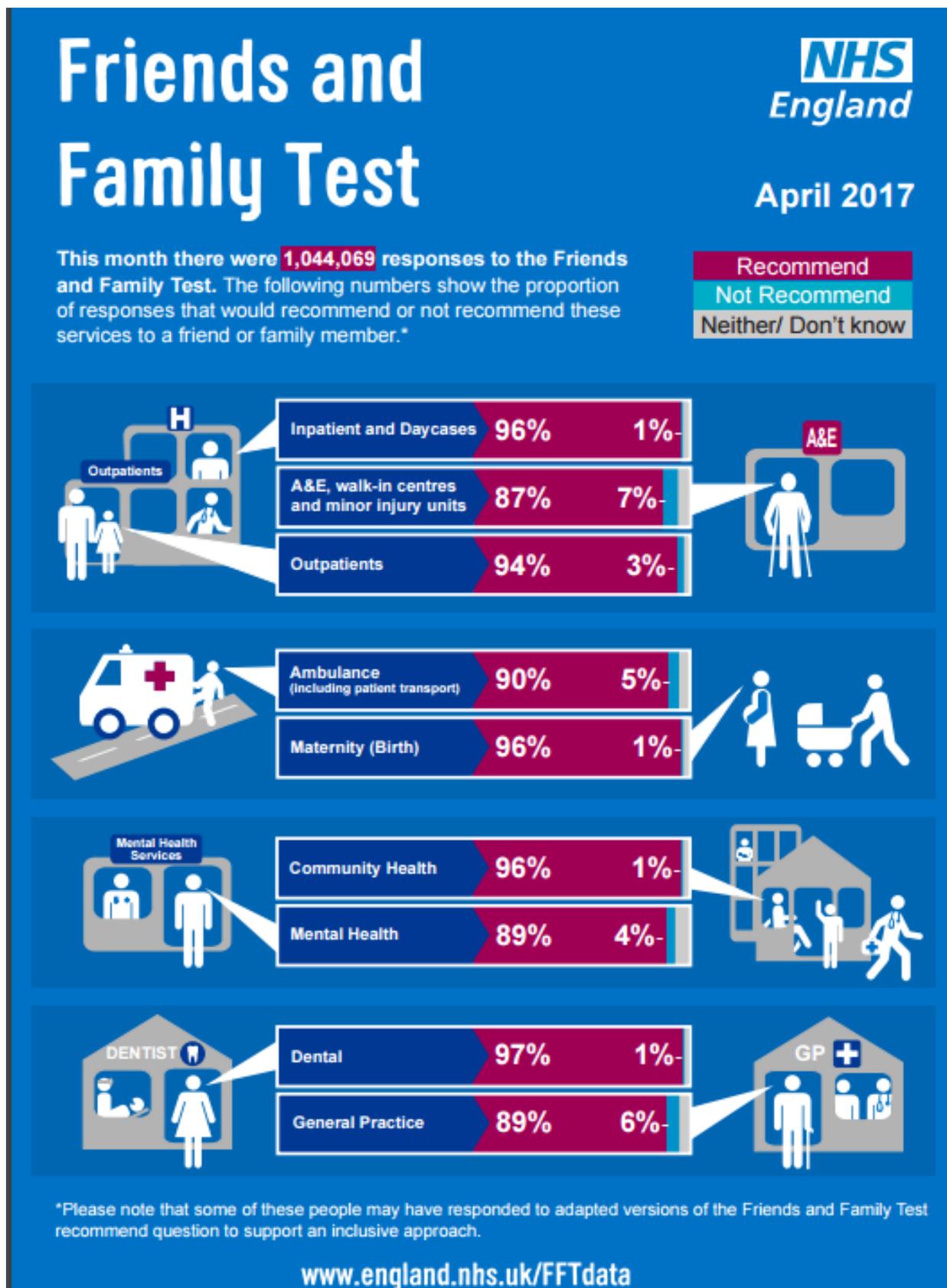
- I was very impressed by the new centre. It was obvious that a lot of thought and planning had gone into the design.
- A big thank you to all the staff who gave us a guided tour. It is good that for once Rotherham is leading the way in health care for the future.
- What a lot of thought has gone into the planning of this new centre with attention to detail. It's nice to see that the public's views have been taken into account and acted upon. Eg. Glass doors on the cubical.
- I thoroughly enjoyed the tour, the information given and the questions answered were very clear and comprehensive. It was a very pleasant and re-assuring experience. The messages, particularly about mental health patients and not clogging up the system 'just for a nosey round' were very clear and will be passed on.
- Guides mention numbers attending/ calling ambulances for toothache/ dental problems suggests you put notices in prominent positions 'we do not provide any dental treatment' and 'inappropriate / unnecessary ambulance calls out costs £x and means ambulances are not available for urgent emergencies'
- Relative's room would benefit from the addition of a few USB ports for charging phones. Sometimes relatives may be sat in there a long time and would need to contact other family members/ friends.
- I am disappointed that the car parking is NOT FREE for people needing URGENT care as it was at the previous walk-in centre

2. FRIENDS AND FAMILY TEST

21. National Headlines

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

<https://www.england.nhs.uk/wp-content/uploads/2017/06/fft-summary-infographic-april-17.pdf>



## 2.2 TRFT

### Rotherham data-April

**Inpatient** – 1,207 responses at a response rate of 54.8%– comparatively high both regionally and nationally, with positivity at 98% above the national average. Only one ward failed to submit any data (A3). 2 wards fell marginally below the national average positivity of 96%.

**Maternity** – both response rates and positivity remain good, varying across the 4 elements between 98-100%, all above the national average

**A&E** – The response has increased slightly from March with 190 responses from a potential 4,217; giving a response rate of 4.5%. In context, national response rates in A&E departments are low; almost half of all units had rates of less than 10%. Positivity has however fallen to 84%, a drop of 9%, and now lower than the national average of 87%. Such fluctuations are common where response rates are low and the data is less reliable.

**Community services** – 666 responses received, response rates are not available for this area; however, this figure represents a drop of around one third from the previous month. Positivity has however climbed substantially, and at 98% is higher than national average.

**Outpatients** - 911 responses received from over 21,000 eligible, positivity at 97% is above the national average.

## 2.3 Rotherham GP Practice data for April

Overall - 6,935 responses were collected across Rotherham, an increase from the previous month, demonstrating the continued positive impact of practices using the MJOG system.

11 practices failed to submit any data for this month; 10 of these have not submitted any data for several months. Only two other practices submitted fewer than 10 responses. Nationally, positivity for GPs services is 89%; in Rotherham, only 7 practices submitting data showed positivity ratings slightly lower than this, falling between 85-88%. It should be noted that with the numbers of responses now being received, this data is far more reliable than it has been previously. However, comments for GP practices are not routinely seen or reported on to the CCG, or any cross practice thematic analysis carried out.

Rotherham Walk-in-centre and OOH service (Care UK) - During April, the WIC received FFT feedback from 519 patients, with 96% positively recommending the service; and 98% positivity of 349 responses regarding the Out of Hours service. Very few comments were received for either service. In addition, it is worth noting that very few respondents were will to be contacted to further discuss their experience, and very few wanted to complete the demographic questions; people who want to give any feedback often want this to be extremely fast and simple.

## 2.4 Mental Health/RDASH

The responses submitted by RDASH from 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 over the last few months, neither have free text comments, this has been requested repeatedly.

In April, 176 responses were received from almost 180,000 eligible – this is similar to previous months. Note these numbers are all RDASH patients, not just Rotherham. Overall satisfaction is above the national average of 89% though the number of makes the data unreliable.

## 2.5 Yorkshire Ambulance Service

Response rates are habitually low; in April, 8 responses were received across 2 categories from a potential of over 84,000 patients- this is similar to previous months, and cannot be used in terms of determining satisfaction.

### 3. OTHER WORK AND CONTACTS – April/May

#### 3.1 Integrated locality engagement

Development of an engagement plan for the Integrated Locality work, and starting work on implementing relevant actions

Healthwatch have been commissioned to undertake work with people with long term conditions, and who have had recent hospital experiences; this will take place over summer 2017

#### 3.2 AGM planning

The AGM for 2017 will have a slightly different format to previous years, planning is underway, with venue and outline format agreed. The event will take place on Wednesday 5<sup>th</sup> July 2017 at the Carlton Park Hotel.

We are working with the Health and Wellbeing Board on the content and format of the day

The title will be '**Getting the best out of Rotherham's health & social care**'; we will also seek to incorporate the 'Game-changers' terminology currently being used.

The event will incorporate a range of information and engagement stands, these will include;

- Stands representing the Health and Wellbeing themes, including Making Every Contact Count, Active for Health, Diabetes Prevention
- A joint (HWB and CCG) stand focused on mental health
- Medicines Management
- Personal Health Budgets and Continuing Healthcare
- Primary Care/GP services
- VAR – Social Prescribing and Health Ambassadors
- Healthwatch
- Information will be available on Rotherham Place Plan and The Urgent and Emergency Care Centre

**3.3 Contributing to developing regional (STP footprint) systems and processes** for engagement; our engagement and comms strategy has been identified positively, and sections will be used to inform the regional documentation

**3.4 Support to the STP based Maternity Voices Task and finish group**

**3.5 Ongoing contribution to developing new national indicators for assessing engagement for CCGs (IAF Indicators).**

The PPE Manager is one of a small number of people asked to contribute to this process, and has flagged up issues with initial draft including discrepancies between ratings levels, the number of suggested indicators, and duplication across areas of assessment. The next draft which will be used as a pilot during summer 2017 to assess 2016 work will have a list of indicators reduced by at least 50%. In addition, we have flagged concerns for the process for next year being flexible enough to cover changing organisational structures, and cross area and organisation working, to reflect implementation of ACS/STP/Place Plans.

### **3.6 Personal assistants and Personal Health Budgets**

Patient involvement in personal health budgets has highlighted issues relating to personal assistants, in terms of recruiting training and sharing information. This has led to a co-produced event held on Tuesday 11 June, funded and supported by the CCG

### **3.7 PPG network meeting 6<sup>th</sup> June – requested to discuss ‘Bed Blocking’.**

A presentation was developed on Delayed Transfer of Care (DToC); explain the situation, nationally, regionally and locally. Information was also presented by both TRFT and RMBC. The meeting was attended by PPG members from 12 GP practices, who engaged well with the subject. There was a lively Q&A session, the following issues were raised

- People were generally assured that services in Rotherham are doing all they can to ensure prompt discharge, and commented favourably on some of the positive changes and initiatives
- Concerns about funding care, and potential national changes; there was a lot of concern and confusion around this
- Age UK support on discharge noted to be effective and positive
- Concern expressed about care home and call system responses defaulting to calling ambulances; people were asked to report specific instances where this happens to the CCG, Social Care/housing, or Healthwatch
- Access and waits for equipment and adaptations was discussed; noted that step down care may help if people are waiting for complex packages
- Medicines waste and delay.
- It was questioned as to why patients in Northern General have their own medication stored securely, and don't have medication taken away and replaced; when this does not happen in Rotherham. As well as reducing waste; this also helps speedy discharge
- Could patients be asked to take in boxes or prescription lists rather than medication
- Could TRFT staff have access to patients summary records; thus avoiding people needing to bring in medication and the associated waste of it being discarded, and waits for it to be re-issued.

Comments and questions from the recent visit to the new Urgent and Emergency Care Centre included the following:-

- Number of seats in the waiting area,
- Access to mobile phone charging for people with very ill family members
- The level of security.
- Who will carry out triage, and when people will see a doctor
- The cost of the UECC
- Bins – especially in the disabled toilets.
- Car parking

### **3.8 Ongoing support to deliver the ‘Healthy Workforce’;**

This training on supporting mental health issues at work has now been agreed and will be delivered at a staff meeting over the summer

### **3.9 Support to TRFT FFT working and implementation group;**

Due to staffing issues and changes, there has been a hiatus in processes and focus. The Engagement Manager is supporting reinvigoration of these processes.

### **3.10 Carers week**

It should be noted that engagement does not sit with the Engagement Manager alone; during this period a CCG project support officer has supported Rotherham Carers Forum extremely effectively in a range of engagement and information activities during carers week. In addition, information was made available to GP practices through Crossroads, with information feedback and displays being available.

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