



Public Session

**PATIENT/PUBLIC ENGAGEMENT
AND EXPERIENCE REPORT**

NHS ROTHERHAM CCG

July 2019

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NHS Rotherham

1. WHAT WE ARE HEARING

Over the past two months, a strong focus has been on seeking feedback and views on the NHS Long Term Plan. The following summary has been informed by:-

- Focus groups undertaken by Healthwatch – in several of these, Healthwatch invited people to spend virtual money on the areas they felt most important; and recorded comments and discussions
- The PPG Network in June discussed this in some depth, and looked at priorities from a list
- The PPE Manager supported a SYB ICS event focused on the LTP; comments made at the event are also included
- **Please note that the information here is not a full and complete summary of all the work undertaken, but is intended as an early indicator of what is emerging**

Comments from the Healthwatch events demonstrate that the process has ensured that people are considering the wider issues:

“This really made me think about all the different services with the NHS and how the money has to be spread around – there just isn’t enough!!”

“It is really interesting to hear what the plans are going forward, the NHS is very different now to when it was first set up, but then again I suppose we live in a very different world to what we did back then”

However, all the exercises also demonstrate that people struggle to identify priorities, and that this is almost always determined by the person’s experiences, or those of family members and friends

There were some emergent discussion and acknowledged need to work better across communities, in a number of ways. The conversations around this also highlighted strongly the wider determinants of health, both as exacerbations and solutions. Participants at different events mentioned:-

- The impact on health of housing, neighbourhoods, and health; and how they can support discharge and prevent relapse
- Schools and colleges working better across communities and with health staff
- The importance of a strong and resourced voluntary and community sector to support this work both in offering and supporting peer based services, support to carers and enabling patient/user voice
- The impact on people and communities of reductions in services, changes to benefits, and loss of capacity in some third sector organisations
- There are examples across the area of great work in communities, with low level services delivered closer to home; for example social cafes planned and delivered working in partnership with communities and service users.

“If we put money into communities it may prevent the person needing acute services” (Healthwatch)

“We need to be treated like individuals; it is not a one size fits all” (Healthwatch)

“Places like Maltby where there are a number of small practices – it would be great to work together across PPGs and share information with each other – and influence Primary Care Networks” (PPG Network)

There was also some consensus on the need to change behaviour and attitude, through information and education, i.e. staying healthy, self-care; while avoiding directive, patronising approaches. This was also linked to early interventions, checks, and the use of both information and new technologies to increase early diagnosis of cancer.

New technologies were seen as both potentially helpful and as a concern, with participants highlighting the needs of the digitally excluded, while acknowledging how helpful it could be in reducing appointments for some

“As long as people who are not very digital savvy are not left behind - What about people with no computer or not happy with smart phones?” (PPG)

2. FRIENDS AND FAMILY TEST

National review of FFT- no further updates; the review continues to await ministerial agreement and sign-off

April data

The **national** level data summarised as a one page infographic

<https://www.england.nhs.uk/wp-content/uploads/2019/06/fft-summary-apr-2019.pdf>

Friends and Family Test

NHS
England

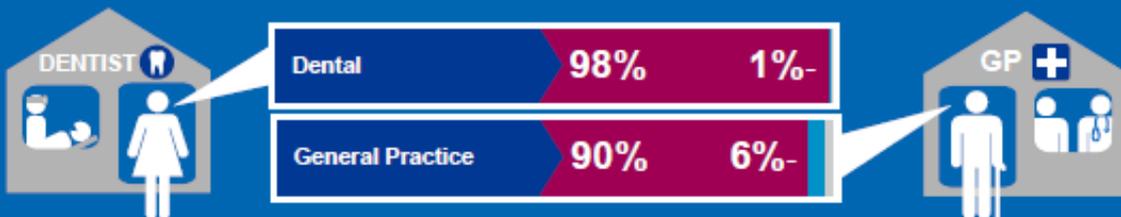
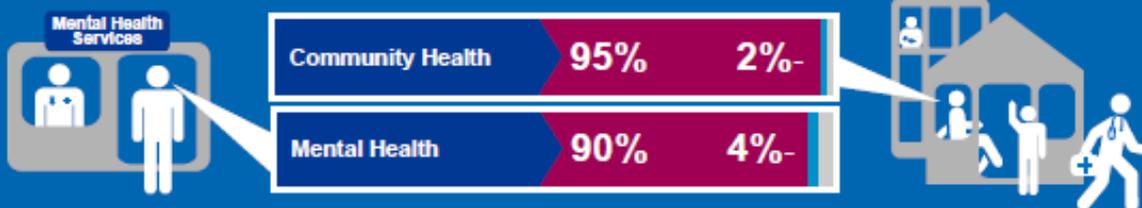
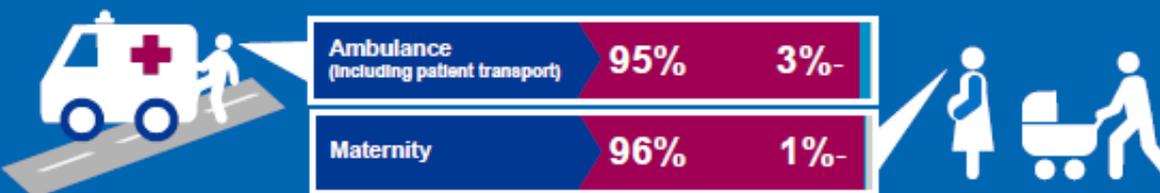
April 2019

This month there were **1,269,031** responses to the Friends and Family Test. The following numbers show the proportion of responses that would recommend or not recommend these services to a friend or family member.*

Recommend

Not Recommend

Neither/ Don't know



*Please note that some of these people may have responded to adapted versions of the Friends and Family Test recommend question to support an inclusive approach.

www.england.nhs.uk/FFTdata

Local results

TRFT – April data

Overall, TRFT received 3,403 ratings in April, with only 22 negative responses, less than 1% of the total number of responses. Of these only 12 negative responses contained comments; mainly around waiting times for either treatment, in clinic or relating to discharge.

There is again some fluctuation in individual ward response numbers, as the wards are moved temporarily to enable refurbishment.

The general trends are demonstrated in the graphs in appendix A

Inpatient and day cases - Response rate of 59% and 1078 positive responses, solid satisfaction at 98.8%. The extremely high response means that the reflection of positivity is reliable.

Maternity - Response rates of 36%, with 135 positive responses; and positivity at over 99%.

UECC - response rate of 0.7%; with 44 responses. This remains the only weak area of data collection, and continues to be challenged. See table 1 below for regional comparator.

Community services – 1121 responses received, with high positivity rating of 96%.

Outpatients – 866 responses with over 98% being positive.

Across all areas, satisfaction is at or higher than the national average as in the infographics above. The main issue raised is waiting time, especially where this is perceived by the patient to be unequal or inappropriate.

Figures for A&E departments across Yorkshire and the Humber are shown in the table below; Rotherham has the lowest response rates across the area. This has again been noted by the TRFT steering group and will be escalated.

Table 1 A&E Comparator across Y&H	Responses	Eligible	Response rate	Recommend	Would not recommend
Airedale NHS FT	116	3910	3.0%	92%	7%
Barnsley Hospital NHS FT	77	5992	1.3%	86%	10%
Bradford NHS FT	202	8595	2.4%	86%	3%
Calderdale & Huddersfield NHS FT	1098	9498	11.6%	84%	10%
Doncaster/ Bassetlaw NHS FT	1002	12840	7.8%	99%	1%
Harrogate/ District NHS FT	378	3266	11.6%	92%	2%
Hull & East Yorkshire NHS Trust	1225	8841	13.9%	81%	11%
Leeds NHS Trust	3045	11626	26.2%	89%	7%
Mid Yorkshire NHS Trust	2039	12873	15.8%	95%	2%
Northern Lincs/ Goole NHS FT	510	9336	5.5%	75%	15%
Sheffield Childrens NHS FT	695	4782	14.5%	79%	13%
Sheffield Teaching NHS FT	1611	8127	19.8%	86%	9%
The Rotherham NHS FT	44	6130	0.7%	91%	9%
York Teaching NHS FT	473	5853	8.1%	82%	11%

Rotherham GP Practices data for April.

In April, 4589 responses were received across Rotherham, a slight fall in rates. 9 practices submitted no data at all.

Across Rotherham, 13 practices had positivity ratings under the national average of 89%; though several of these were only 1% lower; this reflects considerably lower positivity than the previous month.

This data is routinely shared with the primary care team; and feeds into quality reports.

Note -Comments for GP practices are not routinely seen or reported on to the CCG, or any cross practice thematic analysis carried out.

Mental Health/RDASH

In April, 137 responses were received from over 19,000 eligible contacts; this is similar to previous months, and covers all RDASH patients, not just Rotherham.

Yorkshire Ambulance Service – collection of data is always low or zero; in April 1 response was received from over 90,000 eligible contacts

3. OTHER WORK AND CONTACTS - MAY - JUNE

Diabetes – support to the Diabetes steering group around engagement; draft survey produced

PPG - as noted in item 1; the focus of the meeting held on 4th June 2019 was around the Long Term Plan; an overview of comments has been included in section 1. In addition, members raised concerns about access issues at The Rotherham NHS Foundation Trust; the PPE manager is working directly with individuals to support them in raising these issues directly

CCG Annual General Meeting(AGM) and Healthier Rotherham event on 3rd July – support to the event in terms of planning and distributing information and organising the information stalls

Facilitation at ICS engagement session on the long term plan

Ferham fayre – in response to a direct invitation from primary school children; the PPE manager and the Commissioning Manager for Children/Young People/Maternity attended the school fayre. In response to health priorities, we used a game relating sugar to popular drinks and snacks, and encouraged people to tell us about health experiences with small incentives of fresh fruit and the '5 ways to wellbeing' resources. Further feedback will follow once analysis completed; this will be used to inform CCG work as appropriate

Maternity carousel planning – support to Rotherham Hospital in establishing a 'maternity Carousel'; this is the name given to the very successful event run in Hull. Monthly, there will be a 2 hour information hub, with stands, stalls, and interactive displays, such as virtual births and tours. It is hoped that these will commence from September. These will also provide a great opportunity to engage with younger working people and families, on maternity issues and wider issues as appropriate.

South Yorkshire and Bassetlaw (SYB) engagement leads – the engagement leads meet occasionally to share information and good practice, and to consider challenging issues. This month, we shared information on the following:-

- Engagement on the long term plans – activity and resources shared
- Joint patient and public expenses policy – this is now at a draft final stage and will shortly be shared for comments
- Using text messages for engagement – experiences, concerns and best way to use these
- Cancer comms and engagement across SYB – best ways to support the SYB work by working together
- Updates shared on the following ICS workstreams, and implications and actions considered
 - Orthopaedic thresholds
 - Gluten free products on prescription
 - Care homes

APPENDIX 1

