

**Public Session**

**PATIENT/PUBLIC ENGAGEMENT  
AND EXPERIENCE REPORT**

**NHS ROTHERHAM CCG**

**1<sup>st</sup> JUNE 2016**

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## NHS ROTHERHAM

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

In addition to the presentation at the start of the meeting, Healthwatch have shared the following:

- Healthwatch have compiled a report using feedback on stroke services and patient experiences following strokes. This covers several years.
- In addition, Healthwatch have noted a number of positive comments regarding *Action For Hearing Loss*, regarding their community services. (Action For Hearing Loss are a community voluntary sector organisation providing interpretation services and support for hearing aid users)
- There have also been positive comments about pharmacy services – services mentioned are reported to be customer focused and taking time to speak with patients and offer ideas

#### Social Media

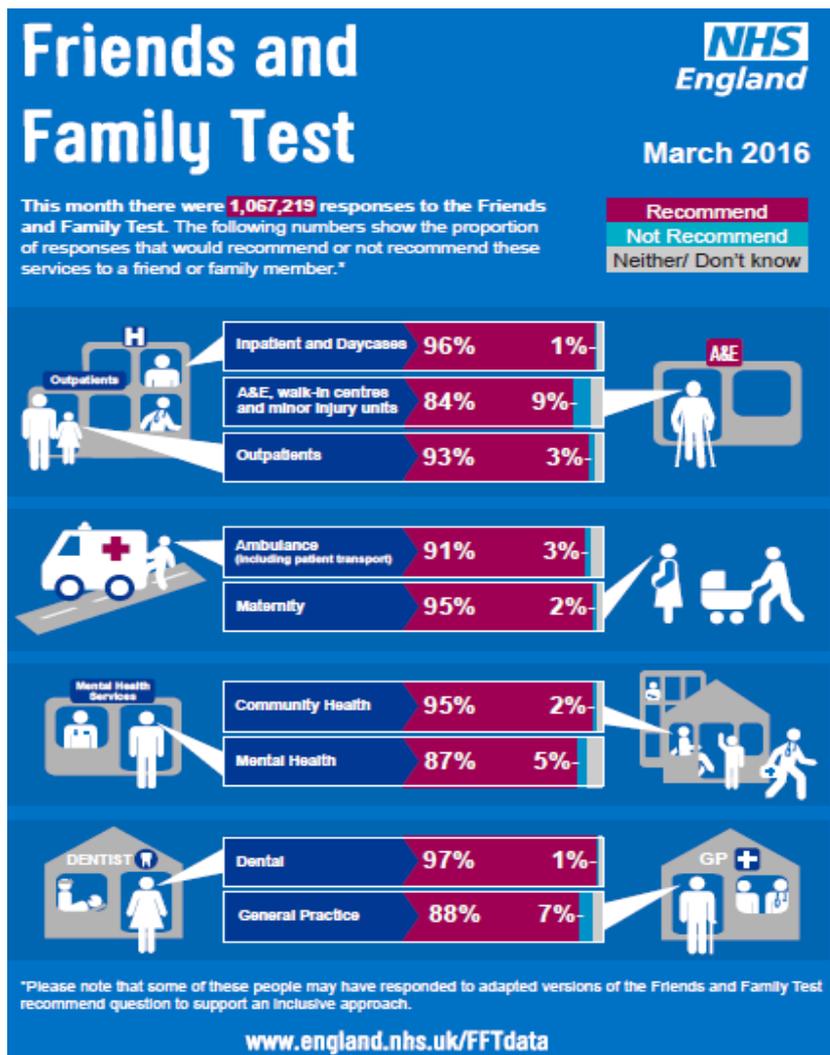
Fewer than 10 experiences have been posted on NHS Choices and Patient Opinion, across a variety of primary and secondary care services. Some detail extremely positive services. Two of the few critical posts are already being dealt with as complaints.

### 2. FRIENDS AND FAMILY TEST (FFT MARCH 2015 AVAILABLE)

#### 2.1 National Headlines

National level data is now summarised as a one page infographic

<https://www.england.nhs.uk/wp-content/uploads/2016/05/fft-summary-infographic-march16.pdf>



## 2.2 TRFT

Overall TRFT received 3,826 positive responses in March (around the same as previous months); negative responses are also fairly static at 43.

No wards, clinics or services had positivity ratings of less than 90%.

## 2.3 Rotherham GP Practice data for February

17 practices submitted less than 5 responses or failed to submit any data in March, meaning the data is deemed as invalid and restricted. The overall numbers collected across Rotherham have jumped by almost 25% to 1001; mainly due to a high number 370 from Clifton, alongside smaller increases from several other practices. Of the practices supplying more than 5 responses, 5 practices recorded positivity ratings of less than the national average of 88%. Response numbers and satisfaction will be used to inform the primary care dashboard. 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.

	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan 16	Feb 16	Mar 16
Total RDASH	319	389	402	394	330	128	230	238	132	341	148
Rotherham	54	82	97	82	80	*	48	75	74	91	n/a

### Comments from RDASH

There are few comments for any service (45 across all services), these therefore should be seen as indicative only. Many comments praise the service and staff, particularly in community services and memory clinic

*I was really listened to and put at ease I was made to feel I was really put at ease with my worries and someone cared and wanted to help.*

*Overall everything was excellent. When I had my first session, I didn't know where to turn. Having a counsellor who listens was massive. I had so many problems I was at the end of my tether but session after session I was able to understand what I needed to do to resolve the problems.*

However, some patients did refer to waiting for a service and several felt that there shouldn't be a set number of sessions

*More bespoke (not a set number of sessions). I felt a bit abandoned.*

It's also worth noting that there seem to be more issues and concerns raised by inpatients; many of these focused on physical and environmental needs; the availability of drinks, showers, smoking. Again, however, there are few comments relating to any one service, so at the best, these highlight the opportunities for additional discussions with patients.

### 3. OTHER WORK AND CONTACTS DURING MARCH

- Engagement mapping for 2015-16 completed (available on request). A new document is being initiated for the coming year, reflecting the format of the current commissioning plan
- Support to the Healthy Workforce Initiative
- Preparation and planning for AGM - “The Big Health Conversation” - financial challenge activity and information stalls (July 6<sup>th</sup>, New York Stadium). The formal AGM will run from 11am – 12pm. This will be followed by an informal 2hr drop in session where members of the public, partners and stakeholders will have the opportunity to interact with key information stands and also to “have a go” at being a commissioner with the innovative use of an evidence based game.
- **Working Together** – cancer work stream event – setting the focus for cross area discussion around cancer. The main themes emerging were around communication with patients to manage care and expectations better; with the aim of ensuring that the patients seen by the most specialist staff are those needing that level of care. In the future, patients should expect to be seen in primary care once their acute phase of care is over. In addition, discussion also considered the non-medical support needs of patients and where and how this could be provided.
- **SYB engagement leads** – informal quarterly meeting (notes available on request). Updates shared around working together and challenges facing all CCGs. Information shared from events and meetings attended – in the future staff will seek to co-ordinate attendance at potential engagement related sessions to maximise capacity and avoid duplication.

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*June 2016*

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