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Public Session

**PATIENT/PUBLIC ENGAGEMENT
AND EXPERIENCE REPORT**

NHS ROTHERHAM CCG

6th June 2018

CONTENTS

1.	WHAT WE ARE HEARING.....	3
2.	FRIENDS AND FAMILY TEST (FFT) – March data.....	3
3.	Other work and contacts- April – May	6

NHS ROTHERHAM

1. WHAT WE ARE HEARING...

Over the last several weeks, engagement has focused on the community equipment service, in order to ensure that the voice of the service user effectively informs the new service specification.

A number of themes are emerging from this work especially in terms of the value that people place on the service. In particular, people appreciate the service being fast and efficient, the staff courteous, helpful and knowledgeable, and a focus on the individual. We are also seeing the elements that service users would like to see changed, improved or included in the new service, for example, fast delivery to enable and support discharge; prompt repairs; ease of access; and simple to return.

However, also interesting are the many comments that have been made that demonstrate the value of equipment in terms of supporting good mental and physical health, ensuring that people maintain independence and mobility. The following comments were made by a number of different people, and all demonstrate just how important these seemingly small freedoms are to people:-

- *Raising the bed has helped stop me getting chest infections*
- *It helped me to be independent*
- *(The equipment) helped me stay in my home as I thought I would need to move*
- *It gets my mum out and about*
- *It means a lot that I can do simple tasks like make a sandwich for myself without relying on my husband*
- *It has given me so much freedom – **in fact it has given me my life back***

Some of the key themes emerging from the work are as follows:-

- The need for clear and accurate information; awareness of the service, and what it can – and cant – offer
- Simple, easy and fast access; including bank holidays if necessary; for example for discharge and end of life care. Access should include some availability evenings/weekends
- The need for a person focused and centred approach; where people are part of finding the solution that is right for them, their home, and their needs
- Easy and advertised ways of returning equipment

The feedback from the survey, interviews and focus group will be used in the procurement process, and to inform the new service specification.

2. FRIENDS AND FAMILY TEST (FFT) – March data

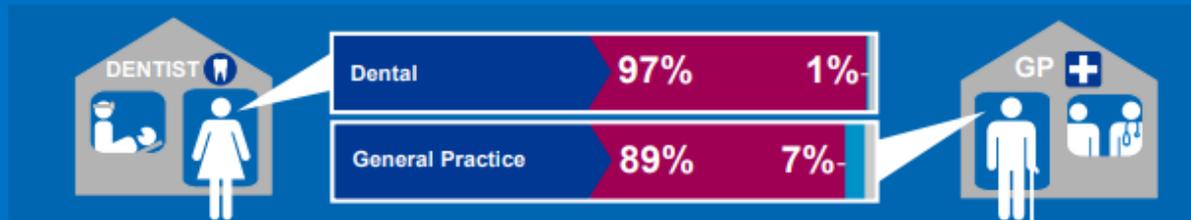
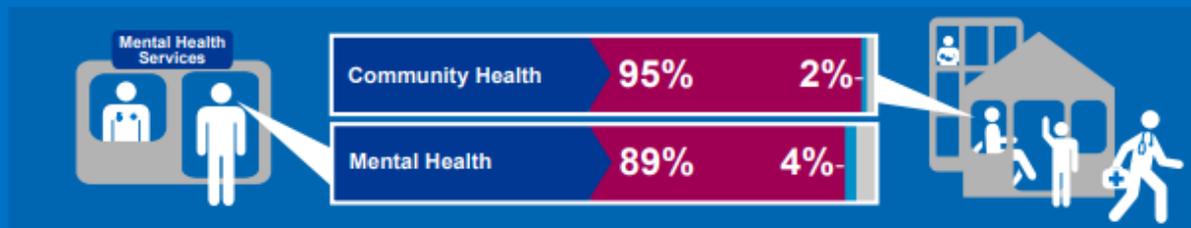
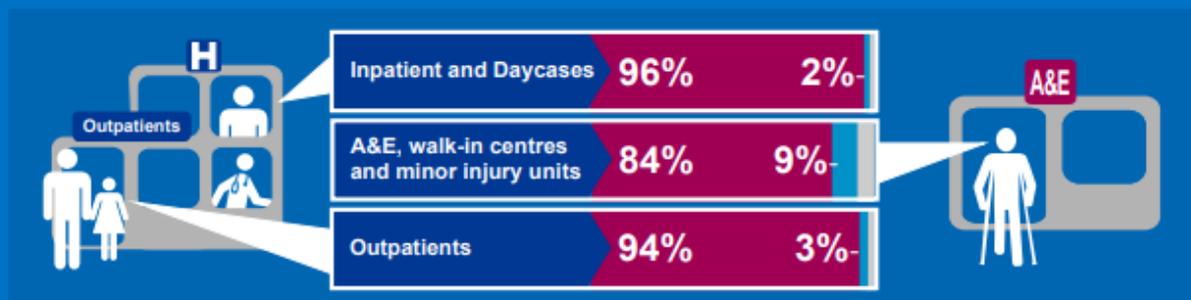
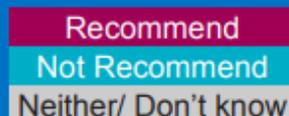
Nationally, work has started on a FFT Development Project, which will run throughout the year, and consider how best the FFT can be used as a tool for service improvement, while minimising the burden on providers. Updated guidance is anticipated before April 2019.

Friends and Family Test



March 2018

This month there were **1,238,463** 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.*



*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

The negative responses contained 30 postings, of these (some covered more than one theme):-

- 7 commented positively on some staff or aspect of their care, in addition to raising concerns
- 22 referred to long waiting times in clinics or in the UECC; one referred to waiting for a procedure
- 7 related to some element of poor communication or staff attitude
- 8 comments related to comfort issues such as being unable to get a drink, either while waiting for a clinic or on a ward; several were around waiting for pain relief, or being unable to take medication as not able to eat
- 3 comments referred negatively to the new UECC, i.e. as not being an improvement

However, these should be seen also in the context of over 2,000 positive comments. These included 200 relating to the UECC, many of which praised friendly, professional staff, being kept informed, and being seen quickly; though a number did also note the obvious pressures the staff were under, and how busy the service was.

Inpatient and day cases - Response rate of 48%, solid satisfaction at 97%.

Maternity - Response rates have fallen to 35%; but positivity remains over 98%.

UECC - response rate of 4.7%; equating to 278 responses. Positivity at 92% has fallen, but remains higher than the national average of 84%. This remains the only weak area of data collection, and continues to be challenged.

Community services – 493 responses received, with high positivity rating of almost 99%.

Outpatients – 978 responses and over 98% positivity, which is higher than the national average.

Rotherham GP Practices data for March.

A total of 5847 responses were collected in March, this has been climbing since a low of around 4,000 earlier in the year

- Only 2 practices have submitted no FFT data in a year,
- 20 practices have submitted data 9+ times.
- 6 practices have submitted 5 times or fewer
- The practice with the lowest positivity rating submitted only 7 responses; this would not be seen as reliable data
- 5 other practices had positivity rating more than 3% below the national average of 89%; none of these were more than 6% below. 2 additional practices were only 1% below.
- 12 practices had positivity ratings of 90% plus

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

The responses submitted by RDASH from remains low; at this level the data received is not sufficiently robust to be particularly useful; however the collection rates are similar across other providers. 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 March, 125 responses were received just over 19,000 eligible – this is similar to previous months, and covers all RDASH patients, not just Rotherham

Yorkshire Ambulance Service

Response rates are habitually low; in March, 1 response was received across 2 categories from a potential of just under 95,000 patients. This is in line with previous months, and cannot be used in terms of determining satisfaction.

3. Other work and contacts- April – May

- Widening involvement- working with a small group of people from PPGs to consider ways of widening and extending engagement
- HSR – participation in and support to sessional work to inform the development of an equality impact assessment on the Hospital Services Review
- Work with commissioning lead and communications lead to develop engagement plans in support of the **re-procurement of the Integrated Equipment Service**. We are working closely with a voluntary sector organisation who are leading and directing our work; in order to ensure that what matters to service users will be fundamental to the service specifications, as this work is developed. This has included:-
 - Survey
 - Telephone interviews
 - A focus group
 - Contact with a variety of community organisations
- Support to the Y&H Patient Experience Network task and finish group, planning an engagement and experience forum in April 2018; helping to develop presentations and source presenters.
- Planning and preparation for the CCG AGM and NHS 70. We have reached out to a number of community organisations, who will be providing content for the event, and are seeking interviews with former staff and patients
- Participation in several webinars around next year's engagement assessment, and future links with the Improvement and Assessment Framework

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