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Public Session

**PATIENT/PUBLIC ENGAGEMENT
AND EXPERIENCE REPORT**

NHS ROTHERHAM CCG

5 June 2019

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1. WHAT WE ARE HEARING...

Be Cancer SAFE – the information below has been shared by the 'Be Cancer Safe' project, which is a social movement project across Rotherham, Barnsley and South Derbyshire, funded in year one (to March 2019) by the Cancer Alliance.

In Rotherham, the project has been run through Voluntary Action Rotherham, and has created over 2,400 Cancer Champions; aged 16-104; established an extremely wide range of contacts, and using community venues, tactile visual models and a range of accessible information, has been extremely successful in supporting its aim of creating conversations about cancers, and making these conversations main stream.



It is not possible to completely evidence an increase in screening uptake within this timescale, however, the number of contacts and conversations is to be applauded; as is the positive external evaluation; hence RCCG has agreed to continue to fund the project for an additional year, with an increase in range of messages to include diabetes.

Below are 2 case studies, which demonstrate the impact of the work to date, and links to the evaluation and the Youtube clip

https://www.healthandcaretogethersyb.co.uk/application/files/8015/5747/8125/Be_Cancer_Safe_Evaluation_Report_.pdf

<https://www.youtube.com/watch?v=jdl14xcot8>

Screening Case Studies

1 Written by Edna in her own words May 5th 2018

My name is Edna and I'm a Cancer Champion in Rotherham. I am 71 years old and in December 2017 I underwent surgery because I was diagnosed with bowel cancer.

I had no symptoms but because I participated in the bowel screening programme the cancer was discovered. I had always done the bowel screening which takes about 30 minutes of your time in total, in my case 30 minutes which can save your life.

When the package drops on the doormat don't throw it into the bin, read what is required and do it. To quote: 'a bit of muck spreading is all it needs'. Doing the screening can identify different things; not everyone will have a cancer diagnosis – being proactive and doing it can give peace of mind.

I'm part of this social movement because I believe in the importance of screening and I'm living proof of its value. All the screening programmes which are available do save lives, so never be too busy, make time and be well.

My tumour is gone after successful surgery. If I had presented six months later the outcome would have been different.

So the moral of this story is do the screening, there is nothing to fear.

2 As told by Elaine in her own words - 3rd August 2018

My name is Elaine and I am supporting Be Cancer Safe in Rotherham, I am a Cancer Champion and would like to share my experience to help others.

I am 75 years old and in 2013 I was diagnosed with bowel cancer and had surgery to remove one side of my colon – a Right Hemicolectomy

Before being diagnosed I was not aware of any symptoms, but I had always participated in screening for cervical, breast and bowel when they were offered, so I completed my bowel screening kit when it arrived. I quickly received another kit and was asked to repeat the test. The letter was encouraging and I was not put off from doing it again, I was quickly referred to the hospital for a scan and a colonoscopy.

At my scan, when I was shown the lump on the screen I approached it quite 'matter of factly', I think this was because of my nursing background and I asked lots of questions to make sure I understood what it was and what would happen next. I think I focused on the practical and wasn't upset, I supported my family and didn't worry about myself.

The surgery was a quick procedure and I was home in 3 days. I was given a choice of treatment plans, including no treatment, but I opted for chemotherapy and drugs. Although the side effects were difficult, it was the right choice for me.

When asked about my experience of doing my bowel screening, I am amazed that other people don't do it. I absolutely encourage others to be screened

I have 2 year colonoscopy checks, I am aware of signs and symptoms and complete my screening kit when it arrives, I don't screw myself up about it. You have to think positive, I have excessive wind and can't eat peas and sweetcorn, but I am fine.

And on a completely different note; the comment below was one of the several thousand received by Rotherham Hospital via the Friends and Family Test, and – for a very short comment – is absolutely full of real heartfelt thanks and emotion.

***'I was in Rotherham NHS last year.
I had at least 70 Angels watching over me,
from Cleaners up to the top Surgeon'***

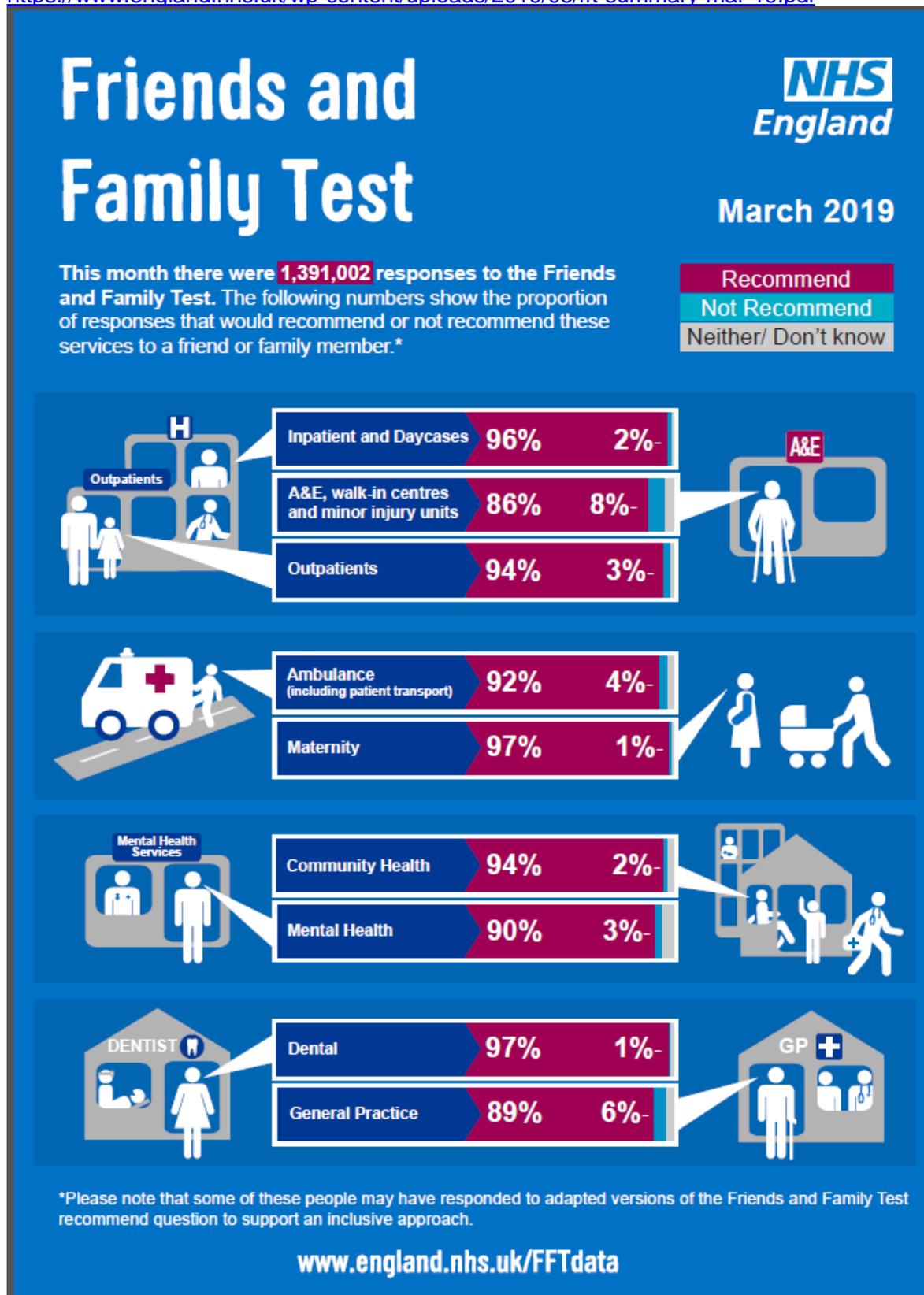
2. FRIENDS AND FAMILY TEST

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

March data

The national level data summarised as a one page infographic

<https://www.england.nhs.uk/wp-content/uploads/2019/05/fft-summary-mar-19.pdf>



Local results

TRFT – March data

Overall, TRFT received 3,153 ratings in March, with only 32 negative responses, around 1% of the total number of responses. Of these, only 19 negative responses contained comments; mainly around waiting times for either treatment, in clinic or relating to discharge. This has been further picked in the TRFT FFT steering group as an emergent theme and issue; noting that ensuring patients are kept informed and communicated with can help address satisfaction and reduce complaints, where the wait is beyond the control of the staff. There were in addition a cluster of comments relating to wait times regarding Urology; this will be picked up separately with the department to understand the reasons and any issues.

The general trends are demonstrated in the graphs in appendix A

Inpatient and day cases - Response rate of 56% and 1199 responses, solid satisfaction at 97.8%. The extremely high response means that the reflection of positivity is reliable. It was noted that some wards are currently showing very low response rates, which is in part at least due to temporary moves for redecoration.

Maternity - Response rates of 45%, with 205 responses; and positivity at 99.6%.

UECC - response rate of 0.4%; with 24 responses. This remains the only weak area of data collection, and continues to be challenged. See table 1 below for regional comparator.

Community services – 942 responses received, with high positivity rating of over 96%.

Outpatients – 783 responses and 97% positivity.

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 next to lowest response rates across the area. This has again been noted by the TRFT steering group and will be escalated.

Table 1	Responses	Eligible	Response rate	Recommend	Would not recommend
Airedale NHS FT	119	3,814	3.1%	95%	4%
Barnsley Hospital NHS FT	32	6,010	0.5%	84%	16%
Bradford NHS FT	1	8,854	0.0%	*	*
Calderdale & Huddersfield NHS FT	1,239	9,918	12.5%	85%	10%
Doncaster/Bassetlaw NHS FT	622	12,681	4.9%	97%	2%
Harrogate/District NHS FT	365	3,013	12.1%	93%	3%
Hull & East Yorkshire NHS Trust	1,495	8,841	16.9%	83%	11%
Leeds NHS Trust	3,083	12,388	24.9%	90%	6%
Mid Yorkshire NHS Trust	2,876	12,469	23.1%	95%	2%
Northern Lincs/Goole NHS FT	548	9,698	5.7%	75%	15%
Sheffield NHS FT	797	5,341	14.9%	79%	10%
Sheffield Teaching NHS FT	1,785	7,978	22.4%	89%	6%
The Rotherham NHS FT	24	6,046	0.4%	96%	4%

Rotherham GP Practices data for March

In March, 5657 responses were received across Rotherham, a rise from February, but lower than the high in January. 8 practices submitted no data at all, rising from 3 in January; however these were generally different practices to the 8 practices failing to submit data in February.

Over the past 12 months; only three practices have submitted data less than 8 times.

Across Rotherham, 7 practices had positivity ratings under the national average of 89%; though several of these were only 1% lower. One practice had a low satisfaction rate of 63% with a reasonable response number of over 600.

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 March, 149 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 March 4 responses were received from over 90,000 eligible contacts

3. Other Work and Contacts - April - May

Mapping- annually; the PPE manager creates a template based on workstreams outlined in the commissioning plan; and uses this to map and record engagement, involvement and consultation activity; covering stakeholders, patients and the public. This has proven an extremely valuable resource for both internal and external assurance. The completed document for 2018-19 has been received at both OE and the Engagement and Communications Committee, and will be published on RCCG website. A new template has been produced for the current year; this will be populated iteratively. Additional information to include should be directed to the PPE Manager.

Diabetes – work with the Diabetes Steering Group to seek patient views on services and how these could be improved to promote better outcomes. A draft survey has been produced; and will be circulated dependant on the awaited feedback and agreement

Maternity voices - on-going support to the maternity voices partnership, which the CCG funds. The partnership has recently supported events to recognise and thanks midwives; now has a website in place, and is working closely with services at TRFT. Plans are being discussed for monthly open events to share information with parents to be, which will also help to increase and promote involvement and feedback.

PPG - planning for the meeting on 4th June; which will focus on the NHS Long Term Plan and Primary Care Networks

Advice and guidance - to officers completing engagement and EIA forms to meet both the equality duty and section 14Z2 of the NHS Act; and work with the E&D lead to firm up the process for recording, reporting and assessing these forms. This will ensure increase assurance for the organisation, and will also ensure that all projects consider both involvement and equality issues at an early stage and throughout.

AGM – support to planning the CCG AGM and Healthier Rotherham event on 3rd July

Mental Health engagement- as of May 2019; RDASH have new structures for engagement, with a dedicated part time engagement lead for Rotherham, who has met with the EEO Manager and RCCG carers lead to review current issues; including how best to hear the voice and concerns of service users.

Re-ablement and intermediate care – working with Healthwatch, who will be carrying out engagement work in care homes and with targeted and overlooked and under-represented populations. This work will take place over June- July and will inform the developing workstream

Engagement and communications committee 17th May

The committee took updates on:

- engagement work to inform the maternity workstream, and was assured by the current and planned activity
- plans for engagement in work considering potential future use of the Community Health Centre building
- engagement and communications for both the ICS and Rotherham Place
- work completed by Healthwatch seeking views on the NHS Long Term Plan and priorities; and planned ongoing work around this. The LTP and Primary Care Networks will be discussed at the next PPG Network meeting and the CCG AGM in July.
- the planned work on re-ablement and intermediate care to be carried out by Healthwatch as above.

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June 2019