



investor in excellence



## Public Session

# PATIENT/PUBLIC ENGAGEMENT AND EXPERIENCE REPORT

**NHS ROTHERHAM CCG**

**4 March 2020**

*Your life, Your health*

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## 1. WHAT WE ARE HEARING

We know that access to Mental Health Services continues to be an issue. Individuals and community organisations report waits, and services remain under considerable pressure, exacerbated by the challenges faced by providers in recruiting and retaining staff.

The three stories posted below reflect some of the difficulties experienced by service users; these were shared on NHS.uk and Care Opinion in December and January. They reflect a point that we have noted in the conversations and engagement work that has taken place over the last few years; the challenges people face in finding the service that will work for them, and the need for a variety of offers to meet very different needs. This was also reinforced by two service user presentations at RDaSH's January 'Listen to Learn' event, where people described spending a number of years in services before receiving the diagnosis, intervention, or treatment that proved effective for them.

### **Posted via nhs.uk December 2019**

*Having mental health issues and being able to speak to the right person is very hard. From abrupt, unhelpful receptionists who THINK they can tell you things a doctor would. I find them abusive and nowhere to go and complain; to doctors and managers struggling to provide a good accurate service. Unpolite and abrupt. The only time to see a doctor is through an emergency slot appointment or a simple ring back for a sick note where I'm made to wait a week. This a doctors surgery or an A&E? I've mental health problems, I do not wish to sit in an emergency waiting room for a 10min slot for hours, to sit with a different doctor every time, where I have to explain over my years of mental health. This facility has never been a good place for mental health in all the 32 years I've been living. If someone opens their eyes and looks you will see people are moaning about the same problems. But who will fix it? NHS has gone to pot locally and there is no one to talk to! I feel let down and so do thousands of others with this poor service in this area. My problems haven't been fixed and I presume many more haven't.*

### **Posted via nhs.uk January 2020**

*Asked for help they put me in for trauma therapy ....I can't yet (access this) as I need help for severe anxiety to which her reply was you don't go I'll discharge you. I asked the manager for some help and she didn't care either, and said they can't offer me anything one 2 one without group therapy. She even told me to go private and then come back to their services not very professional they don't care about patients at all.*

### **Posted by a non service user (for a service user), December 2019 (summarised, as this was a very long post)**

*I've been hoping to write this for a while but have only just felt brave enough .... I'm really struggling with my mental health and am currently without any help or support despite my best efforts to try and access support. I've accessed a variety of mental health support over the past decade for help with depression, bereavement, OCD and anxiety. Last year I had a care coordinator with RDASH. I saw my care coordinator for a couple of years and they were helpful and understanding of my complex mental health.....*

The poster re-referred themselves back into the service last year with an initial assessment appointment at the GP practice.

- RDaSH promised a call within a week – this did not happen. When the person chased this, they were told that they were on a waiting list for an assessment with secondary care.
- Secondary care assessment booked for 3 weeks after initial assessment
- Asked for medication review – RDaSH suggested they request this from their GP, as with them the waiting list is currently at least a year long.
- Given a place on EMDR group therapy, after stating this had not worked in the past
  - Little notice, less than a week. Group met on Monday afternoon, meaning it was hard to attend with work commitments

- Did not find the first two sessions useful, said they were in the persons view '*patronising and basic*'. Illness and a work deadline meant they were unable to attend sessions 3 or 4; so had to finish altogether (other people had also missed sessions)
- Referred to a group exercise focused on a cartoon on letting go of a rope; poster found this not at all helpful

*Mental health care and support should be as accessible as possible, so why are there no services offered on weekdays after 6pm or weekends so that people, despite their lack of support, who work, can still actually access the help they need so desperately. Would I have better access to support if I was out of work entirely because of my mental health?*

*I am overwhelmed and scared, I am suicidal and feel stuck. I know I can ring the crisis team but I know they can't help, I rang them multiple times before and appreciate them being there but they are so limited in what they can do. I know I can ring Samaritans but I don't want to bother them. I know I could ring the mind info line, but I don't think there's anything they can tell me that I don't already know.*

*I need help and I need it sooner rather than later and asking for help isn't easy but I'm scared and desperate and would really appreciate any help or advice at all that could be offered.*

**Please note that RDASH PALS have made contact with the individual**

### **So what is being done?**

RDash have acknowledged issues with the system as in place to January 2020; with patients required to travel to their appointments where teams were based and patients experiencing barriers to treatment.

From January 2020, patients have the choice to be seen where they wish: Centenary Clinic in Rotherham town centre, in Ferham Clinic or at Swallownest Court. Some teams will continue with a borough wide remit, for example the Home Treatment, Crisis and Hospital Liaison Teams, among others. However the locality teams will differ in key ways;

- Assessment and formulation teams are part of the locality teams, can offer up to four brief interventions contacts.
- psychology and CBT provision at front part of the locality teams
- able to refer directly for treatment interventions including Group pathway
- a named Consultant Psychiatrist for primary care to liaise with

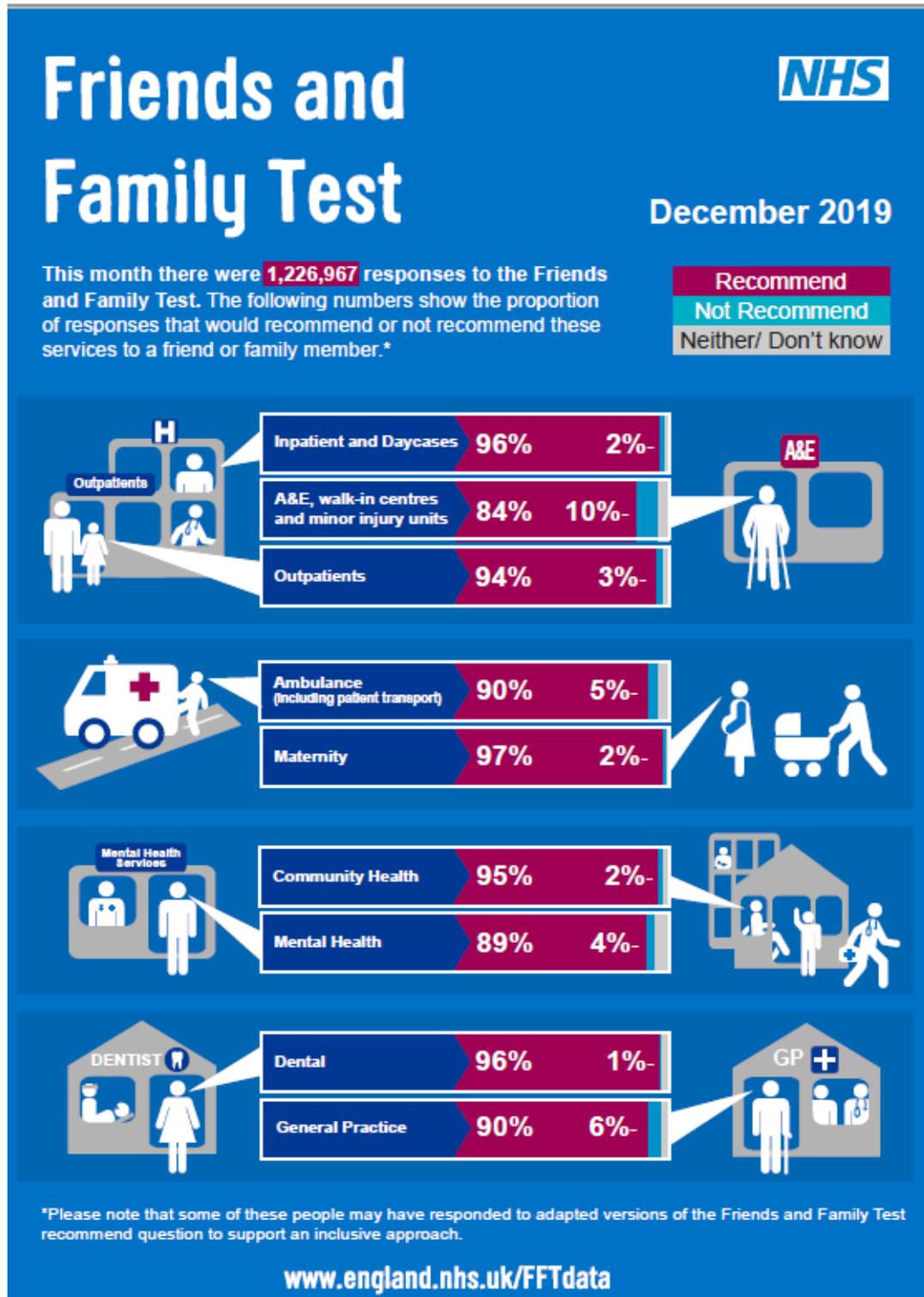
RDash acknowledge that moving to this system will take some time to embed; during January and February 2020 they have held a number of drop-in session to share plans and address service user's and carers' concerns.

The stories above reflect the issues faced by people with significant and enduring mental health problems, in crisis. We are seeking to address this in a number of ways, including our 'Be the One' campaign. In addition, part of the local solution is ensuring that help and support is co-ordinated at an early stage, to consider a variety of ways that people can access support to stay well. Working with a variety of partners, people with lived experience and community organisations, we are seeking to develop a digital platform that will pull together help and information on a variety of linked issues, for staff, community groups and individuals, and recently held a workshop to develop this further. Feedback received was extremely positive; one person noted '*I think it's a wonderful idea and look forward to seeing the site up and running*'.

Key points that were made included the need for information to be reliable, current, trustworthy and local, also to be both easy to find and easy to understand.

2 FRIENDS AND FAMILY TEST – December 2019

The national infographic is here <https://www.england.nhs.uk/wp-content/uploads/2020/02/patient-fft-summary-dec-19.pdf>



## **TRFT**

Overall, TRFT received 1731 ratings in December, a slight fall; with 26 negative responses, which is just over 1% of the total number of responses. Of these, 21 negative responses contained comments;

- parking had been an issue for one person, both in terms of cost and lack of spaces
- 6 comments referred to staff being busy, and difficulties in getting attention or medication
- Several comments were around communication and attitude of staff.

The general trends are demonstrated in the graphs in appendix 1, [Qtr 3 FFT Trending Graphs Monthly-2019-20.pdf](#)

**Inpatient and day cases** – 749 responses and solid satisfaction at 97%. The extremely high response means that the reflection of positivity is reliable.

**Maternity** – 142 responses; positivity at 98%

**UECC** - response rate of 0.2%; with only 12 responses.

**Community services** – 485 responses received, with high positivity rating of 96%

**Outpatients** – 343 responses and 98% positivity.

Figures for A&E departments across Yorkshire and the Humber are shown in Appendix 2. A messaging system for responses will be initiated in the UECC in the new financial year, in an attempt to mitigate these low response rates.

### **Rotherham GP Practices data for November.**

In November, the data shows 5,612 responses across. 3 practices submitted no data at all, with one practice submitting no data for 5 months consecutively.

Across Rotherham, 7 practices had positivity ratings under the national average of 90%; the majority only slightly lower.

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 December, 149 responses were received from over 19,000 eligible contacts; this is similar to previous months, and covers all RDASH patients, not just Rotherham. The low levels of patient feedback are highlighted at Quality Meetings, and alternatives are being considered.

## **3 OTHER WORK & CONTACTS-**

### **IAF – engagement indicator**

Guidance on the next year's engagement assessment was published in early December. *For 2018/19 the CCG scored well, was assessed as green, with 13 points awarded.* In addition, our mapping document has been highlighted as good practice and added to a table of national examples of excellence.

For 2019/20, we only need to consider the 5 criteria that were not met last year, and cannot lose any points. The template was signed off by the CO and submitted by 7<sup>th</sup> February

### **Digital offer**

Participation in and support to a workshop developing an online platform for advice and support, led by RCCG Communications and Mental Health leads, leading engagement exercises and ensuring patient representation.

Ongoing support to this project also includes developing the content for the platform; several members of CCG staff are working on this, using the direction from the workshop.

### **PPG Network**

The February meeting was very well attended, with around 30 PPG members present. The Network had requested and received the following

- An update around the initiatives that the new government will implement. CCG Chief Officer Chris Edwards attended, and focused on the planning guidance which had been published several days prior to the meeting.
- An overview of what we know about self-harm in older people – information is shared, and this will now be added to agendas and discussion with the provider services
- It was acknowledged that there will need to be information on the new roles in primary care, and encouragement of different ways of accessing services. Gordon Laidlaw attended to share plans to date to develop materials and a campaign, and to invite people to be part of a working group to further develop this
- The meeting also contributed to the SYB ICS discussion on the prescribing of gluten free products.

### **Respiratory rehabilitation**

Support to the commissioning lead to ensure patient representation and participation in this pathway, with a focus group planned for April

### **SYB ICS engagement**

The following will be analysed and reported on a SYB footprint.

### **Gluten free**

The SYB ICS led discussion on prescribing of gluten free products has in addition been taken to Rotherham Parent Carer Forum.

### **Stoma**

We have encouraged feedback around stoma services, sending out both paper and electronic surveys

### **Children's Appendicectomy**

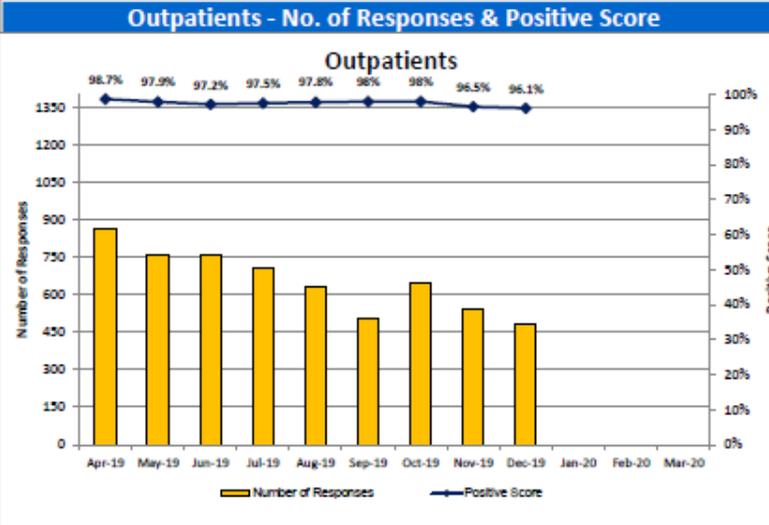
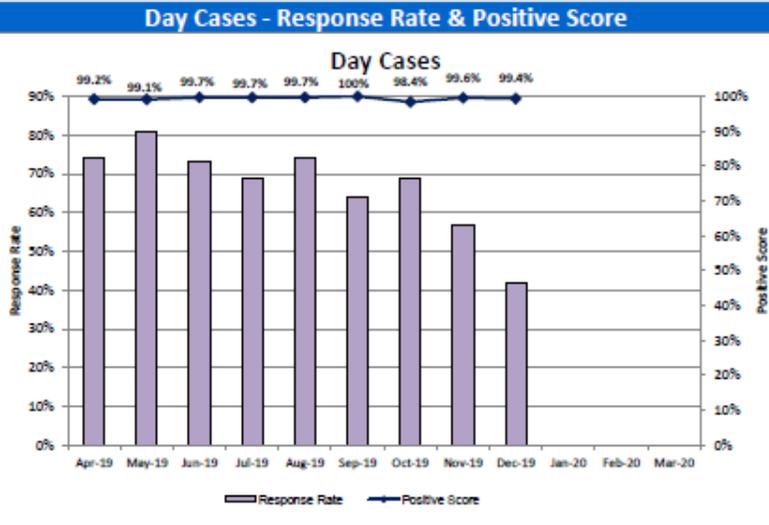
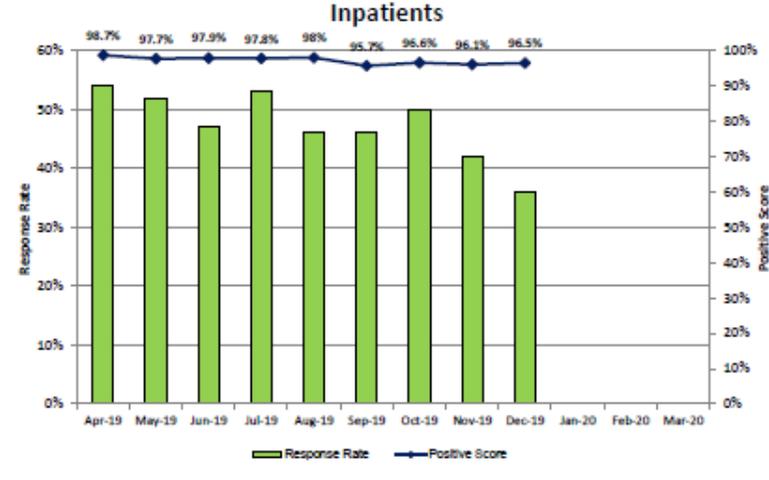
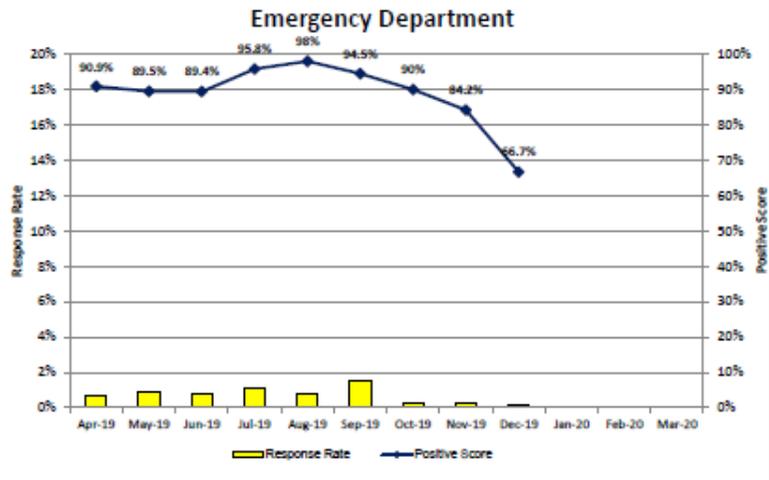
Engagement on the appendicectomy pathway

**Sue Cassin**  
Chief Nurse

**Helen Wyatt**  
Patient and Public Engagement Manager

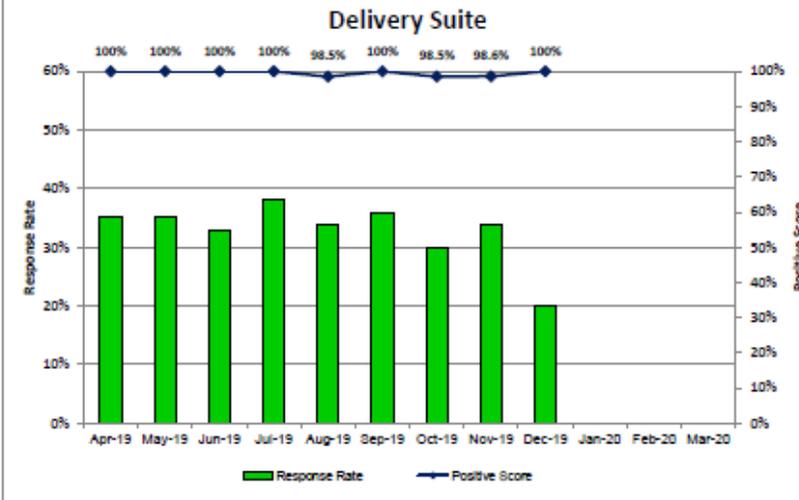
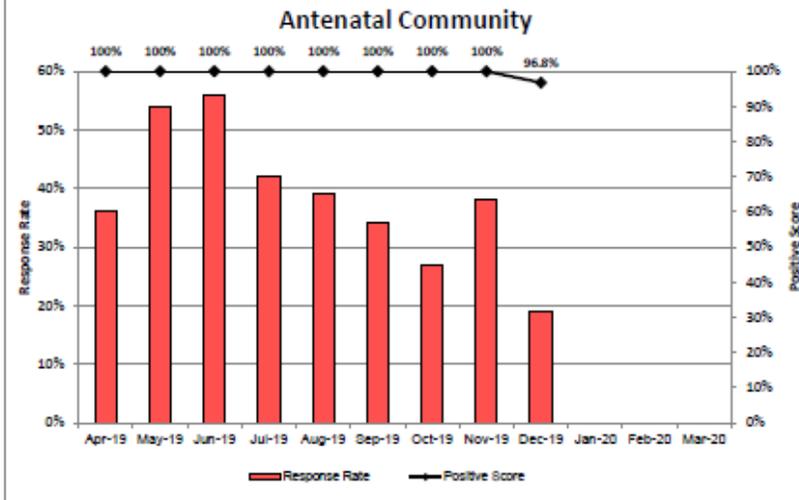
***March 2020***

The Rotherham NHS Foundation Trust - Friends and Family - Trending Graphs - 2019-20  
 Inpatients & Emergency Department - Response Rate & Positive Score

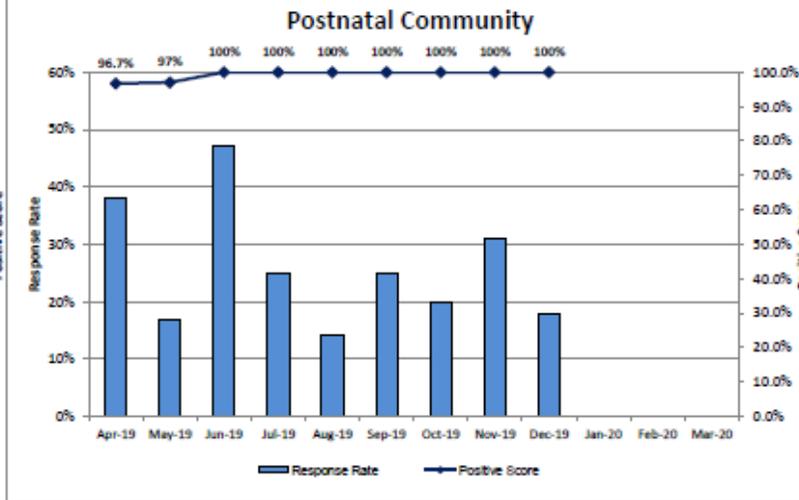
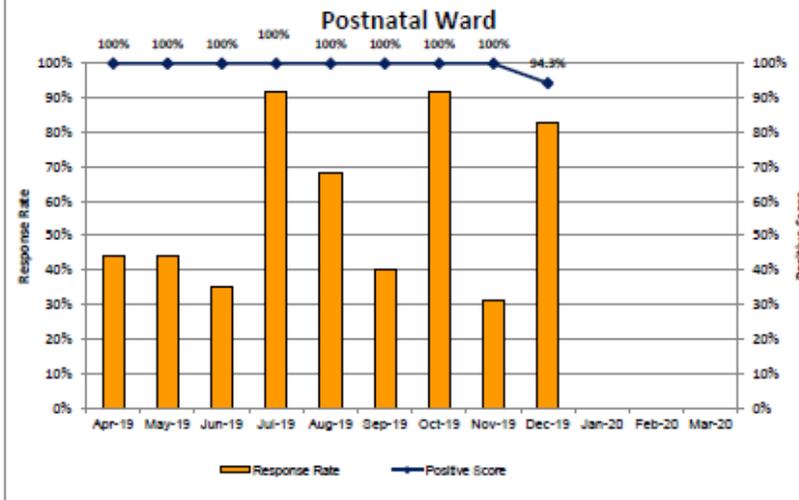


The Rotherham NHS Foundation Trust - Friends and Family - Trending Graphs - 2019-20

Maternity Services - Response Rate & Positive Score



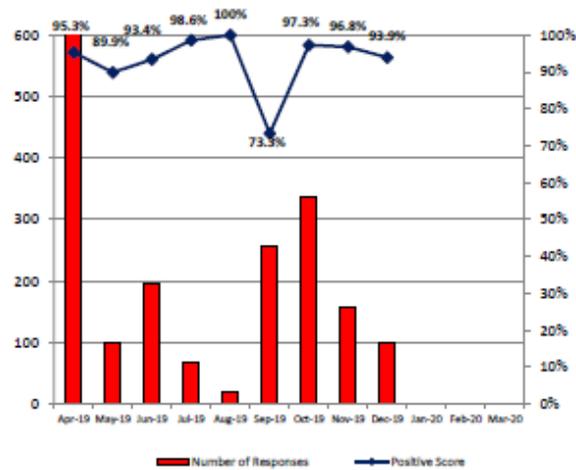
Maternity Services - Response Rate & Positive Score



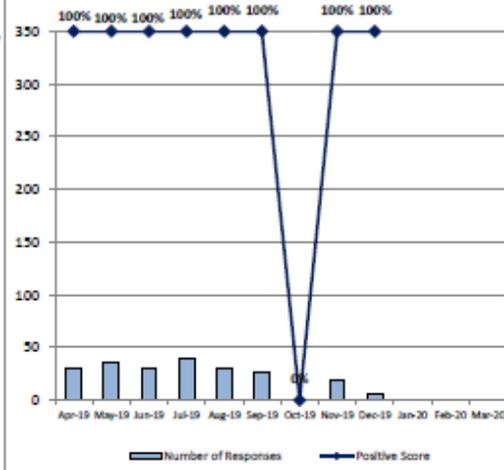
The Rotherham NHS Foundation Trust - Friends and Family - Trending Graphs - 2019-20

COMMUNITY SERVICES - Response Rate & Positive Score

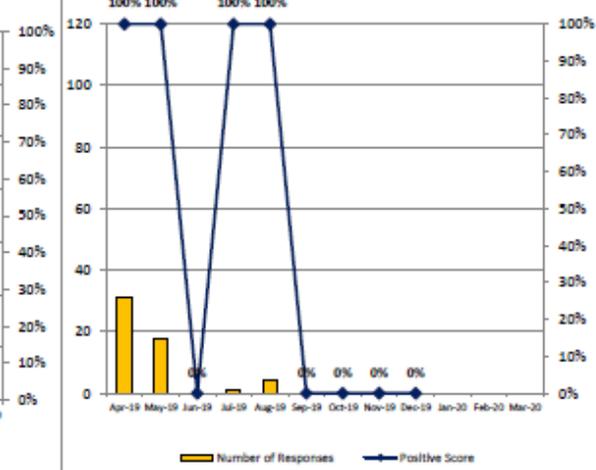
Children & Family Services



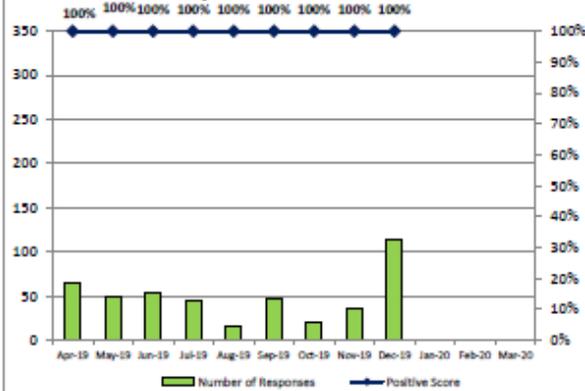
Community Nursing Services



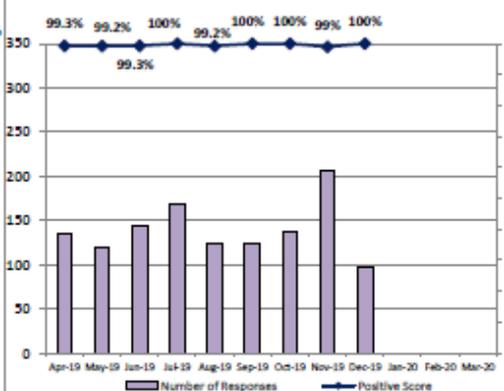
Community Inpatient Services



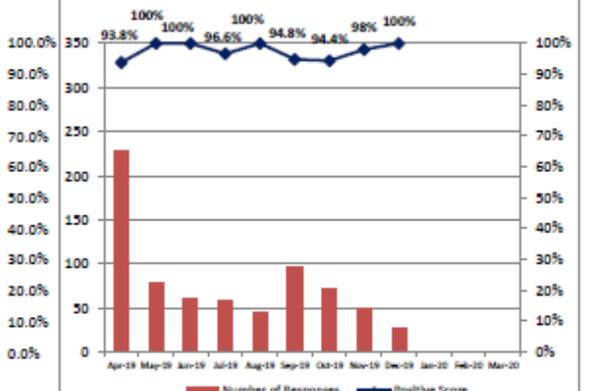
Specialist Services



Rehabilitation & Therapy Services

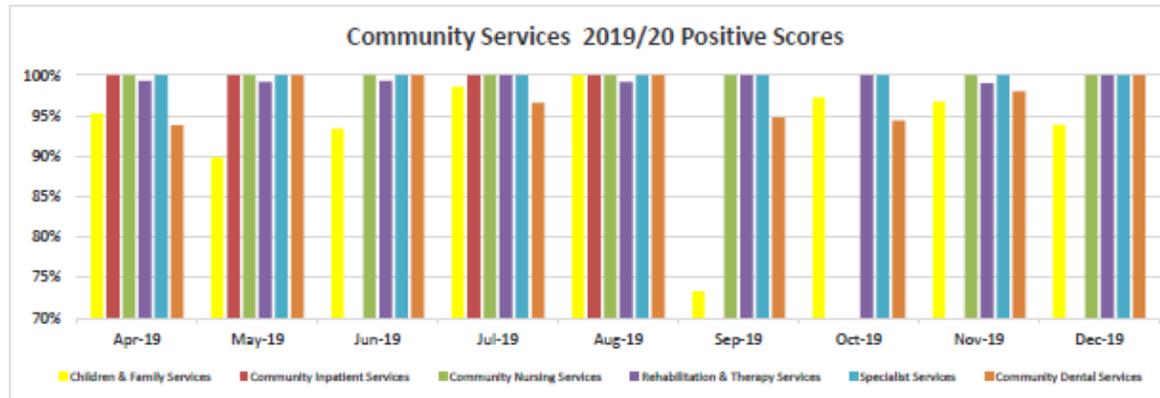


Community Dental Services



Community Services 2019/20 Positive Scores

	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Children & Family Services	95.3%	89.9%	93.4%	98.6%	100%	73.3%	97.3%	96.8%	93.9%			
Community Inpatient Services	100%	100%	0%	100%	100%	0%	0%	0%	0%			
Community Nursing Services	100%	100%	100%	100%	100%	100%	0%	100%	100%			
Rehabilitation & Therapy Services	99.3%	99.2%	99.3%	100%	99.2%	100%	100%	99%	100%			
Specialist Services	100%	100%	100%	100%	100%	100%	100%	100%	100%			
Community Dental Services	93.8%	100%	100%	96.6%	100%	94.8%	94.4%	98%	100%			



## Figures for A&amp;E Departments

Trust Name	Total Responses	Total Eligible	Response Rate %	Percentage Recommended %	Percentage not recommended %
AIREDALE FT	69	3,939	1.8	94	1
BARNSLEY FT	228	6,509	3.5	87	8
BRADFORD FT	0	8,994	0.0	NA	NA
CALDERDALE & HUDDERSFIELD FT	1,041	10,119	10.3	86	9
DONCASTER AND BASSETLAW FT	32	13,684	0.2	91	9
HARROGATE AND DISTRICT FT	302	2,989	10.1	94	3
HULL UNIVERSITY	1,234	7,866	15.7	78	14
LEEDS NHS	3,656	12,435	29.4	87	8
MID YORKSHIRE	1,704	12,207	14.0	93	4
NORTHERN LINCOLNSHIRE AND FT	965	9,483	10.2	75	14
SHEFFIELD CHILDREN'S FT	689	5,292	13.0	77	14
SHEFFIELD TEACHING HOSPITALS NHS FT	1,620	9,487	17.1	86	9
<b>THE ROTHERHAM NHS FT</b>	12	5,794	0.2	67	33
YORK TEACHING HOSPITAL FT	331	5,166	6.4	76	16