



Public Session

**PATIENT/PUBLIC ENGAGEMENT AND EXPERIENCE
REPORT**

(September data compiled October)

NHS ROTHERHAM CCG

5th November 2014

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1. PATIENT OPINION & NHS CHOICES

What we are hearing..... and what we are doing

- 1.1 We asked people with long term conditions about their experiences of case management, care plans and how they manage their health (around 350 responses over 2 linked pieces of work)

Key themes were

- There was considerable confusion and lack of understanding of what case management and care plans are
- A lot of people rely on their family and on GPs as the main sources of both support and information, with implications on families' ability and capacity to meet needs, and capacity of GP practices.
- People preferred information given face to face by someone they trusted, especially if backed by hard copy to revisit later.
- There seems to be some reluctance to consider group support initially, though where this has been accessed, it is often valued.
- case management plans were valued in terms of improving communication and providing reassurance
- "It gives me confidence to know someone is there if I need help in anyway"
- "Once you have shared you problem, makes you feel you can fight it with help"

Actions

The information received from both pieces of work has identified some key issues, which will be explored further in a focus group planned for October, these include

- how people were identified for additional support and a case management plan, and how this was introduced and explained.
- understanding and exploring some of the self- management techniques that have been useful, and how these can be rolled out to others
- how we can improve communication and care plans in the future.

- 1.2 We have met with parents of children with mental health problems over concerns about the Autistic Spectrum Pathway, including early access to diagnosis and therapies, and post diagnosis support

Actions

- some issues passed to RDASH and the local authority, for example the letters and information parents get, flexibility in appointments, and the format, name and quality of parenting groups
- parents invited to attend autism and ADHD strategy meetings, and to table specific issues for agendas and discussion (for example, post diagnosis support)
- In addition, we are exploring ways that we can work with the parents forum on wider health issues

2. FRIENDS AND FAMILY TEST (FFT)

As the roll out of FFT continues, from this month, reporting may change, and note exceptions, concerns, and highlight good practice.

	Jul 14	August 14	Sept 14
Response rate A&E	16%	21%	18.6%
NPS A&E	68	74	70 89% positive. 5% negative
Response rate -inpatients	31.88%	28%	37.6%
NPS - inpatients	70	70	67 97% positive, 1% negative
Maternity – response rate	33.2%	30.5%	34.83%
Maternity NPS	80	82	NPS 78 99% positive; 1% negative
Outpatients	68.3%	484 (actual no.)	78.85% (643)
	74	79	NPS 74 88% positive; 1% negative
Day Cases	58.6%	496(actual no.)	66.38% (473)
	82	84	NPS 87 97% positive; 0% negative
Community services – Informal/ indicative data only		1048 (actual no.)	TBC
		75 (NPS)	TBC 99% positive, 0% negative

Net Promoter Score and replacement

From October 2014, presentation of the data should move away from using the Net Promoter Score (NPS) as a headline score. This will be replaced by a percentage figure, which will be calculated according to set mechanism and criteria. Key to this is that responses stating 'Likely' will be counted as positive, alongside 'Extremely likely'. 'Unlikely' and 'Extremely unlikely' will be calculated as negatives, and 'don't know' and 'neither' will be used to calculate the total percentage only.

3. PRACTICE PARTICIPATION GROUPS (PPG) NETWORK

Work is on-going with the network to establish its own terms of reference. The next meeting will take place in early December.

4. OTHER WORK AND CONTACTS

- Following recommendations from Investors in Excellence and the internal audit report, work has been undertaken to identify a more robust strategic overview of engagement and communications
- Two mental health related focus groups being planned for October (dementia and depression)
- Case management focus group is planned for October
- A survey on commissioning priorities went live at the end of September to run until end of October.

- Work completed to develop a stakeholder management resource, this is a data base to provide a management system for contacts made. It provides a robust and systematic mechanism to manage all contacts and provide a record of interactions with the public, stakeholders and organisations.
- Carers 4 Carers - informal discussion to hear concerns of carers for and people with mental ill health. Some issues raised were entered onto the CCG issues log and mental health provider has been asked to respond.
- Emergency centre simulation event, this provided an opportunity to test out the “front end” of the proposed new model and was the first of a series of planned events.
- Work to consider and review options for wider engagement and patient structures
 - With lay member – met with Barnsley Patient Council Chair/lay member to understand the advantages and problems they have faced. This will, along with additional information inform a report which is in progress.
 - A visit is also planned to Hull to look at the mechanisms they use for patient ambassadors to inform the development of Rotherham systems and structures.
- Presentation to Health Network on the Emergency Centre – however the group raised a number of issues around mental health, which have been passed to commissioning leads, and which reiterate messages from other contacts, for example concerns around crisis access, and support for people with autistic spectrum disorders.
- Work has started on a joint communications and engagement plan, to replace the existing documents which run until end March 2015

5. NATIONAL SURVEY PROGRAMME

A detailed list of all national surveys is being prepared for information

CQC community mental health survey 2014, published 18 September

Over 13,500 people who receive community mental health services (including people receiving services under the Care Programme Approach (CPA) 2) were surveyed.

National results

The survey results show that those who responded reported that the majority of staff providing community services ‘definitely’ listened carefully to people receiving services (73%) and ‘always’ treated them with respect and dignity (75%). 80% feel they have seen staff from the mental health services often enough to meet their needs, 77% have been told who is in charge of their care, 77% have agreed with someone from mental health services what care they will receive and 74% of respondents have had a formal meeting to discuss how their care is working in the last year. While the majority of responses are positive there remain a number of people who responded negatively, suggesting that there is still work to be done around services engaging with the people using them. Where appropriate, involvement in care and treatment decisions should extend to families and carers. The findings show that 55% of people said that NHS mental health services ‘definitely’ involved their family or someone close to them. 68% of respondents said they did know who to contact out of hours if they have a crisis, though where people did know who to contact and contacted them, 20% felt that they did not get the help they needed. The theme of communication with regard to medication was picked up with around half of people prescribed new medicines for their mental health needs saying that they were ‘definitely’ given information about it in a way they could understand (53%).

Local results

216 surveys were completed for RDASH, however, these would cover a wider area than Rotherham. It should be noted that this would make the survey size per area on the low side, and potentially subject to bias. In every area, survey scores were at least in line with the National average; with above average scores in the following areas:-

- involving family and friends
- finding/keeping work
- understandable information
- shared decision making
- agreeing care
- organising care

No areas scored less than the national average; therefore there are no immediate and obvious priority areas for attention; particularly as it impossible to segment Rotherham patients, and the numbers are likely to be low.

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