



Public Session

PATIENT/PUBLIC ENGAGEMENT AND EXPERIENCE REPORT

NHS ROTHERHAM CCG

5th September 2018

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NHS ROTHERHAM

1. WHAT WE ARE HEARING...

The following is a slightly condensed version of information passed to the PPE Manager; and subsequently posted on Rotherham Healthwatch site. They have also released additional details to the primary care team, which will be used to inform specific practices and followed up at peer review visits.

However, the thoughts below are extremely useful as they very much mirror the themes coming out of the GP survey published August 2018; in which there is national acknowledgement of increasing dissatisfaction with GP access across the country. Nationally – not specific to Rotherham - one in four people are being forced to wait a week or more to see their GP, and the proportion of those who have to wait at least seven days to see a GP has nearly doubled in just six years. The personal experience below reflects these national headlines.

Why can't GP practices open earlier and close later? Also, why do they close at lunchtime? And why do they close for half a day for 'staff training'? I work very long days and sometimes work from 7:00 am to 18:30 pm from Tues-Fri. Monday seems like a really bad day for me to have off because i) all the hairdressers seem to close on this day, and ii) it is impossible to get through to a GP to either make an appointment for later in the week, or on that day.

I'm pretty sure that there is more than one GP within a practice, therefore, why can't they stagger their opening/closing times? And the same with lunch breaks? And what possible training needs to be done for half a day, the same day, every week? Maybe once a month would do?The PPE manager has contacted this person directly to discuss the frequency of training dates – of note this is for a branch surgery not a main site.

As a full-time worker, the preference would be to have a GP surgery nearer my place of work? Alas, this suggestion was met with an emphatic 'no', so I had to move, then spend hours filling in forms, presenting passports and 'something with my address on it' in order to be accepted into the new practice. Even after doing this, my request for on-line access (to order repeat scripts) was met with the requirement to 'fill in a form and present two forms of ID including "something with my address on it"'.

Often, once I have made an appointment, I have had to then cancel it due to my own work-pressures as the time was more suitable to the practice than to me, as the patient. I have even had to take holiday days in order to attend appointments.

The latest scenario was that I was given an alternative number to ring for repeat scripts, which I used. No answer. After several tries of the number ringing out, I tried the usual number in order to check the repeat script number only to be told that someone was 'definitely there, sat in the corner and manning the 'phone'. The receptionist on the usual number took the repeat requirement, as she could tell I was rather annoyed. Not good.

Whatever happened to patient (or person) centred?

2. FRIENDS AND FAMILY TEST

National Update – currently, work is underway at a national level to review FFT; this includes evidence review; research; engagement, testing, with publication due April 2019. During June-July there have been a number of webinars and surveys, targeting commissioners and providers; from these 2 work streams will be developed looking at the

question and timing of FFT. The PPE Manager has fed into both the webinars and survey; and will continue to do so.

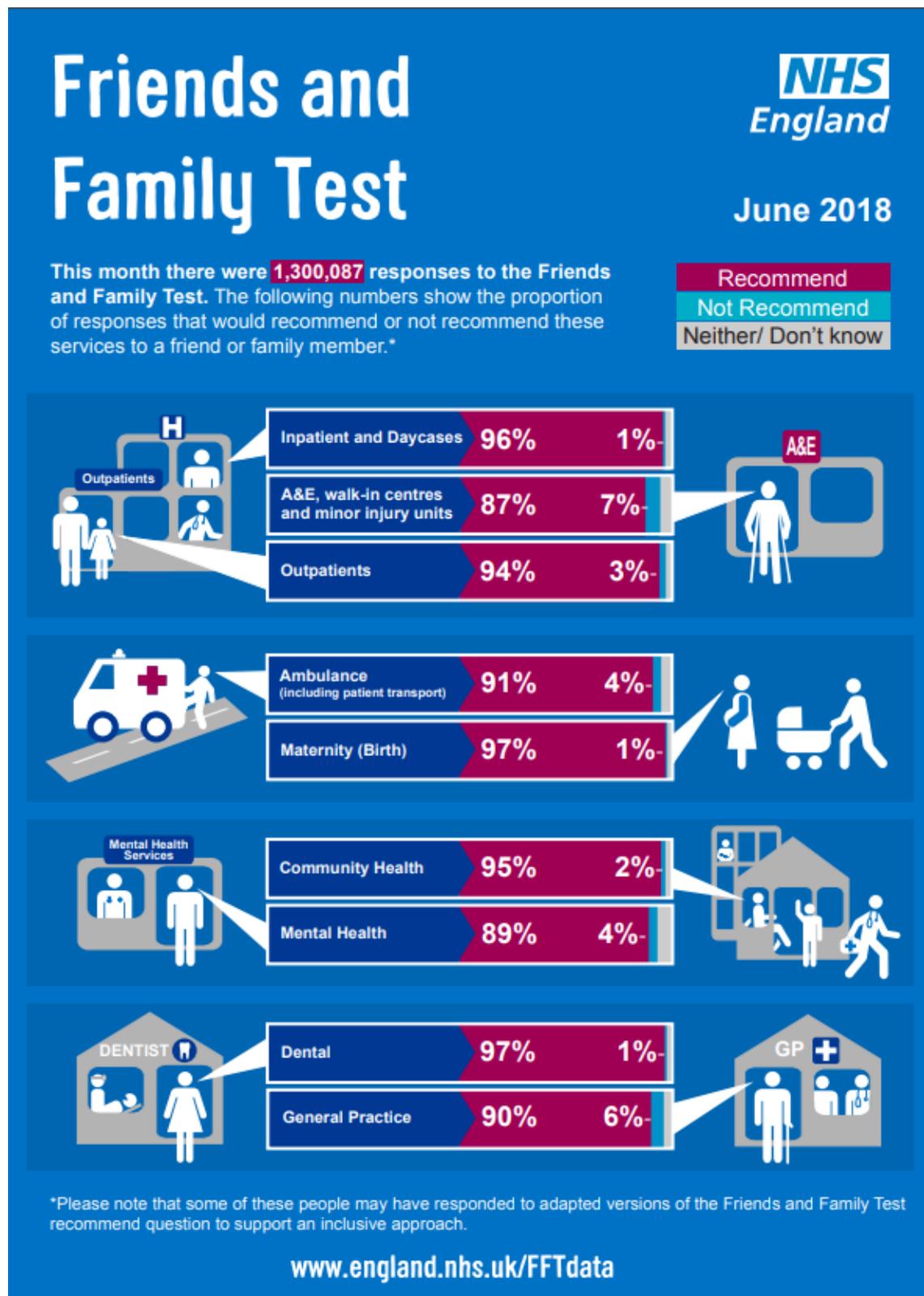
Key points that have been noted to date:

- The FFT requirements will remain as part of the NHS contract
- Data will continue to be submitted
- The FFT will not be extended further at this point
- The focus is currently on
 - looking at the question and wording, to make it more flexible and more appropriate
 - looking at the timing to reduce the burden on providers (as an example, the 4 collection points in the maternity pathway were noted)
- noted that many services have had to find 'work rounds' the current system, the aim is to ensure the system is flexible enough to not need this
- there are a number of areas where the current system has been extremely challenging generally; i.e. mental health and A&E; this needs to be considered

Further updates will be shared as this work develops.

May and June data

The national level data summarised as a one page infographic



TRFT – May and June

Overall, TRFT received 3616 ratings in May; and 3572 in June.

In May, there were 27 negative responses of which only 22 contained a comment, some of these gave no useful detail as to the reason for the rating, while others covered several themes, and some included positive elements. In June, there were 32 negative ratings, with 13 text comments.

Across both months

- 18 referred to long waiting times in some way, either in UECC, in clinics, or waiting for appointments
- 9 related to some element of poor communication or staff attitude
- 2 comments related to comfort issues such as noise

Inpatient and day cases - Response rate of 52-54%, solid satisfaction at 97- 98%. The extremely high response means that the reflection of positivity is reliable.

Maternity - Response rates are strong at 48-50%; and positivity remains over 98%.

UECC - response rate of 2-3%; is equating to 300 responses across May and June. Positivity is consistently higher than the national average of 87%. This remains the only weak area of data collection, and continues to be challenged.

Community services – 1400 responses received over both months, with high positivity rating of over 96%.

Outpatients – Over 1100 responses, each month and over 96% positivity.

Rotherham GP Practices data for May

Data collection remains erratic across a number of GP practices.

A total of 4213 responses were collected in May, a drop of over 1,000 from the previous months. 12 practices did not submit data for May. While one practice submitted data for the first time in a year, several others who regularly submit data failed to do so.

In June, 5192 responses were submitted by 23 practices; with 8 practices not submitting.

- One practice has submitted no data in the past 12 months
- 6 practices have submitted only 6 times or less

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 May, 164 responses were received over 19,000 eligible; and 135 in June – this is similar to previous months, and covers all RDaSH patients, not just Rotherham.

Yorkshire Ambulance Service

Response rates are habitually low; in May, 2 responses were received across 2 categories from a potential of around 95,000 patients; with 5 received in June. This is in line with previous months, and cannot be used in terms of determining satisfaction.

Other work and contacts- June- August 2018

- **Hospital Services Review (HSR)** – on-going support to the regional South Yorkshire and Bassetlaw shadow Integrated Care System (SYB sICS) work stream, disseminating information and offering opportunities for further conversations with groups and communities.
 - During this period we have circulated information on the HSR work and engagement to GP's, pharmacies, local community organisations, libraries and key public buildings
 - Participation in workshop session to develop engagement and format of focus groups
 - Liaising with Rotherham Healthwatch to support additional engagement with specific and potentially overlooked communities
- **AGM and NHS 70** – the event was well attended, and very well received. The AGM presentation, question and answer session, alongside photos from the day, and the interviews and stories are all now on a dedicated space on RCCG website <http://www.rotherhamccg.nhs.uk/about-us/agm.htm>
- **Diagnostics** – Short conversations and survey completed with around 70 people in CHC diagnostics; currently being analysed and a report prepared
- **GP App** - involvement in the procurement process; offering a user perspective to the process
- **SEND voices** – part of a multi-agency group establishing systems and processes to enable and support carer and young people's voices
- **RDaSH- estates meeting** – public meeting held on 16th July, and led by RDaSH staff. Attended by over 20 people. RDaSH presented the issues and concerns around where some services could be delivered from in the future. A small group of those present were interested in further working with RDaSH to walk round potential premises to ensure they met user and carer needs
- **Contacts** – setting up a range of health service contacts and data sources for a colleague (MH) based in RMBC and working on the 'Stronger Communities' agenda (asylum seekers and refugees).
- **Autism Strategy** - Contribution to the draft strategy in terms of readability and accessibility

- **Materials to support PPGs** – supporting a small group of PPG members to develop Rotherham wide resources – leaflet and toolkit
- **Medicines optimisation campaign** – support to the regional work; supplying local contacts and offering advice and feedback

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3. Appendix 1 - National Cancer Survey 2017

The national summary results from the [National Cancer Patient Experience Survey 2017](#) (pdf) have been published. Overall ratings continue to improve, with year on year increases in reported positive experience. Patients also reported more positively on areas including involvement in decisions about care and treatment, and being treated with dignity and respect. The survey also points to areas for further improvement including follow up community and social care after treatment.

National summary - <http://www.ncpes.co.uk/reports/2017-reports/national-reports-2/3579-cpes-2017-national-report/file>

National data tables - <http://www.ncpes.co.uk/reports/2017-reports/national-reports-2>

The local comparative data has not as yet published (August 2018).

4. Appendix 2 - Adult Inpatient Survey – CQC; published 13 June.

Eligibility and participation

- Number of participants: 72,778
- Response rate: 41 per cent
- Age range: 16 years and older
- Time period: patients discharged from hospital during July 2017
- Eligibility: Patients aged 16 years or older, who had at least one overnight stay
- Exclusions: Patients whose treatment related to maternity or, patients admitted for planned termination of pregnancy, day case patients, private patients (non-NHS)

Key Findings for England - Patients' experiences of staying in hospital are gradually improving, but there are still areas that need to get better. This year's findings, compared with results from surveys dating back to 2009, show improvements in what patients think about:

- the quality of communication between themselves and medical professionals (doctors and nurses)
- the quality of information about operations or procedures
- privacy when discussing their condition
- quality of food
- cleanliness of their room or ward.

However, the results also indicate that responses to some questions are less positive or have not improved over time. This includes patients' perceptions of:

- noise at night from other patients
- emotional support from staff during their hospital stay
- information on new medications prescribed while in hospital
- the quality of preparation and information for leaving hospital.

Certain groups of patients consistently reported poorer experiences of their time in hospital, including:

- patients with mental health conditions
- younger patients (aged 16-35 years)
- patients with Alzheimer's or Dementia.

Local Information

This survey looked at the experiences of 72,778 people who were discharged from an NHS acute hospital in July 2017. Between August 2017 and January 2018, a questionnaire was sent to 1,250 recent inpatients at each trust. Responses were received from **352 patients** at The Rotherham NHS Foundation Trust.

In comparison to the large number of inpatients seen by TRFT, this low number of responses should be noted. In addition, some patients did not answer some questions; meaning that some questions have less than 100 responses.

All but two areas scored 'about the same' as other trusts. The two areas scoring worse are highlighted below; none scored better than other trusts

Heading or areas		
The Emergency / A&E department answered by emergency patients only	8.4/10	About the same
Being given enough information on their condition or treatment in A&E	7.8/10	About the same
Being given enough privacy when being examined or treated in A&E	8.9/10	About the same
Waiting lists and planned admissions answered by those referred to hospital	8.8/10	About the same
Feeling that they waited the right amount of time on the waiting list before being admitted	8.3/10	About the same
For not having their admission date changed by the hospital	9.0/10	About the same
Transitions between services - that the specialist they saw in hospital had been given all the necessary information about their condition or illness from the person who referred them	9.3/10	About the same
4.1.1.1 Waiting to get to a bed on a ward	7.5/10	About the same
For feeling they did not have to wait a long time to get to a bed on a ward	7.5/10	About the same
The hospital and ward	7.7/10	About the same
For not having to share a sleeping area , such as a room or bay, with patients of the opposite sex	9.0/10	About the same
For staff explaining the reason for needing to change wards at night	6.3/10	About the same
For not being bothered by noise at night from other patients	5.6/10	About the same
Noise from staff for not being bothered by noise at night from hospital staff	8.0/10	About the same
Cleanliness of rooms or wards for the hospital room or ward being clean	8.9/10	About the same
Help to wash and keep clean for getting enough help to wash and keep clean	8.0/10	About the same
Taking medication for being able to take own medication when needed	6.8/10	About the same
Quality of food for describing the hospital food as good	5.0/10	About the same
Choice of food for having been offered a choice of food	8.5/10	About the same
Help with eating for being given enough help from staff to eat meals , if needed	7.2/10	About the same
Having enough to drink for having enough to drink whilst in hospital	9.6/10	About the same
Feeling well looked after by non-clinical hospital staff	9.4/10	About the same
Doctors	8.3/10	About the same
For doctors answering their questions in a way they could understand	7.9/10	About the same
For having confidence and trust in the doctors treating them	8.8/10	About the same
Acknowledging patients - for doctors not talking in front of them , as if they weren't there	8.1/10	Worse
Nurses	7.9/10	About the same
For nurses answering their questions in a way they could understand	8.5/10	About the same
For having confidence and trust in the nurses treating them	8.9/10	About the same
Acknowledging patients for nurses not talking in front of them , as if they weren't there	8.9/10	About the same
For feeling that there were enough nurses on duty to care for them	6.6/10	Worse
Knowing which nurse was in charge of looking after them	6.4/10	About the same
Care and treatment	8.0/10	About the same
For having confidence and trust in any other clinical staff (e.g. physiotherapists, speech therapists, psychologists) treating them	8.6/10	About the same
Staff teamwork for the staff caring for them working well together	8.7/10	About the same
Communication for not being told one thing by a member of staff and something quite different by another	8.1/10	About the same
For being involved as much as they wanted to be in decisions about their care and treatment	7.3/10	About the same
For having confidence in decisions made about their condition or treatment	8.2/10	About the same
Being given enough information on their condition or treatment	8.6/10	About the same
For finding a member of hospital staff to talk to about any worries and fears , if needed	5.8/10	About the same
For receiving enough emotional support from hospital staff, if needed	7.0/10	About the same
Privacy for discussions for being given enough privacy when discussing their condition or treatment	8.5/10	About the same
For being given enough privacy when being examined or treated	9.4/10	About the same
For those who were ever in pain, that hospital staff did all they could to help control their pain	8.3/10	About the same

Being able to get help from a member of staff within a reasonable time	7.7/10	About the same
Operations and procedures answered by patients who had an operation or procedure	8.5/10	About the same
For having any questions answered in a way they could understand, before the operation or procedure	9.2/10	About the same
Expectations after the operation for being told how they could expect to feel after the operation or procedure	8.1/10	About the same
Being told how the operation or procedure had gone in a way they could understand	8.2/10	About the same
Leaving hospital	6.9/10	About the same
Being involved in decisions about their discharge from hospital, if they wanted to be	6.9/10	About the same
Being given enough notice about when they were going to be discharged	7.1/10	About the same
Not being delayed on the day they were discharged from hospital	5.6/10	About the same
Length of delay to discharge for not being delayed for a long time	6.9/10	About the same
For those who went home, receiving enough support from health and social care professionals, if they needed this	7.2/10	About the same
Care after discharge - for knowing what would happen next with their care when leaving hospital	6.8/10	About the same
Being given written or printed information about what they should or should not do after leaving hospital	6.1/10	About the same
For having the purpose of medicines explained to them in a way they could understand (those given medicines to take home)	8.0/10	About the same
For being told about medication side effects to watch out for (those given medicines to take home)	4.7/10	About the same
For being told how to take medication in a way they could understand (those given medicines to take home)	8.2/10	About the same
For being given clear written or printed information about medicines (those given medicines to take home)	7.4/10	About the same
For being told about any danger signals to watch for after going home	5.2/10	About the same
Hospital staff considering their family and home situation when planning their discharge, if this was necessary	7.2/10	About the same
For information being given to family or friends, about how to help care for them , if needed	5.9/10	About the same
For being told who to contact if worried about their condition or treatment after leaving hospital	8.0/10	About the same
For hospital staff discussing if any equipment, or home adaptations were needed when leaving hospital	7.9/10	About the same
For hospital staff discussing if any further health or social care services were needed when leaving hospital	8.3/10	About the same
Overall views of care and services	4.6/10	About the same
Being treated with respect and dignity	8.8/10	About the same
Being asked to give their views about the quality of their care, during their hospital stay	2.1/10	About the me
For seeing, or being given, any information explaining how to complain to the hospital about care received	2.8/10	About the same
Overall experience	8.1/10	About the same
Feeling that overall they had a good experience	8.1/10	About the same

5. Appendix 3 - GP National Patient Survey

Published August 2018

Fieldwork: January - March 2018

<http://www.gp-patient.co.uk/slidepacks2018#R>

The GP Patient Survey measures patients' experiences across a range of topics, including:

- Making appointments
- Perceptions of care at appointments
- Managing health conditions
- Practice opening hours
- Services when GP practices are closed

The 2018 questionnaire was significantly redeveloped to reflect changes to primary care services as set out in the GP Forward View, and to provide a better understanding of how local care services are supporting patients to live well, particularly those with long-term care needs. Consideration was also been given to questions where there was significant overlap; and where there were a number of patients who did not reply; or where questions were often misunderstood. Because of this, trends are not presented this year. Analysis has found that the changes, together with the inclusion of 16 and 17 year olds, mean that the results are not comparable for most questions.

In NHS ROTHERHAM CCG, **8,882** questionnaires were sent out, and **3,225** were returned completed. This represents a response rate of **36%**.

For all the questions in the slide pack, it is noted that response rates for individual practices are often low (i.e. 13 for one question); this means that the results on a practice level are indicative only, and that differences may in many instances not be statistically significant.

Overview

For the majority of the questions, results for RCGG as a whole are very similar, and no more than 1-2 % points higher or low.

There is more variance in the areas around access and satisfaction when the GP practice is closed.

Also, there is considerable variation in the low and high outliers within Rotherham. This may be due to the low reliability of the response rates, so should be taken regard of alongside other data. However this may provide areas to consider further and in more depth.

Q No	Question	RCGG results % good	National Results % good	Practice Range in RCGG	
				Lowest performing	Highest performing
Q31	Overall how would	84%	84%	66%	99%

	you describe your experience of your GP Practice?				
Q1	Generally how easy is it to get through to someone at your GP practice on the phone?	71%	70%	33%	96%
Q2	How helpful do you find the receptionists at your GP practice?	88%	90%	72%	99%
Q4	Awareness of online services	In line with national results; but practice range varies significantly			
Q5	Use of online services	In line with national results; but practice range varies significantly			
Q6	How easy is it to use your practice website to look for information or access services	78%	78%	56%	94%
Q16	Being offered a choice of appointment	60%	62%	42%	88%
Q17	Satisfaction with type of appointment	73%	74%	55%	93%
Q19	Actions when not satisfied with appointment	Generally in line with national responses; however 10% more Rotherham patients contacted their practices another time than the national average. NB this still leaves 25% of patients not speaking to anyone, and another 9% attending A&E			
Q22	Overall experience of making an appointment	67%	69%	40%	95%
Q26	Rating healthcare professional	RCCG results in line with national averages			
Q28-30	Perceptions of care at last appointment	RCCG results in line with national averages			
Q27	Health professional recognising Mental health needs	89%	89%	77%	96%
Q38	Support to manage LTC	81%	79%	62%	90%

Q8	Satisfaction with available appointment times	64%	66%	38%	93%
Q45	Use of services when GP practice is closed	Most of the responses are generally in line with national average; however nationally, 36% of patients went to A&E; for Rotherham CCG; this figure rises to 42%.			
Q46	Time taken to receive care when GP is closed	60% -	65%	% feeling that the time taken was 'about right'	
Q47	Confidence and trust in staff when practice is closed	88%	91%	% having confidence and trust in the staff they saw	
Q48	Overall experience when GP is closed	63%	69%	Rating experience as good	