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Rotherham  
Clinical Commissioning Group



## Public Session

# PATIENT/PUBLIC ENGAGEMENT AND EXPERIENCE REPORT

**NHS ROTHERHAM CCG**

**December 2020**

*Your life, Your health*

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## 1. WHAT WE ARE HEARING

As in previous months, the engagement manager maintains contact with a variety of organisations who are actively feeding information in, and highlighting issues for action alongside themes. These are the most recent;

The following was sent to the engagement manager via the older people forum (ROPF), and was written by a member who wishes to remain anonymous. It is incredibly poignant, and sums up the way that many people are currently feeling.

### ***Perhaps later- Reflection on life in lockdown***

*She opened her eyes to the sound of children on their way to school. No worrying about Coronavirus for them as they laughed and chatted with their friends. She turned on the radio to hear the latest lockdown news. She tried to get her head round the details but found it too confusing.*

***Perhaps she would try again later.***

*She wondered if any of her children or grandchildren would invite her to a video call today. It wouldn't be the same as giving them a hug but she was grateful when they took the trouble. She thought that she may phone them.*

***Perhaps later.***

*She stood at the window and waved to a passing neighbour who could no longer pop in for a chat and a cuppa. She thought that she may do some baking to leave on their doorsteps.*

***Perhaps later.***

*The postman came with a letter from an old friend. She read the letter and put it on her desk intending to answer it.*

***Perhaps later.***

*She made breakfast using the last of the cornflakes and thought she would have to make a big effort and go to the local Co-op.*

***Perhaps later.***

*She felt anxious at having to go out. She has lost all her confidence and just wants to stay at home. However, she must try to overcome her fears.*

***Perhaps later.***

*The phone rang and it was her GP surgery asking her to get in touch as she was overdue for her medication review. She wished that she could talk to her doctor face to face but all he offered these days was a telephone call or a video call. She was hard of hearing and found it difficult to use the phone and as for a video call she hadn't the slightest idea how to do that! She thought that she would ask her son to show her (once again!) how to do it.*

***Perhaps later.***

*She remembered that it was her granddaughter's birthday next week and got out her cheque book. She sat at her desk staring at the cheque book until she realised that she had forgotten how to fill it in. A tear rolled down her cheek as she put it back in the drawer. She thought she would try again.*

***Perhaps later.***

*She spent the rest of the day watching TV. She remembered that someone once called something the opiate of the masses. Nowadays it was TV.*

***She went to bed early, curled up with her hot-water bottle and wished that tomorrow would never come.***

## This was also received (excerpt only)

*Remember that you're not alone, there are many who may be in the same boat as you. There are many, many people out there who are more than willing to help you. These are dark days but believe me, these days are not the norm. One day, this situation will be over, the sun will shine, doors will be flung open in Community Centres, we'll all be able to get together again. Just imagine the reunions. We'll all be raising the roofs with laughter and singing. We'll all be able to make a bonfire with our masks, the sanitiser will go in the dustbins. It'll be goodbye to the continuous repeats on the television, our friends and relations will be able to knock on the door and pop in for a chinwag. There's so much to look forward to so please don't sit on your own, you don't have to tolerate depression. There are people out there wanting to hear from you, your Community Leaders, your Borough and Parish and Town Councillors, Age UK (Rotherham) and Rother Fed etc are all wanting to help. Please, pick up that phone and speak to a friend or relation, people are waiting for your call. I've been there, I know what it's like, I'm speaking from experience.*

## 2 FRIENDS AND FAMILY TEST (FFT)

The FFT is due to restart nationally in December 2020. Providers have been informed that they should be developing plans to restart this safely. TRFT will be restarting using electronic mechanisms in advance of the national date. There are no plans to use paper mechanisms currently.

## 3 OTHER WORK AND CONTACTS

SY&B ICS wide recruitment of a cohort of families with young children to assess a new website (South Yorkshire and Bassetlaw Healthier Together) which will provide consistent, medically-led advice and guidance for pregnant women, parents, families and young people in Barnsley, Bassetlaw, Chesterfield, Doncaster, Rotherham and Sheffield to help pregnant women, parents/carers, teenagers and healthcare professionals look after themselves and access timely health care when needed.

- Virtual attendance at the North East and Yorkshire Patient Experience Celebration, there was a real focus on supporting and motivating staff and celebrating instances of good practice and continuing engagement in what has been a challenging year.
- Online attendance and communication with the SY&B volunteer task groups – there is significant interest in how Rotherham made best use of volunteers for the flu drive through in Rotherham. Also looking at how this model can support Covid vaccination processes and the extension of the flu vaccination campaign.
- Working with the Link worker at Kiveton to pull together a Primary Care Network (PCN) based online engagement meeting, this is now planned for December and will start to explore opportunities for cross PCN engagement.
- Participation in and support to working groups for Cancer Collaborative and Rotherham Crisis Transformation Funds
- **SY&B engagement leads** continue to meet monthly to share information and offer mutual support; and to receive SYB updates; feeding in where appropriate. The SYB ICS has started recruitment to an online Citizens panel; however this remains slow in these challenging.
- **Work with Rotherham Ethnic Minority Alliance (REMA)** have highlighted growing worker concerns regarding the mental health of some of the people they work with; working with the MH lead to explore this further

- **Mental health user voice** – working with Voluntary Action Rotherham (VAR) and RDaSH to look at opportunities to develop structures to better embed the voice of people with lived experience of mental ill-health. The voice of service users has been an identified gap, and we are working across the organisations to develop a user led body in Rotherham, to mirror that established in Doncaster. The work has through necessity been on hold for the last few months, but is now going ahead.
- **Remaining in contact with a variety of community groups helping with access to information, answering queries and signposting as needed;** Rotherham Carer's Forum; Crossroads; Rotherham Older People's Forum; Healthwatch; RDaSH's listen to learn and Carer Champion sessions; among others. In addition, this includes supporting Age UK and the older people's forum in rolling out a listening exercise, which has been externally funded.
- Engagement and Communications sub-committee held on 20<sup>th</sup> November considered:
  - A report on the use of volunteers for the flu drive through;
  - Detail of the Small Grants for Mental Health
  - Updates from partner organisations
  - The next PPG information chat would be held on 24 November 2020

Please see appendix for a report on the flu clinic and volunteer involvement.

**Sue Cassin**  
**Chief Nurse**  
December 2020

**Helen Wyatt**  
**Patient and Public Engagement Manager**



## Risk assessment, support, and management

The whole project was risk assessed; this is available separately. Particular elements applying to the volunteers are below

Issue	Solution or mitigation
References and assurance – insufficient time to request for and receive	<ul style="list-style-type: none"> <li>- Use of people already checked via TRFT volunteers and Rotherham heroes</li> <li>- Use of PPG members known to services who regularly support flu drives and other activity</li> <li>- Use of family and friends</li> <li>- In addition volunteers did not work alone; and were always supervised</li> <li>- Volunteer roles were prescribed and limited</li> </ul>
DBS checks – insufficient time	<ul style="list-style-type: none"> <li>- Volunteers always supervised and did not work alone</li> <li>- Volunteers not working with personal or sensitive information</li> </ul>
Working conditions	<ul style="list-style-type: none"> <li>- Volunteers were clearly told at the outset that conditions would be poor, with work outside regardless of weather</li> <li>- Volunteers provided with hi vis vests</li> <li>- Volunteers advised to dress warmly</li> <li>- Gazebo provided after day 1 to provide some shelter</li> <li>- For the November sessions, disposable ponchos provided</li> <li>- Volunteers were not asked to take on consecutive shifts – this did happen occasionally; but only at the specific request of the volunteer</li> <li>- For the November sessions, which ran to 4 hours 15 mins; volunteers given the option of 2/4 hour sessions (this also helped with resilience should anyone be unable to attend at the last minute)</li> </ul>
Managing the process remotely	<ul style="list-style-type: none"> <li>- Volunteers asked to agree to the role description and to email back with acknowledgement and confirmation regarding behaviour and confidentiality etc</li> </ul>
Expenses	<ul style="list-style-type: none"> <li>- To access the heroes and TRFT systems, it was vital to offer out of pocket expenses. To simplify the process for all concerned, a flat rate of £5 per session was offered to all; with a simple form to return.</li> </ul>

## Communication and feedback

Throughout the process, the PPE manager maintained positive contact and communication with the volunteers, and received several expressions of thanks and compliments from the volunteers for this. Noting the challenges of implementing the scheme solely electronically; several steps were taken to mitigate potential barriers. For example, the volunteers used a wide range of electronic devices; some used phones only, others had limited IT access altogether. Solutions included accepting responses via email; giving the text or form in the email body and not as an attachment; and accepting photos of completed forms. In addition; where a significant amount of information needed to be given, this was done in a chain of several emails.

Comments and queries were answered throughout; with a more formal request for any issues and feedback towards the end of the October sessions; the majority of which have been taken on board and will inform any future initiatives; for example future clinics will have walk/drive through in different locations to avoid confusion- many of the issues and concerns raised by both patients and volunteers did relate to issues stemming from this. Additional suggestions included wider use of volunteers to support potential Covid vaccination; and reaching out to BAME communities to encourage take up of vaccination and dispel any myths and misunderstanding.

## **Just a few of the comments and quotes.....**

*I thought the whole process worked brilliantly and I was really proud to be part of it.*

*I have to say it was great to see all the hard work the project team come together and then for it to work so efficiently. Both the staff and volunteers all worked well together and this all resulted in the positive feedback from the patients.*

*I really enjoyed my shifts on the Flu Clinic and I met some lovely people. I thought it was very well organised from the drive in side, I didn't do any of the walk in shifts, but I observed some of one walk-in clinic when waiting for my lift. ....Maybe you could offer more Drive in clinics?*

*I thought the flu clinic ran so well, it was much more efficient and safe than any other way and I really enjoyed getting to know all the other lovely volunteers!*

*I have only helped out at one flu session but I enjoyed it . These are the points I would make*

- *The first five minutes seemed chaotic but it soon settled down*
- *2 ½ hours was just the right length of time – any shorter would have seemed like too much messing for a short period – whilst any longer would have meant getting cold/bored – so it was just right !*
- *The vast majority of people seemed happy to be getting their flu jabs and there was not a lot of waiting for them.*
- *I felt a sense of achievement – that I had worked with a team to achieve a common goal*

*I would just like to say I thought the flu clinic was very good, quick , safe and very friendly. A very good idea and hopefully it will take place again should they find a vaccine for this virus*

*Congratulations on organising such a successful event.*

*I thoroughly enjoyed my three stints at the Flu Clinic and I had some really positive responses from some of the attendees some of whom felt that the experience was far slicker than having to attend the G.P. surgery. The only observation I have is that the lane numbers might be better situated on the canopy directly above the lane as this will avoid the confusion that sometimes happened on whether to go to the right or left hand lane of the number when it was set between the lanes at ground level.*

*From my own personal view as a volunteer, I thought the drive through clinic worked very well. There was a welcoming friendly atmosphere about the place. The vast majority of people coming for the flu jab seemed very happy with the set up. The only negative comments I had were from a couple of people who thought that they should have been able to get their jab from their surgery.*

*On my first day the tick off lists were printed double sided. After that they were printed single sided. I found it easier to use and find people on the single sided versions. We did have a few people turning up on a walk through session that thought it was drive through, so perhaps there was some miscommunication somewhere. Overall I thought the clinic was a huge success. Congratulations to everyone involved in the planning and running of the clinic.*

*My thoughts..... as a volunteer, really well organised. Had lots of great feedback from people saying thank you for volunteering. Nice to be appreciated xx*

*Many customers were given walk-in when they thought they had booked drive through, and vice versa. Drive through seemed to be able to see more patients per hour so have more drive through, or look at being able to have 4 nurses on Drive through but also have one nurse for walk in. Heaters needed for nurses if done in cold winter months (and for walk through patients who have to undress in the open air) . Nurses can't work at speed with cold hands.*

*I think that the flu clinic was impeccable. It brought a smile to my face. Not to mention that all the staff and volunteers are lovely people. I'd be happy to help you with anything you need in the future. Thank you for the opportunity to assist my community and the NHS. I hope that I didn't let you down.*

*Keep doing what you're doing, it's people like you and the staff and volunteers that make this world a better place. Thank you so much for allowing me to be part of this amazing journey.*

*I have been pleased to be able to help out and I very much appreciate you taking the time , Helen, to send out the emails with feedback and “thank you” . Appreciation is very welcome but seldom offered .*

*The whole scheme was extremely well thought out and well executed .The staff, volunteers and security personnel were professional in their approach, but friendly. It made it a pleasure to be there. (despite the cold and rain some days !!) There were one or two hiccups but they were only minor and soon resolved.*

### **Learning for the future; and for any potential Covid vaccinations**

- We have a committed, but small number of people who are happy to be involved again.
- There is the potential to go back out to recruitment which could be significant, given the national focus and interest; however we may need to consider potential risk of accepting ‘unknown’ and unchecked volunteers. If we need to implement checks; we would need considerable additional administration time allocated
- An online/electronic system for people to book into volunteer shifts would reduce the workload
- Increased use of volunteers will necessitate additional resources to supervise/manage and communicate on site – suggested that there is a designated person on each site for each session to brief and act as contact
- Out of pocket expenses need to continue to be offered – not all will take up; but it needs to be in place.
- Discussions are taking place in Rotherham between the PPE manager, VAR and RMBC Community lead on establishing a bank of emergency volunteer responders that could be used in this way in the future.
- Additional potential sources for the future include
  - o Asking again via Rotherham Heroes
  - o NHS responders; now that this is an agreed role
  - o St Johns Ambulance
  - o PPG members
  - o Community organisations – would any be prepared to release staff? For example, many villages have established community self-help groups, and may support.
  - o Are any staff from NHS partner organisations not fully utilised at the present time that could be approached?

It is likely that if we were to put out an open and public request for volunteers, we would find a number of people stepping forward; but equally may need to ensure that there was some form of assurance or checks – could any organisations help with this- and if so, could this be implemented quickly.

## Volunteer feedback in full by theme

**22/28 volunteers sent some feedback. A substantial number of these contained several comments and points**

**Universal positive feedback for the volunteer experience; people felt appreciated and part of a team that was really making a difference – people thanks us for enabling them to help!**

- Thank you for those kind words, thoroughly enjoyed being a volunteer
- Extremely well organised I know you said at the training there had been sleepless night you and the staff deserve all the praise
- I also think it was really good
- It was a lot more efficient towards the end and all the other volunteers and staff were really nice.
- Considering I knew nobody there as I live in Anston everybody was really friendly. I thought the whole process worked brilliantly and I was really proud to be part of it.
- I thought it was well organised and hopefully word of mouth will encourage those who stayed away to come next time.
- I have to say it was great to see all the hard work the project team come together and then for it to work so efficiently.
- Both the staff and volunteers all worked well together and this all resulted in the positive feedback from the patients.
- I really enjoyed my shifts on the Flu Clinic and I met some lovely people.
- I thought it was very well organised from the drive in side
- Thank you for the email before this one. I'm glad I was of use! I think the whole thing was executed really well and I'm happy for my contact details to be kept for the future..
- I thought the flu clinic ran so well, it was much more efficient and safe than any other way and I really enjoyed getting to know all the other lovely volunteers!
- I don't have any suggestions to the trail, everything ran efficiently.
- I felt a sense of achievement – that I had worked with a team to achieve a common goal
- I would just like to say I thought the flu clinic was very good, quick, safe and very friendly.
- A very good idea and hopefully it will take place again should they find a vaccine for this virus I
- Congratulations on organising such a successful event.
- I thoroughly enjoyed my three stints at the Flu Clinic
- From my own personal view as a volunteer, I thought the drive through clinic worked very well
- There was a welcoming friendly atmosphere about the place.
- Overall I thought the clinic was a huge success. Congratulations to everyone involved in the planning and running of the clinic.
- My thoughts..... as a volunteer, really well organised. Had lots of great feedback from people saying thank you for volunteering. Nice to be appreciated xx
- I have enjoyed my sessions very much.
- I think that the flu clinic was impeccable. It brought a smile to my face. Not to mention that all the staff and volunteers are lovely people. I'd be happy to help you with anything you need in the future. Thank you for the opportunity to assist my community and the NHS. I hope that I didn't let you down.
- Keep doing what you're doing, it's people like you and the staff and volunteers that make this world a better place. Thank you so much for allowing me to be part of this amazing journey.
- I have been pleased to be able to help out and I very much appreciate you taking the time, Helen, to send out the emails with feedback and "thank you" . Appreciation is very welcome but seldom offered.
- The whole scheme was extremely well thought out and well executed .The staff, volunteers and security personnel were professional in their approach, but friendly. It made it a pleasure to be there. (despite the cold and rain some days !!) There were one or two hiccups but they were only minor and soon resolved.
- Thank you Jean, for your resourcefulness ,imagination, dedication ... and hard work in making this such a resounding success .

### **Feedback from attendees to volunteers – very positive experiences**

- Quite a few attendees I spoke to were happy about the drive through
- The vast majority of people seemed happy to be getting their flu jabs and there was not a lot of waiting for them.
- I had some really positive responses from some of the attendees some of whom felt that the experience was far slicker than having to attend the G.P. surgery.
- The vast majority of people coming for the flu jab seemed very happy with the set up. The only negative comments I had were from a couple of people who thought that they should have been able to get their jab from their surgery.
- People I know have commented how good it was.
- I mostly covered the morning shift but those members of the public with whom I engaged were, in the main, really lovely and very positive about the whole experience.
  - In the main patients volunteered the fact that it was a wonderful service ....

### **Parking and drive through/walkthrough confusion; and booking appointments. Note that these comments have been taken on board; and future walk through sessions will be located differently; resolving many of these issues at the point of booking in.**

- I think on the walk in day we should have let people park in the carpark and not on Middle road. Many people were dropped off by relatives.
- What concerned me was the parking on Middle Lane South, it got very busy and the road was reduced down to one lane at times. I know it was a walk in clinic but many arrived in cars. Maybe you could offer more Drive in clinics? I also noticed some of the people attending the walk in were quite immobile and should really have been offered a Drive through appointment. Maybe there should be a way of filtering the patients better.
- Drive through seemed to be able to see more patients per hour so have more drive through or look at being able to have 4 nurses on Drive through but also have one nurse for walk in.
- I did have one or two comments about the booking of the appointments, which some had found difficult / changed / and a little confusing especially when text messages were used to rearrange appointments. One or two had drive-in appointments when they were not allowed to drive.
- Many customers were given walk-in when they thought they had booked drive through, and vice versa.
- We did have a few people turning up on a walk though session that thought it was drive through, so perhaps there was some miscommunication somewhere.
- There were one or two walk-ins booked into drive-ins
- I had just the one person who objected to having to come to the drive in when his GP surgery was “just around the corner from home”.
- Quite a few attendees I spoke to were happy about the drive through but annoyed with how they had been dealt with from the GPs side especially some of the receptionist!

### **Practical issues on site and suggestions.**

#### **For the four hour clinics; volunteers will have the option of 2 or 4 hours.**

- 2 ½ hours was just the right length of time – any shorter would have seemed like too much messing for a short period – whilst any longer would have meant getting cold/bored – so it was just right !

## **Numbering and signage issue was raised by a number of people, but was addressed during the first clinics.**

- The only observation I have is that the lane numbers might be better situated on the canopy directly above the lane as this will avoid the confusion that sometimes happened on whether to go to the right or left hand lane of the number when it was set between the lanes at ground level.
- Numbering bays in the tent from above over the centre of each bay ( possible issue with this is the wind may factor against the idea).
- Signposting was a little confusing and worked better when the numbers for the booths were enlarged and repositioned. It might have been even more useful to have the numbers above the booth fastened to the gazebo .

## **Checking in**

- On my first day the tick off lists were printed double sided. After that they were printed single sided. I found it easier to use and find people on the single sided versions
- Utilising tablets and a simple alphabetical search engine / data base instead paper lists for the first check in.
- The verification of identify needed only at one point in the process? In fact they were checked by marshals and then nurses. Reducing the need for identification at the first point of contact would better serve the rules of data protection. I refer to the guidance that states that only information required by the individual should be recorded /provided. Thinking about the heightened numbers should this be used for Covid vaccination, the process needs to be as streamlined as possible and any waste in the process eliminated.
- Heaters needed for nurses if done in cold winter months (and for walk through patients who have to undress in the open air). Nurses can't work at speed with cold hands.

## **Marshalling; communication and organisation**

- Steps to change should only happen by consent of the organising manager with a sufficiently good enough reason for doing so and a check that any change would not impact on the expected outcome .I am particularly thinking of the slow lane changes, which emerged via Chinese whispers and proved to be inconsistent . I don't think I need to enlarge on that but will be happy to do so if needed
- A dedicated person could be formally allocated to look after the volunteers and delegate the duties to them. In this way, it would be quickly identified where a change to the **marshalling** system may be required dependent upon numbers of volunteers.
- The site manager would retain responsibility for the nurses and the stations , but would communicate in a buzz meeting if there was a need to close a lane or make any changes to the way in which patients would be dealt with
- There was often a hold up and then two cars would come down at once .... Didn't make any difference really, although it might if the volumes are vastly increased ....it seemed that some patients were being given much more information than others. Again just a standardization of process issue.
- The marshalling system morphed and seemed to improve .No need for a Marshall to direct traffic after they have been given instruction at the beginning of the line, but was useful to stop the cars at the end of the lane and for those volunteers to have someone on the booths to indicate where to send the patients to. That seemed to work very well
- I feel like the first couple of days we were still finding out the best way and we did.
- The first five minutes seemed chaotic but it soon settled down
- The only suggestion I would make is that we could have a briefing before each session so we are all doing the same as I found some people had been told different things.
- A daily buzz meeting of all the nurses, security, volunteers would have been useful lead by the site manager at the start of each shift. It would have prevented the Chinese whispers and "changed" steps. Over the course of the two weeks, the system morphed as to be expected, but some of the changes didn't fit the original plan and the very good reasons for those plans to be

followed. A review of the day would perhaps have been useful too, which would then inform the buzz meetings the following day.

### **Future suggestions**

- The other observation regards stats. I don't know what stats were recorded or maintained, but it was noticeable on my shifts at least, that there were less Black and Asian patients coming through and even less eastern Europeans. I am aware that they may have been influenced by their culture which in some cases prohibits the taking of the vaccinations. If this proves to be the case, **And** if the science proves that the BAME communities are more likely to pick up the Covid virus or be more badly affected by it some heightened publicity ahead of the game might be useful ...or maybe a meeting with community leaders, the Unity Centre etc, or even the mosque leaders might prove useful to publicise the process and encourage engagement .
- Out there in the community is a wealth of untapped talent in the form of volunteers or retired folk who would be, I am sure, happy to support in the development and organization of this system, by way of admin support ...or the leg work ....or even to support any attempts to liaise across parties to try and engage communities . My suggestion would be to use them.

### **Photobook**

A photobook was produced from the Flu Clinic Drive-Through. This is available on request from Sue Cassin, Chief Nurse via her PA Jayne Watson – [Jayne.watson10@nhs.net](mailto:Jayne.watson10@nhs.net)