

Public Session

**PATIENT/PUBLIC ENGAGEMENT
AND EXPERIENCE REPORT**

NHS ROTHERHAM CCG

November- December 2021

Your life, Your health

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1. WHAT WE ARE HEARING

- Healthwatch report that access to dentistry access is the biggest issue that they were seeing up to late November. This will be used as the focus for their next 'Let's Talk' Session in January 2022
- We are seeing a return to focus on Covid 19 as the Omicron variant has emerged, with many expressing their worry and concerns. We had seen organisations starting to arrange small face to face meetings and looking to return to a new sort of normal, however many are now revising these plans. It is likely that this starting, stopping and starting again will have an impact; as people become increasingly reluctant to repeatedly set plans in motion, to then be repeatedly cancelled.
- **National direction** – the long awaited new national guidance for engagement (originally due November 2019) is still anticipated in the near future. There is also a growing focus on the NHS Confederation document '*Building Common Purpose; Learning on engagement and communication in integrated care systems*' which may well show the likely direction of travel for engagement. https://www.nhsconfed.org/sites/default/files/media/Building%20common%20purpose_FNL.pdf Core to this are the 10 principles below; its likely that these will be integral to future working; and will need to form the basis of any engagement plans and strategies. Noteworthy is a growing focus on genuine co-production, and a community development approach. For this to be achieved, there will need to be consideration given to capacity, resources and a real shift in power.
 1. Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.
 2. Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions.
 3. Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect.
 4. Build relationships with excluded groups, especially those affected by inequalities.
 5. Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners.
 6. Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.
 7. Use community development approaches that empower people and communities, making connections to social action.
 8. Use co-production, insight and engagement to achieve accountable health and care services.
 9. Co-produce and redesign services and tackle system priorities in partnership with people and communities.
 10. Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places.

2 FRIENDS AND FAMILY TEST

The FFT restarted in December 2020 for hospital trusts with a greater emphasis on change as a result of feedback and a move away from number-based targets and comparators. Collection remains suspended in primary care with further guidance awaited.

Rotherham FT started to collect data again in December 2020. Across South Yorkshire, generally the number of responses from Rotherham is online with other bodies; however, Sheffield Teaching Hospitals demonstrate a very large number of responses for outpatients and A&E. This will be raised with the steering group, as it may be worth looking into their practice and sharing any potential learning.

The comments since then from TRFT are almost universally positive, and it has been acknowledged that this presents a challenge in using the feedback to identify issues and acting

on them. To this end, from September 2021; wards and clinics have been asked to demonstrate learning and change resulting from the activity and to showcase these. When examples are available, they will be shared here.

October data - 930 responses received; 98% of these are positive. The largest emergent areas of concern, where patients feel services could be better are around waiting times, particularly in the Urgent and Emergency Care Centre (UECC) and issues around communication and attitude, across several areas. Adult endoscopy shows a high number of comments across several areas; however, this is to an extent due to the very High number of comments for this service; compared to other areas.

November data – 1029 responses, and overall, 94% positivity; 26 negative responses were received; 18 of which related to the UECC. The full report as per October with the themes and actions is awaited.

The infographic features a central title 'Could do Better - October' and five light blue speech bubbles containing patient feedback. The feedback points are: 'Treat people with care and dignity.....', 'No social distancing while waiting to be seen.....', '....perhaps sticking to the appt time, listening to the patient, and explaining any follow up procedures....', '....been left in the emergency unit for 22 hours, no bed, no food.....', and 'I dont know where to begin...'. The infographic also includes the NHS logo and 'The Rotherham NHS Foundation Trust' in the top right, the 'Ambitious Caring Together' logo in the bottom left, and a '40 years' anniversary logo (1978-2018) in the bottom center. A row of five icons (heart, smiley, checkmark, person, handshake) is in the bottom right.

3 OTHER WORK & CONTACTS

- As of mid-December, the CCG Patient and Public Engagement manager returned to supporting the vaccine clinic volunteers; recruiting new volunteers and stepping up the number of volunteers available again to support the booster drive.
- **SY&B engagement leads** monthly updates and information sharing continue to meet monthly where possible, and when not, share updates via email. Leads have also attended the ICS development workshops looking at the communications and engagement functions. Work will need to commence quickly to ensure that an engagement strategy is in place for the ICS for April 2022; and has had the appropriate engagement in its production; as per national requirements; this is anticipated early 2022.
 - Work on gluten free products was requested to start in November; then halted
 - Ongoing recruitment to the ICS online citizen's panel
 - Discussion, and work starting to look at the development of an ICS wide repository or engagement hub, where all reports and work could be easily accessible across all partners
- **Engagement work through the Cancer Alliance**
 - **Breast pain** –another breast pain survey is underway to find out what good quality would look like within a dedicated breast pain service in the community.
 - **Skin** –looking to run surveys on patient experience to feed into the optimal pathway work, this will include partners from across the region.
 - **Behavioural science** –speaking with members of the Roma communities in Doncaster and Sheffield to develop a behavioural science approach to cervical screening appointments for these communities, as well as verbal nudges and cues to be used at commencement and end of consultations with GPs, and a toolkit on alternative appointment types and accessing these (e.g. with AHPs, pharmacists, etc) – all in a variety of languages.
- **PPG Network** - meeting held on 26th November online. The discussion focused on Covid, vaccination and booster updates, and on GP access. The primary care commissioning lead attended, and found it useful, and will attend again.
- **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; Age UK; RDaSH's listen to learn and Carer Champion sessions; among others. Recent participation has focused on answering questions and signposting to current information regarding vaccine rollout; predominantly.
- **TRFT are hosting online sessions** on various topics; including dementia; these are led by their engagement Lead.

- Maternity Voices and BAME communities.** The Maternity Voices Group, which is funded by the CCG and works closely with TRFT, has been working with REMA to reach out and hear the experiences of women from BAME communities in relation to pregnancy and childbirth. They were able to hear from 18 women from several communities: most being of black African origin. There were many positive comments, such as *'they did everything well apart from the food; and 'they took care of me before, during and after labour'*. One person cited a difficult experience; and another felt there should be better support after miscarriage. The most cited issue was access to interpretation and accessible information; one person compared the support for interpretation in Rotherham being worse than in Newcastle. The report notes that the service had nothing written in Arabic, Urdu, Yemeni, or Polish, according to those taking part. Several relied on their partners and family for interpretation; for some this was older children; however, despite this the majority felt that they had received good information from midwives.

The majority did not have access to the hospital website for information.
Those taking part also shared ideas for services they would like to see.
The maternity Voices group holds regular meetings with maternity services leads and the CCG commissioner; and will feed the survey in for discussion and develop an action plan as a result.
- Developing an outline for work with BAME communities regarding learning disability and autism.** This will (hopefully) take the form of community led research based on semi-structured questions; and seek to understand community attitudes and aspirations; focusing initially on the South Asian/Pakistani Muslim communities. The work will help to establish shared ground and a starting point for discussions, which will in turn support LEDR work alongside other areas.
- South Rotherham Primary Care Network** are holding monthly online engagement sessions, chaired by GP leads; and including representatives from all the PPGs in the PCN, alongside a wide variety of other community and voluntary sector organisations and representatives. These are extremely useful in providing and sharing information and resources; and supporting community initiatives. The lead for this is Tony Cowgill, who will happily extend an invitation and share meeting notes on request.
- Comms and engagement committee 19th November 2021** the main areas discussed were: -

 - Healthwatch's 'Mind, Body and Soul' Report which** (embedded at end of report) investigated the experiences and feelings of Rotherham residents during lockdown, accessing services during the Covid-19 pandemic and what the future looked like for Rotherham healthcare services. This included a series of polls on social media last August and September with the themes being around patient experiences around lockdown; and 14 follow-up interviews. Emerging themes from all polls, surveys and interviews include issues affecting lives such as bereavements, loneliness and people were worried about the unknown and uncertainty around the continuing Covid pandemic. In terms of healthcare services, people reported that they had found it difficult to access GP appointments, lots were offered telephone services, but some people did not find these universally appropriate. Also, access to information in easy read format was a problem. Rotherham Health App was also criticised as being hard to use and people couldn't book appointments on it. From the findings, a series of recommendations were developed, which Healthwatch are looking to take forward, working with the CCG.
 - Update on Winter Communications Plan 2021-2022.**
 - Long Covid Pathway Awareness**
 - SYB ICS: Communication and Engagement** staff are engaged with transition workshops. Work continues in the cancer alliance with a behavioural science approach, working with communities that were not accessing screening and encouraging them to do so, and with community diagnostic hubs across the ICS. Recruitment to the ICS Citizens Panel is being hosted by a firm called Tracktivity; it is also hoped that this will be available for 'Place' use as well as for cross are projects.

- **Work undertaken** to seek feedback on podiatry services to inform contract review. Generally, feedback received has been positive.
- **In addition**, the PPE manager has
 - Established links with the new engagement worker for RDASH
 - Supported the safe space procurement
 - Attended the online Y&H carers leads meeting (health specific session)
 - Met (face to face) with the VAR health champions to reflect on the last few months and discuss potential for future working, alongside the current challenges and transition of health bodies
- **Online engagement ‘conferences’** – several national level sessions have taken place in November, of which the PPE has attended a number of sessions, where most relevant and time permitting. A new focus is emerging from these sessions, which may well be reflected in the long anticipated revised statutory guidance for engagement. In summary, key points and messages include the following
 - Hilary Cotton – keynote speaker – (Radical Help) – being cited frequently as a model and base for how engagement in health should look
 - Health Champions – seen as at a model where the focus is on developing community health leaders, and not on people doing jobs for us, dictated by us.
 - Focus on going into communities to listen; not going in with our agenda set; and then building an agenda together
 - Elliott Hall – Medical Centre in Pinner – cited as exemplar over Covid, building on 30 years of patient association, wrote to many patients for support over the pandemic, and so has engaged many people from younger generations and a variety of backgrounds; developing volunteer leaders and supporting buddying, shopping, and helping out other PCNS over the last year
 - The title for one day of sessions was ‘*Starting with people first*’ which in essence sums up the emerging focus. Several experienced practitioners reflected during the online sessions that this approach has not always been valued by organisations as it has not always aligned with assurance and monitoring – and can be extremely hard to evaluate and record. If this is to be the new focus and way of working, it will be imperative that assurance systems and mechanisms align.

Healthwatch Newsletters

Newsletters for December and Christmas attached.



December
newsletter.pdf



january 22
newsletter.pdf

Mind, Body and Soul Report



mind body and soul
report final word.pdf

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