

## Public and Patient Experience and Engagement Report

Governing Body meeting

2 October 2014

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<b>Author(s)</b>	Helen Mulholland, Senior Account Officer (WSYBCSU)
<b>Sponsors</b>	Professor Mark Gamsu, Lay Member Tim Furness, Director of Business Planning and Partnerships
<b>Is your report for Approval / Consideration / Noting</b>	
<p>For consideration.</p> <p>We invite Governing Body to consider and comment on issues raised by patients, carers and the public that are detailed in this paper</p>	
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>	
Potentially, depending on actions arising from the discussions	
<b>Audit Requirement</b>	
<p><b><u>CCG Objectives</u></b></p> <p><i>Which of the CCG's objectives does this paper support?</i></p> <p>Objective 1: To improve patient experience and access to care                  Principal risk: 1.1 Loss of public confidence in the CCG through poor communications                  Principal Risk: 4.1 Failure to adopt best practice throughout the commissioning cycle (Domain 3)</p>	
<b><u>Equality impact assessment</u></b>	
<p><i>Have you carried out an Equality Impact Assessment and is it attached?</i> No</p> <p><i>If not, why not?</i> This paper is based on previous activity and therefore an EIA is not appropriate</p>	
<b><u>PPE Activity</u></b>	
<p><i>How does your paper support involving patients, carers and the public?</i></p> <p>This paper provides highlights of what patients, carers and the public have said to NHS Sheffield Clinical Commissioning Group and our partner organisations. It also summarises the implementation of the Public and Patient Involvement Plan and the development of mechanisms to enable public engagement and patient experience to become embedded.</p>	

## Recommendations

The Governing Body is asked to:

- Consider the themes, lessons learned and challenges highlighted
- Consider and approve the suggested outputs from the NHS Engagement Summit
- Consider the patient, carer and public feedback in the appendices

## Purpose of this report

The purpose of this paper is to:

- Provide an update on the Public and Patient Involvement Plan<sup>1</sup> that was agreed by NHS Sheffield Clinical Commissioning Group (CCG) Governing Body in November 2013
- Consider themes, trends and lessons learned from engagement and patient experience activity
- Raise the profile of patient, carer and public engagement within the CCG and provoke dialogue and debate relating to future practice
- Provide highlights of activity carried out by the CCG and Sheffield Healthwatch.

## Public and Patient Involvement Plan

The Public and Patient Involvement plan sets out how we should inform, involve, engage and enable the people of Sheffield to get involved with our work. Since the launch of the plan it has strengthened and embedded patient, carer and public involvement in the work of the CCG by ensuring that decision making is informed by the local population.

### Inform

The CCG website is a key tool for disseminating messages about our work and for encouraging people to become more informed. Since November 2013, the website has received 105,138 hits from unique users and the Involve Me section has been accessed 1,511 times. Topics that have been included in this section include 'Crowd Sourcing' to gain public perception about commissioning intentions, feedback mechanisms for the musculoskeletal and city-wide mental health strategy review and information relating to public meetings such as the AGM. An open invitation for people to attend Governing Body is also included as well as previous Governing Body papers.

Strong working relationships have been established with Healthwatch both operationally and strategically and Healthwatch staff are an integral part of the Patient Engagement Group.

### Involve and Engage

'Involve Me' was launched in April 2014 and 652 people have joined to date. Recruitment methods included a 'street team' being deployed in the most deprived areas of the city as well as areas with greatest foot-fall in the city centre. Health Champions and the Healthwatch Virtual Advisory Network, which consists of voluntary, community and faith sector groups, have played a key role in encouraging people to join. GP surgeries' Patient Reference Groups have also been encouraged to participate.

People who have joined the 'Involve Me' network since April 2014 have been asked to contribute to local and national issues such as:

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<sup>1</sup>

<http://www.sheffieldccg.nhs.uk/Downloads/CCG%20Board%20Papers/November%20Board%20Papers/PAPER%20J%20Public%20and%20Patient%20Involvement%20Plan.pdf>

- The CCG AGM by attending and submitting questions
- Domiciliary Care Procurement Process
- Musculoskeletal Service review
- Mental Health and Wellbeing Strategy Review
- The Health and Wellbeing Board 'Support At Home' survey
- Right First Time service user group
- Care Act Consultation
- National Neurological Patient Experience Survey
- Health Education England Engagement Event
- The National Healthwatch Special Enquiry on hospital discharge

A member of the 'Involve Me' network played an integral role in the Domiciliary Care Procurement Service by being an equal partner in the process and CCG engagement activities have generated more than 3000 comments which have contributed to the city-wide Mental Health and Wellbeing Strategy refresh and the musculoskeletal COBIC work-stream.

Training has been provided for portfolio leads regarding the national and local context for engagement activity and how to use the 'Involve Me' network. Feedback from this training has resulted in an 'Engagement Week' being planned for early November that will aim to raise the profile of patient engagement, our lay member involvement and will also act as a catalyst for future planning.

## **Enabling**

The Musculoskeletal COBIC project has provided a model for future working, with an aim that elements will be replicated. Patients and carers have been equal partners around the table and the project has been overseen by Neil Betteridge who is widely seen as a national expert patient. Empowering patients and enabling their voice to be heard has been the priority of every member of the project team and through the use of the Kings Fund Experienced Based Design model, the voice of vulnerable communities has been heard in the form of patient stories. These will help to shape the next phase of the project.

## **NHS Engagement Summit**

Representatives from Sheffield Teaching Hospitals, Sheffield Health and Social Care Trust, Sheffield Children's Hospital, Sheffield Clinical Commissioning Group, Yorkshire Ambulance Service and Sheffield Healthwatch came together on the afternoon of 3<sup>rd</sup> September to discuss patient, carer and public engagement.

The purpose of the event was to share our work on patient, carer and public engagement, and consider what more could be done to work collectively and cohesively to enable people to talk to the NHS as a whole and enable resources to go further.

There was strong agreement that we should work together in communicating and engaging with the public – recognising that there are also separate responsibilities we each need to discharge. We agreed that there will be times when we should engage on a subject as one NHS, and in addition there are operational areas we can work on together.

## Actions for each organisation

1. Each organisation committed to sharing the outcomes of the Summit with their respective Boards to ensure a collective direction of travel.
2. It was felt that working together on a specific project would provide a focus for strategic and operational learning that could provide a test-bed for future joint activities. It was acknowledged that people with a learning disability often have a poor experience of healthcare in the City. Therefore we should consider collective engagement with this group. It was recognised that any such engagement will require a commitment to appropriate action.
3. Operationally, it was considered important to have a facilitated, regular, focused forum for relevant staff to discuss joint initiatives, plans and challenges, with a view to utilising the NHS brand collectively and to working together. Examples included the potential to tender for surveys collectively and to share work and our respective databases of people willing to be involved
4. The next step is to widen the debate outside the NHS family and work closely with Sheffield City Council and voluntary, community and faith sector groups in the City.

## Themes, lessons learned and challenges

Highlights of the following areas of activity are included in appendices:

Appendix 1 – Commissioning Intentions

Appendix 2 – Musculoskeletal Service – ‘Moving Together’

Appendix 3 – Mental Health and Wellbeing Strategy Refresh

Appendix 4 – Patient Experience from Provider Trusts in Sheffield

Appendix 5 – Equality Engagement Group

Appendix 6 – Healthwatch Sheffield

The main themes that have emerged out of the discussions and debates with patients, carers and the public in the city that relate to their experience are:

- Access to appointments and services requires improvement including appointment times and waiting times.
- More variety in the services available including from the voluntary sector. Awareness of services that are available.
- Staff communication and attitude is important to people. Peoples’ experiences of these vary considerably.
- Better communication and integration within the system, particularly between primary and secondary care. Information on disability or language needs of individuals should be available and considered by all services.
- Better information available to people in a range of formats to suit them e.g. languages, format, where to get it from.
- Care services are under particular pressure at the moment, one of the issues raised was communication issues.
- People want to know how to access treatment and advice outside of normal working hours and treatment plans in the case of flare ups or crisis episodes.

- More support and information for carers.
- Person-centred care that is flexible.
- Involvement is getting better with good links being made in the community, but can always improve.

The main lessons learned from engagement activity are:

- Engaging with local people should start at the very beginning of a project. Allowing adequate and quality time for patients, carer and the public to receive, digest and respond to information is not only courteous but encourages the embedding of the Gunning Principals<sup>2</sup> as best practice, not only in consultation, but in every engagement project.
- Ensuring that people are thanked for their contributions and are informed how their thoughts and experiences have helped shape future services is crucial in maintaining the reputation of the 'Involve Me' and CCG brand.
- Partnership working with Sheffield Healthwatch, Sheffield City Council and the Health and Wellbeing Board has enabled all organisations to provide greater reach into the most isolated and traditionally under-represented groups in the City.
- The most successful engagement activity involves a multi-angle approach that all stakeholders agree to and invest in. Peer to peer conversations alongside clinical leadership where all voices are equal and heard enables the best outcomes.

Challenges with embedding this agenda further include:

- Engaging staff to ensure that the 'Involve Me' resource is used routinely
- Recruiting under-represented groups to 'Involve Me'
- Replicating emerging best practice in all projects within current resource
- Developing a coherent approach to engagement across the NHS and with Healthwatch
- Further consideration for the 'enabling' part of the plan to strengthen community development approaches and peer to peer support, with the aim that this will become embedded at every stage of the commissioning cycle and will be demonstrable in the actions of commissioning managers.

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<sup>2</sup> <http://www.adminlaw.org.uk/docs/18%20January%202012%20Sheldon.pdf>

## Appendix 1 - Commissioning Intentions

Participants in this engagement process showed broad support for the four areas highlighted in NHS Sheffield CCG's plans. The most common suggestions of the aspects to be considered when taking the projects forward included:

1. The role of GP
2. Services for children and young people
3. Integration

Self-care and people's own awareness of their health and wellbeing was seen as an important aspect as was care in the community. Community services and the role and ability of the voluntary and community sector to be part of the discussions and service planning were also noted.

The plans were predominantly seen as ambitions and the need to consider how individual aspects of the system can work together to achieve them was noted. Participants also felt, in some instances, that they would find more detailed information going forward useful.

The most common suggestion as to what the changes may mean to individuals was in respect of improvement in services. This, in turn, was predominantly seen in terms of improved and more equal access. Some suggested that the plans could offer different services and also reduce confusion among the public.

General comments received showed that participants were encouraged to see the Clinical Commissioning Group's engagement aims and that the plans were moving in the right direction. Across the various questions, participants provided suggestions as well as highlighting the considerations that need to be taken into account as part of the overall process.

The engagement around commissioning intentions creates a starting point for future discussions and these findings provide a starting point for future dialogue which will help to build on this work as plans are developed.

### **General comments**

Participants were invited to provide general feedback as part of the engagement process. The key themes arising from these were:

- Positive initial thoughts on the plans.
- Encouraging CCG engagement agenda and aims to engage effectively.
- Concern over Long Term Neurological conditions including a spectrum of conditions, not just epilepsy.
- Need to learn from experiences year on year and divert money from areas that do not deliver.
- Good aims and inclusive.
- Reassuring to have partners involved in discussions as links to integration.
- Procurement and delivery of services via large NHS providers who may not include third sector providers.
- Consider isolation issues among different age groups within the community.

- The role of the third sector – potential service delivery partners as well as representatives and champions.

One person felt that there was a degree of rhetoric. Another participant submitted several pieces of feedback. The main themes from this correspondence included the need to provide effective services and support to those who need them, including information, prevention of admission and considering health and wellbeing requirement of older as well as younger generations.

## Appendix 2 - Musculoskeletal Services – ‘Moving Together’

From May to September 2014, various methods were used to collect peoples’ thoughts on musculoskeletal services. These methods included reviewing existing feedback from complaints, plans and previous engagement work along with large events, meetings, surveys and patient stories. The following themes emerged from this work. These themes will be used to influence the patient outcomes as part of the new contract for the service and have already started to shape the structure and pathway of the new service especially with regards to referrals.

### ***Information, advice and education***

People want clear, good quality and trusted information and advice in a range of formats that they can use to make informed choices. They also want to know where to go to in between appointments if they have a flare up or require more information.

### ***Appointments***

A choice over when, where and who they have their appointment with. A clear call to have appointments that fit in with their lives, including outside normal working hours. Appointments and pathways that are timely, coordinated and efficient were also called for. Waiting times and being asked to move between rooms in some services were raised as particular issues.

### ***Understanding their condition and how to self-manage it***

Patients want to understand about the conditions/injuries that they have. They want to choose to have an active role in their health with appropriate support, information, tools and motivation to do this. The affordability to access services that could help them self-manage is seen as a major barrier.

### ***Listened to and heard***

People want to be an equal partner and have open and honest discussions about their health. They want an opportunity to talk about what is important to them and for that to be listened to and taken into account with their care. They want realistic expectations of them, their treatment options and the possible outcomes. They do not want to have to repeat their story many times.

### ***Getting back to life***

Doing the activities that are important to people is seen as central to feeling better and getting back to normal. These may be physical, social, work or sleep, but will be unique to each person. They want their care to be tailored to fit with their lives and to get them back to doing what they want to do.

### ***Accessing a system that works well***

A system that patients know how to access, is transparent and works efficiently. Referrals were often raised with people wanting self-referrals, the ability to refer back into the system quickly in case of relapse and for professionals to be able refer them on directly. They want the system to be able to communicate with them in whatever format is best for them. They want the people that work with them to have access to information about them and to be kept updated with information about their care.

***Pain***

Pain is seen as a major impact on peoples' lives. They want to know how to reduce, manage and cope with their pain to be able to function. It is often mentioned as the first step in being able to get back to normal. People want to explore and have access to alternatives to medication that work for them.

***Good care from skilled, caring staff***

Good, evidence-based care with a range of treatment options and therapies available to them. They want to be seen by staff that are skilled, experienced and knowledgeable of their condition, but are also caring and respectful and communicate with them well.

***Recognition of the emotional impact***

People want the emotional impact of their conditions to be recognised. People want to feel useful, positive, confident and motivated. They want support to achieve this.

***Local services***

People want to know about all the services that are available to them with information about what they offer, how they could help them and how to access them. They want local services that are convenient for them. They want information about community services and support groups that may also be able to help them, not just statutory health services.

***Awareness of diversity***

There is a great difference in the care that different groups and communities receive; this should always be taken into account. These groups may be distinct in age, ethnic origin, disability or gender. Factors such as the treatment they receive, their ability to undertake certain tasks, the information provided to them, the health conditions they may be predisposed to or how they access services may require significant differences to the usual approach.

## Appendix 3 - Mental Health and Wellbeing Strategy Refresh

From May to July 2014, Sheffield CCG coordinated engagement activity on behalf of the Mental Health Partnership Board. The aim was to gain feedback from patients, carers and the public who had experienced mental health services in the City. Comments were received and were themed into the following areas in terms of what is positive about mental health services:

- ✓Non-judgmental staff who really do want to help
- ✓Increasing holistic model of health and wellbeing being introduced
- ✓Changing attitudes to mental health improving slowly / mental health is less stigmatised
- ✓Diversity of services available across the spectrum of mental health

***“The range and variety of services available which reflect the diversity of mental illness...Many services are user-led or informed and empower users to become more involved. All based upon the recovery agenda”***

- ✓Service user involvement is increasing / mental health discussion forums / networks
- ✓Access to services is improving and there are now a variety of different types of therapies available e.g. IAPT
- ✓Recognition of and assistance for mental health conditions by General Practice
- ✓Community groups / social cafes / self-help groups within a strong voluntary sector
- ✓Partnership working is improving across different organisations / sectors

***“Mental health services do seem to have become better at linking you with other services...”***

- ✓Increased mental health training within the workplace

### **In terms of what could be better (marked with an X):**

X Gap between primary and secondary care

***“I fell through the gap between primary and secondary care. I couldn't access treatment from secondary care and the treatment from my GP and IAPT was inappropriate or non-existent”***

- X Access to services
- X Support out of hours
- X Mental health support in A&E
- X Cut waiting times to accessing treatment and support
- X GP Training
- X Early diagnosis
- X Early intervention / prevention / support before crisis

***“More intervention services to help crisis when it is happening. A lot of patients know when a relapse is about to happen but are unable to receive help until at crisis point”***

X Access to 1:1 therapies

X Transitional services (gap between child and adult services 16-19)

X Joined up services and information sharing between agencies

X Improved support for carers (paid and unpaid)

***“A system whereby carers of someone with a mental illness were included and educated through the recovery process would go a long way towards reducing repeated episodes”***

X Lack of information and communication

X More training required for staff and volunteers

X Increased person centred care

***“[Put] a person centred support approach in place. Not just medication. That the whole person and their relationships and context are actively supported to recover. That the three pillars of good recovery are based on self-help, building good support networks and either access to appropriate medication or appropriate therapies”***

X Environment

X Appropriate support

The majority of respondents highlighted both positive and negative aspects in relation to current Mental Health Services across Sheffield covering a wide range of areas.

The vast majority of the comments received highlighted a personal experience either as a service user or carer and featured communication in one form or another as an issue to be addressed both within and across services.

A number of the more in depth comments received from individuals have been signposted on to the relevant people/ organisations for following up / progressing due to their nature.

A high proportion of respondents commented on the need for the services to be flexible and person centred in order for people to be able to access the right services for them (not for the organisation) and at the right time.

Many of the respondents expressed the need for more information, advice and support relating to local services and what is available in terms of both clinical and non – clinical support services.

### *Sheffield Teaching Hospitals NHS Foundation Trust (STH)*

#### Feedback and comments

Over the past 12 months, staff attitude and communication are issues that patients and visitors to the Trust comment on most, accounting for more than half of all subjects raised.

Customer care workshops have taken place in Therapy Services, Hotel Services and Surgical Services and continue to be rolled out Trust wide with 4 workshops being held each month. Feedback is excellent and a formal evaluation of the training will be commencing during the summer, with a report and recommendations for the future of the programme being presented towards the end of the year.

#### Complaints

382 new complaints were received between January and March 2014, an increase from the number received last quarter (337). This reflects an 8% decrease in comparison with the number of complaints received in the same period last year. However, the number of Patient Services team (PST) contacts suggests that overall a similar number of concerns are being raised but that a higher number of these are being resolved quickly at ward / department level and recorded as PST contacts. 347 PST contacts were received this quarter, compared to 264 last quarter, an overall increase of 31%. This also reflects a 56% increase in the number of PST contacts compared to the same period last year.

The highest amount of complaints received related to staff attitude, general care and communication.

#### National inpatient survey

Results suggest excellent performance in a number of areas, including patients having confidence in nurses treating them; help getting to the toilet or bathroom in time; and treating patients with respect and dignity. The results indicate that there is variable performance in some areas such as: being disturbed by noise from staff whilst resting / sleeping; staff introducing themselves; and doctors talking in front of patients as if they are not there.

#### Friends and family test (FFT)

##### A&E

2013/14: as with South Yorkshire and Bassetlaw (SYB) and England, the rate improved over the year. STH average response rate (10.06%) was slightly better than SYB but not as good as England (12.97%). Whilst the average A&E net promoter score was 61.73 and better than SYB (58.55) and England (54.78), it fell notably over the year as the response rates rose.

2014/2015: Q1 - the response rate continued to climb and the score fell during Q1. The response rate for June was 24.94% and the score below was 50 (48).

## **Inpatients**

2013/2014: the response rates improved steadily over the year. The average response rate of 26.72% was on par with SYB (26.00%) but not as good as England (29.16%). As with SYB and England, the net promoter score remained consistently high over the year. The average score for STH (75.66) was similar to SYB (76.10) and better than England (72.24).

2014/2015: Q1 - the response rates remain constant whilst the score fell marginally but both remain consistently high. The response rate for June was 36.66% and the score 76.

## **Maternity**

2013-2014 - The average combined response rate (7.57%) was notably lower than England (17.05%) and SYB (18.22%). The average combined score (68.81) was marginally lower than England (70.13) and SYB (71.70).

2014-2015. Q1 - Both the combined response rate and score increased at the end of the first quarter. The combined response rate for June was 40.11% and the combined score.

## **Action taken**

The quality premium target for the CCG relating to FFT requires STH to deliver an agreed action plan by Q4, which includes action taken as a result of feedback, and targets for reducing negative responses and increasing net promoter scores.

Q1 data has been received and the target met that requires STH to produce a comprehensive action plan to improve specific concerns identified via the FFT process. Three themes have been identified - noise at night, quality of food and ward environment temperature. Work is on-going to meet the other targets due at Q4.

## Appendix 5 - Equality Engagement Group

### 'You said, we did' information

NHS Sheffield CCG is an active member of the Equality Engagement Group, and Tim Furness currently chairs the meeting on behalf of the NHS. The group is a partnership of representatives from protected groups (as specified in the Equality Act), NHS organisations in Sheffield and other stakeholders such as Healthwatch. The group meets on a quarterly basis.

The purpose of the group is to inform and support the NHS organisations to meet the Public Sector Equality Duty and the goals of the NHS Equality Delivery System (EDS2). The group enables the NHS in Sheffield to respond to service user views and to address barriers to equality of access. Two of the group functions are to investigate and respond back to specific issues raised by members and to pay regards to the Fairness Commission principles and recommendations.

The group systematically records issues raised and actions taken to address them through the development and implementation of an Equality Action Grid. The Equality Action Grid is updated and a progress report is shared at each meeting.

NHS Sheffield CCG has resolved the following issues highlighted by patients.

- Provided traveling expenses for service users who attend the meeting.
- Provide admin support to the group
- Communication issues in care homes for non-English speaking residents
- Provided funding for leaflets on LIGHT (postnatal depression support group)
- Provide clarification on health and social care budgets and the responsibilities for Personal Assistants in relation to boundaries and expectations.
- Ensure that CCG staff receives Equality and Diversity training.

There are two outstanding issues on the Equality Action Grid that NHS Sheffield CCG has taken responsibility for resolving and on which CET advice is needed, as actions so far) have not been productive.

1. Improving GP referrals to secondary services by providing information on disability or language needs of service users.
2. Improving access for patients with Sensory impairment to GP practices. This came about from a report from Sheffield LINK to GP Practices with clear recommendations on different ways to reduce barriers for patient.

A paper was submitted to CET on 22nd July 2014 to asked for advice on how to take the above two actions forward.

#### **Actions agreed:**

To improve GP referral to secondary services there are plans in place for a standardised reference form which will prompt GPs when making referrals to provide relevant information on disability and language needs of service users.

NHS Sheffield CCG Equality and Diversity Manager will request an invitation to the Locality Managers meeting to highlight and discuss the recommendations of the report.

### April – September 2014

- More people contact Healthwatch about access to Primary Care services than any other issue. Of these, the main topics they speak about are 1) getting an appointment at the GP and 2) Finding an NHS dentist. Our Your Health, Your Say questionnaire tells us that in the period April-June, 14% of all respondents (c.200) say that the last time they tried to book an appointment at the GP they could not get one that suited them.
- 20% of people using care services, either residential or at home, currently say that it is not meeting their needs (Your Health, Your Say, April-June 2014).
- Regionally, Healthwatch across the South Yorkshire and Bassetlaw areas are receiving information from organisations and members of the public that response times in several organisations are getting worse and targets are being missed
- We are aware that transitions between services (not just child to adult but also moving between services) are problematic for several groups of people, and that there are wide variations in the service individuals receive, with some experiencing particularly good transitions and some less so. We are recommending that our board focus additional resources on this area until Christmas.
- We ran a Mental Health engagement event on 24<sup>th</sup> July, which was well attended, and 60% of those in the room self-identified as current or recent service users. The main messages we will be reporting to the Health and Wellbeing Board in September are:
  - o A need for better integration and information sharing
  - o Better support and information for carers
  - o Improved information and communication – people can't find what they need
  - o Training for all frontline staff on mental health
  - o We need a commitment to delivering true 'person-centred' care