

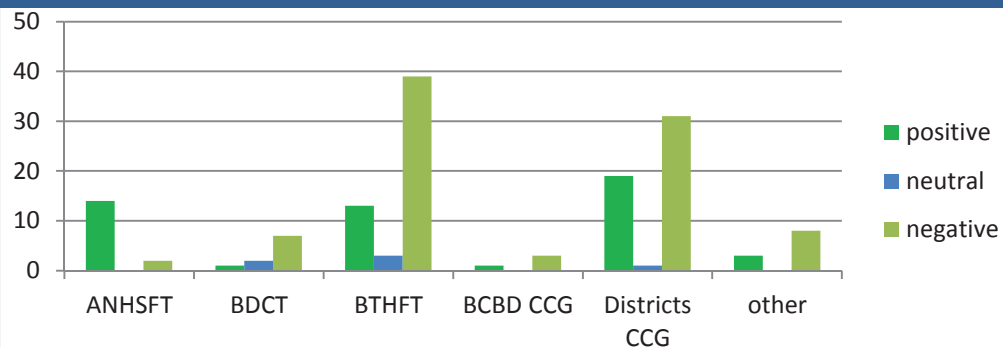
# Examples of *Grass Roots* feedback and engagement

April – June 2014

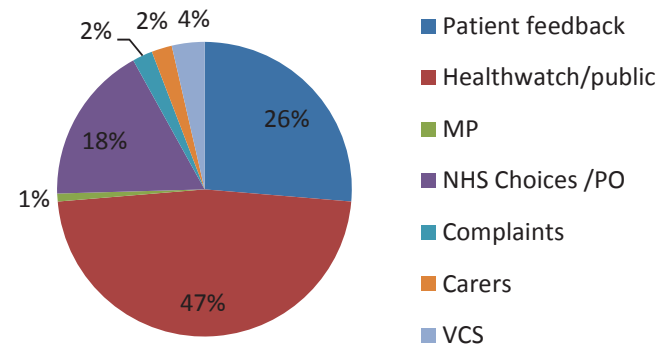


# Patient engagement and experience insight overview – June 2014 (Districts CCG)

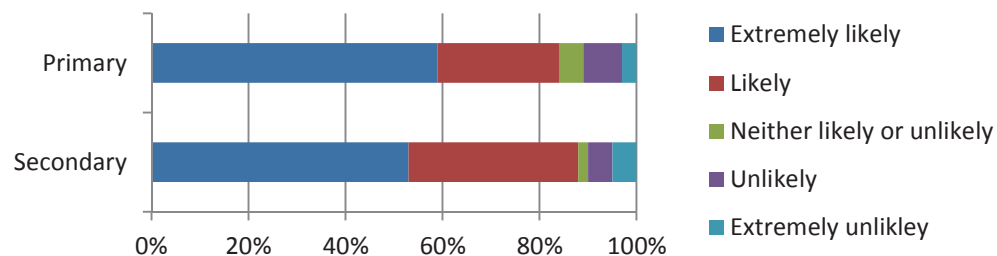
## Feedback sentiment (147 entries)



## Sources of feedback



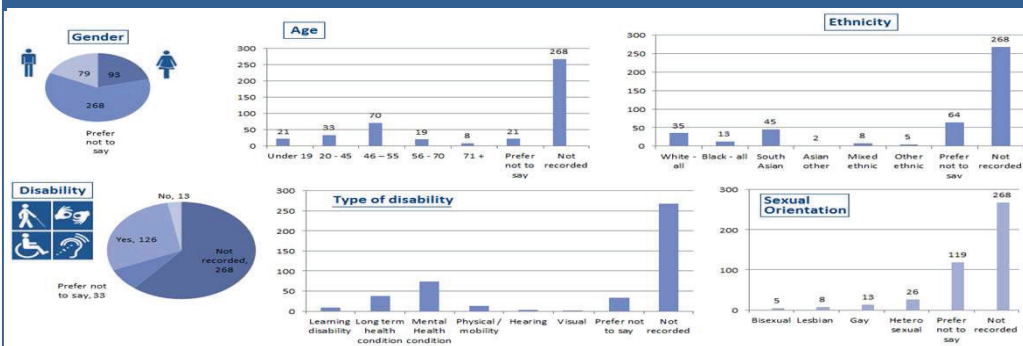
## Friends and family test feedback



## New items

- Negative feedback regarding ICAT services
- Limited feedback fields for NHS Choices re BDCT
- Charges for services and breach of confidentiality by practice
- Speech and language therapy service feedback regarding support, access and staff inconsistencies
- Suggestions made for primary care improvements
- Length of time for IAPT service access
- Diabetic eye screening service feedback

## Engagement activity



## Recurring items

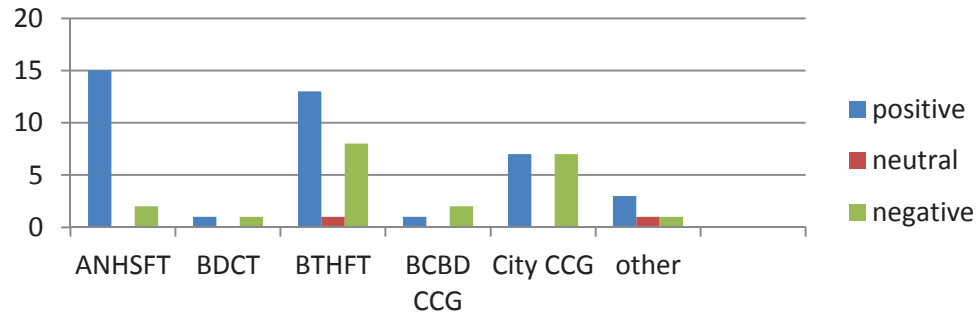
- Access and appointment system issues, including letters
- Staff attitude and behaviour incl. respect and dignity issues
- Good care, treatment and support
- Poor communication between services and for patients
- Lack of joined up services
- Long waiting times at A&E and psychological therapies
- Quality of environment of hospitals
- Dissatisfaction with treatment at A&E and hospitals
- Feedback on third sector infrastructure support

## Feedback for City and Districts CCGs – June 2014

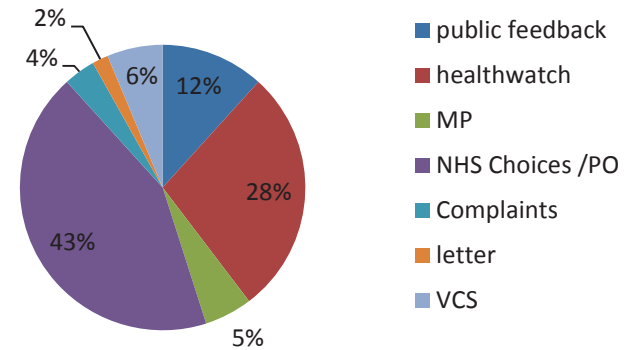
	You said	We Did	So what!?! (Outcome)
06/1	You wanted more support and information for patients who experienced a stroke, and their carers	We have engaged patients, carers, the general public and with current providers of support services about their use and need of stroke services. We also have heard from patients and carers at our Governing Body meetings in public. This is informing how we redesign our services and we are working closely with the Local authority and other local CCGs to ensure we join up services and make improvements to the issues highlighted such as communication and delivery of services.	<i>This will lead to changes and specifications within the new contracts for services with a focus on the themes important to you such as information, carer support, support on discharge, partnership working, community support services and self-care.</i>
06/2	More patient representation on internal CCG governance meetings	We have worked with our patient networks who have nominated and selected volunteers who were able and willing to participate at internal meetings. We have involved them at joint clinical board and governing body meetings as well as part of steering groups. We will review the membership to ensure there is opportunity for all to be involved.	<i>Five patient representatives have joined our Communications, Engagement and Equalities reference group meetings which reports to Clinical Board.</i>
06/3	The CCGs should develop a strong engagement foundation with the community and people of Bradford	We have worked very hard in both CCGs to develop a strong network of patients, we are also working closer with the VCS and with community groups and centres to link in better. We have supported our member practices through a Local Improvement Scheme and also through our member practice forums to strengthen and build the profile of patient and public engagement. We also work closely with Healthwatch to understand and listen to people's views.	<i>Our Grass Roots insight reporting is growing and giving more varied and useful feedback. Our practices are exploring and embedding good engagement practice. We have built strong partnerships with community groups and they are presenting and working with us increasingly in a meaningful way.</i>
06/4	Attitude and behaviour of primary care staff needs to be addressed.	We are developing a customer care training scheme that primary care staff will all attend. We are looking at the themes that come up in Grass Roots – both positive and negative to shape what outcomes the training should deliver. Patients and public members are supporting this work.	<i>All our practices will be supported to deliver the training to their staff. We will feedback further at the end of the year when we can look at the outcomes.</i>
06/5	Where can patients have an influence on changing services.	We are working with our Strategy and Performance teams to identify areas where opportunities for service and contract change are possible.	<i>We will be working with patients and the public to shape and inform service change to mental health community services, dermatology and stroke.</i>

# Patient engagement and experience insight overview – May 2014

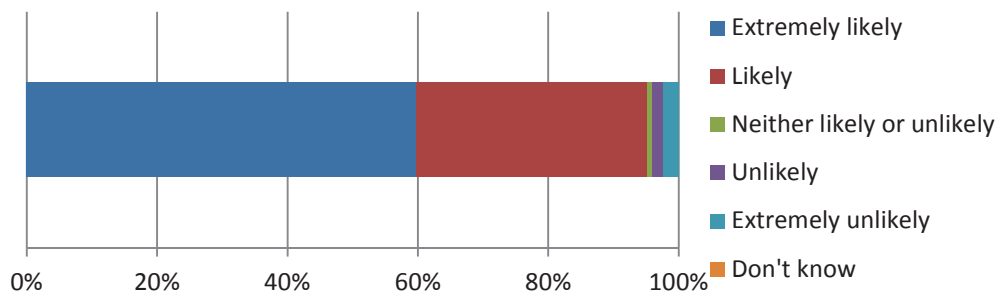
## Feedback sentiment (95 entries)



## Sources of feedback



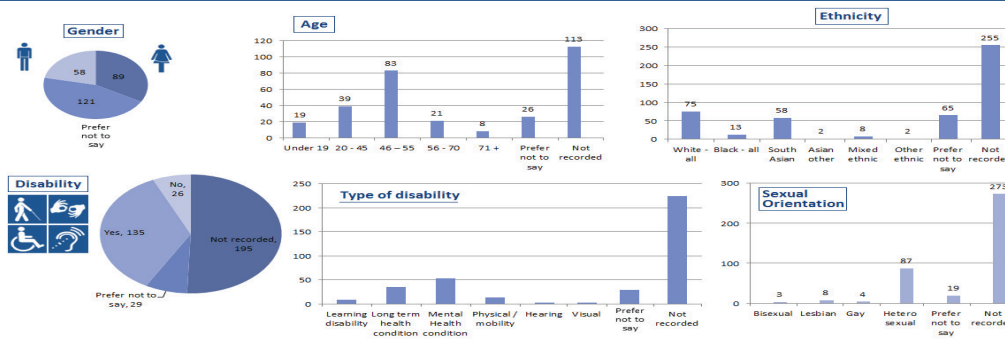
## Friends and family test feedback



## New items

- Negative experience of patient using Bradford MS support service after transfer from Airedale MS support services.
- Need for more patient information on CCG websites
- Issue raised by third sector organisation on risk assessment sharing by BDCT for vulnerable and forensic patients.
- Delay in referral leading to continued sick leave for patient
- 121 midwifery access raised by patient
- Handling of complain by Ramsey Healthcare

## Engagement activity



## Recurring items

- Access and appointment system issues
- Staff attitude and behaviour incl. respect and dignity issues
- Good care, treatment and support
- Poor communication between services and for patients
- Lack of joined up services
- Long waiting times at A&E
- Quality of environment of hospitals
- Dissatisfaction with treatment at A&E and hospitals
- Concerns over Eccleshill Treatment Centre contract change

## Feedback – May 2014

	You said	We Did	So what!?! (Outcome)
05/1	Issues around respect and dignity for Hillside Bridge	This issue will be fed into the discussions regarding the future of the walk in centre as the current contract is ending this year.	<i>This will lead to changes and specifications within the new contracts for out of hours services.</i>
05/2	Improving experience and communication with people with sensory impairments	The experience of deaf patients was discussed and BTHFT representative stated that patients are called via a tannoy system which may have caused the issue. The representative explained that there are staff who are able to communicate via sign language and if the patient is deaf this should be flagged on the system. They agreed to speak to A&E to ensure flags are used to highlight if patients are deaf. In addition: <ul style="list-style-type: none"> <li>- Ongoing work with Healthwatch, BAVIP, BRADNET Deaf advocacy service and Strategic Disability Partnership subgroups</li> <li>- improving accessibility of information</li> <li>- links to review of My Needs Card – initial consultation - discussing as joint project across Bradford area NHS organisations</li> </ul>	<i>This is informing the work to update and ensure that flagging of patient needs is appropriate and effective. - information developed by BAVIP shared across Trust</i> <ul style="list-style-type: none"> <li>- possible new training course</li> <li>- pilot of communication by e mail re appointments – possibly link to CCG led pilot with GPs to improve information on referral about support needs</li> </ul>
05/3	Feedback from public regarding location and provision of anti-coagulation services	Working in partnership with our stakeholder organisations such as Healthwatch, the hospitals and local voluntary and community groups, we undertook a survey of patient experience and use of anti-coagulation clinics. We surveyed and interviewed over 500 people and have used this information to inform our strategy.	<i>The new contracts for the running of clinics will take into account the needs of patients and carers to have services locally provided, instant results and appropriate support.</i>
05/4	Feedback received regarding the contract changes at Eccleshill treatment centre and fears of closure	We have worked together with providers to ensure that services will continue whilst maintaining our responsibility to provide quality services.	<i>We are receiving bids for the endoscopy and diagnostic services and will be evaluating these on the 12<sup>th</sup> and 14<sup>th</sup> of June. The patient feedback from Grass Roots will be used to inform decisions.</i>
05/5	More opportunities to feed back about current CCG work streams	We have worked closely with Healthwatch, local authority, patient groups and local community and voluntary groups to widen our meetings, events and opportunities to access information and be involved in CCG work.	<i>The wider reach and partnerships have meant that we are reaching more people, for e.g. in one week, we held 8 events and reached over 450 people and involved 10 people in work groups.</i>

## Feedback – April 2014

	You said	We Did	So what!? (Outcome)
04/1	0845 numbers in GP practices still in use.	We have worked closely with the practices to support renewal and ending of contracts.	<i>All GP Practices now have a local phone number in operation.</i>
04/2	Need more information locally about minor ailments	Local community pharmacies are now delivering a minor ailments scheme called "Pharmacy First" for patients that normally access primary medical services for 11 defined conditions.	<i>Aid practices in reducing demand on services over time.</i>
04/3	Patient group feedback regarding lack of input and support from practices to implement PPGs and involve patients	City CCG has also secured funding to appoint a clinical champion for patient engagement and integrated care, bringing these two key work streams together. We have just funded a Local Improvement Scheme so that every one of our 27 practices can appoint a practice lead for patient engagement whose role it will be to ensure that a Practice Patient Group can be initiated and/or supported to further develop.	<i>All 27 practices have signed up to the scheme. We hope the PPGs will engage with local community groups and link together into wider networks. Our aspiration is for a CCG-wide Citizens Assembly.</i>
04/4	Poor support and engagement with third sector organisations	We are reviewing all our work group membership and working closely with the VCS forum to ensure we have the right representation. We have set up regular network meetings with our funded groups and ensuring they can use the grass roots mechanism to feedback to us directly.	<i>New networks in place for groups Better communication planned with the VCS forum and through representational membership on work groups</i>
04/5	Feedback on funded community projects	We have consulted with the organisations involved and made recommendations. Also the monitoring process for all our funded projects has been reviewed.	<i>New quarterly monitoring in place Regular feedback and support identified early on.</i>
04/6	Access is difficult but there are lots of good practice to share and build on rather than repeatedly ask about issues and barriers.	We recognise that lots of good practice is going on and we have a clear understanding of the issues and barriers. We ran a series of positive enquiry workshops in February with patient groups, carers and community groups (working with over 120 people) to explore good practices, solutions and patient identified needs to addressing primary care access issues. This highlighted some excellent ideas and solutions.	<i>This work has fed into the primary care reviews and brings enhanced learning of solutions and good practice. Focussing on action to take rather than problem inspecting. Quick implemented solutions identified.</i>
04/7	More joined up engagement activity	We are part of a newly established involvement group which brings together the Hospital trusts, Council, Public Health, Healthwatch, Care Trust and CCGs to share and co-plan engagement activity.	<i>Joined up campaigns identified for patient information on the hospitals and to promote the Friends &amp; Family test.</i>