

## Item: 8.2

<b>Report to:</b>	NHS Hull Clinical Commissioning Group Board
<b>Date of Meeting:</b>	24 November 2017
<b>Subject:</b>	Patient Experience 2016-17 Annual Report
<b>Presented by:</b>	Sue Lee, Associate Director of Communications and Engagement
<b>Author:</b>	Colin Hurst, Engagement Manager

**STATUS OF THE REPORT:**

To approve	<input type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input checked="" type="checkbox"/>		

**PURPOSE OF REPORT:**  
The purpose of this report is to provide a review of Patient Experience information and data in relation to our key providers during the period 1<sup>st</sup> April 2016 – 31<sup>st</sup> March 2017.

**LEVEL OF CONFIDENCE:**

PROCESS	R.A.G. RATING OF LEVEL OF CONFIDENCE
Process for implementing FFT across our providers	Med
Hull CCG Engagement and consultation activity	Med
The CCG process for gathering and reporting Patient Experience Information is comprehensive and robust	Med
Patient and Public views are used to inform CCG business	Med
<b>PERFORMANCE</b>	
Adult inpatient services	Med
Community Mental Health Services	Med
The information presented within Patient Experience Reports gives an accurate picture of provider performance in relation to the gathering and acting on Patient Experience Information	Med

**RECOMMENDATIONS:**  
The Quality and Performance Committee is asked to:

- Note the content of the report.

**REPORT EXEMPT FROM PUBLIC DISCLOSURE**

No

Yes

If yes, grounds for exemption  
(FOIA or DPA section reference)

**CCG STRATEGIC OBJECTIVE** (See guidance notes below)

Short summary as to how the report links to the CCG's strategic objectives

The reporting of Patient Experience links to the following strategic objectives:

- Commission health care that delivers quality outcomes is focused on the need of the individual, that treats people with compassion and dignity and is delivered in the most appropriate setting

Reduce the variation in the quality of care

**ASSURANCE FRAMEWORK SPECIFIC OBJECTIVE**

(See guidance notes below)

Short summary as to how the report adds assurance to the Assurance Framework

This report provides assurance that our providers are actively seeking out, responding positively and improving services in line with patient feedback, which included acting on complaints, patient comments, local and national survey results and results from real time data techniques.

**IMPLICATIONS:** (summary of key implications, including risks, associated with the paper)

Finance	None
HR	None
Quality	None
Safety	None

**ENGAGEMENT:** (Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)

On-going discussions with providers regarding the types of patient experience information that the CCG requires.

**LEGAL ISSUES:** (Summarise key legal issues / legislation relevant to the report)

None.

**EQUALITY AND DIVERSITY ISSUES:** (summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). **All** reports relating to new services, changes to existing services or CCG strategies / policies **must** have a valid EIA and will not be received by the Committee if this is not appended to the report)

	<b>Tick relevant box</b>
An Equality Impact Analysis/Assessment is not required for this report.	<b>X</b>
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

**THE NHS CONSTITUTION:** (How the report supports the NHS Constitution)

- 1) Quality of care and environment.
- 2) Involvement in your healthcare and in the NHS.

## **PATIENT EXPERIENCE ANNUAL REPORT 2016-17, APRIL 2016 – MARCH 2017**

### **1. INTRODUCTION**

The purpose of this annual report is to provide a review of Patient Experience information and data in relation to our key providers during the period 1<sup>st</sup> April 2016 – 31<sup>st</sup> March 2017.

The quarterly patient experience reports look at information in the context of 4 areas;

- *Assurance*; this section focuses on how the provider performs obtaining and dealing with patient experience; using Friends and Family Test and complaints data.
- *Aspiration*; this section uses service specific intelligence relating to patient experience from national surveys and inspections.
- *Awareness*; this pulls together intelligence gathered the CCG, listening to the concerns and priorities patients, carers and the general public.
- *Affect*; this section tracks how patient experience results have affected commissioning decisions and the delivery of services.

The findings from each of these areas have already been presented to the Quality and Performance Committee within the quarterly Patient Experience Reports and required action determined. This annual report summarises these findings and also provides an update on the work undertaken in response to the themes identified in the last patient experience annual report 2015/2016.

### **2. THEMES AND ACTIONS FROM 2015/2016**

The findings of the annual patient experience report 2015/2016, highlighted 3 areas for focus in the future, these were:

- Support improvement FFT responses rates across primary and secondary care.
- Explore how patient information is monitored by providers.
- Involvement in Decision Making.

#### **2.1 Support Improvement in FFT**

Following discussions with Hull and East Yorkshire Hospitals Trust relating to FFT, improvements to how the friends and family test were identified; these included improved collection methods in A&E using text messaging and identification of FFT leads at the key stages of the maternity pathway. The patient experience team have had informal discussions with CHCP about making FFT more meaningful.

A research project looking into the friends and family test is being developed in partnership with Hull City Council, preliminary discussions with NHS England lead to them broadly supporting the idea with agreement in principle to progress a healthcare economy approach to the research. It is suggested that this be an ongoing action.

#### **2.2 Patient Information**

As part of the improvements made to the ambassador programme developing a review panel for patient information and public facing documents. The group has started to look at the TASL information leaflet, the Medical Equipment information and the Sustainability and Transformation Plan engagement documentation.

#### **2.3 Involvement in Decision Making**

Unfortunately this has not been explored sufficiently. It is recommended that this action be carried over.

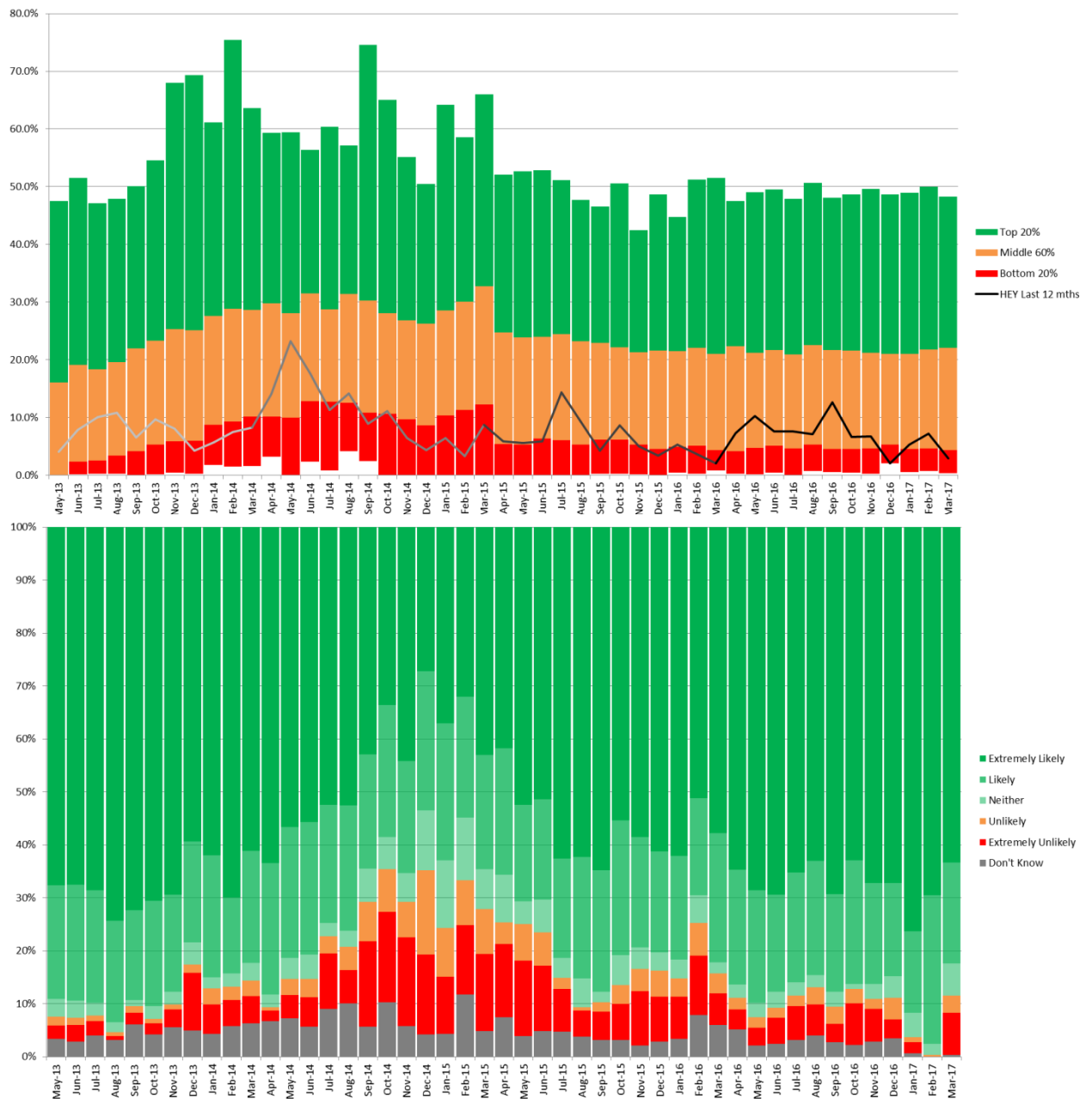
### 3. ASSURANCE

#### 3.1 Friends and Family Test (FFT)

Since April 2013 providers have been required to report Friends and Family responses in A&E, Inpatients and Maternity services. Friends and Family Test Guidance ([can be found here](#)) to support implementation of the Friends and Family Test in; General Practice from December, Mental Health Services and Community Service early adopters in October, with all patients of NHS funded services having the opportunity to respond to the Friends and Family Test by April 2015. Exceptions to this include; services provided by the voluntary sector, Dentists and Pharmacies.

##### 3.1.1 A&E - Hull and East Yorkshire Hospitals

The graph below shows Friends and Family response rate for HEY A&E compared to national response rates. The coloured bars show the distribution of response rates for all trusts, the trusts with the highest response rates in green (top 20% of trusts), those with the lowest A&E responses in red (bottom 20%). The line shows HEY A&E response rates over the life of the friends and family test.

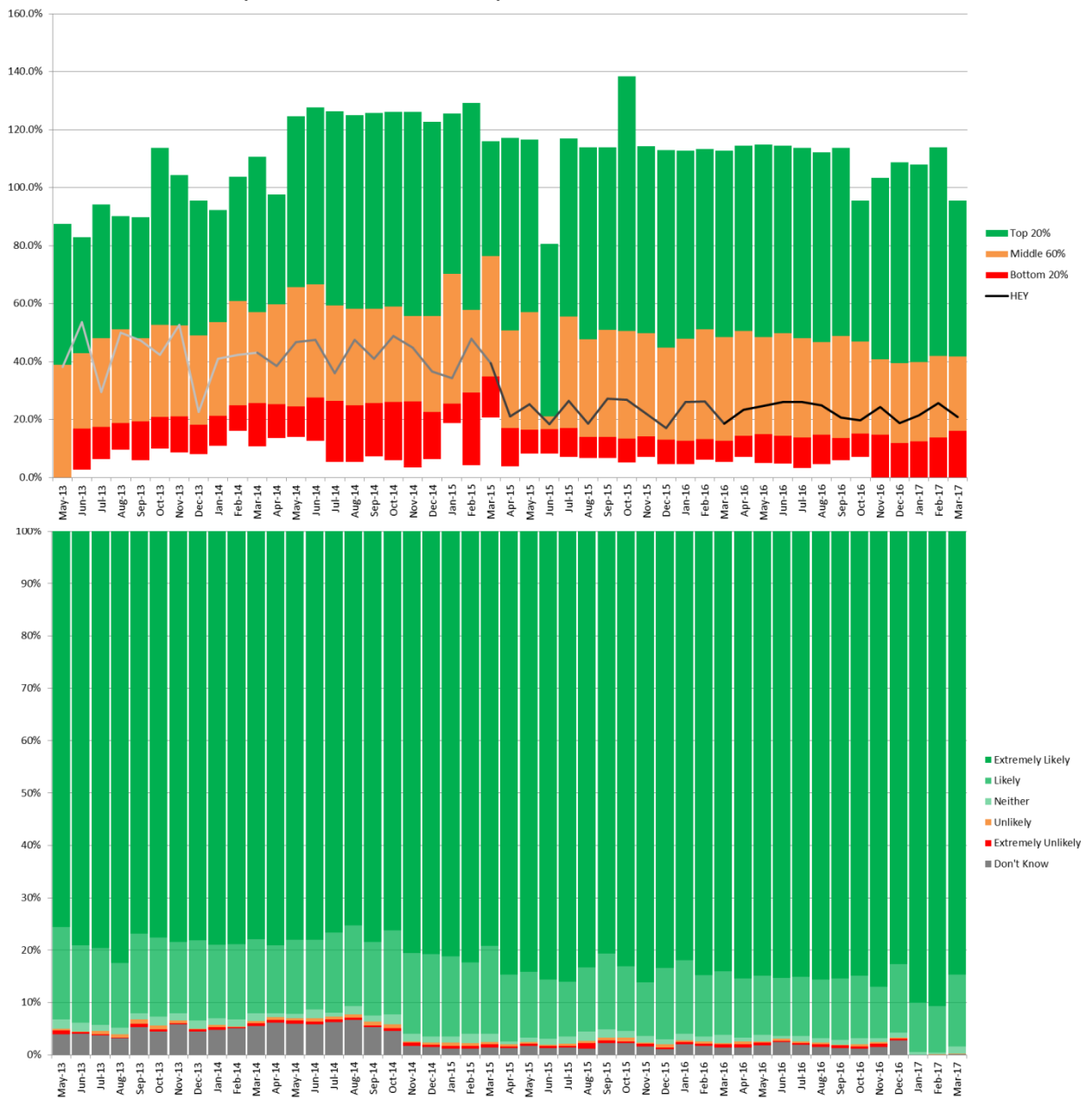


Graph above show Friends and Family responses for HEY A&E over the life of the friends and family test. The graph shows the types of responses proportionally to make comparison easier.

Response rates over the life of the Friends and Family Test have declined over time however the variation range has been consistent since the beginning of 2015, there is a regular peak in early summer. Response rates for the last year have fallen in the middle 60% of trusts for 10 out of 12 months which is an improvement on 2015-16. The positive responses to the FFT in A&E seen some fluctuation but have not fallen to those of winter 2014, with the last quarter seeing some of the highest ratings since FFT began

### 3.1.2 Inpatients - Hull and East Yorkshire Hospitals

The graph below shows Friends and Family response rate for HEY Inpatients over the last 12 months compared to national response rates.



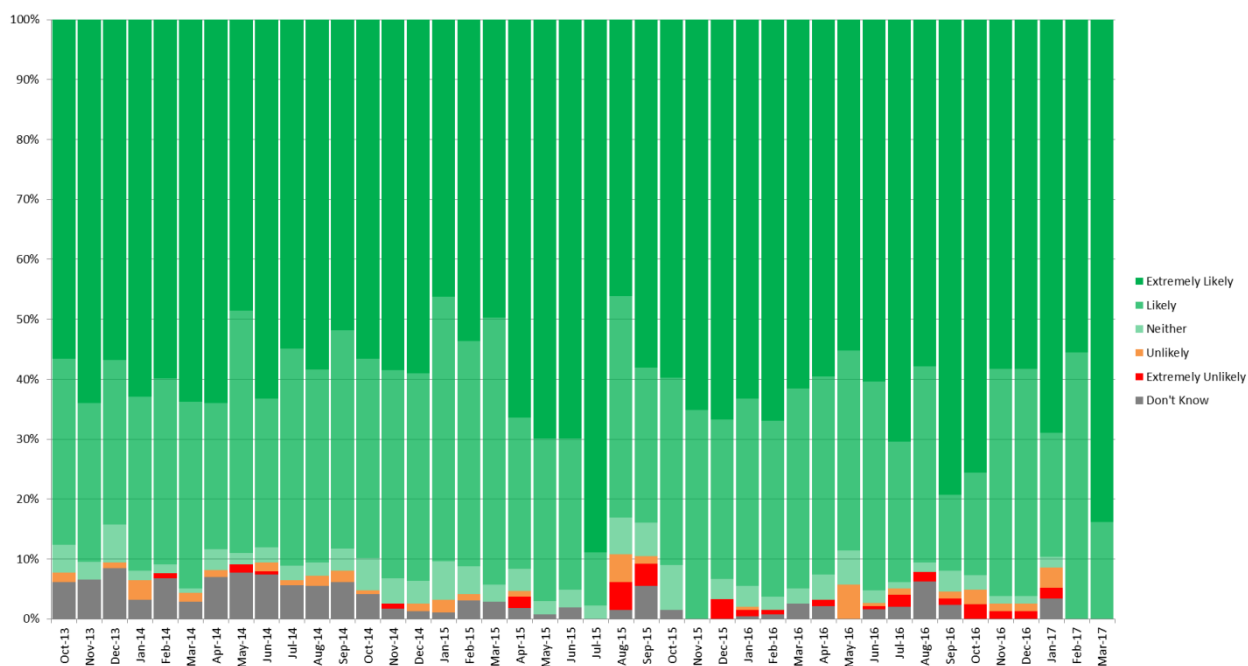
The graph above shows Friends and Family responses for HEY Inpatients since FFT began.

Although response rates have declined since the beginning of FFT, the rates have remained in the middle 60% of trusts, with a narrow range of variation. The proportional responses are consistent, and positive; Although responses have fluctuated slightly over the year, positive response remain comfortably over 90%, with the last quarter of the years seeing the most positive responses since FFT began.

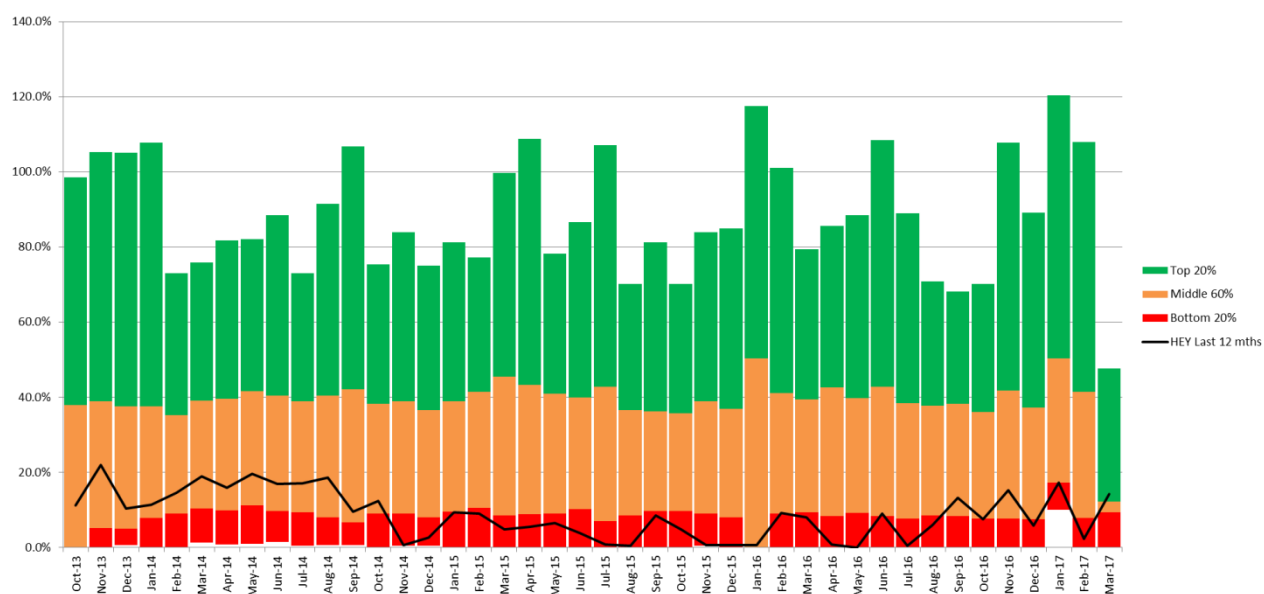
### 3.1.3 Maternity - Hull and East Yorkshire Hospitals

Response rates are no longer required by the national team, however, response rates are being looked at locally to form part of the contract along with complaints reporting.

The graph below shows Friends and Family responses for HEY Antenatal Care over the last 12 months.

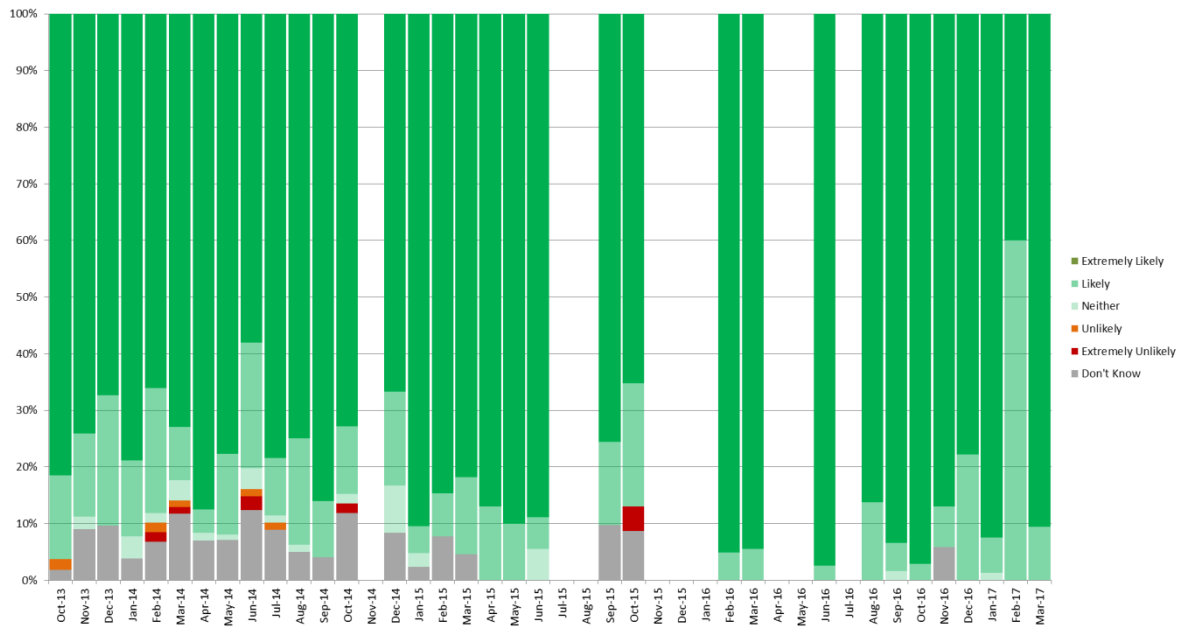


Graph to show Friends and Family response rate for HEY Births since the beginning of the FFT compared to national response rates

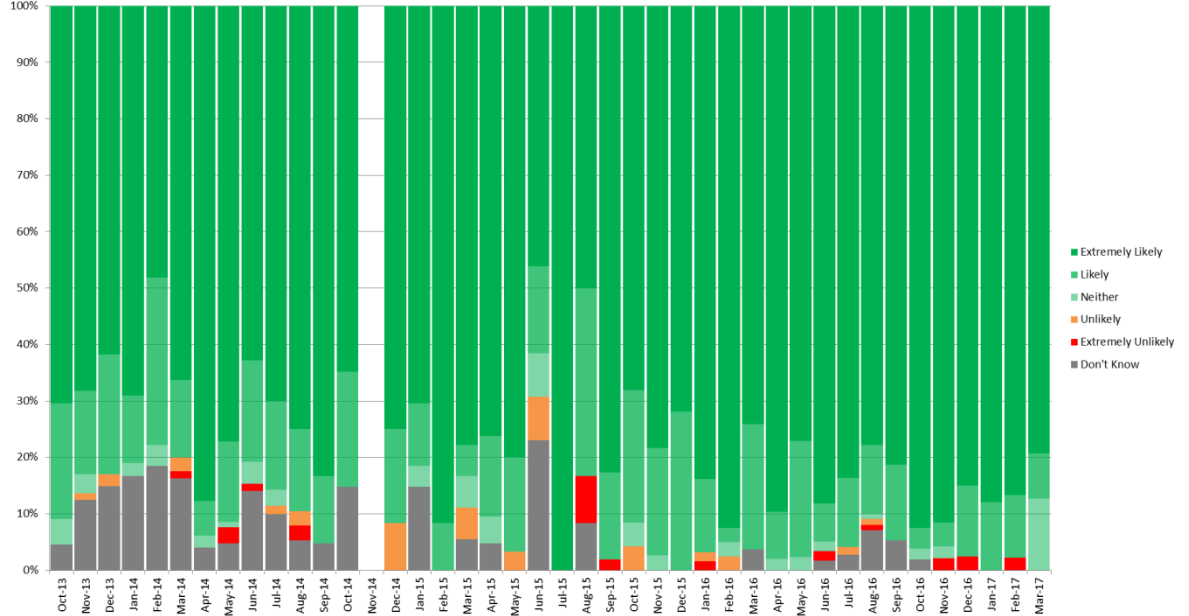


Although the response rates for FFT at birth have been low for some time, the last year has seen an improving trend.

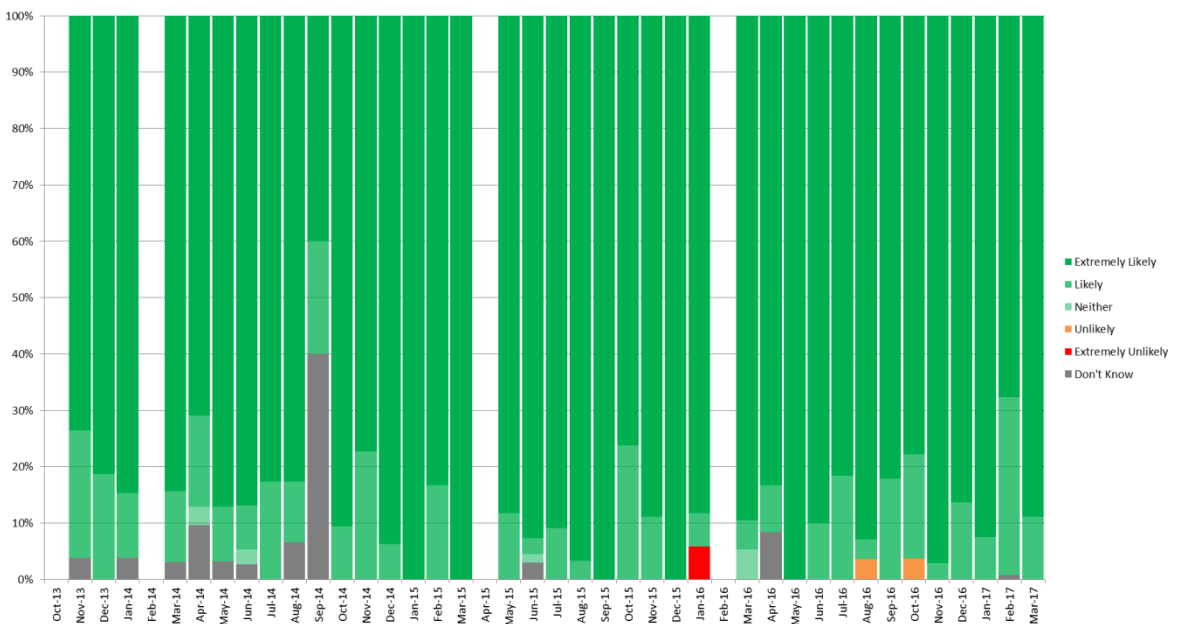
The graph below shows Friends and Family responses for HEY Births



The graph below shows Friends and Family responses for HEY Postnatal ward



The graph below shows Friends and Family responses for HEY Postnatal ward

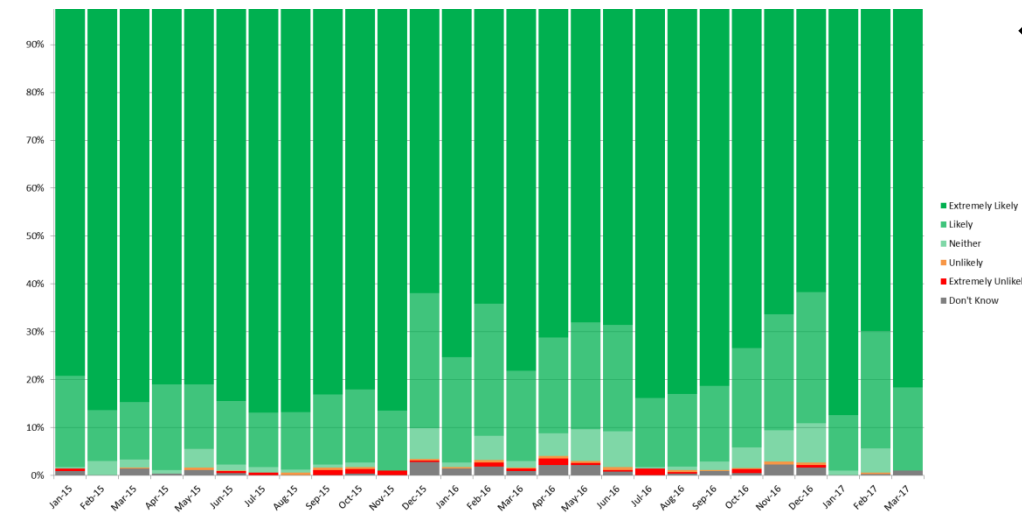
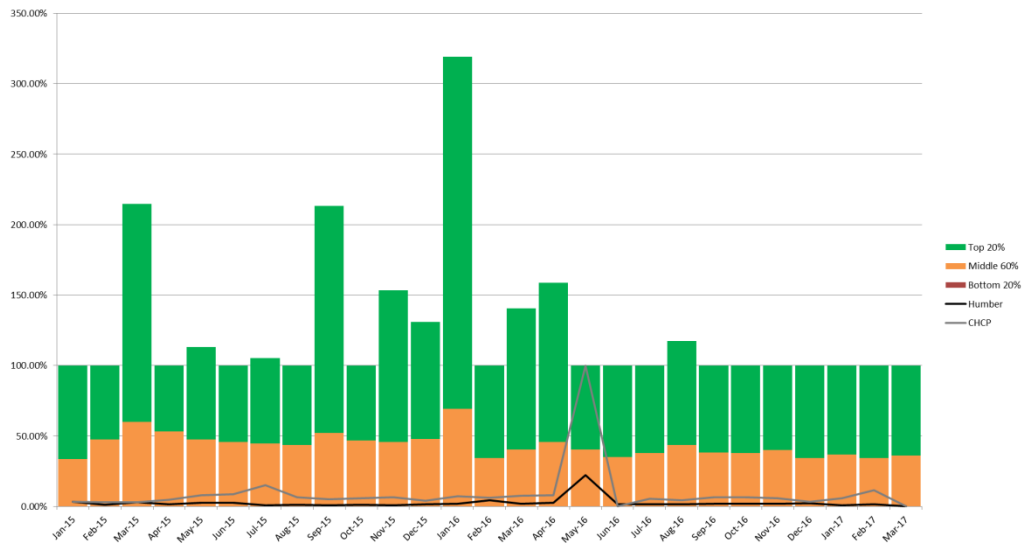




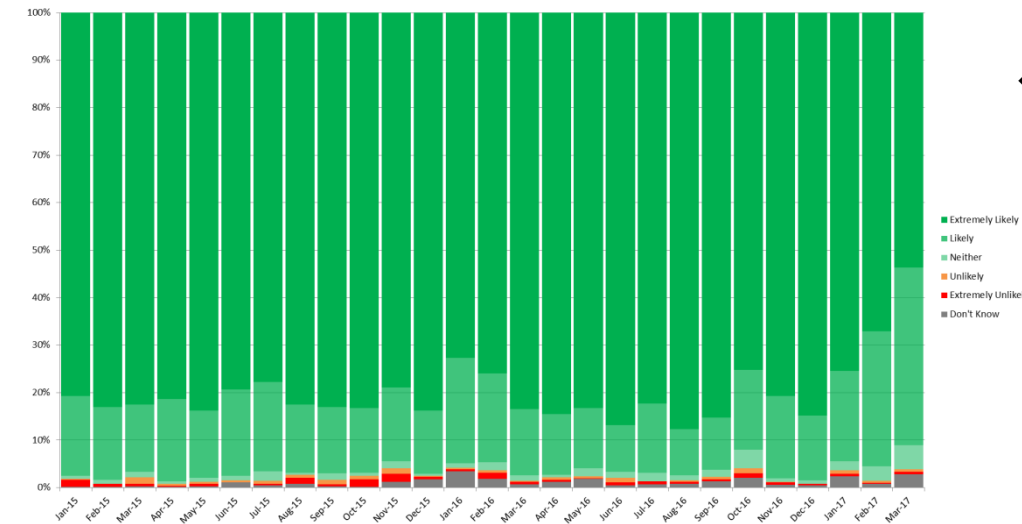
It is difficult to determine any conclusion for this year's results as response rates are low. After discussion with Hull and East Yorkshire Hospitals, new leads for FFT in maternity have been identified following the departure of the previous leads, this has led to some improvement that should continue to be monitored.

### 3.1.5 Community Services

The graph below shows Friends and Family response rates for Humber and CHCP community services compared to national response rates. This data can also be seen by service type; Children and Families, Community Healthcare other, Community Inpatients, Community Nursing Service, Rehabilitation and Therapies, Specialist services



◀ Graph to show Friends and Family responses for Humber Community Services



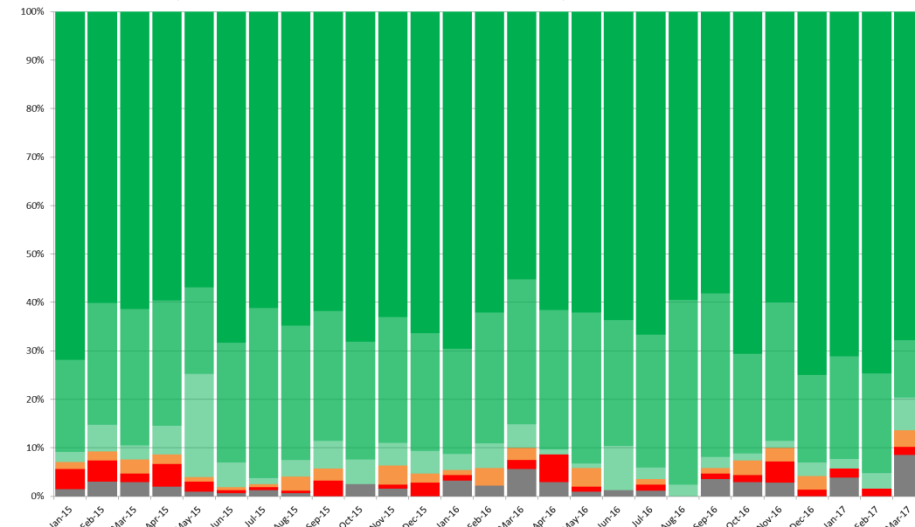
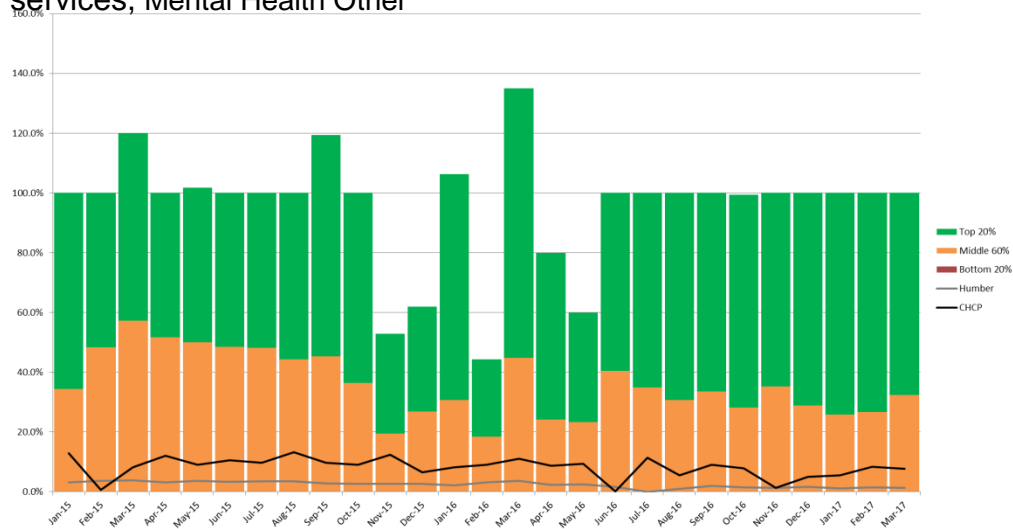
◀ Graph to show Friends and Family responses for CHCP Community Services

Response rates for both community service providers has remained fairly stable over the course of FFT for community services. Postive responses have always been about 90% for both providers, however the last quarter has seen a drop for Humber NHS Foundation Trust in the grades of positive responses this should be closely monitored to ensure that this is not an indicator of service issues.

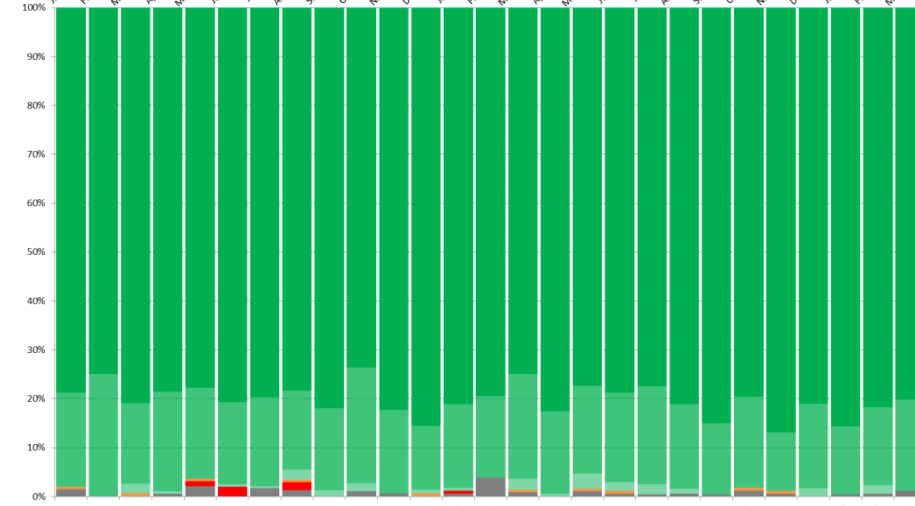
### 3.1.5 Mental Health Services

The graph below shows Friends and Family response rates for Humber and CHCP mental health services compared to national response rates.

This data can also be seen by service type; Secondary care community services, Acute services, Primary Care Services, Secure Forensic Services, CAMHS, Specialist services, Mental Health Other



◀ Graph to show Friends and Family responses for Humber Mental Health Services



◀ Graph to show Friends and Family responses for CHCP Mental Health Services

Response rates for both mental health service providers has remained fairly stable over the course of FFT for Mental health services. Positive responses have had some fluctuation but have remained stable for both providers.

### 3.1.6 Outpatient Services

The graph below shows Friends and Family response rate for HEY outpatient services compared to national response rates.



The graph above shows Friends and Family responses for HEY Outpatient Services.

## 3.2 PALs and Complaints Contacts

Following the transfer of the patient relations from North Yorkshire and Humber Commissioning Support unit a separate patient relations annual report is produced.

## 4. ASPIRATION

### 4.1 Adult Inpatient Survey 2015

This survey looked at the experiences of 83,116 people who received care at an NHS hospital in July 2015. Between August 2015 and January 2016, a questionnaire was sent to 1250 recent inpatients at each trust. Responses were received from 566

patients at Hull and East Yorkshire Hospitals NHS Trust. The overall rating for Hull and East Yorkshire Hospitals NHS Trust was about the same, compared with other trusts.

Area	Patient Response Score	Compared with other trusts
A&E department	8.5/10	About the same
Waiting lists and planned admissions	8.7/10	About the same
Waiting to get to a bed on a ward	7.7/10	About the same
The Hospital and ward	8.3/10	About the same
Doctors	8.4/10	About the same
Nurses	8.2/10	About the same
Care and treatment	7.7/10	About the same
Operations and procedures	8.2/10	About the same
Leaving Hospital	6.8/10	About the same
Overall views of care and services	5.7/10	About the same
Overall view of inpatient services	8.1/10	About the same

[Full report can be found here](#)

## 4.2 Community Mental Health

This survey looked at the experiences of 13,000 (28% response rate) people who received care or treatment for a mental health condition, between September 2015 and November 2015. At the start of 2016, a questionnaire was sent to 850 people who received community mental health services. Responses were received from 253 people at Humber NHS Foundation Trust.

Area	Patient Response Score	Compared with other trusts
Health and social care workers	7.6/10	About the same
Organising Care	8.6/10	About the same
Planning Care	7.0/10	About the same
Reviewing Care	7.5/10	About the same
Changes in who people see	6.8/10	About the same
Crisis Care	6.0/10	About the same
Treatments	7.4/10	About the same
Support and Wellbeing	4.9/10	About the same
Overall views of care and services	7.5/10	About the same
Overall Experience	7.1/10	About the same

[Full report can be found here](#)

## 4.3 Hull and East Yorkshire Hospitals NHS Trust CQC Visit (Report 15/02/2017)

A comprehensive inspection of the trust from the 28 June to the 1 July 2016 which included a review of progress made on the previous inspections in May 2015 and February 2014. All eight core services at HRI and five at CHH. The minor injuries service operated by the trust at East Riding Community Hospital and outpatient services at the Westbourne NHS Centre were also inspected. In addition, unannounced inspections were completed on 9 June and the 11 July 2016.

The trust was rated as 'requires improvement' overall. The trust was rated 'requires improvement' for safe, effective, responsive and well led. The trust was rated good for caring. The trust had made improvements since our last inspection but these were not significant enough to change the rating for the trust as a whole. Some areas had made considerable improvements, especially the emergency department (ED) which was now

rated as 'good'. Medical care, surgery, and children's services had improved. End of life care which was inspected in 2014 remained 'good' across all domains. However, there was deterioration in the ratings overall for critical care (last inspected 2014) maternity and outpatients & diagnostic services from 'good' to 'requires improvement'.

Specific comments relating to patient experience included:

- Feedback from patients and relatives was positive. They saw good interactions between staff and patients. Staff maintained patients' privacy and dignity when providing care. Caring within medicine had improved although there were some instances on the acute medical unit at HRI where not all call bells were within reach of patients.
- Patients told us they were offered a choice of food and regularly offered drinks. Patients were offered alternatives on the food menu and were provided with snacks, if required, during the day.
- The areas we visited were clean and ward cleanliness scores were displayed in public areas. We observed good infection prevention and control practice on all wards we visited.

[Full report can be found here](#)

#### **4.4 Yorkshire Ambulance Service NHS Trust CQC Visit**

This was a follow up inspection of the trust from 13-16 September 2016, in response to a previous inspection as part of our comprehensive inspection programme of Yorkshire Ambulance Service NHS Trust in January 2015. In addition, an announced comprehensive inspection of the NHS 111 service was carried out on 10-12 October 2016. Focused inspections do not look across a whole service; they focus on the areas defined by the information that triggers the need for the focused inspection; therefore all of the five domains: safe, effective, caring, responsive and well led were not inspected. Five core services were inspected:

- Emergency operations centres
- Urgent and emergency care
- Patient transport services
- Resilience services including the hazardous area response team
- NHS 111 services.

Overall, the key domains (are services safe, effective, responsive, well-led) were rated as good which meant the overall rating for the trust was also good.

The CQC Ambulance Survey looked at the experiences of over 2,900 people who called an ambulance service in December 2013 or January 2014. Responses were received from 262 patients at Yorkshire Ambulance Service NHS Trust. The trust scored better than other trusts in two of the outcome measures and about the same as other trusts in the other two outcome measures. They reviewed the most recently available Friends and Family Test (FFT) and patient satisfaction survey results for the NHS 111 service and found that between January and March 2016:

- 93% of respondents said that they were likely or extremely likely to recommend the service to friends and family
- 93% of patients were happy with the responsiveness of the service in answering their call

- 92% of patients said the call handler listened to them effectively
- 90% of patients said the call handler was reassuring
- 96% of patients said they understood what the call handler said to them
- 96% of patients said they had been treated with dignity and respect
- 96% of patients said they understood the information and advice they were given
- 89% of patients said the information and advice they received was helpful

[Full report can be found here](#)

## 4.6 The Big Hull Survey

In April 2016 the Hull Daily Mail published the results of their readership questionnaire “The Big Hull Survey”. Almost 2,500 people took part and were asked how they feel about Hull today and its future. Within the questionnaire there were 5 questions that held some relevance to NHS Hull CCG. The responses are summarised below:

- Concern about the standard of health services 33.94% very concerned, 29.91% concerned
- Concern about the standard of public services 29.59% very concerned, 32.60% concerned
- The health issue most important to address
  - Number of Doctors and nurses 32.38%
  - Social issues (smoking, drug and alcohol, obesity) 29.90%
  - Waiting lists, accessing care 22.94%
  - Quality of care 14.77%
- Ease of accessing family health services,
  - 40.88% Quite easy
  - 27.24% Quite difficult
  - 15.40% Very difficult
  - 12.78% Very easy
- Confidence in health services
  -

[Full report can be found here](#)

## 5 AWARENESS

### 5.1 People’s Panel

#### 5.1.1 Prevention and Early Intervention

This survey was conducted throughout June 2016 and July 2016. Questions covered the following topics; recognising symptoms of ill health, concerns about ill health, health screenings, managing health, health campaigns. The total number of responses received was 1,684

The majority of people say they are most worried about developing dementia or Alzheimer’s both for themselves, and for someone close to them. These worries are exacerbated amongst people aged 65 and over particularly when thinking about themselves. Generally speaking, older people appear more worried than younger people about developing heart disease or cancer, with the exception of skin cancer. In terms of segmentation groups, older couples with no dependent children, and well off working age couples with children appear significantly more worried than average about developing dementia or Alzheimer’s personally.

In the event of themselves or someone closest to them developing symptoms of a potentially serious illness, the overwhelming majority of people would make an appointment with their GP in the first instance. Around a third say they would look up the symptoms on the internet, although this increased to a half for respondents from BME groups and qualified professionals, a statistically significant difference from the average.

Almost half of single pensioners who responded, also a significant difference from average, indicated they might speak to a pharmacist about symptoms they have of any potentially serious illness.

When considering what they might do, or encourage someone close to them to do as a way of preventing onset of a serious illness, the majority of respondents think stopping smoking and eating a healthy diet are likely to be most effective. Opinions across the demographic were very similar, but there were some significant differences worth noting. Young families with dependent children appear more adamant about stopping smoking; students and young singles placed greater emphasis on eating a healthy diet. There appears to be less enthusiasm for losing weight, exercising more and reducing alcohol intake, although the student population seem more keen than most to exercise.

The majority of people say they have at some time been invited to attend either a dental check-up or routine eye test. The vast majority of people aged 65 and over appear to have received notifications about annual flu jabs, and almost 80% of female respondents say they have been contacted for cervical screening. The proportion of respondents who say they have received bowel screening kits through the post rises significantly for those aged 65 plus to over 90%. Around 45% of women overall say they have been invited for breast screening, increasing to 100% for female respondents aged 55 to 64. This is likely to be a result of standard NHS screening policy; specifically, bowel screening starts at age 60, and breast screening at age 50.

Less than a third of people say they have missed health or screening appointments to which they have been invited, and of the few who say they have, it was most likely to have been for a flu jab or a dental check up. The most likely reason for missing an appointment appears to be forgetfulness. There appear to be very few indications of any other grounds for respondents missing appointments.

Around 40% of people say either they or someone close to them is living with a long term condition which cannot currently be cured, but which can be managed or controlled with the use of medication or another type of therapy. Those who have a long term condition themselves, are confident about managing it, knowing what can make it worse, knowing what to do when it gets worse and what can improve their condition. However, there are some significant differences in the levels of confidence amongst different groups.

It appears that on the whole men are significantly more confident than women when it comes to living with a long term condition. Those from BME groups are less confident than average, in terms of knowing about their condition and what to do if the situation changes. Qualified professionals are much more confident than average in features of their condition, but respondents from group single males of multiple ethnicities are far less so. Younger people under 35 also appear to be less confident when it comes to dealing with any long term conditions.

The 40% of people who say someone close to them has a long term condition are less confident about aspects of that person's condition than if it were themselves, but overall are still assured when it comes to managing and knowing what to do about it. Any deviations in measures of confidence from average are less marked between genders when considering aspects of someone else's condition compared to their own. Confidence in handling long term conditions whether it is their own or someone else's seems to increase with age.

The majority of people say there is nothing that prevents them accessing health services when needed, but around a third indicated that getting an appointment can be difficult. People aged over 65 appear to be significantly more adamant than average about the problems of getting access to health services when required. BME respondents were much less concerned.

Learning about ways and means to improve health, such as exercise, cooking healthy food or relaxation techniques, do not appeal to the majority. Any interest expressed by respondents generally focussed on being able to undertake such activities in their own home. There appears to be particular disinterest in alternative therapies, particularly among men. Group exercise and self-help were of more interest to BME groups than average.

Almost half of people say they would improve their physical fitness and lose weight if they had to focus on a specific change in their health and lifestyle and around a third would like to reduce stress levels.

When thinking about achieving various health and lifestyle milestones, people appear to think they are most likely to not smoke, not drink to excess, continually learn new things, enjoy life and have good relationships. Whilst respondents appear to believe it is likely they will have a healthy old age, be physically healthy and active and maintain a healthy weight, they are less positive about this than other health and lifestyle objectives.

There are however, some significant differences in views amongst the varying demographics. For instance, younger people under 34 are more likely to think they won't smoke. Men are less likely than females to think they won't drink alcohol to excess. People with limiting long term illnesses and those from BME groups, whilst positive about enjoying life and having good relationships, are significantly less positive than average. Respondents aged 75+ have more confidence than average in maintaining a positive outlook and being emotionally well. Single males of multiple ethnicities believe they are significantly more likely than average to smoke in the future, and highly active educated young singles believe they are more likely than average to drink alcohol to excess even though they expect to eventually achieve the outcome. People in low income older families are significantly less likely than average to think they will eat a healthy diet, maintain a healthy weight, be physically active or generally live to an old age. Over 40% and almost a third of people say they already don't smoke or drink alcohol to excess respectively.

The most important factor for people is to enjoy their lives and have a healthy old age. It appears to be far less important to people that they do not drink alcohol to excess or smoke, understand signs of illness or eat a healthy diet. Only around a fifth of people seem to think it is important to live to an old age, preferring to focus on enjoyment and staying healthy.



For older people aged 55 and over, more focus is placed on having a healthy old age rather than enjoyment and for younger people under 45 the reverse appears to be true. Having good relationships and emotional well being also seems to be more important to younger people than average, and there is a clear difference between genders in terms of emotional good health, where it appears far more important to women than men.

The campaign posters recognised by the majority were for lung cancer and bowel screening. Just over a third of people say they had also seen campaign posters or leaflets for Stoptober, Staywell and Start 4 Life.

### 5.1.2 GP Services

This survey was conducted throughout September 2016 and October 2016. The total number of responses received was 1,731

Almost all residents (99%) are registered with a GP; of which nearly two thirds (64%) know who their named GP is. Of those residents who know their named GP, over half (60%) say they were not given a choice of which GP undertook this role. Only a fifth (21%) can remember being given this choice.

Typically, most residents who are registered with a GP visit a few times a year or less (86%). Only a very small proportion (14%) visit once a month or more. Residents registered with a GP are largely split between those who prefer to make an appointment with a particular named doctor (52%) and those who do not (45%). If it meant being seen more quickly, most residents would see another doctor at their own practice (86%) or another health professional at their own practice (66%). Less than half of residents would be prepared to see a doctor at another practice (46%) or a healthcare professional at another practice (40%). Only a small proportion of residents (6%) would be insistent on only seeing their doctor of choice at their own practice.

The majority of residents (82%) would consider using the telephone to get advice from a healthcare professional at their GP practice. However, only a small minority of residents would consider using any other method that was not face to face. Currently the most popular way residents make appointments with their GP is either over the telephone (93%) or in person (46%). A smaller proportion makes appointments online (19%). Significant proportions of residents that don't currently make appointments online would actually prefer this to their current method (26%) and a further 44% would consider it as a method if available.

The majority of respondents (60%) have changed GP practice at least once. Whilst the most common reason for changing GP practice is moving area (77%), one in five respondents (20%) have moved GP practice because of dissatisfaction with the practice / GP.

When asked what is important when choosing a GP / GP practice residents are most likely to place a high level of importance on where the GP is located (80%), surgery opening hours (81%) and available methods to book appointments (59%).

## 5.2 NEMTS

As part of the procurement of the Non-Emergency Medical Transport Service (NEMTS) engagement was undertaken to produce a Patient Experience Data Pack to be included in the ITT documentation for potential providers. Three questionnaires were developed;

one for users of the current Patient Transport Service, one for patients who had attended the same health services as Patient Transport Service Users but travelled by other means, and one for Healthcare Professionals and other staff who refer Service Users to the Patient Transport Service.

Two focus group sessions were conducted with Priority Service Users of the Patient Transport Service, one with 6 Oncology Patients and one with 4 Renal Patients undergoing dialysis.

Questionnaires were handed to every Service User, using the Patient Transport Service between Friday 13th May and Sunday 29th May 2016 by the drivers of the patient transport; Service Users who made multiple journeys within that time were only given one questionnaire, 700 Service User questionnaires were sent out. 500 questionnaires were sent to Service Users who attended the same health services as those using the Patient Transport Services, but travelled by other means; this group was surveyed in an attempt to gauge a “reasonable expectation” for things like arrival time prior to service, also to gauge the views of those who might qualify for the Patient Transport Service, but did not use it.

Response rates for the two Service User questionnaires were low, with 37 being returned from Patient Transport Service Users and 5 from non-service users. An online questionnaire was sent to the following healthcare professionals; all NHS Hull CCG GPs, and staff at Hull and East Yorkshire Hospitals NHS Trust who interact with the Patient Transport Service, 70 were returned.

The conclusions from the engagement work can be seen below

- Due to the low response rates for the questionnaires, additional engagement is recommended; this should form part of the mobilisation of a revised service, or implementation of service development. The utilisation of Service Users or the public as part of the procurement process could also be considered.
- Attitudes towards the eligibility criteria, from Services Users, Non-Service Users and Healthcare Professionals, are positive. There is evidence to suggest that the criteria should be followed, however, some free transport should be available for those who exhibit a need but don't quite meet this. This could be achieved by close links with the voluntary sector, and providing information relating to alternatives when it becomes clear the individual does not meet the criteria.
- Determination of eligibility; it is clear that there is a feeling that healthcare professionals should be involved in determining eligibility for patient transport. This is a complicated issue, although it is agreed across healthcare staff that clinical staff are best placed and informed to make the decision, identifying an individual staff group who should have “the final say” is extremely difficult, as the key practitioner changes over the course of treatment, and indeed the Service User's life. Also how often this should be reviewed is a difficult to find agreement on, and to make meaningful. The findings of this engagement would suggest that an assessment developed with clinicians carried out by the transport provider would be an option that could address some of the issues raised with regards to eligibility.
- The need to wait for patient transport has been identified and accepted by service users and healthcare professionals. This exercise has also found that at the present time there are instances where this is too long, in particular waiting for the return journey home. Reducing the waiting for a return journey, and a more specific collection time or notification or collection time would improve the service user's quality of life; the possibility for improvement in these areas should be reviewed.

- Communication of the eligibility criteria, and alternatives to NHS provided transport need to be communicated to Healthcare Professionals, NHS staff, Service Users and members of the public. These messages should be tailored to each group and targeted, particularly if there are changes to the existing service.
- Throughout the engagement exceptions and examples of the particular needs of service users have been highlighted. Consistency of service, as also appeared in a number of free text responses and the focus groups. Although there is an identified need for a more consistent service, there is also a need for the service to be able to take into account an individual Service User's needs when considering the length of wait, a need for a carer / support / advocate, and the type of vehicle. This is an example where a patient centred service has had specific areas of focus highlighted.

[Full guidance can be seen here](#)

### 5.3 Springhead New Build Consultation

Citycare in an engagement exercise relating to a new healthcentre for the Springhead Practice, Hull CCG supported them at these events as part of the Primary Care Blueprint engagement work. 125 people completed consultation sheets during 2 drop in sessions outlining initial plans to build the practice on land adjoining Wymersley Park and golf course.

The comments are summarised below:

- **The Park (Play Areas)**  
63% (79) of comments do not want to lose the park, and 7.9% were negative about the park being moved at all; as they felt there was not enough space on the rest of the site, or an appropriate area due to flood risk, to relocate the park like for like. 3.2% were positive about the park moving anticipating that it would be replaced like for like with some possible improvement.
- **Green Spaces and Wildlife**  
44% (55) comments related to the loss of green space. This was independent, or in addition to the loss of the park. Linked to this is 12.8% referred to an impact on local wildlife. With specific reference to a Great Crested Newt being seen and photographed. 4% (5) of comments also made note that building on green spaces goes against Hull City Councils "City Plan".
- **Traffic**  
27.2% (34) of comments relating concerns about an increase in traffic. This included parking issues and concerns that the increase in traffic would pose a safety risk to children and other park users. 8% (10) made suggestions or raised concerns regarding the access roads to the medical centre. Suggestions included using the existing access road on Kingston Road. Concerns included the fact the space required for access roads had not been taken into account in the suggested plans.
- **Practice Location**  
26.4 % (33) of comments related to alternative locations for the Medical Centre, 8.8% (11) were positive about the re-location of the surgery to an alternative site, acknowledging the need for improvement and impact of moving the surgery. Only 8% (10) of comments were received that were positive about using Wymersley Park, not all of those who made positive comments about Wymersley Park chose a location. 6.4% (8) of comments preferred site 1, 3.2% Site 5. Alternative sites at Wymersley Park were suggested, these focused at the front of Wymersley Park, facing Willerby Road.

- **Alternative Locations**  
There were a number of comments that only made reference to “other brown filed sites”. Locations included; Ganton School, Ainthorpe school, Sydney Smith School, Fred Moore Library, Wold Road, Springfield retail units, Setting Dyke Education Centre,
- **Improved Practice**  
26.4% (33) of comments were positive about the prospect of a new Medical Centre, acknowledging the need for one. Concern was raised regarding to services provided out of the new Medical Centre, these focused around the possibility of Drug User services being provided out of the surgery 3.2% (4). There were also concerns relating to a 24 hour Pharmacy being present as part of the Medical Centre 2.4% (3).
- **Future of the chosen location**  
8% (10) of comments specified flooding, and risk of flooding being of concern. Sites proposed at Wymersley Park were dismissed citing flood risk making them unusable for both the Medical centre and the Park. There was also concern raised that this building would set a precedent for further building on Wymersley Park, including opening up the golf course for building development.
- **General Opposition**  
A number of aspects of the comments were difficult to code as they related to general opposition. There were also a number of negative comments about the engagement process so far; with some specific comments relating to un-named individuals, and the resources used.

[The full report can be found here](#)

## 5.4 Urgent Care Consultation

NHS Hull CCG undertook a comprehensive programme of engagement to involve the public, service users and carers, elected representatives, and other stakeholders and partners in the development of plans for Urgent Care across the City; and the development of an Urgent Care Centre located in Bransholme, in the North of the City.

The information gathered during the pre-consultation engagement phase was been used to shape the CCG’s final proposal for the development. The proposals were presented to the public and stakeholders during a 12 week period of formal consultation; between 15th August 2016 until 6th November 2016. As part of the consultation, service users and the general public were asked about their views of current urgent care services; and to what degree they agree or disagree with the proposed changes to urgent care services and the reasoning behind the proposals. Three options were presented and the participants in the consultation were asked to put them in order of preference, the options were:

1. Relocate the minor injuries unit from the Freedom Centre, and the GP out-of-hours from Diadem Health Centre to create a 24/7 urgent care centre at Bransholme Health Centre, with no health services based at the Freedom Centre.
2. Relocate the minor injuries unit from the Freedom Centre, and the GP out-of-hours from Diadem Health Centre to create a 24/7 urgent care centre at Bransholme Health Centre. Work with local residents on what health services can be developed at the Freedom Centre, based on the needs of children and families.
3. Do nothing and keep the current service locations, opening times and access times as they are, without the development of an 24/7 urgent care centre and without extended access to X-ray.

The information to support the consultation was set out in a 12 page consultation document which included a four page questionnaire. All information relating to the proposals and the questionnaire were also made available online via the CCG's website. In addition a series of public meetings, drop in sessions, and information roadshows were held.

#### Key activity and its impact

- The consultation as a whole achieved over 1642 primary contacts; i.e. those who completed a questionnaire, attended a public meeting or engaged at a drop in session. A total of 741 completed questionnaires were received.
- The overall reach of the consultation was extensive and it is estimated that information on the proposals were seen around 1.2 million times via local media (newspaper and radio stations), via social media or on NHS Hull CCG's website.
- 10,000 consultation documents were distributed to GP practices, pharmacies and other healthcare premises as well as Customer Service Centres, schools and community venues across Hull.
- Residents in the areas that would experience the most change as a result of the proposed changes (HU7, HU8 and HU9) were specifically targeted; to ensure they had opportunity to have their questions answered and their views heard. Increased promotion of the consultation, drop in sessions and public meetings were held in these areas.
- Based on the Equality Impact Assessment, targeted work was undertaken to promote the consultation and encourage responses from the following groups: parents of younger children, the Eastern European Community and the LGBT community.
- In addition to the targeted work, public meetings were held across the City as well as general awareness raising roadshows held in local supermarkets and shopping centres.
- Key stakeholders were identified and invited to give their views on the proposals and a number of briefing sessions have been held with clinicians and service providers.

The majority of people who completed the consultation questionnaire agree with the proposals to consolidate Urgent Care services into a single 24 hour a day, 7 day a week, Urgent Care Centre with enhanced diagnostics located within Bransholme Health Centre. Specifically they believe that:

- Urgent care should be available 24 hours a day 7 days a week (97.41% agree or strongly agree)
- People should be seen, diagnosed and treated all in the same place (95.69% agree or strongly agree)
- Something needs to be done to reduce the pressure and waiting in Accident and Emergency (98.14% agree or strongly agree)
- The current Urgent Care Service is too complicated; it is difficult to know where to go and when. (68.82% agree or strongly agree)
- The preferred option for the majority of respondents is option 2, the most popular second choice being option 1. It is clear that respondents would prefer relocating urgent care services to Bransholme rather than services remaining in their current configuration (63.78% of people 1st choice option 2)

The issues highlighted through free text responses and public sessions can be grouped into three main areas:

- The location of the Urgent Care Centre, and people's ability to travel.

- Education and publicity, for both healthcare staff and the general public.
- Additional services, and requirements for the building and it's environment.
- The formal responses from statutory bodies and partners were largely supportive of the proposed changes to urgent care, although there were some concerns relating to those unable to travel to the new service if it is moved to the North of the city. Of those that gave a view on which option would be preferred, formal responses identified option 2 as the preferred option, ensuring that some appropriate services be maintained at the Freedom Centre.

[Full report can be found here](#)

## **6. AFFECT**

### **6.1 NEMTS**

The Non-Emergency Medical Transport Engagement Report formed part of the suite of documents that made up the ITT for potential providers of service. All bidders were asked as part of the assessment of the bids how the patient experience had informed their service model.

### **6.2 Springhead**

The findings from the consultation sessions have led to Citycare exploring alternative sites for the proposed new health centre. Discounting the land adjacent to Wymersly Park and the golf course.

### **6.3 People's Panel (GP Services)**

The findings from the September People's Panel have been informally feedback to the New models of care team. The findings mirror the programmes direction, and will be used to support future conversations with Practices, staff, patients and the public.

### **6.4 Urgent Care**

The results of the Urgent Care consultation lead to option 2 being mobilised. The other findings from the consultation are feeding into the mobilisation phase. Additional engagement with communities around the Freedom Centre is being planned.

### **6.5 Healthier Hull Community Fund**

The Healthier Hull Community Fund was highly commended (second place) in the category of Best Engagement or Consultation at the Association of Healthcare Marketing and Communications Awards.

The judges' commented

"The judges thought this entry showed a great way to get real engagement with local communities. Hull CCG really put their money where their mouth was by letting the local community bid for money to create a healthier Hull, and then let the local community decide which projects got the funding."

### **6.6 HCV STP**

The last 3 years of engagement and consultation activity for all Humber Coast and Vale partner organisations, were collated and analysed by the consultation institute and informed the goals and direction of STP.

## **7. RECOMMENDATIONS**

The Quality and Performance Committee is asked to:

1. Note the content of this Annual Report
2. Focus for the Future
  - a. Continue to support improvement FFT responses rates across primary and secondary care.
  - b. Explore how patient information is monitored by providers.
  - c. Involvement in Decision Making