

**Item 10**

 **Item: 10**

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| **Report to:** | Quality & Performance Committee |
| **Date of Meeting:** | 27th November 2018 |
| **Title of Report:** | Patient Experience Report January 2018 – October 2018 |
| **Presented by:** | Colin Hurst, Engagement Manager |
| **Author:** | Colin Hurst, Engagement Manager |

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| **STATUS OF THE REPORT:** |  |
|  To approve | To endorse |
|  To ratify | To discuss |
|  To consider | For information |
|  To noteX |  |

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| **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 1st January 2018 – 31st October 2018.**LEVEL OF CONFIDENCE:**

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| **PROCESS** | **R.A.G. RATING OF LEVEL OF CONFIDENCE** |
| Assurance of the patient experience performance of the providers of commissioned services | Low |
| Patient and public voice are at the heart of CCG decision making | High |
| Partnership working with Hull City Council to ensure patient and public voice are at the heart of decision making | Medium |
| **PERFORMANCE** |  |
| Maternity experience | Medium |
| Inpatient experience | Medium |

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

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|  | 1. Note the content of the report

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| **REPORT EXEMPT FROM PUBLIC DISCLOSURE** | XNo | Yes |
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| **CCG STRATEGIC OBJECTIVE** *(See guidance notes on page 4)*1. Ensure that patient and public views contribute to the integrated commissioning process through a rolling programme of engagement.
2. Promote health and wellbeing resilience to help tackle inequalities, using the assets (people and places) available from communities themselves.
 |
| *Short summary as to how the report links to the CCG’s strategic objectives*This report summarises patient and public views from a number of sources including activity undertaken by the CCG to monitor quality, inform decision making, and support the reduction of health inequalities through communities. |

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| **IMPLICATIONS:** (*summary of key implications, including risks, associated with the paper*),  |
| Finance | None |
| HR | None |
| Quality | None |
| Safety | None |

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| **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. |

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| **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*)

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|  | ***Tick relevant box***  |
| An Equality Impact Analysis/Assessment is not required for this report. | X |
| 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.  |  |

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| **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
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**PATIENT EXPERIENCE REPORT, JANUARY 2018 – OCTOBER 2018**

#### 1. INTRODUCTION

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 1st January 2018 – 31st October 2018.

**2. BACKGROUND**

The goal of the patient experience report is to provide summary information, with links to more detailed information in some sections. The patient experience information is aligned to four groups.

* Assurance

The Committee, on behalf of the Board, needs to be assured of the patient experience performance of the providers of commissioned services. This section focuses on how the provider performs obtaining and dealing with patient experience.

* Aspiration

Service specific intelligence relating to patient experience is essential to identify and support service improvement and provision; by using national survey results we can see how local providers perform compared to services across England; this will ensure services commissioned are both valued locally and perform well nationally.

* Awareness

The previous sections of this report are based on patients, carers and the general public responding to organisations, this section focuses on organisations responding to patients, carers and the public, listening to their concerns and priorities. This part of the report identifies themes emerging from soft intelligence from the website Patient Opinion, NHS Choices as well as richer information from the Friends and Family test, complaints and PALs activity.

* Affect

This section tracks how patient experience results have affected commissioning decisions and the delivery of services.

**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. General Practice adopted FFT from December 2014, and Mental Health Services and Community Service from October 2014. Friends and Family Test Guidance [(can be found here)](http://www.england.nhs.uk/ourwork/pe/fft/fft-guidance/)

Some Friends and Family test data is included within the monthly Quality and Performance reports, however local response rates are variable and particular issues with volume and consistency of responses have been highlighted within Maternity services and A&E. The CCG has been working with Hull and East Yorkshire Hospitals Trust to develop action plans to improve uptake of FFT within these services.

NHS England is carrying out a project to improve some areas of the way the Friends and Family Test works across the country. The work will result in publications of refreshed FFT Guidance by April 2019. How the CCG best uses this intelligence should be reviewed following this.

**3.2 Improved Assurance**

Although the Friends and Family Test can give an indication of issues within services, it does not give a representative picture of how providers perform obtaining and dealing with patient experience. A revised way of assuring the Quality and Performance Committee of the quality of providers’ patient experience activity is currently being explored. Meetings with local provider organisations are underway in order to determine a better approach.

**4. ASPIRATION**

**4.1 Maternity Services Survey 2017 [Published January 2018]**

This survey looked at the experiences of 18,426 (37% response rate) women over 16, who gave birth in February 2017. Responses were received from 146 people at Hull and East Yorkshire Hospitals NHS Trust. Hull and East Yorkshire Hospitals scored “about the same” as other Trusts on the majority of sections, and “worse” than other trust on two aspects:

* Advice at the start of labour
* Reasonable response time after birth

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| Area | Patient Response Score | Compared with other trusts |
| **Labour and birth** | **8.6/10** | **About the same** |
| Advice at the start of labour*Receiving appropriate advice and support* | 7.8/10 | Worse |
| Moving during labour*Being able to move around and choose the most comfortable position during labour* | 7.9/10 | About the same |
| Skin to skin contact*Having skin to skin contact with the baby shortly after birth* | 9.0/10 | About the same |
| Partner involvement*Partners being involved as much as they wanted* | 9.6/10 | About the same |
| **Staff during labour and birth** | **8.6/10** | **About the same** |
| Staff introduction*Staff introducing themselves before examination or treatment* | 9.1/10 | About the same |
| Being left alone*Not being left alone by midwives or doctors at a time when it worried them* | 7.2/10 | About the same |
| Raising concerns*Concerns being taken seriously once raised* | 7.9/10 | About the same |
| Attention during labour*If attention was needed during labour and birth, a member of staff helped them within a reasonable amount of time* | 8.3/10 | About the same |
| Clear communication*Being spoken to during labour and birth, in a way they could understand* | 9.4/10 | About the same |
| Involvement in decisions*Being involved enough in decisions about their care during labour and birth* | 8.7/10 | About the same |
| Respect and dignity*Being treated with respect and dignity during labour and birth* | 9.3/10 | About the same |
| Confidence and trust*Having confidence and trust in the staff caring for them during labour and birth* | 8.9/10 | About the same |
| **Care in hospital after the birth** | **7.0/10** | **About the same** |
| Length of hospital stay*Feeling the stay in hospital after the birth was the right amount of time* | 7.0/10 | About the same |
| Delay in discharge*Discharge from hospital being delayed* | 5.4/10 | About the same |
| Reasonable response time after birth*If attention was needed after the birth, a member of staff helped within a reasonable amount of time* | 6.4/10 | Worse |
| Information and explanations*Receiving the information and explanations they needed after the birth* | 7.3/10 | About the same |
| Kind and understanding care*Being treated with kindness and understanding by staff after the birth* | 8.2/10 | About the same |
| Partner length of stay*That their partner who was involved in their care was able to stay with them as much as they wanted* | 5.3/10 | About the same |
| Cleanliness of room or ward*Thinking the hospital room or ward was clean* | 9.1/10 | About the same |

[The full report can be found here](https://www.cqc.org.uk/publications/surveys/maternity-services-survey-2017)

**4.2 Adult Impatient Survey 2017 [Published June 2018]**

This survey looked at the experiences of 72,778 (41% response rate) people over 16, who were discharged from hospital during July 2017. Exclusions included; Patients whose treatment related to maternity or, patients admitted for planned termination of pregnancy, day case patients, and private patients (non-NHS). Responses were received from 146 people at Hull and East Yorkshire Hospitals NHS Trust. Hull and East Yorkshire Hospitals scored “about the same” as other Trusts on the majority of sections, and “worse” than other trusts on nursing levels; for feeling that there were enough nurses on duty to care for them. The Trust scored “better” than other trusts on privacy; being given enough privacy when being examined or treated in A&E

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| Area | Patient Response Score | Compared with other trusts |
| **The Emergency / A&E department** | **8.9/10** | **About the same** |
| Information*for being given enough information on their condition or treatment in A&E* | 8.6/10 | About the same |
| Privacy*for being given enough privacy when being examined or treated in A&E* | 9.3/10 | Better |
| **Waiting lists and planned admissions** | **8.7/10** | **About the same** |
| Waiting to be admitted*for feeling that they waited the right amount of time on the waiting list before being admitted* | 8.1/10 | About the same |
| Changes to admission date*for not having their admission date changed by the hospital* | 9.2/10 | About the same |
| Transitions between services *that the specialist they saw in hospital had been given all the necessary information about their condition or illness from the person who referred them* | 8.8/10 | About the same |
| **Waiting to get to a bed on a ward** | **7.7/10** | **About the same** |
| Waiting to get to a bed on a ward*for feeling they did not have to wait a long time to get to a bed on a ward* | 7.7/10 | About the same |
| **The hospital and ward** | **8.0/10** | **About the same** |
| Single sex accommodation*for not having to share a sleeping area, such as a room or bay, with patients of the opposite sex* | 9.3/10 | About the same |
| Changing wards at night*for staff explaining the reason for needing to change wards at night* | 7.0/10 | About the same |
| Noise from other patients*for not being bothered by noise at night from other patients* | 6.0/10 | About the same |
| Cleanliness of rooms or wards*for the hospital room or ward being clean* | 9.3/10 | About the same |
| Help to wash and keep clean*for getting enough help to wash and keep clean* | 8.1/10 | About the same |
| Taking medication*for being able to take own medication when needed* | 7.5/10 | About the same |
| Quality of food*for describing the hospital food as good* | 6.2/10 | About the same |
| Choice of food*for having been offered a choice of food* | 8.7/10 | About the same |
| Help with eating*for being given enough help from staff to eat meals, if needed* | 7.1/10 | About the same |
| Having enough to drink*for having enough to drink whilst in hospital* | 9.3/10 | About the same |
| Being well looked after*for feeling well looked after by non-clinical hospital staff* | 9.3/10 | About the same |
| **Doctors** | **8.6/10** | **About the same** |
| Answers to questions*for doctors answering their questions in a way they could understand* | 8.3/10 | About the same |
| Confidence and trust*for having confidence and trust in the doctors treating them* | 9.0/10 | About the same |
| Acknowledging patients*for doctors not talking in front of them, as if they weren't there* | 8.5/10 | About the same |
| **Nurses** | **8.0/10** | **About the same** |
| Answers to questions*for nurses answering their questions in a way they could understand* | 8.4/10 | About the same |
| Confidence and trust*for having confidence and trust in the nurses treating them* | 8.9/10 | About the same |
| Acknowledging patients*for doctors not talking in front of them, as if they weren't there* | 9.0/10 | About the same |
| Enough nurses*for feeling that there were enough nurses on duty to care for them* | 6.6/10 | Worse |
| Nurse in charge of care*for knowing which nurse was in charge of looking after them* | 6.8/10 | About the same |
| **Care and treatment** | **8.1/10** | **About the same** |
| **Confidence and trust***for having confidence and trust in any other clinical staff (e.g. physiotherapists, speech therapists, psychologists) treating them* | 8.6/10 | About the same |
| Staff teamwork*for the staff caring for them working well together* | 8.8/10 | About the same |
| Communication*for not being told one thing by a member of staff and something quite different by another* | 8.2/10 | About the same |
| Involvement in decisions*for being involved as much as they wanted to be in decisions about their care and treatment* | 7.4/10 | About the same |
| Confidence in decisions*for having confidence in decisions made about their condition or treatment* | 8.5/10 | About the same |
| Information*for being given enough information on their condition or treatment* | 8.6/10 | About the same |
| Talking about worries and fears*for finding a member of hospital staff to talk to about any worries and fears, if needed* | 5.6/10 | About the same |
| Emotional support*for receiving enough emotional support from hospital staff, if needed* | 7.2/10 | About the same |
| Privacy for discussions*for being given enough privacy when discussing their condition or treatment* | 8.5/10 | About the same |
| Privacy for examinations*for being given enough privacy when being examined or treated* | 9.5/10 | About the same |
| Pain control*for those who were ever in pain, that hospital staff did all they could to help control their pain* | 8.4/10 | About the same |
| Getting help from staff*for being able to get help from a member of staff within a reasonable time* | 7.6/10 | About the same |
| **Operations and procedures** | **8.2/10** | **About the same** |
| Answers to questions*for having any questions answered in a way they could understand, before the operation or procedure* | 9.0/10 | About the same |
| Expectations after the operation*for being told how they could expect to feel after the operation or procedure* | 7.5/10 | About the same |
| After the operation*for being told how the operation or procedure had gone in a way they could understand* | 8.0/10 | About the same |
| **Leaving hospital** | **7.0/10** | **About the same** |
| Involvement in decisions*for being involved in decisions about their discharge from hospital, if they wanted to be* | 6.9/10 | About the same |
| Notice of discharge*for being given enough notice about when they were going to be discharged* | 7.2/10 | About the same |
| Delays to discharge*for not being delayed on the day they were discharged from hospital* | 6.5/10 | About the same |
| Length of delay to discharge*for not being delayed for a long time* | 7.6/10 | About the same |
| Support after discharge*for those who went home, receiving enough support from health and social care professionals, if they needed this* | 6.2/10 | About the same |
| Care after dischargefor knowing what would happen next with their care when leaving hospital | 6.7/10 | About the same |
| Advice at dischargefor being given written or printed information about what they should or should not do after leaving hospital | 6.4/10 | About the same |
| Purpose of medicinesfor having the purpose of medicines explained to them in a way they could understand (those given medicines to take home) | 8.3/10 | About the same |
| Medication side effectsfor being told about medication side effects to watch out for (those given medicines to take home) | 4.7/10 | About the same |
| Taking medicationfor being told how to take medication in a way they could understand (those given medicines to take home) | 8.3/10 | About the same |
| Information about medicinesfor being given clear written or printed information about medicines (those given medicines to take home) | 7.7/10 | About the same |
| Danger signalsfor being told about any danger signals to watch for after going home | 5.4/10 | About the same |
| Home and family situationfor hospital staff considering their family and home situation when planning their discharge, if this was necessary  | 7.3/10 | About the same |
| Information for family or friendsfor information being given to family or friends, about how to help care for them, if needed | 5.9/10 | About the same |
| Contactfor being told who to contact if worried about their condition or treatment after leaving hospital | 8.1/10 | About the same |
| Equipment and adaptions in the homefor hospital staff discussing if any equipment, or home adaptions were needed when leaving hospital | 8.0/10 | About the same |
| Health and social care servicesfor hospital staff discussing if any further health or social care services were needed when leaving hospital  | 8.0/10 | About the same |
| **Overall views of care and services** | **4.5/10** | **About the same** |
| Respect and dignityfor being treated with respect and dignity | 9.1/10 | About the same |
| Patients' viewsfor being asked to give their views about the quality of their care, during their hospital stay | 1.8/10 | About the same |
| Information about complaintsfor seeing, or being given, any information explaining how to complain to the hospital about care received | 2.7/10 | About the same |
| **Overall experience** | **8.2/10** | **About the same** |
| Overall view of inpatient servicesfor feeling that overall they had a good experience | 8.2/10 | About the same |

[The full report can be found here](https://www.cqc.org.uk/publications/surveys/adult-inpatient-survey-2017)

**5.0 AWARENESS**

5.1 **People’s Panel December 2017**

This survey was conducted throughout December 2017 and January 2018. Responses were reported back in February 2018

Questions covered the following topics:

* Hull: Yorkshire’s Maritime City
* Local Pride
* Police and Policing
* Patient Choice
* City of Culture

**Patient Choice**

* Typically, the majority of Panel respondents are aware of their choices when accessing NHS services. This is particularly true of their choice of GP practice (63%) and their choice of dental practice (70%). The only exception is choice of specialist; where the majority of respondents (53%) are unaware of their choice.
* Similarly, the majority of Panel respondents think that all these choices when accessing NHS services are important. This is particularly true of their choice of the treatment they receive (87%) and their choice of whether they receive treatment or not (88%). Panel respondents place the least importance on choice of which specialist carries out their treatment (57%) and choice to have NHS treatment in a private hospital or centre (55%).
* The majority of Panel respondents agree that the most important things when making a choice about specialist treatment, or about which GP practice or dentist you use, are waiting time for an appointment (66%), location in relation to their home (65%), waiting time (63%) and convenience of available appointment times (54%). A high proportion also identified ease of getting there (38%).
* The majority of Panel respondents also agree that, when making a choice, they would be most likely to talk to their GP / dentist (75%), to use their own or someone else’s personal experience (57%) and to talk to their family / friends (55%). A high proportion would also talk to a nurse (39%) or a specialist (36%).
* When asked how much they disagree or agree with a series of statements about NHS choices, the majority of Panel respondents strongly agree or agree that they feel comfortable making choices about their own treatment (59%) and that they are very involved in their own health care (51%). Most Panel respondents also agree that they can access the right information to make a choice about their own treatment (47%) and that their GP / dentist always informs them of their choices (42%).
* When asked if they are encouraged to make choices about their treatment, Panel respondents are split between those who agree (36%) and those who disagree (32%). This suggests a polarisation of opinion which might be a result of other factors e.g. patient demographic, choice of health care provider or personal experience of NHS services etc.
* 13% of Panel respondents have never been referred for a specialist treatment. Those who have are split between those who were informed of their choices (40%), those who weren’t (36%) and those who can’t remember (24%). Of those Panel respondents who have been referred for a specialist treatment and who were also informed of their choices, the majority were informed by a medical professional; specifically a GP / doctor (81%), specialist (31%) or nurse (17%).

[The full report can be found here](http://www.hullcc.gov.uk/peoplespanel)

5.2 **People’s Panel June 2018**

This survey was conducted throughout June and July 2018. Responses were reported back in August 2018

Questions covered the following topics:

* Electric Vehicles
* Hull Old Town
* Hull: Yorkshire’s Maritime City
* Attracting Visitors
* Recommended Summary Plan for Emergency Care and Treatment

**Recommended Summary Plan for Emergency Care and Treatment**

* Since the questions in this section could be sensitive to some people, all respondents were asked if they were happy to answer them. 92% of all respondents were happy to answer these questions.
* Almost all (97%) married respondents said that their spouse was their next of kin. Unmarried respondents mostly gave their next of kin as a parent (43%), a co-habiting partner (25%) or a child (14%).
* Overall, only 2% of respondents did not know who their next of kin was; although this rose to 4% amongst unmarried respondents.
* The majority of respondents (78%) want their next of kin to be the person who makes decisions for them, if they are not able to. Only 5% of respondents said they did not want their next of kin making decisions on their behalf.
* 14% of respondents said they had not thought about who they would want to make decisions for them, if they are not able to.
* Respondents were provided with a list of official documents associated with the Recommended Summary Plan for Emergency Care and Treatment (e.g. advance statement, will, power of attorney etc.). 16% of respondents do not have, and have never heard of, any of the things listed
* Respondents are most likely to have heard of power of attorney (65%) and a will (60%). Whilst a third (36%) of respondents currently have a will; this is significantly below the proportions who have heard of one (60%).
* Almost all (91%) married respondents said that they will have to make decisions for their spouse, if they are unable to do so. Married respondents may also have to make decisions for their parents (16%) or their children (16%).
* A significant proportion of unmarried respondents said that they will not have to make decisions for someone else, if they are unable to do so (45%). However, unmarried respondents may have to make decisions for their parents (28%), a co-habiting partner (19%) or their children (11%)
* Respondents were asked about how easy they would find it to talk to a professional or a nominee (the person they want to make decisions for them) about life saving and end of life treatment and care.
* Only a very small minority of respondents have already had a conversation with a professional about any of the things listed although they would be largely happy to do so. Respondents would be most confident talking to a professional about organ donation and legal and financial matters.
* Similarly, only a very small minority of respondents have already had a conversation with a nominee about any of the things listed although, again, they would be largely happy to do so. Respondents would be most confident talking to a nominee about organ donation and legal and financial matters.
* Respondents would find it easier to talk to a professional about resuscitation (or not) than their nominee. Conversely, respondents would find it easier to talk to their nominee about legal and financial matters than a professional.

[The full report can be found here](http://www.hullcc.gov.uk/peoplespanel)

5.3 **Down’s Syndrome Pathway Launch March 2018**

An Experience-based co-design (EBCD) approach was adopted to develop the pathway. EBCD enables staff and patients (or other service users) to co-design services and/or care pathways, together in partnership; usually through focus groups.

Initially three focus groups were planned;

* Two for parents and carers on 13th September 2017 (morning and evening)
* One for health and social care professionals on 14th September 2017

It was clear that following these sessions that supplementary sessions were required, three more sessions were organised on 28th November 2017:

* For people living with Down’s Syndrome.
* For health and social care professionals
* For parents and carers

In the last session everyone came together to finalise the pathway and discuss its promotion and maintenance, this was held on Monday 19th February 2018.

Additional sessions were run for Parents and Carers as there were a number of issues that needed to be aired. It became apparent they had not had the chance to give feedback about their experiences as a large amount of focus was at the very beginning of the pathway; in particular around how diagnoses were communicated, and how they and their children were treated by professionals.

Due to the Parent and Carer sessions focusing on the early part of the pathway (up to school age) it was felt that engagement with adults should be undertaken to give insight into the older part of the pathway. This proved difficult; a session was developed but unfortunately had no attendance. Anecdotally we were told that people may not want to attend through fear of “rocking the boat”. We attended the “Differently Abled Event” on 9th February 2018 to try to talk to adults living with Down’s Syndrome, although we did manage to get some views relating to experiences of the health service, supplementary work needs to be done in this area.

As the pathway work continued the, knowledge of the pathway spread and professionals came forward regretting that they had missed sessions, as a result additional sessions were run for health and social care professionals.

The focus groups had involvement from various departments, covering the whole pathway, from the following organisations:

* Hull and East Yorkshire Hospitals
* Humber NHS Foundation Trust
* City Healthcare Partnership
* Hull City Council
* Downright Special
* CASE

To engage with Primary Care an information stand was staffed at the Learning disability Protected Time for Learning (PTL) session held on 15th November 2017. An update briefing paper was distributed at the PTL held on 7th February 2018. The pathway was also discussed with GPs who attended the “Differently Abled” event in February 2018. Additional engagement with Primary Care is planned as part of the implementation of the pathway.

In total 36 health and social care professionals, 21 parents or carers, and 6 people living with Down’s Syndrome have attended focus group sessions and given feedback to support the development of the pathway.

[The pathway can be seen here](https://www.hullccg.nhs.uk/downssyndromehull/)

5.4 **Short Breaks Review January 2018**

Hull City Council has a statutory duty to ensure a range of short break services are available to meet the needs of disabled children and young people to enable their parents and carers to receive a break from caring. NHS Hull Clinical Commissioning Group (CCG) supports Hull City Council in commissioning these services.

Hull City Council, NHS Hull CCG and Hull parents’ forum have jointly undertaken engagement with service users and potential service users of the short breaks services. The goals of this engagement work were to find out:

* What activities children and young people currently access to give them and their parents or carers short break.
* What barriers there might be preventing access to these activities
* How we can improve these services across the city.

1500 printed questionnaires were distributed to people who were most likely to access short breaks services. A link to the questionnaire was shared on social media, 301 completed questionnaires were received, 237 paper copies and 64 completed online. Four focus groups were held with parents and carers of children with special educational needs or disability; and were attended by 26 participants.

Based on Parent and Carer responses and feedback, the most accessed types of short breaks are those that are sporting. Activities in the holidays and respite / overnight are the next most accessed and in high demand. The majority of short breaks take place in a specialist setting i.e. one that would require a referral, the least in the community setting.

There is a large amount of inequity in the short breaks availability, 38% of respondents do not use short breaks; and of those who accessed a use short breaks half the adults feel it does not meet their needs, whereas 61% feel it meets their children’s needs. Some parents and carers receive a good level of support to meet their needs; however some receive no support at all. The inequity is experienced equally as there no one group in particular that that is overlooked; this suggests an issue with the administration of short breaks, and the reach and availability information about short breaks .

Participants and respondents feel that accessing short breaks is a struggle, there are two key barriers to service; the first is lack of information about what services are available and how to access those services, for parents, carers, associated professionals and staff. The second is the range of assessment and referral process, parent and carer comments suggest this is complicated and takes time; although there are a range of assessments top access different short breaks at different levels and the process does not feel transparent.

From a parent and carer perspective; it is clear that short breaks services require improvement, specifically to improve access to services, and that short breaks meet the needs of those using them. Better information about the short breaks that are available, eligibility and how to access services needs to be developed with parents and carers; information also needs to be developed for staff and associated practitioners to support signposting. Although it is clear that improvements to services need to be made, exactly what needs to be improved is not as clear. All negative comments related to the process of accessing a short break rather than the breaks themselves; how people are assessed and referred into short breaks services should be reviewed, and improved as a priority.

Any improvements to service should be informed by parents, carers, children and young people who are likely to use the provision in question. Half the people completing a questionnaire stated that they would like to be involved further. A co-production approach is recommended working with as many people as possible, employing techniques that do not really on meetings or face to face sessions due to the limited time available to those looking after children and young people with SEND. A client experience programme should be put in place to regularly review the short breaks provision and ensure they are improving to support the needs of families and young people.

Recommendations

This report makes six recommendations to inform future service planning and development

1. Short breaks provision requires improvement to expand reach and improve support.
2. There are three areas that require review and improvement as a priority;
	1. Information relating to short breaks provision for parents, carers and professionals.
	2. The assessment and referral process and eligibility criteria for short break provision
	3. The capacity of short break activities in the school holidays.
3. Existing short breaks services, and those being introduced or developed should meet the needs of parents and carers, that have been highlighted during this engagement exercise.
4. The provision of short breaks by communities is low; this area of provision should be explored. Parent and carer contribution to services should also be explored further.
5. A clear plan for gathering experiences and views about short breaks needs to be developed. People accessing services should have a number of ways to give their views and experiences.
6. This engagement only looked at the views of parents and carers, service developments or changes should have a robust equality impact assessment to ensure that all groups are involved in ways that are appropriate for them.

5.5 **Extended Access May 2018**

The General Practice Forward View (GPFV) published in April 2016 set out plans to enable clinical commissioning groups (CCGs) to commission and fund additional capacity across England to ensure that, by 2020 everyone has improved access to GP services including sufficient routine appointments at evenings and weekends to meet locally determined demand, alongside effective access to out of hours and urgent care services.

To inform the development of this service change NHS Hull CCG has undertaken an engagement exercise to validate and build upon previous patient experience intelligence relating to Primary Care.

The goals of this engagement work were to:

* Gain people’s views on the current ways to access services in primary care
* Determine what extended opening hours would be preferred by the general public
* Gauge appetite for alternative ways of booking and accessing primary care support

Approximately 5000 printed questionnaires were distributed through primary care providers. A link to an online version of the questionnaire was shared on social media and by email to existing contacts. The engagement received local media coverage, this combined with social media reach lead to just over 500,000 opportunities for people to be exposed to the call to action of completing a questionnaire. 1238 people completed the questionnaire, the highest response to a single engagement or consultation exercise undertaken by NHS Hull CCG to date.

A summary of the engagement findings can be seen below:

*Appointment convenience*

* NHS Hull CCG should consider enhancing the opening hours of its GP practices, opening in the evening during the week, rather than the morning. Consideration should be given to opening for some or all of the weekend, particularly between 10am and 4pm.

*Alternative access*

* When offering alternative practitioners, the clear preference is that they are from the same practice. It is recommended that supplementary engagement be undertaken to determine if the practice population consider an alternative practitioner from within the GP practice grouping to be preferred over a practitioner from another practice or grouping altogether
* Alternative methods for booking appointments within GP practices should be explored, with particular focus on online methods
* Alternatives to face to face appointments should be explored, with particular focus on real time communication, and the use of online modalities.

*Travel and location*

* If an alternative location is being explored to improve access, the preference would be that it is less than 15mins travel, or 3 miles or less, for the majority of the practice population.

5.5 **Eating Disorders Service September 2018**

NHS Hull Clinical Commissioning Group is re-procuring the community eating disorder service (adults) for Hull. To inform and support the procurement of this service, NHS Hull CCG has undertaken an engagement exercise to determine recent service users’, and potential service users’, experience and views about body image and the community eating disorders service to inform the service specification and service improvements.

The goals of this engagement work were to:

* Determine why potential users of service might not access eating disorder services.
* Listen to the experiences of existing service users to find out what aspects of service they value, and what areas they would like to see improvement.
* Find out what support may be required by carer’s and family members of those living with an eating disorder.

Two groups where targeted for this engagement; potential service users, and those who have experience of eating disorder services, this included carers and family members of those living with an eating disorder. The potential service users were engaged through social media and an online questionnaire; semi structure telephone interviews and a questionnaire were used to try and engage those who have experienced services.

The two facebook adverts promoting the potential service user questionnaire ran from 25th July to 5th August 2018. Both adverts were seen by a total of 53,132 people the highest social media reach Hull CCG has achieved through paid promotion on facebook.

388 people took part in this engagement exercise, 369 people completed the online questionnaire through facebook for potential service users, 3 service user telephone interviews were conducted, and 14 people completed the questionnaires aimed at service users, and their carers or family members.

A summary of the engagement findings can be seen below:

*Increasing the number of people accessing eating disorder services*

* Additional promotion of the available services is required as 60% of respondents stated they are not sure or don’t know what services are available.
* If someone suspected a friend or family member had an eating disorder 99% of respondents would, or would consider, letting the person know they were there if needed for support, and 94% would, or would consider, talking to the individual about their concerns. 53% of respondents would hope that if someone close to them thought they may be exhibiting the first signs of and eating disorder that they would talk to them about it. It is clear that there is scope for a marketing campaign targeted at friends and family rather than the individual experiencing the eating disorder; highlighting the warning signs, what support is available, and how to support them.

*Service Provision*

* There is a need for clarity regarding the eating disorder pathway particularly for the early stages of the condition. The following clarification may be needed; who to refer to and how to manage, if people do not meet the referral criteria. This needs to be appropriately communicated to services that have a close operating relationship with the community eating disorder service, e.g. Primary Care, Let’s Talk
* There should be choice built in to the eating disorder pathway, as people report benefitting from, and preferring, different modalities at different stages of their condition. Modalities that have been highlight include 1:1 sessions, group sessions and self-management with quality resources. All should be available at all stages of the pathway.
* There is a desire for online information and support, as well as a telephone helpline or drop in aspect to the service. This was referred to by both cohorts engaged, and should cover the full pathway, with particular emphasis on the early part of the pathway.

*Other Findings*

* Although location of service was discussed as part of the telephone interviews and the service user questionnaire there does not seem to be any definitive feeling regarding location. There was agreement that having the same location helped with confidence in the service, reduced anxiety, and helped build the therapeutic relationship.
* A need for confidence in the service and the resources used was highlighted by the service user engagement. Although service confidence may seem obvious, a high level of initial confidence seems to particularly influence how well and quickly the therapeutic relationship develops, and whether an individual will engage in services at all. Further work is recommended to ascertain what gives people confidence in eating disorder services before they have experienced it.

5.3 **Ongoing Engagement and Consultations**

The following are summaries of ongoing engagement and consultation activities that have yet to be reported:

* Jean Bishop Integrated Care Centre Phase I Mobilisation

To support the Phase I evaluation three experience surveys were developed to gain the views and experiences of patients, carers and staff. This intelligence is part of a report being submitted to the CCG Board in November.

* Depression and Anxiety Service - Let’s Talk

The depression and anxiety service, Let’s Talk, contract term is approaching. The CCG has undertaken an engagement exercise to help inform the decision whether the service should be re-procured or the contract extended with some service improvement. This intelligence is part of a report being submitted to the CCG Board in November.

* Smoking Cessation Procurement

Hull CCG has been supporting the Public Health Team at Hull City Council in engaging with smokers, ex-smokers and healthcare professionals to inform the developed for a service specification that will form a tender process in the Spring of 2019.

**6.0 AFFECT**

6.1 **Extended Access to Primary Care**

Previous engagement work relating to primary care undertaken through the People’s Panel and other routes was used to support the development of the “Extended Access to Primary Care” engagement. The findings from this work supported the development of the model adopted for “Access +” in Hull.

6.2 **Short Breaks Review**

The findings from the short breaks review have informed a number of work-streams within the SEND programme; and used as a basis for further, and ongoing engagement.

6.3 **Eating Disorders Service**

The report describing the findings from this engagement formed part of the ITT documentation for the Eating Disorders Tender; the expectation is that potential providers use the intelligence to inform their service model.

6.4 **Depression and Anxiety Service - Let’s Talk**

Results from the People’s Panel June 2017 and September 2017 were used to develop the questionnaires used in this engagement exercise.

##### 7. RECOMMENDATIONS

It is recommended that the committee notes the content of this report.