



<b>ENCLOSURE:</b>	D (iv)
<b>Agenda Item:</b>	06.13

## GOVERNING BODY (PUBLIC) MEETING

DATE: 28<sup>th</sup> February 2013

Title	<b>Patient Insight &amp; Experience Report</b>
Recommended action for the Finance Working Group	That the Governing Body: <b>Note</b> the Report
Executive Summary	<p>The purpose of this report is to provide clear information and evidence relating to the patient experience of health services across Bexley. Some of the highlights include the variety of different ways and means we are trying to connect with the people who use our services (or services that we commission), their families and carers and the wider community.</p> <p>The information and evidence is drawn from a range of sources including:-</p> <ul style="list-style-type: none"><li>• PALS and Complaints</li><li>• Praise received / compliments</li><li>• Engagement</li><li>• Consultations</li><li>• Patient Council meetings</li></ul> <p>The information from these sources is used to provide both a baseline position and the identification of trends and emerging concerns. The quality of this information will continue to improve as more consistent triangulation is introduced.</p> <p>Using the information sources identified above, the report informs the Board on:-</p> <ul style="list-style-type: none"><li>• Trends</li><li>• Learning</li><li>• Actions taken</li></ul>

	<ul style="list-style-type: none"> <li>Improvements</li> </ul> <p>This is a quarterly report presented to the Quality and Safety Working Group.</p>	
Which objective does this paper support?	<b>Patients:</b> Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	✓
	<b>People:</b> Empower our staff to make BCCG the most successful CCG in (south) London	✓
	<b>Pounds:</b> Delivering on all of our statutory duties and become an effective, efficient and economical organisation	
	<b>Process:</b> Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	✓
Organisational implications	<b>Key Risks</b> (corporate and/or clinical)	This report provides assurance that processes and procedures are in place to act upon and learn from patient experience and informs commissioners of the quality and safety of services
	<b>Equality and Diversity</b>	The CCG seeks to ensure that all patients and service users have appropriate and equitable opportunities to feedback views on our services.
	<b>Patient impact</b>	Lessons learned from complaints and informal contacts/engagement can lead to service change and improvement – therefore improving the patient experience
	<b>Financial</b>	Risk of financial redress by Parliamentary Health Service Ombudsman
	<b>Legal Issues</b>	Risk of potential claim
	<b>NHS constitution</b>	Ensuring compliance with relevant legislation and policies
<b>Consultation</b> (Public, member or other)	Not applicable	
<b>Audit</b> (Considered / Approved by	None	

Other Committees / Groups)	
Communications Plan	Not applicable
Author	Annie Gardner, Head of Patient Experience & Stakeholder Engagement
	Clinical Lead Executive Sponsor Simon Evans-Evans
Date	11 <sup>th</sup> February 2013

# **Patient Insights & Experience Report**

## **Quarter – 3**

**1<sup>st</sup> October 2012 – 31st December 2012**

### **Overview:**

The purpose of this report is to provide clear information and evidence relating to the patient experience of health services across Bexley. Some of the highlights include the variety of different ways and means we are trying to connect with the people who use our services (or services that we commission), their families, carers and the wider community.

The information and evidence is drawn from a range of sources including:-

- PALS and Complaints
- Praise received / compliments
- Engagement
- Consultations
- Patient Council meetings

The information from these sources is used to provide both a baseline position and the identification of trends and emerging concerns. The quality of this information will continue to improve as more consistent triangulation is introduced. At this stage triangulation is drawn from PALS, complaints and engagement. However, future reports will draw on the full range of available evidence, including NHS Choices.

Using the information sources identified above, the report informs the Clinical Commissioning Group on:-

- Trends

- Learning
- Actions taken
- Improvements

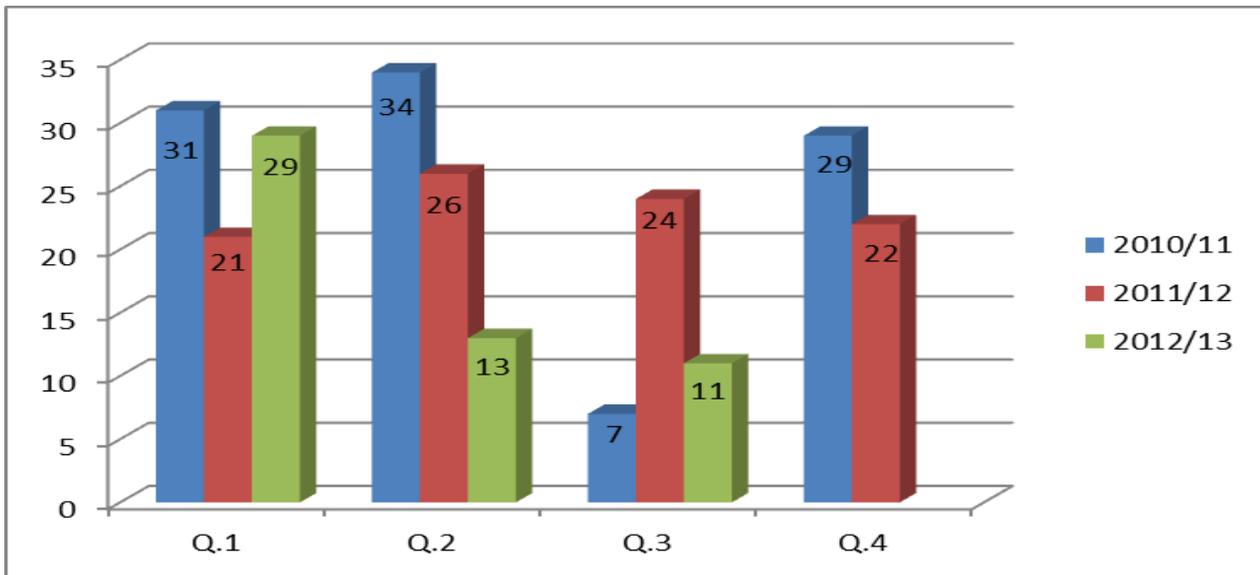
The format of this report is subject to ongoing refinement and future reports will clearly demonstrate triangulation between the information supplied through reports such as this, and contributions which demonstrate the experiences of service users in the quality of services they receive.

This is a quarterly report presented to the Quality & Safety Working Group

### Direct feedback from people and communities

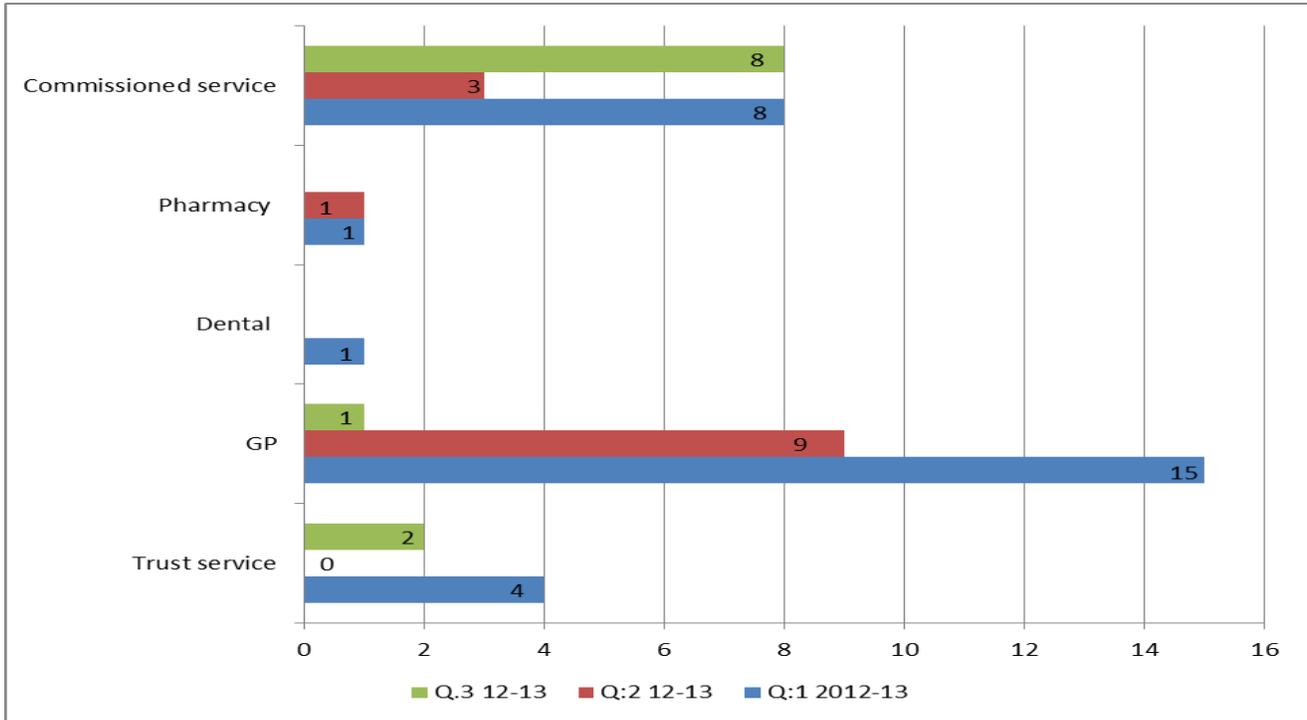
#### Summary of complaints received Q: 3

**Table 1** shows total received complaints per quarter in comparison with previous years. Green bar indicates activity for 2012-13.



**Table 2** compares complaints received by service area per quarter for 2012-13.

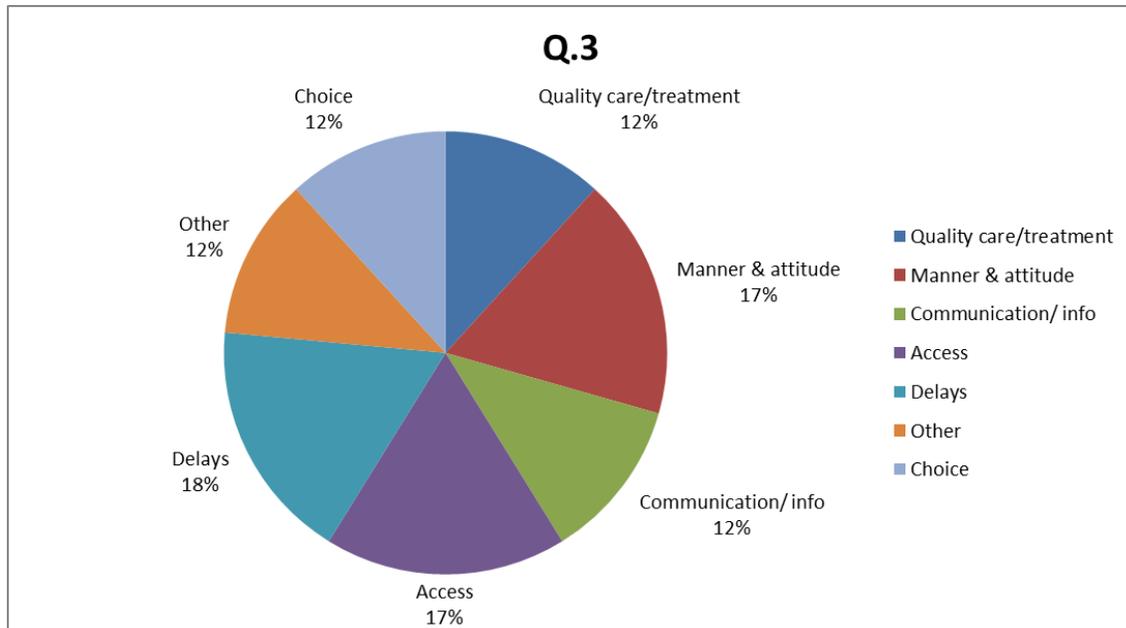
(Trust service relates to CCG)



The table below provides a detailed breakdown of the services complained about during Q: 3

Area of Service	No	%
<b>Bexley Care Trust services</b>	<b>2</b>	<b>18 %</b>
Continuing Healthcare	2	
<b>Independent Providers</b>	<b>1</b>	<b>8 %</b>
GP	1	
Dental		
Pharmacy		
Optical		
<b>Commissioned services</b>	<b>8</b>	<b>73 %</b>
South London Healthcare Trust	6	
Darent Valley Hospital	1	
GPwSI – Community Dermatology	1	
<b>Total</b>	<b>11</b>	<b>100%</b>

Any one complaint may cover a number of issues, spanning more than one **Dimension of Care**. From the 11 formal complaints received the concerns raised identified 17 dimensions of care, the themes are highlighted in the graph below.



Quarter 3 data show that the primary concerns raised are associated with the manner and attitude of staff and access/delays. It is interesting to note that complaints about choice have been raised this quarter.

**Learning and changes as a result of complaints Q.3.**

Complaint investigations have identified learning relating to processes within both inpatient and community services; recommendations made to improve services by investigators have been incorporated into local services. Examples include:

- **Care pathway for management of rapid access referrals (stroke services) to be reviewed**
- **Review staffing for Cardiology Thallium Tests**
- **Staff appraisal to highlight discharge procedures**
- **Review of access to antibacterial dispensers for public use**
- 

**Conciliation**

During this quarter the Head of Patient Experience facilitated one local resolution conciliation meetings in relation to GP complaints.

**Independent Reviews**

No new requests have been notified by the PHSO during Q.3.

The chart below identifies two cases which are currently being considered by the Ombudsman and waiting decision.

Service area	Complaints	Update on progress
<b>Mental Health Commissioning</b>	Standards of funded care	Awaiting decision
<b>Continuing Healthcare</b>	Funding	Awaiting decision

**The chart below shows quarterly complaint stats for previous year**

Service area	2012/13				2011/12			
	Q:4	Q:3	Q:2	Q:1	Q:4	Q:3	Q:2	Q:1
<b>Bexley Care Trust services</b>		2	0	4	1	2	2	3
<b>GP services</b>		1	9	15	10	11	10	9
<b>Dental services</b>		0	0	1	3	0	5	3
<b>Pharmacy services</b>		0	1	1	0	1	0	0
<b>Commissioned services</b>		8	3	8	8	10	9	6
<b>Total</b>		11	13	29	22	24	26	21

### Summary of complaints Q.3

Ref & Service area	Dimensions of care	Outcome	Action/learning
349 Commissioning Community dermatology	<ul style="list-style-type: none"> <li>Access - Declined referral</li> </ul>	Not upheld	<ul style="list-style-type: none"> <li>GPwSI advised GP of criteria for access to treatment and suggested review patient in community if appropriate</li> </ul>
350 Acute – DVH A&E & Fracture	<ul style="list-style-type: none"> <li>All aspects of care and treatment</li> <li>Manner &amp; attitude of staff (nurse)</li> </ul>	Partially upheld	<ul style="list-style-type: none"> <li>Appraisal with staff member involved to ensure reflection, learning and improvement of communication</li> </ul>
351 CCG Continuing Healthcare	<ul style="list-style-type: none"> <li>Policy/process not followed</li> <li>Retrospective review</li> </ul>	Not upheld	<ul style="list-style-type: none"> <li>Process reviewed and confirmed DoH policy and guideline followed and all appropriate reviews undertaken</li> </ul>
352 Acute – SLHT Maternity Services	<ul style="list-style-type: none"> <li>Infection control standards</li> <li>Communication/information</li> <li>Manner &amp; attitude (nurse)</li> </ul>	Partially upheld	<ul style="list-style-type: none"> <li>Appraisal with staff member involved to ensure reflection, learning and improvement of communication</li> <li>Action taken to replenish antibacterial dispensers in department and ensure regular checks to replenish</li> </ul>
353 Acute – SLHT Paeds & A&E	<ul style="list-style-type: none"> <li>All aspects of care and treatment</li> <li>Medical error</li> </ul>	Investigation pending	<ul style="list-style-type: none"> <li>SLHT delayed in concluding report which has impacted on our ability to complete investigation and respond to complainant</li> </ul>
354 CCG Continuing Healthcare	<ul style="list-style-type: none"> <li>Continuing Healthcare Assessment</li> </ul>	Not upheld	<ul style="list-style-type: none"> <li>Process reviewed and confirmed DoH policy and guideline followed and all appropriate reviews undertaken</li> </ul>
355 Acute – SLHT &	<ul style="list-style-type: none"> <li>All aspects care and treatment</li> <li>Access/appointment</li> </ul>	Investigation pending	<ul style="list-style-type: none"> <li>SLHT delayed in concluding report which has impacted on</li> </ul>

<b>GSST Pain clinic and Rheumatology clinic</b>	<ul style="list-style-type: none"> <li>• Communication/information</li> </ul>		<b>our ability to complete investigation and respond to complainant</b>
<b>356 Acute – SLHT Stroke Service</b>	<ul style="list-style-type: none"> <li>• Choice of provider</li> </ul>	<b>Upheld</b>	<ul style="list-style-type: none"> <li>• Care pathway for management of rapid access referrals to be reviewed with a view to including choice of provider site (where appropriate)</li> </ul>
<b>357 Acute – SLHT Cardiology Tests</b>	<ul style="list-style-type: none"> <li>• Access /delay</li> <li>• Referral out of area/ choice</li> </ul>	<b>Upheld</b>	<ul style="list-style-type: none"> <li>• Action taken to review clinics as staff member on long term sick leave &amp; communicate with patients to make them aware of situation</li> <li>• Limited choice of out of area referral as specialist test required</li> </ul>
<b>358 Primary GP</b>	<ul style="list-style-type: none"> <li>• All aspects of care and treatment</li> </ul>	<b>Investigation pending</b>	
<b>359 Acute – SLHT A&amp;E</b>	<ul style="list-style-type: none"> <li>• Discharge procedures</li> <li>• Communication/information</li> </ul>	<b>Upheld</b>	<ul style="list-style-type: none"> <li>• Appraisal with staff and nursing teams to ensure that correct discharge procedures followed</li> <li>• Communication/information on discharge medications to be reviewed to ensure carer's informed of any changes/additions</li> </ul>
<b>360 CCG - Commission COPD</b>	<ul style="list-style-type: none"> <li>• Access</li> <li>• Delay in receiving appointment</li> </ul>	<b>Withdrawn</b>	Patient withdrew concerns. Following interaction by PET – Commissioner made aware of limited appointment capacity and action taken to review

**Summary:**

**1 – Withdrawn**  
**5 - Complaints upheld (or partially upheld)**  
**2 - Not upheld**  
**3 - Investigations pending**

**Total = 11 complaints**

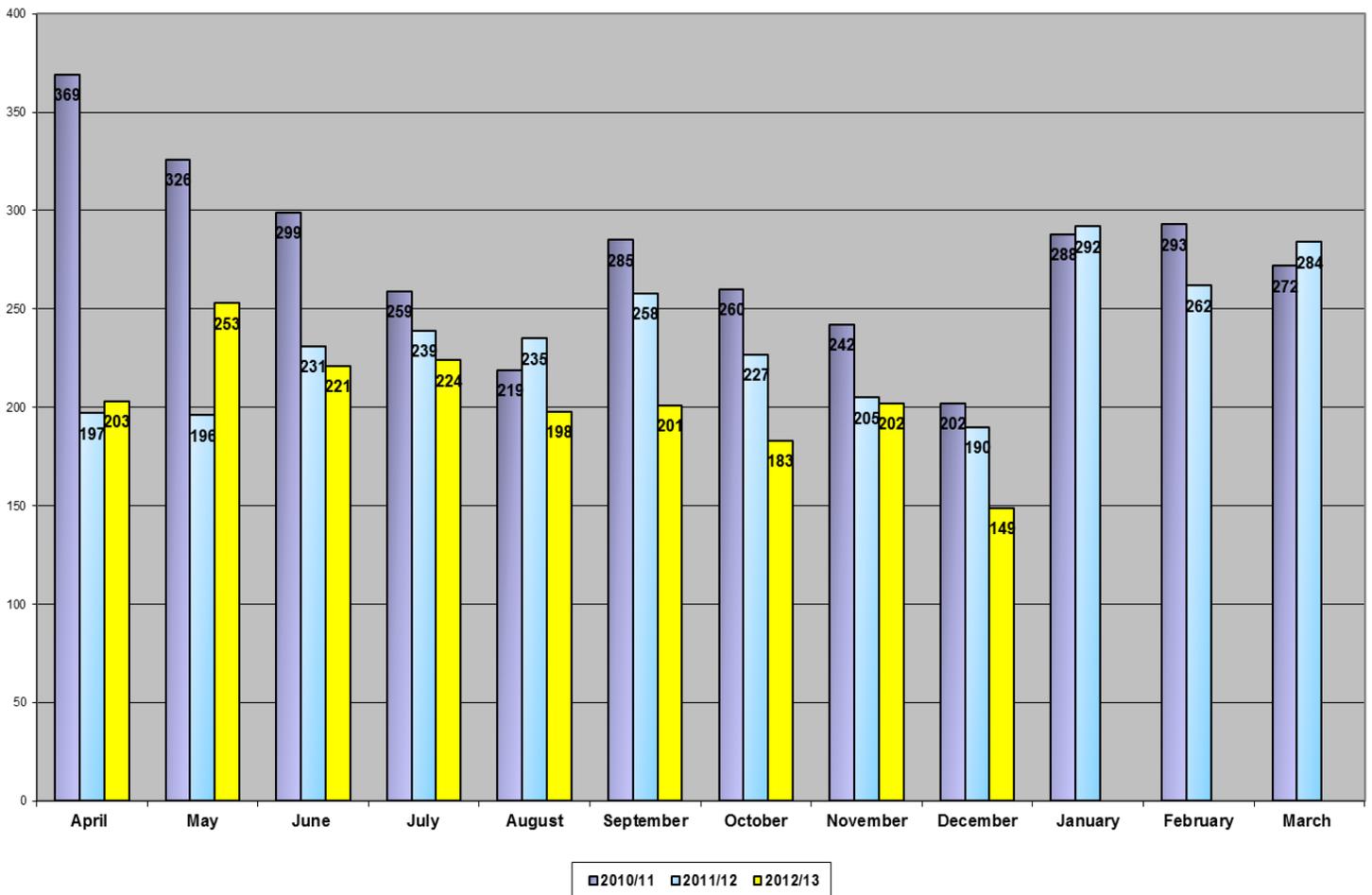
## Patient Advice & Liaison Service (PALS)

The Patient Advice & Liaison service supports people who use our services, their relatives and carers to proactively address any issues, queries and concerns they have. These are separate from formal complaints.

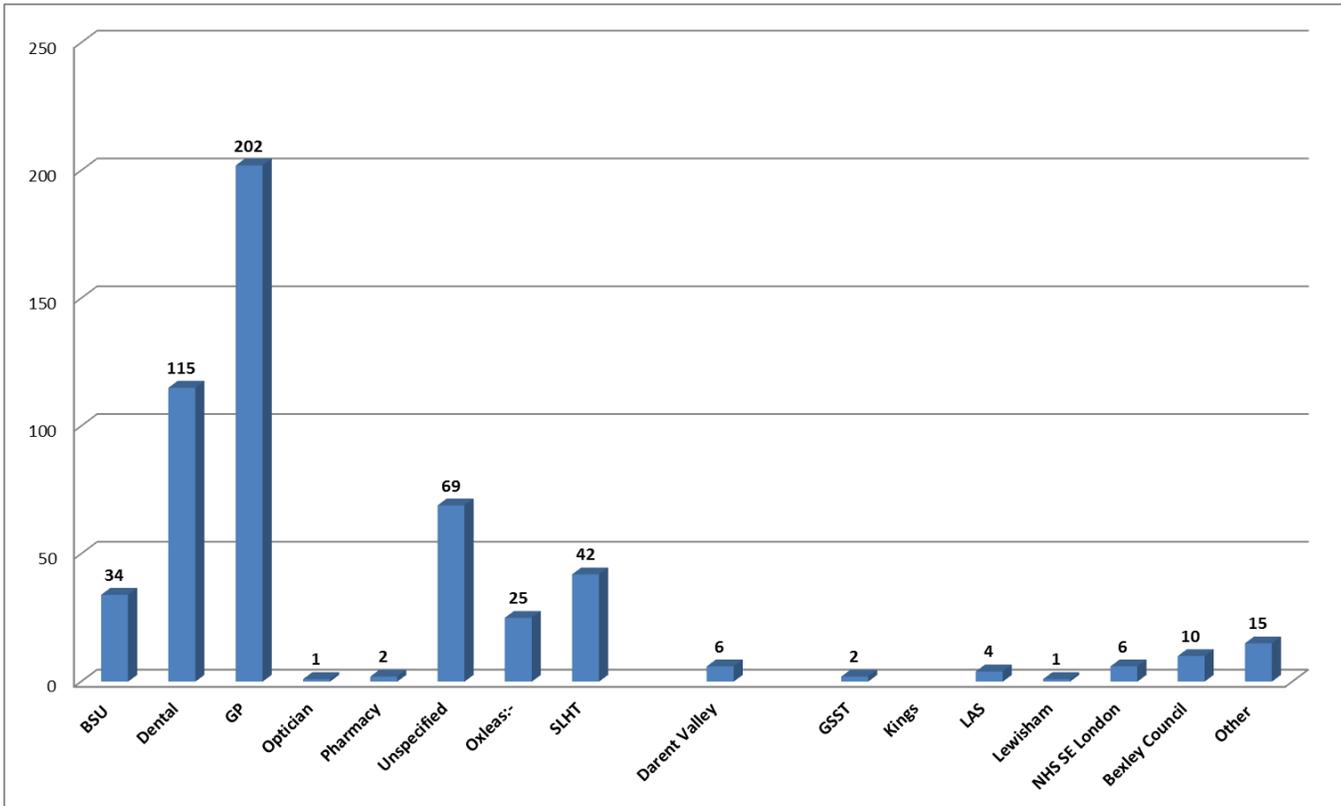
The total number of contacts made to the PALS service this quarter was **534** this is a small decrease of 15 % on the previous quarter (613).

The graph below shows a comparison of contacts received through PALS over the last three years; the **yellow bar denotes activity for 2012/13**

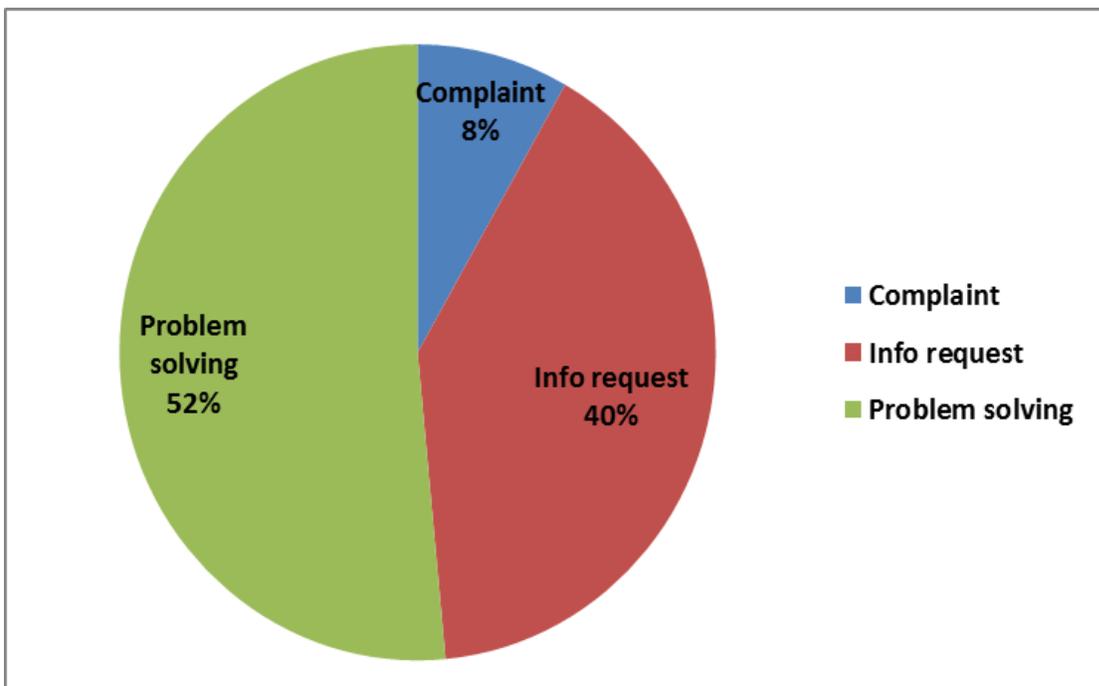
PALS Contacts



The graph below shows a summary of the service areas that have been highlighted to PALS during quarter 3.



The graph below shows that during quarter 3 the majority of PALS contacts (52%) were seeking assistance in resolving a problem.



## PALS key headlines

- **GP's – Not responding to complaints**
- **GP's– difficulty getting through and getting an appointment**
- **Dermatology (SLHT) – delays in sending out reports and information to patients**
- **Community Cardiac Service – 11 week wait for appointment – (SLA 1 week)**
- **COPD Community Clinic – 7 month wait for initial appointment**
- **Trauma and Orthopaedics at QMH – 25 weeks plus waiting time**
- **Cardiology Patients at QEH referred to Royal Brompton Hospital as member of staff on long term sick leave.**
- **QMH – Gynaecology –no follow up appointments/delays**
- **Increase in callers with mental health issues requiring support**
- **Patients approaching Bexley as no answer from other Trust PALS service**
- **Difficultly getting through to District Nurse Liaison Desk at Oxleas**
- **CMOS (Minor Oral Surgery) contract – Dentists not aware how it works?**

## Engagement & Consultations

### **PPG – Patient Participation Groups**

The Patient Experience Team continues to work with a number of practices across Bexley to support development or recruit new members. In particular we have worked with Crayford Town PPG, Barnard Medical Practice and Belvedere Medical Practice to review membership and assist in recruiting. In addition the Head of Patient Experience has been working with Crook Log Surgery to review and redraft their constitution and membership/key roles.

A number of virtual communication networks have now been established with key stakeholder groups, PPG's and Patient Council representatives across Bexley. This enables us to regular share information with key groups/people and to ensure they have access to information about local healthcare and relevant events/consultations. Over the past months information shared through this network has included:

- TSA Stakeholder information and bulletin
- Lay members recruitment
- CCG management changes letter from Howard

### **Young People Engagement.**

The Head of Patient Experience has been working with Bexley Youth Parliament and Youth Council to develop health and wellbeing events for young people between 11 – 18 years.

Following the successful Health Factor event in July we have continued to work with the Bexley Youth Council. A focus group made up of 12 representatives now forms our **Youth Health Ambassadors** group and collectively they have been working with the Head of Patient Experience to prepare a presentation where they will share their views of health services, identify gaps and proposals for improvements.

The presentation includes a short film produced with the Youth Council and launches the Toilet Door Taboo's (health information scheme for young people). A very extensive invitation list has been drawn up for the presentation, which takes place on 11<sup>th</sup> March at the Civic offices. There has also been a great deal of interest in this project from NICE and DoH – both of whom have been developing projects to engage with young people.

### **Mystery shopper**

During November and December we have used NHS Choice as a focus for our mystery shopper campaign at public events/meetings. Feedback so far indicates that **61% of patients feel that their GP's involve them in decisions** about their care. However, **39% considered that they were not involved** and felt that communication / information with their GP could be improved

### **Wellbeing on Weekdays – WOW**

The Health Information stand in Asda continues to be well supported and receives numerous visitors. During Q.3 the Engagement Officer promoted the Medicines Management campaign (Get the best from your Medicines) and get well soon without antibiotics.

Many people visited the stand and said they were very happy with their pharmacist and would have a medicines use review. However, feedback from elderly visitors indicated they would rather make an appointment to see their GP for medicine review - 'as GP knows best'.

Ad- hoc communication with the public allows us to highlight and promote a range of information and services to support people manage their health in the community. Recent referrals following visits to the WOW stand included 6 referrals to the X-Pert diabetic programme, 4 referrals to stop smoking service. Information requests for November focussed on Flu Vaccines, access to NHS dentists, choose well campaign and a total of 55 enquiries about the TSA recommendations.

### **Patient Council**

An extraordinary meeting was convened on the 15<sup>th</sup> November, bringing together representatives from the Patient Council and PPG's to receive a presentation on TSA proposals. A facilitated discussion also took place to capture feedback on thoughts, concerns or ideas about the recommendations; this information has been collated into CCG response to the TSA consultation.

During the morning a number of presentations and discussions were delivered to provide an update on the changing NHS landscape. As a new organisation, it is important that our residents and stakeholders understand who we are, and what we do, get involved in our work and recognise us as leaders of the local NHS.

Messages delivered focussed on development of CCG's (and authorisation), who the NHSCB are and transition of Public Health.

The Patient Council held two meeting this quarter, the first on 30<sup>th</sup> October 2012 and the second on 4<sup>th</sup> December 2012. Minutes of Patient Council meetings are presented separately to the CCG board. However, key presentations and additions to workplan for 2013 include:

- Presentation Adult Social Care Report – Steve Burgess
- Development of EOLC Focus Group (to include CCG clinical lead)
- CCG Complaints policy reviewed by Council members
- Carer's Strategy
- Strategy and CCG Plans for improving health care for PWLD
- Integrated Care Pathway

## **Community Engagement & Events**

We continue to attend community events and forum meetings where possible, we also focus attentions on engaging with seldom heard communities as part of this work.

### **Older People's Day –**

On 5th October over 120 people from across Bexley attended a special event designed to showcase a range of local groups, activities and information to older residents. The event is part of a national campaign organised by the DWP.

National Older People's Day provides the perfect opportunity for residents to come together to celebrate the contribution they make to the community, it is also an opportunity to encourage older residents, no matter what their age, to discover the variety of activities and support that are available to them. The event also provided an opportunity for the CCG to focus their attention on the needs and view of older residents and listen to their concerns about the future of healthcare.

Headline feedback from a survey completed during the day revealed

- **20%** of older residents had accessed alternative services as **unable to get an appointment with their GP.**
- **33%** said they **did not feel their GP involved them in decisions** about their care or provided them with enough information.

People were asked their views on what could be done to help them remain well in the community – feedback highlighted

- **more information accessible to older people** (we don't all access electronic information)
- **more health monitoring and information about accident prevention in the home** (including more info about falls awareness)

A key issue illuminated was in relation to **isolation**, particularly by people who reported that they have no family members nearby or limited contact with family. Here it was felt that more information about befriending services should be made available.

Howard Storate, CCG Chair was on hand to answer a range of questions/hot topics, issues highlighted included future of SLHT/QMS, difficulty in travelling to some sites (particularly DVH and PRUH for older residents). Some residents raised concerns about GP's refusing home visits and cancelled appointments and operations at SLHT.

Terry Murphy, LINKs Chair and Bexley Patient Council representative attended the event and praised the "strong collective voice" of Bexley's older people and the importance of voicing back their concerns to Commissioners.

**Screening** – over the past two months the Patient Experience Team has been working with several teams to gain feedback on access to screening and to promote cancer screening across the borough. In particular a number of surveys were disseminated across the borough to gain feedback on barriers to cervical screening (particularly focussing on BME groups).

The Engagement Officer also helped to promote Breast Screening in Bexleyheath Broadway – linking this with the Stoptober smoking campaign.

During November and December a number of outreach engagement activities has taken place, including.

- Attending **MENCAP AGM** – to increase understanding of health needs of PWLD and BME Elder's event at Sikh Temple to hear people's views about accessing local services.
- Stand at the **Youth Sexual Health Conference** to capture feedback from young people about their experiences and where information could be improved to support people access services/help
- Supporting PPG meetings/activities
- Supporting member practices **promoting Flu campaign**

Finally on the 14<sup>th</sup> December around 80 older residents attended an event at the Civic Offices during which they received advice/information and tips to help them keep well and manage during the winter months. This included DH leaflet – Keep warm, keep well, information about Choose well and local support services.