**North East Lincolnshire**

**Patient Experience Update**

**Our current position**

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| **Author** | Gemma Mazingham; Patient and Client Experience Manager |
| **Date** | 14th May 2015 |

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| **Introduction** |

One of the key themes which emerged out of the Francis Report was that Primary Care Trust’s (PCT’s) in Staffordshire did not develop means of effectively monitoring quality performance. The PCT’s approach to quality monitoring was passive rather than proactive and there was little patient or public involvement in the commissioning processes.

The Patient Experience report aims to collate intelligence about health and social care providers in North East Lincolnshire to highlight any concerns, drive service improvements and use the data to inform the commissioning process.

Although in its infancy, it is clear that the breadth and quality of information currently being received by NELCCG is variable and the priority now is to introduce mechanisms that will ensure regular, consistent information is collated from across the health and social care market to inform the Quality Committee and the Board on the experience of patients and service users.

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| **Our Current Position** |

The current breadth and quality of information which NELCCG collates regarding each provider varies depending on the individual mechanisms in place for understanding patient experience. Progress continues to be made to ensure that a more consistent picture is obtained but to summarise, the following is received for each provider:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Complaints | Compliments | PALS | Portal | Ombudsman | FFT | Surveys |
| DPoW | ✓ | ✓ | ✓ | ✓\* |  | ✓ |  |
| NLaG | ✓ | ✓ | ✓ | ✓\* |  | ✓ |  |
| HEY |  |  |  | ✓\* |  |  |  |
| St Hugh’s |  |  |  | ✓\* |  |  |  |
| Navigo | ✓ | ✓ | ✓ | ✓\* |  |  |  |
| Care Plus Group | ✓ | ✓ |  | ✓\* |  |  |  |
| focus | ✓ | ✓ | ✓ | ✓\* |  |  |  |
| Care homes | ✓ | ✓ | ✓ | ✓\* | ✓ |  | ✓\*\* |
| Home Care providers | ✓ | ✓ | ✓ | ✓\* | ✓ |  | ✓\*\* |
| Supported living | ✓ | ✓ | ✓ | ✓\* | ✓ |  | ✓\*\* |
| GPs |  |  | ✓ | ✓\* |  | ✓ |  |
| Dentists |  |  | ✓ | ✓\* |  |  |  |
| Pharmacies |  |  | ✓ | ✓\* |  |  |  |
| Wheelchair services |  |  | ✓ | ✓\* |  |  |  |
| NELCCG/Corporate | ✓ | ✓ | ✓ | ✓\* |  |  |  |

*✓\* - the portal can be used to highlight concerns or comments regarding any services within and for residents of North East Lincolnshire, however, the level that this is encouraged varies across providers.*

*✓\*\* - the PSS Survey is undertaken by NELCCG and is completed by service users in receipt of these services, however, information collated from in-house provider surveys is not collated.*

✓ - *new data/ information obtained since this report started*

The aim is to collate a similar level of information across all providers. At a minimum, we would expect to receive information regarding complaints and compliments to have a basic, balanced understanding of the experiences of patients.

The Patient Experience Report is presented quarterly to the Quality Committee and provides detail on the activity of the providers, as detailed in the aforementioned table. The report also provides information on any themes and trends that have been noted within each of the providers and any actions that have been taken by them individually, or by us as the commissioner *(please see Appendix A for a full report)*.

An example of this would be in relation to Ophthalmology services at NLaG. It was identified that the main area of concerns submitted to the Patient Advice and Liaison Service (PALS), was around Ophthalmology services. Assurance was provided to the Quality Committee as to the actions that the CCG and NLaG were taking to resolve the problems, as follows:

* Monitoring Ophthalmology services remains a high priority for the CCG. In addition to the high levels of concerns, there have also been issues is this service area around 18 week wait.

Dr Nayyar, Clinical Lead, and Sarah Dawson, Service Lead have been invited to internal Consultant Meetings at DPoW so they can work closer with the frontline staff and really start to understand the problems and assist in establishing solutions.

* A long term action plan has been put in place to address the capacity and demand issues that have been identified. A review is taking place around capacity and demand and the results will inform the decisions and improvements made.
* There has been a reorganisation of the administrative team so that staff can actively monitor the patients in the system and can track where they are on the pathway. It is hoped that this will result in a reduction in the concerns and complaints received about cancelled appointments and waiting times.
* Extra clinics are being run throughout October and November in both outpatients and surgery.
* The CCG are designing a new Service Specification for Ophthalmology which will include asking the service to do more to measure the patient experience, for example a survey.
* The CCG are also reviewing whether there is the possibility of a community venue for Ophthalmology.
* The CCG are also reviewing a Referral Refinement Scheme with a local GP who has a specialist interest in Ophthalmology.

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| **Friends and Family Test (FFT)** |

Another mechanism that is being drawn upon to inform the CCG on the wider patient experience is the Friends and Family Test.

Launched in April 2013, the Friends and Family Test (FFT) question has been asked in all NHS inpatient and A&E departments across England and, since October 2013, all providers of NHS funded maternity services. From 1 December 2014, the FFT became available in GP practices, from January 2015 in Mental Health and Community Services and from 1 April 2015, it has been expanded to NHS dental practices, ambulance services, patient transport services, acute hospitals outpatients and day cases.

The CCG will be taking a proactive role in monitoring how the providers in the locality are performing in terms of the FFT and ensuring that national requirements are being met, as follows:

**Director with Lead Responsibility**: Cathy Kennedy

**Strategic overview:** Gemma Mazingham

(including awareness of National

Guidance/ requirements and

ensuring the CCG is meeting them)

**Provider liaison and remedial action** Nominated officer for each provider

The big change nationally is that the FFT has been removed as a CQUIN and forms part of the NHS standard contract.

The FFT has been established for almost two years now, and in line with the values of the NHS which puts patient experience at the heart of understanding and improving the quality of care, both collecting and using FFT should be undertaken as part of everyday NHS business. The introduction of real time patient feedback through the FFT has demonstrated the value and impact it can have; the absence of a FFT CQUIN, rather than signalling a lessening in priority of the FFT, points to the importance of mainstreaming FFT within organisations, as part of the NHS standard contract.

Locally, there are KPI’s in place to monitor FFT within the providers although this change should make reporting easier in North East Lincolnshire as NAViGO and Care Plus Group will be able to upload onto the national system now too.

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| **The Portal** |

The Intelligence Portal was set up and implemented by the Contracts Team within the CCG but is now managed by the Customer Care Team, to continue in attempts to triangulate all intelligence received by the organisation.

The Portal is a reporting system designed for professionals who feel they have informative intelligence directly or indirectly relating to the quality of care being provided to a resident of North East Lincolnshire. Similarly, it can be used by a professional if they know of something that relates to the sustainability of a provider, or they know that something is not being commissioned properly.

Although the Portal was originally aimed at the social care sector, it can be used to report on concerns about the local health providers.

The information that is received via the Portal is recorded and logged by the Customer Care Team and any action is taken where needed, for example, if submitted on behalf of a service user and they would like contacting directly to pursue a complaint or PALS enquiry. The intelligence is sent to the Contracts Team on a weekly basis and is used to inform decisions at the Market Intelligence and Failing Services Meeting.

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| **Patient Participation Groups** |

One of the significant changes that occurred with the introduction of CCG’s in April 2013, was the loss of a valuable source of primary care intelligence. Prior to the changes, the Customer Care Team handled the complaints for primary care but this responsibility now sits with NHS England and therefore the CCG no longer readily receives this important, informative and timely intelligence.

Recognising this gap, and acknowledging that there was a cohort of patients at the grass roots of the GP Practices, who would have similar intelligence, engagement with the Patient Participation Groups (PPG) commenced.

Again in relative embryonic stage, with Philip Bond as Chair, we have both started to meet with the PPG Chairs on a quarterly basis to develop this mechanism of, not only receiving intelligence but also providing them with valuable information from the CCG and its partners.

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| **Conclusion** |

The CCG recognise that individuals should be at the forefront of their own care services and are committed to involving local people in their decision making. Collecting data from and about patients and service user’s experiences with health and social care services is just one way that the CCG are able to make better-informed decisions about how to improve the services they provide and commission.

With the aim of continually driving improvements and the quality of services provided for the community, the Patient Experience report will continue to collate intelligence about health and social care providers in North East Lincolnshire.

Although it is clear that the breadth and quality of information currently being received by NELCCG is variable, work continues to introduce mechanisms that will ensure regular, consistent information is collated from across the health and social care market to inform the Quality Committee on the experience of patients and service users.

**North East Lincolnshire**

**Patient Experience Report**

**Quarter 3**

**October - December 2014**

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| --- | --- |
| **Author** | Gemma Mazingham; Patient and Client Experience Manager |
| **Date** | 9th April 2015 |

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| **Introduction** |

With the aim of continually driving improvements and the quality of services provided for the community, this report will collate intelligence about health and social care providers in North East Lincolnshire. These providers will include, but are not limited to, Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) and subsequently Diana Princess of Wales Hospital, focus independent adult social work, Care Plus Group, Navigo, St Hugh’s Hospital, residential care settings and home care providers.

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| **Our Current Position** |

As identified in the first Patient Experience Report, the current breadth and quality of information which NELCCG collates regarding each provider varies depending on the individual mechanisms in place for understanding patient experience. Progress continues to be made to ensure that a more consistent picture is obtained but to summarise, the following is received for each provider:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Complaints | Compliments | PALS | Portal | Ombudsman | FFT | Surveys |
| DPoW | ✓ | ✓ | ✓ | ✓\* |  | ✓ |  |
| NLaG | ✓ | ✓ | ✓ | ✓\* |  | ✓ |  |
| HEY |  |  |  | ✓\* |  |  |  |
| St Hugh’s |  |  |  | ✓\* |  |  |  |
| Navigo |  |  |  | ✓\* |  |  |  |
| Care Plus Group | ✓ | ✓ |  | ✓\* |  |  |  |
| focus | ✓ | ✓ | ✓ | ✓\* |  |  |  |
| Care homes | ✓ | ✓ | ✓ | ✓\* | ✓ |  | ✓\*\* |
| Home Care providers | ✓ | ✓ | ✓ | ✓\* | ✓ |  | ✓\*\* |
| Supported living | ✓ | ✓ | ✓ | ✓\* | ✓ |  | ✓\*\* |
| GPs |  |  | ✓ | ✓\* |  | ✓ |  |
| Dentists |  |  | ✓ | ✓\* |  |  |  |
| Pharmacies |  |  | ✓ | ✓\* |  |  |  |
| Wheelchair services |  |  | ✓ | ✓\* |  |  |  |
| NELCCG/Corporate | ✓ | ✓ | ✓ | ✓\* |  |  |  |

*✓\* - the portal can be used to highlight concerns or comments regarding any services within and for residents of North East Lincolnshire, however, the level that this is encouraged varies across providers.*

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✓ - *new data/ information obtained since the last report*

The aim is to collate a similar level of information across all providers. At a minimum, we would expect to receive information regarding complaints and compliments to have a basic, balanced understanding of the experiences of patients.

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| **North East Lincolnshire Clinical Commissioning Group (CCG) and focus** |

*Raw data from CCG: Quarter 2 Complaints and PALS report*

Despite the implementation of CCGs in April 2013, the local arrangements previously in place as part of the merger in 2007, between the Primary Care Trust and parts of the council’s directorate of community care, including adult social care services, remained. The CCG complaints policy therefore still forms a schedule to the partnership agreement between North East Lincolnshire Council and North East Lincolnshire CCG and is binding between both organisations.

Since the 1st September 2013, ‘focus’ independent adult social work became a freestanding social enterprise providing adult social care assessment and case management services. A Service Level agreement was established between focus and the CCG for the Customer Care Team to provide the Complaints Service. As a result of these arrangements, and for the purpose of this report, CCG, focus and adult social care provider complaints (received as the commissioner) will be included in this section.

**Complaints**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Complaint received during this quarter -** | | | | | | | | | |
| MP Enquiry | | | 1 | | | | | | |
| Formal Complaint | | | 20 | | | | | | |
| Corporate | | | 1 | | | | | | |
| The complaints received relate to the following services: | | | | | | | | | |
| CCF | Home care | Residential  Care | | Case Management | NLaG | CHC | CCG | LD | NAViGO |
| 4 | 7 | 1 | | 4 | 1 | 2 | 1 | 1 | 1 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Outcomes of the closed complaints in Quarter 2 | | | | |
| Upheld | Partially upheld | Not upheld | Still under investigation | Did not proceed |
| 1 | 2 | 1 | 14 | 4 |

**Patient Advice and Liaison Service or PALS**

The Patient Advice and Liaison Service, or PALS, is a NHS function created to provide advice and support to patients and their relatives and carers. The scheme was announced in the NHS Plan, published in July 2000 and pilot schemes were set up in 2001. Full nationwide implementation was complete by 2002 and now every NHS Trust in the UK has a PALS service.

It is important to highlight that due to the arrangements with the Local Authority in North East Lincolnshire, the PALS service within the CCG covers both Primary Care and Adult Social Care enquiries. The PALS function within the CCG is entirely separate to that within Northern Lincolnshire and Goole NHS Foundation Trust who deal with all hospital related enquires.

In this quarter there have been a total of 262 enquiries received by PALS. 196 enquiries were received through the “AskUs” public email inbox and 66 received and processed as an informal PALS enquiry. The 66 PALS enquiries relate to the following service areas:

**The Portal**

During quarter 3, the Customer Care Team handled 38 concerns which came in via the Portal, as follows:

|  |  |
| --- | --- |
| **The concerns received relate to the following services:** | |
| Domiciliary Home Care | Residential Care |
| 30 | 8 |

3 of these concerns progressed to a PALS enquiry and a small investigation took place with the service.

**Compliments**

|  |  |
| --- | --- |
| Service Area | Total Number |
| Customer Care Team | 3 |
| Care Home | 3 |
| Focus East | 2 |
| Focus West | 10 |
| Carers Team | 1 |
| A3 Team | 3 |
| Transition Team | 1 |
| Safeguarding Team | 1 |

**Themes and Trends**

The main theme from the PALS enquiries this quarter has been in respect of access to GP Practices and appointment systems that are in place which residents have advised are not patient friendly.

A continual theme for complaints, across all services, is the lack of communication between professionals, service users, patients and their families. This is a theme that continues across the community care finance team, the continuing healthcare team and with social workers.

**Actions taken**

Last quarter, it was reported that there continued to be an increase in the number of concerns for a specific Home Care Agency. These have now started to reduce however, the suspension is still in place. The Clinical Commissioning Group’s multidisciplinary Market Intelligence Meeting meet every two weeks and continue to use the aforementioned data collected but the Customer Care Team to inform their decisions. This data is triangulated with that from the Safeguarding Team and other agencies and the contracts team continue to provide support to the agency to ensure that they are satisfied with their improvements.

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| **Northern Lincolnshire and Goole NHS Foundation Trust** |

*Raw Data obtained from: NLaG: Quarter 2 Report – Complaints, Concerns, Compliments and Comments*

**Complaints**

|  |  |  |  |
| --- | --- | --- | --- |
| **Complaints received by NLaG** | | | |
| Status of complaints received in Q1 | | | |
| New | Closed | | Re-opened |
| 132 | 178 | | 35 |
| Net open at the end of Q2 | | 158 | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Complaints received: Top 5 specialities** | | | | |
|  | **DPoW** | **GDH** | **SGH** | **Total** |
| General Medicine | 12 | 4 | 22 | 38 |
| A&E/ Emergency Care/ Minor Injuries | 16 | 0 | 13 | 29 |
| General Surgery | 9 | 1 | 6 | 16 |
| Trauma & Orthopaedics | 8 | 1 | 3 | 13 |
| Stroke | 4 | 0 | 7 | 11 |
| **Total** | 49 | 6 | 51 | **107** |

**Patient Advice and Liaison Service or PALS**

In this quarter NLaG have received 632 PALS enquiries. This has increased since the last quarter: 632 compared to 583.

**Compliments**

|  |  |
| --- | --- |
| **Compliments** | |
| Hospital Site | Total Number |
| DPoW | 42 |
| GDH | 11 |
| SGH | 56 |
| **Total** | 109 |

**Themes and Trends**

* Complaints received relating to the category ‘all aspects of clinical care’ continues to remain a trend across the clinical specialties this category increased by 12% from the previous Q2 this is a decrease of 4% from Q1 where it had increased by 16%. In particular, there was an ‘increase in delay in diagnosis’ by 70% from the previous quarter. There has been a slight decrease of 8% of the ‘standard of medical care complications following surgery’. In comparison to the previous quarter, complaints has seen a 23% increase in Q3.
* Appointments, delay / cancellation (out patients) has seen a dramatic increase from the previous quarter (4 complaints received) by 66% (12 complaints received) this is due to the increase in cancelled appointments which increased from 2 complaints to 7 complaints in Q3.
* Communication / information between staff and patients/relatives also continues to remain a trend throughout complaints; this has increased by 26% (161) compared to the previous quarter (123). However the sub category ‘failure to communicate test results’ has decreased by 67%. No other themes have been noted.

**Actions taken**

* Last quarter, it was reported that the CCG were working closely NLaG to improve the quality of the Ophthalmology services.
* Specifically, Sarah Dawson and Dr Nayyar have been working closely with the hospital team and improvements in waiting times to first appointment have improved. 18 week performance is still below the expected target and follow up appointments remain an issue.
* Additional clinics and surgery sessions have been in place since last October to manage the backlog in the short term.
* There has also been a workforce review looking at how to best use the job roles as well as actions to address ‘do not attends’ (DNA’s) and cancelled appointments and the appointment  process.
* An external review has identified that more space is needed to enable the service to meet the increasing demand.
* The longer term solution was discussed at Council of Members (CoM) today and a further meeting will take place in the next few weeks to agree an option for the future model.

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| **Care Plus Group** |

*Raw data from CPG: Quality and Performance Report Quarter 2*

**Complaints**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type of complaint received during Q2** | | | | | | |
| Formal Complaint | | | 7 | | | |
| Complaints received by service area: | | | | | | |
| GP OOH’s | Rapid Response | GP OOH’s and Rapid Response | | Community Nursing | Transport | Continence |
| 2 | 1 | 1 | | 1 | 1 | 1 |

**Compliments**

In addition there have been **195** compliments received and recorded for Quarter 3, an increase of 8 on the previous quarter.

|  |  |
| --- | --- |
| **Compliments** | |
| Service | Total Number |
| Macmillan | 63 |
| The Haven Team | 24 |
| Community Nursing | 22 |

**Themes and Trends**

* Themes continue to be around staff attitude

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| **Friends and Family Test (FFT)** |

Launched in April 2013, the Friends and Family Test (FFT) question has been asked in all NHS inpatient and A&E departments across England and, since October 2013, all providers of NHS funded maternity services. From 1 December 2014, the FFT will be available in GP practices, from January 2015 in Mental Health and Community Services and from 1 April 2015, it will be expanded to NHS dental practices, ambulance services, patient transport services, acute hospitals outpatients and day cases.

The CCG will be taking a proactive role in monitoring how the providers in the locality are performing in terms of the FFT and ensuring that national requirements are being met, as follows:

**Director with Lead Responsibility**: Cathy Kennedy

**Strategic overview:** Gemma Mazingham

(including awareness of National

Guidance/ requirements and

ensuring the CCG is meeting them)

**Provider liaison and remedial action** Nominated officer for each provider

The main update for this quarter in respect of FFT is the new style of reporting. Following a review of the FFT earlier this year, scores are no longer being calculated by NHS England in the same way (from September onwards).

The test is now broken down into two areas:

* The % who would recommend the service (rounded)
* The % who wouldn’t recommend the service (rounded)

Rather than a net promoter score being calculated, NHS England is now calculating and presenting the FFT results as a percentage of respondents who would and would not recommend the service to their friends and family. It is hoped that the results will be much easier to understand.

Over the next few months, FFT will be rolled out across the majority of the health sector as follows:

* December 2014: GP
* January 2015: Mental Health

Community

* April 2015: Dental

Ambulance

Patient Transport

Outpatients

Day cases

**NLaG**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Response Rate | | % recommended | | % not recommended | |
|  | DPoW | NLaG | DPoW | NLaG | DPoW | NLaG |
| A&E | 17.14% | 17.81% | 87.91% | 85.85% | 4.97% | 5.62% |
| Inpatient | 26.99% | 34.99% | 91.59% | 92.89% | 1.29% | 2.18% |
| Maternity – Antenatal | 0% | 0% | 0% | 0% | 0% | 0% |
| Maternity – Birth | 8.44% | 12.57% | 100% | 97.87% | 0.00% | 0.00% |
| Maternity – Ward | 0% | 0% | 0% | 0% | 0% | 0% |
| Maternity - Community | 0% | 0% | 0% | 0% | 0% | 0% |

NLaG report that FFT response rates remain a challenge for them but have implemented various actions to try and address this, some of these listed as follows:

* A&E departments remain a focus, with support from Assistant Chief Nurse and General Manager, ensuring that FFT is visual and accessible within the departments has been discussed. Actions include, card holders and cards being placed in every A&E room, posters in every room and bespoke survey stands being designed locally. Additional visual prompts are being costed by the Trust.

**GP**

FFT was implemented within GP Practices on the 1st December 2014, however NHS England are yet to publish any results and these will therefore be included when they become available.