

Patient and Public Experience and Engagement

Real Accountability

Demonstrating responsiveness and accountability

Publication Date: September 2011

This document is also available in other languages, large print and audio format upon request.

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هذه الوثيقة متاحة أيضا بلغات أخرى والأحرف الطباعية الكبيرة وبطريقة سمعية عند الطلب.

এই ডকুমেন্ট অন্য ভাষায়, বড় প্রিন্ট আকারে এবং অডিও টেপ আকারেও অনুরোধে পাওয়া যায়।

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Ce document est également disponible dans d'autres langues, en gros caractères et en cassette audio sur simple demande.

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ئەم بەلگەییە ھەرۆھە بە زمانەکانی کە، بە چاپی درشت و بە شریتی تەسجیل دەس دەکەوێت

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Waxaa kale oo lagu heli karaa dokumentigaan luqado kale, daabacaad ballaaran, iyo cajal duuban haddii la soo waydiisto.

Hati hii vile vile inapatikana katika lugha nyingine, kwa maandishi makubwa na katika sauti kwa maombi.

நீங்கள் கேட்டுக்கொண்டால், இந்த ஆவணம் வேறு மொழிகளிலும், பெரிய எழுத்து அச்சிலும் அல்லது ஒலிநாடா வடிவிலும் அளிக்கப்படும்.

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درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سننے والے ذرائع پر بھی میسر ہے۔

Introduction

Primary Care Trusts have a statutory duty to report once a year on all consultations that have been undertaken, are underway or are planned, which will have an impact on its commissioning decisions. This must be completed within six months of the end of the financial year.

The duty to report on consultation is set out in section 24A(1) of the NHS Act 2006:

“Each Primary Care Trust must, at such times as the Secretary of State may direct, prepare a report –

- a) on the consultation carried out, or proposed to be carried out, before the making by the Primary Care Trust of commissioning decisions and
- b) on the influence that the results of consultation have on its commissioning decisions.”

The following report details the results of South Staffordshire Primary Care Trust (PCT) consultations, engagement and related outcomes during the period 1st April 2010 until 31st March 2011 and proposed consultations from 1st April 2011 to 31st March 2012. It also includes details of the progress being made to routinely capture patient experience of local health services to support the Quality Assurance process with its Providers.

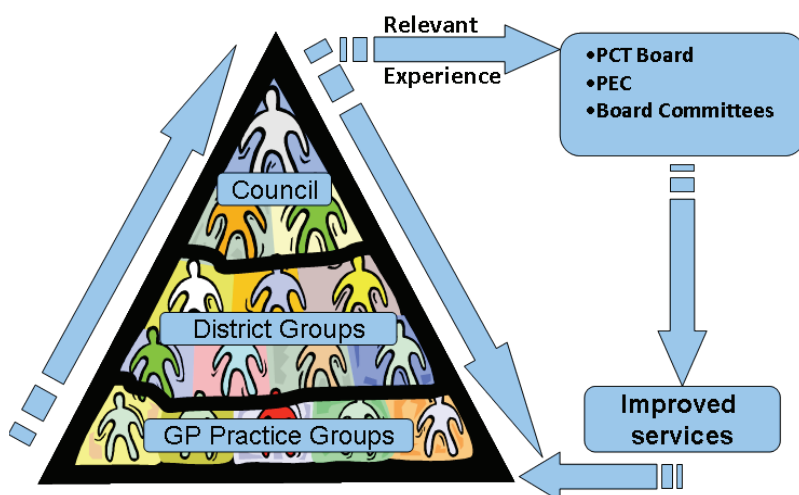
South Staffordshire PCT is committed to ensuring effective and appropriate engagement with all of its target audiences when planning and developing new services or reviewing existing ones. In doing so, the PCT aims to create local health services that mirror what patients need, build on their trust and confidence and to generally improve the health and well-being of local residents.

Patient Engagement Model

The PCT has in place a pyramid model of patient engagement to meet its patient engagement obligations as a commissioner under the NHS Act 2006. The purpose of the model is to ensure that patients are routinely involved in the planning, development and delivery of health services and to measure patient satisfaction and experience to inform commissioning decisions and improve services.

The three different levels of the pyramid include: Patient Participation Groups (PPGs), District Groups and the PCT Patients' Council. At the grass root level of PPGs, 73 GP Practices now have a PPG who meet regularly and feed information through representatives to the District Groups, who in turn feed information through to the Patients' Council nominated representatives, thereby enabling a two-way flow of information.

Patients' Council members are further encouraged to get involved in PCT Sub Committees, Professional Executive Committee and the PCT Board.



Patient Participation Group (PPGs)

Engagement is focused on supporting both the GP practice and commissioning from the patient/customer perspective. PPGs are a valuable mechanism to engage with patients, carers and family members and provide the PCT with a good geographical coverage for engagement activities.

Through membership on a PPG, patients develop a better understanding and knowledge of the practice and how it works and can put forward helpful suggestions and comments from the patients' perspective. They also allow for wider discussion and debate which is not normally possible during normal working hours. PPG members can (and do) support Practices on a voluntary basis with support during flu clinics, health fairs, undertaking surveys, etc.

To support practices in the development of PPGs and also to extend their remit from just practice issues to issues related to the wider health economy, the PCT introduced a PPG Local Enhanced Service agreement. The agreement not only provided practices with financial support to run the groups but provided commissioners with the opportunity to collect and disseminate information or feedback to a wider audience and an audit trail of issues discussed at a practice level.

A member of each PPG is nominated to sit on a District Group to create a communication link with commissioners and address any issues raised which could have implications for a wider area.

District Groups

District Groups are coterminous with Clinical Commissioning Groups and mirror District/Borough Council areas in Stafford Borough, Cannock Chase District, Seisdon, Burntwood Lichfield and Tamworth and East Staffordshire.

They meet quarterly with members made up of nominated representatives from PPGs.

Business discussed at the District level predominantly focuses on commissioning plans and projects, the information for which is shared with PPGs via their nominated representatives and supported by a newsletter of the main topics discussed to stimulate feedback.

Although not formal consultation, patients on District Groups - and subsequently all PPGs – are encouraged to feedback their views on service design and redesign, with their views regularly taken account of by commissioners.

Members bring from their individual PPGs any items they feel may need to be addressed which could affect the wider area, i.e. the Badger Out of Hours Service which, after investigation at the District Group, resulted in negative feedback from more than one GP Practice area.

Patient Council

The Patients Council (PC) was set up to take on a more strategic role and address issues that affect the whole of the PCT area. The PC meets quarterly and is chaired by the PCT Chief Executive or Chairman.

Membership is made up of patient representatives from each of the five District committees, who feedback to their respective District Groups and in turn their PPGs, with the support of a newsletter of the key issues raised and actions required. Patients' Council representatives are now elected as lay members on the Trust Board and other committees.

In summary, there is a two way communication flow between patients and the PCT right down

to GP Practice level and also upwards into the PCT Board, Professional Executive Committee (PEC) and the various PCT Board committees.

Mental Health Out of Hours Drop-in Services Consultation (May-August 2010)

Background

In April 2008 South Staffordshire PCT and Staffordshire County Council carried out a joint Mental Health Needs Assessment of all mental health services in the south Staffordshire locality. The assessment identified a lack of primary care mental health services across the PCT and recommended some good practice for localities to consider when commissioning primary care mental health services.

The assessment was based on a national shift in the way mental health services are provided and national standards that were put in place focusing on mental health promotion, prevention, recovery and social inclusion.

Stakeholder Engagement

To meet the challenges set by the Mental Health Needs Assessment,

Cannock Chase and Stafford and Surrounds Commissioning Consortia drew up a business case to put in place Primary Care Mental Health Teams. An extensive public consultation exercise took place on the proposals to set up the teams, with service users and stakeholders being involved at every step.

In addition, the two commissioning consortia undertook a joint consultation to review the provision of mental health out-of-hours drop-in services in their respective localities and to obtain views on the current service from service users and other interested parties.

The consultation was undertaken between 7th May and 8th August 2010 and, based on advice received from the staff at Mid Staffs MIND, involved a number of focus groups with current service users, carers, voluntary groups and partners, which included:

- **MIND Office, Cannock – Saturday 29th May**
- **Cannock Women's Group – Saturday 19th June**
- **Trinity Church, Stafford – Saturday 19th June**
- **Stafford Women's Group – Thursday 1st July**

In addition, commissioners provided an anonymous questionnaire for clients/staff/public to complete and return regarding personal use of the service and their thoughts on the service. The questionnaire was also published on the PCT website for people to complete online.

Summary of results

In response to the key findings of the consultation, commissioners worked in conjunction with service users and stakeholders to develop a revised model of service delivery to best meet the needs of the local population.

A summary of the responses and key outcomes of the consultation can be provided on request.

Badger Out of Hours Consultation (July – September 2010)

An informal consultation was undertaken of the Badger Out of Hours Service as a result of concerns expressed by a number of Patient Participation Groups across South Staffordshire.

A questionnaire was produced asking for patient and GP feedback on their level of satisfaction with the service. The results revealed that there was little specifically that could be changed or improved at this stage; however the patients' comments (soft intelligence) captured were entered on the patient experience database for ongoing monitoring and review.

Pharmaceutical Needs Assessment (1st September – 13 November 2010)

The PCT undertook a public consultation between 1st September and 13th November 2010 on its Pharmaceutical Needs Assessment. All PCT's were required to produce an assessment of its pharmaceutical services and share with patients, public, PCT staff and partners during a consultation period. The consultation took the form of a questionnaire to provoke thought and encourage feedback on pharmaceutical services and to feed these into the consultation process.

A communication plan was produced with questionnaires were circulated to a wide range of groups and individuals, i.e. District and Borough Councils Overview and Scrutiny Committees, Independent Contractor Committees, Patients Councils, Voluntary and Community organisations/groups, Health and Social Care Staff and other stakeholders. A summary of the outcome was sent to all who participated, as well as the Patients Council and District Patient Groups.

Transforming Community Services (TCS) Consultation (21st October 2010 – 29th November 2010)

In partnership with NHS North Staffordshire and NHS Stoke on Trent, South Staffordshire Primary Care Trust has undertaken a period of engagement since 21st October 2010 on proposals for the new Staffordshire and Stoke-on-Trent Partnership NHS Trust.

The engagement and involvement process has set out both the national and local policy background on the proposals and included engagement with many stakeholder groups and organisations including the Strategic Health Authority, hospitals, councils, MPs, Overview and Scrutiny Committees, voluntary sector, ambulance services and PBC leads.

Adult Mental Health Day Care Services Consultation (January – March 2011)

Background

Following a national drive to move away from building-based mental health services to services that can be better tailored to meet the needs of an individual; a proposal was put forward in 2011 to improve support for people with mental health problems in south Staffordshire. The proposal was based on extensive discussions that had already taken place around mental health services' priorities, including a review of mental health services carried out by the Staffordshire Mental Health Partnership Board in July 2007 and the Mental Health Services Improvement Project known as 'No Delays' in July 2008.

Stakeholder Engagement

South Staffordshire Primary Care Trust undertook a period of engagement from 26th January to 9th March 2011 in partnership with South Staffordshire and Shropshire NHS Foundation Trust. The aim was to inform and seek views from a range of stakeholders on proposals to modernise adult mental health day services in the PCT area. Comments received outside of this period were also included in recognition that continuous engagement with stakeholders was essential to ensure the transition of mental health services.

The case for change and improving support for people with mental health problems was set out in a detailed engagement document, which included a feedback form. An 'in brief' document was also produced in less detail to enable stakeholders to capture a general overview of the proposal and comment upon it.

In order to reach all key stakeholders, including staff and existing service users, the period of engagement was widely promoted through various channels, these included:

- **Communication to approximately 700 service users and all appropriate staff.**
- **Distribution of documents to approximately 300 individuals and organisations including MPs, Councillors, Parish Councils, voluntary groups, carers, LINK etc including an update half way through.**
- **Creation and promotion of web pages to encourage on-line feedback.**
- **Press releases .**
- **Attendance of Service User Reference Forum, Cannock – 3rd March.**
- **Attendance at Overview and Scrutiny meetings :**
 - 24th February – South Stafford**
 - 1st March – Staffordshire**
 - 9th March – Lichfield.**
- **Six user events:**
 - Spring Meadow, Cannock 10th February**
 - Chartley Centre, Stafford 11th February**
 - Friary Centre, Lichfield 15th February**
 - Albert House, Tamworth 25th February**
 - St. David's House, Wombourne 28th February**
 - Task Group, Burton 1st March.**

Summary of results

Key trends and themes flowed through the engagement with the speed and time scale of the proposed closure; lack of knowledge of future services and the need for a carefully managed and coordinated transition, all clearly of paramount importance. Carers also felt that they would be under pressure and that more support would be required to assist them.

Transport was a key issue, particularly in the Seisdon Peninsula; however, the questions did stimulate some positive ideas relating to minimising the impact of the proposed closure of day centres ensuring that they worked well and better than before. Gaps were also identified.

Some interesting thoughts were expressed for setting up service user led support networks identifying communications, involvement and engagement as critical.

A more detailed evaluation report can be provided on request.

Adult Social Care Consultation (9th May – 20th June 2011)

Staffordshire County Council (SCC) in partnership with NHS North Staffordshire; NHS Stoke on Trent and South Staffordshire Primary Care Trust (PCT) undertook a consultation under a Section 75 Act on the integration of services between SCC and the proposed Staffordshire & Stoke-on-Trent Partnership NHS Trust. The consultation period ran between the 9th May and the 20th June 2011.

In order to reach all sections of the community the consultation was promoted through many varied channels of communication. The consultation was promoted on both the Adult Social Care and consultation pages of the Council's website and respectively on each PCT's website.

A media advertisement was produced publicising the consultation across the county and in addition various community groups were approached to feature the consultation in their magazines and newspapers.

Key stakeholders were made aware of the consultation via an email notification and included:

- **District & borough councils.**
- **Voluntary sector groups.**
- **Emergency services.**
- **SCIO / LINK representatives.**
- **OSC's, MP's, Strategic Health Authorities.**
- **GPs.**
- **Union representatives.**

Staff members of all relevant organisations were also informed of the consultation through global email and other internal communication channels.

Three public events were held across the county. To ensure inclusivity the consultation and the events were marketed by Staffordshire and Stoke-on-Trent LINK and Staffordshire and Stoke-on-Trent Consortium of Infrastructure Organisations (SCIO) who have regular contact with 'grass root,' community groups and organisations.

The consultation document was also produced in a hard copy format. These were sent to key agencies and various community facilities within Staffordshire asking them to promote the consultation materials in their reception/community areas. These included social service area offices, libraries, leisure centres, colleges and different equality and diversity community groups covering ethnicity, religion/belief and disability.

Presentations were made to the South Staffordshire PCT's Patient Council, which then disseminated the information and opportunity to feed into the consultation through its Patient Participation Group structure.

A summary of the responses and key outcomes of the consultation can be provided on request.

Independent Sector Treatment Centre, Burton (May – July 2011)

South Staffordshire Primary Care Trust worked closely with patient representatives, ophthalmologists, GPs, Local Involvement Networks (LINKs) and PPGs to keep public, patients and clinicians well informed during the handover period of the Midlands Treatment Centre, Burton. The centre is managed by the private provider Nations Healthcare, which transferred to the ownership of Burton Hospitals NHS Foundation Trust on the 10th July 2011.

A LINKs representative attended steering committee meetings where every stage of the transition was discussed, negotiated and agreed. District Groups were fully briefed on the planned changes and during the transition process. Unfortunately, due to Nations Healthcare denying access to the Treatment Centre in the weeks prior to it closing, members of LINKs were unable to speak to patients to gain a view on any disruption they may have experienced.

Patient Transport Services Consultation (July-October 2011)

Background

Patient Transport Services (PTS) which provide non-urgent, planned transport for patients with a medical need, have historically been funded through contracts PCTs had with providers as part of the Payment by Results (PbR) Tariff. The contracts were commissioned and held by the individual providers.

In 2008/2009, however, costs for patient transport were removed from the PbR tariff and responsibility for commissioning PTS transferred to PCTs. In June 2010, Executive Directors

approved a PCT commissioned approach to PTS and a draft specification was developed for consultation. The proposals included:

- **A single PCT provider for PTS.**
- **A consistent eligibility criteria.**
- **A single point of access.**

Stakeholder Engagement

Between July and October 2010, the PCT carried out a consultation with key stakeholders including existing service users, GPs, acute providers, Overview and Scrutiny Committees and Staffordshire Local Involvement Network (LINK).

Although many of the service users supported the proposals to have a single PTS provider and a single point of access, the general response from the PCTs and acute trusts was that the proposals were unworkable in practice.

There was a concern that hospitals that have activity from several different PCTs will experience problems when trying to inform multiple PTS providers about changed or cancel appointments. They felt that PTS worked best when individual hospitals were able to deal with a single provider regardless of which PCT was using their Trust instead of having to phone multiple numbers for each PCT.

The majority of respondents also welcomed the proposal to have a set of consistent standards for PTS providers and the fact that a central booking centre, would help to ensure that all residents will be subject to the same eligibility criteria thereby reducing the inequalities that sometimes exist under the current system.

Summary of results

In response to the comments received as part of the consultation and through further discussions with providers, a revised proposal was developed, which is due to commence from January 2012 and included:

- **PTS providers commissioned around providers.**
- **An agreed eligibility criteria to assess PTS requests (in line with DoH Guidelines).**
- **A central booking service for patients whose GPs do not wish to book transport for them (there is no obligation for GPs to do so).**

The booking centre will also:

Take direct referrals from patients, GPs and healthcare professionals.

Liaise with non host hospital PTS providers for those eligible patients GPs will not book PTS for.

Assess requests for out of area e.g. Dorset against eligibility criteria.

Contract requirements with the new provider also include ongoing engagement with service users to monitor future performance. Patients and members of the public are also to be involved in the development of publicity material as part of a detailed communication plan to inform both members of the public and key professionals.

South Staffordshire HUB – ongoing

The South Staffordshire HUB was developed to provide a co-ordinating point for call handling available to health and social care professionals 24/7.

The HUB responds to the needs of patients, checks through the clinical pathways for the safety of the request and then makes arrangements to access the services on behalf of the professional making the call. This facility monitors tele-healthcare units deployed as part of pilot work within South Staffordshire Primary Care Trust.

Patient involvement in the design and development of this project has been ongoing for a period of two years, with the initial concept being shared with patients and carers at four focus groups. Ongoing development in the later stages has involved District Groups and PPGs who continue to be kept updated on the HUB's progress.

GP based in Queens Hospital A & E

A high number of self-referrals attending Queen's Hospital A & E revealed that 50% were inappropriate and that those patients could have sought alternative medical advice/treatment, i.e. Out of Hours, their GP, NHS Direct or a local pharmacist, thus reducing the high costs associated with patients attending A & E inappropriately.

East Staffs District Patient Engagement Group was fully informed and involved in the design of the specification for this new service and were asked specifically what was important to them. The response revealed a preference for the GP to be appointed should be a local practicing GP who knew the area well and who had a very good grasp of the English language. These requests were agreed and taken account of in the service specification and the GP appointed met the criteria.

Relocation of Eight GP Practices in Burntwood

Following an initial extensive consultation exercise on the relocation of the eight GP Practices in Burntwood, patient groups and the voluntary and community sector are being kept well briefed on the development of the new build. A number of well publicised open days have been held in Burntwood Library, for members of the public to come along and ask questions about the developing centre.

Frail Elderly Adult Team, Queen's Hospital, Burton (FEAT)

FEAT, based in Queen's Hospital A & E Department, is designed to assess frail and elderly adults in A & E and if appropriate, put a package of care in place to avoid hospital admission. The service commenced on the 5th September 2011. Members of the Local Involvement Networks (LINKs) are currently assessing the service from the patients' perspective by seeking views of patients and carers on whether the service is meeting their expectations.

Consulting with South Staffordshire College FE Students

Students at Tamworth, Cannock, Rodbaston and Lichfield campuses were informally consulted on local access to health services. Lively debate took place on how they wished to be consulted; what barriers prevented them from attending their GP Practice; in what format would they like to receive patient information; was there anything causing those concerns, etc. Feedback has informed all future consultation exercises with young adults in South Staffordshire.

Experience of Respite Care and Transition to Adult Care Services for young people using hospices in South Staffordshire (March – August 2011)

Background

In late 2010, South Staffordshire PCT commissioned Picker Institute Europe to consult with parents and young people with life limiting or life threatening conditions using two children's hospices: Donna Louise Trust (Stoke-on-Trent) and Acorns Children's Hospice (Walsall).

The aim of this work was to gather service users' and carers' views and experiences of:

- **Short breaks or respite care services.**
- **The transition process to adult care.**

This research was designed to inform ongoing work at the PCT around a commissioning strategy for palliative care.

Stakeholder Engagement

A number of in-depth interviews with parents and young people were conducted by Picker between March and August 2011. The parents were interviewed by telephone appointment and a researcher made visits to interview the young people at home, or in the hospice.

Those included in this study were young people aged between 15-22 years old representing a range of health conditions and parents of young people (including parents of young people who were unable to communicate and/or cognitively impaired). The interviews yielded rich results due to the in depth nature of the conversations held.

Summary of results

Parents and the young people both had similar views on the benefits of respite care, with the young people emphasising the fun and social aspects and parents of more severely disabled young people emphasising the quality of care.

Amongst parents and young people who were approaching the 'cut off' age of 18 years, there was a strong sense of concern and unease about losing the respite provided by the hospice – this included those struggling to cope at home as well as those families on a more even keel.

For the parents and young people interviewed, transition to adult services was characterised by uncertainty and lack of support. There was uncertainty about how health services, previously

provided under one roof would be delivered.

This research highlighted a lack of preparation, coordination and support around transition and the need for age appropriate respite care for young people aged 18+.

These young people and their families had a continuing need for support and short breaks that was not being met by any other provision.

A detailed summary of the engagement and responses can be provided on request.

Proposed Redesign of Inpatient Mental Health Services (On-going)

Background

In 2008 South Staffordshire PCT announced its five year strategic plan to prevent ill health and promote long life and wellbeing. For mental health some of the key objectives included ensuring that people with severe mental health problems have access to safe, supported services and to deliver more appropriate, less socially excluding services, particularly in respect of accommodation and care.

National mental health strategy also continues to promote the provision of intervention, support and care within a community setting and investment in Primary Care Mental Health Services has been a priority in South Staffordshire over a number of years.

Stakeholder Engagement

Building on extensive consultations which have taken place regarding mental health services, a joint consultation is now to be undertaken by South Staffordshire PCT and South Staffordshire and Shropshire NHS Foundation Trust, in partnership with Staffordshire LINK, on the future direction of inpatient mental health services.

The aim is to seek views on how people would like to see the redesign of inpatient resources implemented following the strengthening of the community mental health services and the requirement for a reduction of inpatient beds in South Staffordshire.

Patient Experience

Throughout 2010/11 there has been an increased focus on the role of patient experience as part of the Quality Assurance process. This has seen the continued development of a number of initiatives which include:

Clinical Quality Review Meetings

Patient experience is now firmly embedded in the Clinical Quality Review process and has a dedicated section in all Provider contracts monitored by the Patient and Public Engagement Leads.

Reporting requirements include a detailed strategy/plan for improving patient experience that covers a range of factors such as the tools and methods used, especially for the vulnerable or those not engaged through traditional methods and a robust process for how results of patient experience are used to make improvements.

In addition providers have an agreed minimum of patient satisfaction surveys to undertake each month as part of capturing real time patient experience and a responsibility to report on the key issues raised, actions taken or planned as a result and the outcomes or lessons learnt. Providers are also required

to submit findings on the same core key questions through the surveys to enable commissioners to benchmark across all four and monitor future improvement. To support Providers, a template has been devised to ensure the contract requirements are met and it is anticipated that the patient experience section will be further strengthened in next year's contract.

Positive relationships are also being forged between the PCT's Quality Team and Providers to tackle the patient experience agenda in partnership and share learning, which includes regular meetings between patient experience leads and also membership of internal committees.

Patient Experience Monitoring Group

All patient experience feedback is now coordinated through the Patient Experience Monitoring Group, with soft intelligence being cross-referenced with patient feedback gathered by PALS, Complaints etc as well as feedback gathered at Clinical Commissioning Group meetings and through the Patient Participation Group structure. All data collected is entered onto a central database and table-top discussions are also held on a regular basis.

Reports are produced each month, where themes, trends and gaps are discussed and key issues identified to be raised at the Clinical Quality Review meetings as well as reports being sent to the Quality & Safety Committee and the Strategic Public Engagement Committee.

The group helps to highlight areas which otherwise may have been difficult to identify and is vital to the CQR process. It gives the Quality Team added confidence and assurance that as far as it is able, all patient feedback is checked in a systematic way and addressed in a timely manner at CQR meetings.

Quality Assurance Visits

The PCT has an agreed programme of quality visits to Mid Staffordshire Foundation NHS Trust, Burton Hospitals NHS Foundation Trust, South Staffordshire and Shropshire Healthcare NHS Foundation Trust and Provider Services (now Staffordshire and Stoke-on-Trent Partnership NHS Trust). The visiting team comprises of executive level representatives, members of the Quality Team and representatives from other partner organisations as appropriate.

Following each visit the team reports back verbally any initial findings, which is then followed up by a report letter outlining the findings in more detail, plus any good practice and areas that require improvement. The report is also received by the appropriate Clinical Quality Review Meeting to monitor implementation of the actions.

In addition to the scheduled programme of agreed visits, the PCT also carries out unannounced visits to all four providers, with similar teams and reporting mechanisms.

Soft Intelligence

Patient Experience is now a standing agenda item on all district meetings of the Patient Participation Groups. A template has been devised to encourage members to report any information they receive about the experience of local health services. Data collected is fed into the central database, which is discussed at the Patient Experience Monitoring Group.

Patient Opinion

South Staffordshire PCT was chosen as a pilot site by West Midlands Health Authority to roll out Patient Opinion (PO), alongside NHS Warwickshire. The PCT has been using PO as a monitoring tool to support the measurement of patient experience.

All Providers are expected to report to Clinical Quality Review Meetings (CQRM) on postings received and acted upon in the previous three months. This is monitored by members of the PCT Quality Team who simultaneously receive alerts to postings and are able to cross check that issues are being dealt with appropriately.

Reporting to CQRM is expected to be a formality and part of the patient experience report, however, in cases where postings are not addressed satisfactorily or the Quality Team considered there is room for improvement, issues are raised with Provider organisation staff in between meetings and if there continues to be concerns, issues are tabled at the next CQRM.

In addition, PO postings for all four Providers are monitored and cross-referenced with other patient experience gathering systems, e.g. PALS, complaints, soft intelligence, etc to identify any trends, commonalities

