
Patient Experience Report

June 2010

Assistant Chief Executive and
PALS Co-ordinator

*The report covers the period October
2009 to March 2010*

Date of next report January 2011

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Report Structure

The information in this report is presented in 3 key sections.

Section 1: This section outlines our current performance ratings against outcome measures and surveys.

Section 2: This section identifies the key themes of the patient experience feedback. In future we propose to use a 4x4 matrix to highlight significant themes, taking into account the small numbers for specific areas. (See figure 1)

Section 3: This section will detail actions from circulation to all contributors and plans to improve collection and feedback of patient contributions to the process.

Report appendices include supporting data and references. This can be found at the end of the document.

Section One : Performance Ratings
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1.1 Current performance

WCPCT is currently rated level 2 on World Class Commissioning (WCC) competency 3 – public engagement. Our self-assessment for 2010 WCC round was that we have now reached level 2 for influencing local health opinions and aspirations and improvement in patient experience. We have assessed WCPCT at level 3 in public and patient engagement.

1.2 Patient Environment Action Team (PEAT) Scores

Site Name	Environment Score	Food Score	Privacy & Dignity Score	RAG rating
West Park Hospital	Excellent	Excellent	Good	Green
Penn Hospital	Excellent	Good	Excellent	Green

The PEAT scores demonstrate that activity undertaken over the last 12 months has been successful in improving the environment in which we deliver services. A programme of improvement has had the patient and feedback at its core and this reflects the scores achieved. Patient representatives were also involved in the audits, which demonstrate that WCPCT is still continually working towards excellence in all three areas and is not complacent about the current level of achievement.

1.3 National Patient Survey results

The Care Quality Commission ratings (08/09)

	Rating	RAG rating
Quality of commissioning services	Good	Green
Financial Management	Good	Green
Meeting Core Standards – Providing services	Fully Met	Green
Assessment of national priorities	Weak	Red
Review of hospital services for people with acute mental health problems	Weak	Red
Review of urgent and emergency care	Better performing	Green

1.4 Consultation and engagement activities

The report will focus on activities undertaken over the last 6 months including consultation, engagement events, surveys and feedback that has resulted in improvements and changes to service provision and quality.

No formal consultation has been undertaken in the last 6 months.

Tier 2 consultation was completed in April 2010 on drug treatment services. The outcome from the consultation will be in the next report.

1.5 Locality health panels and Partnership activities

During the period there have been 2 Locality Health Panels (LHP) held in each of the localities. The topics covered included Wolverhampton City Council Savings programme; Delivering Care Closer to Home; update on Transforming Community Services; Dental procurement exercise; Summary Care Records; NHS number; Quality Accounts and the Architect Days for LIFT and the Maternity Services Liaison Committee.

Key issues arising from the Locality health panels include:

- Use of interpreters by GPs
- Street drinking
- Access to information about services, in particular substance misuse
- Healthy lifestyle information/support
- Provision of primary care services
- Services for people with dementia

Actions

- Currently working with primary care colleagues on the use of interpreters
- Information on street drinking forwarded to colleagues involved in Healthy Places Healthy Lives project
- Information about Health Trainers provided, links made and feedback appears to be positive
- Primary Care services discussion is ongoing
- Dementia discussion planned for July LHP

1.6 Choose Well Research Report

National research, commissioned by the Department of Health shows that a number of people choose to go to the A&E and the GP when there are other services more suitable and convenient for their needs. The Choose Well campaign seeks to encourage appropriate use of services and wider use of self-treatment, pharmacies, NHS direct and walk-in centres. GFK was commissioned to carry out research to evaluate the Choose Well campaign for 2009/10.

Key messages from the research

- Total advertising awareness was highest in the West Midlands and logo recognition was also high
- Respondents in the West Midlands were more likely to say that the ads stood out and were clear and easy to understand
- The respondents also indicated that they were likely to change behaviour as a result of seeing the ads
- Respondents in the West Midlands combined showed that they were more likely than average to visit A&E or call an ambulance

The research does indicate that the campaign does have a positive impact on the behaviour of people within the West Midlands. This is of significance as they showed signs of inappropriate use of services. More work needs to be undertaken at a local level to ensure people are aware and understand the range of services

available to them, how to access and when to use. There are clearly local implications in relation to primary care and the city's two walk in facilities. Although no campaign is currently planned – this will be taken into account when developing the winter communications plan.

1.7 Improvements and changes made in the last 6 months

A new duty to report on consultation has been introduced and is effective from 1 April 2010. It places a legal duty on all primary care trusts and strategic health authorities to report annually on the influence people's views have had on their decisions. The duty to report is set out in section 24A (1) of the NHS Act 2006.

These reports will indicate how open an organisation is to influence with regards commissioning decision. In Wolverhampton, the information is contained within the Trust's Annual Report, and this is supported and further developed in the Patient Experience Report. However, in order to ensure that the duty has been clearly met, a formal report will be made to the Trust Board in September.

Other developments during the last 6 months include Echo and Voice facilitator training and a refresh of the Communications and Engagement Strategy

In support the delivery of this agenda the Assistant Chief Executive has completed Echo training. This will enable WCPCT to review how open it is to influence and will be useful in furthering partnership activities. In addition, 2 members of staff have completed Voice facilitator training. This tool will enable staff to support the community to be more influential and identify organisational capacity to influence. The Assistant Chief Executive is undertaking accredited mediation training to support the Wolverhampton Compact.

The Communications and Engagement strategy has been refreshed which will provide clear guidance and structure to enable a more comprehensive approach. The Patient Experience Framework has been approved at board and this provides the structure to ensure patient experience information is fed into the commissioning process.

The policy and procedure for developing patient information has been approved by the board and the training programme is being produced. WCPCT reader's panel, a key component of the policy, has been involved in reviewing a number of Trust documents including the Annual Report.

NHS and Social Care Complaints reforms came into effect in April 2009. This means people are now able to let us know about their experiences of both services through one or the other of the organisations involved. We have made a commitment to work together to resolve any difficulties and improve service provision as a consequence.

The Department of Health, Price Waterhouse Coopers and the SHA are currently developing a patient experience dashboard/matrix. This will be incorporated into the ratings in future reports of the Patient Experience Framework.

The WCPCT Board received and approved the content of the Deloitte Quality Innovation Productivity and Prevention programme report (QIPP) in February 2010. There will be an update in the next report.

Section two: Key themes

Tabular summary appears on page x

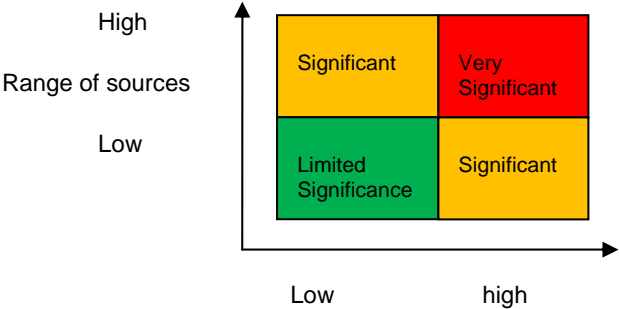
2.1 Patient Experience

October 2009 – March 2010

An important part of the patient experience is managing the patient and public perception services. Much of this is achieved through the reputation management work delivered through the Press Office. The higher percentage of positive press is indicative of the hard work undertaken to maintain the image of the NHS locally.

The WCPCT website is also a key tool to manage the perception of local health services and provides a range of information about services, achievements and future plans. During the same period WCPCT website received nearly 70,000 views with new visitors to the site of about 62%.

Strategic Significance



Numbers feeding back matrix

Figure 1 – Patient experience

2.2 Positive Themes

The overall experience of health services has been positive with more patients being able to access an NHS dentist and requesting information about services. A high percentage of patients who completed discharge questionnaires from a variety of sources felt that the standard of care they received was either good or excellent. The DNA (did not attend) rate for clinics in Child and Family services has reduced and high levels of service users told us that they felt their views were taken seriously and would recommend the service.

The Productivity Improvement Programme (PIP) Patient Satisfaction survey demonstrated some positive key results with participants indicating high levels of satisfaction with the services they received. This included Continence, Wound Care, diabetes and COPD. 96% reported that they were satisfied with the quality of care received for diabetes.

2.3 Significant Themes

There remain areas, across the health and care economy where, continued development is necessary. Using the matrix it has been simple to identify areas of strategic significance.

Limited Significance

Issues regarding patient choice, 'Treatment and Care' and 'Attitude and behaviour' fall within the category on the matrix of limited significance as the numbers reporting back are low. However, they should remain on the agenda as the range of sources raising this as a concern appears to be increasing.

Significant Themes

Issues regarding 'Access and Waiting', 'communication' and 'Involvement in Care' are reported from a range of sources including complaints, PALS and community services, including West Park. The numbers are still fairly small but the range of sources indicates that this could indicate an issue that patients do not feel significantly involved in making decisions about their care and treatment. This is not the case for all services and sharing of good practice could have a positive impact on this indicator. Patients' experience of waiting times for referrals and appointments remains an area which needs to be improved. Patient satisfaction surveys and audits may provide further intelligence to develop action plans.

Very significant

Information about referral pathways, services and what to expect has been an ongoing issue for patients. 30% of PALS concerns raised over the last 6 months have been regarding the range and provision of patient information. As part of the ongoing improvements to services and the experience of patients, it may be necessary to look at a patient information care pathway to sit alongside the care pathways which direct the delivery of services to patients.

Patient Experience Summary RAG rated.

Patient Experience Indicator	Theme	Sources	Action taken/planned	RAG Rating (Proposed using matrix)
Access and Waiting	Improve access to NHS dentistry	PALS data WCPCT NHS dental access marketing campaign	<p>PALS data indicated the access to NHS dentists across the city is inconsistent. PALS bi annual spot check in response to PALS concerns has improved access by providing intelligence to support contract monitoring and clinical engagement.</p> <p>Dental Access marketing campaign Feb 2010 to improve perceptions of access to an NHS dentist</p>	amber
	Interpreting services	Locality Health Panels PALS concerns MP enquiry	Review of use of Interpreting services within primary care and appropriateness of bookings. Also review of the range of requests as top 10 languages has changed over the past 2 years to include Mandarin. On going review	amber
	Waiting Times	Complaints PALS concerns AHP services	<p>Waiting times has been raised as an issue for patients across a number of services. This ranges from waiting for a first referral appointment to waiting for follow-up.</p> <p>In response, Foot health is trialling a new computerised system which should provide more flexibility. Other AHP services have reviewed and re-designed some aspects of their services to reduce waiting times</p>	Amber
	Access to GP	GP patient survey	<p>The survey is able to effectively demonstrate patients are able to access their GP within 48 hours</p> <p>The results for advanced books is much more varied.</p>	Green

			Ongoing discussion for continued improvement and development will take into account any recommendations from the proposed Health White Paper	
Communication	Patients reporting that they are not included in decision made regarding healthcare/ treatment decisions/ discharge arrangements	Inpatient discharge questionnaires	Review of Skill mix by Lead Matron. Improve patient involvement in care, monitor and document Senior nurses undertaking family rounds at visiting times	amber
	Communication from health care professionals about care	Child and Family services audit of user feedback	There are good examples where patients are indicating good levels of communication regarding care in child and family services. High levels reported they had received information about their child's problems, signed and agreed action plans. It would be useful to share good practice across other services.	Green
More Information, More choice	Information is not timely, accurate, poorly presented Poor access to information about services, in particular substance misuse Healthy lifestyle information	Inpatient Discharge questionnaires PALS concerns (30%) Locality Health Panels DoH Choose Well Research report	Development and implementation of the Policy and Procedure for developing patient information. Info4all website ongoing development Revision of patient information packs on the wards Information about Health Trainers provided, links made Work needs to be undertaken to ensure people are aware of the range of services available to prevent this category being rated Red	Amber
Safe high quality co-ordinated Care	Standard of care received Patient satisfaction with community services	Productivity Improvement Programme (PIP) Inpatient Discharge questionnaire	Positive feedback has been received regarding treatment and care PIP – 96% reported satisfaction with quality of care received High levels of respondents in Child and Family	Green

		Community LDT Experience of Service questionnaire Essence of Care Mental Health survey	services would recommend the service Mental health respondents reported confidence and trust in their CPN	
	Dignity and respect	Productivity Improvement Programme (PIP) Inpatient Discharge questionnaire	The Trust received positive feedback from inpatients at both West Park and Penn Hospital regarding respect and dignity Ratings either good or excellent	Green
	End of Life Care	End of Life Care carer survey	High levels of satisfaction with the service. 97% felt well supported by District Nursing Service	Green
	Out of Hours	Out of Hours Quality in Care questionnaire	High levels of respondents were satisfied with the service they were directed to. The response rate to the questionnaire is low and will be picked up with the provider	Green
Clean, comfortable friendly environment	Snow Hill refurbishment	Arts for Health programme PEAT	Feedback from young people and staff was used to rebrand the health centre and the service. The environment has significantly improved and service users have responded positively.	Green
Building closer Relationships	Ongoing and successful delivery of the Expert Patient Programme (EPP)	EPP evaluation	Over 175 people completed the programme 09/10. The evaluation revealed positive feedback from participants. The programme was rated overall good or excellent Good work with grass roots local organisations to be involved with the programme. Building relationships with a range of other services including GPs, Health Trainers and community services 2010/11 Work plan to review the wider range of self care programmes	Green
	Dental Access	Dental Commissioning	Currently working with a BME organisation to increase knowledge and awareness of NHS	Green

			dentistry within the BME community. This does build good relationships within the community, outcomes to be evaluated.	
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Section three: Key actions from contributors

Forward view

In response to the recommendations of the Francis Report into Mid Staffordshire NHS Foundation Trust, WCPCT patient experience framework will provide a clear structure for listening and responding to patients concerns and feedback.

An alert system against feedback will be developed to enable instant triggers, which will be challenged and brought to the attention of service leads for response and action.

The WCPCT engagement database will be re-structured to enable meaningful engagement opportunities for people who have agreed to give time to work with WCPCT in developing and improving services.

Members of staff within the communications teams will undergo further development which will provide additional support and expertise to staff wishing to engage and involve patients and develop their own methods for collating patient experience information.

WCPCT has now a ratified Policy and procedure for developing patient information for which training will be rolled out over the next few months. This will improve the standard of information provided to patients and the public about our services.

Actions are being taken to re-invigorate the importance of the NHS Constitution so patients, the public and staff are fully aware of their responsibilities and therefore respond appropriately.

The Quality Accounts has allowed us to review quality standards and the action plan will ensure steps are taken to review and respond appropriately.

This report has gathered information from a wide range of sources across WCPCT and from local partners. As the first report, it has been important to show the vast amount and range of information available which needs to be converted into useful intelligence to support the commissioning process. Subsequent reports will provide a sharp focus on direct feedback, actions taken and clarity for commissioners.

WCPCT is currently working on a bid to the Health Foundation 'Closing the Gap' annual award scheme. If successful this will provide funding for a project on real time patient experience technology. This will enable us to gain greater insight into the experience of patients using services and increase response rates.

Appendices: Supporting data and references

Appendix 1

This section provides more detail on service feedback from which the key themes have been identified. More information is available if required.

4.1 Patient Experience feedback sources, activities and outcome actions

4.1.1 Patient Advice and Liaison Service – Oct 09-Mar 2010

	Access and Waiting	Building Closer Relationships	Clean comfortable Friendly Environment	More Information More Choice	Safe High Quality Co-ordinated Care	Total
Oct	38			5	13	56
Nov	39	2		13	12	66
Dec	23	1		5	7	36
Jan	22			2	2	26
Feb	16			3	3	22
Mar	52	9	2	77	12	152
Total	190	12	2	105	49	358

Patient contacts to PALS have always consistently shown that patients are concerned with access to services and delays, which may impact on their experience.

Over the last six months, 14% of queries have been regarding quality of care received. The majority of these queries have been regarding NHS dentistry, with patients identifying that their experience of care and treatment has been poor and explanations regarding treatment have been inadequate.

These have been resolved with the support of WCPCT dental advisors, which has enabled WCPCT to respond directly to patient feedback with the aim of improving the service.

4.1.2 Customer Service – Complaints (formal) – PCT Provider services

Q1 09/10	Q2 09/10	Q3 09/10	Q4 09/10
19	23	21	20

Directorates continue to achieve excellent results in the processing of complaints and the average response time is well within WCPCT target time period of 25 working days. Where more complex complaints have required additional time, complainants are kept informed.

As reported in the Quality Counts for 09/10, the top 3 themes are

- Care and Treatment
- Attitude
- Waiting times, although car parking also represented a similar number of complaints

Action taken and lessons learnt

- To ensure patients receive the appropriate care and treatment, community staff have received additional training in the Mental Capacity Act and the process for Safeguarding Adults has been made more robust
- The introduction of a DVD promoting basic infection prevention control has been introduced to standardise training delivery, making it more accessible to staff.
- The NHS Constitution makes it clear that patients have the right to be treated with dignity and respect. All staff are expected to uphold this value and receive mandatory training in customer care. Where staff have shown poor attitude, further training is given
- Ensuring patients are treated with dignity and respect is a key action in the Trust's Single Equality Scheme action plan
- In response to complaints Foot health service is trialling a new computerised system which will provide more flexibility and greater choice when booking appointments
- Staff who provide audiology, foot health, physiotherapy, occupational therapy and speech and language therapy services have made significant strides in reducing waiting times by reviewing and redesigning some aspects of their services

Customer Service – concerns/complaints raised involving Independent Contractors

Q1 09/10	Q2 09/10	Q3 09/10	Q4 09/10
54	93	88	70

All complainants are advised that all independent contractors are required to have their own complaints process and as such complaints should be addressed to the Practice Manager in the first instance, or can be forwarded on their behalf by the PCT for investigation.

As complaints handling is the responsibility of the independent contractors, although requests are made to keep Customer Services informed of the outcome of the complaint, information is not always received.

When necessary, a member of the Customer Services Team will attend complaints meetings to support the complainant or independent contractor as required/ appropriate.

4.1.2a Customer Care Training Data

Month	Percentage of staff attending
October	15
November	22
December	18
January	18
February	15

March	12
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This includes all staff, from WCPCT services and Independent Contractors, attending Customer Care 1 and 2, Trust induction and the full day mandatory training.

4.2 Commissioned Services

4.2.1 Wolverhampton City PCT Community Provider

4.2.1a West Park Rehabilitation hospital – Discharge Questionnaire July – December 2009

Rehabilitation Directorate based at West Park Rehabilitation Hospital routinely undertakes a discharge patient questionnaire to assess the quality of care that is provided to its patients and to help identify any problems and improve the service delivered. The patient discharge questionnaire is given to every patient who has been discharged from the hospital.

The response rates for the questionnaires are low across the 4 wards from 8% to 32%. The total number of patients returning the questionnaire is 59.

Summary of results

Overall the responses have been positive about the care and treatment received at West Park

93% of respondents felt the standard of care they received was either good or excellent.
98% felt that the staff were helpful
92% felt that the level of care given to privacy and dignity were good or excellent

There are some areas where improvements can be made and some areas can be attributed to how we communicate with patients, and their relatives and carers. This can be linked back to the NHS constitution and meeting the expectations of patients and users of our services.

12% respondents did not feel they were given a chance to discuss their treatment or care

Outcome actions:

- Review the discharge questionnaire and the process associated with it
- Skill mix exercise has been undertaken to review staffing within the service
- Patient/visitor information to be updated

4.2.1b Nursing Performance indicator – West Park Rehabilitation Hospital Audit for Privacy and Dignity

Outcomes of the audit.

Whilst there are some key areas which the service scored well, there is significant room for improvement. In particular, in areas related to communication of information. Comments indicated that patients felt staff were very busy and this caused delays in responding to buzzers. Patients have expressed views indicating that enhanced information on admission is required.

Outcome actions

- Development of local Nursing metrics to enable monitoring

- The wards have introduced an information letter, which informs patients and their relatives on admission
- It has been identified that a team approach is required to respond to the issue of patients not feeling involved in their care plan. This is to be documented
- Other key indicators will be monitored through the Matron ward rounds

Essence of Care benchmarks and actions

Essence of Care (EofC) was launched as a benchmarking tool in 2001 by the Department of Health. All wards and departments participate in a programme to audit nursing using the EofC benchmarks. Patients are asked to contribute to the benchmarking process whenever possible. This year has seen a revitalisation of benchmarking and the scores will be incorporated into nursing scorecards in the future to enable wards and departments to know how they are doing.

The directorate has developed a Privacy and Dignity Policy and a Single Sex Accommodation Policy. Dignity champions have been trained for each ward area to enhance the Dignity agenda.

The Matron has introduced a monthly patient Quality round to review the environment and also a monthly infection prevention round with a member of the Infection Prevent team.

To gain more timely patient feedback on patients' experience, senior nurses have adopted a proactive approach and have been spending time talking to patients, by conducting family rounds at visiting times. This enables them to tune into issues and deal with any concerns regarding care and pathways of care the patients are receiving. This will act as a trigger alert to any potential significant themes.

Any complaint received is acted upon promptly and given the same priority regardless on how they are raised. In addition there is an open surgery for relatives and carers to access Matron in a confidential environment to listen to both complaints and compliments regarding care and services within the inpatient setting.

A Safety cross system has played a fundamental role in ensuring aspects of patient care are displayed for public view at ward level.

4.2.2 Children and Family Services

Child and family services are working to create a more comprehensive response to collating patient experience information, which will inform service development.

4.2.2a Enuresis Audit

All clients who attended an Enuresis clinic were asked to complete a discharge questionnaire. A telephone call post discharge has seen the response rate increase considerably on the previous years 6% rate. The objective was to review the service and identify areas for improvement in relation to the delivery of the service.

Summary of results

- There have been 17 less referrals to the enuresis clinics this year compared to last year (555 compared with 572) however the attendance rate has increased 336 (61%) compared with 312 (55%) last year.
- The DNA rate has reduced in the main although it is still high and equates to approximately a quarter of all referrals.
- 32 clients said that the referral process was easy.
- 15 clients said they had been provided with information prior to the clinic, 12 of which said they found the information useful.

Outcome actions

- Improve the promotion of the service
- Review the information produced in line with appropriate policies
- Include appropriate patient information with the appointment form
- Continually review the appointment system to reduce waiting times and the range of venues available
- Monitor DNA rates and review how to reduce this area

4.2.2b Community Learning Disability Team for children and adolescents

The service uses an Experience of Service questionnaire to obtain service user feedback following discharge. Users are encouraged and supported to feedback their views and experiences.

Summary of results

**100% of respondents felt that they were listened to
92% felt that their views and worries were taken seriously
97% would recommend the service**

The response rate was 53%, which the service felt was disappointingly low but this could be attributed to the way the interviews have been undertaken. Feedback is extremely positive about members of staff in the team, with families reporting that they feel listened to and find the staff easy to talk to and to work with.

There is also very positive feedback for the flexibility of appointment times and the location of appointments. Here, it needs noting that the responses will reflect the fact that a significant majority of appointments take place in the community with 72% of respondents reflecting that they were supported at home or school rather than at the Gem centre.

Outcome actions

- Review flexibility of appointments
- Review how to ensure that clinical work can be sustained until an appropriate point of discharge
- Develop ways of seeking and using feedback from young people and families. Also work with patient experience to 'close the loop' with feedback activities
- Continue to monitor all waiting times
- Consider how to manage working with families who find it more difficult to successfully and consistently engage

4.2.2c Child and Family services audit of user feedback

Child and Family Services regularly uses the Experiences of Services Questionnaire to monitor the patient experience, including reviewing staff behaviour, the appointment system, the location of service and information provision.

This report covers the period from July 2009 to December 2009. The response rate of 25% is based on all contacts to the service, however, if the rate is based on actual discharges then it rises to 50%. The respondents included children and young people aged 9 to 18 as well as carers and parents.

What we are doing well

- 100% of young people aged 12-18 felt listened
- 88% of people who used the service found staff easy to talk to
- In the younger age group (9-11) 100% of the children felt the people at the service knew how to help with the problems they brought
- 90% of respondents felt they were given enough explanation
- 77% would recommend the service to a friend
- 96% had received information about their child's problems
- 94% had received an Action Plan and had agreed and signed it.

What we could improve

- 79% of our clients said they found it easy to get to the appointment location.

Outcome actions

- Monitoring the use of the Journey to Gem Bus
- The introduction of more flexible appointment times might be a consideration for future service planning

4.2.4 Community Services

Feedback from the Productivity Improvement Programme (PIP) Patient Satisfaction survey for community services was overall positive. This covered diabetes, chronic obstructive pulmonary disease (COPD), continence and wound care. The overall response rate was 30%, with the best response for COPD at 49%.

Key messages

- 91% said they were treated with respect and dignity
- 88% said community services have helped with their condition
- 96% were satisfied with the quality of care for diabetes
- 96% were satisfied with the care, help and Advice received for wound care

A recent survey of carers of End of Life Care patients was able to establish

**100% were very satisfied or satisfied with the care delivered
97% felt well supported by District Nursing Service**

4.2.5 Mental Health

The latest 'listening to patients' mental health survey managed to achieve a response rate of over 25%. Key feedback points include responses from inpatients and also people receiving care in the community:

- 76% of patients rated care as excellent to good

- 88% of patients said that they were treated with respect and dignity
- 99% had trust and confidence in their community psychiatric nurse
- 85% of patients had enough say in the decision about their care and treatment

4.2.5 Long Term Conditions

Expert Patient Programme

14 courses have been delivered in 2009-2010 with 175 people completing the programme. Each participant is asked to complete an evaluation of the programme.

- 74% participants rated their confidence levels before starting the course as very poor, poor or average, on completion 94% rated their self confidence as either good or excellent.
- 97% rated the overall programme as good or excellent

4.2.7 Arts for Health

The Arts for health programme has developed a number of projects which has enabled WCPCT to capture feedback and use the information to further develop services in relation to patient experience. There have been significant successes in Mental Health, Contraceptive and Sexual Health services and Smoking Cessation.

The project at Snow Hill health centre used feedback from young people and staff to rebrand the health centre and also the service. Not only has the building and environment improved but the users of the service have stated that this has had a positive effect on their experience of the service.

The reminiscence project at Penn Hospital has been delivered in partnership with Wolverhampton Arts and Heritage Service. This has enabled the loan of museum objects to provide stimulus for conversation with patients with dementia. The feedback from this project has been so positive that this will be developed into an ongoing programme.

4.2.7 GP Patient Survey

The GP patient survey is part of the Government's commitment to make the NHS more responsive to patients' needs. The survey covers a range of issues including ease of making appointments; satisfaction with opening times and quality of care received.

Further analysis was undertaken in the following areas:

- 48 hour access to a GP
- Advanced booking
- Telephone access to a GP
- Appointment with a specific GP

Survey results

Most practices are able to effectively demonstrate that their patients are able to access and GP within 48 hour with only a few outliers in this area. The results for advanced bookings are much more varied with more practices achieving over 90% for access. 26% practices recorded results above the upper control limit with regards telephone access to a GP.

The results from the survey provide ongoing discussion with the practices for continued improvement and development.

4.2.8 Practice Based Commissioning Log

Main issues raised

- Mis-directed mail
- Appointments
- Practice Letters
- Policy issues

These issues are being monitored and resolved directly with the provider of the service. Issues regarding practice letters and mis-directed mail can have a negative impact on patient care as information is not available or is inaccurate.

4.2.9 Out of Hours provider – Doctors on Call

Out of Hours service conducted the out of hours Quality in Care questionnaire during September 2009. The response rate for this activity was 27%.

- 82% of respondents were satisfied with the service they were directed to
- 50% of respondents rated the time it took for the receptionist to answer the call as good, very good or excellent (24% of respondents left this question blank)
- 53% of respondents rated the manner in which they were treated on the phone as good, very good or excellent (39% of respondents left this question blank)

The responses relating to the questions rating the number of times that a patient received a call back overall indicated that the patient experience was poor or fair if they received one or less calls. Those receiving two or more calls rated their experience more positively.

Outcome Actions

The response rate for this questionnaire would need to be increased to provide a more accurate picture of the patient experience of this service. Plan to work with the out of hours provider to further develop patient experience work.

4.2.10 Local Strategic Partnership perception survey

This year we have included a number of key health perception questions in the survey, including, access and choice. The outcomes will be reported in the next cycle.

4.2.11 Royal Wolverhampton Hospitals NHS Trust

PPI activity October 2009 – March 2010

Quality accounts – Two half day workshops were held in November 2009 with approx 50 members of the public attending in total, to gather feedback on the 2009/10 quality accounts document. Both the content of the report and the preferred layout and style of the document were discussed. The comments and suggestions from attendees were used to produce a draft quality accounts document which was then presented to the group at two further workshops in April 2010 for final comments and priorities.

National surveys – The results of the national outpatient survey were released in December 2009 whilst the national inpatients survey data was released March 2010. The information provided through these surveys is used across the organisation in conjunction with other patient feedback such as PALS enquiries, complaints, local surveys etc to highlight areas for improvement.

Learning disabilities – The Trust and WCPCT are working together to implement a system that highlights patients with severe learning disabilities, this will mean that whatever service the patient needs we will be able to provide the additional support required in a consistent manner.

Visiting policy consultation – A questionnaire and two group discussions have been carried out with patients and visitors to gather their view on proposed changes to the Trust's visiting policy. As a result of the feedback gathered the proposed afternoon visiting hours have been extended and a visitor's charter is being developed.

Arts and way finders project – In response to patient feedback regarding the signage in the hospital a project group has been set up to oversee improvements, representatives of patient and public groups have been involved throughout this project.

Wig contract – A questionnaire was distributed to patients using the wig service to gather their views; the feedback was used as part of the procurement process of a new supplier.

Cancer patients' survey - Working in partnership with PACT and WCPCT, the Trust is taking part in the continuous quality assessment cancer patient's survey. The survey designed by patients is being carried out over a 12 month, with results feedback to us on a quarterly basis we are able to identify issues for action.

Outcome actions

The improvement plan has been requested.

4.3 Commissioner

4.3.1 Local Involvement Networks

Wolverhampton Local Involvement Network (LINK) has been involved in a wide variety of patient experience activities during the period, which involved approximately 1400 local people.

The themes of the issues raised included:

Access and waiting

Patients and the public fed back their concerns regarding delays in the referral process, in particular, to mental health or to a GP. Also the length of time waiting to be seen. They felt that more clarity regarding patient rights and waiting times should be included in the NHS Constitution.

Information and Choice

Feedback was received regarding encouraging the use of complementary therapies; greater involvement in discharge planning and extending the age range of the NHS Health check. During an inequalities workshop the participants raised the issue regarding poor communication and information provision, which they felt created difficulties for patients.

Outcomes

The LINK will continue to feedback information regarding their activities to WCPCT through the patient experience lead and signpost individuals with specific issues to the most appropriate services.

4.3.2 Wolverhampton City PCT dental access marketing campaign

NHS dental access has been an ongoing issue for patients both locally and regionally. Most of the concerns raised regards access are due to perceptions of availability of NHS dental services. Wolverhampton City PCT in partnership with Bell Pottinger and the Department of Health undertook a marketing campaign to establish effective methods to increase perception of access to NHS dentists.

The objective was to deliver 3 key messages:

1. You can access an NHS dentist
2. Here's how the charges work
3. You may not need to go every 6 months

The campaign in Wolverhampton employed a variety of methods including distribution of promotional materials; inserts in local media; radio and bus panel advertisements and a BME engagement project.

Outcomes from the campaign

- Increased enquiries to PCT Website, PALS and the Health and Social Care Information service
- Specific enquiries to the dental helpline
- One practice had 20 new patient enquiries as a result of the access campaign

- An additional 1500 new patients accessed NHS dentistry during January to March

There is planned ongoing activities as a result of the campaign to ensure local perception of access to NHS dentist is positive, including work with a local grass roots BME organisation.

4.4 Media and Reputation management

4.4.1 Media Monitoring Oct 2009 – Mar 2010

Over the last 6 months there has been a total of 107 articles published in either Express and Star or Chronicle for WCPCT. For New Cross there was a total of 110 articles published.

Month	No. of Articles	PCT		New Cross	
		Positive	Negative	Positive	Negative
October	33	94%	6%	67%	33%
November	30	94%	6%	57%	43%
December	35	86%	24%	36%	64%
January	52	90%	10%	59%	41%
February	42	95%	5%	57%	43%
March	25	86%	14%	82%	18%

The figures show that overall the number of articles published for WCPCT are more proactive press and demonstrate a positive picture for the organisation. Articles featuring a specific staffing issue and administrative procedures resulted in an increase in negative press for WCPCT.

A number of negative articles appeared for New Cross, which included staff behaviour outside work hours; patient deaths and mixed sex wards. However, the picture for March is encouraging with the hospital staff being acknowledged for delivering a 'first class' service and the hospital being commended for how they dealt with the recent outbreak of Norovirus.

4.4.2 Press Office activity including Freedom of Information (FOIs) requests

Month	No. of Queries	No. of FOIs	No. of press releases	No. of Statements
January	18	7	9	9
February	16	6	8	7
March	15	5	20	6

4.4.3 Media Training

30 members of senior staff within the WCPCT have received media training in TV, radio and print coverage. This includes

- Directors
- Non Executives
- Senior Managers in Mental Health and Public Health
- Clinical Directors
- Senior nurses

A further session is planned for 2010/11.

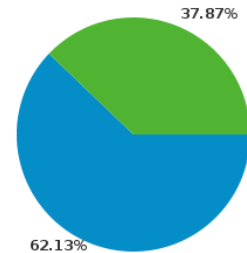
The Press office provides support to city wide involvement activities including the City Show, producing the Health Focus and contributing to One City News.

4.4.4 Website Statistics 1st October 2009 – March 2010

www.wolvespct.nhs.uk

- **69,984 visits to the site which average at 385 visits per day.**
- In total, there were 216,345 page views.
- Breakdown of new and returning visitors:

■ New Visitors: 43,481 (62.13%)
■ Returning Visitors: 26,503 (37.87%)



- Each visit looks at an average of 3 pages per visit
- Average time on site is 2 minutes 6 seconds per visit

Geographical Statistics – Top Ten

	Country	Visits	Pages / Visit	Av time on site
1.	United Kingdom	66,464	3.14	00:02:09
2.	United States	886	1.67	00:00:42
3.	Ireland	311	1.23	00:00:09
4.	(not set / undefined by analytical software)	214	2.96	00:02:05
5.	India	211	3.09	00:02:07
6.	France	198	4.07	00:03:29
7.	Germany	177	3.21	00:01:37
8.	Canada	176	1.68	00:00:40
9.	Australia	137	2.17	00:01:29
10.	Netherlands	106	2.48	00:00:59

Top Ten Pages

- | | |
|----------------------|---|
| 1. Homepage | Error! Hyperlink reference not valid. |
| 2. Jobs Homepage | http://www.wolvespct.nhs.uk/jobs.asp |
| 3. Contact Us | http://www.wolvespct.nhs.uk/contact-us.asp |
| 4. Phoenix Centre | http://www.wolvespct.nhs.uk/Services/Service_pages/Phoenix.asp |
| 5. Services Homepage | http://www.wolvespct.nhs.uk/Services/Services_Home.asp |
| 6. Out of Hours | http://www.wolvespct.nhs.uk/Services/Out_of_hours.asp |
| 7. Healthy Food | http://www.wolvespct.nhs.uk/Healthy_City/Healthy_eating/Healthy_food.asp |
| 8. A-Z of Services | http://www.wolvespct.nhs.uk/Services/A-Z_List.asp |
| 9. Board Meetings | http://www.wolvespct.nhs.uk/Corporate/Board_Meetings.asp |
| 10 Corporate | http://www.wolvespct.nhs.uk/Corporate/Corporate_Home.asp |

Mobile Devices

	Operating System	Visits	Pages/Visit	Avg. Time on Site
1.	iPhone	665	1.64	00:01:08
2.	SymbianOS	227	1.70	00:04:26
3.	iPod	134	1.90	00:01:12
4.	Android	83	1.69	00:01:34
5.	BlackBerry	82	1.41	00:00:46
6.	Sony	64	1.22	00:00:15
7.	Windows	21	2.57	00:01:51
8.	Samsung	8	1.38	00:01:28
9.	Nokia	6	2.00	00:01:14
10.	LG	1	5.00	00:04:18

Plans are in place to replace the PALS webpage with a patient experience webpage; this will enable WCPCT to feedback actions to the public. It will also enable short polls on a wide variety of subjects. Promotion of the page will be through a revised PALS leaflet and a range of marketing activities across the city. WCPCT is also exploring a possible relationship with an online survey provider.

The website is continually reviewed and plans are in place to ensure that it is an effective tool in supporting the delivery of services.

4.4.5 Freedom of Information requests

During the period from October 2009 to March 2010 there were 81 Freedom of Information requests received by WCPCT. About 22% of requests were from Members of Parliament and the public. The themes from the public have been related to access to services; commissioning and policies. The MPs requests have been based around the financial position of the Trust and GP activity.

This area will be monitored and information included in the report as appropriate.

4.4.6 Patient Opinion – online opinion website

Patient Opinion has been set up as a not-for-profit social enterprise and was founded by a GP who wanted to find a way to make the wisdom of patients available to the NHS. So patients, relatives and carers are encouraged to post their stories of their experiences but with the view that they want to improve services for others. They also are able to post ideas and suggestions on how this can be achieved.

Wolverhampton City PCT

Feedback regarding the lack of progress with obtaining a digital hearing aid due to poor uncoordinated care has been registered. Audiology is working with the district nursing service to review the issues described and develop a plan to improve the patient journey in this area.

Royal Wolverhampton Hospitals NHS Trust

This hospital has been given an average 3 star rating by patients on this website, with punctuality in services highlighted as an area for concern. Posts within the last 6 months have been positive regarding nursing care and treatment, the negative issues were regarding communication in the A&E department; the effect of working long

hours on the doctors behaviour and the lack of an appropriate waiting area for children attending with parents.

Wolverhampton and Midland Eye infirmary

Whilst there are no comments regarding services or care regarding this hospital it has been given a 5 star rating by patients.

Appendix 2

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