



West Cheshire
Clinical Commissioning Group

Patient Experience Intelligence Report 2016/2017

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INTRODUCTION

Improving patient experiences is one of the five domains against which the NHS is held to account. The NHS Constitution further commits the NHS to encouraging and welcoming feedback on peoples' health and care experiences and using this to improve services.

There is a strong body of evidence about the links between patient experience and clinical safety and effectiveness. For example, patient involvement in decision-making and effective communication is strongly associated with improved patient safety and better self-reported clinical outcomes.

PURPOSE

Patients' feedback on their experience of using health and social care services is recognised as a key marker of the quality of those services and a vital source of information for quality improvement.

This annual report, now in its fifth year of development, has been produced to share with the NHS West Cheshire Clinical Commissioning Group Programme Managers and Clinical Leads so that they can review the patient experience intelligence we have gathered, and use it to inform our commissioning plans for 2016 to 2017. This process ensures that we embed the patient voice into the commissioning of NHS care.

We have continued to develop a single repository for patient information so that themes and trends can be collated and analysed. This insight and intelligence is critical to us as commissioners to inform commissioning and contracting decisions.

This year the narrative has been pared down in order to focus more on the main themes and trends from each programme.

THE DATABASE

Patient experience information has been analysed from our data repository, which includes the following sources:

Local NHS Providers: Patient feedback from providers who have direct contact with patients is crucial to the commissioning process. The database contains the results from both local and national patient satisfaction surveys, and Board level Quality Improvement Reports from local providers. Data provided via real time inpatient feedback from wards at the Countess of Chester hospital has also been used as source data for this report.

Local GP Practices: Results from the annual national GP patient satisfaction survey (GPAQ) was the main source of data for the primary care section of this report. Also, the majority of the West Cheshire GP Practices carry out their own patient experience surveys and they have shared the results with the NHS West Cheshire

Clinical Commissioning Group. Also, GP Patient Participation Group conducted their own community events, and the feedback from these events are included in this report.

Patient Advice and Liaison Service (PALS) and Complaints: Complaints and PALS information can provide a valuable insight into how patients experience local services. The database includes the themes from complaints concerns, enquiries and compliments. Complaints can give us powerful lessons for improving local services, and these are integrated into the analysis.

Consultations – During the past year a Medicines Management Consultation took place. There was also consultation on pregnancy termination and the Blacon Healthcare event July 2016.

Public Events and Road shows: Feedback from those who attend public engagement events provide us with valuable data on patient experience. During the past year the Clinical Commissioning group has been present at events such as Chester PRIDE.

Patient Stories: Regular feedback from patients is vital to service redesign and development. During the past year we have spent time with patients and carers, to listen to their stories, take careful notes and learn from these.

Focus Groups: During the past year we have undertaken focus groups with patients such as the homeless people who use our special GP Practice for the homeless.

Healthwatch Cheshire West: We work closely with our local Healthwatch, who kindly share with us the feedback that they have collated about local patient experiences. This has given us a rich source of patient feedback which is then analysed and integrated into this report.

Friends and Family Test: Data collected to find out if local people would recommend our local secondary care providers. The results have been disseminated and integrated into this report.

Patient Websites: People are increasingly turning to websites to report on their patient experiences, and we regularly monitor these and add them to our patient data repository. Of particular note is the feedback posted on the NHS Choices website and Patient Opinion websites. Feedback posted on social media sites such as Twitter and Face book are also regularly checked for patient feedback on local services.

THE ANALYSIS

For the purpose of this report, the data was reviewed and summarised onto a series of thematic indexes related to each of the Clinical Commissioning Group Priority Programme areas. These are:

- Starting Well
- Primary Care
- Mental Health and Learning Disabilities
- Planned Care
- Unplanned Care
- Complex Care
- Intermediate Care
- Medicines Management

Where possible, and if there was sufficient raw data available, the intelligence was then cross tabulated by the five Domains of Patient Experience, which are:

- Safe High Quality Care
- Building Better Relationships
- Better information, more choice
- Access and waiting
- Clean comfortable place to be

Preliminary notes were written and used to analyse the patterns and interconnections in the data. In this report we have also sought to identify the key health outcomes which are regarded as important to patients.

A thematic analysis of the data supported by a qualitative approach was used for the analysis.

FINDINGS

The top five themes to emerge from the information in the database were:

- **Access:** This year once again the overriding theme from the insight data was access to health and social care. Patients want to be able to access reliable health services when they need it. There are still some issues concerning access to primary care services, although improvements in patient satisfaction were evident. There were also delays in accessing other services such as mental health and services for people with dementia.
- **Information:** Patients feedback that they wanted clear information about local health services and their clinical conditions. There was an encouraging sign that patients are being given more information, particularly in digital formats, and it will be interesting to see the impact of this in the coming year. In

particular, there is evidence that shows people with long term conditions, have begun to participate in self-care programmes and are learning to self-manage their conditions. However, patients and their carers still want more information (in written and verbal form) in ways that are easy to understand and access.

- **Continuity of care:** Continuity of care is very important to patients, particularly in relation to care pathways and treatments. Some patients told us that they wanted a seamless integrated service that was co-ordinated across systems and boundaries. They did not always experience this. This ranged from seeing the same GP to better working between health and social care services. There was also a close correlation between positive patient experiences and good outcomes at the end of their care.
- **Clean environment:** Attention to cleanliness in relation to both personal and environmental needs is very important to patients, particularly pertinent to those were fed back via inpatient wards and clinics. Patients also informed us that they wanted safe good quality treatment delivered to them by health professionals that they could trust. There appeared to be more feedback on this aspect of care during the past year.
- **Building better relationships:** Dignity and respect was a particularly strong theme raised by children and older people in particular. People told us that they needed emotional support, empathy and respect from health professionals. Patients want to be involved in their individual care, and want professionals to respect their decisions and particularly to work in partnership with them. Some of the examples shown in this report show positive examples where this has happened, as well as illustrating room for improvement.

CLINICAL PRIORITY THEMATIC REVIEW

The following table shows the results of a cross tabulation of the eight Clinical Commissioning Group Programmes against the five national domains of patient experience.

The analysis (weighting) shows that the higher the score, the more important this domain was to patients. For example, the table shows that for end of life care, building better relationships was rated as the most important, whilst for primary care, access was the top priority for our patients:

Weighting: 1 = Highest Importance 5 = Lowest Importance

	Safe high quality care	Building Better Relationships	Better Information more choice	Access and Waiting	Clean comfortable place to be
Children and young peoples' services	3	1	2	4	5
Maternity Services	3	1	2	4	5
Planned Care	4	5	3	1	2
Unplanned Care	3	4	5	1	2
Primary Care	4	2	3	1	5
Mental Health Services	3	2	4	1	5
Learning Disabilities	4	2	1	3	5
Dementia Services	5	2	4	1	3
Intermediate Care	4	1	3	2	5
Medicines Management	3	5	2	1	4
Complex Care	1	2	3	4	5

THE FINDINGS - SUMMARY BY PROGRAMME

The following gives a summary of the intelligence from the database categorised by each of the Clinical Commissioning Group Programmes:

STARTING WELL:

Children's Services:

- Children and their parents fed back to us that they need support from health professionals to make the right choices, decisions, gain some independence and improve social interaction. There was strong evidence that this has improved significantly during the past year.
- Social and emotional support was deemed important to children and young people in order to aid their recovery. Health professionals should recognise that children and young people often link their emotional wellbeing to their illness.
- The health environment was important to children and young people in order for them to feel safe during illness. For the first time this year parents in particular noted how the clinical environments they had encountered had become more child friendly.
- Children and young people told us that they want service providers to be good at talking and listening to them as well as their parents/guardians. They also want services that are confidential, inclusive and young person friendly. The results in this area were similar to last year.

Maternity Services:

- Feedback from new parents showed that a good relationship with midwives was positively correlated with how good they felt about their pregnancies in general. There was a positive shift this past year, with more new mums reporting good relationships with their midwives, and also positive results from the Friends and Family Test for both the Countess of Chester Hospital and Arrowse Park Hospital.
- Maternity service users fed back that they wanted clear information tailored to their pregnancy, preferably in formats familiar to them, that is, mainly using smart technology.
- Positive feedback was received from new parents about the support offered by classes held at local Children's Centres and baby cafes.

- There was evidence that suggested that there was still room for improvement for more support post birth. Several concerns about baby feeding issues were reported to the clinical commissioning group Patient Experience Team. More support post birth would be welcomed by new mums, particularly with breast feeding and parenting skills.

Planned Care:

- Access to health and social care services was by far the main issue raised by patients. Of particular note were waiting times for treatments, and sometimes delays in getting a diagnosis affected their quality of life.
- There was positive feedback from patients with long term conditions in particular, who had been seen in the community setting rather than the hospital setting.
- There were issues raised by patients regarding discharge from hospital services in particular. More information and better discharge plans would improve patient care.
- More information for those with long term conditions would assist them in self managing their conditions.
- There was positive feedback from inpatients in particular regarding cleanliness and them being made to feel as comfortable as possible during treatments.
- There was demand from patients for more information to help them make better decisions about their care.
- There was positive feedback regarding patients building good working relationships with health professionals, with many giving examples of how caring and compassionate staff had helped them get better.

Unplanned Care

- Access to care in an emergency was the main issue highlighted by patients. It appears that there is still some confusion about who people should contact in an emergency.
- There was some concern from patients that the NHS 111 service, particularly lengthy phone calls with operators could be improved.
- Overall satisfaction with the ambulance service was good, particularly in relation to responsiveness arrival of paramedics.

- Waiting times to be seen at the Accident and Emergency department were deemed too long for many patients.
- There was mixed feedback from those who had used the Accident and Emergency service, though most were positive about the quality of care that they received from health professionals.
- Some people fed back their observation that the local Accident and Emergency waiting area was too small to accommodate patients and their families/carers.

Mental Health Services:

- Feedback from service users showed that delays in their diagnosis resulted in long waits until their treatment started. In some cases this had adversely affected their quality of life.
- Both service users and carers told us that the relationship with their health professionals was crucial to their recovery and rehabilitation.
- Service users and their carers told us that access to services in times of crisis could be improved. It was not always clear to them how this service could be accessed.
- Service users and their carers fed back to us about the need to feel safe, comfortable and receiving the best quality care. Results from the Friends and Family Test in particular show improved results this year.
- Carers who were looking after someone with mental health problems told us they would like to be more involved in plans about the person they cared for.

Learning Disabilities

- Overall the feedback from people with learning disabilities was positive.
- Those service users in possession of a personal health budget reported that this had helped improve their quality of life. Likewise those who had a care plan in place also appeared satisfied.
- Many service users reported good working relationships with their health professionals.
- Most service users highlighted the value of holistic care, particularly activities that improved their health and wellbeing.

Dementia:

- Feedback from both service users and their carers showed that delays on diagnosis of the condition had affected their overall care.
- Families and carers of people with dementia told us that they would like to work more closely with health professionals.
- Families and people with the condition fed back that they would like to be encouraged by health and social care to stay independent for as long as possible in their own home environment.
- Both service users and their carers/families fed back that they wanted more information about the condition.

Primary Care:

- Access to a GP appointment was the main issue of concern for patients. Results from the national primary care survey showed that:
 - Most people try to book appointments by telephone.
 - Many people have concerns and or have had difficulties getting through to their GP by telephone
 - The majority of patients fed back that they did not have too long to wait in the waiting rooms.
 - Most survey respondents fed back that both nurses and their GP involved them in decisions about their care.
 - Many people raised issues about the opening hours of their GP Surgeries, particularly those who are employed and would like appointments outside working hours.
 - Most people fed back that that they would recommend the GP Practice to someone coming into their area.
 - Some issues were raised by patients about GP Practice environment, such as privacy in patient waiting rooms.
 - People told us that they wanted more time with a GP if needed.
- Overall feedback on the local GP Extended Hours Service was positive

Intermediate Care:

- Many carers and patients experienced problems when encountering the different organisations involved in their care. This sometimes led to unnecessary delays in their treatments/care.
- Many carers and their patients were confused about the intermediate care, and what the service entailed.
- There was some positive feedback from those patients who the service had helped to enable them to stay and receive care in their own homes.

Medicines Management:

- The main theme to emerge from the dataset was increasing concern from local people regarding the availability of certain medications; this was heightened during the past year due to the Medicines Management consultation, which brought this issue into sharp focus.
- There was mixed feedback from patients regarding electronic prescribing, some felt the changes had been positive, whilst others fed back the difficulties they had encountered with the new systems.
- Analysis of the patient forums, particularly for those with long term conditions showed an increasing demand for patient empowerment. People want more information on what the best treatments/medicines for certain conditions increased during the past year.

Complex Care:

- The past year saw a marked increase in the number of queries about the Clinical Commissioning Group Continuing Healthcare Service. These have ranged from requests about how to refer family members to the service, how to apply for funding, and how to proceed with a retrospective claim. This would indicate that there is still some confusion from patients and their carers about this service.
- The main area of concern highlighted by families and their carers was what they saw as excessive waiting times for assessments to be completed. In some cases this had taken years from when families alerted services to the actual assessments being completed.

- An area of concern from families and carers was a lack of communication from the service. Also many families fed back that they had not been involved in meetings when the checklists assessments were discussed.
- Another area of concern highlighted by carers and their families was a lack of joined up working between health and social care. Families reported cancelled meetings due to all parties not being able to attend, and delays in either nursing and/or social care assessments.
- Several families reported that the person that they cared for was sometimes placed in care homes that they felt did not provide all the care that they needed.
- In 2016 the 'Beacon' website and helplines were introduced by NHS England to help guide patients and their carers through the process, It will be interesting to see how this develops in the coming year.

Comparison with 2015/2016 Results:

From the data analysis it is evident that patient access to local health and social services is still the most important area of concern for our patients.

Key Patient Outcomes:

It was evident from the analysis that patients do not view health outcomes as a set of independent, stand-alone variables. Rather, they viewed outcomes as interrelated, facilitating or inhibiting each other. Health outcomes were almost always fed back in terms of whether they impacted on, or were impacted by, other aspects of health, and the overall impact this had on their lives and experiences.

The outcomes that patients perceive to be most important to their health and wellbeing provide valuable information for the Clinical Commissioning Group. A summary of these have been added to each section of this report.

THE PROGRAMMES

Each programme will now be considered in turn:

STARTING WELL PROGRAMME

The evidence for this section derives from national sources such as the National Day Case surgery Survey 2016, the quarterly Quality Bulletins produced by the Countess of Chester Hospital NHS Foundation Trust, who also have live patient feedback featured on their website, and who conduct patient experience surveys on a regular basis, feedback from the West Cheshire Healthwatch, PALS and Complaints data, feedback from the Friends and Family Test.

CHILDREN AND YOUNG PEOPLES SERVICES

Overview:

Results for the past year showed an encouraging upward trend in the level of satisfaction with local children and young people's services. It appears that more young people are finding the services to be 'child friendly' and tailored to the needs of young people. Of particular note is the National Day Case Surgery Survey 2016, whereby the Countess of Chester hospital scored higher than average scores.

Building Better Relationships

Children and young people told us that they wanted service providers to be good at talking and listening to them as well as their parents/guardians. They also informed us that they wanted health and social care services to be confidential, inclusive and young person friendly.

Many parents and carers also thought that some health professionals did not know how to care for their child's emotional or special needs. This position was reinforced where a child had physical disabilities and a mental health condition or learning disability. Social and emotional support was deemed as important to children and young people in order to help aid their recovery. Health professionals should recognise that children and young people often link their emotional wellbeing to their illness.

Feedback from both children and parents highlighted the crucial relationship between health professionals and children patients. This was a recurring theme evident throughout all the patient experience data. This was because it was fundamental to them being supported to be able to make the right choices, decisions, gain some independence and improve social interaction. Being in settings or situations where young people were not able to say what they wanted was a source of anxiety for them, associated with fears of people taking decisions without taking their preferences into account.

Older children in particular fed back that they wanted to be involved in decisions about their care, particularly as children of this age group with long-term conditions will be preparing to make the transitions into adult services.

Privacy and dignity was another major trend to emerge from the data. The overall feedback was that most health professionals are sensitive to this.

Better Information, More Choice

Children and young people want to be given more information from local NHS services. The data clearly shows that children want information delivered in a format they can understand. Feedback shows that they had experienced the 'one size fits all' approach, whereby both parents and children had received the same information. There was sometimes an assumption that the child should be protected from knowing the risks and side effects of any treatments received. It was apparent that often it was the parent only who was given information, making the child feel excluded.

Self-care was also praised by parents. For example, one parent described it as "you need good information in order to be able to care properly for your child. I have had to learn to insert a catheter and that is largely due to being shown how to do this by nursing staff. They (staff) also gave lots of information to my son about what a catheter is, and explained to him why he needed it, what to do if it fell out, got infected, and that's so important he knows that. For me too".

The format of the information given was also noted. The use of technology was cited by young people as a good way of receiving information, yet they fed back that this was rarely given, and that the preferred method was paper based.

In addition, both children and their parents fed back to us that they needed support from health professionals to make the right choices, decisions, gain some independence and improve social interaction.

Children also talked about how information could help them feel more independent, and this was linked to self-care.

Safe high quality care

The health environment was important to children and young people in order for them to feel safe during illness. There was a significant link between how safe children felt and how well health professionals were able to communicate this to them. Also, parents in particular fed back how important it was for health professionals to pay particular attention towards children who may be scared of being in clinical environments and having to deal with illness. They also fed back their feelings that they and their children needed to know treatments were safe as they possibly could be.

Access and Waiting

Access to services for children and young people in general was good. However, waiting times for more specialist services could be difficult due to long waiting times for certain treatments.

Older children and teenagers described issues with accessing services such as sexual health services and drug and alcohol services. They feel that these services should be tailored more towards their needs.

The transfer from paediatrics to adult services was also a challenge for some young people, particularly for those who have long term conditions. The data shows that many young people have experienced problems in this area.

Clean comfortable place to be

It was encouraging to note that most children and young people fed back that they felt safe while in hospital and that parents and carers found that inpatient and day case environments were clean. Children and young people, more than adults, focused more on the safety of the clinical environments.

Most children and young people fed back that they felt those caring for them did all they could to minimise painful treatments they could. This was seen as a major concern for parents as well.

Holistic care was also cited as important to young people.

MATERNITY SERVICES

The evidence for this section derives from the local maternity surveys as carried out by the Countess of Chester Hospital NHS Foundation Trust, the websites www.iwantgreatcare.com, and www.mumsnet.co.uk and the Patient Choices website <http://www.nhs.uk/pages/home.aspx>

The One to One service also utilises several ways of engaging with women and shares their stories on their service website and on social media. Their source material is also used in this section of the report.

Overview

The results of the Friends and Family Test showed that the majority of women who had babies in both the Countess of Chester Hospital and Arrowe Park Hospital responded that they would recommend the Trust to their friends and family.

Building Better Relationships

The main theme to arise from the feedback from new parents was that having a good relationship with their community midwife and other health professionals was crucial to their experience of having a baby. This was commented on by nearly all

new mums. It was noted through the web forums in particular, that women described how these relationships had helped them from antenatal care through to parent craft classes. Those who had been seen by the One to One service in particular gave positive feedback on their relationships with their midwives.

What was also apparent from the feedback was that women had noticed positive changes in the service. For example, they had noted that there is now more antenatal class provision across West Cheshire.

Conversely, some mums described how, when the relationships between them and health professionals broke down, that this adversely affected their experience.

Another issue raised was breast feeding support, whereby new mums complained that GPs and community care in particular do not always take concerns about breast or bottle feeding seriously. However, schemes such as the 'Bosom Buddy' scheme were praised by local women, and suggestions put forward to increase provision across the patch.

More Information, More Choice

Most of the feedback from both new mums and dads showed that they wanted access to good and valid information about having a baby. It was generally agreed that there is huge amount of information available, but it was felt that the NHS should be responsible for ensuring the right information is supplied to pregnant women.

Also, choices of treatments in pregnancy were also cited as important. But the main point raised was that health professionals need to assist mums to be, make the best informed choices.

There was some discussion in the forums about the positive impact that new technology was having on pregnant women. The overall feeling was of gratitude to be able to have access to information literally at the touch of a button.

Feedback was also given about new parents' experiences of mum and baby groups, the baby cafes, and parent craft classes; mainly for the reason that they met other mums and dads, and that they learnt new skills.

Safe High Quality Care

One significant trend from the feedback from pregnant mums in particular is their need for assurance that their baby would be delivered in as safe an environment as possible. The web forum discussion threads also featured new mums, some of whom had experience emergency caesareans, describe a positive birth experience at the Countess of Chester Hospital and Arrowse Park Hospital hospitals.

There was also feedback from new dads, who also focused on the safety of their partners during labour and after care of the new baby.

There was also encouraging feedback from a few new mums, who felt that their needs were taken care of by health professionals.

LEARNING

The following table summarises the learning from the patient insight and intelligence data:

PROGRAMME AREA	MAIN POINTS	IMPROVING OUTCOMES
STARTING WELL	<p>Children and their parents need support from health professionals to make the right choices, decisions, gain some independence and improve social interaction.</p> <p>Social support important to children and young people</p> <p>Health environment important to children and young people.</p> <p>Emotional issues may affect quality of young person's care.</p>	<p>Health professionals communicate with both children and their parents. Good evidence that this is already in place.</p> <p>Ensure social needs of children and young people taken into account. Feedback from children showed increased satisfaction during the past year.</p> <p>More use of mobile technology and social media to inform, educate and engage.</p> <p>Design and produce information tailored to young people.</p> <p>Encourage young people to access services when needed.</p>
MATERNITY SERVICES	<p>Information needed on pregnancy in general and parenting skills; new parents happy with support offered at local Children's Centres.</p> <p>Relationship with midwife crucial to wellbeing during pregnancy</p>	<p>Evidence of expansion on ante natal provision. Ensure feedback mechanisms are encouraged in order to assess satisfaction with these classes.</p> <p>Revise post-natal care, particularly with regard to feeding baby, which is still an issue.</p> <p>More individually tailored advice and support from health professionals.</p>

PLANNED CARE PROGRAMME

The main source of data for this section of the report was the National Inpatient Survey 2016, the live feedback from the Countess of Chester Hospital, the website Patient Choices, PALS and Complaints feedback, and Friends and Family Test data.

This section of the report will focus on the following elements of the planned care programme:

- Surgical care pathways
- Self care
- Early involvement and treatment
- Treatment in local settings

The majority of patient experience feedback obtained was about care provided by the Countess of Chester Hospital. Patient experiences varied across and within each clinical area. Each clinical area included a range of conditions including acute and long term conditions, with patients accessing very different types of services.

Each patient raised one or several points about their care, and the main trends from this are shown below:

Access

Access to health and social care services was by far the main issue raised by patients. These were:

- Waiting times for treatment: many patients felt that waiting times, particularly with regard to hospital outpatient appointments, was too long, which sometimes adversely affected their quality of life.
- Waiting times for surgery in particular was viewed by some patients as too long. The results of the national inpatient survey in particular show this.
- There was some evidence of delays to pathways, which can cause concern for some people. For example, the withdrawal of the bariatric service from the Countess of Chester Hospital last year resulted in many patients being unclear as to when they would receive their treatment/surgery.
- Many patients fed back that better access to services would have resulted in faster diagnosis, particularly those who have long term conditions. The main solution suggested by the online patient forums was that more investment in public education to recognise possible symptoms could save the NHS money in the long term.

- Access to care closer to home: many patients reported their experiences of being seen in community rather than hospital settings. For example, some patients described having diabetes check-ups with their GP Practice Nurse rather than with hospital doctors. Most of the experiences described were positive.
- Access to support once discharged from services: Much of the inpatient survey feedback highlighted a lack of support for patients once discharged from the hospital setting. Many patients, such as those with cancer, felt that discharge plans should focus on an individual's holistic needs, rather than a 'one size fits all' pathway plan.
- Access to rehabilitation services: The national inpatient survey in particular highlighted this as an area of concern for those needing care post-surgery and or intensive care. People described delays to services such as physiotherapy and occupational therapy.
- Access to more after care and support for those who had survived cancer was evident from the feedback.
- Access to support and self-care was important for those with respiratory conditions such as asthma and chronic obstructive pulmonary disorder (COPD).
- Access to self-care courses and information: Many patients fed back that they felt they did not receive the necessary support that they needed to access good information and support for them to manage their conditions.

Clean comfortable place to be

During the past year, more people responded to the Friends and Family Test, at both the Countess of Chester Hospital and Arrowse Park Hospital. Both showed consistently high scores for people recommending the hospitals, which would indicate peoples' overall satisfaction with the hospital environment in general.

There was also positive feedback from the live inpatient feedback from the Countess of Chester of Hospital that suggested that patients were being made to feel as comfortable as possible. However, the exception was comments made about quality of the food offered.

Feedbacks from patients receiving cancer treatment, particularly those accessing facilities at the Clatterbridge Centre for Oncology, were very positive about the clinical settings in which they were seen.

Those who had been seen in the community setting also provided positive feedback.

Better information, more choice

The main trend from the patient feedback showed a demand for more information to assist patients to make informed choices about where to go for their care; for example, information such as clinical outcome data for differing clinical specialties to help patients make better decisions. It was also suggested that patients should be involved with the production of patient information and/or that service information should be created jointly by health professionals, volunteers, reading groups and local voluntary organisations.

Also of particular significance was the quality of information given to patients upon discharge from services. Many people fed back that this lack of information made them feel vulnerable, particularly with regard to them not knowing about after care and/or what service they might need as part of their rehabilitation.

For those with long term conditions, the main issue raised was access to valid information and support to help them to self manage their condition. Many people fed back that too often they were left to seek information and patient support groups themselves, rather than being signposted by health and social care professionals.

Safe high quality care

Overall, the results from patient surveys in particular showed patients responding that they felt safe whilst having treatments and also that the quality of care received was good. For example, many patients who underwent more intensive and painful treatments described how the care and compassion of health professionals had helped them through it. This was particularly true of those who had received treatments for cancer and heart disease

However, there was still concern from some people regarding their fear of contracting health acquired infections.

Building better relationships

Overall feedback on the relationship between patient and health professional was positive. People described how these good relationships positively affected their care, particularly with health professionals such as consultants for planned procedures, or care coordinators for their care pathway treatments.

However, there was mixed feedback from people who were being cared for by more than one organisation. Some people, particularly carers, fed back that it was difficult to develop good working relationships when they were seen by different professionals at each appointment.

LEARNING

The following table summarises the learning from the patient insight and intelligence data:

PROGRAMME AREA	MAIN POINTS	IMPROVING OUTCOMES
SELF CARE	<p>Positive feedback on access and choices of services offered.</p> <p>More involvement of carers and patients in care pathways.</p> <p>Patients want better links between health and social care.</p> <p>More support for patients once discharged from health services</p>	<p>Information to be made readily available for patients.</p> <p>Consider use of smart technology, apps, social media to support care pathways.</p> <p>Shared care record between local health and social care services.</p> <p>Follow up services in place for patients.</p>
PLANNED CARE	<p>Delays in diagnosis for some conditions led to more intensive care needed for patients later on.</p> <p>Access to care closer to home led to positive experiences.</p> <p>Waiting times for outpatient clinics led to unnecessary distress for patients</p> <p>Inpatients generally satisfied with care, with the exception of food provision.</p> <p>Lack of discharge arrangements leads to delayed discharge and longer hospital stays.</p>	<p>Better public education to recognise signs and symptoms and/or encourage people to visit their GP.</p> <p>Ensure patients are made aware of any delays.</p> <p>Earlier discharge planning needed and post discharge arrangements to be put in place.</p> <p>Consider involving patient groups in the development of patient information.</p> <p>Care pathways to incorporated named health professionals if possible</p>

PROGRAMME AREA	MAIN POINTS	IMPROVING OUTCOMES
	<p>Patients wanted more access to good and valid information.</p> <p>Good relationships with health professionals led to positive overall patient experience.</p>	

UNPLANNED CARE PROGRAMME

The main source of data for this section of the report was the National Accident and Emergency survey 2016, the North West Ambulance Survey 2015/16, and PALS and Complaints data and feedback from the website NHS Choices.

Access

The main issue highlighted in the national Accident and Emergency survey in particular was that there was some confusion about what services people should access in an emergency. As a result, many of the survey respondents stated that they attended Accident and Emergency and/or dialled 999 for an ambulance. For those who did use the ambulance service, overall satisfaction was high; with the exception that some felt that the ambulance took too long to arrive at the scene.

The feedback also indicated that they felt waiting times in Accident & Emergency were too long.

There was also mixed feedback from those who had used the NHS 111 service. Most people who had used it, particularly parents, fed back that the NHS 111 helped them to be seen by the right service in a timely way. However, the Clinical Commissioning Group did receive several complaints from local people who were unhappy with the service, particularly the necessary long assessment with the call operator, which some felt acted as a barrier to access their treatment.

In 2016, the Patient Experience Team received several queries regarding eligibility for patient transport services. For example, there was one query whereby a member of the patient experience team helped the emergency ambulance service transfer a patient involved in a road traffic accident from the south of the United Kingdom back to West Cheshire.

Clean comfortable place to be

There was mixed feedback from local people who had used local Accident and Emergency services. Positive aspects highlighted were that staff in particular helped make patients feel as comfortable as possible, and that they acted with care and compassion.

However, there were a lot of comments posted online from people who described having to wait in what they saw as a cramped department, with some patients having to wait on trolleys in cold corridors.

Better information, more choice

There appeared to be some confusion amongst local people about what the GP Out of Hours Service can offer patients. It was generally felt that a much clearer distinction needed to be made between the Out of Hours and Extended Hours Services.

The response to the NHS 111 service was generally positive with survey respondents describing it as a good way of providing information to patients, from self care referral to secondary care; ensuring people know where they need to go.

Safe high quality care

Feedback from the Accident and Emergency survey showed that most people felt that they had received high quality care.

There was a consensus across all areas that care for people with mental health problems, especially those with dementia, need special consideration in an emergency situation. It was generally felt that health professionals needed to be more skilled in this area. Feedback from those who had used the Crisis Intervention Service was positive, although it was recognised there was a need to promote this service more to service users.

Building better relationships

Feedback from the dataset showed that many people think that improvements in joint working between health and social care services could prevent some people needing urgent care services. It was also noted that the voluntary and third sector organisations could be better deployed and reduce the demand for unplanned care.

LEARNING

The following table summarises the learning from the patient insight and intelligence data:

PROGRAMME AREA	MAIN POINTS	IMPROVING OUTCOMES
UNPLANNED CARE	<p>People are confused about what services to access in an emergency</p> <p>Feedback about excessive waiting times in Accident and Emergency Departments</p> <p>Mixed feedback on NHS 111 service</p> <p>People with mental health conditions in particular need special consideration in an emergency situation.</p>	<p>Better public signposting to unplanned care services</p> <p>Ensure patients visiting the department are regularly kept up to date with information any delays</p> <p>Ensure service users and carers in particular know who to contact in a crisis situation.</p>

PRIMARY CARE PROGRAMME

The main data source for this section of the report was the National GP Survey, the data of which was collected over the periods of January to March and July to September 2016. Overall there was not a huge difference in performance from the 2015 surveys. Other sources of data for this section include the GP Patient Participation Groups (PPGs), PALS and Complaints and Friends and Family Test data for the 36 GP Practices.

Overview

The survey results showed that making an appointment: by telephone is still by far the most popular method of booking appointments, with only a small percentage using online services across West Cheshire. However, awareness of online booking options increased by 22% across West Cheshire.

Results from the Primary Care Friends and Family test showed that eight GP Practices consistently reported no responses to the Friends and Family test.

There were still many respondents to the GP Survey who did not know how to contact the Out of Hours GP service. This suggests a need for improved explanation and communication of the services available, and how people could access them.

A consistent theme from the survey was that access to a GP or other health professional was still the most important issue for local people.

Therefore, for the purpose of this section of the report, the analysis will now look more closely at the issues identified around primary care access.

Access

The following sub section gives an in depth analysis by the primary care programme metrics for patient access:

Ease of getting through to somebody on the telephone:

Over the past year, the results of the GP Survey stayed approximately the same as the previous year, with approximately 69% of survey respondents describing it as easy to get through to their GP Surgery by phone. These results were slightly below the national average of 70%. About two thirds of all GP practices showed results above the national average for this question, a small increase on the previous year.

These results also correlate with the results of the GP Patient Participation Groups' own surveys. Analysis from their surveys shows that most people still prefer to book their appointment by telephone. However, getting through to the GP Surgery was still cited as a problem for some.

Percentage of people booking their appointment online:

The results from the National Primary Care Survey show that the proportion of patients booking online increased only slightly during the past year, a similar trend to the national picture. This would indicate an increasing demand for booking online appointments, and people are beginning to consider trying this.

How do you feel about how long you normally have to wait to be seen?

An appointment on the same day is still the preferred timescale, with approximately half of survey respondents stated that this was what they were looking for. Responses have stayed broadly similar to the 2015 surveys.

Last time you wanted to see or speak to a GP or nurse from your GP surgery how convenient was the appointment you were able to get?

The results for this measure continue to be high, with all practices seeing results higher than 80%. Only 8 practices have results that are lower than 90%.The GP Patient Participation Group surveys also support this view,

Waiting to see a GP or Nurse:

Qualitative feedback from the GP Patient Participation Surveys showed that opinion was divided over how long they felt they had to wait for an appointment.

Also, responses to surveys also indicated that some people were unaware of both the GP Extended Hours Service and the Out of Hours Service.

Building Better Relationships

There was plenty of feedback from the various data sources regarding the relationship between primary care health professionals and patients. Various aspects of these will now be discussed:

How helpful were the receptionists?

For most people the GP receptionists are the first point of contact with the practice, and many patients were keen to feedback how they influenced their overall experience.

Patient satisfaction with GP receptionists has increased slightly year on year and is now in line with the national average. However, approximately half of all GP practices have seen a decrease in satisfaction for this question, with two of the largest drops being around 10%.

One of the most significant findings was from a patient survey of St Werburghs' practice for the homeless; all respondents had positive feedback about the receptionists. Perhaps there is an opportunity for other GP Practices to look more closely at this practice and learn more about the reasons for such positive patient experiences.

Patient Satisfaction with their GP Appointment:

Results from the national patient survey showed that results for the West Cheshire GP Practices were well above the national average, although achieves a slightly lower result than indicated in the 2015 survey results. Qualitative feedback from the GP Patient Participation Group Surveys supports these views.

How involved patients feel in decisions made by practice nurse:

During the past year most survey respondents were satisfied with nursing care, which was in line with the national average for 2016. This also reflects the results of the GP Patient Participation Group surveys.

Proportion of Patients knows how to contact the practice out of usual opening hours:

Feedback from patients at the surgeries indicated that there was some confusion about the Out of Hours service, with only a third of respondents to the GP Survey responding that they knew how to contact the service.

A high percentage of respondents to the national GP Patient Survey were satisfied with the care that they received. However, the clinical commissioning group Patient Experience team did receive a number of complaints about the services in 2016.

- **Better Information, more choice**

One of the significant findings from all patient feedback was the lack of information about GP surgeries in general. The Clinical Commissioning Group Patient Advice and Liaison Service are frequently asked questions about how to register and access their nearest GP Surgery.

There is also a lack of information available about both the GP Extended Hours Service and the GP Out of Hours Service.

The national GP Survey showed that the majority of respondents could not get to see a GP on the same day used the Out of Hours Service. The main reason respondents gave for using this service was that they were ill during the evening or weekend. Others used the walk in centre at Arrowse Park I Hospital. One reason given for this was the “ease of access, I live in Neston” and another “it’s easy to get there and park.”

A few respondents to the national GP Survey stated that they had attended Accident and Emergency in order to be seen the same day. And others used their local pharmacist.

Safe high quality care

Results from the national primary care patient surveys were positive overall, and showed similar results to the 2015 survey.

One indicator of the quality of care received by patients is the Friends and Family test. The rationale being based on whether or not people would recommend their GP Practice to someone moving to the area. These results were supported by qualitative feedback from patients. What comes across is that people have very strong and sometimes emotional views about their GP Practice.

Clean, comfortable place to be

Feedback from the national primary care patient survey showed that overall, people were happy with cleanliness and comfort in the GP waiting room. The main concern appears to be some concern about confidentiality over patients being able to be overheard in the waiting room at their GP Practice.

There was some feedback from parents with young children that waiting areas could be more children friendly.

LEARNING

The following table summarises the learning from the patient insight and intelligence data:

PROGRAMME AREA	MAIN POINTS	IMPROVING OUTCOMES
PRIMARY CARE	<p>Access to a GP is the main issue of concern for patients</p> <ul style="list-style-type: none"> - Most people book appointments by telephone. - Concerns about getting through to their GP by telephone - The majority of patients told us that they did not have too long to wait in the waiting rooms. - Most patients felt that both nurses and their GP involved them in decisions about their care. - People raised issues about the opening hours of their GP Surgeries. - Most people told us that they would recommend the GP Practice to someone coming into their area. <p>Some issues were raised by patients about GP Practice environment e.g. privacy in patient waiting rooms.</p> <p>People told us that they wanted more time with a GP if needed.</p>	<p>Develop and promote consistent messages across all providers and public interfaces regarding which service to access, explain the logic behind telephone consultations, and the reasons why receptionists ask the nature of their problems.</p> <p>Improvements to GP Surgery websites. Ensure GP Practice leaflets and information available.</p> <p>Involve the West Cheshire Patient Participation Groups in helping to improve local primary care services, for example, with patient surveys.</p>

MENTAL HEALTH PROGRAMME

The evidence for this section derived from the national community mental health survey 2016, the quarterly Quality Bulletins produced by Cheshire and Wirral Partnership NHS Foundation Trust, who conduct patient experience surveys on a regular basis, feedback from the West Cheshire Healthwatch Mental Health Citizens Panel, PALS and Complaints data, and feedback from the Friends and Family Test.

Overview

Overall, the response from both service users and carers was encouraging, and results showed an increasing level of satisfaction with local services. More respondents are reporting positive experiences in terms of being listened to, having enough time to discuss their needs and treatment, and being treated with respect/dignity. Many service users described building up good relationships with the staff that cared for them, and described how this helped them with their treatment and care.

The main themes and trends to emerge from the data were:

Access:

The results showed a continuing trend for people needing timely access to local mental health services. The waiting times for some services were deemed too long, in particular for community mental health services, (notably the psychological therapies service). Service users fed back that they felt this was a service capacity issue.

Delays in diagnosis were also a cause for concern, particularly from carers and their families. It was recognised that sometimes this was necessary in order for full assessments to take place. However, it was also noted that the services could become more efficient.

Access to emergency mental health services was also cited as an issue for some service users. Several service users fed back that they had been unsure of who they should contact, or had not been able to get through to the Crisis Intervention Service.

Some service users and carers highlighted that access to the right advice and support, particularly regarding treatments, could be improved.

The main issue raised by Healthwatch Cheshire West mental health forum was a lack of planning for discharge from local mental health services. A number of service users fed back their views that there was not enough joined up assessments at discharge and that some recounted their experiences of being discharged with only minimal support and advice.

Building better relationships

Much of the feedback from both service users and their carers was about the importance of good communication between them and health professionals. There appeared to be a positive correlation between those service users who had a care plan in place and their relationship with health professionals, and conversely a negative correlation for those who did not. Another point to note was that care plans were not always shared with carers and/or their families.

Of note were those with mild to moderate mental health problems, who fed back that they had initially been reluctant to seek help because of the stigma they felt was attached to the condition.

Also, many people with mental health issues fed back that their conditions affected the way that they were treated by health professionals for physical health problems.

Safe high quality care:

Most of the feedback from service users regarding the quality of care received was positive. Of note were the results from the community mental health services survey, whereby results for the Cheshire and Wirral Partnership Trust were consistently higher than in other Trusts.

Care treatment pathways were also cited as examples of good practice and a source of patient satisfaction.

Better information, more choice:

Service user feedback showed that they felt that the information about their particular condition could be improved, particularly when newly diagnosed. They had accessed the internet for information, but had found the information conflicting and confusing, the overall feeling was that more individually tailored information was not always supplied.

Another significant issue raised by service users was the availability of choice. Many felt that treatments were often given without explanation from health professionals, even when other alternative treatments were available.

Also, many people responded that they were not given enough time to discuss their needs and treatment, not involved as much as they wanted to be in agreeing what care they received, and not helped to feel hopeful about the things that are important to them by the people they saw through NHS mental health services.

Clean comfortable place to be:

Most of the feedback from both service users and their carers was positive. Service users described their experiences whereby ward and clinic areas in particular were kept clean. Day services areas were also generally described as comfortable by service users.

LEARNING

The following table summarises the learning from the patient insight and intelligence data:

PROGRAMME	MAIN POINTS	IMPROVING OUTCOMES
MENTAL HEALTH	<p>Delays in diagnosis can cause access problems</p> <p>Relationship between service user and carer and health and/or social services crucial to a person's recovery.</p> <p>Access in times of crisis could be improved.</p> <p>Service users need to feel safe, comfortable and receiving the best quality care.</p> <p>More involvement for people looking after someone with mental health problems.</p>	<p>Ensure health professionals are up to date with latest best practice.</p> <p>Ensure health professionals are up to date with best practice.</p> <p>More signposting information on where to go in an emergency to be issued.</p> <p>GP Practices and hospitals to recognise importance of facilitating easier access for people with mental health problems/reducing obstacles to engage.</p> <p>Ensure carers are involved in the development of pathways.</p> <p>Increased access and availability of care workers.</p>

LEARNING DISABILITIES

The evidence for this section derives from the national Community Mental Health Survey 2016, the quarterly Quality Bulletins produced by Cheshire and Wirral Partnership NHS Foundation Trust, feedback from the West Cheshire Health watch Mental Health Citizens Panel, Carers Survey 2016, PALS and Complaints data, and feedback from the Cheshire West and Chester Council Adult Social care Survey 2016.

The overall feedback from people with learning disabilities was positive.

Better Information, More Choice

The introduction of Personal Health Budgets have appeared to have made a significant difference to overall satisfaction, with the exception of a few complaints received by both NHS and Social care, both service users and carers fed back that the introduction of the scheme has had a positive impact on their care.

Building better relationships

Feedback from people with learning disabilities was positive overall. Almost all those who fed back their views felt that good relationships with health professionals were crucial to their health and wellbeing.

Access

Service user feedback indicated that gaining access to help could be difficult, with a diagnosis taking some time to reach. Parents in particular noted the time taken for their children to be diagnosed. They felt that there was still scope for health and social care to streamline services better.

Also noted was the importance of social care provision, most people with learning disabilities fed back that they valued their social activities, for example cooking and walking with other service users, as much as their health needs.

Safe High Quality Care

An issue raised by service users was to ensure that if services move to the community setting, that support services are in place for service users and their carers, and that these are safe. One issue highlighted was the withdrawal of day centre provision that had taken place during the past year, and how this created gaps in their service care plans.

Clean comfortable place to be

Most people with learning disabilities fed back the importance of a holistic approach to their care, and how being made to feel as comfortable as possible was important to them.

LEARNING

The following table summarizes the learning from the patient insight and intelligence data:

PROGRAMME	MAIN POINTS	IMPROVING OUTCOMES
LEARNIING DISABILITIES	<p>Positive feedback from those with Personal health budgets.</p> <p>Service users reported good working relationships with health professionals.</p> <p>Access to services difficult at times, particularly for parents awaiting assessments for their children.</p> <p>Delays in diagnosis.</p> <p>Concerns about withdrawal of community services.</p>	<p>Better joined up working between different organisations.</p>

DEMENTIA SERVICES

There was limited patient and carer feedback from those accessing dementia services, and there was insufficient patient experience data to differentiate the different types of dementia. However, there was lots of feedback available from carers who look after someone with the condition, and their feedback is included here:

Access

One issue raised was the difficulty in accessing services due to the condition not being diagnosed early enough. One suggestion put forward by carers was the scope for more public education about early identification of the condition.

Access to carer respite and day care in particular was seen as problematic.

Building better relationships

Many service users and carers fed back that health and social care services could work more closely together in order to improve local dementia services. Of particular note here are those being cared for in care homes, whereby the feedback varied from very good to very poor. For those who reported positive experiences, this was usually linked to good relationships with staff at the home.

Several carers fed back that they were concerned that a reduction in beds might reduce responsiveness to crises and therefore increase carer stress. However, others were positive about the supportive role of the newly integrated community team service, and being able to have a consistent point of contact available right from initial diagnosis which could enable more planned care and prevent some crises.

Clean comfortable place to be

Many of those who responded to local surveys told us that they felt that, with the right support, people with dementia could remain in their own home environment for as long as possible. One carer stated “Once the therapist had seen my mum at home, done an assessment, she was now able to retain her independence for a little longer”.

Better Information, More Choice

Most of the feedback was from those carers looking after someone with the condition. They described the illness’s impact on their families and communities, and the general lack of information and support available.

Carers also cited a lack of information and uncertainty generated by the divide between health and social care and between differing providers of services.

Feedback from both carers and service users indicated that there is still some lack of information provision at diagnosis and later stages of the condition. Many people would also like this type of information provided earlier, that is, at their GP Practice

Safe high quality care

Feedback from carers regarding the quality of care of dementia services was positive overall.

However, concerns about lack of support in deciding on care home placement and how to respond to issues about the quality of some nursing/residential home care were frequent themes.

LEARNING

The following table summarises the learning from the patient insight and intelligence data:

PROGRAMME	MAIN POINTS	IMPROVING OUTCOMES
DEMENTIA SERVICES	<p>Diagnosis of the condition sometimes leads to delays in treatment.</p> <p>Families and carers of people with dementia would like to work more closely with health professionals.</p> <p>Families and people with the condition would like people to stay independent for as long as possible in their own home environment.</p> <p>People would welcome more information about the condition.</p>	<p>Consider ways of improving general awareness of the condition through continued promotion of the 'Dementia Friends' awareness campaign.</p> <p>Ensure care plans include input from service users and their carers.</p> <p>Ensure each service user offered full needs assessment.</p> <p>Ensure service users are given information in a way that they understand more about their specific care and treatment.</p>

INTERMEDIATE CARE PROGRAMME

Intermediate Care Services are those which help prevent people being unnecessarily admitted to hospital or those between hospital and home. They support people to get back their independence, mobility and confidence after an accident, illness or injury, or deterioration in a condition. Currently, these are being provided in both hospital and community settings across West Cheshire, as well as in peoples' own homes. The aim is to provide integrated and responsive rapid and urgent care support in the community to allow people to be supported in their home or in the residential care environment.

In 2016 a national Intermediate Care Service Audit was published. The results for West Cheshire were included. A West Cheshire Carers survey was also undertaken in 2016. The main themes from the feedback were as follows:

- **Poor system integration:** Lack of communication between the different organisations providing care was a source of frustration for patients and their carers/families. This was perceived as the main barrier to care. They discussed the lack of dialogue between different providers interacting with the same patient, as well as the common miscommunications between patients and their providers. One urban patient commented on the lack of communication between health care providers.
- **Limited access to services:** Lack service availability and funding restraints were repeatedly mentioned as reasons that patients and their carers were not able to receive the holistic care that both they needed. For example, some carers highlighted the delays that they had experienced once the GP had referred those they cared for to the service.
- **Individual focused care:** there were several carers who described their experience of attending case conferences for those they cared for, and how this had worked well for them.

LEARNING

Table 10 summarises the learning from the patient insight and intelligence data:

PROGRAMME AREA	MAIN POINTS	IMPROVING OUTCOMES
INTERMEDIATE CARE	<p>Access to services sometimes more difficult for older people.</p> <p>Older people want more information about how to stay healthy.</p> <p>Respect for older people</p> <p>Older people want treatments that are safe and appropriate for their age.</p> <p>People's relationship to health professionals crucial to their recovery.</p>	<p>Use of health navigators.</p> <p>Further develop working relationships with Age UK</p> <p>Continue to monitor quality of care from providers.</p> <p>More use of Third Sector</p> <p>Health and social care professionals should respect older people's choices and needs.</p> <p>Age awareness training for health and social care professionals.</p>

		<p>Consider Shared Care Record or other ways of improving communication.</p> <p>Provide written care records that include family/carers.</p> <p>Ensure appropriate pain relief measures in place.</p>
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MEDICINES MANAGEMENT PROGRAMME

The main source of data for this section of the report was the feedback from the Clinical Commissioning Group Consultation - 'What should we prescribe in West Cheshire' 2016, the Complaints trend - availability of drugs and treatment and the website Patient Choices.

Availability of certain medications: In 2016 the main issue for patients was the availability of prescribed drugs, and the prospect of their potential withdrawal. This was highlighted by the Medicines Management Consultation, whereby people were encouraged to submit their views on the withdrawal of funding for prescriptions such as gluten free food. Some concerns were expressed about this, namely:

- The potential impact those on a low income, given the price of gluten-free food, in particular gluten-free bread. Feedback from the public showed some support but they did ask the Clinical Commissioning Group to consider retaining prescribing of gluten free staples such as bread, and to ensure those living with coeliac disease were supported.
- issues with nurseries, schools and care homes only administering medications and treatments that are prescribed by a GP or health professional

In addition, the Clinical Commissioning Group Patient Experience team received a significant number of contacts from people who were concerned that they had not been prescribed certain drugs or prescribing had been withdrawn. Also, there were several enquiries received from those who had been refused treatment and wanted information on the Individual Funding Request (IFR) process.

Self-Management: Analysis of the patient forums, particularly for those with long term conditions showed an increasing trend for patient empowerment. An example was a local diabetes forum, whereby people described how improving their lifestyles had enabled them to reduce their medication.

Electronic Prescribing: The Clinical Commissioning Group Patient Experience team were contacted by several people who were confused about the new system, some were happy with the service, but others fed back the difficulties they had encountered with the new systems, for example, prescriptions not sent to patients' usual pharmacists.

LEARNING

The following table summarises the learning from the patient insight and intelligence data:

PROGRAMME AREA	MAIN POINTS	IMPROVING OUTCOMES
MEDICINES MANAGEMENT	<p>Increasing concern from people regarding availability of certain medications</p> <p>People unaware how to query their medication.</p> <p>Increasing demand for valid evidence based information on medications and treatments</p> <p>People with long term conditions want more advice on best medications and self-care.</p>	<p>Keep people informed about any proposed changes, with particular reference to those treatments that may be restricted. Ensure consultations are fully publicised.</p> <p>Ensure people are informed that they can contact Patient Experience teams if they are concerned about any aspect of their medications.</p> <p>Signpost people to accredited information sources.</p> <p>Ensure people with long term conditions participate in courses (online and in person) and are supplied/signposted to valid information.</p>

COMPLEX CARE PROGRAMME

There was little patient and/or carer feedback available for dissemination for this section of the report. The main source of information was the contact that families and carers made to the Clinical Commissioning Group Patient Experience team. It must be noted that this may have excluded many families and carers were satisfied with the service.

The past year has seen a marked increase in the number of queries about the Clinical Commissioning Group Continuing Healthcare Service. These have ranged from requests about how to refer family members to the service, how to apply for funding, and how to proceed with a retrospective claim.

The Patient Experience team worked closely with colleagues from the Continuing Healthcare team to promote the 'Beacon' website and helplines in order to assist people to understand a service which many people find confusing and complicated. For example, in one case, the team supported three members of the same family through their concerns about arranging a continuing care package for a relative.

The main area of concern highlighted by families and their carers was what they saw as excessive waiting times for assessments to be completed. In some cases this had taken years from when families alerted services to the actual assessments being completed. Because of this time delay, many families found themselves in the position of having to apply for a retrospective review to be carried out, or to request that previously unassessed periods of care be reviewed by the service.

An area of concern from families and carers was that there was sometimes a lack of communication from the service. Also many families fed back that they had not been involved in meetings when the checklists assessments were discussed.

Another area of concern highlighted by carers and their families was a lack of joined up working between health and social care. Families reported cancelled meetings due to all parties not being able to attend, and delays in either nursing and/or social care assessments.

Several families reported that the person that they cared for was sometimes placed in care homes that they felt did not provide all the care that they needed.

There was a lot of evidence to suggest that many people, including health professionals, do not understand the Continuing Healthcare service. In 2016 the 'Beacon' website and helplines were introduced by NHS England to help guide patients and their carers through the process, It will be interesting to see how this develops in the coming year.

LEARNING

The following Table summarises the learning from the patient insight and intelligence data:

PROGRAMME AREA	MAIN POINTS	IMPROVING OUTCOMES
COMPLEX CARE	General lack of understanding about the Continuing Healthcare Service.	Better public promotion of the Beacon website and helpline. Use health and social care websites to better promote the

	<p>Lack of communication between service and families.</p> <p>Lack of joined up care between health and social care.</p> <p>Excessive time taken to complete assessments</p> <p>General lack of patient and carer feedback</p>	<p>service.</p> <p>Ensure families are kept up to date with any delays to assessments and treatments.</p> <p>Service should involve carers and families more in assessments</p> <p>Better integrated working and organisation of joint multidisciplinary meetings.</p> <p>Service should keep families involved about delays.</p> <p>Consider introducing patient and care/family feedback into service.</p>
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APPENDIX - SOURCES OF PATIENT INSIGHT AND INTELLIGENCE 2016/17

SUBJECT	STAKEHOLDER(S)	METHODOLOGY
What was the objective of the activity?	Which group(s) or individual were involved?	Tool Used
National Primary Care Survey (GP AQ) Survey 2016	Patients who had accessed their GP Surgery for treatment	Patient Satisfaction Survey
National Inpatient Survey 2016 (Countess of Chester Hospital NHS Foundation Trust)	Those who had an inpatient stay at the Countess of Chester Hospital 2013/14	Survey
West Cheshire GP Practice Patient Participation Group Surveys 2016/17	Patient Participation Group members and GP Practice patients	35 GP Practice Surveys
National Patient Opinion Website	289 posts from those who had experience of NHS services in the West Cheshire area.	Patient Stories
Community Mental Health Survey (National) for Cheshire and Wirral Partnership Trust (CWP) 2016	Service Users	Survey
West Cheshire Clinical Commissioning Group Twitter and Facebook patient feedback	Social Media	Patient Stories and feedback
Healthwatch Cheshire West feedback from patients and public gathered at their events. Also complaints and PALS Intelligence	Patients and public views on local health services	Quarterly reports.
Real time feedback from Countess via Hospicom data collection system	Inpatients currently in the Countess of Chester hospital.	Real time Survey
Chester Pride Event 2016	Gay, lesbian and transsexual representatives. Public	Feedback forms (anonymous) and verbal feedback.

SUBJECT	STAKEHOLDER(S)	METHODOLOGY
What was the objective of the activity?	Which group(s) or individual were involved?	Tool Used
NHS Choices – Your health, Your Choices. Feedback on the Countess of Chester Hospital Reviews	Patients and the Public	Website feedback
Cheshire and Wirral Partnership Patient Experience and Quality Reports (Including Quarterly CQUIN Reports)	Service Users Carers	Patient Surveys Carer Surveys
West Cheshire Patient and Advice and Liaison Service (PALS) Feedback 2013/14	Patients	Report
West Cheshire Clinical Commissioning Group Patient Experience Reports	Patients Carers	Report
West Cheshire Carers Survey 2016	Public Patients	Patient Stories
Countess of Chester Hospital Aggregated Incidents, Complaints, Claims and Coroners Inquests	Patients Public	Report
Countess of Chester Hospital Newsletters	8 Patient Stories published.	Patient Stories
To meet with patients and or carers to learn more information about their patient experiences	Dial House Meeting with people with disabilities – April 2016	Patient Stories
Care Quality Commission Reports 2016	Patient Feedback	Reports
Medicines Management Consultation Event – June 2016	Public Patients	Event
St Werburghs' Practice for the homeless – project to encourage service users to feedback their views	Public	Survey and focus groups

SUBJECT	STAKEHOLDER(S)	METHODOLOGY
What was the objective of the activity?	Which group(s) or individual were involved?	Tool Used
National Intermediate Care Survey 2015	Patients Public	Survey
National Patient Day Case Survey 2016	Patients	Survey
National Accident and Emergency Survey 2016	Patients	Survey
North West Ambulance Survey 2016 (undertaken before switch to another Provider)	Patients	Survey
West Cheshire Mental Health Forum	Service Users Public	Bi monthly
One to One Midwifery Service Annual Report	New Parents	Annual
Blacon Healthcare Event	Public Patients	Event
Great Sutton GP Patient Participation Group Event	Public	Event