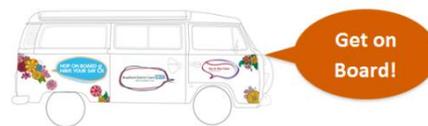




Comments Campervan Report



Earlier this year the Trust commissioned the services of the Comments Campervan. The Patient Involvement and Experience Team encouraged everyone to 'Get on Board' the Campervan, and identified a variety of different locations and groups to encourage them to leave feedback.

The social enterprise "comments campervan" - a mobile video diary room, operates alongside the charity "happy days" working with homeless people where money generated goes back into the charity.

The aim of the campervan was primarily to support the implementation of the You & Your Care Involvement & Engagement Strategy. Objectives included:

- Gathering of patient/carer experiences and personal stories from a broad range of services
- Seeking views from a diverse range of seldom heard groups to enhance services
- Promote opportunities for people to get involved
- Support feedback to the public on actions taken from their experiences.

A project group was set up to guide, support and roll out the Campervan project across the district, and membership included service managers, volunteer lead, communications and heads of service were involved alongside the patient experience & involvement team and the campervan team themselves.

The Trust agreed and commissioned the use of the Campervan for 5 full days, and after consultation over locations, dates, times and venues a timetable was drafted to cover 5 individual dates during September and October 2015. It was quite difficult co-ordinating the timetable to accommodate such a broad area, both geographically and the range of services within, and this was updated several times during the project to make best use out of the time we had (see full timetable in Appendix 1)

17 sites were visited throughout the project with the campervan, over 100 people got on board and more than 5 hours of footage was captured. (Footage themes can be found in Appendix 2). It was very challenging finding members of the public who had experienced BDCFT services and encouraging them to give feedback and get on board, particularly as many people couldn't distinguish which provider had hosted services.

Questions were agreed and focussed around the You and Your Care Vision wheel to capture comments regarding Patient Experience, Quality, Value For Money and Relationships, although everyone also had the opportunity to tell their story too. After the first day on the road with the campervan a few changes were made to the questions being asked and the process for gaining consent, as these were not working as well as intended.

A communication strategy supported the campervan project including a social media campaign, local press release/radio coverage and the production of flyers and posters to advertise the events. As part of the communications strategy, a “Campervan Challenge” (wordsearch and Rebus puzzle) was used to draw people to the campervan. A prize/free gift was also offered in an attempt to attract further interest.

In summary, what went well included:-

- It was a fun and simple way to engage people, being out and visible across the district.
- The wealth of services captured geographically and demographically.
- Some public locations were more popular for example city centre, supermarket car park, but this then attracted more people who had not accessed BDCFT services.
- Waddiloves were well engaged and this ensured staff supported service users and encouraged them to ‘get on board’.

Learning from what didn’t go so well included:-

- Identifying people who had experienced our services
- The initial questions being asked were too complex and were simplified.
- Advertisement/marketing/promotion campaigns to promote the campervan didn’t seem particularly effective.
- Engagement of staff across the Trust was difficult.
- The weather also made a difference – people were more likely to stop in good weather.
- 2 locations with minimal feedback included Meridian House and Hillbrook House.

Sallie Turner
Project Support Officer
December 2015

Campervan Timetable

Provisional Dates Booked	9.30 – 11.30	11.30 – 14.00	14.30 – 16.30	Evening
Thurs 10th September	Trust Board Stories New Mill 10am-11am	Horton Park Healthcare Centre (Simon Long/Kelly Barker) Kathy O'Connell	S&W CMHT service user event CVS building Bradford Yvonne Ineson	N/A
Mon 21st Sept	9am-11am Community Mental Health Team Meridian House Keighley	AWC Panel – Victoria Hall 11.30am- 1.30pm (Louise McCrystal)	Hillbrook House CAMHS 2.30pm-5pm (Cathy Wright)	N/A
Weds 30th Sept	Carers In Action (9.30-11am) Canalside Health Centre Tracey Corner	New Mill (11.30-1.30pm) (Kate Granger Visit/Staff Feedback)	2pm-4pm Shipley ASDA Car Park	Barnardos (4.30pm-6pm)
Thurs 15th October	9am-1.30pm Young People Event Bradford City Football Club (Debbie Calvert)	N/A	Waddiloves Queens Rd Bradford (Vicky Donnelly)	Airedale Centre for Mental Health Supper Event 5.30pm-7.30pm
Thurs 29th October	9 – 11.00 two bays in the High Street Car Park, Skipton	12-2.30 Board on the Road Cellar Project Shipley (Tracey Corner)	Looked After Children (Liz Gilmartin) Odsal Resource Centre, 6, Odsal Road, Bradford, BD6 1AT 3pm-4.30pm	Lynfield Mount Supper Event (Richard Carroll) 5.30pm-7.30pm

Appendix 2

Campervan Feedback Themes

Patient Experience

Approx. 40 people answering the question

Adult MH

- Communication
- Staffing levels
- Access difficulties/SPA
- Staff attitude – patronising, lack of respect, inexperienced
- Staffing changes
- Smoking ban

CAMHS

- Long waiting lists
- Lack of sensitivity
- No understanding
- Lack of stability of staff
- Restrictive as a carer

Carers

- More recognition need
- Acknowledgement
- More help for young carers

Other comments relate to services not provided by BDCFT including:

- Midwifery
- GP appointments
- A&E waiting times

This feedback has been used at Trust Board, Board on the Road.

Value for Money

Approx. 60 people answering the question

Issues raised:

Young people

- CAMHs – need to listen more / engage / support (3)
- Let young people know what MH services are available – be proactive
- Carers – be aware of pressures / engage support / communicate (4)
- Support for young carers; treat as individuals / raise awareness of support available (2)

Adult MH services

- Transition from child to adult services – had respite & support as a child – all disappears
- Long term admissions to acute wards need to stop
- Let people smoke
- Help with debt

- Single point of access
- Craven – services are good but access difficult e.g. LMH wards
- Safe house for people in crisis
- Less use of agency staff and more permanent staff (3)
- Treat people as individuals – ask what they need / ‘heart to heart’ (6)
- More time with staff (3)
- Creative therapies / outings to socialise & ‘normalise’ (4)

Majority of other comments relate to services not provided by BDCFT

- GP appointments (5)
- Acute hospital – attitudes / staffing (4)
- A&E waiting times (2)

This feedback has been used within Quality Accounts, Children’s Strategy, Patient Experience & Involvement training “Involvement, Experience & Carers – All you need to know”, Induction and HSJ Awards.

Quality

Approx. 48 people answering the question,

- Male adults (9)
- Female (18)
- Young people (21)

Negative

- Not well enough to give constructive feedback at the time
- Did not engage after appointment to give feedback, would do it after many prompts
- Not given the opportunity to feedback (6)
- Do not like feeding back via internet, prefer a form
- Young person feels it is a tick box exercise
- Feedback via the complaint route is acted upon
- Unsure what happens to feedback after it has been collated
- Do not hear about the positive comments which will boost staff morale and complaints will have an impact on morale

Positive

- Opportunity to give feedback has increased over the years
- This was the first opportunity to give positive feedback about the HV team
- Provided feedback via BDCFT staff

Relationships

Approx. 60 people answering the question

- Older People: 11
- Young People: 30
- BME: 14 + (some were voice only)
- 17 Male/43 Female

Issues/themes raised:

Carers - 12 responses, of which 5 were young carers

- Young carers experiences - need for more support, information, understanding
- Carers of disabled/young people - positive and negative experiences of care
- Better communication with carers needed - time and talking helps stress of caring
- Confidentiality issues
- Supporting parents with mental illness, stigma/bullying

Mental Health (x16) AMH/CAMHS and some carers

- attitudes of staff - positive/negative - importance of being human, respect, complaints
- choices, being involved, openness, transparency are important
- activities that help - inpatient/community
- experiences of care - good/involved
- CAMHS - 2 - positive and negative experiences

Involvement: 16 responses

- ideas/thoughts re involvement - wanting/not wanting to be involved
- feedback important - listening - follow up
- Involvement through University, PPI groups, Committees/meetings
- good involvement practice - treat equally/mutual respect
- methods of involvement eg. questionnaires, feedback sheets,
- OASIS Group - voice issues as a group
- Volunteering

Young People: 23 responses (including young carer experiences)

- need for good communication (with workers, service)
- interactive communication methods eg. facebook, texting
- attitudes important - negative/positive experiences
- Research Group feedback - positive/negative
- experiences - positive/negative

Service Areas referred to:

GPs/Surgeries, Somerset House, Inpatient Wards (LMH/ACMH), CAMHS, Hospital - A & E, BRI, Hospital transport, Podiatry, Dentists, Opticians, Community Health, School Nursing, Physio, Ambulance service, Eccleshill Hospital.