



OUTCOMES

August 2013

Friends and Family Test - First Results



Recent Publications

Outcomes June 2013 has a focus on the planned roll-out of the FFT in the NHS and looks at PROMS results for Knee patients

Our previous newsletters illustrate examples of where PROMS and PREMS are being used to measure the value of services as perceived by patients themselves. You can download the newsletters [here](#)

Friends and Family Test - Are you Ready?

CoMetrica has published a paper on the implications of the DH guidance on the introduction of this test. Download it [here](#)

Measuring MSK outcomes

Gloucestershire care services use the COM-Q service to measure their outcomes, you can download the highlights [here](#)

Market review paper compares different channels for capturing patient experience

CoMetrica has published a paper useful to anyone who is considering improving their means of measuring patient experience. You can download the paper [here](#)

Conferences & Events supported by CoMetrica

- 11th June 2013 Patient Experience Conference, London

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Some low response rates

Last week the first results of the NHS Friends & Family Test for A&E services and acute wards were published. Much of the media attention was focused on a few hospitals where patients of 36 wards out of 4500 nationally said they were unlikely to recommend it to friends or family. However the most worrying result was the extremely low response rate achieved in many A&E departments, some only achieving 2% in April compared with the 15% required.

	National Overall FFT Response rates			
	April	May	June	Quarter
A&E	5.6%	7.5%	10.3%	7.8%
Inpatients	21.5%	24.0%	27.0%	24.2%
Combined	10.7%	12.9%	15.7%	13.1%

In this review we focus on response rates and the possible impact these have on the FFT results. As we reported in the last edition of Outcomes, a number of trusts struggled to make a start with FFT collection in April and so our review is based on the June results.

A&E results

Although the results show improvement in response rates, by June 106 out of 144 A&E departments (74%) had still not met the 15% response target. The highest A&E response rate (49%) was achieved in June by the Royal Free NHS FT using a telephone survey which can be expensive. The most popular method used was paper given at the point of discharge with all the resultant staff time used in administration.

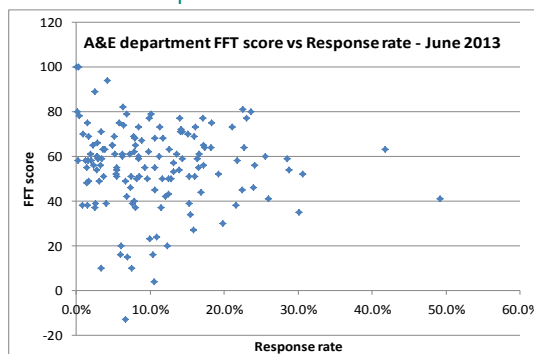
Response methods used by A&E Dept.	Proportion of responses
SMS/Text / Smartphone App	6%
Electronic tablet/kiosk at point of discharge	12%
Paper / postcard at point of discharge	60%
Paper survey, sent to the patients home	1%
Telephone survey once patient is home	6%
Online survey once patient is home	1%
Other	14%

Response varies by collection method

The following table shows the response rate achieved where 80% or more responses use the method stated. Those collected away from the stressful and busy A&E department appear to give a higher response rate. The highest FFT scores appear to be from those recorded on paper.

A&E data collection method	Response rate	Avg. FFT Score
Paper at discharge	8.8%	61
Electronic at discharge	11.8%	38
Once pt. is at home	15.3%	45

The following scatter plot shows most departments had an FFT Net Promoter Score between 30 and 80 but no particular correlation with response rate.



Acute ward results

Response rates here were much better with only 19 organisations out of 170 (11%) failing to meet the 15% rate required. Paper collection was the most common with electronic devices only being used by 14%. Of the trusts who failed to meet the 15% response rate, the reliance on electronic devices was slightly higher at 19%.

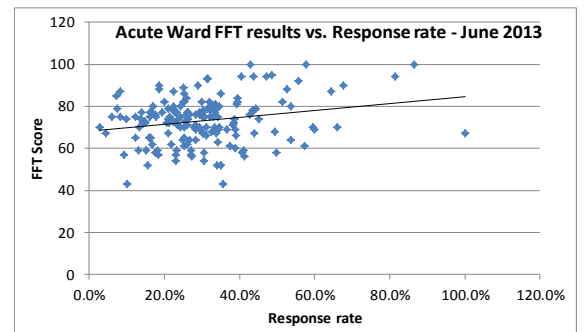
Main response method used by wards	Proportion of responses
SMS/Text / Smartphone App	1%
Electronic tablet/kiosk at point of discharge	14%
Paper / postcard at point of discharge	79%
Paper survey, sent to the patients home	1%
Telephone survey once patient is home	2%
Online survey once patient is home	1%
Other	1%

Results by collection method

There was less variation evident here and paper collection gave the highest response rates and the highest FFT scores

Ward data collection method	Response rate	Avg. FFT Score
Paper at discharge	28%	74
Electronic at discharge	25%	67
Once pt. is at home	25%	74

The scatter plot below shows most FFT scores were between 50 and 90 and there was a slight correlation between FFT score and response rate.



How to increase FFT response rates

Given that the whole point of the FFT is that it should be the patients own unbiased view (possibly supported by their carers), it is not realistic to expect to improve response rates just by encouraging more patients to respond to a survey they have been given. The fundamental difference between the FFT required response rates and sampled surveys is that ALL patients need to be invited to complete not just a sample. This can only be achieved by putting the survey in front of every patient whatever technology is used.

Where measurement is taken in the clinical setting, this can be onerous requiring staff to lead patients to devices, facilitate completion or issue and collect questionnaires. In effect, the problem is ensuring 100% coverage, not increasing the response rate.

It is not surprising that coverage rates in A&E are low where for busy departments, issuing surveys or devices is a low priority, the only way of ensuring 100% coverage is to give (or send) every patient their questionnaire, (continued overleaf)

COM-Q Upgrade Programme

Following the upgrade to provide automatic “push” reporting to staff in April, CoMetrica has introduced a regular monthly update programme to provide more new features users have requested. The new developments planned for the coming months include:

- Selective historic updates
- Specific response filters
- “Instant” surveys
- New question types
- More flexible patient letter content
- User self-management
- Charting enhancements

Reducing questionnaire overload

The COM-Q system from CoMetrica combines clinical and non-clinical outcome and experience measures into one concise electronic form matched to each patient.

Measures are linked to each patient's condition and the services actually used and so are more relevant

Multiple completion routes including the most popular - paper, increase response rates

The majority of ALL service users respond rather than the small samples achieved by passive systems.

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Improving FFT coverage continued

..this provides additional flexibility in that surveys can be completed on-line or on paper or card at a less stressful time and with the support of others such as carers if required. It also allows more questions to be easily added which increases the return on the investment made. NHS England has promoted a variety of collection methods as long as they enable the measure to be taken within 48 hours of discharge. The benefit of giving or sending a patient a questionnaire just after the event is that it allows the immediate outcome i.e. success of the treatment to be considered by the patient and with less fear of any undesirable consequences for the patient concerned of giving a low score.

The main objective in improving FFT response rates is to ensure a systematic process is used to get the question(s) in front of all patients. Having a kiosk in a waiting room does not work as many patients will not see it or use it and too much focus on the technology (tablet etc.) rather than how every patient will see it can divert attention from coverage.

Systematic coverage therefore means giving every patient a form or device and where the latter is used, it must be facilitated by an unconnected third party such as a volunteer. The most cost effective means is to give every patient on discharge the form or to send it to them automatically.

Response rates achievable in A&E

Traditional market research postal paper surveys have a response rate of about 5%, where these are health related this can rise to 10%. But a personalised survey, related to a specific event such as an A&E attendance, ward discharge or clinic appointment can have response rates of up to 80% of all patients using the service. The following are some examples of high response rate success achieved through using the COM-Q service.

- South Tees Hospitals NHS Foundation Trust achieved 100% coverage and a 54% response rate using personalised questionnaires sent via the COM-Q service in a previous survey project

Using the FFT in other services

Although the NHS has only mandated the FFT collection in A&E and acute wards to date, maternity services will commence later this year and there are plans to extend coverage to most services including primary care, community, mental health and possibly dentists, opticians.

CoMetrica has been collecting the FFT measure for a number of NHS and independent health care providers in several other services for some time such as:

- Community services
- Children's services
- Outpatient services
- Long term conditions
- Private clinics & hospitals
- Care at home

The results achieved show that while these different sectors cannot necessarily be compared with each other or with the published A&E and acute wards results, they have provided useful comparisons for those organisations. They are being used to provide advance warning before any mandated collection and internal benchmarking and trend analysis. Further work on the use of FFT in wider settings and comparing FFT results with perceived benefit and the complexity of conditions is being undertaken and will be published here when available.

- When University Hospitals of North Staffordshire wanted to survey their A&E patients before and after the move to their new hospital, they achieved a coverage of 100% and a response rate of 30% using the personalised questionnaires automatically sent via the COM-Q service provided by CoMetrica.
- Gloucestershire Care services achieve 100% coverage and up to 66% response rate for community based services using the COM-Q system.

Ensuring representation

The key to understanding which groups of patients are NOT responding means using a data driven service with 100% coverage linked to anonymous demographics. The COM-Q system for example shows response rate by age, postcode area, specialty, gender, diagnosis, ethnicity etc. which allows alternative languages or channels to be used for specific groups when required.

Cost effectiveness

When the FFT collection was introduced in A&E departments and wards, much of the focus was on the different technologies available to collect it in real time but the actual collection in practice has proved to be costly in staff time, both front line and administrative staff issuing questionnaires, directing the use of devices or collecting results and processing them. This can add between £30k and £150k of hidden and visible cost on top of the cost of any devices purchased.

A more cost effective solution is a fully managed service such as the COM-Q service from CoMetrica where there are no hidden costs, no staff time involved and real time results are achieved.

For more information about the COM-Q service, contact Stuart Mathieson Stuart.Mathieson@CoMetrica.co.uk www.CoMetrica.co.uk

FFT results in context

Some critics of the FFT measure say that “recommendation” is an odd attribute to measure given that patients generally do not wish ill health on anyone else, which then requires treatment. If however it is viewed in context with other measures such as perceived benefit, confidence and outcomes it can be a sensitive indicator of where there is both good and bad quality of care.

The health care providers who use the COM-Q service have been able to add in the FFT to the other experience and outcome measures they already use at no additional cost. This has allowed them to compare results of the different indicators.

An example of this is one organisation who found that although patients had a very strong perceived benefit, satisfaction and significant improvement in PROM scores, their FFT scores were more modest at 65. The extremely sensitive nature of the Net Promoter Score means that it only needs a few patients not choosing “Extremely Likely to recommend” to quickly bring the score down.

For further information about any of the articles in this newsletter or for further information about the COM-Q service or how CoMetrica can help your organisation measure patient's outcomes & experience, contact Stuart Mathieson on 020 8785 2140 or via email

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