



OUTCOMES

January 2014

Friends and Family Test for all NHS Staff



Recent Publications
Outcomes August 2014 focused on the results of the FFT in A & E departments and ward discharges and how to improve response rates

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](#)

Measuring MSK outcomes in the community

Gloucestershire Care Services started to collect the FFT for community patients last year, ahead of the national requirement to extend the use of FFT in the NHS. You can read a short case study describing how they did this [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.

Conferences & Events supported by CoMetrica

- 5th October 2013 BAOIA annual conference, Old Trafford
- 5th February 2014 - Patient Experience Network National Awards, Birmingham

OUTCOMES is published by CoMetrica Ltd. www.CoMetrica.co.uk you can download copies from [here](#)

All NHS Staff to be asked if they would recommend their Trust

As part of the roll-out of the NHS Friends & Family test, NHS England are asking all trusts to measure how likely staff would be to recommend their own trust both as a provider of care to patients and as an employer. Measurement needs to commence in all trusts in April and follows a similar format to the Friends & Family test used for patients.

- ⇒ How likely are you to recommend this organisation to friends and family if they needed care or treatment?
- ⇒ How likely are you to recommend this organisation to friends and family as a place to work?"

The data will be reported monthly through Unify2 as per the patient FFT process and results will be reported regularly and will form part of each organisation's annual quality accounts. NHS England has issued draft guidance confirming that organisations may use third party suppliers for the collection, analysis and reporting. Responses will need to be classified by occupational group and cross tabulated between the two questions so a simple vote or "token in the box" scheme cannot work. Full guidance on the collection, reporting and publication of the staff FFT will be published at the end of February 2014.

Regular systematic measurement

One of the surprises of the staff survey guidance is the requirement to survey every member of staff every 3 months. This would mean almost continuous measurement with a need for integrated survey systems so the measurement is neither onerous or expensive. The actual survey dates can be chosen by each trust as long as they occur in each quarter.

Most trusts have traditionally undertaken annual surveys through paper forms stapled to pay advice packets which can become expensive and time consuming to administer.

Those considering a "modern" alternative may consider the use of touch screen devices such as kiosks however those trusts who have used these for patient surveys have found there are some significant drawbacks of this approach

- Very low take-up
- Expensive capital outlay
- Skewed representation

The same applies to staff surveys but even more acutely. To engage with staff, a personal communication with each member of staff is required.

The NHS HR managers group *NHS Employers* recently asked staff their views on the test and most were generally supportive of the overall intention of the test in terms of linking quality and staff engagement.

There was some concern that the approach used in the patient friend and family test may not be appropriate for staff. With staff the questions would remain the same and staff would be surveyed regularly whereas patients changed and would usually only be surveyed once. This could result in "survey fatigue" and poor response rates.

Integrated staff measurement

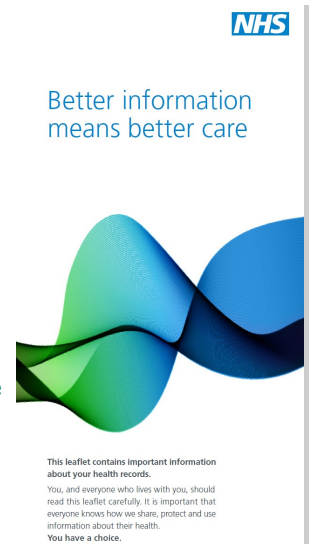
The approach offered by CoMetrica is to use electronic surveys with a link which is emailed or texted to staff. This can be automated from HR records and staff can opt-in to their preferred method of delivery including paper survey forms where required. The advantage is 100% coverage which has the benefit of knowing which staff groups **have not** responded and so are not represented in the results.

Staff can respond anonymously in their own time and can comment. The results can be analysed by department, staff group, ward, age group etc., this makes them much more useful than generic surveys. All this can be achieved with no staff burden at all since all the measurement is carried out by CoMetrica on behalf of the Trust. The system can be set up to automatically survey new staff after their induction and then regularly thereafter as required.

For more information contact Stuart.Mathieson@CoMetrica.co.uk

care.data

NHS England has published a video aimed at patients explaining **Better information means better care**, the care.data programme to link GP based patient data with that from other healthcare providers such as hospitals. The video and information can be seen [here](#)



A recent survey of GPs showed that 40% of GPs were planning to opt out of providing the data with some GPs citing concern over confidentiality. Others are more concerned over the lack of purpose with some rather general statements being issued about the benefits and recipients of the data. What is clear is that there is the potential for the quality of GP and primary care services, including their effective use of secondary care, to be laid bare in the future.

Patients can opt-out of their GP based data being collected by the GP practice entering exclusion codes into their data.

COM-Q Upgrade Programme

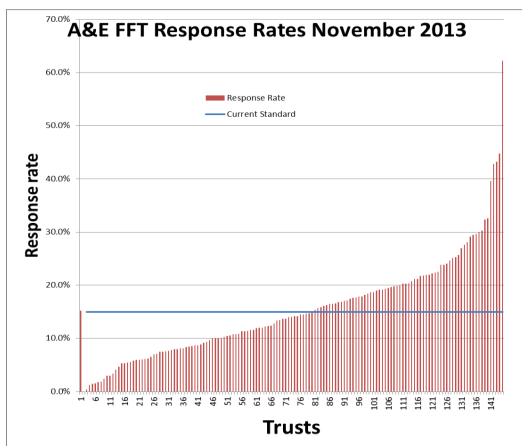
COM-Q users continue to get enhancements to their service including graphical grid type questions and response lag analysis.

Further enhancements planned include selective reporting of the results of respondents who have given specified answers or ranges of scores to further highlight any problem areas.

This means real time issues will not get “lost” within average scores.

Patients A&E Friends & Family Test: 78 trusts fail to meet the 15% response rate

In the latest published data for November 2013, NHS organisations in England just met the 15% target nationally but half the trusts struggled and 12 trusts did not even manage a 5% response rate. The expected response rate for Trusts climbs to 20% overall by the end of 2013/14.



Given the criticism of accuracy of the FFT score when there are few respondents, we looked at Trusts who had less than 200 A&E FFT respondents in total in November 2013 and found their score was higher than average at 65.

Trusts using paper collection at the time of attendance or shortly after generally scored better with a net promoter score of 59 compared with the national average score of 56 and a score of 52 for those who relied on texts, tablets and smartphone apps.

Patient Experience National Awards



On 5th February in Birmingham, the Patient Experience Network makes its awards to organisations who have undertaken the most significant developments to improve patient experience in the past year.

This year there are 11 categories with many entrants in each category demonstrating innovative and effective schemes to improve patient care.

- * Setting the Stage – Strengthening the Foundation
- * Setting the Stage – Support for Caregivers
- * Setting the Stage – Measuring, Reporting and Acting
- * Communicating Effectively with Patients and Families
- * Access to Information
- * Continuity of Care
- * Personalisation of Care
- * Environment of Care
- * Staff Engagement / Improving Staff Experience
- * Patient Experience Professional of the Year
- * Innovative Use of Technology/Social Media

For more information about the Patient Experience National Network Awards and the presentation day click [here](#)

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 patients 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.

OUTCOMES is published by CoMetrica Ltd. www.CoMetrica.co.uk you can download copies from [here](#)

NICE advises patients to be “pushier” with GPs

Patients should adopt “American” attitudes and be more pushy with their doctors about drugs to which they are entitled, the head of the NHS rationing body said to the Daily Telegraph on the 24th January.

Professor David Haslam, chairman of the National Institute of Health and Care Excellence (NICE), said British patients should become more assertive and see themselves as “equal partners” with their doctors, with legal rights.

He said patients in this country needed to learn from the Americans, who are far more confident about entering into dialogue with family doctors about their health, and taking an active role in managing their health.

Prof Haslam said too many patients were not being offered medications approved by NICE. He said individual patients should become more knowledgeable about their health conditions, and tell their doctors if they believed they were missing out on treatment which could help them.

The former GP said: “The fundamental point is it’s your body - and the more you understand about the drugs you are taking, or what you might be able to have, the better you are able to work with your doctor.”

National Audit Office find waiting list information “unreliable”

The complexities of the 18 week pathway with its many opportunities for clock starts, pauses and stops has proved a headache for many trusts with inconsistent application and interpretation of rules which seemingly do not always cover every eventuality.

In a recent audit of 650 cases in 7 trusts, the NAO found that “concealed delays” outnumbered over-recorded waits producing a more favourable position than patients had actually experienced. Some high profile cases including Colchester Hospitals under-recorded cancer waits have put pressure on the government to defend true NHS performance in recent weeks.

One interesting fact emerged which may come as no surprise to NHS waiting list managers - you are between 30% and 60% more likely to have your treatment started in week 17 to 18 than at any point from week five onwards.

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

Stuart.Mathieson@CoMetrica.co.uk www.CoMetrica.co.uk