



OUTCOMES

June 2013

Friends and Family Test - NHS roll-out



Recent Publications

Outcomes January 2013 has a focus on future government plans for FFT and outcomes data

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

- 22nd November 2012, King's Fund PROMS Conference, London
- 11th June 2013 Patient Experience Conference, London

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Some A&E departments fail to achieve 15% response rate for Friends and Family Test

While the early NHS Eastern region pilot showed trusts were able to meet the 15% minimum response rate for discharges from wards, in the national roll out for ward and A&E discharges, many trusts have experienced problems in the coverage of A&E patients.

Against a backdrop of rising demand in A&E departments resulting in the longest waits for 9 years, getting at least a 15% response rate for the FFT from all A&E discharges has proved a challenge for departments who have relied on manual cards, forms or touch screen kiosks. Keeping track of patients seeing the test and get it answered in a busy department has proved a headache for busy staff.



Some confusion over coverage target

NHS England has said that ALL patients should be asked the FFT in the mandated areas of adult ward discharges and A&E and that a response rate of at least 15% should be achieved rising to 20% by the end of the year linked to a CQUIN target. Some organisations have misinterpreted this as meaning that 15% of patients should be asked, which as many patients will not respond, will result in a response rate below 15%.

Effective collection

Trusts are using a variety of means such as cards and forms they are managing themselves or are relying on electronic capture such as touchscreens and websites. The problem is that you cannot get all patients in front of such technology and many patients will not use it, particularly during the stress of an A&E visit. This is why NHS England has promoted a variety of methods including postal questionnaires since with an efficient managed solution, these can be in front of patients within the mandated 48 hours. Cards or questionnaires allow many more useful questions and allow the assistance of carers and relatives if needed.

The COM-Q service from CoMetrica takes all the measurement burden away from staff and even in busy A&E departments, has been able to achieve a response rate of 30% or more of ALL patients going through the service, not of a sample.

A more detailed review of FFT implementation comparing collection methods is available from CoMetrica and can be downloaded [here](#)

Roll out to most NHS services

In the NHS England Business plan for 2013-2015, the FFT is seen as the number one priority in the eleven item NHS England scorecard. The FFT is currently being planned for roll-out to most areas of the NHS including

- Primary Care
- Mental Health Services
- Outpatients
- Children
- Specialist Services
- Possibly Dental Services and Opticians

Such a wide implementation will make "recommendation" a familiar concept for patients as they interact with many different parts of the health service.

Some NHS community services have already added the FFT to their other Experience and Outcome measures being collected through the COM-Q service from CoMetrica. This has given them a head start and no surprises with the ability to compare their results with the A&E and Acute results due to be published in July this year

More information from the DH about the development of FFT and the approaches to collection can be found [here](#)

Maternity FFT Guidance issued

Following pilots at Liverpool Women's Hospital NHS Foundation Trust, Guy's and St Thomas' NHS Foundation Trust, Imperial College Healthcare NHS Trust and Portsmouth Hospitals NHS Trust, NHS England has published guidance for the implementation of the FFT in all NHS funded maternity services across England effective from 1st October 2013. The test will be measured at 3 points in the pathway:

- Antenatal care at 36 weeks
- Birth and care on the postnatal ward or Home Birth
- Community care at 10 days postnatal

The FFT question will be modified to be relevant to the context as follows:

1. 'How likely are you to recommend our antenatal service to friends and family if they needed similar care or treatment?'
2. 'How likely are you to recommend our <labour ward/birthing unit/homebirth service> to friends and family
3. 'How likely are you to recommend our postnatal ward to friends and family
4. 'How likely are you to recommend our postnatal community service to friends and family



The maternity FFT guidance can be found [here](#) For more information this, contact [Stuart Mathieson](mailto:Stuart.Mathieson@CoMetrica.co.uk) at CoMetrica.co.uk

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:

- Automated allowance for PAS data and response delays
- “Instant” surveys
- New question types
- More flexible patient letter content
- User self-management
- Charting enhancements

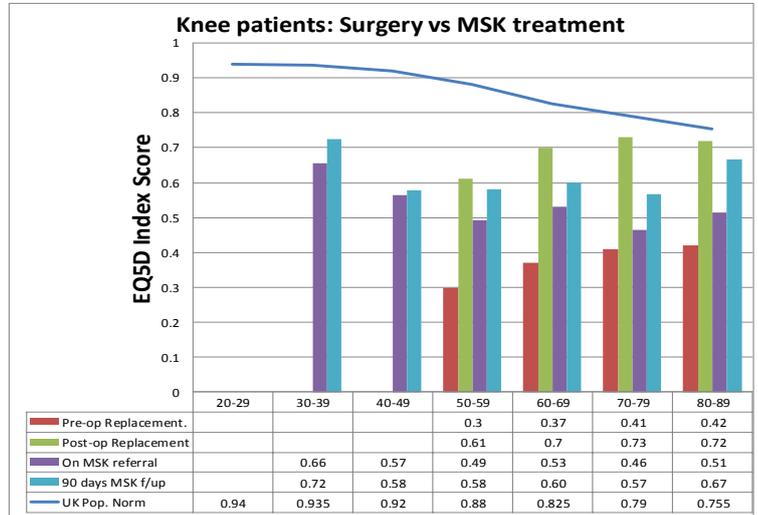
Benchmarking and demonstrating value using PROMS and PREMS

One of the benefits of using measures such as published Patient Reported Outcome Measures (PROMS) with their standardised questions is that they allow comparison of scores at different stages of the patients pathway such as pre-op and post-op. The improvement in score is the main target and this improvement can be compared with other services or between different groups of patients. However, another benefit of using standardised measures is that it allows services to compare the health of patients at the point of referral with those on other pathways.

For some PROMS such as the EQ5D generic health score, there are also population norms available so services can see how their patients scores compare with the public’s in terms of general health, mobility, pain, independence etc.

In the chart shown here broken down by age bands, the EQ5D score for patients with knee problems¹ who have knee replacement are compared with the norm for the healthy population².

Also shown on the chart are the results for patients who have been referred to a primary care MSK signposting service³ for exercise or other non-surgical intervention. The interesting feature here is that while elderly post op knee replacement patients end up with a similar score to the population as a whole, the MSKCAT service patients in this age band are not far behind. The gain in EQ5D score is greater for surgical patients as might be expected but with the additional cost and risks of surgery.



The EQ5D is a very generalised PROM with relatively low sensitivity for individual joint problems but does have the benefit of a wide range of benchmarks such as the population norm shown here. Such comparisons provide powerful support for services who are looking to provide evidence of their effectiveness to commissioners and patients alike.

References: ¹ HSCIC England APR-DEC 2012 ² CHE, York University ³ CoMetrica client

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.

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HCA measuring patient experience in private London clinics

HCA Healthcare, the UKs largest provider of independent hospitals in London has taken up the COM-Q service from CoMetrica to help measure the experience of patients using HCA’s consultant services in several of its London private clinics and hospitals.



HCA chose the COM-Q system to provide an integrated measurement system capable of asking the right questions for each individual patient using their services.

IPSEN to measure patient experience of cancer drugs



IPSEN, a leading manufacturer of specialist drugs in neurology, endocrinology and uro-oncology, is to use the COM-Q service to measure the experience of prostate cancer patients who receive regular medication.

Patients will be measured at several stages over an extended period to assess the impact of the long term administration on their lives.

For more information about measuring patient experience and outcomes in independent hospitals or pharmaceutical research, contact [Stuart Mathieson](mailto:Stuart.Mathieson@CoMetrica.co.uk) at CoMetrica.co.uk

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](tel:02087852140) or via email

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