

Friends and Family Test Update**Governing Body meeting****Item 12e****4 September 2014**

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Is your report for Approval / Consideration / Noting	
Noting	
Are there any Resource Implications	
No	
Audit Requirement	
<u>CCG Objectives</u>	
<i>Which of the CCG's objectives does this paper support?</i>	
2. To improve the quality and equality of healthcare in Sheffield	
The Risk:	
2.1 Providers delivering poor quality care and not meeting quality targets	
<u>Equality impact assessment</u>	
<i>Have you carried out an Equality Impact Assessment and is it attached?</i> No	
<i>If not, why not?</i> Not required. The paper is an update on national guidance.	
<u>PPE Activity</u>	
How does your paper support involving patients, carers and the public?	
The papers content describes how the public can be engaged more effectively.	
Recommendations	
The Governing Body is asked to note the new guidance and performance in Sheffield	

Friends and Family Test Update

Governing Body meeting

4 September 2014

1. Introduction

The introduction of the Friends and Family Test (FFT) provides patients, the public and staff with feedback on services. It was introduced in April 2013, initially to A&E and inpatients and then to maternity services in October 2013. To date over three million responses have been collected by providers of NHS funded care. It will be expanded to include, GP / dental practices, ambulance, mental health, community services and outpatients by April 2015. The two main uses of FFT feedback is that:

- patients and the public can use the data as a useful source of information which can help to inform decision making and personal choices.
- NHS providers can use the feedback to continuously improve the service it offers.

Staff FFT has now been introduced from April 2014

2. What is FFT?

All patients/service users are asked the question below following contact with services and there are five responses.

We would like you to think about your recent experience of our service.

How likely are you to recommend our service to friends and family if they needed similar care or treatment?

Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Can you tell us why you gave that response?

There are two key targets within the process:

- The response to the survey questions - called the '*net promoter*' score and a score of over 50 is classed as excellent. See below for scoring calculation*

- The response rate represented as a percentage - 2013/14 target was 20% (combined A & E & IP)

*The score is calculated as follows: The proportion of responses that are *promoters* ("extremely likely") and the proportion that are *detractors* ("neither likely nor unlikely", "unlikely" or "extremely unlikely") are calculated. The proportion of *detractors* is then subtracted from the proportion of *promoters* to give an overall '*net promoter*' score as a number, not %.

Guidance is now available for all services, with specific guidance for General Practice (summarised below).

2.1 Staff FFT

A flexible approach to data collection will be adopted and data is to be submitted for Q1, Q2 and Q4. There is no requirement for Q3 since the annual NHS staff survey is undertaken.

A proportion of staff should have the opportunity to respond in each of the three quarters, with all staff having the opportunity once per year. There are two questions and there should be at least two free text follow-up questions (one after each fixed-response question). Organisations can choose to implement this confidentially or anonymously and are encouraged to also collect equality and diversity data. The questions are:

- 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?"

3. Performance Monitoring and Benchmarking

3.1 CQUIN 2014/15

Patient and Staff FFT are both within the national standard contract CQUIN scheme, with requirements to deliver key milestones and national targets by the end of the year. This is monitored via the contract quality review groups and updates on performance are reported monthly to Governing Body.

3.2 CCG Quality Premium

The CCG has national targets to meet via the 'Quality Premium'. We receive a payment for delivering targets, based on a payment of £5 per head of population.

This year there is a target relating to FFT – Domain 4 - which attract 15% of the total Quality Premium scheme (£400K). A plan has been agreed with Sheffield Teaching Hospital FT, which includes action taken as a result of feedback, and targets for reducing negative responses and increasing net promoter scores.

4. Guidance and Future Requirements

4.1 Updated Guidance July 2014

In July 2014 NHS England (NHSE) updated guidance for FFT and the implementation of the remainder of NHS funded non-acute services. This guidance covers all existing services participating in FFT. The rollout timetable is as follows:

From 1 December 2014

- NHS General Practice – see below for more detail.

From January 2015

- **Mental Health** (Primary care, secondary care community services, acute services, specialist services, secure and forensic services, child and adolescent services)
- **Community Healthcare** (inpatient services, nursing services, rehabilitation and therapy services, specialist services, children and family services, GP out-of-hours).

From April 2015

- Acute day case, walk in centres, minor injuries units and outpatients.
- NHS Dentistry services
- Ambulance and patient transport services
- Children services (This can include parenteral feedback) - Neonatal care, children's care, young people's care, families and carers.

4.2 Changes to Existing Implementers

- From December 2014 for GP's and April 2015 for all current implementers of FFT only the number of responses for each category (e.g. Extremely likely; Likely etc.) and the number of responses for each collecting method (electronic, paper etc.) will be collected but there will be no calculation of the net promoter score. The scoring is under review during 2014.
- A free text question is required however this will be not submitted nationally only locally.

5.0 General practice Guidance

This guidance is published separately since it is connected to changes to the GP contract.

- From Jan 2015 - Response but not the eligible population will need to be submitted monthly via Unify.
- Third party suppliers can be used and GP's may choose their own methodology but the 'token' system must not be used.

- The guidance suggests patients be offered the opportunity to provide feedback. The public can be asked to complete the FFT after a consultation has taken place or even if a nurse or doctor is not seen.
- The standard question and response must be used with one free text follow up question. Equality questions will be optional.
- Results will be published by NHSE monthly. There will be no response targets or benchmarking.

6. NHSE Review of FFT - July 2014

6.1 The NHSE has undertaken a review of the FFT implementation and publication process within inpatient and A&E settings. The review recommends the use of the FFT as a useful new tool in hospital, instrumental in introducing a new culture in which patient feedback is more swiftly listened to and acted upon.

6.2 There are three main concerns identified:

- The word 'recommendation' is frequently misunderstood or misinterpreted by respondents in that care may not be the result of an active choice.
- The way it is administered - there are several factors that skew the data, notably collection methods and patient demographic profiles.
- The use of the data - for example, the dislike of the score by both patients and professionals and issues of data reliability in cases where scores have been reported based on single responses.

6.3 The review repositions NHSE's view of FFT away from its use for comparative performance monitoring and performance related payments, towards its use as a tool for service improvement and a continual measure of performance. As such there is a new emphasis on the value of free text patient responses and patient centred care. Key measures suggested for improvement are:

- To improve the FFT's data quality, usage and confidentiality - mandatory collection of follow-up comments, guidance on best practice implementation and the suppression of overall results where there are less than five respondents.
- To review the current Net Promoter score (NPS) and determine alternative metrics. The review does not recommend changing the question or response scale at present but acknowledge the public's lack of understanding concerning the framing of the question.
- For NHSE to develop an insight strategy, covering the full set of patient experience feedback methods and tools, that in aggregate responds to the need for feedback but that does not rely too heavily on any one method or test.

7. FFT performance in Sheffield

7.1 Sheffield Teaching Hospitals A&E, Inpatients and maternity.

A&E 2013/14: as with SYB and England, the rate improved over the year. STH average response rate (10.06%) was slightly better than SYB but not as good as England (12.97%). Whilst the average A&E NPS was 61.73 and better than SYB (58.55) and England (54.78), it fell notably over the year as the response rates rose.

A&E 2014/2015: Q1 - the response rate continued to climb and the score fell during Q1. The response rate for June was 24.94% and the score below was 50 (48).

Inpatients 2013/2014: the response rates improved steadily over the year. The average response rate of 26.72% was on par with SYB (26.00%) but not as good as England (29.16%). As with SYB and England, the NPS remained consistently high over the year. The average score for STH (75.66) was similar to SYB (76.10) and better than England (72.24).

Inpatients 2014/2015: Q1 - the response rates remain constant whilst the score fell marginally but both remain consistently high. The response rate for June was 36.66% and the score 76.

Maternity 2013-2014. The average combined response rate (7.57%) was notably lower than England (17.05%) and SYB (18.22%). The average combined score (68.81) was marginally lower than England (70.13) and SYB (71.70).

Maternity 2014-2015. Q1 - Both the combined response rate and score increased at the end of the first quarter. The combined response rate for June was 40.11% and the combined score 73. This was due to a wider scope of data collection methods.

7.2 Staff FFT 2014/14 Q1

All providers have commenced implementation and this is being monitored via the CQUIN Scheme.

8. Recommendation

Governing Body is asked to note the update and performance regarding FFT.

Paper Prepared by Guy Wood – Quality Manager and Jane Harriman – Deputy Chief Nurse

On behalf of Kevin Clifford Chief Nurse

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