

**Briefing Paper for City of York Council**

**Health Overview and Scrutiny Committee**

**27<sup>th</sup> November 2013**

**The NHS Friends and Family Test**  
**Maternity Services**

## **The NHS Friends and Family Test - Maternity Services**

### **1.0 Purpose**

- 1.1 This briefing paper has been co-produced by the Partnership Commissioning Unit, on behalf of the four North Yorkshire Clinical Commissioning Groups (CCGs), and Heads of Midwifery/Patient Engagement Leads from commissioned providers of local maternity services.
- 1.2 The purpose of the briefing paper is to provide a mid-cycle briefing to the Overview and Scrutiny Committee (OSC) so that the committee:
- Understand how the national NHS Friends and Family Test will be implemented in maternity services.
  - Understand how local maternity service providers are planning to engage with service users.
  - Understand how the committee can access results of FFT and link into local forums to seek assurances that health providers are seeking user engagement and participation.

### **2.0 Background**

- 2.1 The Friends and Family Test (FFT) aims to provide a simple, headline metric which, when combined with follow-up questions, can be used across the maternity pathway to drive a culture change of continuous recognition of good practice and potential improvements in the quality of the care received by NHS patients and service users.
- 2.2 The implementation of the FFT across all NHS services is an integral part of NHS England's Business Plan, and is designed to help service users, commissioners and practitioners.
- 2.3 Implementation of the national FFT for acute in-patients and patients discharged from A&E became mandatory on 1st April

2013. Implementation across maternity services builds on this initial roll-out and full national implementation commenced 1st October 2013.

- 2.4 To support this, from 1st October 2013, Standard NHS Contracts will include a requirement that this work be delivered by providers of all NHS-funded maternity services.

### **3.0 Maternity Services Survey Methodology**

- 3.1 Women across all four stages of the maternity pathway will be surveyed (antenatal, labour ward/birthing unit/homebirth, postnatal ward and postnatal community). There is an expectation of a 15% overall response rate for the provider.

- 3.2 There is no single survey methodology required and the decision regarding this is taken locally. Options for maximising the response rate include: online feedback; SMS/text message; smart phone apps; tablet devices; voting booth kiosks; telephone interviews; paper based questionnaires; postcard solutions, to be either completed on site or mailed back to the provider.

- 3.3 Each woman will be asked up to four FFT questions at key stages of the maternity pathway:

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

The answer scale below must be used:

- Extremely likely
- Likely
- Neither likely nor unlikely

- Unlikely
- Extremely unlikely
- Don't know

3.4 Providers must ask at least one free text supplementary follow-up question at the same time as the FFT questions described above, in order to seek more detail that can help recognise excellence and drive improvements. The number of follow-up questions can be determined locally, although a simple enquiry as to 'What is the main reason for the answer you have chosen?' is recommended. In addition, providers could also offer the opportunity of a follow-up conversation, to take place separately at a later date, to specifically follow-up comments in more detail. This would require women agreeing to give up their anonymity.

3.5 All women should be included and encouraged to respond. All Trusts should be mindful of their responsibilities under the Public Sector Equality Duty in the Equalities Act 2010. There are also obligations under the NHS Constitution to ensure that the approaches chosen by the Trust meet the duty to promote equality through the services the Trust provides, and to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people when carrying out their activities.

3.6 Trusts are expected that the overall approach to survey methodology will help to ensure that feedback is representative from all service user groups for example for women whose first language isn't English, options to answer in their own language.

3.7 Each midwifery service will receive a score for antenatal services, birth, post natal ward and post natal community provision.

#### **4.0 Local Approaches to Friends and Family Test Methodology**

##### South Tees NHS Foundation Trust Maternity Services

4.1 Within, Friarage Hospital, Northallerton, the service is engaging with women and asking the FFT questions at the following touch points:-

- Issuing women with a business card at 36 weeks gestation directing the women to a website to submit their feedback regarding their antenatal care.
- Issuing women with a business card at post delivery – home confinement directing the women to a website to submit their feedback.
- A double sided post delivery audit tool regarding their labour and immediate postnatal care. The tool shall be completed prior to discharge and placed in a sealed box as they leave the ward.
- Issuing women with a business card prior to discharge from community post natal care - directing the women to a website to submit their feedback.

4.2 The business card directs women to the ‘I Want Great Care’ website which can be accessed at <https://www.iwantgreatcare.org/>. The survey commenced prior to the implementation date of 1<sup>st</sup> October 2013 to identify any difficulties prior to the national launch.

4.3 Friarage midwives are keen to engage with the FFT initiative and see this as enhancing other user engagement and participation systems already in place, for example the active FAB forum that carry out patient experience activity. As this group regularly produce reports and participate in sharing their feedback, the FFT feedback will be incorporated into this process. This involves regular presentations to staff, and “You said, We did” boards. Information will also feed into the Trust quarterly patient experience report which is shared with the Trust Integrated Governance Committee as well as local Clinical Commissioning Groups.

#### Harrogate and District NHS Foundation Trust

4.4 The survey methodology has also been piloted in Harrogate hospital during September. Data is being collected from all the specified touch points.

Touch points one to three are collected via paper surveys. Approaches are being taken to ensure that data collection is compliant and reaches as many women as possible.

- 4.5 An innovative partnership approach to touch point 4 is being explored with local children's centres, whereby a SMS text message will be sent to women. It is hoped that this will reduce any bias and women will feel more able to provide a true reflection on the post natal care they received.
- 4.6 Any qualitative data collected will be reviewed and if required further investigation will be undertaken.

#### York Teaching Hospitals NHS Foundation Trust

- 4.7 Scarborough and York maternity service have been piloting the FFT over the last month to identify any difficulties prior to national launch. A Trust Working Group has been exploring best approaches to collecting the data. The Trust is aiming for a 20% response rate.
- 4.8 The Trust has opted to utilise the Picker Institute (<http://www.pickereurope.org/fftsolution/>) to support the survey methodology. This solution uses postcards with QR (Quick Response) codes and an online option to gather feedback from patients. Due to the short timing between touch points two and three, it has been decided to combine these survey requests into a single postcard. Additional qualitative data will be collected via a supplementary question "is there anything we could change that would improve your experience?"
- 4.9 Feedback for September 2013 yielded a response rate of 39.55% (613 responses). 81% of women said they were 'extremely likely' to recommend the service to their friends and family and 17% 'Likely.' The comments were very good overall, however there is a theme around postnatal care on the York Hospital site which the trust is discussing and will develop an action plan. A 'you said, we did' board is to be developed with the Supervisors of Midwives to feedback to service users any actions taken.

4.10 The Trust is engaging with their Maternity Services Liaison Committee and will provide regular survey feedback to the committee.

## **5.0 Publication requirements**

5.1 The results of the test will be made available to the public via the NHS Choices website from February 2014. The raw data will be available on the central government website at [www.gov.uk](http://www.gov.uk). The FFT results will be also be published locally and will be subject to scrutiny by a number of local groups for example Clinical Commissioning Groups, Maternity Services Liaison Committees and Overview and Health Scrutiny Committees.

## **6.0 Conclusion - Benefits of the Friends and Family Test within Maternity Services**

6.1 The FFT is a tool for insight into good service and is also used to support improvement. It is a quick, consistent, standardised metric that will provide organisations, employees and the public with a simple, easily understandable headline indication, based on near real-time feedback.

6.2 It will mean that staff from maternity community teams to wards and boards will have access to up-to-date feedback from women on their experience of maternity services and thus will be informed and empowered to take immediate action to tackle areas of poor quality patient experience and build upon success.

6.3 Women (both mothers and mothers to be) will be able to compare the quality of experience that their nearest provider offers against other services; they can thus engage the local provider to improve services or recognise success or they may decide to choose an alternative provider.

- 6.4 Commissioners will have an up-to-date and comparable measure to use to benchmark providers, drive improvements and use in contract discussions.
- 6.5 The headline nature of the test will, alongside other intelligence, enable organisations such as Health Watch and health and wellbeing boards to be informed about local quality.

## **7.0 Recommendations**

- 7.1 The committee is asked to note the content of the report and consider approaches as to how FFT feedback may helpfully supplement other local intelligence regarding the quality of maternity services.
- 7.2 Partnership Commissioning Unit, the Lead Cabinet Member for Children and Young People and the Chair of the Overview and Scrutiny Committee to strengthen existing relationships to ensure there are clear communication pathways to support stakeholder engagement, and facilitate scrutiny and challenge to services commissioned for children, young people and their families.

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**11.11.13**