

A photograph of four healthcare professionals (three women and one man) standing in a hospital hallway. They are all wearing blue scrubs and smiling. The image is overlaid with a semi-transparent blue circle on the right side. The text 'Health Call' is in the top left, and the NHS logo is in the top right. The main title 'Case Study: Digitising the Friends and Family Test' is in the center, and the subtitle 'North Tees and Hartlepool NHS Foundation Trust' is at the bottom.

Health *Call*



Case Study: Digitising the Friends and Family Test

North Tees and Hartlepool NHS Foundation Trust

Case Study: Digitising the Friends and Family Test in North Tees

Background

Health Call is owned by North Tees and Hartlepool NHS Foundation Trust, along with six other trusts, and like all NHS organisations, gathers feedback from patients following treatment. The Friends and Family Test (FFT) is nationally mandated by NHS England, and provides a vital service ensuring that patients have a feedback mechanism about the treatment they receive.

It asks patients if they would recommend the service and offers a range of responses. Gathering this feedback is important as it helps identify what is working well and what could be improved.

Typically, NHS services offer this as a paper-based questionnaire. Patients will be handed a questionnaire which they can complete and hand in. The questionnaires are then gathered, all the data recorded and input by staff and reported on to NHS England and made available within organisations every month.

The need to transform the paper process

North Tees and Hartlepool NHS Foundation Trust provides hospital and community services to its local population of 400K across Hartlepool, Stockton-on-Tees and parts of County Durham.



Some departments had higher response rates than others. The ones with higher responses tended to be where staff proactively encouraged patients to complete the form.

One of the limitations of the paper process, is that once the patient has left, there is no further opportunity for the trust to gather feedback.

The Patient Experience Team at the trust wanted to explore how they could improve the data collection and reporting process. The team had to oversee a labour-intensive process, collecting all the forms, inputting the data, and reporting this back to the trust information systems and to NHS England.

Case Study: Digitising the Friends and Family Test in North Tees

The objective of the project was to encourage a higher response rate, but also reduce the burden on the Patient Experience Team of collecting the data.

Deployment of the electronic survey

The trust adopted a big bang approach, implementing the digital solution across all appropriate departments in both its hospital and community services.

Keith Wheldon, Safety and Quality Performance Manager at the trust, said: "We wanted to have an impact across the organisation, we did initially consider testing in a few services first but decided to opt for a big bang."

How it works

Using the trust's Electronic Patient Record (EPR) system, TrakCare, patients who have used a service are sent a text message asking them to complete the questionnaire. In the message there is a link to the form, which they can complete on their device.

If the patient doesn't respond, it will send up to two reminders over a

14-day cycle. The first message is issued a day after their interaction, giving them time to reflect on their experience.

When patients receive the form, it gives them a drop-down selection to identify which department they attended, which helps improve the quality of the data. On the paper form, the patient must identify the department.

Safeguards

Paul Savage, Project Manager in Digital Programmes at the trust said: "We use the patient lists provided from the EPR. There are some departments and particular groups of patients who we don't want to contact after treatment for safeguarding reasons. It is a filtered selection of patients who receive the text message. The filtering process also addresses patients who might be attending the trust regularly, so that we don't bombard those people."



Paul Savage

Case Study: Digitising the Friends and Family Test in North Tees

“The patient has to give permission for the trust to send text messages. This is recorded in the EPR and staff know they need to make sure this box is ticked when patients come in for treatment. We also need to have the patient’s mobile number recorded on the EPR too.”

The filtering selection at the trust is sophisticated and excludes patients who come in and out regularly, or if they have multiple mobile numbers. All these measures mean that the process is safe, and they have mitigated against any distress caused by receiving the message.

In-house development

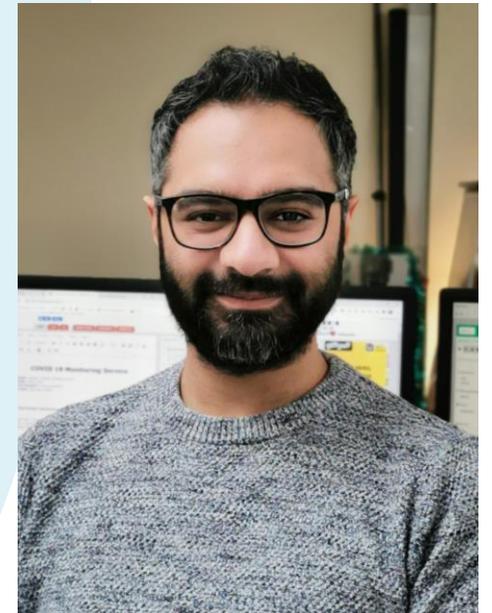
The trust has in-house technical expertise, so they used the platform toolkit provided by Inhealthcare to develop the service themselves. Inhealthcare provides the technical infrastructure which Health Call's products sit on. Many Health Call customers choose to use this method to develop their own pathway when they have the resource in-house to this.

Nav Amanat, Clinical Applications Analyst at the trust said: “It was our first in-house developed Health Call project but once I’d done the training with Inhealthcare it was really easy to use. Plus, we had good support from the Inhealthcare team and could use their online forum so we could benefit from the knowledge of other developers too.”

Developing the forms in-house also meant when the questions were changed nationally, the trust could quickly respond and update the tool. They can also respond quickly if department names change or they need to make further modifications to the tool.

The results

The trust now receives on average around 1500 responses every month. In A&E, outpatients and community services, the response rate has improved although some in-patient areas have reduced following implementation.



Nav Amanat

Case Study: Digitising the Friends and Family Test in North Tees

Keith Wheldon explains: "We are exploring the reasons around this. We found that in-patient services previously had the best response rate on paper and this trend reversed when we introduced the digital option. Whereas areas like A&E, outpatients and community services which had low rates before significantly increased.

"What is clear to us is that there's a place for both the paper and the electronic forms. It really depends on what the patients have been in for. We found that in maternity for instance, if the midwives give the form to mothers on discharge, we get a better response than 24 hours later when they are home. So, it's really about looking at what the data is telling us and providing the service the best way we can for our patients."

In terms of the quality of the responses received, the trust found that these changed when they moved to the electronic data capture.

On the paper forms received before the project, around 20-30 per cent of them had comments. On the digital form, this has risen to over 80 per cent.

Keith continues: "An unexpected benefit was that more patients filled out the comments box providing us with a richer source of feedback which we didn't get as often on the paper forms.

"The patient experience team was also able to redeploy a member of staff who used to collate the data, so it did reduce the administrative burden on the team too."

The reporting of the electronic data is also fed into the trusts Business Intelligence function on a weekly basis which isn't possible with the paper forms. This is shared every week with ward managers, directorate managers and senior leaders. The report summarises the quantitative data about the number of responses received, and a word cloud of the text comments. This provides the trust with at-a-glance data on their patient experience performance and means any areas for improvement can be quickly addressed.

From the trust's perspective, the project has been hugely beneficial, as although response rates have been variable, the quality of the data being returned is much higher than before.



Case Study: Digitising the Friends and Family Test in North Tees

Friends and Family
We are asking patients who have used any of our A&E, inpatient, outpatient or community services whether or not they would recommend the hospital to their friends and family.

Which site did you attend?

Telephone appointment? Tick if this was a telephone appointment

Date of appointment or date of discharge

Thinking about your recent visit to North Tees and Hartlepool NHS Foundation trust and the service we provide, overall how was your experience of the service?

Very Good
 Good
 Neither Good nor Poor
 Poor
 Very Poor
 Don't know

Please can you tell us why you gave your answer and provide anything that we could have done better. (optional)

By giving us detailed feedback, your comments and suggestions help us to improve our service.

What is your sex? (optional) Male
 Female
 Prefer not to say

How old are you? (optional) 0-15
 16-24
 25-34

Friends and Family
We are asking patients who have used any of our A&E, urgent care, inpatient, outpatient or community services how their experience was.

Which site did you attend?

Community Clinic
 Hartlepool
 North Tees
 Peterlee Hospital
 Other

Date of appointment or date of discharge

Thinking about your recent visit to North Tees and Hartlepool NHS Foundation trust and the service we provide, overall how was your experience of the service?

Very Good
 Good
 Neither Good nor Poor
 Poor
 Very Poor

Yes, limited a little
 No
 Prefer not to say

Have you had any interaction with volunteer(s)? (optional)

Yes
 No

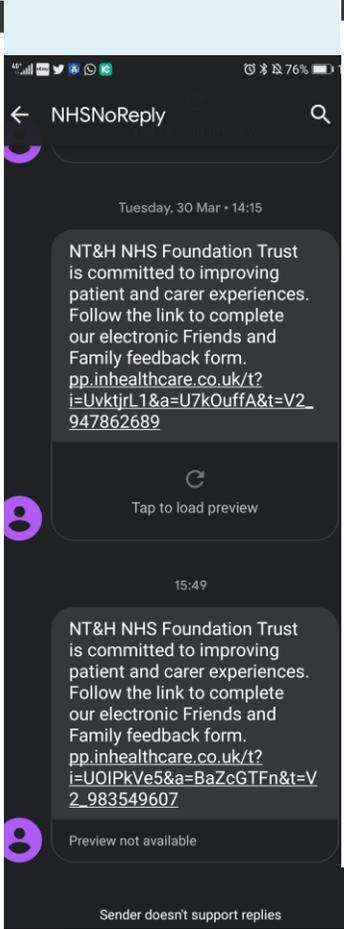
After checking for and removing any personally identifiable information, we sometimes publish comments in written reports and/or online. Please tick here if you **DO NOT** want your comments to be made public (optional)

I do NOT want my comments to be made public

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Privacy Policy

Click here to confirm you have read, understood and agree to the terms outlined in the Data Protection Guidelines



Health Call
North Tees NHS Foundation Trust

Patient name
AMANAT, Naveed (Mr)

Date of birth

NHS number

About task
Friends and Family Questionnaire

Friends and Family

We are asking patients who have used any of our A&E, urgent care, inpatient, outpatient or community services how their experience was.

Which site did you attend?

Community Clinic
 Hartlepool
 North Tees
 Peterlee Hospital
 Other

Date of appointment or date of discharge

Submit

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The trust has received over 12,000 questionnaires in the period from April 20 to February 2021, now averaging around 1500 responses per month. Of these 77% had patient experience actions.

With differences in response between different departments – it's clear that giving patients the option of both services is the way forward.

Total Responses	Month												
FFT Response	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Total
Very Good	644	753	978	1,172	1,102	1,179	1,011	1,075	878	473	200	0	9,465
Good	90	142	171	271	190	237	191	187	155	76	32	0	1,742
Neither Good nor Poor	25	24	42	49	60	48	50	52	37	14	6	0	407
Poor	7	14	18	27	25	35	29	16	24	4	2	0	201
Very Poor	14	22	39	39	36	36	41	29	28	8	10	0	302
Don't know	6	1	9	10	2	13	3	9	5	1	0	0	59
Total	786	956	1,257	1,568	1,415	1,548	1,325	1,368	1,127	576	250	0	12,176

Addressing the digital divide

The trust has no plans to completely remove the paper forms as it recognises that not everyone has access to digital devices, so they will continue to offer these so that all patients can provide their feedback. It also means that patients who have not given permission to be contacted by text message, have an opportunity to submit their feedback.

Top tips



“There’s a lot of work around working out the filtration process which needs to be done in collaboration across the trust. We had to get it right so that we didn't cause any distress.”

Keith Wheldon



“Get the IG team involved early in the process.”

Paul Savage

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