



Report of: **Executive Member for Health and Wellbeing**

Meeting of	Date	Ward(s)
Executive	26 November 2015	All

Delete as appropriate	Exempt	Non-exempt

## **SUBJECT: Patient Feedback – Executive Member’s response to the Health and Care Scrutiny Committee’s Recommendations**

### **1. Synopsis**

1.1 On 1<sup>st</sup> September 2015, the Executive received the report and recommendations of the Health and Social Care Scrutiny Committee in relation to patient feedback mechanisms. The Committee’s ‘short-life’ review ran from January 2015 until May 2015 and evidence was received from a variety of sources including Islington Clinical Commissioning Group (CCG), Islington Healthwatch, patients and NHS England. The Scrutiny Committee’s recommendations were directed towards a number of local organisations, including local NHS provider trusts and GPs, Islington Clinical Commissioning Group and the Council itself. This report provides a summary of the response of, and actions being taken by those various organisations in relation to the Scrutiny Committee’s recommendations.

### **2. Recommendations**

2.1 To note the actions being taken forward to address the recommendations of the Health Scrutiny Committee in relation to patient feedback.

### **3. Background**

3.1 In January 2015 the Health and Care Scrutiny Committee commenced a scrutiny review into patient feedback mechanisms. The aim of the review was to understand the range and effectiveness of local arrangements for obtaining and acting on patient feedback to improve local primary, community, acute and mental health services.

3.2 The Committee’s final report included recommendations directed to a number of organisations and partners across the local health and care system, as well as for Islington Council. The relevant

organisations were forwarded the Committee's report and recommendations, and were invited to respond. Responses were received from:

- Camden and Islington NHS Foundation Trust;
- Moorfields Eye Hospital NHS Foundation Trust;
- University College London Hospitals NHS Foundation Trust;
- Whittington Health NHS Trust
- Islington Clinical Commissioning Group
- Healthwatch Islington
- Islington Local Medical Committee

The full responses from each organisation are available to view at appendix A. It should be noted that Islington LMC were unable to gather responses from all Islington GP Practices to the Committee's recommendations, but have made an offer of undertaking further work with the Scrutiny Committee to help obtain any additional information if required.

- 3.4 Responses to each of the Committee's recommendations are set out below in section 4. Whilst the recommendations are predominantly directed towards NHS partners, the Executive welcomes the report and its recommendation's and will work actively with partners to support implementation.

## 4.0 Response to the recommendations

### 4.1 ***Recommendation 1: That all providers of medical services, including mental health trusts, should implement the Friends and Family Test (FFT) as required by Government***

All Islington NHS Provider Trusts<sup>1</sup> and Islington GP Practices have implemented the FFT and are meeting the core requirements as per NHS England guidance. The LMC also confirmed that it regularly remind GP practices of the requirements of the Friends and Families Test, including associated reporting deadlines.

### 4.2 ***Recommendation 2: That all FFTs should include an 'open' supplementary question which invites comment***

All Islington NHS Provider Trusts currently include a supplementary 'open' question allowing patients to expand on their response to the closed questions.

### 4.3 ***Recommendation 3: That all providers should actively promote and encourage patients to complete the FFT, both with posters and face to face***

All Islington NHS Provider Trusts use a variety of methods to promote completion of the FFT, including:- the active promotion of the test and encouraging patients to complete it by staff, former service users and volunteers; the use of FFT cards and posters; via Trust websites; through cartoons in children's services; and the display of results on public notice boards and displays.

Trusts reported a range of activities and interventions being taken forward to increase promotion of the FFT and encourage completion in the future including:- the display of real-time data on screens in waiting rooms; the use of QR code technology to allow service users to easily access the FFT on their smartphones in waiting rooms; and implementation of a patient feedback IT solution that will gather FFT results across the Trust and provide individual services and members of staff with producing

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<sup>1</sup> Camden and Islington NHS Foundation Trust; Moorfields Eye Hospital NHS Foundation Trust; University College London Hospitals NHS Foundation Trust; Whittington Health NHS Trust

tailored reports specific to their service area, enabling services to develop a better response to the feedback received.

4.4 ***Recommendation 4: That all providers should display monthly statistical results of the FFT and a brief description of how any other comments or suggestions have been addressed***

All Islington NHS Provider Trusts currently display statistical results of the FFTs and have 'you said, we did' boards on display at various trust locations/sites. Trusts are considering rolling this out to more sites in the near future.

Trusts also display results of the FFT on their websites, updating results on a regular basis. Some Trusts are planning to make improvements in the near future with regard to how results are displayed online and how they can improve what information is displayed and where.

4.5 ***Recommendation 5: That Islington CCG should actively encourage and support providers in promoting and publicising results, and also in monitoring results and reporting them back to the Health and Care Scrutiny Committee***

Islington Clinical Commissioning Group (Islington CCG) works with providers to ensure that they utilise the Friends and Family Test (FFT) within services. Providers' FFT results are shared with Islington CCG, to enable the CCG to fulfil its oversight and assurance functions in terms of the quality and safety of commissioned provider services.

NHS provider trusts and General Practices have been required to publish response rates to the FFT and the proportion of positive responses from the FFT survey on a phased basis since April 2013. The results of the FFT are published at monthly intervals on both NHS England and NHS Choices websites.

They are also published on individual Trusts external websites, detail as per below:-

Whittington Health <https://www.whittington.nhs.uk/default.asp?c=11885>

University College London Hospital:

<https://www.uclh.nhs.uk/News/Pages/HowfriendsandfamilyrateUCLH.aspx>

Moorfields Eye Hospital: <http://www.moorfields.nhs.uk/content/friends-and-family-test>

As part of its contract monitoring arrangements and in discharging its duties in relation to overseeing and assuring the quality and safety of local health services, the CCG regularly discusses and triangulates FFT results received from providers with a range of data from other sources, and seeks assurance that providers are taking appropriate actions to respond and make necessary improvements.

The CCG have offered to provide a summary of Islington providers' published FFT data to the Health and Care Scrutiny Committee as required.

4.6 ***Recommendation 6: That providers should offer a number of methods of collecting results of the test, including a verbal response, written forms, hand held devices and internet. Websites should display a link to the feedback form prominently on the homepage and providers should ensure a fully inclusive response to the tests from all sectors of the community.***

The main methods used by Islington providers include: online systems /web-based forms; hand held electronic devices e.g. iPads, and paper/card versions. The Trusts also all make reasonable adjustments for patients who are unable to complete the FFT via these methods/channels. For

instance, paper versions are used by some Trusts for older people with dementia who have difficulty using iPads. Large-print, easy read and braille versions of the FFT are made available for people with visual impairments and people with learning disabilities. Help is also provided by staff to collect information verbally. Most Trusts made translated versions of their FFT available or have plans to implement translated versions in the near future.

All Trusts have a link to their FFT on their website homepage, with the exception of one trust where it can be accessed from a drop-down menu on their homepage. The Trust will address this as part of a web redesign project to ensure a link to the FFT is visible on its homepage.

Where patients choose not to, or cannot complete the inpatient FFT, staff at the local provider trusts are asked to capture the reasons behind patient non-completion, in order to help the Trusts understand which patient groups are less likely to engage with this feedback mechanism, find ways to overcome any barriers, as well as finding other ways of asking for feedback.

Some of the different methods described above are designed to ensure FFT responses are collected from a wide range of patient groups and communities (such as providing the test in alternative community languages, easy read formats, using former service users to help overcome the barriers associated with collecting information from mental health service users, and providing child friendly versions of the FFT).

With the exception of Whittington Health, all Trusts collect the four demographic characteristics of age, gender, ethnicity and disability. Analysis of FFT responses by these demographic characteristics enables trusts to understand differences in response rates, as well as in the feedback received from different patient groups, and to implement more tailored improvements in response to the feedback received.

Whittington Health currently collects information on age, ethnicity and gender for all FFT responses, but a question regarding disability is currently only collected on some FFT questionnaires. The trust is working with its patient feedback provider to ensure disability is included on every questionnaire by the end of October 2015.

#### **4.7 Recommendation 7: That the CCG work with the Council to develop a similar feedback model for public health services**

Currently there is no one single patient feedback process or set of questions that are used as a standard feedback test, similar to the NHS Friends and Family Test, across Public Health commissioned services.

Currently Public Health hold a mixture of contracts for services with a range of NHS and non-NHS providers, including those that were transferred from the NHS, and remain on NHS contracts and those that are on Council Contract terms and conditions. There are a variety of different service user satisfaction requirements outlined in the service specifications for Public Health Contracts.

All current contracts have a requirement for each of the services to conduct at least once per year, or on discharge from the service, a service user satisfaction questionnaire. The nature and content of questionnaires vary by provider, who then use the information fed back to improve their services. Contracts do require results from these satisfaction questionnaires to be reported back to commissioners in Public Health. Complaints and compliments are also required to be fed back to Public Health commissioners as part of a commissioned provider's annual or quarterly returns.

Sexual health services do use a similar model to the Friends and Family Test, slightly re-worded, and known as a “net promoter score” – i.e. whether one would recommend the service to a friend or would not recommend it, with a measure of strength of response (e.g. agree, strongly agree, slightly disagree, etc).

Other services that Public Health commission from NHS Trusts, including some substance misuse services, do use the Friends and Family Test as part of its trust-wide use.

Public Health has established a Clinical Governance group, chaired by an Assistant Director of Public Health, in order to strengthen arrangements for overseeing and assuring clinical governance within its commissioned services. The remit of this group includes reviewing the department’s collection and use of service user satisfaction survey feedback, as well as compliments and complaints about commissioned services, including developing a more standardised approach to patient feedback across the diverse set of services it commissions.

The option of using the standardised questions contained in the FFT in use across other NHS services is being considered. The close working relationships between Islington CCG and Public Health will help to facilitate this development.

#### **4.8 Other comments received**

Healthwatch Islington also responded to the recommendations of the Scrutiny Committee, welcoming the Committee’s focus on this issue and its recommendations. Healthwatch Islington noted key aspects of good practice in eliciting and using patient feedback, which were picked up in the Committee’s report, namely that:-

- processes should take into consideration people’s different communications needs;
- that there should be clarity that feedback is welcomed and treated as confidential, so that patients are clear that it will not affect their treatment adversely;
- and that services should report back to patients/ users/ the public (through posters websites face-to-face) on what has happened as a result of their feedback (i.e. make it worth our while completing the test).

#### **4.9 Responses to the report of the Health and Care Scrutiny Committee on Patient Feedback were received from:**

- Camden and Islington NHS Foundation Trust;
- Moorfields Eye Hospital NHS Foundation Trust;
- University College London Hospitals NHS Foundation Trust;
- Whittington Health NHS Trust
- Islington Clinical Commissioning Group
- Islington Local Medical Committee

Full responses are available on request.

## **5. Implications**

### **5.1. Financial implications**

Any plans or strategies derived or agreed in relation to this report or recommendations within this report should use existing available resources and therefore not create a budget pressure for the Council and/or CCG.

## 5.2. Legal Implications

The Health and Social Care Act 2012 (“the 2012 Act” ) provides the legal framework for the councils duties in respect of public health functions.

Section 12 of the 2012 Act inserted a new section 2B into the National Health Services (NHS) Act 2006, (“the 2006 Act” which imposes a duty on each local authority to take such steps as it considers necessary to improve the health of people in its area. In addition the 2012 Act places a duty on local authorities to reduce health inequalities in its area Section 2B(3) of the 2006 Act, provides that such steps include providing services for the prevention, diagnosis or treatment of illness.

Section 26 of the 2012 Act inserted section 14R into the 2006 Act which imposes a duty on CCG’s to exercise their functions with a view to securing continuous improvements in the quality of services provided to individuals as part of the health service”.

## 5.3. Residents Impact Assessment

The recommendations in this report will be delivered by health partner organisations who are subject to the Equality Act 2010. Public sector organisations must, in the exercise of their functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). They also have a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons’ disabilities, encourage people to participate in public life and have due regard to the need to tackle prejudice and promote understanding.

## 5.4 Environmental Implications

The proposals in this report have a minor environmental impact, namely the printing of materials relating to the FFT, including posters, cards etc. However, encouraging the electronic completion of the FFT (e.g. by using QR codes to encourage smartphone access and prominent links on websites) will reduce the need to use paper-based systems.

## 6. Conclusion and reasons for recommendations

- 6.1 The Executive is asked to note the responses and actions being taken forward to address the recommendations of the Health Scrutiny Committee’s review of patient feedback.

### Signed by



11 November 2015

Executive Member for Health and Wellbeing

Date

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