



# Creating a revolution in patient and customer experience

Implementation Guidance  
The Friends and Family Test

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## 1. Introduction

**In 2010 the new coalition government announced in the White Paper their intention to strengthen efforts to tackle both the problem of relatively poor clinical outcomes, and that of insufficient focus on patient experience and patient engagement. The slogan, 'no decision about me, without me' was coined in the context of Shared Decision Making and a particular emphasis was placed upon using information and choice to empower patients.**

The current NHS Reforms argue that patients should be in control of their care and involved in the decisions made, which means the NHS must be more open and accountable and must properly involve individuals throughout the patient journey. A modernised service will publish more information about the quality of its care so that patients can hold the NHS to account and clinicians can see where they need to improve.

The lessons from the Francis Review into Mid Staffordshire NHS Foundation Trust underlined the vital link between Patient and Public Engagement and Quality and the risks when the two are not linked.

As part of the NHS Reforms, SHA Clusters were established in October 2011 as transition bodies. NHS Midlands and East consulted on its 'Ambition for Transition and Organisation Design'. A defining feature of this consultation was the intention to place the 'Patient Revolution' at the heart of its work programme. The 'Patient Revolution' is one of the 5 Ambitions that the SHA Cluster would like to deliver over the next 18 months.

Whilst the SHA Cluster will be non-prescriptive in terms of how the 'Patient Revolution' is driven locally, NHS Midlands and East's board has endorsed the implementation of a headline metric for monitoring real time patient experience data across the NHS in our region. This will enable us to identify the leading edge, to share the best, and to track improvements. The role of the system will be to *take action* on the data that this metric will generate and also to define best practice to share across the SHA Cluster.



**Dr Stephen Dunn**  
Director of Policy & Strategy



**Ruth May**  
Nurse Director



*"Each patients experience is the final arbiter in everything the NHS does"*

(Operating Framework for the NHS in England 2012/2013)

## 2. Why the NHS needs a Friends and Family test

**The NHS provides great care to its patients. But recent reports by the Care Quality Commission and Health Service Ombudsmen, and the well documented problems at Mid Staffordshire, highlight how the NHS sometimes falls short.**



**W**e need to get the basics right. Patients need to get the food and drink they need. They need to be treated with respect. These are basic needs. But one in five hospitals are failing to deliver this. This is unacceptable. It needs to be put right.

As the Prime Minister has recently urged, putting it right will require leadership from the wards to boards. It will require freeing up time for nurses to care. And it will require patients to inspect and provide feedback on services.

But the NHS also needs to learn from other industries. In other industries failing to provide a good customer experience is the difference between success and failure.

Since 2000 the NHS has been trying to be patient centred. There has been a lot of rhetoric. There has been national patient survey after national patient survey. And there has been an explosion of tools and techniques aimed at capturing the patient experience.

The problem is that measuring patient experience has turned into a bureaucracy. There are too many questions, and surveys are too infrequent to hold people to account for poor performance.

As a consequence many NHS hospitals, and their boards and staff, fail to see the wood for the trees. Research carried out by Dr Foster, for example, highlights that although many hospital

## 2. Why the NHS needs a Friends and Family test

boards discuss the results of patient surveys, they fail to act on them 95% of the time. This needs to change.

Successful firms have moved beyond asking about satisfaction to tracking loyalty through a simple question – “would you recommend this service to a friend or family?” You probably don’t realise how often you have been asked this question. But it’s a standard question in the hotel and other industries.

It’s called the Net Promoter question. If you recommend then you are a promoter. If you wouldn’t, you are a detractor. Good firms have many more promoters than detractors, a lot more.

If you wouldn’t recommend their service to a friend or family then firms like Apple, Hilton, Marriot, American Express, E.ON, Philips, GE know they have a problem. They track different hotels, stores and outlets on a weekly basis. And they do something about poor customer service by comparing performance, drilling down, copying and showcasing the best.

This is why the NHS needs a new ‘friends and family test’. The NHS needs to routinely ask whether patients, carers and staff would recommend their hospital to their families and friends in their hour of need.

If patients, carers and staff wouldn’t recommend services then nurses, boards and wards will know they have a problem. And they can do something about it.

But the NHS needs to do more than just ask the question. Since 2008 the public in the East of England have been asked this question about hospitals and GPs. And some hospitals such as Norfolk and Norwich and University Hospitals Nottingham have also been asking this question. Others such as Hertfordshire Partnership Trust have been working with John Lewis to improve customer care.

The problem is that there is a lack of standardisation, benchmarking and accountability. The question is not reported on a weekly basis. And staff miss the opportunity to put things right.

The NHS needs to ask the same question across different hospitals in real time so that nurses, boards and wards can understand where they are failing their patients compared to the best, and where the best is. And then they can and should do something about it.

The friends and family test is the NHS equivalent of “Houston, we’ve got a problem”. In the jargon, it is a ‘tin opener’. Poor scores tell you that you have a problem, not how to solve it.

What the NHS needs is a simple test to focus boards and wards minds on acting. And this might include addressing poor staff morale, staffing levels, poor cleanliness, food returned uneaten, and other issues that might be causing the problem.

The NHS also needs to track performance weekly and publish the results alongside other measures of clinical quality. This will enable nurses on the ward to compare with other wards on the same corridor, as well as hospitals against each other. And hospitals who fail this test must be held to account.

The NHS has improved a lot over the last few years. It is no longer acceptable to wait longer than four hours in Accident and Emergency Departments or wait longer than 18 weeks for a routine operation. It is unacceptable to pick up an infection like MRSA or C Diff while in hospital.

Equally it should be unacceptable when the NHS fails to provide basic care. The new friends and family test will help provide the NHS with the real time evidence to enable it to tackle unacceptable poor quality care.

## 3. NHS Midlands and East Commissioning Guidance

### The following extract is from the 2012-13 NHS Midlands and East Commissioning Guidance, which sets out the implementation requirements for all PCTs

#### **Ambition Five - Create a revolution in patient and customer experience**

NHS Midlands and East's fifth ambition sets out its intention to deliver a "Patient Revolution". Commissioners and providers are being asked to deliver a transformation across the three Cs that define the "Patient Revolution" through:

- Driving greater *Co-production* between patients and professionals, e.g. through shared decision making and involvement in the management of long term conditions;
- Delivering greater *Community participation* between the public and the service, e.g. by involving the public in the future planning and reconfiguration and making even better use of Foundation Trust members; and
- Improving the *Customer experience* of patients and carers.

PCT Clusters are asked to identify the key prioritised actions that they are taking to deliver a patient revolution and submit a system action plan as part of their response to this document.

#### **How success will be monitored**

Whilst the SHA will be non-prescriptive about how the "Patient Revolution" is driven forward locally, a standardised monitoring framework will be developed, to ensure that boards and wards can benchmark themselves against the best and prioritise improving the patient and carer experience.

Commissioners are asked to ensure that the standardised "Net Promoter" question and methodology is asked in all existing patient surveys from 1st April 2012, i.e. "How likely is it

that you would recommend this service to friends and family? Extremely Likely? Likely? Neither likely nor unlikely? Unlikely? Not at all? Don't Know?"

From the 1st April 2012 all acute hospitals must ensure that a minimum 10% of their weekly footfall of patients are asked the "Net Promoter" question and the results reported to wards, boards, commissioners and the SHA. The SHA will publish the results on NHS Local and in our Board Reports.

Commissioners are expected to set a contractual trajectory to improve their acute provider "Net Promoter" scores by 10 points over the next year using Month 1 of Financial Year 2012-13 as the baseline for improvement. Commissioners must ensure that at a minimum 10% of their weekly footfall of acute patients are asked the "Net Promoter" question. Further guidance will be developed in January 2012 to ensure that the sample is consistent and representative through the year.

CQUINs should be used to incentivise this improvement.



## 4. Implementation Framework & Frequently Asked Questions

### Why is NHS Midlands and East asking Commissioners and Providers to implement a real time measure of patient and customer experience?

NHS Midlands and East has proposed using the simple indicator of the 'net promoter' as a proxy for the patient and customer experience. NHS Midlands and East is aiming to do this because at present the NHS has a wealth of patient experience data available to it, but it is often historic and of a complex and composite nature that is difficult to scrutinize.

The main benefits of applying the Net Promoter Score to the NHS lie in its abilities to measure simply positive word of mouth, to understand an outcome of user experience using a simple metric and to track changes in user experience over time.

And the use of a standardised Net Promoter question will enable the benchmarking of performance at organisation level across the Midlands and East Cluster.

It is also a simple question that is easy to ask and answer using a variety of methods. But it is not designed to replace existing methods for assessing and analysing the patient and customer experience. Rather it is intended to complement them by encouraging benchmarking.

### Where does the Net Promoter question come from?

The idea behind the Net Promoter question was introduced by Fred Reichheld in his 2003 *Harvard Business Review* article "The One Number You Need to Grow". The most important proposed benefits of this method derive from simplifying and communicating the objective of creating more "Promoters" and fewer "Detractors" – a concept claimed to be far simpler for employees to understand and act on than more complicated, obscure or hard-to-understand satisfaction metrics or indices.

Additional benefits of the Net Promoter method are that it can reduce the complexity of implementation and analysis frequently associated with measures of customer satisfaction, providing a stable measure of business performance that can be compared across business units and even across industries, and increasing interpretability of changes in customer satisfaction trends over time.

Companies are encouraged to follow this question with an open-ended request for elaboration, soliciting the reasons for a customer's rating of that company or product. These reasons can then be provided to front-line employees and management teams for follow-up action, i.e. it is a 'tin opener' to identify problems and issues rather than define the solution. Local office branch managers at Charles Schwab Corporation, for example, call back customers to engage them in a discussion about the feedback they provided through the NPS survey process, solve problems, and learn more so they can coach account representatives.

### How is the Net Promoter calculated?

The Net Promoter Score is obtained by asking patients a single question, "How likely is it that you would recommend this service to friends and family?" Based on their responses, customers are categorised into one of three groups: Promoters, Passives, and Detractors. The percentage of Detractors is then subtracted from the percentage of Promoters to obtain a Net Promoter score (NPS). NPS can be as low as -100 (everybody is a detractor) or as high as +100 (everybody is a promoter).

### What scoring system should we use?

In other industries a ten point scale is used; there are, however, numerous variants to this. And in the NHS some organisations have been using those patient trackers which do allow a ten point scale to be used.

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Organisations can introduce one of two methods for scoring, either using a point scale or question based format, e.g.

“How likely is it that you would recommend this service to friends and family? Extremely Likely? Likely? Neither Likely nor Unlikely? Unlikely? Not at all? Don’t Know?”.

“How likely is it that you would recommend this service to friends and family? Please rate on a scale of 0 to 10.”

The question based and ten point scale approaches will be mapped to the following scoring system:

SCORE	QUESTION SCALE	POINT SCALE
Promoters	Extremely likely	10 or 9
Passive	Likely	8 or 7
Detractors	Neither Likely nor Unlikely	0 - 6
	Unlikely	
	Not at all	
	Don’t Know	

The percentage of Detractors should be then subtracted from the percentage of Promoters to obtain a Net Promoter Score, which should be submitted to NHS Midlands and East (see below).

For example in Hospital A, 67% of patients are “Extremely Likely” to recommend their experience (Promoters), 13% are likely (Passive), and 20% rated either “Unsure”, “Neither Likely nor Unlikely”, “Not at all”, “Don’t know” (Detractors). This gives them a Net Promoter Score of 47 (67% of Promoters minus 20% Detractors).

In Hospital B, 59% of patients rate their hospitals on a scale of 1 to 10 as either 9 or 10 (Promoters), 29% rate their hospital at 7 (Passive), and 12% rated their hospital between either 1 or 6 (Detractors). This gives them a Net Promoter Score of 47 (59% of Promoters minus 12% Detractors).

### Can we implement our own variant of this question?

No. A number of organisations adapted the use of the original question within their own surveys. The main reason for the adaption has been to make it more specific to patients or service users to tell about their actual patient experience.

NHS Midlands and East, however, has asked all Commissioners and Providers to use a generic question that can be asked in any provider organisation, in any context both to users and non users of services. This is to enable organisations to benchmark themselves across the cluster and across care settings.

Commissioners across NHS Midlands and East have agreed to use the following advocacy question in all patient and staff surveys: “How likely is it that you would recommend this service to friends and family?”

### What is the definition of 10% footfall? Who should be asked the Net Promoter Question?

Many providers have raised concerns about their ability to put in place systems to ask the question in A&E and out patients. What is more the purpose of asking the question is to raise the quality of peoples experience in hospitals. So for the first year NHS Midlands and East is asking that a consistent sample of 10% of all inpatients should be conducted. Where it is possible to ask the question in other settings then commissioners and providers are encouraged to do so. For the purposes of the NHS Midlands and East return however, this should include inpatients only with a minimum sample size of 10%.

### When should the Net Promoter question be asked?

The Net Promoter Question should be asked at the end of a patients care, e.g. on the day of discharge or up to 48 hours post discharge.

4. Implementation Framework & Frequently Asked Questions



## 4. Implementation Framework & Frequently Asked Questions

Providers may also wish to ask the question at different stages of the patient journey. For the purposes of the NHS Midlands and East return however, the question should be asked of the patient within 48 hours with responses received and collated in order to meet reporting deadlines.

### Should volunteers be used to ask the question?

Volunteers, Foundation Trust members and Governors could all be involved in rolling out the Net Promoter Question system. Systems need to be put in place, however, to ensure that the data collection is valid and robust.

### Should children be asked the Net Promoter question and if so, what is the minimum age? If not, should their parents be surveyed?

The minimum age for asking the Net Promoter question is 18 years old. If a patient is under 18 or is unable to respond to the question, the guardian of the patient should be surveyed.

### Isn't the 'friends and family test' a bit limited?

The friend and family test is a single headline metric, a lead performance indicator, that needs to be supplemented by other local methods



## 4. Implementation Framework & Frequently Asked Questions

for capturing, responding to and understanding and sharing the learning in relation to patient experience.

The friends and family test cannot replace more local, granular information which provides insight into operational issues. It acts as a 'tin-opener' for deeper dives by organisations and the system. But without a real time standardised system we can't be sure that we are continuing to serve our patients to the very best of our ability.

### Can we ask other questions at the same time?

Yes, you may wish to combine asking the friends and family question with one other question (such as why did you give this rating? or what can we do to improve?) or a number of questions. This is for providers to determine.

### How frequently should we ask the question?

Commissioners and Providers *should ensure that the question is asked continuously and in real time*. However, although commissioners and providers might wish to receive a weekly report, the Net Promoter Score should be reported by Commissioners to NHS Midlands and East *monthly*. The Net Promoter Score should be reported for the relevant weeks and month and be capable of being broken down at ward and specialty level. To incentivise real time reporting it is proposed that a CQUIN bonus payment is payable to organisations who can report to their Commissioners their weekly score for the previous week.

### Why are you asking Commissioners to ensure only hospitals implement real time systems?

We are starting with the acute sector first, because systems in primary and community care are less well developed. Acute hospitals, however,

should already be collecting real time feedback on patient and customer experience. So from the 1st April 2012 Commissioners must ensure that all acute hospitals in NHS Midlands and East ask the "Net Promoter" question and report the results in real time.

Some Mental Health and Community Providers and General Practises are already seeking to amend their real time monitoring systems. And we would encourage organisations who wish to implement real time systems to do so.

### Should the Net Promoter question only be asked in the acute sector?

We are asking that Commissioners ensure that from 1st April 2012 all Acute hospitals have real time monitoring systems in place that report performance to NHS Midlands and East on a monthly basis. We also welcome setting up real time systems in other areas where it is possible to do.

However, we are also asking Commissioners to ensure that the standardised "Net Promoter" question and methodology is asked in all existing 'less frequent' patient surveys from 1st April 2012. All Patient and Staff Surveys should ask the same question.

### How should commissioners and providers report performance to NHS Midlands and East?

Commissioners will need to agree with Providers the local data collection and collation process. Commissioners will be required to send a detailed provider return to the NHS Midlands and East performance team for the previous month by 4pm on the second Friday of the current month, e.g. we expect April's data to be sent into NHS Midlands and East on Friday 11th May. We are looking at ways of automating the data collection system to allow commissioners to upload local data. Further guidance on the data collection

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process will be issued in the next issue of the Operations and Performance Bulletin.

### How will this information be fed back to the public?

The Net Promoter Scores will be reported to the NHS Midlands and East board in May 2012; this report will be available to the public. In addition, NHS Midlands and East will explore the possibility of enabling data feeds to NHS Local, NHS Choices or another publicly available website.

### What improvements are expected over the next year?

This document sets out the CQUIN. In Month 1 of the next financial year Commissioners and Providers are expected to have established the Question and to collect data that will form their Baseline NPS score. In the first quarter Commissioners and Providers are expected to report an organisation, specialty and Ward Breakdown in board papers and provide evidence of ward feedback mechanisms being used. Across the first two quarters boards are asked to evidence developing action plans for implementing additional mechanisms for obtaining real time patient experience feedback.

Organisations that can report the Net Promoter Score on a weekly basis or evidence that they are in the top quartile of performance will also receive a CQUIN payment. 25% of the CQUIN will be available for those organisations that deliver a 10 point improvement over the year or can evidence top quartile performance. Top quartile standards for 2012/13 will be set using month 1 data.

The following text and table shows how this could work in practice:

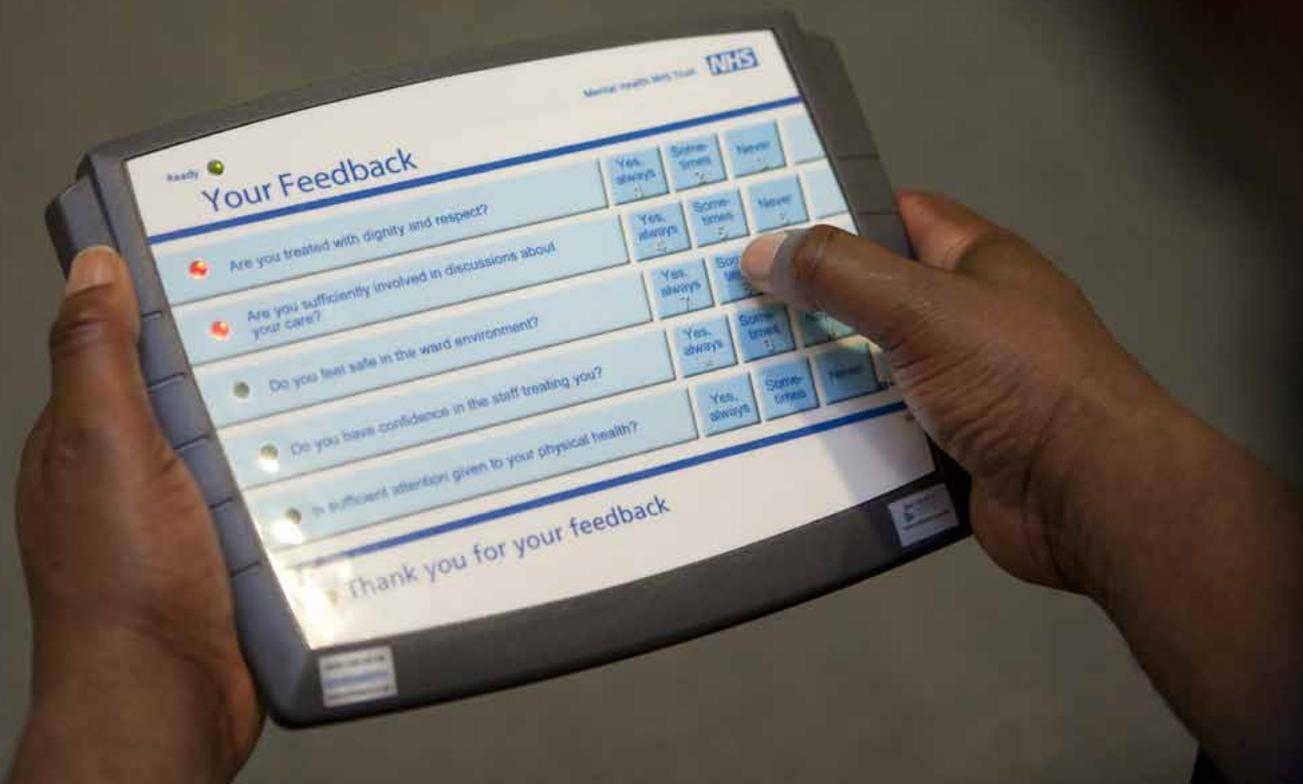
*Trusts A, B, C, D and E within NHS Midlands and East report their NPS scores for month 1 of 2012/13 in May 2012. These scores are combined with all other trusts in the area for month 1 to define top quartile standards, in this example this is defined as an NPS score of 70-100 (ie 70 or above). The targets for each trust would then be set as either a 10 point improvement or achieving or maintaining top quartile performance as follows:*

	Month 1 Baseline NPS Score	Minimum Target NPS Score for Month 12
Trust A	42	52
Trust B	73	73
Trust C	68	70
Trust D	85	85
Trust E	59	69

### What are the plans for rolling this work out more widely? For instance to other departments and other providers?

A number of Ambulance, Community and Mental Health Trusts in the NHS Midlands and East area have indicated that they have started or are keen to use the Net Promoter question to survey patients. If non-acute providers would like to report their NPS scores to NHS Midlands and East we will publish these scores. We will undertake a more systematic roll out to across providers and departments later in the year.

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### Should we abandon our current approaches to measuring and monitoring the patient experience?

No. We would expect Commissioners and Providers to integrate with existing approaches where this is possible to do so. To reiterate, the friends and family test is the NHS equivalent of “Houston, we’ve got a problem”. It is in the jargon, a tin opener. Poor scores tell you that you have a problem, not how to solve it.

### What resources are available for us to implement the friends and family test?

Many Acute Provider Organisations already have real time monitoring systems in place. And where possible these should be adapted. However, if new systems need to be put in place

Commissioners, in concert with Providers, should seek to use transformation funds and should develop a business case to justify any expenditure.

EMPACT, on behalf of Commissioners in the East Midlands, has also put in place a monitoring system that works off the SUS data system. This is being adapted to meet the requirements set out here. It is anticipated that a real time system may be able to be put in place for around £60 to £80k for Commissioners (although precise costs are contingent upon the number of users across Midlands and East).

Commissioners who might wish to use this system should contact [david.sahman@nhs.net](mailto:david.sahman@nhs.net).

### Won't it be easy to misreport or manipulate the test?

Misreporting and manipulation are rare in the NHS. But just as with other performance

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indicators any substantiated case of mis-reporting or manipulation is a very serious issue. And we would expect accusations to be investigated fully and dealt with promptly by commissioners.

Commissioners should therefore ensure that the same safeguards around data reporting for other NHS performance indicators are put in place for the Net Promoter Question, e.g. Chief Executives should have a responsibility to certify its accuracy and both Commissioners should triangulate with other data sources, as well as ensure that they have powers to conduct routine or spot Audits to verify accuracy.

### Isn't this a new requirement to collect real time patient feedback?

No. In September 2008 Alan Johnson, the then Secretary of State for Health asked the NHS to collect immediate feedback from patients on their experience of care. This was then followed up by the publication of *Understanding What Matters: A guide to using patient feedback to transform services*. The guidance was written by Sir Bruce Keogh, the NHS's Medical Director, and Mark Britnell the then Director General for Commissioning.

### Didn't the Prime Minister recently announce a friends and family test?

Yes. On the 6th January 2012 the Prime Minister visited two hospitals in England to highlight the important job that nurses do. He set out the Government's focus on improving quality in the health service and the drive to ensure that every patient is cared for with compassion and dignity in a clean environment. As part of that visit he said "we will establish what I am calling the 'friends and family test'. It's very simple. It just asks whether patients, carers and staff would recommend their hospital to their families and friends in their hour of need. Some hospitals across the Midlands and East of England are already planning to do this. I think this is best

practice and I want to see it happen everywhere. There is no more fundamental measure of whether a hospital is delivering the basic standards of dignity, cleanliness and respect. We will publish the results and hospital leaders who fail this test will be held to account."

### How is the Department of Health likely to implement the test?

Following an announcement by the Prime Minister the Department of Health will be introducing a new indicator to all future national patient surveys asking patients about their experience of care and whether they would want a friend or family needing care to be treated at that hospital. The results of the survey will be published, and will be used by the regulators as a key indicator of quality.

For the first time, the Department of Health will mandate that the question about whether staff would be happy for friends or family to be treated in their hospital should be used both nationally and locally as a key indicator of quality. Where this indicator gives rise to concern about quality we would expect hospitals and commissioners to investigate the reasons and to take any necessary action. It is expected that the Department of Health will ask hospitals to publish both patient and staff views in their Quality Accounts and provide a combined summary explaining their results and how they will be improved, bringing this information together to better shine a light on poor performance.

### How does the Net Promoter Score link to the NHS Outcomes Framework?

The Net Promoter Score also has instant meaning for patients and the public and can influence choice, so it can contribute to the 'transparency' purpose set out in the national NHS Outcomes Framework.

## 4. Implementation Framework & Frequently Asked Questions

### Where can we get more information?

The SHA Cluster Board paper of the 24th November 2011 sets out the broad approach to the Patient Revolution. The paper was drafted with input from a number of Chief Executives across the region. Thank you to everyone who took time to contribute your views. The paper is available at:

[https://www.eoe.nhs.uk/downloadFile.php?doc\\_url=1321620512\\_kjgm\\_agenda\\_item\\_15\\_patient\\_revolution\\_board\\_paper.pdf](https://www.eoe.nhs.uk/downloadFile.php?doc_url=1321620512_kjgm_agenda_item_15_patient_revolution_board_paper.pdf)



**Kay Fradley**  
Head of Patient Revolution

Background papers on the reasons behind why NHS Midlands and East is prioritising the Net Promoter approach have been shared with Patient Revolution leads and are available upon request. Going forward, Kay Fradley, Head of Patient Revolution, will be coordinating the

Patient Revolution programme in association with Andrew MacPherson, Director of Customer Service and the Strategic Projects Team, who will lead on the Customer Service strand. They can be contacted at [patient.revolution@eoe.nhs.uk](mailto:patient.revolution@eoe.nhs.uk).

We are also in the process of setting up a website to signpost best practice and useful reports and guidance. We will communicate to your patient revolution leads when this goes live.

### Is there any advice we can get on developing a customer service strategy?



**Andrew MacPherson**  
Director of Customer Service  
and the Strategic Projects Team

We have appointed Andrew MacPherson as Director of Customer Service and the Strategic Projects Team, to provide support to boards and organisations on further developing your Customer Service Strategy. Andrew is a Companion Member of the Institute of

Customer Services and has over 20 years' experience at Board level experience in delivering customer service and change management programmes in the rail, sea transportation and airline industries and was previously a Non Executive Director at Ipswich Hospital. He will continue to lead the cluster's Strategic Projects Team who have already led service change worth £1.6billion since 2009.

Andrew recognises as do we all, that any revolution in customer service patient care will need to be led from the points of patient contact and will be a convergence rather than imposition of skills and ideas. A "Customer Service Alliance" is being established to pool best practice, drive initiatives and celebrate success. Andrew and Kay are already working with the regional Quality Observatories and Performance Teams to develop analytical oversight that will help provide you with cluster wide information on patient experience.

We aim to use Andrew's experience along with your own, to accelerate the Patient Revolution agenda across NHS Midlands and East.

## 5. CQUIN

**The Commissioning for Quality and Innovation (CQUIN) payment framework enables commissioners to reward excellence by linking a proportion of providers' income to the achievement of local quality improvement goals. Outlined below is the regional CQUIN for Patient Experience.**

Detail of indicator

<b>Indicator number</b>	TBA
<b>Indicator name</b>	Patient Experience
<b>Indicator weighting (% of CQUIN scheme available)</b>	TBA
<b>Description of indicator</b>	<p>1a) To establish question and baseline Net Promoter Score for 10% of inpatients</p> <p>1b) Monthly report to Board and Commissioner at organisational, speciality and ward level, including plans for improvement</p> <p>1c) Demonstrate the ability to report the Net Promoter Score on a weekly basis (exclusions for those who can evidence that they are in the top quartile of performance)</p> <p>1d) Achieve a 10 point improvement in Net Promoter Score of achieve or maintain top quartile performance (targets and top quartile will be calculated using M1 baseline data)</p>
<b>Question</b>	<p>"How likely is it that you would recommend this service to friends and family? Extremely Likely? Likely? Neither Likely nor Unlikely? Unlikely? Not at all? Don't Know?"</p> <p>Or:</p> <p>"How likely is it that you would recommend this service to friends and family?" Please rate on a scale of 0 to 10</p>
<b>Metric</b>	<p>% number of Promoters minus the % number of Detractors from a minimum survey size of 10% of all inpatients discharged in a calendar month.</p> <p>Patients must be asked the question on the day of discharge or up to 48 hours post discharge.</p> <p>Net Promoter scores and sample sizes should be able to be reported by organisation and broken down at speciality and ward level.</p> <p>See Implementation guidance above for further details.</p>

## 5. CQUIN

<p><b>Rationale for inclusion</b></p>	<p>The 'Patient Revolution' is one of the 5 ambitions that the SHA cluster would like to deliver. The SHA has defined the 'Patient Revolution' as covering three elements included within this is the need to drive improvements in patient and customer experience.</p> <p>NHS Midlands and East are developing a standardised approach with a single metric to obtain real-time monitoring of Patient Experience.</p> <p>The Net Promoter Score ensures perceptions of the local population about the health care they have received. The score is the difference between the proportion of people surveyed who said they would recommend the local service and the proportion who said they would not.</p> <p>To maintain and build on improvements identified from the National Patient Survey.</p>
<p><b>Data source</b></p>	<p>1a,c&amp;d) Monthly returns to SHA evidencing % footfall of patients who are asked about their experience using agreed real time mechanism and the Net Promoter Score</p> <p>1b) Monthly Trust board minutes that clearly demonstrate reporting of patient experience inc Net Promoter Score, board challenge and actions relating to improvement</p>
<p><b>Frequency of data collection</b></p>	<p>Continuous</p>
<p><b>Organisation responsible for data collection</b></p>	<p>Provider</p>
<p><b>Frequency of reporting to commissioner</b></p>	<p>1a,b,c&amp;d) Monthly</p>
<p><b>Baseline period/date</b></p>	<p>End of M1</p>
<p><b>Baseline value</b></p>	<p>Net Promoter score to be established in M1; M1 scores will be used to determine baselines, top quartile performers and targets. Targets will be set in Q1.</p>
<p><b>Final indicator period/date (on which payment is based)</b></p>	<p>M12</p>

## 5. CQUIN

<b>Final indicator value (payment threshold)</b>	<p>1a) Established question and baseline Net Promoter Score for 10% of inpatients</p> <p>1b) Demonstration of board ownership of improving patient experience</p> <p>1c) Demonstration of the ability to report the Net Promoter Score on a weekly basis (exclusions for those who can evidence that they are in the top quartile of performance)</p> <p>1d) Delivery of agreed improvement trajectory</p>
<b>Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)</b>	TBA
<b>Final indicator reporting date</b>	31/03/13
<b>Are there rules for any agreed in-year milestones that result in payment?</b>	See milestone trajectory
<b>Are there any rules for partial achievement of the indicator at the final indicator period/date?</b>	25% of the CQUIN is available for organisations that can report the Net Promoter Score on a weekly basis.

**Milestones** (only to be completed for indicators that contain in-year milestones)

<b>Date/period milestone relates to</b>	<b>Rules for achievement of milestones (including evidence to be supplied to commissioner)</b>	<b>Date milestone to be reported</b>	<b>Milestone weighting (% of CQUIN scheme available)</b>
M1	Establish Question and Baseline Net Promoter Score for 10% of inpatients	M2	25%
Q1	Monthly report to Board and Commissioner at organisational, speciality and ward level, including plans for improvement	Q2	25%
Q2	Organisations can report the Net Promoter Score on a weekly basis (exclusions for those who can evidence that they are in the top quartile of performance)	Q3	25%
2012/13	Achieve a 10 point improvement in Net Promoter Score or achieve or maintain top quartile performance (targets and top quartile will be calculated using M1 baseline data)	Q4	25%
		<b>Total:</b>	<b>100%</b>

Ref: SPT/PR/NP1

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