

## **SMS TEXTING SUPPORTING THE DELIVERY OF HEALTH VISITING SERVICES IN BRIDGEWATER COMMUNITY HEALTHCARE NHS TRUST**

### **Listening to the Voice of Families and their Health Visitors**

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## **Purpose of Document**

This case study focuses on an improvement in service quality, innovation or a new way of working, specifically along one or more of the strands of the health visiting service vision and family offer

**Community  
Universal  
Universal Plus and  
Universal Partnership Plus**

## **Background to the Organisation**

Bridgewater Community Healthcare NHS Trust is composed of four previous PCT provider organisations all with health visiting services. Due to the diversity and size of the health visiting services Bridgewater was offered "Quazi" Early Implementer Site status and supported by NHS NW. This entitled the organisation to access the Department of Health 9 Month Development Programme. Ashton, Leigh and Wigan Division (ALW) was selected to represent Bridgewater on this programme. A strategic lead for the Health Visitor Development Plan was employed to lead the "Call to Action" (DH 2011), across the organisation, to attend the DH Healthy Child Programme 0-5 (HCP) and to share and disseminate the learning from the programme across the organisation. The emphasis of this role was to strengthen the health visitor parenting work in pregnancy and early months by providing health visitors with the skills and methods to work with families to develop front line clinical leadership to build their capacity to lead service change. The Divisional Director for ALW further supported the health visitor work with the secondment of an experienced HV as clinical operational lead for the Health Visitor Implementation Plan.

The Department of Health (DH), Health Visiting Team has provided an opportunity for Bridgewater Community Healthcare NHS Trust, Ashton, Leigh and Wigan Division to lead improvement projects in a range of areas related to the health visiting implementation programme. The 'Listening to the voice of the family project' is one of the key areas where the DH Team wishes to focus improvement work.

The vision and emphasis given to patient experience and related patient-centred issues in the white paper 'Liberating the NHS' has the potential to be transformational, and its impact far greater than has been the case over recent years. This has secured the position of patient experience as a core dimension of good quality alongside safety and clinical effectiveness.

NHS North West Service Experience Directorate in partnership with the Children, Young People and Maternity Team had been successful in their bid to run a 'proof of concept' project over the next five months. This was a high profile piece of work with a short time scale that provided a great opportunity for health visiting services within Bridgewater Community Healthcare NHS Trust to test out innovative ways of capturing insights from families, children and staff. The project was tested and evaluated over five months from November 2011 to March 2012. Bridgewater Community Healthcare NHS Trust was involved in three projects; these were emotional care cards for children, family echo and a proof of concept for SMS texting. The paper will focus on the SMS testing proof of concept project. The Trust has previous experience of carrying out text reminders, and is keen to build on this to expand its use of SMS texting. Its aim was to obtain parent feedback via SMS texting to improve parent feedback and improvements to the Health Visiting Service within Ashton, Leigh and Wigan Division.

## Aims of the Project

- To establish a proof of concept SMS texting as a technique to capture feedback from parents and support the introduction of the new service model.
- To test out SMS texting feedback techniques and explore the benefit of this technique for the purposes of accountability, transparency and quality improvement (*recommended purposes for patient feedback from research undertaken by the King's Fund and King's College London 'What Matters to Patients' 2011, to be published Nov 2011*).

## Scope

An initial meeting was held with the strategic and operational lead and the SMS project lead to develop the proof of concept by exploring previous use of parent feedback and how the project might be developed with the "Getting to Know your Baby" antenatal pathway. A meeting was arranged with the operational Health Visitors within Ashton, Leigh and Wigan Division. They worked with two consultants, one being a supplier called, Good4HEALTH, to develop the project. Health visitors from Trafford and Warrington were also present at the meeting and provided input to the development of the project. The involvement of relevant clinicians at an early stage has been shown to be very important. The clinicians identified were keen to get involved, but had some concerns about client acceptability (the same parents had recently been asked for paper feedback, and they didn't want to overload them). It was decided that the "Getting to Know your Baby" antenatal pathway had been fully evaluated and that questions could be developed to be used with all parents. The group came to the view that given the short period of time available, all clients should be asked if they wanted to get involved in the project. This would include universal health reviews and vulnerable families. How to generate feedback from families who were vulnerable was an actual issue raised. Staff were keen for this to be followed up and showed an openness and keenness for further investigation. The broadening of scope brought with it additional methodological issues (capturing feedback from universal health assessments, where a client's main interest might be in reassurance and support, is different to a vulnerable family, where parents are likely to be aware of the health worker's concerns.)

In addition, there were concerns about how long clients kept their mobile numbers – there was a suggestion that within some communities served by the Trust, change of number was a frequent occurrence. If this hypothesis was true, it could impact on the longer-term use of texting, particular in the development of reminders.

Two questions were developed that would be text to parents after 8 February if the parents agreed to be involved in the project. Good4HEALTH agreed to send a text template to health visitors which they could send to parents. If parents answered a first text they were then sent a further text to expand on their comment if they wished.

The questions were:-

Wigan and Leigh Health Visitors feedback we would like to ask you two questions. Replies are minimal message costs. Thank you for your participation.

Question 1: Were you satisfied with the recent visit by your health visitor.

Response- Options 1- Completely  
Option 2 -very  
Option 3 -Quite  
Option 4-Not really  
Option 5 –Not at all

Question 2: Thank you. In order to improve services, we would be grateful if you could let us have any more information. Please text us a comment on your experience.

### **Highlight Challenges**

The health visiting service has completed a paper based survey over the last two years. The challenge was to receive feedback in a format that was parent friendly. A further challenge was to work within the NHS information governance framework to gain consent for the service to be able to use parents' mobile numbers. A private company was employed to meet the NHS targets in relation to being more patient centred. The parents had to pay for their own text feedback. Parents were informed of this when the text was sent.

The Operational Lead for the health visitor Implementation plan worked with the information governance lead to overcome these challenges by advising health visitors on obtaining consent from parents to be involved in the text feedback project.

The lessons learned were to involve information governance at the beginning of the project. Also, for NHS Northwest to be clear on what the information governance issues were and these should have been addressed at their level to support trusts at a local level. Although this was a small scale project, this was a quick and easy way to obtain feedback from parents. Fifty percent of parents responded to the text project and two questions appeared to be enough to gain data to be able to make changes within the service. The project was not able to demonstrate the benefits of automated text feedback.

### **Summary of Achievements**

- Staff felt empowered to achieve the project in the short timescale. This was achieved by the health visitors leading on the project, having ownership and being engaged in the process and being supported by a facilitator who was also a Health Visitor. The project supported innovation as development in the service had slowed down due to the demand on the health visitors.
- A clear project plan was developed with clear timeframes for completing tasks.
- The health visitors felt more autonomous as they developed the project.
- They piloted new ways of working, for example, receiving SMS text feedback from parents. A total of 15 parents could have taken part in the pilot. One declined, two were not at home on the day the health visitor visited and one other was unable to take part because they required a translator. Six parents answered the text, which is a fifty percent return and of these six, five text a further comment, see attached report.
- To develop the SMS text project further by working with the private company who will send the text to parents.
- Raised the morale of health visitors as the majority of the feedback was positive. Health Visitors get little praise from parents.
- Actions from the SMS Text feedback were that health visitors will inform parents at previous visit if the next visit will be delayed.
- Improved early intervention by advising health visitors to provide anticipatory guidance on weaning at new baby review. To support weaning babies at six months as per Department of Health guidelines.
- It was easy for parents to respond and provide their feedback anonymously, therefore they would not feel they would receive a secondary service because they had made a comment that the service would not be happy with.

## Impact

The service benefited as they had instant access to parent evaluation of the service to be able to make real time changes. Of the 12 parents who agreed to be involved in the project, six parents answered the text, a 50% return. Of these six, five texted a further comment.

## Links to local/organisational QIPP initiatives or activities

A structured process to gain feedback has been established for over two years. As a paper survey is currently in use, there are efficiencies in staff time, and resources and money to be made by using an automated text. The inherent standardisation that is required to underpin SMS text feedback (or reminders) is likely to contribute to the trusts drive for efficiencies and a corporate approach.

SMS is the fastest and most cost-effective method of gaining feedback available, when compared with standard approaches, i.e., telephone calls and paper based surveys.

While at this stage it is difficult to quantify efficiencies for the trust, a review of costs carried out by the project team found that:-

- A **telephone call** to a patient, costs on average **£15** (based on work completed in the North West of Public Sector comparative costs – taking account of actual staff time, the call cost and the cost of dealing with issues raised, reporting, etc).
- A **paper-based survey** costs around £4 to produce (based on printing, design, reply-paid envelope etc.) Participation in these within the NHS can be as low as 4 percent, meaning responses cost **£100** each (25 x £4).
- An **SMS survey costs** an average of 30p in SMS costs (free to patients to participate), plus system management costs that average at between 50p and £2 (difficult to put an exact figure as lots of factors come into play, such as numbers of surveys, number of parts of the Trust using them etc.) It would be fair to say that combined costs of SMS Surveys are in the region of **£1** – including management reports. Additionally, where comments received are specific and attributable to specific clinics, they are able to directly inform service improvement.

The project will be developed further by the mobile numbers being given to the private company so that they can administer the scheme.

## Benefits

The long term benefits from this project are the health visitors “own” this project and this will support the next stage of the implementation. The use of this technology will obtain parents feedback in a quick and effective way to make real time changes to improve the care of parents and children.

The project has been a success because health visitors were involved in its development with clear deadlines. Parents responded well to the project and were happy to text their feedback.

There has been some shared learning as Ashton, Leigh and Wigan Division is part of Bridgewater Community Healthcare NHS Trust, which is made up of five divisions. Two of the divisions have been involved in the development of the project.

## **Innovation**

The project was developed by health visitors using the latest technology to gain parent feedback and adapting it to meet the needs of families within Ashton, Leigh and Wigan Division. It also shows partnership working with other health visiting services within Bridgewater Community Healthcare NHS Trust and was supported by the children, young people and their families' commissioner.

The most important outcome of the project was in identifying that SMS texting can provide instant, cost-effective parental feedback to support service change. It will support the development of the new service model.

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## **Sustainability**

The plans for continuing to improve the service are to:-

- Establish a task and finish group with key people from within the organisation, for example, IT and information governance
- Agree an information governance contract with the organisation and "Good4HEALTH" by the end of March 2012
- Agree information governance arrangements for the health visiting service to implement this project
- Identify how the mobile telephone numbers will be sent to so they can be sent onto the company
- Re-develop questions so a text can be sent out to all parents after the 8-12 months health review. This will support the development of the new service model. These questions will evaluate the service up to this point
- Identify how the service will receive the feedback and when the service will be alerted if poor feedback is received
- Devise how parents would receive feedback from their comments
- Inform the service of the new development
- Launch the SMS text feedback of the beginning of May 2012
- Develop action plans for change on monthly basis
- Evaluate after a month and make changes to project
- Complete a cost benefit analysis
- Identify funding post December 2012 to continue the project, if successful.

The service will develop an action plan for the feedback on a monthly basis for the first six months to improve the outcomes to children and their families.

The service will develop an action plan for the feedback on a quarterly basis for the next two years to improve the outcomes to children and their families.