



# **Friends and family test in GP practices - summary of the guidance**

# **Friends and family test in GP practices**

## **Summary of the guidance**

Version number: 1

First published: July 2014

Prepared by: Patient and Public Voice and Information Directorate

**Publications Gateway Ref. No. 01940**

# Contents

- Contents ..... 3
- 1 Executive summary ..... 4
- 2 Background and purpose ..... 4
- 3 Technical details..... 5
- 4 Local flexibility ..... 6

## 1 Executive summary

From 1 December 2014, it is a contractual requirement that all GP practices implement the NHS Friends and Family Test (FFT).

This summary of the guidance is intended to give an overview of the guidance published jointly by NHS Employers, NHS England and the BMA General Practitioners Committee. It does not replace it and people implementing the FFT should read the full guidance.

The full guidance can be found here: [www.nhsemployers.org/FFT](http://www.nhsemployers.org/FFT)

NHS England has also published guidance for other parts of the NHS, which includes additional advice, and support to help with implementation, including advice on how to make FFT inclusive. This can be found here: [www.england.nhs.uk/wp-content/uploads/2014/07/fft-imp-guid-14.pdf](http://www.england.nhs.uk/wp-content/uploads/2014/07/fft-imp-guid-14.pdf)

## 2 Background and purpose

The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices.

The FFT on its own does not provide results that can be used to directly compare practices - there are other robust mechanisms for that, such as national GP Patient Survey and outcomes measures - but, for each practice, it can inform current and prospective patients about the experiences of those who use the practice's services, and help mark progress over time.

There are a small number of mandatory requirements, as follows:

Practices must

- Provide an opportunity for people who use the practice to give anonymous feedback through the FFT.
- Use the standard wording of the FFT question and the responses exactly, as set out below. NHS England has published advice on how feedback can be collected from people who may not be able to answer the FFT question on their own.
- Include at least one follow up question which allows the opportunity to provide free text.
- Submit data to NHS England each month.
- Publish results locally.

There are also a number of key points that practices may wish to note:

- Patients do not need to be asked to respond to the FFT question after every interaction, but they should be made aware that the opportunity is available to those that want to provide feedback through the FFT at any time.
- Practices are responsible for the arrangements they make for local collection. They should ensure they are inclusive, but the collection methodologies they use are for local determination, to suit their local circumstances.
- Local flexibility is permitted over the degree and frequency of promotion of the FFT, and at which touch-points in a pathway this occurs, to ensure that practices continue to hear from the full spectrum of their patient community and in sufficient volumes so as to be useful for service improvement purposes.
- NHS England is keen to see practices gain feedback from as many patients as possible but it is not setting a target response rate. NHS England will publish data to indicate the levels of participation in the FFT within each practice as the higher the levels of response, the more validity can be attached to the data. This will be based on practice list size.
- NHS England will publish the results every month.
- NHS England is not prescribing how the results of the FFT are to be used to improve local services but will give examples of best practice from other areas that are already using FFT to improve services.

### **3 Technical details**

#### **3.1 What is the initial FFT question?**

“We would like you to think about your recent experiences of our service.

How likely are you to recommend our GP practice to friends and family if they needed similar care or treatment?”

The responses are: ‘Extremely likely’; ‘Likely’; ‘Neither likely nor unlikely’; ‘Unlikely’; ‘Extremely unlikely’; or ‘Don’t know’

#### **3.2 Data submission**

Practices must submit monthly to NHS England:

- the number of responses in each category
- the number of responses collected by each method

The free text responses, and any additional information collected via the FFT, should not be submitted to NHS England.

### **3.3 Publication of results**

NHS England will publish the results every month but will move to a more transparent presentation of the data which both patients and staff will find easier to understand and use. Various options will be user tested to see which works best. NHS England will seek the views of the GPC before decisions are made. The results will also be published on the NHS Choices website. Practices can use these results to track their progress over time.

Practices must publish their own results locally and they can publish their free text comments locally in an anonymised format. If the practice does decide to publish free text comments, patients must be able to opt out of their comment being published.

Practices that participate in the patient participation enhanced service should use the results of the FFT to inform their work with their patient participation group.

### **3.4 Making FFT inclusive**

The opportunity to provide feedback through the FFT and, where appropriate, to be supported to do so, should be available to all of the practice's patients. NHS England has provided advice and support on how practices can make the FFT inclusive.

Practices may find it useful to offer the opportunity to provide feedback after a consultation has taken place. Practices should ensure that whatever method they choose, patients are actively made aware of the opportunity to participate.

## **4 Local flexibility**

### **4.1 Data collection**

Practices can choose their own collection methodology and might want to use a range of different methods to encourage participation from all patient groups, and across the range of services they provide.

“Token” collection systems (ie where patients are able to give a score by dropping a token into a response box without being asked to complete a follow up question) are not permitted.

Practices may want to identify areas or populations where a more proactive approach could be taken (for example a location, condition or demographic group) to identify areas of concern specific to those groups.

### **4.2 Additional questions**

As long as there is at least one free text follow-up question, practices can decide which follow-up questions to ask, and how many, as long as the FFT remains short and simple. NHS England does not see the responses to these questions, and they are not published centrally.

Practices should consider asking demographic questions to collect equality and diversity information for their own internal analysis that ensures they are getting feedback from a reasonable spread of their local population, and to enable comparisons between the experiences of different groups. This does not need to be reported to NHS England.

The FFT question can be used as part of a larger survey, but it must be asked first, before other questions. This is to avoid responses being unduly affected by the preceding questions and so that people using the service have the opportunity to provide feedback as soon as possible after their care experience.

### **4.3 Third party supplier**

Where their contract allows, practices can commission a third party supplier to carry out the FFT on their behalf. A number of suppliers already offer a Friends and Family Test service. Practices that take this approach will need to ensure that the supplier is meeting the requirements of the guidance.

### **4.4 Parents, carers, volunteers or staff helping to complete the response**

Wherever possible, FFT feedback should be collected from the patient or service user. In some cases, people who use services may wish to give feedback but need help to do so because of cognitive impairment due to age, disability or health condition. In these circumstances, help from a parent, carer, volunteer or a member of staff should be explored.

### **4.5 Clinical discretion**

Patients who want to give feedback through the FFT should always be able to. However, there may be times when it is not appropriate or possible to pro-actively seek feedback in this way. For example, when doing so could cause or exacerbate distress in the patient or their carers and families.

**NHS England  
July 2014**