



Friends and family test in NHS dental services - summary of the guidance

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Friends and family test in NHS dental services

Summary of the guidance

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Equality and diversity are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it.

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1 Executive summary

From 1 April 2015, dental practices providing treatment commissioned by NHS England will be required to implement the NHS Friends and Family Test (FFT).

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

The full guidance, which covers all NHS funded services and includes additional advice, and support to help with implementation, including advice on how to make FFT inclusive, can be found here: www.england.nhs.uk/wp-content/uploads/2014/07/fft-imp-guid-14.pdf

A set of frequently asked questions, that is kept under review by NHS England can be found here: <http://www.england.nhs.uk/ourwork/pe/fft/>

2 Background and purpose

The FFT is a feedback tool that supports the fundamental principle that people who use NHS funded 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 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 or display 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 point in a course of treatment 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.
- 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 dental 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’

All patients that receive NHS-funded care or treatment should have the opportunity to provide feedback via the FFT.

Patients who do not have any NHS-funded care or treatment can be asked the FFT question, but they should not be included in the reporting to NHS England.

For practices, such as out-of-hours providers or emergency care providers, that operate a queuing system rather than pre-booked appointments, patients who attend but do not wait to be seen by a clinician should still be able to provide feedback if they wish.

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 collection method

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

More details on how submission will work will be published in due course.

3.3 Publication of results

NHS England will publish the results every month. In line with the findings of the review we carried out on the implementation of the FFT in inpatients and A&E services, we are developing a revised presentation of the data which both patients and staff will find easier to understand and use than the net promoter score based methodology previously used. We will publish details on the new presentation in due course. 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 or display 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.

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 or at the end of a course of treatment. 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.

Suggested questions include:

- **What was good about your visit?**
- **What would have made your visit better?**
- **Can you tell us why you gave that response?**

Practices should consider asking demographic questions to collect equality and diversity information for their own internal analysis that ensures they are getting feedback from the different groups that make up their local population, and to enable comparisons between the experiences of different groups. Collection and analyses of information regarding the equality make-up of the population will also help organisations meet the public sector Equality Duty of the Equality Act 2010. 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
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