



**The NHS friends and family test:
Advice about arranging a supplier to implement the FFT**

OFFICIAL

NHS England INFORMATION READER BOX

Directorate

Medical	Commissioning Operations	Patients and Information
Nursing	Trans. & Corp. Ops.	Commissioning Strategy
Finance		

Publications Gateway Reference: 02694

Document Purpose	Resources
Document Name	The NHS friends and family test: Advice about arranging a supplier to implement the FFT
Author	NHS England
Publication Date	December 2014
Target Audience	GPs, Providers of NHS Dental services, Patient Experience leads in NHS bodies
Additional Circulation List	
Description	Advice and tips for providers of NHS funded services considering engaging a supplier to manage the friends and family test
Cross Reference	The Friends and Family Test: Guidance - July 2014; Friends and Family Test in GP Practices Guidance - July 2014
Superseded Docs (if applicable)	N/A
Action Required	N/A
Timing / Deadlines (if applicable)	N/A
Contact Details for further information	Terry Morgan Patients and Information Directorate Room 7E56 Quarry House Leeds LS2 7UE www.england.nhs.uk/ourwork/pe/fft/fft-guidance

Document Status

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet

The NHS friends and family test

Advice about arranging a supplier to implement the FFT

Version number: 1

First published: December 2014

Prepared by: Patient and Public Voice and Information Directorate

Classification: OFFICIAL

Publications Gateway Ref. No. 02694

The FFT is currently being assessed by the Burden Advice and Assessment Service

Contents

Contents	4
1 Introduction.....	5
2 Background	5
3 Getting the best from your FFT data collection.....	6
4 Contractual issues to consider	8
5 Questions to ask suppliers	9
Annex 1: Information Governance	10
Annex 2: Feedback and tips from Pathfinders	12

1 Introduction

The NHS Friends and Family Test (FFT) was implemented for acute inpatients, and A&E services from 1 April 2013. Maternity services implemented the FFT from 1 October 2013. GPs were required to implement the FFT from 1 December 2014.

Over the next few months, the FFT will be introduced across a wider range of NHS funded services (community and mental health services, NHS dental services and ambulance services) and NHS service providers will be expected to make the opportunity to use the FFT to provide feedback available to all patients, including children, people with cognitive disorders and people whose first language is not English.

Guidance on implementing the FFT was published in July, here: www.england.nhs.uk/ourwork/pe/fft/fft-guidance/. This note follows on from that guidance.

NHS England has made the process as flexible as possible, aiming to create as little burden as possible for providers and their patients. Implementing the FFT is also intended to be as simple as possible, so that service providers who want to manage the process in house should be able to do so.

However, service providers are allowed to use a third party supplier to manage the FFT for them if they wish to. There are a number of suppliers in the market offering packages of support for service providers. NHS England is not recommending any individual suppliers.

This note sets out some of the things that service providers might want to think about when considering contracting a supplier to provide their FFT.

2 Background

The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide anonymous feedback on their experience, which can be used to improve services. It is a continuous feedback loop between patients and practices. To work best, the feedback should be seen by the staff providing the care in as near real time as possible, and in a way that enables staff to identify opportunities to make improvements that benefit patients.

The guidance on implementation of the FFT, and a range of support materials can be found on the NHS England website: www.england.nhs.uk/ourwork/pe/fft/.

There are a small number of mandatory requirements. Providers must:

- provide an opportunity for people who use NHS funded services to give anonymous feedback through the FFT;
- use the standard wording of the FFT question and the responses exactly, as set out in the guidance. NHS England has published advice on how feedback can be

OFFICIAL

collected from people who may not be able to answer the FFT question on their own, including supplementary wording or graphics;

- include at least one follow up question which allows the opportunity to provide free text;
- submit data to NHS England each month; and
- publish results locally.

See the FFT guidance: www.england.nhs.uk/ourwork/pe/fft/fft-guidance/ for a full explanation of the mandatory requirements.

There are a number of key points that providers may wish to note, to inform their discussions with suppliers:

- The service provider owns the data and is responsible for ensuring it is anonymous, is handled correctly, and meets information governance requirements.
- Patients do not need to be asked to respond to the FFT question after every interaction, but all patients should be made aware that the opportunity to provide feedback is available.
- Providers 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.
- There should be no cost to the patient.
- 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 providers 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 providers gain feedback from as many patients as possible but in some services it is not setting a target response rate. For these services, NHS England will publish data to indicate the levels of participation in the FFT within each provider as the higher the levels of response, the more validity can be attached to the data.
- 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.

Providers 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. 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.

3 Getting the best from your FFT data collection

The real strength of the feedback tool lies in the rich source of patient views that can be used locally to highlight good service or to address concerns. Because it is a continuous process, it is much faster than more traditional periodic survey methods and drives continuous review and refocus. Qualitative comments and quantitative results are rapidly available to front line staff and management, so practical action can be taken to address problems that concern patients. A supplier should help you to make the best use of the feedback you collect.

Some things to think about before deciding what service you want from a supplier:

Think about what collection modes (eg postcards, web based, SMS) would be most useful for you and your patients

Think about how much of the process you would want the supplier to carry out – eg do you want the supplier to collect the data; analyse the data; provide staff with reports; submit data to NHS England each month; publish the data locally?

Think about what follow up questions you want to ask with the FFT question

- You might want to review the follow up questions at regular intervals.
- You might want to base follow up questions on national or local survey results.
- You might want to tailor the follow-up questions to particular patient groups.

Think about whether to collect demographic data with the FFT question

- This would help you to see whether you are collecting feedback from a range of patients.
- It would also help you to identify issues that affect particular demographic groups within your patient population.

Think about how frequently and in what format you would like to be able to view your data

- FFT is designed so that providers can collect data in real time and very quickly learn what is working well and where there may be issues. This enables staff to make improvements and respond to issues quickly.
- There is also some evidence that the sooner staff see the FFT feedback, the bigger the impact it has.
- We recommend that free text comments are made available to staff as quickly as possible – in real time if possible.

Think about what kind of analyses would help you learn from your numerical data

- You may wish to view the performance of each ward, practice or department over time in order to see whether there has been a change in performance.
- You might want the supplier to identify themes in the free text responses.
- If there are small numbers of responses, you may wish to have responses collated over a longer period of time in order to get a more accurate sense of performance.
- You may wish to compare FFT feedback internally across wards or practices that serve similar types of patients.

4 Contractual issues to consider

Any agreement with a supplier should be clear about the following points:

- Cost
- Length of contract
- Resources
- Technical capability
- Information Governance
- Sustainability

Cost

You should ensure that the cost of the service is clear and transparent, provides value for money and is fit for purpose. You may wish to collaborate with other local providers and join up into a contract together which may provide better value and a little more clout in the negotiations with the third party supplier.

There should be no cost to the patient, eg through SMS texting.

Length of contract

You should get clarification of the length of any contracts entered into ensuring that any changes in FFT policy can be reflected in the service being delivered in relation to FFT activities within the contract. This is particularly pertinent as FFT policy is still in its early stages and is therefore subject to future change.

Resources

You should be clear about what is being provided within the contracted price, including, for example:

- paper-based questionnaires – how will the supplier deliver, collect and store material;
- electronic systems – how will the supplier ensure connectivity through WiFi or other methods;
- what hand-held or static electronic devices will be supplied; and
- what is the cost of on-going maintenance and/or replacement of devices.

Technical capability

You should check whether the system is compatible with the existing systems you already work with. If a stand-alone system is chosen, ensure that training and on-going support is provided within the contract. A service level agreement should clearly define support and response times.

Information Governance

You should ensure that the supplier has the ability to maintain anonymous collection of patient data and ensure the data is stored securely and available for audit purposes (without additional costs). You should be reassured that the data collected will not be shared or divulged to another party. See annex 1 below for more information on information governance.

Sustainability

You should ensure that the supplier you choose is viable and compliant with all of the above. Suppliers should provide flexibility in responding to any future changes required by the NHS provider without incurring additional costs.

5 Questions to ask suppliers

NHS England is not setting standard questions for suppliers, but these suggestions may help providers to decide which supplier to use.

How will the supplier ensure that feedback is collected from a wide range of people, that reflects your patient population?

How will the supplier ensure that the opportunity to provide feedback is available to all patients, including children, people with cognitive impairment and people whose first language is not English?

How will the supplier ensure that the data is collated accurately and timely across the different collection methods, and shared with staff quickly?

How will the supplier ensure FFT feedback is collected anonymously?

How will the supplier analyse the free text responses?

What collection methods will the supplier use (eg pen and paper, website, SMS, tablet)?

How will the supplier provide feedback to your staff?

How would the supplier respond to changes in national policy on FFT?

How would the supplier ensure that data is handled according to local information governance standards (see Annex 1)?

Will the supplier want to put its own logo on its FFT materials, and how intrusive would it be?

Annex 1: Information Governance

Page 126 of the main FFT guidance, which can be found here: www.england.nhs.uk/ourwork/pe/fft/fft-guidance/, sets out the legal duties in relation to information governance. Expectations of confidentiality within the NHS are governed by guidance, professional codes of practice, and reports. These set the expectations for providers on the standards of confidentiality they are expected to maintain.

They include the commitments made within the NHS Constitution, the *Guide to Confidentiality in Health and Social Care (2013)*¹ published by the Health and Social Care Information Centre, and the *Confidentiality: NHS Code of Practice (2003)*² published by the Department of Health, which is shortly due to be revised. Consideration must also be given to the recent *Information Governance Review: To share or not to share*³ and the Department of Health Response⁴, which outline the commitments.

The NHS service provider is responsible for ensuring that confidentiality is maintained if a third party supplier is contracted to collect and process patient data. When contracting with an external supplier, providers/practices must ensure:

- there is a contract in place and this includes a Data Processing Agreement, which restricts the supplier to only act on instruction, and ensures the confidentiality and security of any personal data processed by the supplier;
- that contractors are only provided with the minimum information necessary to contact patients;
- that they inform patients about any uses of personal data and disclosure through fair processing notices; and
- that they take reasonable steps to ensure that patients understand they will be contacted by an external supplier and that they have an opportunity to decline permission for this to happen (eg via a fair processing notice).

Prior to negotiating a contract with an external supplier, providers/practices must ensure:

- they have a secure legal basis to collect and process the FFT data and must uphold any guarantees of anonymity it has given;
- they consult with their Caldicott guardian and information governance lead to ensure they have a secure legal basis to collect and process the FFT data;
- that the approach complies with the Data Protection Act 1998 and common law duty of confidence;

¹<http://systems.hscic.gov.uk/infogov/confidentiality>

²[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200146/Confidentiality - NHS Code of Practice.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200146/Confidentiality_-_NHS_Code_of_Practice.pdf)

³<https://www.gov.uk/government/publications/the-information-governance-review>

⁴<https://www.gov.uk/government/publications/caldicott-information-governance-review-department-of-health-response>

OFFICIAL

- that any use of personal data in collection or analysis stages must comply with information governance requirements including the retention of data ownership by the NHS and limitation of current and future use by the supplier; and
- if equality information is to be obtained through existing systems, patients need to be informed about the use of this data.

Annex 2: Feedback and tips from Pathfinders

Early in 2014, NHS England ran a number of pre-implementation ‘pathfinder’ schemes to help with the development of FFT policy. Some of these pathfinders delivered the FFT in house, some pathfinders contracted an external supplier to deliver the FFT on their behalf, and a number adopted a mixed approach.

Those pathfinders that delivered the FFT in house reported greater control and ownership over the process of implementation and more flexibility to change and adapt the approach, if required. Those delivering the FFT in house were largely restricted to paper-based methods of collection.

The pathfinders reported mixed experiences of working with external suppliers. Whilst some pathfinders found their supplier supportive and helpful, others reported challenges in relation to quality, responsiveness and delivery.

Most of the pathfinders that contracted with an external supplier reported that the purchasing and procurement process took much longer than expected. The pathfinders advised engaging with procurement professionals and potential suppliers at an early stage of the development process, to avoid any delays in implementation.

The provider should ensure that any purchase or contracting of data collection and reporting services complies with NHS procurement guidelines and local Standing Financial Instructions.

Pros and cons of using an external supplier, compared to conducting the FFT in-house

	Pros	Cons
External supplier	<ul style="list-style-type: none"> • Reduces staff time on the FFT. • Cost effective over the longer term. • Innovation/technological solutions. 	<ul style="list-style-type: none"> • Significant costs upfront. • Time to procure suppliers. • Burden of supplier and contract management. • Systems not compatible – manual processing of data. • Access to data and results. • May reduce staff buy in to the process
In-house	<ul style="list-style-type: none"> • Ownership over the process. • Staff more likely to feel invested in the FFT. • Flexibility to change processes quickly, if required. • Speed of accessing data and reporting data quickly. 	<ul style="list-style-type: none"> • Resource intensive. • Lack of capacity. • Difficult to sustain over the longer-term. • More likely to be reliant on paper-based solutions (see below for challenges).

Top tips

- Engage with your procurement team at an early stage of the FFT design.

Top tips

- Engage with patients, staff and stakeholders to agree the most suitable and pragmatic approach.
- The timescales to procure a new supplier should be built into the project plan, particularly if there is a high-value purchase of technology/ equipment.
- Ensure compliance with local procurement procedures and European legislative requirements.
- Assess supplier experience and quality, alongside value for money.
- Consider suppliers that have experience of the existing FFT (inpatients, A&E, and maternity) or experience of the early adopter testing/pathfinder programme.
- Ensure that the supplier can meet the requirements of the guidance and that this forms part of the contract.
- Review deliverables against the contract on a regular basis.