

# FAQs for the Friends and Family Test – updated 24/02/2017

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## Fundamentals of the Friends and Family Test

### Updated 27.04.15 What is the Friends and Family Test?

The FFT is a feedback tool which offers patients of NHS-funded services the opportunity to provide feedback about the care and treatment they have received. The FFT tool combines a simple question, asking patients how likely they would be to recommend the service they have received to their friends and family; with at least one complementary follow-up question to enable patients to provide further detail about their experience.

Adapted versions of the FFT question can be used to support and empower patients/service users with particular social and communication needs. The adapted questions are set out in the 'Making the FFT Inclusive' section of the guidance.

The introduction of the FFT across all NHS services is an integral part of the NHS England Business Plan for 2015/16.

### Why are we doing the Friends and Family Test?

Good patient experience is associated with improved patient outcomes. Various studies have shown positive associations between patient experience, patient safety and clinical effectiveness. It is therefore important that the NHS collects regular feedback from patients and takes action to address any areas of poor patient experience. The FFT is just one of a number of tools used in the NHS to collect feedback from patients. One of the key benefits of the FFT is that patients can give their feedback in near real time and the results are available to staff more quickly than traditional feedback methods. This enables staff to take swift and appropriate action should any areas of poor experience be identified. The results of the FFT are published so that patients and members of the public can see how their local services are viewed by those who have used them. The results can provide a broad measure of patient experience that can be used alongside other data to inform patient choice.

### Updated 27.04.15 What is the FFT question?

The FFT question is set out within the guidance for each area of care. It should be worded as below (the word service should be adapted to fit the relevant area of care as per the guidance):

*"We would like you to think about your recent experience of our service.  
How likely are you to recommend <our service> to friends and family if they needed similar care or treatment?"*

The response options are as follows: extremely likely; likely; neither likely nor unlikely; unlikely; extremely unlikely; and don't know.

Adapted versions of the FFT question can be used to support and empower patients/service users with particular social and communication needs. The adapted questions are set out in the 'Making the FFT Inclusive' section of the guidance. The adapted questions are just for use within the groups covered by the 'Making the FFT Inclusive' section of the guidance and should NOT be used as standard with all patients.

### Does the wording of the FFT question have to remain the same for all patients/service users in all areas of care?

The wording of the FFT question and the responses must be exactly as set out in the guidance for:

- general and acute inpatients and daycases, accident and emergency departments, walk-in centres, minor injury units, outpatient departments and maternity services

- mental health services
- community healthcare services
- general practice service
- dentistry services
- ambulance and patient transport services

It is understood that the phrasing of the FFT question may present difficulties for some patients with particular social and communication needs. Adapted versions of the questions are available for the groups of patients covered by the 'Making the FFT Inclusive' section of the guidance. The questions are set out in the 'Making the FFT Inclusive' section of the guidance.

### **Can we change the approach that is outlined in the Friends and Family Test guidance?**

The NHS Standard Contract for 2015/16 requires that providers of NHS-funded services undertake the FFT, as per the FFT guidance. The FFT guidance sets out a best-practice approach for implementing the FFT within different areas of care based on the testing of the FFT in different areas of the NHS and the recommendations from the FFT review. The 'Local Options' section of the guidance outlines the areas of the FFT which permit local flexibility.

### **Updated 13.11.14 When during an appointment/interaction should a patient be offered the FFT?**

In the new FFT healthcare settings (mental health services, community healthcare services, GP and dentistry services and outpatient departments), the guidance is not prescriptive. Patients should have the opportunity to provide their feedback at any time, on any aspect of the service. Providers/practices may choose to offer the FFT at a particular point to gather feedback on a specific aspect of their service, but they are encouraged to seek feedback at the end of, or shortly after, the appointment/interaction. This is to enable patients to reflect and feedback on the whole experience.

In acute inpatients, A&E and maternity, patients should continue to be offered the FFT at discharge, or within 48 hours after discharge, or at the touch-points as set out in the guidance

## **Scope of the Friends and Family Test**

### **Which types of organisations are required to implement the Friends and Family Test?**

All providers of the following NHS funded services are required to carry out the Friends and Family Test:

- General and acute
- Mental health
- Community
- NHS primary medical services
- NHS primary dental services
- Ambulance

This includes independent and private sector providers who provide NHS funded services to patients.

### **Are public health services included in the Friends and Family Test?**

Public health services which are not NHS-funded are not required to submit data for the FFT. This includes services which are now commissioned by Local Authorities, and services which will be commissioned by Local Authorities from April 2015. However, if a provider chooses to carry out the FFT within non NHS-funded public health services and wishes to submit this data, they may do so. This data can be submitted under the 'Community Healthcare Other' category.

### **Are the armed forces included in the Friends and Family Test?**

It is important that serving military personnel and their families who use the NHS-funded services included in this guidance have the same opportunity as every other patient to provide feedback. The guidance for the area of care in which the person has been cared for in/received treatment in should be followed for serving military personnel and their families. The NHS Mandate and the Armed Forces Covenant make it clear that this population should not suffer disadvantage.

Patients using the Medical Military Service can be asked to participate in the FFT but NHS England does not require the data collected to be returned nationally.

#### **Are integrated care teams included in the Friends and Family Test?**

It is understood that it may be difficult for integrated care teams providing both NHS funded and local authority funded care to separate the responses received and that it may be beneficial for providers to gain feedback on the whole of the integrated care team. Therefore, if a provider chooses to carry out the FFT across the integrated care team they may do so. Data can be submitted within the most appropriate community healthcare reporting category.

#### **Are hospices included in the Friends and Family Test?**

At this stage, hospices are not required to carry out the FFT, or to submit data nationally.

#### **Are nursing homes included in the Friends and Family Test?**

At this stage, nursing homes are not required to carry out the FFT, or to submit data nationally. However, NHS-funded community services, provided within a care home, such as community dentistry, should be included.

#### **Are third sector organisations included in the Friends and Family Test?**

The NHS Standard Contract for 2015/16 requires that providers of NHS-funded services undertake the FFT, as per the FFT guidance. This should include third sector organisations where the number of patients/service users receiving care or treatment could allow a meaningful score to be reported. Please contact NHS England if you are unsure as to whether your organisation should be submitting data nationally.

Please note that Community Interest Companies (CICs) are required to participate and submit data nationally.

#### **Are pharmacies included in the Friends and Family Test?**

At this stage, pharmacies are not required to carry out the FFT, or to submit data nationally. NHS England will explore how NHS funded services in pharmacies can be included in the future.

#### **Are opticians included in the Friends and Family Test?**

At this stage, opticians are not required to carry out the FFT, or to submit data nationally. NHS England will explore how NHS funded services in opticians can be included in the future.

#### **Are patients receiving end of life care included in the Friends and Family Test?**

Patients receiving end of life care who want to give feedback through the FFT should always be able to do so. However, there may be points in their care when it is not appropriate or possible to proactively seek feedback via the FFT. Clinical discretion can be applied where it is felt that the patient is not physically and/or mentally well enough to participate and where it is felt that asking the FFT may cause distress to the patient, their carer and/or family or may have an adverse impact on the patient's care or treatment.

Assumptions should not be made about patients receiving palliative care at the end of life not wishing to or not being able to respond to the FFT. Testing has shown that it is possible to implement the Friends and Family Test with patients receiving palliative care at the end of life but that doing so requires careful implementation and the investment of significant time, due care and attention to detail.

Consideration should be given to other means of seeking feedback from people who are not asked the FFT question. Surveys such as the National Bereavement Survey (VOICES), completed by families following bereavement and the National Care of the Dying Acute Hospitals Audit, which includes the NHS Friends and Family Test within a set of wider contextualised questions, provide a rich source of feedback for teams to focus their improvement activities around.

**Updated 15.09.14 Should patients who attend or receive treatment on a medical assessment unit/surgical assessment unit be offered the FFT?**

Yes, all patients receiving treatment on a medical assessment unit/surgical assessment unit should have the opportunity to provide their feedback via the FFT.

**Updated 15.09.14 How do we capture those patients that stay overnight on a medical assessment unit/surgical assessment unit? Should these patients be included in the inpatient, A&E or outpatient FFT data collection and return?**

Organisations should consider their own local arrangements for dealing with these patients as these units can differ in nature between trusts. So, some trusts may deem it appropriate to submit the data as part of the A&E return, whilst others may see it as part of another return, such as inpatients or outpatients.

**Updated 15.09.14 When should these patients be offered the FFT?**

Ideally these patients should be offered the FFT at discharge, or within 48 hours after discharge.

**Updated 01.04.15 Should the FFT be offered in genitourinary medicine or termination of pregnancy?**

Yes, the FFT can be offered, but particular sensitivity should be exercised when designing a data collection methodology. Care must be taken to make sure the process is discreet, does not cause distress, and that the data is anonymous at source. While it is important that patients have an opportunity to give their opinions, active follow-up will not be appropriate for the FFT in such services.

**Updated 01.04.15 Should the FFT be offered in sensitive situations?**

The FFT implementation guidance makes it very clear that the FFT should be avoided in sensitive situations. Page 29 of the guidance states: *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 proactively seek feedback via the FFT. Clinical discretion can be applied where it is felt that the patient is not physically and/or mentally well enough to participate. It should also be applied in situations where asking the FFT question may cause distress to the patient, their carer and/or family or may have an adverse impact on the patient's care or treatment. Judgement should be used on a case-by-case basis. At the same time, assumptions should not be made about particular patient groups not wishing, or not being able, to respond to the FFT. Consideration should be given to other means of seeking feedback from people who are not asked the FFT question.*

<http://www.england.nhs.uk/wp-content/uploads/2014/07/fft-imp-guid-14.pdf>

Women who experience still birth or miscarriage should not be offered the FFT as a matter of course, due to the timing of FFT and the method of delivery:

<http://www.england.nhs.uk/ourwork/pe/fft/fft-miscarriage-stillbirth/>.

**Updated 01.04.15 Can the FFT be offered to the parents/carers of children or neonates?**

Yes, parents/carers can be offered the opportunity to provide feedback via the FFT about the care/treatment of their child or neonate.

## The Friends and Family Test Guidance

### Where can I access Friends and Family Test Guidance?

The FFT guidance for general and acute, mental health, community, dentistry and ambulance services can be found on the NHS England web site: <http://www.england.nhs.uk/ourwork/pe/fft/>.

Separate guidance produced jointly by NHS England, NHS Employers and the BMA General Practitioners Committee has been published for general practice and can be found here [www.nhsemployers.org/FFT](http://www.nhsemployers.org/FFT).

The July 2014 guidance (updated March 2015) replaces the previous FFT guidance documentation for acute inpatients and A&E, and maternity services, published in 2012 and 2013 respectively.

### Where can I access the requirements for implementing the Friends and Family Test, in my particular service/areas of care?

NHS England has produced two FFT guidance documents: one for general and acute, mental health, community, dentistry and ambulance services; and one for general practice. Both can be downloaded by accessing the links above.

The core requirements for implementing the FFT across NHS services are detailed in the guidance under "What is FFT?/Core Requirements". The requirements for implementing FFT in specific service areas are detailed under the relevant setting in the "Areas of Care" section of the guidance.

The general practice guidance includes a similar table of mandatory requirements.

### Why is the General Practice Friends and Family Test Guidance published separately?

The guidance for GP practices is published separately, by NHS England, NHS Employers and the BMA General Practitioners Committee because it is part of the guidance that covers changes to the GP contract. GP practices may find the support and resources set out in the wider FFT guidance useful.

### Updated 22.04.15 Why have you changed/updated the Friends and Family Test Guidance?

The FFT guidance was updated by NHS England in July 2014 for two primary reasons: 1) to refresh the existing guidance for the FFT in acute inpatients, A&E and maternity services, based on learning from the first year of the FFT, the recommendations from the FFT review, and findings from our early adopters and pathfinders; and 2) to include the new areas of care that are required to introduce the FFT in 2015. The FFT guidance was updated again in March 2015 to refresh the existing guidance in response to feedback about how it was working in practice and to include links to documents published since July 2014.

### What's different about the 2014 Friends and Family Test Guidance?

The 2014 guidance explains how the FFT should be introduced into other parts of the NHS: in mental health services, community health services, GP practices (as a separate guidance document), the remainder of acute care (outpatients, daycase units, minor injury units and walk-in-centres), ambulance services and dentistry. It includes a section about how the FFT can be made inclusive to particular groups of patients.

The guidance also explains how the FFT in inpatients, A&E and maternity changed from April 2015.

For the first time, NHS England has published the Friends and Family Test guidance in an interactive pdf format. The guidance includes a series of short films to explain the Friends and Family Test, alongside more traditional text-based content.

### Updated 27.04.15 What changes did you make to the guidance in March 2015?

The FFT guidance was refreshed in March 2015 to ensure that it is in line with developments made since July 2014. For example, links have been added to the data submission guidance documents for each of the areas of care that this is relevant to. The 'Making the FFT Inclusive' section of the guidance has also been updated in response to feedback received about how this section of the guidance was working in practice. The guidance makes clear that there is a six month lead in time before the changes related to inclusivity are required.

#### **Updated 27.04.15 What's happening with eligible population data and response rates in the new guidance?**

Providers will continue to submit eligible populations for inpatients, A&E and maternity services (for question 2 only) and NHS England will calculate and publish a response rate for each of these service areas. Please note: from 1 April 2015 there is no CQUIN for FFT and no response rate target.

For outpatients, community and mental health services, GP practices and dentistry practices, alongside the results data, NHS England will publish additional data to give users a broad indication of the number of responses compared to the organisations volume of activity/size. NHS England will not calculate a response rate and there is no response rate target.

- The additional data for outpatient departments is the number of outpatient appointments from the NHS England central hospital activity return.
- The additional data for community services is the number of unique patients accessing services in the last month.
- The additional data for mental health services is the number of unique patients accessing services in the last month
- The additional data for General Practice is the number of patients on the practice list.
- The additional data for dentistry is the number of individual patients seen in the previous 12 months.
- For ambulance services, providers will be expected to submit monthly non-conveyed volumes and the number of patient transport journeys, however a response rate will not be calculated.

#### **Why is there not an eligible population collected in all circumstances?**

To minimise the burden on providers where collecting an eligible population is complex or difficult, an alternative approach is being used. This will use data from existing national data sources to provide a broad indication of the number of responses compared to the volume of activity/size of the organisation.

#### **Why have you published the Friends and Family Test Guidance in this way?**

The look and feel of the guidance has been refreshed in line with NHS England branding. NHS England has published the guidance in an interactive format as a result of the positive feedback received from the users of other interactive guidance, published by NHS England.

The guidance for GP practices has been produced and published jointly with NHS Employers, and the BMA General Practitioners Committee. It is a more traditional format, but GP practices may find the support and advice in the main guidance document useful for implementation.

#### **How do I navigate the Friends and Family Test Guidance document?**

The document is in interactive pdf format. To navigate, use the arrow buttons on either side of each page or locate a specific section using the tool bars within the document.

#### **I would prefer to read a traditional, paper document – can I do this?**

Yes, the guidance can be printed out and read as traditional document, if required.

### **Who have you worked with to develop the new guidance?**

NHS England has worked with a number of organisations in developing the guidance:

- Provides of NHS-funded services across all areas of care
- NHS England regional and local area teams
- Clinical Commissioning Groups
- The British Medical Association
- General Practitioners Committee

## **Implementing the Friends and Family Test**

### **How much will the Friends and Family Test cost?**

The overall cost of implementing the FFT is difficult to estimate, because the cost varies depending on the data collection method used and whether organisations conduct the FFT in-house or via a third party supplier. The FFT is designed to be as flexible as possible, to minimise burden and allow providers to use innovative methods of collection to suit their local needs and population.

### **Updated 01.04.15 Is there any extra funding available to pay for the implementation of the Friends and Family Test?**

Funding for the implementation of the FFT is included in existing funding. There is no national CQUIN for the FFT in 2015/2016, but local CQUIN arrangements might be in place.

### **Can a third party supplier be used?**

Yes, where the contract allows.

### **Updated 15.09.2014 Should patients experience any financial loss as a result of participating in the FFT (i.e. via text message charges, return postage costs)**

No. Patients should not experience any financial loss as a result of participating in the FFT. Any costs incurred, such as those associated with text message charges or return postage costs, should be paid by the provider, or the supplier working on behalf of the provider.

### **Where can procurement advice or information about potential suppliers be obtained?**

Organisations should liaise with their own internal procurement leads for advice relating to procurement procedures. Information about third party suppliers should be obtained directly from suppliers.

### **What are the pros and cons of using a third party supplier?**

There are multiple considerations to bear in mind – cost, resource, technical capability both in terms of collection methods and of free text analysis, ability to maintain an anonymous collection, use of existing suppliers for patient feedback. Each of these considerations is likely to have a different impact on each organisation. Trusts and practices that use a third party supplier must ensure that the supplier meets the requirements as set out in the guidance.

### **Why are you allowing a range of methods for data collection?**

We have permitted the collection of FFT using a range of methodologies so that providers can build on existing methods as far as possible, and because providers may find they need to use more than one method in order to comply with equalities legislation. Trusts are required to submit the number of responses received for each collection method, to enable central analysis of this data.

### **Can we use different methods of collection for different patient groups?**

Yes, there is a balance to be made between consistency of collection, and making the FFT accessible to all.

### **The guidance states that the opportunity to give feedback should always be available. What does this mean?**

Any patient or user of a service that is within scope of this guidance should have the opportunity to provide their feedback via the FFT, if they wish to do so. That does not mean that patients/service users have to be asked to complete the FFT at every appointment, or every stage of their care or treatment. Providers should, however, make sure that patients are aware of the opportunity to provide feedback.

We anticipate that in order to hear from substantial volumes of patients, providers will want to be more proactive. For example, patients could be asked to provide feedback after an appointment or course of treatment, or at regular intervals during their care.

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

### **How should we manage patients who have multiple appointments?**

The opportunity to provide feedback through the FFT should be available to all patients at any time. Any patient who wants to provide their feedback, should be able to do so via the FFT, but they do not need to be asked to do so after every appointment or course of treatment. Patients may choose to leave feedback at every appointment, or at the beginning or at the end of a course of treatment, or just when they have something specific to say. The service provider should make sure they have the opportunity, and are aware of that opportunity.

### **Updated 15.09.2014 How should regular attenders be submitted?**

Due to the repeated nature of regular attenders it is suggested that these are submitted in the outpatient return as they are the most similar in nature. If this approach presents significant issues for any provider due to the nature of how they operate they can be submitted with the inpatient return as an alternative.

### **Do we need to collect protected characteristics?**

Whilst this isn't compulsory, providers will probably want to assure themselves that they are hearing from all sections of their population through the FFT in order for local improvement work to be effective. Organisations can choose how they can best gather this information but are obliged by law to honour any statements they make about anonymity as part of that collection.

### **The guidance states that providers may want to consider asking more detailed demographic questions, if particular groups are found to be underrepresented. What does this mean?**

Where it is found that particular groups of patients are underrepresented, providers may want to work with these patients to find out how they can encourage and support them to participate. Where actions are taken to try and support the participation of particular groups of patients, providers may want to consider asking more detailed demographic questions to allow them to check whether the actions taken have been successful in supporting participation, for example, the following could be used as a follow up question to the demographic question given in the guidance relating to disability.

If ticked "Yes" to the above, please indicate your disability:

- Vision (e.g. due to blindness or partial sight)
- Hearing (e.g. due to deafness or partial hearing)
- Mobility, such as difficulty walking short distances, climbing stairs, lifting and carrying objects
- Learning or concentrating or remembering
- Mental Health
- Stamina or breathing difficulty
- Social or behavioural issues (e.g. due to neuro diverse conditions such as Autism, Attention Deficit Disorder or Asperger's Syndrome)

- Other impairment

**Updated 15.09.2014 Can people in paid support roles be asked to provide feedback via the FFT?**

Family members, carers and people in paid support roles can provide valuable insights, and consideration should be given to capturing their views. People in paid support roles should have an understanding of the care or treatment received but must not have been involved in providing the care or treatment for which feedback is being sought. Where feedback is being given by someone who is not the patient, it should represent the person's own views of the care or treatment received and should not be given on behalf of the patient i.e. the person should not try to guess or make assumptions about what the patient thought about their care or treatment.

**Why has NHS England banned the use of token systems to collect the Friends and Family Test?**

Token systems will not be permitted for FFT from 1 January 2015 (for mental health services, community health services and GP practices) and from 1 April 2015 (for general and acute services, ambulance services and dentistry).

The NHS England review of FFT has shown that the main strength of the FFT is in the feedback from patients via the free text comments, which identifies good practice as well as where improvements could be made.

Token systems are not permitted because it is a mandatory requirement to collect free-text comments from the above dates.

**Updated 13.11.14 Can providers use SurveyMonkey and/or other web-based survey tools?**

The FFT guidance is not prescriptive and providers may select their own data collection tool, as long as the approach meets the core requirements of the guidance. Providers must ensure that the data collection method meets their local information governance requirements.

## Data submission

**Updated 01.04.15 How do I submit the data to NHS England?**

Once the data has been collected, the data must be submitted to NHS England on a monthly basis. Detailed submission guidance for the individual settings can be found here:

<http://www.england.nhs.uk/ourwork/pe/fft/fft-submission/>

**What data do I need to submit?**

Each service provider will need to submit:

- The total number of responses in each response category (e.g. extremely likely etc.)
- The total number of responses for each collection method (e.g. postcards, kiosk, website etc.)

Some of the collections will require the responses to be reported by sub-groups (e.g. mental health services). Please see the relevant 'areas of care' section of the guidance.

Some service providers will need to submit eligible population data and data relating to activity counts, to give users of the data a broad indication of the volume of activity/size of the organisation.

**How often do I submit the data?**

The FFT data should be submitted to NHS England on a monthly basis. Below is a list of when the first national submissions are expected for the new or changed FFT areas. The data will relate to activity for the previous month. Further information about submission deadlines will be issued later in the year.

- Daycases (May 2015)
- Outpatients (May 2015)

- Minor Injury Units and Walk-in-Centres (May 2015)
- Mental health (February 2015)
- Community (February 2015)
- NHS primary medical services (February 2015)
- NHS primary dental services (May 2015)
- Ambulance (May 2015)

#### **When should I start submitting data?**

See timetable above. Providers who are implementing the FFT early as part of CQUIN indicator 1b are not required to submit data nationally prior to the official data submission timetable.

#### **We are a community provider, delivering maternity services, where do we submit our data?**

Community providers that are funded to deliver NHS maternity services, must submit their FFT data via the return for maternity services (and not as part of the community trust return).

#### **Updated 01.04.15 Do I need to separate out the FFT responses for children and young people, or for parents/carers completing the FFT for a child or neonate?**

There is no requirement to separate out the data for the feedback received from children and young people, or for parents/carers completing the FFT for a child or neonate. The data should simply be included in the relevant return.

#### **Updated 01.04.15 Do I need to separate out the eligible population data for children and young people, or for parents/carers completing the FFT for a child or neonate?**

There is no requirement to separate out the eligible population data for children and young people, or for parents/carers completing the FFT for a child or neonate. The data should simply be included in the relevant return.

#### **Updated 01.04.15 What date do we use for data submission – the date of the treatment, or the date the feedback was received?**

The data should be submitted according to the date the feedback was received. If feedback was received in November this should be returned in the submission of data for December. The FFT is a real time feedback tool and we encourage providers to capture feedback soon after the appointment, but where this might be delayed it should be submitted in the next data submission (regardless of the date of appointment).

#### **Updated 01.10.15 What if I miss the submission deadline – can I add the numbers to next month's submission?**

The most important thing about FFT is that it gives patients the opportunity to give near real time feedback directly to the providers of their services and we have worked hard to ensure the burden of implementing FFT is as low as possible.

There is a contractual requirement to submit data to NHS England every month. In exceptional circumstances, where a provider has collected FFT responses but missed the submission deadline through an oversight, the provider can decide to include the month's numbers in its next monthly submission. That way, all of the provider's responses are reflected in the published data, and we get a clearer picture of the total number of times patients are using FFT to provide feedback.

#### **Should deceased patients be excluded from the eligible population?**

For inpatients and A&E, deceased patients should continue to be excluded from the eligible population (as per the criteria of those discharged home).

In mental health and community there are no discrete contact points, it is simply an opportunity. Those that have died are not excluded from the completeness measure (number of unique patients accessing services in the last month). The completeness measure is just a 'broad-indicative' measure and looks over the period of the full month, so these patients could have had contact at some point

in the month on which they wish to feedback on. Also, it would be difficult to exclude patients who had died in the month from the completeness measure as the trust would need to know they had died which could have happened at home if they are using community services.

#### **Updated 27.04.15 We do not have an N3 connection. Do we have to purchase one?**

It is not possible to submit FFT results to NHS England without an N3 connection. However, organisations that do not already have an N3 connection are not required to purchase an N3 connection although they may apply for one if they wish. This can be done using the following link: <http://www.n3.nhs.uk/CustomInformation/Howdolo/OrderanN3Service.cfm>

This applies to all areas of care covered by the FFT guidance. However, it is understood that providers within certain areas of care are more likely than others to not have an N3 connection. This includes but is not exclusive to, patient transport and other related support services.

#### **Updated 27.04.15 We do not have an N3 connection and do not wish to purchase one. How do we submit our FFT results?**

Organisations that are directly commissioned to provide services but do not have and are not planning to purchase an N3 connection, should contact their commissioner and make arrangements for their FFT data to be submitted directly to them. Arrangements for submission should be made locally but should follow the timeframes set out in the data submission guidance for the area of care to which the FFT results relate. FFT data submitted in this way will not be published by NHS England but we would encourage local publication wherever possible.

Organisations that are subcontracted to provide services but do not have and are not planning to purchase an N3 connection, should contact the provider with which the contract is held to arrange for the data to be submitted through their N3 connection. It should be noted that where the data is not submitted directly to NHS England by the subcontracted organisation, the main contract holder and not the subcontracted organisation will be named against the published results.

## **The Friends and Family Test Results**

### **Where will the results be published?**

The FFT results will be published monthly on the NHS England website and on the NHS Choices website. The results should also be published locally, by individual service providers. This is part of the NHS commitment to be open and transparent and give patients in-depth information about health services.

### **How will the results be used?**

It is our intention that the results will be used at a local level by service providers to help improve services. CCGs will also want to use the results, along with other data sources, to help inform their commissioning decisions for their local population. The results of the FFT can also be used by patients and members of the public to see how their local services are performing and to help support decision making.

### **Are the Friends and Family Test results comparable?**

The FFT is not intended to be a statistical measure that can be used to compare different organisations. The primary purpose of the FFT is to ensure that organisations obtain regular and timely feedback from patients, take ownership of the results and act on the feedback.

The findings of our review of the FFT in inpatients and A&E services has clearly shown that the results alone should not be used to compare service providers with other providers. The data may be used to track improvements over time within an organisation where collection methods and local demographics are stable.

### **Do we have to wait until the national results are published, before we can publish our trust results locally?**

No, NHS England encourages providers to publish their own data locally, as soon as this is available. There is no embargo on the publication of the results locally, prior to the national publication.

### **Where should the results be published locally?**

Locally, organisations can publish the results where they feel most appropriate. If an organisation is considering publishing free text comments, consideration should be given to how maintain anonymity, as per the Information Governance section of the guidance.

### **Updated 13.11.14 Why doesn't NHS England publish results when there are fewer than five responses in a month?**

NHS England applies a suppression rule to all published FFT data to avoid the risk of publishing patient identifiable data. Where the number of responses is below five, the number is not published at organisation level. The approach is in line with the Governmental Statistical Service and Government Social Research's *Disclosure Control Policy for Tables Produced from Administrative Data Sources*, which states that "in order to ensure protection all cells of size 1 to 4 are considered unsafe".

Providers should still submit their results to NHS England each month, as this provides assurance that they are implementing FFT.

## **Contracts, Levers and Incentives**

### **Is the Friends and Family Test a contractual requirement?**

Yes. It is a contractual requirement of the NHS standard contract, the GP contract and the dentistry contract to implement the FFT, as per the FFT guidance.

### **Is there a CQUIN payment for FFT in 2015/2016?**

No, there is no national CQUIN for the FFT for 2015/2016, however, local CQUIN arrangements might be in place.

### **Updated 02.02.2015 Why is there no FFT CQUIN for 2015/16?**

The FFT has been established for almost two years now, and in line with the values of the NHS which puts patient experience at the heart of understanding and improving the quality of care, both collecting and using FFT should be undertaken as part of everyday NHS business. The introduction of real time patient feedback through the FFT has demonstrated the value and impact it can have; the absence of a FFT CQUIN, rather than signalling a lessening in priority of the FFT, points to the importance of mainstreaming FFT within organisations, as part of the NHS standard contract.

### **Updated 27.04.15 Is there a contractual requirement to achieve a certain response rate?**

No, there is no contractual requirement to achieve a certain number of responses or a certain response rate for 2015/2016.

### **If there is no CQUIN, and no response rate target, what incentive is there for providers to undertake the FFT?**

It is a contractual requirement to undertake the FFT. The contract requires that organisations complete the FFT as per the guidance, i.e. they are required to provide an opportunity for people to give feedback via the FFT and they are required to submit data to NHS England each month.

### **What will happen if a provider does not undertake the FFT, or does not submit any data?**

Should a provider not undertake the FFT, or fail to submit any FFT responses for a particular month, NHS England will publish a "nil return".

### **Will there be any consequences, if a provider does not undertake the FFT?**

NHS England expects that all commissioners of NHS services will take appropriate action if a provider fails to meet its contractual requirements, by not undertaking the FFT, or by not submitting FFT data to NHS England.

### **What should a commissioner do, if a provider does not undertake the FFT and fails to meet its contractual obligations?**

This is a decision to be made by the commissioner. NHS England would expect commissioners to follow this up in the same way that they would handle other parts of the contract, i.e. through their quality review meetings.

Due to the sheer volume of primary care services, NHS England has drafted letter templates that can be used by commissioners to follow this up with GPs and Dentists. For further information, please contact the helpdesk at [england.friendsandfamilytest@nhs.net](mailto:england.friendsandfamilytest@nhs.net).

## **Support for providers**

### **What support is NHS England providing to organisations to help with the implementation of the FFT?**

Implementation support is provided through NHS England via the regional offices and contact details can be found in the guidance.

NHS England has a dedicated helpline and email address for providers to contact should they need any further information or advice about the FFT.

Providers may contact NHS England via:

- Email: [england.friendsandfamilytest@nhs.net](mailto:england.friendsandfamilytest@nhs.net)
- Helpline: 0113 824 9494

NHS England has developed a suite of communications materials to support providers, which can be ordered from Prolog on **0300 123 1002**. New FFT communications materials are under development and will be available later this year.

### **Updated 13.11.2014 Is NHS England providing any communications resources to help healthcare providers raise public awareness of the FFT?**

Yes. New materials have been produced as downloads to support healthcare providers who are introducing FFT between autumn 2014 and spring 2015. These can be viewed here <http://www.england.nhs.uk/ourwork/pe/fft/fft-comms-res/>. NHS England has also produced a short animated film to explain the FFT, which is suitable in a range of healthcare settings. This is also available on the link above.

Printed materials are already in place to support trusts involved in the FFT in acute inpatients, A&E and maternity services. These can be viewed and ordered on the Department of Health order line at [www.orderline.dh.gov.uk](http://www.orderline.dh.gov.uk).

There is also a set of downloadable materials to support Staff FFT at: <http://www.england.nhs.uk/ourwork/pe/fft/staff-fft/staff-fft-resource/>.

## Data Protection and Information Governance

### **Updated 03.07.2014** How long should we keep paper copies of responses for?

The fundamental principle of the FFT is that patients should have the opportunity to give feedback directly to the providers of the services they use, and that the feedback should be used to identify opportunities to improve services for patients.

There is no set time period that you have to keep copies of responses submitted on paper. Our advice is that once you have considered the feedback, and taken into account:

- local information governance advice;
- the potential to save responses electronically if you want to keep them; and
- the potential for the responses to be used by CQC in its inspection regime,

you should decide how long you need to keep the responses for.

### **Are we allowed to publish patient comments/responses to the follow-up questions or in free text boxes?**

Individual written responses should be used internally, to provide further insight into the quality of services offered by the organisation. If a provider wishes to publish individual responses, patients should be advised of this at the time of completing the Friends and Family Test question. This ensures patients are aware, and have the option to opt out, if they would wish to. The understandable desire to publish comments to aid transparency cannot override a patient's choice not to allow their written views to be publicly used by the organisation. It is for each organisation to decide how best to gain consent, but they may wish to consider including a form of words on the text, website, postcard etc. saying that the organisation wishes to publish patient comments, and then provide a tick box or code for the patient to opt out. If individual comments are published, consideration should be given to preserving the anonymity of the respondent.

### **Updated 24.02.17** When we publish data locally is there any guidance on helping protect patient anonymity where there are a small number of responses?

Suppression of low numbers can be used at a local level to reduce the risk of disclosure. Guidance on the application of disclosure control can be found here:

<https://gss.civilservice.gov.uk/statistics/methodology-2/statistical-disclosure-control/>

## The Friends and Family Test in General and Acute

### **What are the key changes to inpatients, A&E and maternity in the July 2014 Guidance?**

The key changes from 1 April 2015 are:

- The inclusion of children and young people
- The mandatory collection of free-text comments
- The encouragement to collect demographic variables  
The additional collection and submission of FFT for data for daycases, walk in centres and minor injury units
- The removal of the requirement to collect and submit eligible population data for maternity FFT questions 1, 3 and 4.
- The removal of token methods to collect FFT responses

### **What are the timescales for introducing the changes to the Friends and Family Test in A&E, inpatients and maternity services?**

Any changes to the FFT in A&E, inpatients and maternity services take effect from the 1 April 2015. Providers may wish to introduce the changes before this date, however data for children and young people, and from daycases, walk-in centres and minor injury units should not be submitted to NHS England until the submission of data for April 2015.

### **Updated 27.04.15 In inpatients and A&E, we sometimes have difficulty offering the FFT within the 48 hour period, i.e. due to a bank holiday period, or during particularly busy periods?**

It is important that FFT feedback is received shortly after the interaction, which is why the guidance for the FFT in inpatients and A&E states a period of up to 48 hours. However, we do recognise that in some situations, such as over a holiday period, this might prove problematic as there are fewer members of staff available to update systems and to quality assure contact data (for example).

We therefore advise that providers take a pragmatic approach. Providers should carefully consider the requirement to conduct the FFT within 48 hours against other risks and issues. Ensuring patient safety, compliance with Information Governance and patient confidentiality should take precedence in these circumstances.

### **Is a response rate target for outpatients?**

There will be no target set for the number of responses for outpatients. No eligible population will be collected. NHS England will publish additional data, from an existing national data source, to give users of the data a broad indication of the volume of responses compared to the organisations volume of activity/size.

### **Updated 27.04.15 Is there an agreed definition of a daycase patient and an outpatient? How do I ensure the data is submitted as part of the correct return?**

For the purposes of the FFT we have avoided using a rigid definition of outpatients and daycases. This was a result of feedback from stakeholders and also to allow some flexibility at a local level.

Our guiding principle is that if a patient is admitted to a daycase unit/ward, they should be included in the submission for inpatients/daycases and if they attend an outpatient department, they should be included in the submission for outpatients.

However, we do allow some local flexibility. For example, if a daycase patient is a “regular attender” and/or if they are treated without being discharged, the data may be submitted as part of the outpatient return, as these patients are the most similar in nature to outpatients. If this presents significant issues for any provider due to the nature of how they operate, they can submit the data as part of the inpatient return as an alternative.

### **Updated 27.04.15 What services are included in the outpatients FFT?**

The outpatients FFT should include all services that are delivered within in an outpatient department, in all of the general and acute specialties relating to the provider. This should include (but not be limited to): appointments for a consultation, investigation, surgical procedure, test, assessment, diagnosis, treatment, care, advice and/or counselling; appointments in any outpatient department funded by the trust, wherever it is held (onsite or offsite); first appointments and follow-up appointments; consultant led appointments and non-consultant led appointments; telephone appointments and/or home visits; pre-booked appointments and non pre-booked appointments; current inpatients who visit an outpatients department during a spell in hospital. The outpatients FFT should include all activity with a zero length of stay, not just elective activity.

### **Updated 27.04.15 Should Urgent Care Centres be included in the FFT?**

Urgent Care Centres delivered under an acute contract should be included in the acute A&E (WiC/MIU) return. Urgent Care Centres delivered under a community contract, should be submitted as part of the community return, under “community other”.

Please see data submission guidance: <http://www.england.nhs.uk/wp-content/uploads/2015/02/fft-sub-guide-acute.pdf>

**Updated 27.04.15 What types of walk-in-centres are included in the FFT and where should the data be submitted?**

All Type 3 services should be included in the FFT and the data should be submitted with the A&E (WiC/MIU) return?

**Updated 27.04.15 We have a walk-in-centre that is not Type 3 – where should this data be submitted?**

The FFT data for non-Type 3 walk-in-centres may be submitted as part of the outpatient return, as these patients are the most similar in nature to outpatients. If this presents significant issues for any provider due to the nature of how they operate, they can be submit the data as part of the inpatient or A&E return as an alternative.

**How do we manage patients who have multiple outpatient appointments?**

The opportunity to provide feedback through the FFT should be available to all patients at any time. Any patient who wants to should be able to use the FFT, but that does not mean that they have to be asked to do so after every appointment or course of treatment. They may choose to leave feedback at every appointment, or at the beginning or at the end of a course of treatment, or just when they have something specific to say. The service provider should make sure they have, and are aware of, the opportunity.

**The guidance states that the FFT should be available to all patients at any time – what does this mean for the FFT collections in inpatients, A&E and maternity?**

Patients accessing acute inpatients, A&E and maternity should continue to be offered the FFT at discharge, or at the touch-points as set out in the guidance.

**When can we stop submitting eligible population data for questions 1, 3 and 4 of the maternity FFT?**

Providers may stop submitting eligible population data for questions 1, 3, and 4 immediately.

**Why do we no longer have to submit eligible population data for questions 1, 3 and 4 of the maternity FFT? What about the response rates for maternity FFT?**

Feedback from maternity providers suggested that identifying an accurate eligible population for questions 1, 3 and 4 was complex and time-consuming. As a result, NHS England permitted providers to submit estimates for the eligible population data at questions 1, 3 and 4. As the eligible population figures submitted for these questions are estimates, NHS England does not publish a response rate for questions 1, 3 and 4.

Response rates have only been published for question 2 as NHS England was confident that the eligible population figures submitted for question 2 were accurate (based on hospital birth records).

**Updated 27.04.15 For the maternity FFT, do I need to exclude women who have suffered a miscarriage, stillbirth or neonatal death from the question 2 eligible population?**

Women who have suffered a miscarriage, stillbirth or neonatal death should not be offered the standard FFT question as a matter of course. These women should therefore be excluded from the eligible population at question 2.

However, if a woman requests to complete the FFT following a miscarriage, stillbirth or neonatal death, they should be permitted to provide their feedback. In this situation, if a woman completes question 2, their data should be included in the eligible population at question 2.

#### **We are a community provider, delivering maternity services, where do we submit our data?**

Community providers that are funded to deliver NHS maternity services, must submit their FFT data via the return for maternity services (and not as part of the community trust return).

#### **Updated 27.04.15 Should women who attend hospital at other points during the pregnancy be offered the FFT?**

If a woman attends hospital at any other time during her pregnancy (e.g. for an ultrasound), she should have the opportunity to provide feedback on that particular part of the service – this data should be submitted with the respective area of care (e.g. outpatients, inpatients or A&E).

#### **Updated 15.09.14 The Inpatient and A&E guidance makes reference to only including patients who are discharged home. Is this correct, for both the A&E and inpatient sections?**

This is correct, only patients who are discharged home should be included. However, from April 2015 patients who are discharged into other organisations, such as community hospitals should also be given the opportunity to provide feedback via the FFT.

## **The Friends and Family Test in Mental Health and Community Healthcare**

#### **Updated 07.01.15 Why does an eligible population need to be submitted for community and mental health services?**

An eligible population figure is required to provide context to the data. The figure is intended to provide a high level estimate only. It does not provide a response rate and should not be used to compare the number of responses received across organisations.

#### **Updated 07.01.15 Who should be included in the eligible population for community and mental health services?**

Organisations must submit the number of unique patients' accessing services in the last month. This is intended to provide a high level estimate of the number of patients' accessing services and is expected to include:

- Both new and existing patients, patients having more than one contact in the month should be counted only once.
- All patients who have been admitted for one or more bed days in the given month. This should include those who are still in hospital, those who are discharged or transferred in the given month and those who have died.
- Any form of contact with the service including those having a telephone consultation or assessment in the month.
- A separate figure for community and mental health, i.e. if a patient is using both services in the month they should be counted once in the mental health figure and once in the community figure.

It is understood that there will be some variation in the way in which organisations record and collect this data. Organisations should submit a figure which they feel best represents the activity of their organisation.

#### **Updated 07.01.15 How did NHS England decide the eligible population figure for community and mental health services?**

NHS England considered all of the existing national data sets across community and mental health services and looked at the feasibility of creating a measure from them which would help to put the

number of responses received into context. Unfortunately, it was felt that there was not enough information available nationally to provide a good enough picture of the size of the organisation to help put the number of responses into context i.e. none of the data sets available included all of the services provided. Therefore, in consultation with the workstream group, which includes representatives from provider organisations, a decision was taken to ask organisations to submit an eligible population figure to NHS England.

**Updated 07.01.15 Is the eligible population figure which is submitted by community and mental health services, a response rate?**

No. The eligible population figure should not be treated as an accurate response rate. It should be used to help put the number of responses received into context i.e. as a guide to the number of responses received against the number of contacts within community or mental health services only.

**Updated 07.01.15 Do the results from the same services have to be submitted under the same category each month?**

Yes. Organisations should determine which services results are being submitted within which category and then maintain a consistent approach in their data submissions. Data submissions should follow the groupings listed in the guidance as closely as possible. However, local discretion may be applied where services are not provided in line with the groupings to ensure that scores received are representative of your organisation.

**The 'areas of care' section for mental health states that it is for all providers of NHS-funded mental health services and the 'areas of care' section for community healthcare states that it is for all providers of NHS-funded community healthcare services? Who does this include?**

This includes:

- NHS Trusts
- NHS Foundation Trusts
- Integrated NHS trusts
- Community Interest Companies (CICs)
- Independent sector organisations
- Third sector organisations (please see 'Are third sector organisations included in the Friends and Family Test?' for further information).

**I provide a significant number of both NHS-funded mental health services and NHS funded community healthcare services. How should I use this guidance?**

The 'Community Healthcare' guidance within 'areas of care' should be applied to all community healthcare services and the 'Mental Health' guidance within 'areas of care' should be applied to all mental health services provided.

If a significant number of both community and mental health services are provided, then data submissions must be made for both community and mental health using the groupings listed for both community and mental health.

**I provide a significant number of NHS-funded community healthcare services and I also provide a small number of NHS-funded mental health services. How should I use this guidance?**

The 'Community Healthcare' guidance within 'areas of care' should be applied to all community healthcare services and the 'Mental Health' guidance within 'areas of care' should be applied to all mental health services provided.

Where a significant number of community services are provided, data submissions should be made for each of the community groupings for which services are provided. If the number of mental health services provided is limited, the provider should consider whether it would best represent their organisation to submit this data as a separate return within the relevant mental health category or

categories or whether it would best represent their organisation to submit the data within the 'community healthcare other' category.

#### **Under which category should the data for specialist learning disability services be submitted?**

Organisations providing specialist learning disability services should submit data for those services under the most appropriate category for their organisation. For example, a community provider who provides children's learning disability services, may want to allocate this data to the 'Children and Family Services' category.

#### **Are mental health services funded by the Ministry of Defence included?**

There is no requirement for the FFT to be implemented in mental health services which are funded by the Ministry of Defence.

#### **Under which category should the data for NHS -funded veterans services be submitted?**

Organisations providing veterans services should submit data for those services under the most appropriate category for their organisation. For example, a veterans services provided in the community may fit best under the 'Secondary care community services' category.

#### **Does the data have to be provided for each of the community and/or mental health groupings?**

Data should be submitted for each of the categories for which services are provided. If no services are provided within one or more of the categories for either community or mental health, the category should be left blank.

#### **I provide a mental health service which does not seem to fit into any of the categories listed. What should I do with the data from this service?**

This data should be submitted under 'mental health other'.

#### **I provide a community healthcare service which does not seem to fit into any of the categories listed. What should I do with the data from this service?**

This data should be submitted under 'community other'.

## **The Friends and Family Test in General Practice**

#### **What are the requirements for GP practices?**

The guidance includes a small number of mandatory requirements. 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 in the guidance. 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. Practices can decide how they publish their results, but if they wish to publish free text comments locally, patients must be able to opt out of their comment being published.

#### **Is the guidance and requirements the same for PMS and GMS practices?**

Yes, the GP practice guidance applies to PMS and GMS practices.

#### **What response rates are required or expected for general practice?**

We are not setting a response rate target for GP practices. Instead we will publish the number of responses received alongside the number of patients registered with the practice, so that patients and the public will be able to get a sense of the level of participation at the practice.

#### **What free text questions should be asked?**

The initial FFT question must be followed by at least one question that allows patients to provide free text feedback but the practice can choose what question to use. Examples could be:

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

The practice can ask more than one follow up question, and can tailor those questions to local issues, such as the findings of the GP Patient Survey (for example).

NHS England strongly recommends that practices also collect some demographic information to provide assurance that the feedback reflects the practice population. The wider guidance sets out advice on how that could be done.

#### **When did the FFT become a contractual requirement?**

The contract required practices to implement the FFT in line with the guidance from 1 December 2014.

#### **Why did GPs not submit data until after January 2015?**

We allowed GP practices time to set their systems up, start to collect the feedback and work out any initial issues.

#### **How will data be submitted to NHS England?**

The data should be submitted to NHS England via the Calculating Quality Reporting System (CQRS).

Please see: <http://www.england.nhs.uk/ourwork/pe/fft/fft-submission/> for further information.

NHS England only requires the following data:

- The number of responses in each response category
- The number of responses made by each collection mode.

NHS England does not require any additional information collected, such as demographic data or free text comments.

#### **What will be published?**

The monthly data will be published on NHS England's website and on NHS Choices. The NHS England web pages will include, for each GP practice:

- the number of responses in each response category (e.g. "extremely likely", "likely", "neither likely nor unlikely" etc.);
- the number of responses collected through each collection mode (e.g. handwritten, telephone call etc.);
- the total percentage of *extremely likely* plus *likely* responses; and
- the practice list size, to set the number of responses in context.

NHS Choices will publish the total percentage of *extremely likely* plus *likely* responses and the practice list size. This may change in future as we test alternative options for presentation, to make the data more useful for patients and providers.

#### **What does "Provide an opportunity for people to give feedback through the FFT" mean?**

GP practices will not be required to ask patients every time they attend an appointment, but the opportunity to provide feedback through the FFT must be available to them if they want to. The practice should make patients aware of the opportunity. This could be via e-mail, leaflets, posters within the practice etc.

It will be up to the practice to decide when and how to be proactive in collecting the feedback. It could, for example, focus on a particular demographic group, such as the elderly, or it could ask patients at key points in their care.

#### **What other help or guidance is available?**

NHS England has published a wide range of support materials for FFT, including, help to make the FFT inclusive, and case studies in collecting and using FFT data. These 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)

#### **Is there any extra funding available to GPs to pay for the implementation of the Friends and Family Test?**

There has been no increase to the total funding of GPs to pay for implementation of the FFT. Funding for the implementation of the FFT is included in existing funding.

#### **What happens if I don't do it?**

Implementation of the FFT is about making the opportunity available for your patients to provide feedback on the services you provide. We have tried to make it as low a burden as possible for practices and for patients. NHS England will publish the results of every GP practice. Practices that do not implement the FFT will be seen to have not provided their patients with the opportunity to use the FFT to provide feedback. Ultimately, the FFT is a contractual requirement. We would expect commissioners of NHS services to require those they are commissioning services from to implement their contractual requirements.

#### **How should I publish the responses locally?**

Practices must publish their results locally but NHS England is not setting any specific requirements about how to publish. This could be, for example, on a noticeboard within the practice building, on the practice website, or in the local media. If the practice wishes to publish free text comments, patients must be given the option to opt out of their comment being published.

#### **Why should GP practices collect demographic data alongside the FFT?**

We strongly recommend that patients are asked demographic questions which will allow them to monitor whether the feedback received is representative of their patient population. Because the guidance allows practices flexibility over how the FFT is made available to patients, they can proactively choose to seek feedback from a particular group if they are underrepresented.

#### **Updated 27.01.15 What happens if a practice has more than one site?**

Practices must make the opportunity available to all of their patients, and will want to look at the feedback in relation to the site it has been collected from. However, practices are not required to split their central CQRS submissions by site and are simply required to submit the data to NHS England at practice level.

## **The Friends and Family Test in Dentistry**

#### **When are dentists required to implement the FFT?**

Providers of NHS dentistry services are contractually required to implement the FFT from 1 April 2015. Practices can implement sooner if they wish to, but will not be required to submit data until after April 2015.

#### **Updated 27.04.15 How will dentists submit their data?**

The data will be submitted via the BSA dental portal. Please see:

<http://www.england.nhs.uk/ourwork/pe/fft/fft-submission/> for further information.

#### **What will be published nationally?**

NHS England will publish the number of responses of each kind (e.g. "extremely likely" etc.), the number of responses collected by each collection methodology (e.g. handwritten etc.), and the

number of individual NHS patients seen by the practice in the previous twelve months, to set the number of responses in context.

#### **Updated 02.02.15 What response rate will be required for the FFT in dentistry?**

There will be no target set for the number of responses. For dentists, alongside the results data, we will publish additional data to give users of the data an idea of the number of responses compared to the volume of activity/size of the organisation. For dentists, this will be the number of unique patients treated in the last 12 months.

#### **How do we manage patients who have multiple appointments?**

The opportunity to provide feedback through the FFT should be available to all patients at any time. Any patient who wants to should be able to use the FFT, but that does not mean that they have to be asked to do so after every appointment or course of treatment. They may choose to leave feedback at every appointment, or at the beginning or at the end of a course of treatment, or just when they have something specific to say. The practice should make sure they have, and are aware of, the opportunity.

#### **Updated 27.04.15 Will dentists get any additional funding to pay for implementation?**

Dentists will be responsible for the costs of implementing the FFT. However, we have worked with the BDA and our pathfinder pilots to make the burden of carrying out FFT as flexible and light as possible. We are also providing every dental practice with a start-up kit, including a box for collecting responses, and promotional materials.

#### **Updated 27.04.15 If I already submit data through Unify for providing community dentistry, do I have to do another submission for primary care dentistry through the BSA portal?**

We want to keep the burden of implementing FFT to a minimum. The most important thing is that patients should have the opportunity to provide direct near real time feedback to the providers of NHS services they use. Practices that submit FFT data through the community healthcare return can include all their FFT feedback in that data submission, and do not need to submit a separate set of data through the dental portal. The practice should advise NHS England what it is doing and send their unique code (location id) to the FFT mailbox ([england.friendsandfamilytest@nhs.net](mailto:england.friendsandfamilytest@nhs.net)), so we know not to expect data from the practice and can remove it from the national data publication. It would be helpful if you could also notify your commissioner so they will be aware of where your dental FFT data is flowing to.

Alternatively, the practice can decide to submit the relevant figures through both systems.

#### **Updated 27.04.15 What happens if the practice has two different location codes for one premises?**

We will publish dentistry FFT data at location level, to be as helpful as possible to patients and dentists, and to avoid confusion. The practice will need to input its location code in order to submit its monthly data. Practices with more than one location code for an individual premises, and did not expect this, should contact their commissioners to seek clarification over which location code is current. The commissioner may need to contact the Business Services Authority (BSA) if closed contracts are still showing as open on the BSA system.

#### **Updated 01.04.15 What happens if the practice does not know its location code?**

We will publish dentistry FFT data at location level, to be as helpful as possible to patients and dentists. The practice will need to input its location code in order to submit its monthly data. NHS England wrote to every practice to inform it of its location code during March 2015. Any practice that doesn't know its location code can use the BSA website to help find it, here:

[www.nhsbsa.nhs.uk/Documents/DentalServices/How to find your Dental Practice Location ID within the NHS dental portal \(v3\) 02.2015.pdf](http://www.nhsbsa.nhs.uk/Documents/DentalServices/How%20to%20find%20your%20Dental%20Practice%20Location%20ID%20within%20the%20NHS%20dental%20portal%20(v3)%2002.2015.pdf)

If they are still unsure they should contact the Business Services Authority directly: email: [nhsbsa.dentalservices@nhs.net](mailto:nhsbsa.dentalservices@nhs.net); or telephone: 0300 330 1348

## The Friends and Family Test in Ambulance

### What services are out of scope?

Currently all 111 services, hear and treat services, and patients who are conveyed to hospital, are out of scope.

### What about red calls?

It depends on whether the patient is conveyed to hospital or not. If a patient is conveyed, then it's very likely to be a distressing time for the patient; they'll be seen in A&E and possibly have a longer stay in hospital, and so will be covered by the FFT when they leave hospital. We don't think that asking for feedback on the ambulance part of their care is appropriate whilst the patient is likely to be in pain or going through a difficult emotional time. This isn't for fear of getting bad responses, just that it's not the right moment.

### How can we get feedback on the ambulance part of the care episode if the patient is conveyed to hospital?

At the moment, it's not a requirement to get feedback via the FFT on the ambulance part of that patient's care – that said, some ambulance trusts are working in close partnership with hospitals so that a question on ambulance services is asked at the same time as asking about the hospital care, which seems a good approach.

### How do we manage patients who have multiple transports, for example patients having chemotherapy?

The opportunity to provide feedback through the FFT should be available to all patients at any time. Any patient who wants to should be able to use the FFT, but that does not mean that they have to be asked to do so after every time they are transported. They may choose to leave feedback at every appointment, or at the beginning or at the end of a course of treatment, or just when they have something specific to say. The service provider should make sure they have, and are aware of, the opportunity.

### Why do ambulance Trusts and PTS providers need to supply more data on top of the FFT responses?

Ambulance trusts currently submit less information than other NHS trusts, and so in order for the FFT results to be placed in context, we need some additional information to be submitted, along with the FFT responses.

## The Friends and Family Test in Secure Settings

### In the guidance it says that as a provider of healthcare services within a prison, we don't have to implement the FFT. Is that right?

Yes; we have tested the use of FFT within prison settings, and it has worked well, so if you wish to implement it, do feel free; we have included a case study on this work on our webpage. But if you do decide to implement FFT in your area, there's no need to submit any data to us nationally.

## Making the FFT Inclusive

### Updated 27.04.15 Why have you changed the 'Making the FFT Inclusive' section of the guidance?

When 'Making the FFT Inclusive' was published in July 2014 it acknowledged that there were areas within the guidance which could "still be further improved" and encouraged those implementing the guidance to provide feedback. The feedback highlighted a number of positive points about the

guidance as well as some practical concerns. The changes have been made to try and overcome the issues raised.

**Updated 27.04.15 What is different about the ‘Making the FFT Inclusive’ section of the guidance?**

The main change is that the standard FFT question does not have to be asked in the first instance to the patients covered by this section of the guidance, unless it is felt to be appropriate to do so. Instead, an adapted version of the FFT question can be used in place of the standard FFT question. The adapted FFT questions are set out within the ‘Making the FFT Inclusive’ section of the guidance.

**Updated 27.04.15 Do the questions have to be exactly as set out in the ‘Making the FFT Inclusive’ section of the guidance?**

All wording must remain the same as set out in the guidance.

**Updated 27.04.15 When do we have to make the changes set out in the updated ‘Making the FFT Inclusive’ section of the guidance?**

The changes should be implemented by 1<sup>st</sup> October 2015.

**Updated 27.04.15 How should responses to the adapted FFT questions be submitted to NHS England?**

Responses to the adapted FFT questions should be submitted together with responses to the standard FFT question. Information about how to submit responses from a shorter response scale can be found at the end of the ‘Making the FFT Inclusive’ section of the guidance under ‘Response scales’.

## The Friends and Family Test Review

### Why did NHS England conduct a review of the FFT?

It is best practice to review any new initiative after it has been implemented in order to understand what has worked well and to identify areas for improvement. The FFT was launched for inpatients and A&E services in April 2013. At this time, NHS England made a public commitment to review the methodology and implementation of FFT after the first six months of national data collection.

NHS England has used the findings of the review to ensure that the revised guidance on FFT is evidence-based and builds on the strengths of FFT whilst also making changes, where required, to improve it.

### Who conducted the FFT review? Was the review independent?

The review was carried out by NHS England, but independent parties were engaged in the gathering and production of evidence. This was to ensure that the findings of the review had a robust, independent basis and would stand up to external scrutiny.

Ipsos MORI, an independent research agency, was commissioned following a competitive tender process to carry out research into how FFT was working for NHS Staff, patients and stakeholders and into what could be done to improve it. This research forms the qualitative strand of the review (‘the qualitative review’) and Ipsos MORI’s report is published in full as [Appendix 1](#) to the overall review document.

Quantitative analysis of FFT data was conducted by NHS England analysts, working in collaboration with the Methodology Advisory Service at the Office for National Statistics (ONS). ONS independently peer-reviewed the analysis methods, along with the findings of the analysis, thus providing independent quality assurance. This secondary research forms the quantitative strand of

the review (“the quantitative review”) and the quantitative analysis report is published in full as [Appendix 2](#) to the overall review document.

The NHS England review looked at the evidence from the qualitative and quantitative work and brought them together to inform the overall report published [here](#) which summarises both pieces of work and makes recommendations for next steps.

### **Which organisations provided feedback for the FFT review?**

As part of the qualitative strand of the FFT review, all 156 NHS acute trusts were invited to provide feedback on FFT via a structured online feedback form. In total 95 trusts chose to complete and return the form, providing data on how well the implementation of FFT had gone and what difference, if any, FFT was making to patient experience.

In addition to this feedback form, in-depth case study visits were conducted at nine hospital trusts. These trusts were selected using a purposive sample, which aimed to ensure that a range of trusts were included. Amongst the sampling criteria included were: Foundation trust status, geographic region, size of population served, FFT scores. FFT response rates, mode(s) of FFT data collection and whether an FFT supplier was employed. Each two-day case study visit comprised:

- In-depth interviews with board members (including chief executives and chief financial officers), patient experience leads, and ward and A&E managers;
- Mini focus groups with frontline staff;
- Focus groups with recent patients;
- Focus groups with local members of the public (who were not recent patients).

In addition, twenty in-depth interviews were conducted with FFT experts and stakeholders, including individuals involved in national FFT policy and implementation, suppliers of FFT services, experts in public opinion data collection methods, and representatives of patient groups and charities.

### **How was the review of FFT conducted?**

The review comprised two main strands of research: (a) qualitative evidence gathering (with a quantitative element), and (b) quantitative analysis of existing FFT data. The qualitative research was conducted by an independent agency (Ipsos MORI) and the quantitative analysis was peer reviewed and quality assured by an independent body (the Office for National Statistics). The evidence gathering and analysis began in November 2013 and was completed in March 2014.

The qualitative research strand focused on:

- the implementation, reception and use of FFT in clinical settings (using structured feedback from 95 NHS trusts and in-depth case studies of nine trusts);
- the reception of FFT by patients and the public (through 18 focus groups); and
- the views of experts and stakeholders about the design and implementation of FFT (through 20 in-depth interviews).

The quantitative analysis of FFT data investigated:

- the inter-trust and inter-ward comparability of FFT data based on sample sizes, response rates and biases due to data collection techniques;
- the statistical comparability of FFT data over time; and
- the validity, reliability and discriminatory power of the FFT scoring system against a number of possible alternatives.

The findings of the two strands of the review were then synthesised and presented in an overall report, which also makes a number of recommendations for FFT based on the findings of the evidence.

### **What are the key findings from the FFT review?**

All of the review documents are publically available and can be downloaded at:

<http://www.england.nhs.uk/ourwork/pe/fft/fft-test-review/>

The review clearly demonstrates that FFT is making a difference to patient experience. Four out of five trusts said that FFT has increased their emphasis on patient experience. Its strengths are felt to be: the real-time nature of the data, the fact that everyone has the opportunity to feed back, and the qualitative data that allows staff to understand both what they are doing well and what they can do to improve the service.

The FFT shows promise as a way of tracking performance over time, enabling services to quickly identify areas of concern. However, the review also found that the FFT in its current form is not fully succeeding as a tool for managing performance or for informing patient choice about NHS services.

Analysis found that FFT data are not statistically comparable across different organisations in the same way that other surveys such as the Inpatient survey are. However, if presented in a more understandable form alongside other performance measures, FFT data can be a useful tool to inform patient choice.

As FFT is rolled out to other services and the recommendations of this review are put into place a longer term piece of work should look at options to incrementally increase the standardisation of FFT.

The current FFT scoring system (based on the Net Promoter Score) is not widely understood by staff or the public and should no longer be used when publishing results. The review recommends using a simpler scoring system in order to increase the relevance of FFT data for frontline staff. A clearer and more understandable presentation should also help to better inform the public about the performance of local hospitals.

The review identified a number of ways to improve the quality of the data that is being collected, and recommends that these principles of best practice, such as the collection of demographic data, are communicated to local services.

As mentioned above, the qualitative feedback to the follow-up question is felt to be the most useful aspect of FFT, reinforcing good practice and identifying specific issues that can be acted upon. The review found many examples of improvements to services in response to FFT patient feedback. As such, the review recommends mandating the use of a follow-up question, as well as prohibiting data collection methods than make it more difficult to link verbatim feedback to the FFT question, such as token systems.

The real value of FFT can be understood when considering its use alongside existing surveys, such as the national Inpatient survey. Centrally administered national surveys should continue to be used as *summative* measurement tools, because they provide an accurate and comparable reading of the performance of different trusts. FFT, on the other hand, should be thought of and used as a *formative* measurement tool that is designed to promote continual learning and service improvement. These different approaches to data collection are complementary patient feedback mechanisms that together allow us to both improve services and measure progress over time.

### **Has the FFT review shaped the new FFT guidance? How?**

The review has identified clear strengths in the current operation of the FFT, but it has also found that there are clear improvements that can be made to the administration of the data collection and in the use of the data.

The review makes a series of recommendations based on the evidence produced through the qualitative research and the quantitative analysis. These recommendations cover a number of different themes of FFT: the overall ambitions of FFT, the implementation of FFT in different clinical settings, the FFT scoring system, the quality of FFT data, best practice models of data usage, suppression of FFT data to protect anonymity, using FFT to support patient choice, and communicating FFT amongst staff and the public.

Where the recommendations can be implemented immediately on a national basis, the new FFT guidance reflects these recommendations. Where recommendations cannot be implemented nationally but are aimed at local providers of NHS services, the guidance presents best practice advice for local services to follow (in the 'Support and Resources' section). Where further research or development of FFT policy has been recommended, NHS England is committed to working with partners to further improve and refine FFT going forward.