



July 2014

Friends and Family Test in General Practice Guidance

NHS England Gateway reference: 01788

CONTENTS

IMPLEMENTATION GUIDANCE	2
Background and purpose	2
Aims of the Friends and Family Test	3
Principles of FFT	3
Implementation	4
TECHNICAL DETAILS	6
What is the initial FFT question?	6
Who should have the opportunity to provide feedback through the FFT?	6
When should they have the opportunity?	7
Data submission	7
Publication of results	8
Making FFT inclusive	9
Promoting equality	9
LOCAL FLEXIBILITY	10
Data collection	10
Additional questions	10
Third party supplier	11
Parents, carers, volunteers or staff helping to complete the response	12
Clinical discretion	12
QUERIES PROCESS	14

IMPLEMENTATION GUIDANCE

Background and purpose

From 1 December 2014, it is a contractual requirement that all GP practices undertake the NHS Friends and Family Test (FFT). This guidance sets out how the FFT works in GP practices.

The Friends and Family Test (FFT) is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is not a traditional survey. It is a continuous feedback loop between patients and practices.

It is NHS England's intention to be as flexible and inclusive as possible, while creating as low a burden as possible on practices and on patients who want to provide feedback.

The FFT question asks if people would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT question provides a mechanism to highlight both good and poor patient experience. The free text responses are a rich source of information which allows practices to consider the comments being made by patients in detail and identify actions which can be taken to improve patients' experience much more quickly than traditional survey methods.

Practices can use the feedback gathered through FFT to celebrate successes and to support staff to make improvements where the experience of services does not live up to expectations. FFT results are also one useful source of information which can help to inform choice for patients and the public.

FFT does not provide results that can be used to directly compare practices because the flexibilities in collection methodologies and variation in populations in different areas mean we are not comparing like with like. There are other robust mechanisms for that, such as national GP Patient Survey and outcomes measures, but, for each practice, it can help mark progress over time.

Aims of the Friends and Family Test

The primary aims of the FFT are to:

- gather useful feedback from people who use services that can be fed directly to the staff that provide their care, in a simple format, in near real time
- identify areas where improvements can be made so practical action can be taken
- inform current and prospective patients about the experiences of those who use the practices services.

Commissioners can use the FFT results alongside other insight information to inform their planning and contractual expectations. Other bodies, such as Healthwatch, the Care Quality Commission (CQC), Health and Social Care Overview and Scrutiny Committees, and others can use the FFT results as part of the information they use for their regulatory and oversight responsibilities.

The experience of FFT so far demonstrates that many of the problems it identifies are easily solved by practices, but the cumulative effect can be hugely positive for patients' experiences. Equally, the very many positive comments received through the FFT are very important for raising and maintaining the morale of hard working staff.

Principles of FFT

To simplify application of FFT, the following principles apply:

- the results should be made transparently available to the public and patients to inform individual patient decisions and choices
- it should be possible for patients to give feedback via FFT after each experience of a practice's service if they wish
- the process should be as simple and as low a burden as possible, for practices, patients and NHS England
- the FFT is continuous – it is not a one off, traditional survey, or a scheduled feedback tool
- the patient's response must be anonymous

- where people are not able to complete the FFT themselves, they can be helped by relatives/carers, volunteers, or staff. 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 here¹
- there may be times when it is not appropriate or possible to seek feedback through the FFT: for example, when asking for feedback in this form could cause distress.

NHS England has published a library of case studies, tips for using FFT for service improvement, research evidence and other useful information that does not form part of the GP practice guidance, but will help identify best practice. This can be found here.²

NHS England will carry out a review of FFT after implementation to identify any opportunities to make improvements.

Implementation

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

Practices must:

- provide an opportunity for people who use the practice to give anonymous feedback through the FFT, except where it would be inappropriate to do so (see the section on flexibility below)
- use the standard wording of the FFT question and the responses exactly, as set out below. NHS England has published advice on how feedback can be collected from people who may not be able to answer the FFT question on their own here³
- include at least one follow up question which allows the opportunity to provide free text. This enables people to provide more detailed feedback about their care, if they wish to do so
- submit data, in the format required, to NHS England each month (see below)

¹ <http://www.england.nhs.uk/wp-content/uploads/2014/07/fft-imp-guid-14.pdf>

² <http://www.england.nhs.uk/wp-content/uploads/2014/07/fft-imp-guid-14.pdf>

³ <http://www.england.nhs.uk/wp-content/uploads/2014/07/fft-imp-guid-14.pdf>

- publish results locally (see below). 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. This could be presented as follows: 'please tick this box if you DO NOT wish your comments to be made public'.

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

- patients do not have to be asked to answer the FFT question after every appointment or interaction with the practice, but they must be made aware that the opportunity is available to those that want to provide feedback. This can be done at the time of the appointment (for example during a home visit, a postcard or leaflet with information could be left with the patient, or a note about the FFT could be added to the practice website) but does not need to be
- NHS England is keen to see practices gain feedback from as many patients as possible but it is not setting a target response rate– NHS England will publish data to indicate the levels of participation in the FFT within each practice as the higher the levels of response, the more validity can be attached to the data. This will be based on practice list size
- practices are responsible for the arrangements they make for local collection. They should ensure they are inclusive but the collection methodologies they use are for local determination, to suit their local circumstances
- NHS England will publish the results every month
- local flexibility is permitted over the degree and frequency of promotion of the FFT, and at which touch-points in a pathway this occurs, to ensure that practices continue to hear from the full spectrum of their patient community and in sufficient volumes so as to be useful for service improvement purposes
- NHS England is 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

TECHNICAL DETAILS

What is the initial FFT question?

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

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

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

The wording of the FFT question and the responses must be exactly as set out above. Further information about how best to support patients with particular social and communication needs can be found here.⁴

Who should have the opportunity to provide feedback through the FFT?

Practices should make the opportunity available to any registered patient to use the FFT to give feedback at any time.

This includes:

- patients who have a consultation with a GP or another member of staff employed by the practice (including home visits, telephone appointments or internet based appointments)
- users of additional services, under contracts other than a primary medical care services contract (as required to under the NHS Contract)
- registered patients who make contact with the practice but do not have a consultation, for example, ordering or collecting repeat prescriptions, or calling for information
- patients who attend without an appointment but do not wait to be seen.

⁴ <http://www.england.nhs.uk/wp-content/uploads/2014/07/fft-imp-guid-14.pdf>

Collecting feedback for services delivered by other providers, that happen to take place on the practice premises, is not the responsibility of the practice. It is the responsibility of the provider of those services.

When should they have the opportunity?

Patients do not need to be asked to respond to the FFT question after every interaction, but practices should make the opportunity available for patients who wish to provide feedback through the FFT at any time. Practices may find it useful to offer the opportunity to provide feedback after a consultation has taken place. Practices should ensure that whatever method they choose, patients are actively made aware of the opportunity to participate.

Data submission

Practices must submit monthly reports to NHS England that include at least:

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

It is expected that CQRS will be the preferred route of data submission. The guidance will be updated to advise further if CQRS can support the process or if there are alternative arrangements.

The data also provides an indication for the general public as to how their local services are performing through the eyes of those who are using them.

Practices may wish to enter the data onto their own local system, or use additional tools for internal processing and manipulation of the data and the free text responses.

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

Publication of results

It is important that practices also give feedback to patients on what happens to their FFT responses, particularly where action has been taken as a direct result of the feedback received. Practices can decide how best to do this locally.

Practices must publish their own results locally. Practices can also publish their free text comments locally in an anonymised format. If the practice decides to publish free text comments, patients must be able to opt out of their comment being published. This could be presented as follows: 'please tick this box if you DO NOT wish your comments to be made public'.

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

Previously, the responses to FFT were used to calculate a single score which was based on 'net promoter' methodology.⁵ Following NHS England's review of FFT, the presentation of FFT results will change.

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

⁵ The Net Promoter Score (NPS) methodology asks a single question about the extent to which a customer would recommend the service they have used, and classifies responses as *promoters*, *neutral* or *detractors*. The proportion of detractors is subtracted from the proportion of promoters to create an overall *net promoter score*. In the NHS, a variant of the net promoter score has been used to this date in the FFT for inpatient, A&E and maternity services. Rather than use the traditional 11-point numerical scale of responses to the NPS question (from 0 to 10, where 10 means 'extremely likely to recommend'), the FFT variant employs a 5-point verbal scale, with responses ranging from 'extremely unlikely to recommend' to 'extremely likely to recommend' (with 'Don't know' being a sixth option). The FFT score is calculated as the proportion of "extremely likely" responses minus the proportion of neutral and negative responses ("neither likely nor unlikely" plus "unlikely" plus "extremely unlikely") with "don't know" responses excluded from the calculation

Making FFT inclusive

The opportunity to provide feedback through the FFT and, where appropriate, to be supported to do so, should be available to all of the practice's patients. NHS England has provided advice and support on how practices can ensure the following groups can be enabled to provide the feedback they wish: children and young people, people who have a learning disability, people who have dementia, people who are deaf, people who are deafblind, people who have vision loss and people with little or no English or low levels of literacy.⁶

Promoting equality

Equality and diversity are at the heart of the NHS strategy. Due regard to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it, has been given throughout the development of the policies and processes cited in this document.

⁶ <http://www.england.nhs.uk/wp-content/uploads/2014/07/fft-imp-guid-14.pdf>

LOCAL FLEXIBILITY

Data collection

As long as practices meet the requirements of this guidance, they can choose their own collection methodology and might want to use a range of different methods to encourage participation from all patient groups. NHS England has published advice, case studies and support on how to collect the FFT feedback here.⁷

Practices should carefully consider which data collection methods best suit the needs and preferences of their patients, across the range of services they provide.

Practices can determine the best way to ensure that their patients are aware of their opportunity to provide feedback through the FFT.

It would not be expected to directly put the question to people who frequently use the practice's services after each and every appointment. Whilst some people may wish to respond to the question more than once, and this is not prohibited, others may be unhappy to be repeatedly asked to do so and therefore repeatedly inviting feedback from the same individuals is not encouraged. Practices may want to identify areas or populations where a more proactive approach could be taken (for example, a location, condition or demographic group) to identify areas of concern specific to those groups.

"Token" collection systems (i.e. where patients are able to give a score by dropping a token into a response box without being asked to complete a follow up question) are not permitted. See the section on follow up questions below.

Additional questions

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

⁷ <http://www.england.nhs.uk/wp-content/uploads/2014/07/fft-imp-guid-14.pdf>

- questions which target specific local issues, so further intelligence can be gathered around issues previously raised through the FFT, the complaints process (or other processes)
- questions which follow up on issues raised in traditional patient surveys which run less frequently.

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

Equality data, and other evidence, will help practices to monitor their FFT responses in terms of the nine protected characteristics and will help them to respond well to the public sector Equality Duty of the Equality Act 2010. The nine characteristics given protection under the Equality Act 2010 are:

- age
- disability
- ethnicity
- sex
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- religion or belief
- sexual orientation

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 to meet the fundamental principles and requirements set out above, so that all people using the service have the opportunity to provide feedback as soon as possible after their care experience.

Third party supplier

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

Parents, carers, volunteers or staff helping to complete the response

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

Any support given to a service user, who lacks capacity in answering the FFT question, must comply with the five key principles of the Mental Capacity Act 2005.⁸

Parents or carers may also want to provide their own feedback. Practices can use the FFT to collect this.

For their own purposes, practices may wish to analyse the feedback collected with help from carers etc. or provided by a parent or carer, separately from direct patient or service user feedback. However, for data submission purposes, NHS England does not require such a breakdown.

Clinical discretion

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

Judgement should, therefore, be used by appropriate members of staff before actively asking a patient to take part in the FFT, on a case-by-case basis. Discretion should be exercised to avoid causing unnecessary additional distress in what may be difficult circumstances. At the same time, care should be taken not to be overly protective of patients, carers and their families and to avoid making assumptions about who should be invited to participate.

Consideration should be given to other means of seeking feedback from people who are not asked the FFT question as a result of any decision not to do so.

⁸ <http://www.legislation.gov.uk/ukpga/2005/9/section/1>

Guidance should be available to staff about how to seek support should they experience distress as a result of feedback received.

QUERIES PROCESS

Queries can be divided into three main categories:

1. Those which can be resolved by referring to the guidance
2. Those which require interpretation of the guidance
3. Those where scenarios have arisen which were not anticipated in developing guidance.

If there are queries which cross the above areas, the recipient will liaise with the other relevant parties in order to resolve/respond. In addition, where a query has been directed incorrectly, the query will be redirected to the appropriate organisation to be dealt with.

Where queries cannot be answered by reading this guidance document queries should be directed as follows:

Queries should be sent to:

- NHS Employers for NHS England area teams via GMScontract@nhsemployers.org
- GPC for general practice via info.gpc@bma.org.uk

NHS Employers

www.nhsemployers.org

**General Practitioners
Committee**

www.bma.org.uk/gpc

NHS England

www.england.nhs.uk

Published July 2014. © NHS Employers.

This document may not be reproduced in whole or in part without permission.

The NHS Confederation (Employers)

Company Ltd. Registered in England

Company limited by guarantee: number 5252407

Ref EGUI25701