

FAQs for the Friends and Family Test July 2014

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Fundamentals of the Friends and Family Test

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. The introduction of the FFT across all NHS services is an integral part of *Putting Patients First*, the NHS England Business Plan for 2013/14 – 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.

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

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. For these patients, consideration should be given as to how the patient can be supported to participate. This may include supplementing the FFT question, where necessary. This includes children and young people, people with learning disabilities, who are Deaf, deafblind, are blind or have vision loss and people with little or no English or low levels of literacy. Please see the 'Making the FFT inclusive' section of the guidance for further details.

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

The NHS Standard Contract for 2014/15 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 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.

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 2014/15 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.

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.

The 2014 guidance 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.

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

The FFT guidance has been updated by NHS England 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.

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 the existing service areas (inpatients, A&E and maternity) will change, 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.

What’s happening with response rates in the new guidance?

There is no change to the calculation of response rates in the existing areas of FFT. Providers will continue to submit eligible populations for inpatients, A&E and maternity services (for question 2 only) and NHS England will calculate a response rate for each service area. For outpatients, community and mental 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. There will be no target set for the number of responses.

- The additional data for outpatient departments will be the number of outpatient appointments from the NHS England central hospital activity return.
- The additional data for community services is to be confirmed.
- The additional data for mental health services is to be confirmed.
- The additional data for General Practice will be the number of patients on the practice list.
- NHS England is still considering the additional data required for dentistry and will provide further detail in due course.
- 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.

What are the timescales for implementation in the new areas of FFT?

The FFT will be introduced in GP practices from 1 December 2014, mental health services, community health services and GP practices from the 1 January 2015 and the remainder of acute care (outpatient and daycase departments), ambulance services and NHS dentistry from the 1 April 2015.

Providers may choose to implement FFT in these areas earlier, should they wish. Any provider implementing FFT early will not be expected to submit the data in a national return.

What are the timescales for the changes to the existing areas of FFT (inpatients, A&E and maternity)?

The FFT in the existing service areas (inpatients, A&E and maternity) will change, from 1 April 2015. Providers may choose to implement these changes earlier, should they wish.

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.

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. CQUIN payments are available for some elements of the FFT, for further detail see: <http://www.england.nhs.uk/wp-content/uploads/2014/02/sc-cquin-guid.pdf>

There has been no increase to the total funding of GPs to pay for implementation of the FFT. However, funding for patient participation has been restructured. A one year extension of the revised Patient Participation Enhanced Service has been agreed, with funding of £20m being available in 2014/15. The remaining £40m of the existing funding has been reinvested in the Global Sum (without any out of hours deduction).

There are no plans to increase funding to pay for implementation of the FFT in NHS dentistry.

Can a third party supplier be used?

Yes, where the contract allows.

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.

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

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.

Data submission and Unify

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. More guidance on the dates for submission will be published separately.

General and acute providers, mental health providers, ambulance providers and community providers will input their data onto an Excel spreadsheet and submit it to NHS England via Unify2. Excel spreadsheet templates for new FFT areas will be available later in the year, however the required data items are outlined in the guidance for the specific areas of care. The spreadsheets can be accessed via the Unify2 website: <http://nww.unify2.dh.nhs.uk/unify/interface/homepage.aspx>.

NHS England is in the process of developing a system for GPs and dentists. These systems will be in place before the first data submission dates.

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 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).

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 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 trusts 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, consideration should be given to how maintain anonymity, as per the Information Governance section of the guidance.

How will results be presented?

Further information about the presentation of FFT results, will be provided shortly.

Contracts, Levers and Incentives

Is the Friends and Family Test a contractual requirement?

Yes. There is a contractual requirement to implement the FFT as per the guidance in the standard contract. For more information see: <http://www.england.nhs.uk/nhs-standard-contract/>.

The GP contract requires GP practices to implement FFT by 1 December 2014.

It is our intention to make it a contractual requirement for dentists with an NHS contract to implement FFT by 1 April 2015.

The publication of the guidance was delayed – will the timetable for CQUIN indicator 1b (early implementation) be adjusted accordingly?

No, the timetable for CQUIN indicator 1b will remain the same as per the CQUIN guidance.

The CQUIN documentation said that further clarification would be forthcoming – where can I find this?

The clarification was issued to regional patient experience leads in July. Further details are provided in the FAQs below.

The CQUIN guidance published in December 2013 had an indicator on reducing negative responses. Has this requirement changed?

Yes, the CQUIN guidance, originally published in December 2013, was re-published in February 2014. Indicator 3, worth 40% of the FFT CQUIN for acute providers, was amended from a focus on reducing negative responses, to one of increasing the response rate in inpatient departments. The template for this indicator can be found on page 20 of the [CQUIN guidance](#) issued in February 2014. The new requirement is that acute providers increase their FFT response rate in inpatient services to 40%, rather than reduce the number of negative responses received.

Is there a CQUIN payment for maternity FFT in 2014/2015?

Unlike in 2013/14, maternity departments do not have a patient FFT CQUIN requirement for this 2014/2015.

The CQUIN guidance 2014/2015 references “early implementation of patient FFT”. Can you explain what “early implementation” means?

For mental health providers, community services providers and ambulance trusts, funding of 20% (i.e. half of the total 40% of funding available) of the patient FFT CQUIN is to be awarded for partial implementation in services, as per FFT guidance, from 1 October 2014. Those services are to be locally defined, and to represent approximately 20% of the provider’s service activity that is in scope for FFT implementation. Funding of 20% (i.e. the other half of the 40% of funding available) is payable for full implementation. For acute providers, there is no CQUIN payment for partial achievement.

If we miss one element of the CQUIN, will we still receive the payment for the other elements?

If one element of CQUIN is not achieved, the payments for the other elements of CQUIN are still possible, if the required targets are achieved.

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 four regional offices and the local area teams. The contact details for the regional offices 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
- 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.

Data Protection and Information Governance

How long should we keep patient responses for?

All patient responses should be retained for twenty-four months.

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.

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 on the ONS website: <http://www.ons.gov.uk/ons/guide-method/best-practice/disclosure-control-policy-for-tables/index.html>

The Friends and Family Test in General and Acute

What are the key changes to the existing areas of the Friends and Family Test Guidance (inpatients, A&E and maternity)?

The key changes to the existing areas of FFT 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.

The removal of the requirement to collect and submit eligible population data for maternity FFT questions 1, 3 and 4 may be introduced with immediate effect.

When is FFT being introduced in outpatients?

The FFT should be implemented in outpatient departments from April 2015.

What response rate will be required 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.

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.

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 existing 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).

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).

The Friends and Family Test in Mental Health and Community Healthcare

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 does the FFT become a contractual requirement?

The contract will require practices to implement the FFT in line with the guidance from 1 December 2014. Practices can start implementation sooner if they wish.

NHS England will start to collect monthly data submissions from the end of January 2015. The exact dates will be set out in due course.

Why do GPs not submit data until after January 2015?

We are allowing 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?

We are still developing a data submission system that will be available to GP practices in advance of the deadline for submission.

NHS England will only require:

- 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 on NHS Choices?

We are still in discussion with NHS Choices and the Department of Health and further detail will be provided at a later date.

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

Is there any extra funding available 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. However, funding for patient participation has been restructured. A one year extension of the revised Patient Participation Enhanced Service has been agreed, with funding of £20m being available in 2014/15. The remaining £40m of the existing funding has been reinvested in the Global Sum (without any out of hours deduction).

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 recommended 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 pro-actively choose to seek feedback from a particular group if they are underrepresented.

The Friends and Family Test in Dentistry

When are dentists required to implement the FFT?

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

How will dentists submit their data?

We are developing a system for data submission, which will be in place in time for the first submission date.

What response rate will be required?

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 of the number of responses compared to the volume of activity/size of the organisation. For dentists, this will be the number of completed courses of treatment.

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.

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.

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. 4 out of 5 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 that 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.