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THE FRIENDS AND FAMILY TEST

July 2014

WHAT IS IN THE GUIDE?



FOREWORD



Events of recent years have demonstrated the vital importance of listening to patients in ensuring the delivery of safe, high quality services.

Since the introduction of the NHS Friends and Family Test (FFT) in April 2013, initially to A&E and inpatient services and then maternity services, over three million

responses have been collected by providers of NHS funded care.

The introduction of the FFT provides patients, the public and staff with feedback about our NHS which can be used in a similar way to Tripadvisor which informs other choices in our lives.

We are already seeing many examples of the ways in which the valuable free text comments are being used to make improvements to the experiences of patients in our hospitals and communities. As we roll out the FFT to the whole of the NHS the value of the FFT as a real time improvement tool will be further strengthened.

By April 2015, we will have introduced the FFT to millions of patients across thousands of providers of NHS funded services including GP and dental practices, ambulance, mental health and community services, as well as outpatients.

This reinforces our commitment to give every patient the opportunity to provide feedback on the care they have received.

I hope that the introduction of the FFT across the NHS will create a culture where patients expect to be given the opportunity to feedback and NHS staff value and act upon patient needs and wishes.

The FFT is based on the premise that patients have a right to participate in giving feedback to the NHS, and in relation to their possible future care, they have a right to see what others have said to inform their choices and decisions.

In meeting that vision, the FFT will be used 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;
- provide a broad measure of patient experience that can be used alongside other data to inform patient choice; and
- identify areas where improvements can be made so practical action can be taken.

In the design of this guidance, we have listened to the views of many stakeholders, including patients and NHS Trusts who are already using the FFT to gather feedback in a variety of settings. We have sought to understand how the FFT has worked to date and seek views on how the FFT might best work in the future - particularly for those services not yet using it. Thanks to all of you who have participated in the FFT review, provided advice on our approach to implementing the FFT in all services and to those organisations who have been early adopters in testing the FFT within and across a variety of pathways. I hope that you find this guidance clear, practical and helpful.

Tim Kelsey
National Director, Patients and Information
NHS England



FOREWORD



TIM KELSEY - NATIONAL DIRECTOR



AMANDA PYE - CHIEF NURSE



JONATHON CORRY - SERVICE USER

Click to view interviews with NHS patients and staff.





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WHO IS THIS GUIDE FOR?

This guidance is for providers of NHS-funded services who are required to implement the NHS Friends and Family Test (FFT). It provides details of how providers of NHS-funded care should implement the FFT to ensure that:

- ▶ patients are given a voice and provided with the opportunity to feed back during or after their care and treatment;
- ▶ patients and the public can use FFT information to inform decision making and choice;
- ▶ feedback is maximised to drive improvements in care.

It will also be of interest to:

- ▶ patients, carers and families;
- ▶ NHS service providers;
- ▶ Clinical Commissioning Groups, commissioning bodies and other support organisations;
- ▶ NHS England nationally, regionally and at area team level;
- ▶ voluntary sector groups, local Healthwatch organisations and Health and Wellbeing Boards;
- ▶ other organisations with an interest in healthcare services.

The approach to the FFT is to be as flexible and inclusive as possible, while minimising the burden on providers and patients who want to give feedback. The guidance is intended to be as clear, concise and helpful as possible to help providers to benefit from the wealth of feedback they receive.

There are a small number of mandatory requirements, which are set out [here](#).

The guidance also sets out some [local options](#) that allow providers some flexibility over how they implement the FFT. It includes a package of resources to help NHS providers to use the FFT to improve services [here](#).

OUR VISION FOR THE FFT

The FFT is based on the premise that patients have a right to participate in giving feedback to the NHS, and in relation to their possible future care, they have a right to see what others have said.

By ensuring patients are able to give feedback as a standard part of the care experience and, that the feedback is transparent and available for all to see, the outcomes of the feedback exercise are twofold:

➤ **Patients and the public can use the data as a useful source of information which can help to inform decision making and personal choices.**

➤ **The NHS can use the feedback to continuously improve the service it offers; reinforcing exemplary standards of care, and improving care where improvement is needed.**

In the design of this guidance NHS England called upon the NHS and patients to feed back on how the FFT has worked to date, and how it might best work in the future where it's not already being used.

NHS England would like to thank all those people and organisations that provided their feedback on the FFT and all those who participated in the testing of the guidance. The feedback received has been extremely valuable in shaping this guidance.

OVERVIEW

This guidance sets out the background to the FFT and how it works in the various NHS settings that fall within scope. It includes links to resources that can help providers to implement and make the most of the feedback they receive from the people who use services.

WHAT IS THE FFT?

This section sets out the aims, principles and mandatory requirements of the FFT.

The approach is to be as flexible and inclusive as possible, while enabling patients to have the opportunity to provide feedback on the services they are receiving.

The fundamental principles of the FFT are that people who use NHS services should have the opportunity to provide real time feedback on their experience, feedback is transparently available to inform decision making and choice for patients and that feedback should be used

to highlight practices that lead to good experiences and practices where improvements could be made. NHS England will continue to look at how the FFT can become more comparable to further increase its usefulness in helping patients make informed choices.

The FFT is not a traditional survey. It is a continuous feedback loop between patients and providers.

As the FFT is a flexible tool, providers can adapt it to suit their circumstances and their patient population. Providers can, for example, choose the data collection method that works best for them, and they can ask additional questions to seek feedback on local priorities.



OVERVIEW

AREAS OF CARE

This section of the guidance sets out the requirements that apply to specific service areas, ie general and acute providers, mental health service providers, community service providers, GP practices, NHS dentistry services, ambulance services and secure settings.

The GP practice guidance can be found [here](#).

The individual sections for each service area set out the wording of the standard FFT question in each setting, and the detail of who should have the opportunity to provide feedback in each service area.

This section also sets out how data should be submitted to NHS England each month.



OVERVIEW

MAKING THE FFT INCLUSIVE

The opportunity to provide feedback through the FFT and, where appropriate, to be supported to do so, should be given to all patients.

This section sets out how providers can provide support to and empower:

- children and young people,
- people who have a learning disability,
- people who have dementia,
- people who are Deaf,
- people who are deafblind,
- people who are blind or have vision loss and
- people with little or no English or low levels of literacy.



OVERVIEW

SUPPORT & RESOURCES

In the first year of implementation in inpatient and A&E services, the FFT gathered over 2 million responses. There are many examples of good practice and improvements made as a result of this feedback.

This section is a library of case studies, tips for using the FFT for service improvement, research evidence and other useful information. This information does not form part of the core requirement, but is designed to signal best practice.



WHAT THIS MEANS FOR...

> PATIENTS

- > Have the right to provide feedback at any point during their care and treatment.
- > Can use the FFT data alongside other publically available data sets to inform decision making and personal choices.
- > Can challenge healthcare organisations if they are not provided with the opportunity to provide feedback.
- > Can see visible evidence in public places to demonstrate what actions have been taken as a result of feedback.
- > Can ask healthcare organisations to explain what improvements have been made as a result of feedback if this information is not transparent.

> HEALTHCARE ORGANISATIONS

- > Should ensure that all patients are given a voice regardless of their needs.
- > Should ensure staff providing care receive feedback as soon as possible after it is given.
- > Should have robust mechanisms in place to ensure that action plans are developed and monitored as a result of feedback
- > Should provide visible evidence in public places to demonstrate what actions have taken place as a result of feedback.
- > Should use feedback from the FFT alongside other measures of quality.
- > Should work with professional and clinical networks to share examples of good practice which can be replicated by others.
- > Should support staff to promote the FFT to patients to get their feedback.

> HEALTHCARE COMMISSIONERS

- > Should ensure that the FFT data is available to be reviewed by patient participation groups and other relevant patient groups.
- > Should work with providers to ensure that the FFT data (including free text comments) are viewed alongside other measures of quality.
- > Should view the FFT data over time rather than as a single point in time.
- > Should promote partnership working with providers and voluntary sector organisations to utilise the FFT feedback across pathways of care and implement system wide improvements.
- > Should work with local Healthwatch and other voluntary sector organisations to promote visibility of the FFT with patients and the public.
- > Should work with professional and clinical networks to share examples of good practice which can be replicated by others.



THE 6 CS AND ENSURING EQUALITY

The 6Cs provide a drive to ensure that core values of care, compassion, competence, communication, courage and commitment are at the heart of the NHS. Click [here](#) to view the 'Compassion in practice' document.

Working with people to provide a positive experience of care is a key supporting action for the delivery of the 6Cs. This action area is concerned with ensuring that patients are treated with dignity, empathy and respect, which is something that we all want for ourselves and our loved ones. This requires us to listen to feedback and act on it. This action area supports the implementation of the FFT and highlights that the NHS should actively seek out, listen to and act on patient and carer feedback, identifying any themes or issues and ensuring the patient's voice is heard.

No patient should experience disadvantage through participation in the FFT, as it is important to hear from all patients, including those who are vulnerable. 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 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.





**WHAT IS
THE FFT?**



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WHAT IS THE FFT?

The 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 feedback should be used to improve services for patients.

The approach is to be as flexible and inclusive as possible, while minimising the burden on providers 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 comments are a rich source of information, which provide staff with a greater depth of understanding about the experience of their patients. The results are available much more quickly than traditional survey methods, which enables providers to take swift action where required. The FFT results are also one useful source of information which can help to inform choice for patients and the public.

Previously, the responses to the FFT were used to calculate a single score which was based on 'net promoter' methodology. Following NHS England's review of the FFT, the presentation of the FFT results will change to a more transparent presentation of the data which both patients and staff will find easier to understand and use. The results will be available on the [NHS England website](#) and [NHS Choices](#) and providers can use these results to track their progress over time.

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?

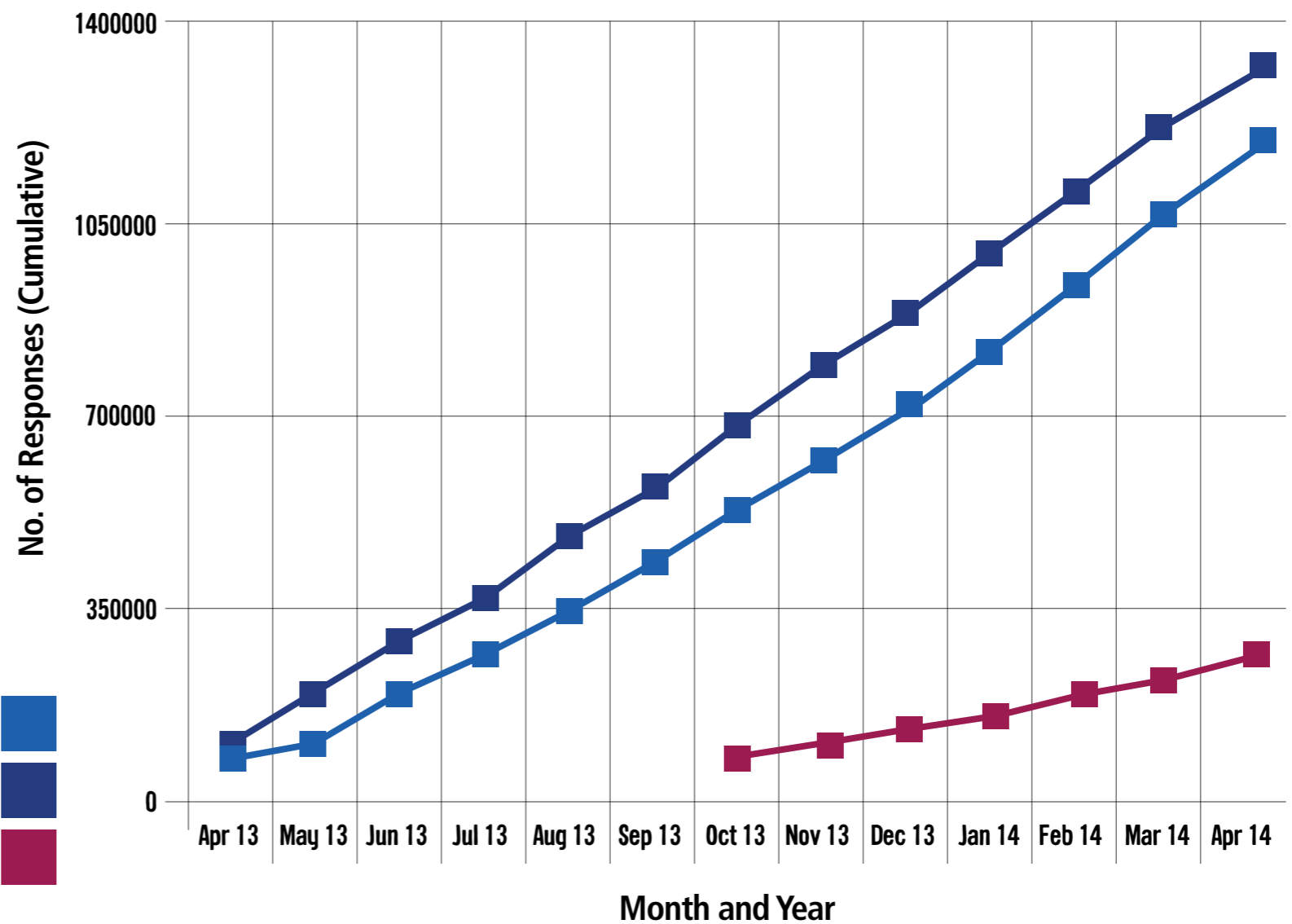
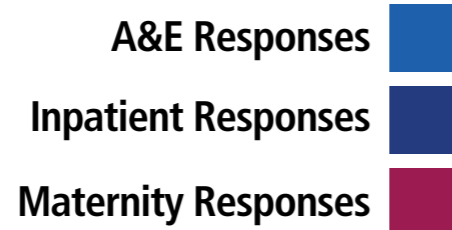
Extremely likely Likely Neither likely nor unlikely Unlikely Extremely unlikely Don't know

Can you tell us why you gave that response?



A RICH SOURCE OF FEEDBACK

The FFT provides a rich source of patient feedback, which can be used locally to highlight and address concerns much faster than more traditional survey methods. In the first year, over two million responses were collected in inpatients and A&E services and over 200,000 responses in the first six months in maternity services. When compared with the National Inpatient Survey 2012, where 64,500 people were surveyed it is clear that the FFT is enabling more people to have their say.



AIMS OF THE FFT

The primary aims of the FFT are to:

- gather feedback from patients in near real time.
- provide a broad measure of patient experience that can be used alongside other data to inform patient choice.
- identify areas where improvements can be made so practical action can be taken.

Compared to traditional survey methods, where there is often a considerable time-lag between the collection of feedback and the survey results, the FFT is a timely feedback tool. This can help providers to understand their areas of strength and weakness - and drive improvements in patient care - very quickly.

Service providers are already collecting hundreds of detailed feedback comments from patients every day, and the insight from this is enabling those providers to celebrate their successes and to make positive changes.

The FFT works best when used alongside other information that provides insight into local issues. It acts as a catalyst to highlight areas of good practice, opportunities for service improvement and immediate issues to which staff should be alerted.

Commissioners can use the FFT results alongside other insight information to inform their planning. Other bodies, such as

Healthwatch, the Care Quality Commission, Monitor, the NHS Trust Development Agency and Health and Social Care Overview and Scrutiny Committees, can use the feedback as part of the information they use for their regulatory and oversight responsibilities.

The experience of the FFT to date has shown that many of the problems identified can be easily resolved and this can have a positive impact on patient experience. Equally, the very many positive comments received through the FFT are important for raising and maintaining the morale of hard-working staff.

The FFT does not provide results that can be used to directly compare providers because of the flexibility of the data collection methods and the variation in local populations. This means it is not possible to compare like with like. There are other robust mechanisms for that, such as national patient surveys and outcome measures. The FFT can help mark progress over time for organisations and still provides patients with useful data to inform choice.



PRINCIPLES OF THE FFT

The fundamental principle of the FFT is that all people who use the NHS services covered by this guidance should have the opportunity to provide real-time feedback on their experience. That feedback should be used to celebrate and build on what's working well and identify areas where improvement could be made.

To support this, the following principles also apply:

PRINCIPLES FOR PATIENTS

- Patients have a right to provide feedback.
- The patient's response should be anonymous.
- Where appropriate, support can be provided to patients so that they can participate in the FFT. This could be from relatives or carers, volunteers or staff. For further information click [here](#).
- 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. However, assumptions should not be made about particular patient groups not wishing to or not being able to respond to the FFT.

OPERATIONAL PRINCIPLES

- The FFT is continuous – it is not a one off, traditional survey, or a scheduled feedback tool.
- The feedback should be used to celebrate and build on what is working well and identify areas where improvements could be made.
- The process should be as simple and low burden as possible for healthcare organisations and patients.
- Results from the FFT should be made readily available to the public and patients.

It is not a requirement to actively ask patients to respond to the FFT after every interaction or appointment but they should be made aware that if they want to they can provide feedback through the FFT at any time (See [Areas of Care](#) for a description of how the FFT should be carried out in inpatient, A&E and maternity services).



CORE REQUIREMENTS FOR PROVIDERS

The summary of core requirements

- Provide an opportunity for people who use NHS services to **give feedback through the FFT** except where it would be **inappropriate to do so**.
- Use the wording of the FFT question and the responses exactly as set out in the guidance. Further information about how best to support patients with particular social and communication needs can be found in the section **Making the FFT inclusive**.
- 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.
- Publish results locally. It is recommended that providers publish the number of responses they have received, as well as an indication of the volume of positive and negative responses. Providers can also publish their free text comments locally in an anonymised format.
- Meet the duty under the Equality Act 2010 to have due regard to the need to eliminate discrimination and to advance equality of opportunity. To ensure the FFT is open to all sections of the community, the collection of the following four demographic characteristics is strongly recommended: age, gender, ethnicity and disability. See the **recommended questions and responses**.
- If providers wish to publish free text comments locally, patients must be able to opt out of their comment being published. Photocopies or scanned copies of handwritten comments must not be published because of the risk of identifying the author. This could be presented as follows:



please tick this box if you DO NOT wish your comments to be made public



CORE REQUIREMENTS FOR PROVIDERS

Data collection



It is essential that the FFT is conducted in such a way that patient anonymity is respected and given high priority. Please see the section on [Information Governance](#) for guidance on fair processing of information and maintaining patient anonymity.

From **1 April 2015**, token collection systems (ie where patients are able to give a score by dropping a token into a box) are not permitted.

The FFT question can be asked alongside other questions but it must be asked first, before other questions. This is to avoid responses being unduly affected by the preceding questions.

CORE REQUIREMENTS FOR PROVIDERS

Data submission

Providers must submit monthly data to NHS England that include at least:

- **the number of responses in each category;**
- **the number of responses collected by each method;**
- **where specified in the area of care guidance - an eligible population.**

For the specific requirements of the data submission, please see the [Areas of Care](#) section.

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

In some settings it is not possible to calculate the number of people who might give feedback through FFT (the eligible population) and subsequently calculate an accurate response rate. In those settings, NHS England will publish data to indicate the levels of participation in the FFT within that organisation.

Whilst all providers of NHS-funded services should implement the FFT as part of a best practice approach and as part of its package of care, not all NHS-funded services are required to submit data centrally at this stage. More detail can be found in the [Areas of Care](#) section.

CORE REQUIREMENTS FOR PROVIDERS

Publication of results



It is important that providers 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. Providers can decide how best to do this locally.

In the future, results will be published on the NHS England and NHS Choices websites in a more transparent format which both patients and staff will find easier to understand and use. The number of responses will also be published alongside the data to indicate the levels of participation in the FFT within that organisation. The date of this change will be confirmed through the monthly publication.

CORE REQUIREMENTS FOR PROVIDERS

Equality

It is strongly recommended that patients are asked demographic questions which allow providers to monitor whether the feedback received is representative of their patient population.

The demographic questions asked should be relevant to the patient population and help providers respond well to their equality duties but also consider the principle of keeping the FFT as short and simple as possible.

Feedback through the FFT, across the nine characteristics given protection under the Equality Act 2010, will contribute towards the robust evidence needed by providers when implementing the Equality Delivery System (EDS2). EDS2 is a tool to help NHS organisations, in discussion with their local partners including patients, to review and improve their performance for all patients and communities. More information can be found [here](#).

In determining which questions should be asked, providers should give consideration to all nine of the characteristics given protection under the Equality Act 2010. These are:

- **Age**
- **Disability**
- **Ethnicity**
- **Sex**
- **Gender Reassignment**
- **Marriage and Civil Partnership**
- **Pregnancy and Maternity**
- **Religion or Belief**
- **Sexual Orientation**

It is recommended that the following questions are asked as a minimum:

<p>→ 1 What is your sex?</p> <p><input type="checkbox"/> a) Male <input type="checkbox"/> b) Female</p>	<p>→ 3 What is your ethnic group?</p> <p><input type="checkbox"/> a) White <input type="checkbox"/> b) Mixed/ Multiple ethnic groups <input type="checkbox"/> c) Asian/ Asian British <input type="checkbox"/> d) Black/ African/ Caribbean / Black British <input type="checkbox"/> e) Other ethnic group</p>
<p>→ 2 What age are you?</p> <p><input type="checkbox"/> a) 0-15 <input type="checkbox"/> f) 55-64 <input type="checkbox"/> b) 16-24 <input type="checkbox"/> g) 65-74 <input type="checkbox"/> c) 25-34 <input type="checkbox"/> h) 75-84 <input type="checkbox"/> d) 35-44 <input type="checkbox"/> i) 85+ <input type="checkbox"/> e) 45-54</p>	<p>→ 4 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (include any issues/problems related to old age)</p> <p><input type="checkbox"/> a) Yes, limited a lot <input type="checkbox"/> c) No <input type="checkbox"/> b) Yes, limited a little <input type="checkbox"/> b) Prefer not to say</p>

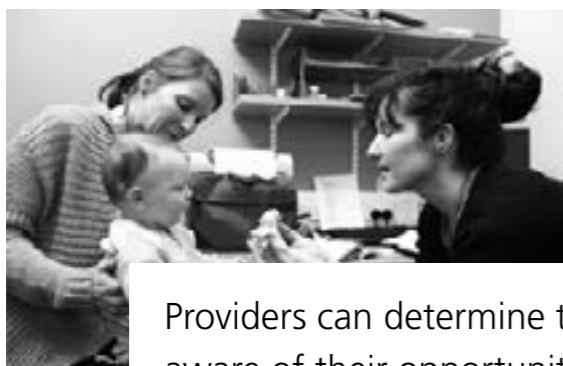
If there are groups of patients who are found to be underrepresented, providers may want to consider asking more detailed demographic questions which may help them to understand why these groups are underrepresented and what actions may encourage their participation.

Consideration should be given as to how the demographic questions asked can work best for all patient groups so that no patient is disadvantaged. For example, some patients may find it easier to write their age rather than to select an age range.



LOCAL OPTIONS

Data collection



Providers can determine the best way to ensure that everyone is aware of their opportunity to provide feedback through the FFT. Further information on communications support can be found in the [Implementation Support](#) section.

Local flexibility is permitted over the degree and frequency of promotion of the FFT, and at which 'touch-points' in a pathway this occurs, to ensure that providers continue to hear from the full spectrum of their patient community and in sufficient volumes so as to be useful for service improvement purposes. See [Areas of Care](#) for more information.

As long as providers 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.

Providers should carefully consider which data collection methods best suit the needs and preferences of their patients, across the range of services they provide. Consistency of collection method over time will help develop a better quality time series of data.

Providers should consider collecting data at a more granular level than required for national submission to support their service improvement activity.

As long as the opportunity is made available, the question does not need to be directly put to people who use services after every appointment. However, providers 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.

For examples of possible data collection methods see [case studies](#).

LOCAL OPTIONS

Data collection

It is a requirement to offer at least one follow up question, but providers may decide which follow-up questions to ask, and how many. It is important to remember that the FFT should remain a short feedback tool, that people can complete easily and quickly. NHS England does not see the responses to these questions, and they are not published centrally. Providers might want to consider including questions that target specific local issues (so further intelligence can be gathered around issues previously raised through the FFT); explore the complaints process (or other processes); or questions which follow up on issues raised in other patient surveys.

Suggested examples include:

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

LOCAL OPTIONS

Third party supplier

Where their contract allows, providers can commission a third party supplier to carry out the FFT on their behalf. A number of suppliers already offer an FFT service. If this option is taken, providers will need to ensure that the supplier is meeting the requirements of the guidance, including requirements relating to the Equality Act 2010.

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

Wherever possible, the FFT feedback should be collected from the patient. In some cases, people who use services may wish to give feedback but need help to do so eg because of 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 questions, must comply with the five key principles of the [Mental Capacity Act 2005](#).

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

For their own purposes, providers 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.

For more information on how to enable all patients to give feedback, see the section on [Making the FFT Inclusive](#).



LOCAL OPTIONS

Using the FFT in sensitive situations

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.

There are some clinical settings where the FFT is not appropriate given its real-time nature; these are listed in the relevant section in the [Areas of Care](#) section.

Dealing with sensitive feedback

There may be instances where patients give feedback that staff or volunteers find distressing. Support should be available to staff and volunteers should they experience distress as a result of feedback received.



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GENERAL AND ACUTE

This section sets out the requirements for delivering the FFT in four types of service.

Click to view interviews with NHS staff.



STUART COALWOOD



LIZ ROBINSON



LINDA CROSS, MARGARET EVANS, MICHELLE DURNEY, SUE JOHNSON & JACQUI FOY



TOM HEMMING



SALLIE WARD, JESS TYLER & SUE SALLIS

If a provider delivers a significant number of community services (perhaps as a result of Transforming Community Services) they should refer to the **Community** section of this guidance.

INPATIENTS AND DAYCASES

ACCIDENT AND EMERGENCY, WALK IN CENTRES AND MINOR INJURY UNITS

OUTPATIENT DEPARTMENTS

MATERNITY SERVICES



GENERAL AND ACUTE

Inpatients and Daycases

The requirements for implementing the FFT in acute inpatient services will change from **1 April 2015**. The key changes will be:

- 1 **Inclusion of all patient groups accessing inpatient services (ie the addition of children and young people) as per the guidance on [Making the FFT Inclusive](#).**
- 2 **The mandatory collection of free-text comments.**
- 3 **A recommendation to collect demographic variables alongside the FFT question. Click [here](#) to read more.**
- 4 **Coverage of all inpatient services including daycases from 1 April 2015 and the data to be included within the submission of inpatient FFT data.**
- 5 **Token collections are not permitted.**

These changes may be implemented on a voluntary basis before **1 April 2015**, but any additional data should not be included in the monthly data submission to NHS England until after this date. This data should first be included in the return of FFT data relating to **April 2015**.

What is the initial FFT question?

We would like you to think about your experience in the ward where you spent the most time during this stay.

How likely are you to recommend our ward to friends and family if they needed similar care or treatment?

- | | |
|--|---|
| <input type="checkbox"/> Extremely likely | <input type="checkbox"/> Unlikely |
| <input type="checkbox"/> Likely | <input type="checkbox"/> Extremely unlikely |
| <input type="checkbox"/> Neither likely nor unlikely | <input type="checkbox"/> Don't know |



GENERAL AND ACUTE

Inpatients and Daycases

The wording of the question and the response categories must be exactly as set out in this guidance. Further information about how best to support and empower patients with particular social and communication needs can be found in the section [Making the FFT Inclusive](#).

From **1 April 2015**, the FFT in inpatients and daycases must include at least one follow-up, free-text question after the standard question.

Suggested questions include:

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

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.

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

From **1 April 2015**, the FFT should be available to all patients who are admitted to an acute inpatient or daycase ward/unit, for any length of stay. All patients accessing inpatient and daycase services (eg [children and young people](#)) should have the opportunity to give feedback via the FFT if they wish.

When should they have the opportunity?

Patients should have the opportunity to provide their feedback via the FFT on the day of discharge, or within 48 hours after discharge.

Data submission and publication of results

The FFT data must be submitted to NHS England monthly by the 9th working day of the month following the month of data collection. This is expected to continue when the changes to the inpatient collection are made. Any necessary changes to this schedule will be communicated in advance.

The data must be submitted via Unify2 and further information can be found [here](#).

GENERAL AND ACUTE

Inpatients and Daycases

The following data must be submitted to Unify2:

- **The total number of responses for each collection method.**
- **The total number of responses for each response category.**
- **The total number of people eligible to respond to the inpatient and daycases FFT.**

The data for all patient groups accessing both inpatients and day case services should first be included in the return of FFT data relating to **April 2015**.

The data must be submitted at trust, site, ward and specialty level. Daycases should be included within the ward count where applicable or presented as a dummy ward labelled 'daycases' where the patient doesn't spend any time on ward. Where a dummy ward for daycases is submitted, no specialty will be expected.

The following data items are not required to be submitted nationally:

- **Free text comments.**
- **Demographic data.**

Additional information regarding the submission can be found by reading the [FAQs](#).

GENERAL AND ACUTE

Accident and Emergency, Walk-in Centres and Minor Injury Units

The requirements for implementing the FFT in Accident and Emergency Departments will change from **1 April 2015**. The key changes to the FFT guidance for Accident and Emergency Departments are:

- 1 **Inclusion of all patient groups accessing Accident and Emergency services (ie the addition of children and young people) as per the guidance on [Making the FFT Inclusive](#).**
- 2 **The mandatory collection of free-text comments.**
- 3 **A recommendation to collect demographic variables alongside the FFT question.**
- 4 **The FFT is to be implemented in all A&E departments, Walk-in Centres (WiCs) and Minor Injury Units (MIUs) from 1 April 2015, and the data from these areas is to be included within the submission of A&E FFT data. Community providers should submit MIU/WiC activity in their separate Community return. Further guidance on the categories can be found in the [Community](#) section.**
- 5 **Token collections are not permitted from 1 April 2015.**

This data should first be included in the return of FFT data relating to **April 2015**.

These changes may be implemented on a voluntary basis before the **1 April 2015**, but any additional data should not be included in the monthly data submission to NHS England until after this date.

What is the initial FFT question?

We would like you to think about your experience in the [A&E Department, Walk-in Centre, Minor Injury Unit] during this visit.

How likely are you to recommend our [A&E Department, Walk-in Centre, Minor Injury Unit] to friends and family if they needed similar care or treatment?

- | | |
|--|---|
| <input type="checkbox"/> Extremely likely | <input type="checkbox"/> Unlikely |
| <input type="checkbox"/> Likely | <input type="checkbox"/> Extremely unlikely |
| <input type="checkbox"/> Neither likely nor unlikely | <input type="checkbox"/> Don't know |



GENERAL AND ACUTE

Accident and Emergency, Walk-in Centres and Minor Injury Units

The wording of the question and the response categories must be exactly as set out in this guidance. Further information about how best to support and empower patients with particular social and communication needs can be found in the section [Making the FFT Inclusive](#).

From **1 April 2015**, the FFT in Accident and Emergency Departments, WiCs and MIUs must include at least one follow-up, free-text question after the standard question. Suggested questions include:

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

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.

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

From **1 April 2015**, the FFT should be available to all patients attending: an Accident and Emergency Department (Type 1 and Type 2), a Walk in Centre, or a Minor Injury Unit. All patients accessing these services (eg **children and young people**) should have the opportunity to provide their feedback via the FFT.

When should they have the opportunity?

Patients should have the opportunity to provide their feedback via the FFT on the day of discharge, or within 48 hours after discharge.

Data submission and publication of results

The FFT data must be submitted to NHS England monthly by the 9th working day of the month following the month of data collection. This is expected to continue when the changes to the A&E collection are made. Any necessary changes to this schedule will be communicated in advance.

The data must be submitted via Unify2 and further information can be found [here](#).



GENERAL AND ACUTE

Accident and Emergency, Walk-in Centres and Minor Injury Units

The following data must be submitted to Unify2:

- **The total number of responses for each collection method.**
- **The total number of responses for each response category.**
- **The total number of people eligible to respond to the Accident and Emergency, Walk-in Centre, and Minor Injury Unit FFT.**

The data for all patient groups accessing Type 1 and Type 2 Accident and Emergency Departments, Walk-in Centres and Minor Injuries Unit services should first be included in the return of FFT data relating to **April 2015**.

The data must be submitted at trust and site level. WiC and MIU should be submitted as a combined dummy site labelled WiC/MIU.

The following data items are not required to be submitted nationally:

- **Free text comments.**
- **Demographic data.**

Additional information regarding the submission can be found by reading the [FAQs](#).

GENERAL AND ACUTE

Outpatients

The FFT will be introduced in all outpatient services from 1 April 2015.

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 service to friends and family if they needed similar care or treatment?

- | | |
|--|---|
| <input type="checkbox"/> Extremely likely | <input type="checkbox"/> Unlikely |
| <input type="checkbox"/> Likely | <input type="checkbox"/> Extremely unlikely |
| <input type="checkbox"/> Neither likely nor unlikely | <input type="checkbox"/> Don't know |

The wording of the question and the response categories must be exactly as set out in this guidance. Further information about how best to support and empower patients with particular social and communication needs can be found in the section [Making the FFT Inclusive](#).

The FFT in Outpatient services must include at least one follow-up, free-text question after the standard question. Suggested questions include:

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

Patients must be able to opt out of their comment being published as part of local publication. This could be presented as follows:

Please tick this box if you DO NOT wish your comments to be made public.



GENERAL AND ACUTE

Outpatients

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

All patients using outpatient services (eg **children and young people, people with a learning disability** and **people with dementia**) should have the opportunity to provide their feedback via the FFT.

For further information on which services are covered by this section of the guidance, please see the **FAQs**.

When should they have the opportunity?

Patients do not need to be asked the FFT question after every interaction, but the opportunity to give feedback should always be available.

Local flexibility can be applied over the extent to which the FFT is promoted at particular points in the patient's care or treatment. For example, patients may be actively asked to provide feedback after an appointment, or at discharge from the service.

GENERAL AND ACUTE

Outpatients

Data submission and publication of results

The FFT data must be submitted to NHS England monthly. Submissions should include responses received in the given month. The details of the submission timetable for this new collection area will follow. The first return collected nationally will be for patients responding to the question in April 2015.

The data must be submitted via Unify2 and further information can be found [here](#).

The following data must be submitted to Unify2:

- **The total number of responses for each collection method.**
- **The total number of responses for each response category.**

From **1 April 2015**, the data should be submitted for all patient groups accessing outpatient department services.

The data must be submitted at trust level. Outpatient department activity should be grouped together and reported in a single return.

The following data items are not required to be submitted nationally:

- **Free text comment.**
- **Demographic data.**

Additional information regarding the submission can be found by reading the [FAQs](#).

GENERAL AND ACUTE

Maternity

The requirements for implementing the FFT in maternity services will change from **1 April 2015**. The key changes to the FFT guidance for maternity services are summarised as follows:

- 1** A recommendation to collect demographic variables alongside the FFT question. Click [here](#) to read more.
- 2** Token collection systems are not permitted from **1 April 2015**.

These changes may be implemented on a voluntary basis before the **1 April 2015**, but any additional data should not be included in the monthly data submission to NHS England until this date.

What is the initial FFT question?

There are four standard maternity FFT questions, offered at different maternity 'touch-points':

Question 1 – Antenatal care

We would like you to think about your experiences of our antenatal service during your pregnancy.
How likely are you to recommend our antenatal service to friends and family if they needed similar care or treatment?

- | | |
|--|---|
| <input type="checkbox"/> Extremely likely | <input type="checkbox"/> Unlikely |
| <input type="checkbox"/> Likely | <input type="checkbox"/> Extremely unlikely |
| <input type="checkbox"/> Neither likely nor unlikely | <input type="checkbox"/> Don't know |



GENERAL AND ACUTE

Maternity

The requirements for implementing the FFT in maternity services will change from **1 April 2015**. The key changes to the FFT guidance for maternity services are summarised as follows:

- 1** A recommendation to collect demographic variables alongside the FFT question. Click [here](#) to read more.
- 2** Token collection systems are not permitted from **1 April 2015**.

These changes may be implemented on a voluntary basis before the **1 April 2015**, but any additional data should not be included in the monthly data submission to NHS England until this date.

What is the initial FFT question?

There are four standard maternity FFT questions, offered at different maternity 'touch-points':

Question 2 – Care at birth

We would like you to think about your experiences of our [labour ward/birthing unit/ homebirth service] at birth.

How likely are you to recommend our [labour ward/ birthing unit/homebirth service] to friends and family if they needed similar care or treatment?

- | | |
|--|---|
| <input type="checkbox"/> Extremely likely | <input type="checkbox"/> Unlikely |
| <input type="checkbox"/> Likely | <input type="checkbox"/> Extremely unlikely |
| <input type="checkbox"/> Neither likely nor unlikely | <input type="checkbox"/> Don't know |



GENERAL AND ACUTE

Maternity

The requirements for implementing the FFT in maternity services will change from **1 April 2015**. The key changes to the FFT guidance for maternity services are summarised as follows:

- 1** A recommendation to collect demographic variables alongside the FFT question. Click [here](#) to read more.
- 2** Token collection systems are not permitted from **1 April 2015**.

These changes may be implemented on a voluntary basis before the **1 April 2015**, but any additional data should not be included in the monthly data submission to NHS England until this date.

What is the initial FFT question?

There are four standard maternity FFT questions, offered at different maternity 'touch-points':

Question 3 – Care on postnatal ward

We would like you to think about your experiences of our postnatal ward, post birth.
How likely are you to recommend our postnatal ward to friends and family if they needed similar care or treatment?

- | | |
|--|---|
| <input type="checkbox"/> Extremely likely | <input type="checkbox"/> Unlikely |
| <input type="checkbox"/> Likely | <input type="checkbox"/> Extremely unlikely |
| <input type="checkbox"/> Neither likely nor unlikely | <input type="checkbox"/> Don't know |



GENERAL AND ACUTE

Maternity

The requirements for implementing the FFT in maternity services will change from **1 April 2015**. The key changes to the FFT guidance for maternity services are summarised as follows:

- 1** A recommendation to collect demographic variables alongside the FFT question. Click [here](#) to read more.
- 2** Token collection systems are not permitted from **1 April 2015**.

These changes may be implemented on a voluntary basis before the **1 April 2015**, but any additional data should not be included in the monthly data submission to NHS England until this date.

What is the initial FFT question?

There are four standard maternity FFT questions, offered at different maternity 'touch-points':

Question 4 – postnatal community care:

We would like you to think about your recent experience of our postnatal community service post birth.

How likely are you to recommend our postnatal community service to friends and family if they needed similar care or treatment?

- | | |
|--|---|
| <input type="checkbox"/> Extremely likely | <input type="checkbox"/> Unlikely |
| <input type="checkbox"/> Likely | <input type="checkbox"/> Extremely unlikely |
| <input type="checkbox"/> Neither likely nor unlikely | <input type="checkbox"/> Don't know |



GENERAL AND ACUTE

Maternity

The maternity FFT must include at least one follow-up, free-text question after each of the standard FFT questions. Suggested questions include:

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

Patients must be able to opt out of their comment being published as part of local publication. This could be presented as follows:



Please tick this box if you DO NOT wish your comments to be made public.

The wording of the question and the response categories must be exactly as set out in this guidance. Further information about how best to support and empower patients with particular social and communication needs can be found in the section **Making the FFT Inclusive**.

GENERAL AND ACUTE

Maternity

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

All women of any age who have used NHS-funded maternity services should have the opportunity to provide their feedback via the FFT.

Please read the note of clarification about [women who have experienced bereavement](#).

When should they have the opportunity?

The FFT should continue to be available to all patients accessing maternity services at the following touch-points:

- Question 1** – antenatal care: at, or around, the 36 week antenatal appointment. This covers the entire antenatal experience up until the point the question is offered.
- Question 2** - care at birth: at discharge from the birth suite/birth unit, or following a home birth.
- Question 3** - care on the postnatal ward: at discharge from a postnatal ward for postnatal care. Question 3 should only include those women who are admitted to a postnatal ward for postnatal care following birth. Question 3 should include all women admitted to a ward, for any length of stay. It should not include women who are discharged directly from the delivery suite, or women who give birth outside of the hospital setting, eg following a home birth. These women have the opportunity to provide their feedback via the FFT at Question 4.
- Question 4** - postnatal community care: at discharge from the care of the community midwifery team to the care of the health visitor/ GP (usually at 10 days postnatal).

GENERAL AND ACUTE

Maternity

Data submission and publication of results

The FFT data must be submitted to NHS England monthly, by the 9th working day of the month following the month of data collection.

The data must be submitted via Unify2 and further information can be found [here](#).

For each of the four maternity FFT questions, the following data must be submitted to Unify2:

- **The total number of responses for each collection method.**
- **The total number of responses for each response category.**
- **The total number of people eligible to respond to question 2.** This should not be an estimate.

The data must be submitted at trust and site level for question 1, question 2 and question 3; and at trust level for question 4.

The following data items are not required to be submitted nationally:

- **Free text comment.**
- **Demographic data.**
- **The total number of people eligible to respond to the maternity FFT for question 1, question 3 and question 4.**

Additional information regarding the submission can be found by reading the [FAQs](#).

MENTAL HEALTH



ASHANTI WENHAM



JACQUI FOWLER & JOEL MCANN

Click to view interviews with NHS patients and staff.

Who is this guidance for?

All providers of NHS-funded mental health services.

The FFT will be introduced in all mental health services from 1 January 2015.

What is the initial FFT question?

For inpatients: We would like you to think about your experience in the ward where you spent the most time during this stay.

For other mental health services: We would like you to think about your recent experiences of our service/team.

How likely are you to recommend our [ward/service/team] to friends and family if they needed similar care or treatment?

- | | |
|--|---|
| <input type="checkbox"/> Extremely likely | <input type="checkbox"/> Unlikely |
| <input type="checkbox"/> Likely | <input type="checkbox"/> Extremely unlikely |
| <input type="checkbox"/> Neither likely nor unlikely | <input type="checkbox"/> Don't know |



MENTAL HEALTH

The wording of the FFT question and the responses must be exactly as set out in this guidance. Further information about how best to support and empower patients / service users with particular social and communication needs can be found in the section [Making the FFT Inclusive](#).

The FFT in mental health services must include at least one follow-up, free-text question after the standard question. Suggested questions include:

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

Patients / service users must be able to opt out of their comments being published. This could be presented as follows:



Please tick this box if you DO NOT wish your comments to be made public.

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

The FFT should be available to all patients / service users who have received care or treatment within an NHS-funded mental health service (eg [children and young people](#), [people with a learning disability](#) and [people with dementia](#)) where it is felt by an appropriate clinician that it will not cause distress to the patient / service user to be asked the question. Assumptions should not be made about particular patient groups not wishing to, or not being able to, respond to the FFT.

MENTAL HEALTH

When should they have the opportunity?

Patients / service users do not need to be asked the FFT question after every interaction, but the opportunity to give feedback should always be available.

Local flexibility can be applied over the extent to which the FFT is promoted at particular points in the patient's care or treatment.

For some services, such as inpatients, it may be appropriate to ask patients / service users on the day of discharge, or within 48 hours after discharge.

For other services, such as those provided by Community Mental Health Teams, it may be appropriate to ask at key points such as care plan review appointments and on transfer or discharge.

For services with frequent users, it may be appropriate to ask at regular intervals, such as monthly or three-monthly. Where possible, providers may want to consider balancing the number of times the person is asked with the number of interactions they have with services.

Data submission and publication of results

The FFT data must be submitted to NHS England monthly. Submissions should include responses received in the given month. The details of the submission timetable for this new collection area will follow. The first return collected nationally will be for patients responding to the question in **January 2015**.

The data must be submitted via Unify2 and further information can be found [here](#).

The following data must be submitted to Unify2:

- **total number of responses for each collection method;**
- **total number of responses for each response category.**

From **1 January 2015**, the data should be submitted for all patient groups accessing mental health services.

MENTAL HEALTH

Our current indicative list for data submission groupings is set out below. Data submissions should follow these groupings 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 the organisation.

- **Primary care** – IAPT
- **Secondary care community services** – community mental health teams, memory services, crisis and home treatment teams, assessment and treatment services, recovery services, respite care, assertive outreach services, substance misuse community services, general outpatient clinics run by psychiatrists, early intervention services, liaison psychiatry and mental health and homelessness services
- **Acute services** – inpatient services including low security, rehabilitation, eating disorders and rapid assessment interface and discharge services, inpatient services for substance misuse, older adult services 65+ (including assessment, dementia care, continuing care, intermediate care) and psychiatric intensive care units
- **Specialist services** – personality disorders, affective disorders, eating disorders, neurocognitive services, specialist dementia services, specialist psychotherapy/psychology (where not integrated

into CMHTs), employment services, addiction services, mother & baby/perinatal and low security services

- **Secure and forensic services** – secure forensic mental health community
- **Child and adolescent mental health services**
- **Mental health other** - mental health services which providers cannot fit into the more specific categories.

Organisations providing specialist learning disability services should submit data for those services under the most appropriate category for their organisation. For those also submitting data for community healthcare, providers may wish to submit this data under one of the community categories.

It is the responsibility of the provider to collect feedback on the services they provide, including those which are provided on other premises.

The following data items are not required to be submitted nationally:

- **Free text comments;**
- **Demographic data.**

Additional information regarding the submission can be found by reading the [FAQs](#).

COMMUNITY HEALTHCARE



ADAM KING & HELEN CONNINGTON

Click to view interviews with NHS staff.

Who is this guidance for?

All providers of NHS-funded community healthcare.

The FFT will be introduced in all community healthcare services from 1 January 2015

What is the initial FFT question?

For inpatients: We would like you to think about your experience in the ward where you spent the most time during this stay.

For other community health services: We would like you to think about your recent experiences of our service/team.

How likely are you to recommend our [ward/service/team] to friends and family if they needed similar care or treatment?

- | | |
|--|---|
| <input type="checkbox"/> Extremely likely | <input type="checkbox"/> Unlikely |
| <input type="checkbox"/> Likely | <input type="checkbox"/> Extremely unlikely |
| <input type="checkbox"/> Neither likely nor unlikely | <input type="checkbox"/> Don't know |



COMMUNITY HEALTHCARE

The wording of the FFT question and the responses must be exactly as set out in this guidance. Further information about how best to support patients with particular social and communication needs can be found in the section [Making the FFT Inclusive](#).

The FFT in community health services must include at least one follow-up, free-text question after the standard question.

Suggested questions include:

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

Patients must be able to opt out of their comments being published. This could be presented as follows:



Please tick this box if you DO NOT wish your comments to be made public.

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

The FFT should be available to all patients who have received care or treatment within an NHS-funded community healthcare service (eg [children and young people](#), [people with a learning disability](#) and [people with dementia](#)).



COMMUNITY HEALTHCARE

When should they have the opportunity?

Patients do not need to be asked the FFT question after every interaction, but the opportunity to give feedback should always be available.

Local flexibility can be applied over the extent to which the FFT is promoted at particular points in the patient's care or treatment.

For some services, such as inpatients, it may be appropriate to ask patients/service users on the day of discharge, or within 48 hours after discharge.

For other services, such as those provided by Community Nursing, it may be appropriate to ask at key points such as care plan review appointments and on transfer or discharge.

For services with frequent users, it may be appropriate to ask at regular intervals, such as monthly or three-monthly. Where possible, providers may want to consider balancing the number of times the person is asked with the number of interactions they have with services.

Data submission and publication of results

The FFT data must be submitted to NHS England monthly. Submissions should include responses received in the given month. The details of the submission timetable for this new collection area will follow. The first return collected nationally will be for patients responding to the question in January 2015.

The data must be submitted via Unify2 and further information can be found [here](#).

The following data must be submitted to Unify2:

- **The total number of responses for each collection method.**
- **The total number of responses for each response category.**

COMMUNITY HEALTHCARE

Our current indicative list for data submission groupings is set out below. Data submissions should follow these groupings 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 the organisation.

- **Community inpatient services** - inpatient
- **Community nursing services** - district nursing, community matrons, case management, long-term conditions
- **Rehabilitation and therapy services** - physiotherapy, occupational therapy, podiatry, adult speech and language therapy, osteopathy, rehabilitation
- **Specialist services** - dietetics and nutrition, phlebotomy (blood), diabetic retinal screening, sexual health and contraceptive services, amputee and prosthetic, pain management, smoking cessation services, community dental services, falls prevention
- **Children and family services** - children's community nursing, children's physiotherapy, children's speech and language therapy, children's occupational therapy, paediatric medical services
- **Community healthcare other** - walk-in centres, minor injury units, public health services, GP out-of-hours

COMMUNITY HEALTHCARE

Organisations providing specialist learning disability services should submit data for those services under the most appropriate category for their organisation. For those also submitting data for mental health, providers may wish to submit this data under one of the mental health categories.

It is not mandatory for organisations to submit data for non-NHS funded public health services. However, if organisations wish to submit data for non-NHS funded public health services, it should be submitted under the 'Community healthcare other' category. This might include services such as smoking cessation and Change4Life.

It is the responsibility of the provider to collect feedback on the services they provide, including those which are provided on other premises.

For organisations providing NHS-funded community services within secure accommodation, see [secure settings](#).

The following data items are not required to be submitted nationally:

- **Free text comments.**
- **Demographic data.**

Additional information regarding the submission can be found by reading the [FAQs](#).

NHS GENERAL PRACTICE SERVICES



RUTH CHAMBERS

The guidance for GP practices has been published separately because it is part of the guidance which covers changes to the GP contract. The GP guidance can be found [here](#).

GP practices may find the sections on: [Making the FFT Inclusive](#), [Support and resources](#), and [Contact](#) useful.

The FFT will be introduced in all general practices from 1 December 2014.



KAREN HOWARD & CHRIS CHAMBERS

Click to view interviews with NHS staff.



NHS DENTISTRY SERVICES



KULDIP S GAKHAL

It is the intention to make it a contractual requirement for dentists with an NHS contract to implement the FFT.

The fundamental principle of the FFT is that people who use NHS services should have the opportunity to provide feedback.

The FFT will be introduced in all dental practices from 1 April 2015

What is the initial FFT question?

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

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

- | | |
|--|---|
| <input type="checkbox"/> Extremely likely | <input type="checkbox"/> Unlikely |
| <input type="checkbox"/> Likely | <input type="checkbox"/> Extremely unlikely |
| <input type="checkbox"/> Neither likely nor unlikely | <input type="checkbox"/> Don't know |



Click to view interviews with NHS staff.

DAVID WRIGHT & DAWN MADDOCK



NHS DENTISTRY SERVICES

The wording of the FFT question and the responses must be exactly as set out in the guidance. Further information about how best to support patients with particular social and communication needs can be found in the section [Making FFT Inclusive](#).

The FFT in dentistry services must include at least one follow-up, free-text question after the standard question.

Suggested questions include:

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

Patients must be able to opt out of their comments being published. This could be presented as follows:



Please tick this box if you DO NOT wish your comments to be made public.

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

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

Patients who do not have any NHS-funded care or treatment should not be included in the reporting. Providers may wish to ask those patients for feedback, but they should keep the response data separate from those they report to NHS England.

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



NHS DENTISTRY SERVICES

When should they have the opportunity?

Patients do not need to be asked to respond to the FFT question after every interaction, but the opportunity to give feedback should always be available.

Local flexibility can be applied over the extent to which the FFT is promoted at particular points in the patient's care or treatment. For example, patients may be actively asked to provide feedback after an appointment, or course of treatment.

Data submission and publication of results

The FFT data must be submitted to NHS England monthly. Submissions should include responses received in the given month. The details of the submission timetable for this new collection area will follow. The first return collected nationally will be for patients responding to the question in April 2015.

The following data must be submitted:

- **the total number of responses for each collection method;**
- **the total number of responses for each response category.**

Details of how the data is to be submitted will be published later.

Third party suppliers

Where a contract allows, a third party supplier may be commissioned to carry out the FFT on behalf of the practice. A number of suppliers already offer a FFT service. Practices that take this approach will need to ensure that the supplier is meeting the requirements of the guidance.

AMBULANCE AND PATIENT TRANSPORT SERVICES



DAVE REID



JULIE TREHARNE

Click to view interviews with NHS staff.

Who is this guidance for?

All ambulance trusts and providers of patient transport services.

The FFT will be introduced in all ambulance services from 1 April 2015

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 service to friends and family if they needed similar care or treatment?

- | | |
|--|---|
| <input type="checkbox"/> Extremely likely | <input type="checkbox"/> Unlikely |
| <input type="checkbox"/> Likely | <input type="checkbox"/> Extremely unlikely |
| <input type="checkbox"/> Neither likely nor unlikely | <input type="checkbox"/> Don't know |



AMBULANCE AND PATIENT TRANSPORT SERVICES

The wording of the question and the response categories must be exactly as set out in this guidance. Further information about how best to support and empower patients with particular social and communication needs can be found in the section [Making the FFT Inclusive](#).

The FFT in ambulance services must include at least one follow-up, free-text question after the standard question. Suggested questions include:

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

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.

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

All patients using the relevant ambulance or patient transport services (eg [children and young people, patients with learning disabilities](#) or a [mental health condition](#)) should have the opportunity to provide their feedback via the FFT.

Providers are required to implement the FFT for the following patient groups:

- **All patients (999 or GP Urgent) attended but not conveyed, (see and treat) and**
- **Users of patient transport services.**

Providers are not required to implement the FFT for the following patient groups:

- **All patients that have been conveyed and**
- **Patients who have received telephone advice but not been attended (hear and treat)**

For further information on which services are covered by this section of the guidance, please see the [FAQs](#).



AMBULANCE AND PATIENT TRANSPORT SERVICES

When should they have the opportunity?

Patients do not need to be asked the FFT question after every interaction, but the opportunity to give feedback should always be available.

Local flexibility can be applied over the extent to which the FFT is promoted at particular points in the patient's care or treatment.

For example, patients may be actively asked to provide feedback at discharge from the service.

Data submission and publication of results

The FFT data must be submitted to NHS England monthly. Submissions should include responses received in the given month. The details of the submission timetable for this new collection area will follow. The first return collected nationally will be for patients responding to the question in April 2015.

The data must be submitted via Unify2 and further information can be found [here](#).

The following data must be submitted to Unify2:

- **The total number of responses for each collection method.**
- **The total number of responses for each response category.**
- **Number of patient transport journeys in the month**
- **A count of non-conveyed / see and treat activity for the month**

From **1 April 2015**, the data should be submitted for all patient groups using the relevant ambulance services.

The data must be submitted at trust level. Patient transport services (PTS) activity should be grouped together; non-conveyed activity should be grouped together; both should be reported in a single return.

The following data items are not required to be submitted nationally:

- **Free text comments.**
- **Demographic data.**

Additional information regarding the submission can be found by reading the [FAQs](#).

SECURE SETTINGS

It is really important that the opportunity to give feedback extends to all patients. However, NHS England needs to do more work on how this can be done in secure settings.

There is currently no mandatory requirement to implement the FFT in health and justice care and no central return is expected. However, providers may want to consider implementing this at a local level. Over the next two years, the commissioning arrangements of health and justice care will move to a one provider model. As new commissioning arrangements are put in place, more work will be done to establish how FFT can work best in these settings.

The secure settings are:

- Prisons,
- Young Offender Institutions,
- Secure Training Centres,
- Immigration Removal Centres,
- Police Custody Suites,
- Courts.



MAKING THE FFT INCLUSIVE





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MANDY BROOK



SAMANTHA JOHNSON, JOHN WOOD & MIQUI JOSEPH



DR ROMAN RACZKA & THERESA MCGINN



LORRAINE GILLINGS



JITENDRA BHATT

Click to view interviews with NHS patients and staff.



INTRODUCTION

One of the key principles of the NHS Constitution is that the NHS **aspires to put patients at the heart of everything it does and that it will actively encourage feedback from the public, patients and staff, welcome it and use it to improve services.**

All patients should have a voice in reflecting on services and supporting their improvement. Therefore, all patients should have the opportunity to provide feedback through the FFT within each of the NHS-funded services covered by this guidance, with support provided to do so where appropriate. At least one follow-up question that allows the opportunity to provide more detailed feedback should also be asked.

No patient should experience disadvantage through the way in which they are given the opportunity to provide feedback through the FFT as it is important to hear from all patients, including those who are vulnerable. Equality and diversity are at the heart of the NHS's values. Due regard to eliminating discrimination, harassment and victimisation, advancing equality of opportunity, and fostering good relations between people who share a relevant protected characteristic (as cited in 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.

The following guidance should be used within all **Areas of Care**.

GUIDANCE DEVELOPMENT

'Making the FFT inclusive' has been developed through the support of a number of committed leads, in consultation with advocacy groups, working with patients and service users, clinicians and relevant specialist-skilled healthcare staff.

Draft versions of the guidance have been tested within different healthcare settings and have been shared on the NHS England website for engagement purposes. The feedback received has provided a rich source of information which, wherever possible, has been used to further support its development.

NHS England would like to thank those who supported the initial development of the guidance, who participated in testing, and those who took the time to share their knowledge, experience and expertise through the engagement.

The importance of, and passion for, making the FFT inclusive has been a consistent theme during the development and testing and was reiterated through the engagement.

The testing of the guidance and the feedback received through the engagement, has allowed NHS England to understand which areas are likely to work well for both staff and patients and highlighted areas which could be strengthened. Examples of this include:

- feedback from an organisation implementing the FFT with patients with learning disabilities suggesting a staged approach to introducing a 6 point scale;
- advice from an organisation with expertise in developing and promoting methods to obtain feedback from young patients, about ensuring that the use of images or interactive approaches does not encourage particular responses;
- a useful web resource from a national charity.

One of the key themes which emerged from the engagement was the need to make the FFT question as accessible as possible. In response, this guidance provides suggestions about how patients within the groups included in this section can be supported and empowered to participate. This includes highlighting approaches which have been found to work well.

NHS England recognises that there are areas which can still be further improved. For example, further work is required to understand how the FFT will best work with particular age groups. Further feedback on the guidance is welcomed, in particular around how it is working in practice.

Contact details can be found [here](#).

CHILDREN AND YOUNG PEOPLE



Every child has a right to express their views and have them taken seriously.

UN Convention on the Rights of the Child - Article 12



CHILDREN AND YOUNG PEOPLE

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

The FFT should capture a range of user experiences, including:

- neonatal care (parental feedback on care of the neonate);
- children’s care;
- young people’s care;
- families/carers.

All children and young people receiving care from the NHS-funded services covered by this guidance should have the opportunity to provide feedback via the FFT and be given support and empowered to do so, where this is appropriate.

Obtaining feedback from children and young people who are vulnerable, including ‘looked after’ children is particularly important, as is ensuring that time and expertise is available to capture the views of children and young people who have additional developmental, emotional and physical needs.

Families and carers can offer valuable insights, and consideration should be given to capturing their views. As the views of children and their families or carers can often differ, consideration should be given to obtaining both views where possible. At a local level, it might be useful to identify differences in the feedback given. A focus on parental experience is essential in neonatal care services. An example from Birmingham Children’s Hospital NHS Foundation Trust can be found [here](#).

How should the question be asked?

The initial FFT question and responses are:

How likely are you to recommend our [ward/ service/team] to friends and family if they needed similar care or treatment?

- | | |
|--|---|
| <input type="checkbox"/> Extremely likely | <input type="checkbox"/> Unlikely |
| <input type="checkbox"/> Likely | <input type="checkbox"/> Extremely unlikely |
| <input type="checkbox"/> Neither likely nor unlikely | <input type="checkbox"/> Don’t know |

An example from the Royal Cornwall Hospitals NHS Trust of how the FFT question could be presented in a way which is suitable for children and young people can be found [here](#).



CHILDREN AND YOUNG PEOPLE

Encouraging inclusivity

It is understood that the phrasing of the FFT question may present difficulties for some children and young people. Where the child or young person has been unable to understand and respond to the initial FFT question, supplementary information may be given. An appropriate response scale may be used which relates to the supplementary information given. Where necessary, this can include a response scale which is shorter than the standard six points.

For example, the FFT question could be supplemented with the following:

I would say this is a good ward/service/team for my friends and family to be looked after in/by if they needed similar care or treatment to me.

- I agree a lot
- I agree a bit
- I am undecided
- I disagree a bit
- I disagree a lot
- Don't know

Where supplementary information has been given, it may be presented in a way which is suitable for children and young people. An example

from Birmingham Children's Hospital NHS Foundation Trust can be found [here](#).

Monkey Wellbeing has produced further examples. These can be found [here](#).

Providers need to ensure that resources used meet the requirements of this guidance.

If alternative response scales have been used to support inclusion, the response should still be included in the national return. Information about how to submit these responses can be found [here](#).

The approach used should be as consistent as possible but encourage inclusivity.

The FFT question may be supplemented to support inclusion. If the child or young person has understood and responded to the initial FFT question, the response should be accepted. Under no circumstances should the FFT question be supplemented to encourage a different response. If the child or young person is unable to understand or provide a response, even when the FFT question is supplemented, other methods of obtaining feedback should be considered. For example, asking the child or young person to draw a picture of their hospital visit.

CHILDREN AND YOUNG PEOPLE

How can children and young people be supported and empowered to participate?

This information should be used to support and empower children and young people to answer the initial FFT question, in the first instance, and then to respond to supplementary information, where necessary.

It is recommended that children under the age of 5 be given an appropriate level of assistance but that in the older age groups, the child or young person should be allowed to complete the FFT on their own if they can. However, consideration should be given to whether and how the child or young person can be supported and empowered to do so. This might include:

EXPLANATION OF THE FFT QUESTION

- ▶ An explanation of the concept of recommending and a discussion with the child about whether they feel that the place where they have been cared for, is a good place for their friends and family to be looked after in, if they needed similar care or treatment to them.
- ▶ As young children may be upset by the idea of family needing care or treatment, a discussion about friends may be more appropriate.
- ▶ In some circumstances, it may be necessary to explain what is meant by 'care and treatment'. Some interactions, such as routine health assessments, may not always be seen as care or treatment by the child or young person.

CHILDREN AND YOUNG PEOPLE

➤ MAKING THE PROCESS INTERACTIVE

- Be creative in capturing feedback, utilising mediums such as pictures and photographs. It may be appropriate to use different pictures and photographs for different ages. Care should be taken to ensure that the appeal of an image does not result in the child or young person being more or less likely to select a particular response option.
- Use interactive methods that engage children and young people in a fun way, such as incorporating emoticons.
- Use technology to capture feedback. Consideration should be given to security features such as those controlling internet access. Care should be taken to ensure that the child or young person does not respond to obtain a desired outcome (eg an animation following their selection).

➤ INVOLVING ALL PROFESSIONALS

- Involving all professionals including medical staff, nursing staff, support team members and volunteers. Play specialists and youth workers can be especially helpful in this process.

➤ CONSIDERATION OF OTHER BARRIERS TO COMMUNICATION

- This includes if the child has a **learning disability**, is **Deaf, deafblind, is blind or has vision loss**, **has little or no English or low levels of literacy** as well as autism, manual dexterity, the side effects of illness, medication and cultural considerations.



PEOPLE WITH A LEARNING DISABILITY



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

All people with a learning disability accessing the NHS-funded services covered by this guidance should have the opportunity to provide feedback via the FFT and be given support and empowered to do so, where this is appropriate.

Families and carers can offer valuable insights, and consideration should be given to capturing their views.

How should the question be asked?

The initial FFT question and responses are:

How likely are you to recommend our [ward/service/team] to friends and family if they needed similar care or treatment?

- | | |
|--|---|
| <input type="checkbox"/> Extremely likely | <input type="checkbox"/> Unlikely |
| <input type="checkbox"/> Likely | <input type="checkbox"/> Extremely unlikely |
| <input type="checkbox"/> Neither likely nor unlikely | <input type="checkbox"/> Don't know |



PEOPLE WITH A LEARNING DISABILITY

Encouraging inclusivity

It is understood that the phrasing of the FFT question may present difficulties for some people with a learning disability. Where the person has been unable to understand and respond to the initial FFT question, supplementary information may be given. An appropriate response scale may be used which relates to the supplementary information given. Where necessary, this can include a response scale which is shorter than the standard six points.

For example, the FFT question could be supplemented with the following:

Would you want your friends and family to come here if they were ill?

- **Yes**
- **Maybe**
- **No**
- **Don't know**

Where supplementary information has been given, it may be presented in an easy read format. An example easy read format has been produced by the NHS England Thames Valley Area and Bath, Gloucestershire, Swindon and Wiltshire Area Teams in consultation with patients and specialist skilled healthcare staff. This can be found [here](#).

Providers need to ensure that resources used meet the requirements of this guidance.

If alternative response scales have been used to support inclusion, the response should still be included in the national return. Information about how to submit these responses can be found [here](#).

The approach used should be as consistent as possible but encourage inclusivity.

The FFT question may be supplemented to support inclusion. If the person has understood and responded to the initial FFT question, the response should be accepted. Under no circumstances should the FFT question be supplemented to encourage a different response.

If the person is unable to understand or provide a response, even when the FFT question is supplemented, other methods of obtaining feedback should be considered.

A short guide for staff supporting people with a learning disability to complete the FFT can be found [here](#).

PEOPLE WITH A LEARNING DISABILITY

How can people with a learning disability be supported and empowered to participate?

This information should be used to support and empower people with a learning disability to answer the initial FFT question, in the first instance, and then to respond to the supplementary information, where necessary. It should be assumed that everyone has capacity, and patients should provide feedback on their own wherever possible.

➤ USE OF AN 'EASY READ' GUIDE

- An 'easy read' guide may help to explain the FFT. The following 'easy read' guide was developed in consultation with advocacy groups, clinicians and specialist-skilled healthcare staff working with people with learning disabilities. The guide can be found [here](#).

➤ APPROPRIATELY TRAINED STAFF

- Make appropriately trained staff available to assess patients and make decisions about the best way to support them or their carer to participate.

➤ A STAGED APPROACH

- Introducing the response options in a staged process, may support some people with a learning disability to respond to the FFT question, or supplementary information, where necessary.

➤ STAFF/CARER/FAMILY SUPPORT

- Consider who is best placed to provide support, where it is needed.
- With some people with profound and multiple learning disabilities, who may not use verbal communication, there may need to be discussions with the person's immediate support (family/carers), about how best to gain feedback and whether the question could be asked via this support.



PEOPLE WITH A LEARNING DISABILITY

How can people with a learning disability be supported and empowered to participate?

EXPLANATION OF THE FFT QUESTION

- An explanation of the concept of recommending and a discussion with the person about whether they feel that the place where they have been cared for, is a good place for their friends and family to be looked after in, if they needed similar care or treatment to them.
- In specialist learning disability services, some patients may find it difficult to think about recommending the service to their family or friends if they do not also have a learning disability. In these cases, a discussion about recommending to other people with learning disabilities may be more appropriate.

MAKING THE PROCESS INTERACTIVE

- Be creative in capturing feedback, utilising mediums such as pictures and photographs. Care should be taken to ensure that the appeal of an image does not result in the person being more or less likely to select a particular response option.
- Use interactive methods that engage people in a fun way.
- Emoticons have been found to work well with some people with learning disabilities but others have reported finding them patronising. Therefore, careful consideration should be given to their use.
- Use technology to capture feedback. This should be based on the patient's cognitive ability and should not

cause undue anxiety through the use of technologies or processes which are unfamiliar or complex. Consideration should be given to security features such as those controlling internet access. Care should be taken to ensure that the person does not respond to obtain a desired outcome (eg an animation following their selection).

CONSIDERATION OF OTHER BARRIERS TO COMMUNICATION

- This includes if the person is a **child or young person, is Deaf, deafblind, is blind or has vision loss, has little or no English or low levels of literacy** as well as autism, manual dexterity, the side effects of illness, medication and cultural considerations.



PEOPLE WHO HAVE DEMENTIA



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

All people who have dementia receiving care from the NHS-funded services covered by this guidance should have the opportunity to provide feedback via the FFT and be given support and empowered to do so, where this is appropriate.

Families and carers can offer valuable insights, and consideration should be given to capturing their views also.

How should the question be asked?

All people who have dementia receiving care from the NHS-funded services covered by this guidance should have the opportunity to provide feedback via the FFT and be given support and empowered to do so, where this is appropriate.

Families and carers can offer valuable insights, and consideration should be given to capturing their views also.

How likely are you to recommend our [ward/service/team] to friends and family if they needed similar care or treatment?

- | | |
|--|---|
| <input type="checkbox"/> Extremely likely | <input type="checkbox"/> Unlikely |
| <input type="checkbox"/> Likely | <input type="checkbox"/> Extremely unlikely |
| <input type="checkbox"/> Neither likely nor unlikely | <input type="checkbox"/> Don't know |



PEOPLE WHO HAVE DEMENTIA

Encouraging inclusivity

A 'stepped' or 'graded' assistance approach to offering the FFT is recommended. Further information about the approach can be found [here](#).

It is understood that the phrasing of the FFT question may present difficulties for some people with dementia or other cognitive disorder conditions. Where the person has been unable to understand and respond to the initial FFT question, supplementary information may be given. An appropriate response scale may be used which relates to the supplementary information given. Where necessary, this can include a response scale which is shorter than the standard six points.

For example, the FFT question could be supplemented with the following:

Would you want your friends and family to come here if they were ill?

- **Yes**
- **Maybe**
- **No**
- **Don't know**

Where the FFT question is supplemented, if it is appropriate for the patient, it may be presented in an easy read format. An example easy read format can be found in the [learning disability](#) section.

If alternative response scales have been used to support inclusion, the response should still be included in the national return. Information about how to submit these responses can be found [here](#).

The approach used should be as consistent as possible but encourage inclusivity.

The FFT question may be supplemented to support inclusion. If the person has understood and responded to the initial FFT question, the response should be accepted. Under no circumstances should the FFT question be supplemented to encourage a different response. If the person is unable to understand or provide a response, even when the FFT question is supplemented, other methods of obtaining feedback should be considered.

PEOPLE WHO HAVE DEMENTIA

How can people with dementia be supported and empowered to participate?

This information should be used to support and empower people with dementia to answer the initial FFT question, in the first instance, and then to respond to the supplementary information, where necessary.

EXPLANATION OF THE FFT QUESTION	APPROPRIATELY TRAINED STAFF	STAFF/CARER/FAMILY SUPPORT	CONSIDERATION OF METHODOLOGY	CONSIDERATION OF OTHER BARRIERS
<ul style="list-style-type: none"> An explanation of the concept of recommending and a discussion about whether they feel that the place where they have been cared for, is a good place for their friends and family to be looked after, if they needed similar care or treatment to them. 	<ul style="list-style-type: none"> Availability of appropriately trained staff able to assess patients and make decisions about the most appropriate way to support them or their carer to participate. 	<ul style="list-style-type: none"> Consideration of who is best placed to provide support, where it is needed. It may be helpful for this to be provided by those with whom the patient has a trusted relationship. 	<ul style="list-style-type: none"> Selecting a feedback method based on the patient's cognitive ability that should not cause undue anxiety through the use of technologies or processes which are unfamiliar or complex. Not using remote or independent callers, eg text messaging or post discharge telephone callers, which may cause confusion or distress 	<ul style="list-style-type: none"> This includes whether the person is Deaf, deafblind, is blind or has vision loss, has little or no English or low levels of literacy as well as autism, manual dexterity, the side effects of illness, medication and cultural considerations.



PEOPLE WHO ARE PROFOUNDLY DEAF OR USE BRITISH SIGN LANGUAGE



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

All Deaf people accessing the NHS-funded services covered by this guidance should have the opportunity to provide feedback via the FFT and be given support and empowered to do so, where this is appropriate.

How should the question be asked?

The initial FFT question and responses are:

How likely are you to recommend our [ward/service/team] to friends and family if they needed similar care or treatment?

- | | |
|--|---|
| <input type="checkbox"/> Extremely likely | <input type="checkbox"/> Unlikely |
| <input type="checkbox"/> Likely | <input type="checkbox"/> Extremely unlikely |
| <input type="checkbox"/> Neither likely nor unlikely | <input type="checkbox"/> Don't know |



PEOPLE WHO ARE PROFOUNDLY DEAF OR USE BRITISH SIGN LANGUAGE

Encouraging inclusivity

It should be understood that Deaf people communicate using a variety of different methods according to their needs and preferences. The FFT question has been translated into British Sign Language (BSL) for each setting to support inclusion, particularly when an interpreter is not available. The film clips can be found [here](#).

Some Deaf people may prefer to respond to the FFT in a written format. Some will have excellent written English but others may find it difficult to read a quite basic piece of English.

Whichever communication method is used, it is understood that the phrasing of the FFT question may present difficulties for some Deaf people. Where the person has been unable to understand and respond to the initial FFT question, supplementary information may be given. An appropriate response scale may be used which relates to the supplementary information given. Where necessary, this can include a response scale which is shorter than the standard six points.

For example, the FFT question could be supplemented with the following:

Would you want your friends and family to come here if they were ill?

- **Yes**
- **Maybe**

- **No**
- **Don't know**

Where the FFT question is supplemented, it is recommended that plain English is used.

The following feedback form was developed in consultation with the Gloucestershire Deaf Association by the NHS England Bath, Gloucestershire, Swindon and Wiltshire Area Team and has been successfully tested with people who have experienced NHS services. This can be found [here](#).

Providers need to ensure that resources used meet the requirements of this guidance.

If alternative response scales have been used to support inclusion, the response should still be included in the national return. Information about how to submit these responses can be found [here](#).

The approach used should be as consistent as possible but encourage inclusivity.

The FFT question may be supplemented to support inclusion. If the person has understood and responded to the initial FFT question, the response should be accepted. Under no circumstances should the FFT question be supplemented to encourage a different response. If the person is unable to understand or provide a response, even when the FFT question is supplemented, other methods of obtaining feedback should be considered.



PEOPLE WHO ARE PROFOUNDLY DEAF OR USE BRITISH SIGN LANGUAGE

How can people who are Deaf be supported and empowered to participate?

This information should be used to support and empower people who are Deaf to answer the initial FFT question, in the first instance, and then to respond to the supplementary information, where necessary.

INTERPRETERS

- Sign language interpreters and other professionals should be on the 'National Registers of Communication Professionals working with Deaf and Deafblind People' (NRCPD) unless the patient prefers otherwise and staff agree.
- Staff who know the patient should try to establish with the patient what the best approach will be. If a BSL/English interpreter has been used during the patient's care, it may be best to ask them to help establish with the patient what the best approach to the FFT will be for them before they leave. If the patient prefers to use an interpreter, it may be appropriate for the interpreter to support the patient there and then.
- Many Deaf patients may prefer a BSL/English interpreter because, even if they understand the question written in English, it may be difficult for them to provide 'free text' feedback. Any written resources should be provided in plain English. However, it should be understood that, for some people, it will not be possible to understand even the best plain English. This is why it is important to have information available in BSL.
- Interpreters may not necessarily know whether the Deaf person has understood what has been said/signed. The patient may appear to have understood, but the member of staff should try to verify this. Interpreters do not fully remove the communication barrier.

PEOPLE WHO ARE PROFOUNDLY DEAF OR USE BRITISH SIGN LANGUAGE

How can people who are Deaf be supported and empowered to participate?

▶ DEAF RELAY INTERPRETERS

- ▶ There are many reasons a Deaf relay interpreter may be required. For example, where someone's preferred language is a foreign sign language, the person has a learning disability or has idiosyncratic signing. The decision to use a Deaf relay interpreter should be based around the person's communication needs.

▶ VIDEO RELAY SERVICES

- ▶ Consideration should be given to the use of a video relay service. This would allow 'someone' to set the context, ask the FFT question, get the response and get the patient's 'free text' feedback, quickly and cheaply. The system uses a webcam, which links the patient and staff member via an online BSL/English interpreter.
- ▶ For organisations planning to use an online feedback form, an online interpreter could be built into this. The FFT could be available as a video clip. Deaf patients could then be asked to give their 'free text' feedback in English or as a video (which a video relay service could then translate).

▶ CONSIDERATION OF OTHER BARRIERS TO COMMUNICATION

- ▶ This includes if the person is a **child or young person, has a learning disability, has dementia, is blind or has vision loss, has little or no English or low levels of literacy** as well as autism, manual dexterity, the side effects of illness, medication and cultural considerations.

'Supporting a profoundly Deaf patient and using a BSL interpreter: Ten Top Tips' can be found [here](#).

You can also find more information on the following websites:

- ▶ [Royal Association for Deaf People](#)
- ▶ [British Deaf Association](#)
- ▶ [Action on Hearing Loss](#)



PEOPLE WHO ARE DEAFBLIND



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

All deafblind people accessing the NHS-funded services covered by this guidance should have the opportunity to provide feedback via the FFT and be given support and empowered to do so, where this is appropriate. This includes people with congenital deafblindness (when someone is born with combined sight and hearing difficulties) and acquired deafblindness (when combined sight and hearing difficulties develop later in life).

How should the question be asked?

The initial FFT question and responses are:

How likely are you to recommend our [ward/ service/team] to friends and family if they needed similar care or treatment?

- | | |
|--|---|
| <input type="checkbox"/> Extremely likely | <input type="checkbox"/> Unlikely |
| <input type="checkbox"/> Likely | <input type="checkbox"/> Extremely unlikely |
| <input type="checkbox"/> Neither likely nor unlikely | <input type="checkbox"/> Don't know |



PEOPLE WHO ARE DEAFBLIND

Encouraging inclusivity

It should be understood that deafblind people communicate using a variety of different methods according to their needs and preferences. This includes clear speech, deafblind manual, lip reading, hands on sign and block.

Whichever communication method is used, it is understood that the phrasing of the FFT question may present difficulties for some deafblind people. Where the person has been unable to understand and respond to the initial FFT question, supplementary information may be given. An appropriate response scale may be used which relates to the supplementary information given. Where necessary, this can include a response scale which is shorter than the standard six points.

For example, the FFT question could be supplemented with the following:

Is this a good ward/service/team to be looked after in/by?

- **Yes, it is**
- **No, it is not**

- **Maybe, it is**
- **I don't know.**

If alternative response scales have been used to support inclusion, the response should still be included in the national return. Information about how to submit these responses can be found [here](#).

The approach used should be as consistent as possible but encourage inclusivity.

The FFT question may be supplemented to support inclusion. If the person has understood and responded to the initial FFT question, the response should be accepted. Under no circumstances should the FFT question be supplemented to encourage a different response. If the person is unable to understand or provide a response, even when the FFT question is supplemented, other methods of obtaining feedback should be considered.

PEOPLE WHO ARE DEAFBLIND

How can people who are deafblind be supported and empowered to participate?

Deafblind people can often face problems with communication, accessing information and mobility. This information should be used to support and empower people who are deafblind to answer the initial FFT question, in the first instance, and then to respond to the supplementary information, where necessary.

➤ USING PREFERRED COMMUNICATION METHODS

- Sign language interpreters and other professionals should be on the 'National Registers of Communication Professionals working with Deaf and Deafblind People' (NRCPD) unless the patient prefers otherwise and staff agree.
- Depending on the communication needs of the deafblind person, consideration should be given to administering the FFT via a format other than typed text eg Braille, audio or other assistive electronic technology.

➤ CONSIDERATION OF OTHER BARRIERS TO COMMUNICATION

- This includes whether the person is a **child or young person, has a learning disability, has dementia, has little or no English or low levels of literacy** as well as autism, manual dexterity, the side effects of illness, medication and cultural considerations.

Further information is available via the **Sense** charity website.



PEOPLE WHO ARE BLIND OR HAVE VISION LOSS



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

All people who are blind or have vision loss accessing the NHS-funded services covered by this guidance should have the opportunity to provide feedback via the FFT and be given support to do so, where this is appropriate.

How should the question be asked?

The initial FFT question and responses are:

How likely are you to recommend our [ward/ service/team] to friends and family if they needed similar care or treatment?

- | | |
|--|---|
| <input type="checkbox"/> Extremely likely | <input type="checkbox"/> Unlikely |
| <input type="checkbox"/> Likely | <input type="checkbox"/> Extremely unlikely |
| <input type="checkbox"/> Neither likely nor unlikely | <input type="checkbox"/> Don't know |



PEOPLE WHO ARE BLIND OR HAVE VISION LOSS

How can people who are blind or have vision loss be supported and empowered to participate?

Consideration should be given to how the person can be supported and empowered to provide feedback and participate in the FFT. This might include:

USE OF WELL-DESIGNED INFORMATION

- Text of a good size, such as 16 point print, and good contrast between the colour of the text and the background can help many blind and partially sighted people read ordinary, printed information.

USE OF BRAILLE

- Administer the FFT via Braille. Around 20,000 people use Braille regularly and many more make use of Braille labelling on signs, in lifts and on packaging. However, it is unusual for people losing their sight in later life to learn the system.

A LARGE PRINT VERSION

- It is recommended that the FFT is available in large print (font size 20) which can be photocopied directly. An example can be found [here](#). This can be printed for use. Providers need to ensure that resources used meet the requirements of this guidance. The normal routine cards should not be enlarged by photocopy as this often distorts the text, reduces legibility and may be unwieldy.



PEOPLE WHO ARE BLIND OR HAVE VISION LOSS

How can people who are blind or have vision loss be supported and empowered to participate?

Consideration should be given to how the person can be supported and empowered to provide feedback and participate in the FFT. This might include:

USE OF OTHER METHODS OF ACCESSING INFORMATION

- Use of audio CDs and DAISY audio CDs. The internet is being used more frequently by those with the ability to use a computer.

USE OF MAGNIFIERS

- Magnifiers can be used to make print and other objects big enough to read. They range from hand-held magnifiers to electronic low-vision devices.

CONSIDERATION OF OTHER BARRIERS TO COMMUNICATION

- This includes if the person is a **child or young person, has a learning disability, has dementia, is Deaf, is deafblind, has little or no English or low levels of literacy** as well as autism, manual dexterity, the side effects of illness, medication and cultural considerations.

USE OF A SCRIBE

- It may be useful for a volunteer, carer, family member or member of staff to read the questions and scribe for individuals who are blind or have vision loss.

You can find tips for supporting people with vision loss at the RNIB website [here](#).



PEOPLE WITH LITTLE OR NO ENGLISH OR LOW LEVELS OF LITERACY



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

All people with little or no English or low levels of literacy accessing the NHS-funded services covered by this guidance should have the opportunity to provide feedback via the FFT and be given support to do so, where this is appropriate.

How should they be asked?

The initial FFT question and responses are:

How likely are you to recommend our [ward/ service/team] to friends and family if they needed similar care or treatment?

- | | |
|--|---|
| <input type="checkbox"/> Extremely likely | <input type="checkbox"/> Unlikely |
| <input type="checkbox"/> Likely | <input type="checkbox"/> Extremely unlikely |
| <input type="checkbox"/> Neither likely nor unlikely | <input type="checkbox"/> Don't know |



PEOPLE WITH LITTLE OR NO ENGLISH OR LOW LEVELS OF LITERACY

Encouraging inclusivity

It is understood that the phrasing of the FFT question may present difficulties for some people with low levels of literacy. Where the person has been unable to understand and respond to the initial FFT question, supplementary information may be given. An appropriate response scale may be used which relates to the supplementary information given. Where necessary, this can include a response scale which is shorter than the standard six points.

For example, the FFT question could be supplemented by asking the person what they thought about their care.

- **Very bad**
- **Bad**
- **OK**
- **Good**
- **Excellent**
- **Don't know.**

If alternative response scales have been used to support inclusion, the response should still be included in the national return. Information about how to submit these responses can be found [here](#).

The approach used should be as consistent as possible but encourage inclusivity.

The FFT question may be supplemented to support inclusion. If the person has understood and responded to the initial FFT question, the response should be accepted. Under no circumstances should the FFT question be supplemented to encourage a different response. If the person is unable to understand or provide a response, even when the FFT question is supplemented, other methods of obtaining feedback should be considered.

PEOPLE WITH LITTLE OR NO ENGLISH OR LOW LEVELS OF LITERACY

How can people who have little or no English or low levels of literacy be supported and empowered to participate?

Consideration should be given to how the person can be supported and empowered to participate in the FFT. For people with low levels of literacy this information should be used in relation to the initial FFT question in the first instance, and then to respond to the supplementary information, where necessary.

INTERPRETERS

- Use interpreters to help patients express their views in their preferred language. Further information about interpreters can be found [here](#).

RESOURCES

- Professionally translating the FFT into common community languages. Consideration should also be given to the patient's level of literacy and needs related to any disability.
- Making supporting information available in different languages. Testing with native speakers can help ensure this is done accurately. Tip: make sure it is plain English first. Where information has to be in English, it should be clear and simple.

PICTORIAL INFORMATION

- Use of pictorial information and internationally understood pictorial signs eg Makaton.

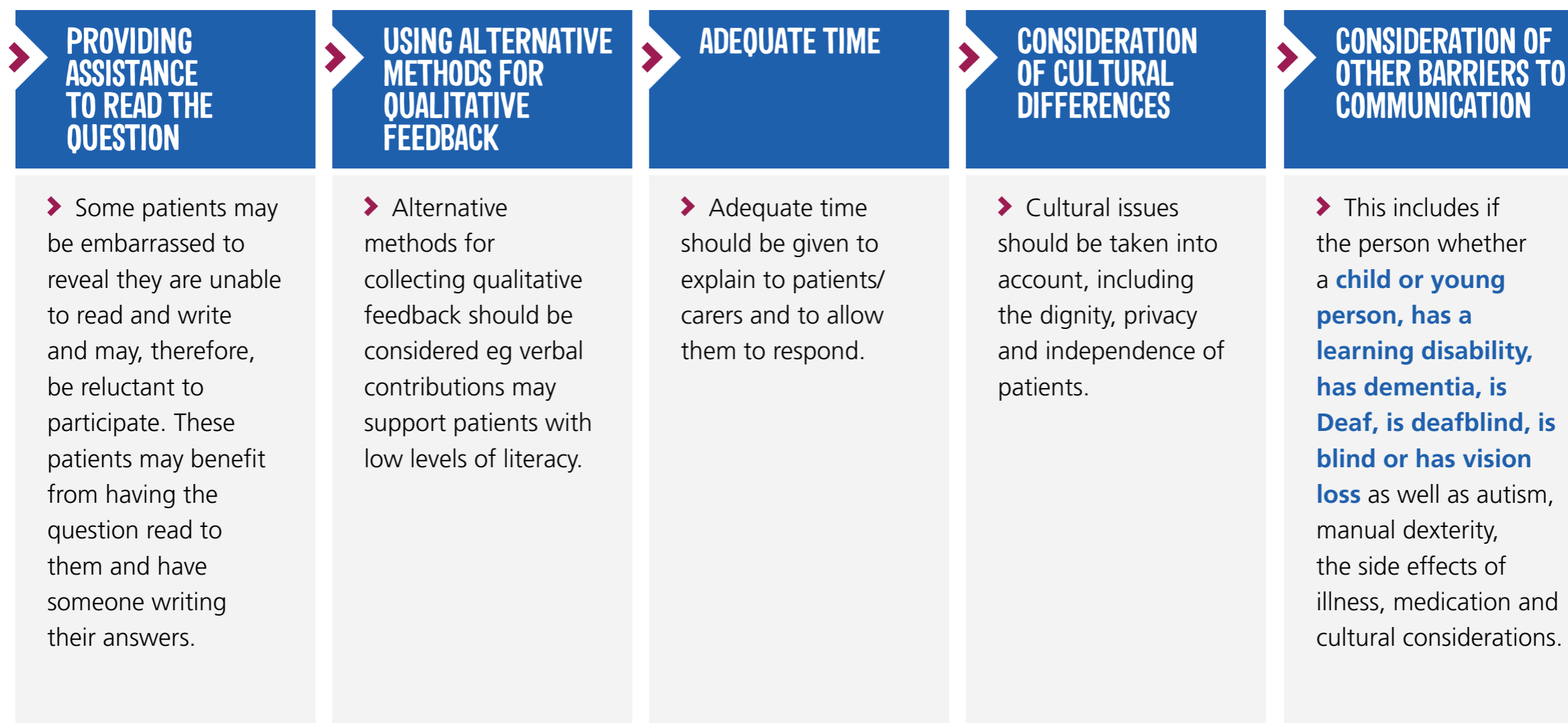
ASSISTIVE TECHNOLOGY

- Use of assistive technology to help people to communicate. Programmes can be accessed through a laptop, tablet or smartphone app with no delay. However, consideration should be given to security features such as those controlling internet access.



PEOPLE WITH LITTLE OR NO ENGLISH OR LOW LEVELS OF LITERACY

How can people who have little or no English or low levels of literacy be supported and empowered to participate?



ALTERNATIVE RESPONSE SCALES

Where a person has been unable to respond to the initial FFT question, the question may be supplemented and an appropriate response scale used. This is permitted to support inclusion.

Where a different 6 point scale has been used, the responses should be mapped to the standard 6 point scale in line with the example below:

I agree a lot	◀.....▶	Extremely likely
I agree a bit	◀.....▶	Likely
I am undecided	◀.....▶	Neither likely nor unlikely
I disagree a bit	◀.....▶	Unlikely
I disagree a lot	◀.....▶	Very unlikely
I don't know	◀.....▶	Don't know



ALTERNATIVE RESPONSE SCALES

Where a 4 point scale has been used, the responses should be mapped to the standard 6 point scale in line with the example below:

Yes, it is		Responses should be equally divided between Extremely likely and Likely
No, it isn't		Responses should be equally divided between Extremely unlikely and unlikely
Maybe, it is		Neither likely nor unlikely
I don't know		Don't know

Where a 3 point scale has been used, the responses should be mapped to the standard 6 point scale in line with the example below:

Yes, it is		Responses should be equally divided between Extremely likely and Likely
No, it isn't		Responses should be equally divided between Extremely unlikely and unlikely
I don't know		Don't know

Note: No responses should be mapped to 'Neither likely nor unlikely'.





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A GOOD PRACTICE GUIDE FOR IMPLEMENTING THE FFT

The suggestions in this guide can help to improve the quality of the data, making it more useful and, where possible, avoiding or reducing bias in the responses.

It may not be possible to implement all the suggestions immediately, but consideration could be given to working towards them over the medium to longer term.

The suggestions in this section are informed by the review carried out by NHS England into the implementation of the FFT in inpatient and A&E services. The review findings have been published [here](#).

Asking the question

The FFT must be anonymous. The feedback it generates will be more useful if patients are assured that the FFT is anonymous and private. If a patient feels they are being watched, or that their response can be linked back to them, they are less likely to say what they really think.

Some patients will need support from another person to provide feedback through the FFT. In these cases, consideration should be given as to who is the best person to provide that support in order to get the most open and honest feedback from the patient.

The person providing support should try to avoid influencing how the patient responds to the FFT. For the feedback to be useful, patients should be allowed to answer the FFT question and respond as they see fit. Any explanation of the question should not encourage a particular response.

When to ask the question

The opportunity to provide feedback through the FFT should always be available (see [Areas of Care](#) for a description of how the FFT should be carried out in inpatient, A&E and maternity services). However, the point in a patient's care at which people provide feedback can make a difference to

their response. How someone feels immediately after an episode of care and how they feel a couple of days later might be different.

Some patients may give more positive feedback immediately after their care, simply because they are glad it is over. Feedback may be more considered if it is gathered a couple of days after the care episode, since the patient will have had more time to reflect on their experience.

Providers can choose to focus on the point of care that works best for them and their patients. However, consistently collecting the FFT data at the same point in the patient's care (for instance, at the point of discharge, or within the first 48 hours after discharge), will improve the quality of the data, with all responses measuring the same thing.

A GOOD PRACTICE GUIDE FOR IMPLEMENTING THE FFT

How to collect the data

The FFT responses can be collected in a number of different ways: eg paper/postcards, electronic tablets, kiosks, email surveys and websites, text messages, telephone interviews.

Different data collection methods may be more suitable for different people. For example:

- **Older people may be more likely to respond to the FFT using paper or postcards.**
- **Tablets or text messages may be more suited to younger people.**
- **Access to the internet is still relatively low for some groups (including some older people), so emailed surveys will not always be appropriate.**

More than one collection approach may be used to ensure a wide range of patients participate. However, research has shown that different ways of collecting data can produce slightly different results. This is due to a number of factors, such as who is more likely to complete the FFT and when the FFT is completed. So, it is worth bearing in mind, when choosing data collection methodologies that including a wider range of

collection methods, to make the FFT inclusive, affects the consistency of responses.

It may be better to focus on developing an improved marketing and communications strategy around a single collection method, to increase responses across different patient groups, rather than merely employing additional collection methods. However, this best practice approach should not be implemented at the cost of denying people access to the FFT – there may be a genuine need for flexibility to ensure more accessible collection methods and/or materials are available for those that require them.

Digital modes of data collection (tablets, kiosks, emailed surveys and websites) have the advantage of producing data that can be immediately analysed or shared with staff. While digital systems may be more expensive to set up, they can save time and money by not requiring any additional data input or scanning.

A GOOD PRACTICE GUIDE FOR IMPLEMENTING THE FFT

Design of the materials

The design of postcards or tablet/kiosk question pages can influence how patients respond to the FFT:

- Features such as logos or supplier brand names can prompt people to think about the FFT question in a certain way.
- Images or colours can influence how patients feel when answering the test, so affecting the responses.

To get the most useful feedback, where possible, FFT materials should use a neutral design, avoiding unnecessary images, logos and colours.

Encouraging patients to respond

For various reasons, some groups of people (eg certain age groups or ethnic groups) may be less likely to use the FFT to provide feedback and the results will, therefore, not be representative of the patient population as a whole.

Collecting demographic data through the FFT will allow a comparison of the profile of FFT respondents against the profile of the patient population.

If there are groups of patients who are underrepresented, providers can focus attention on promoting the FFT to those groups.

In general, there are ways in which all patients can be encouraged to participate. These could include:

- making the FFT as visible as possible;
- ensuring that the FFT materials are given to patients or are located in a place where patients are likely to notice them;
- telling patients why their feedback is valuable; and
- giving examples of having listened and then done things differently, eg through a 'you said, we did' presentation.



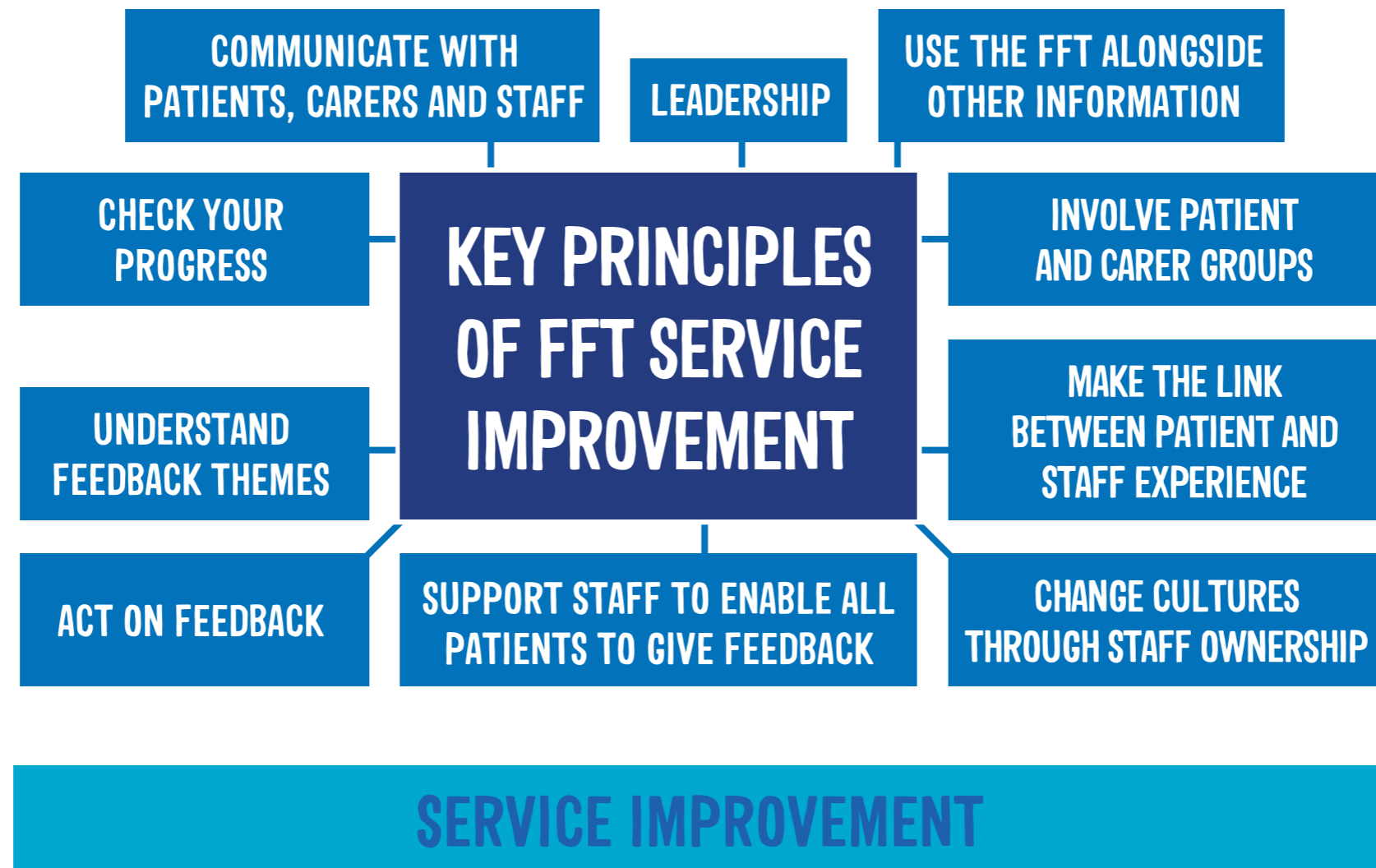
A GOOD PRACTICE GUIDE FOR IMPLEMENTING THE FFT

THINGS TO DO

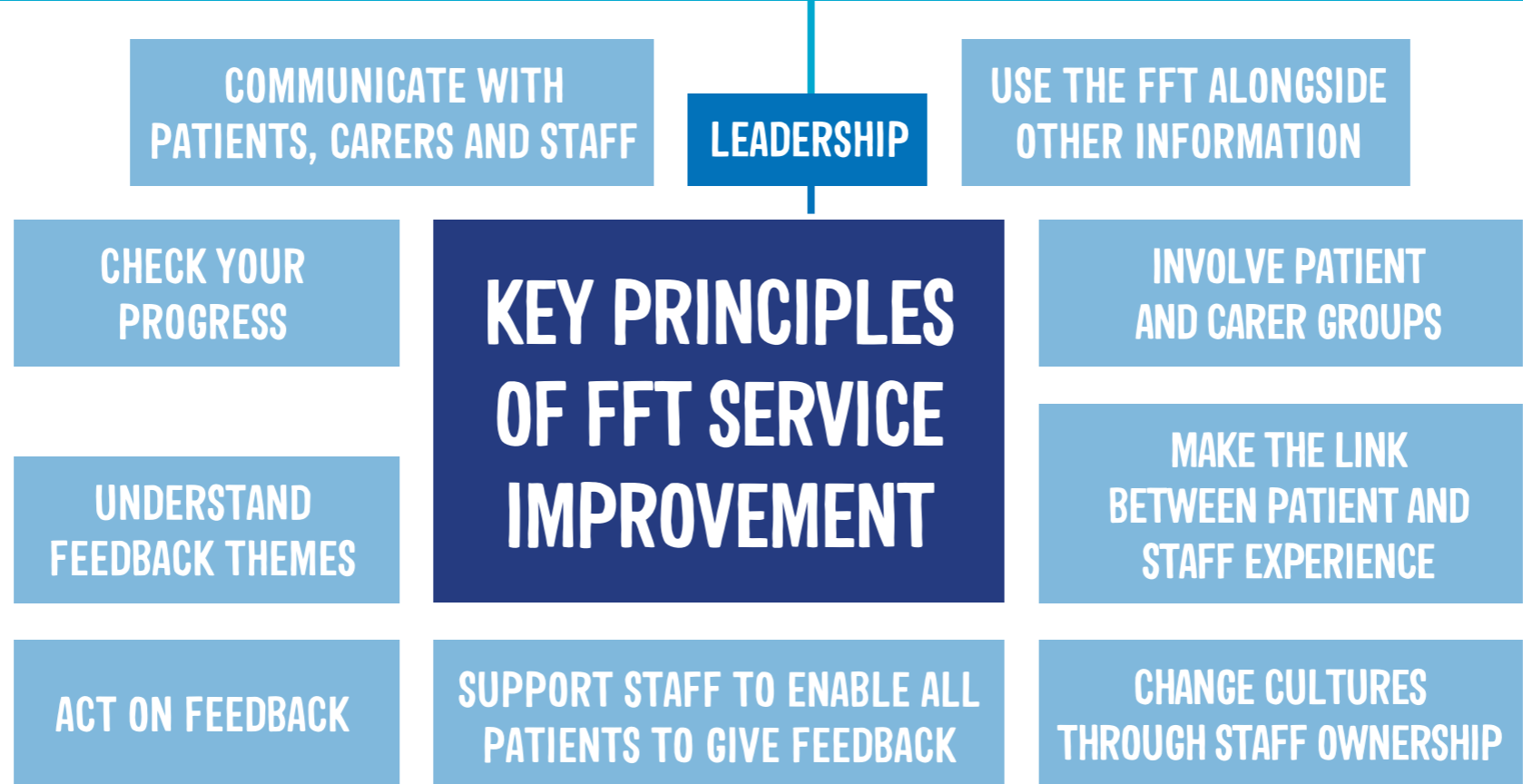
- ✓ Make it as simple as possible for patients to complete the FFT.
- ✓ Try to be consistent in the timing of seeking feedback (eg at discharge, or 48 hours after discharge).
- ✓ Use collection methodologies that are suitable for the patients you are targeting.
- ✓ Use electronic methods where possible, which allow data to be analysed and shared quicker.
- ✓ Consider the effect of collecting responses at different points in patients' care.
- ✓ Make the FFT visible by placing materials where people can see them.
- ✓ Explain to patients why their feedback is important and how it helps to make improvements.
- ✓ Give patients as much privacy as possible when they complete the FFT.
- ✓ Allow patients to interpret the FFT as they see fit.
- ✓ Provide support to those who need help to complete the FFT.
- ✓ Display the FFT results in patient areas and show patients that their feedback is responded to.
- ✓ Check the demographic of the FFT data collection against the local population.

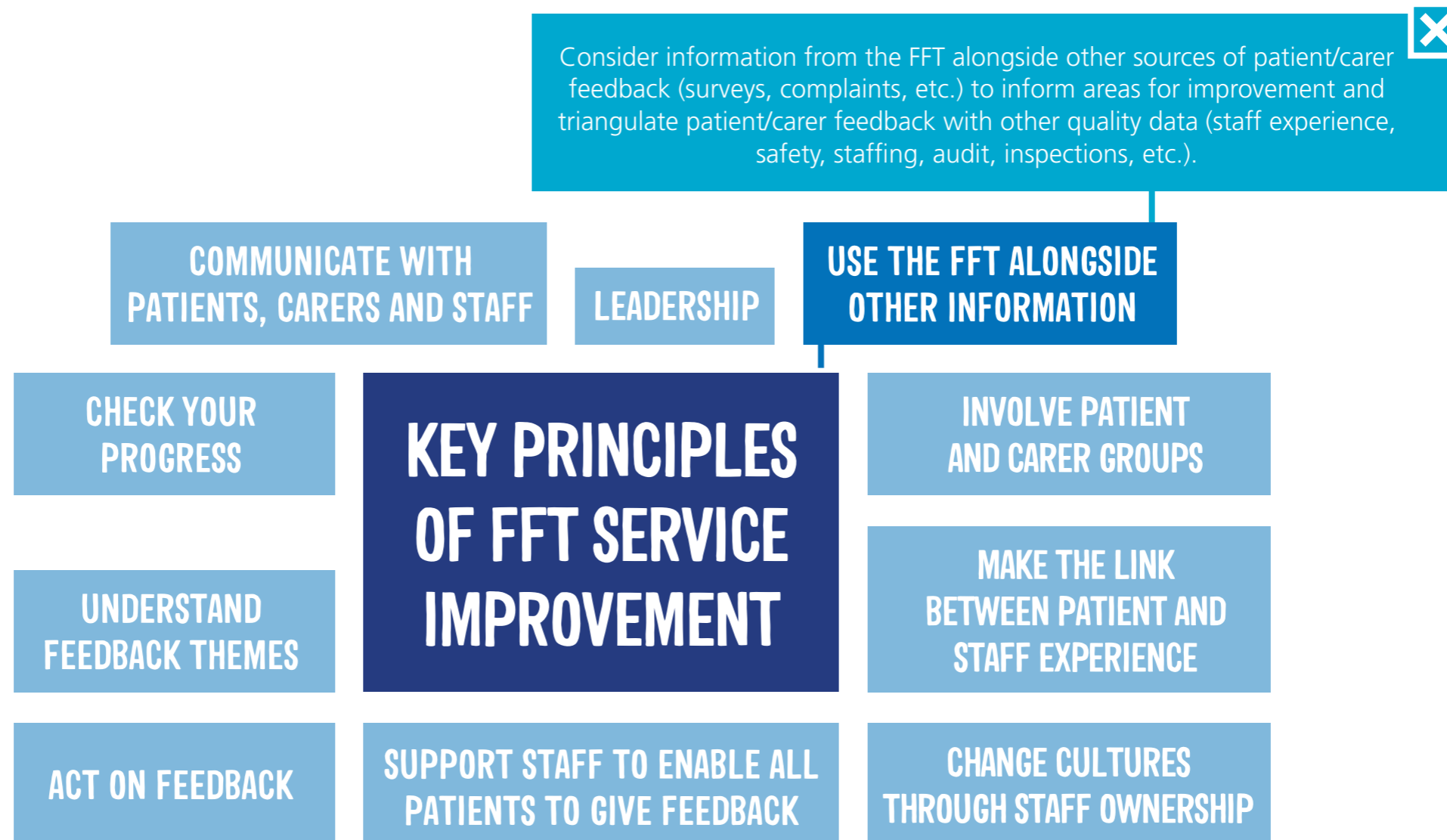
THINGS TO AVOID

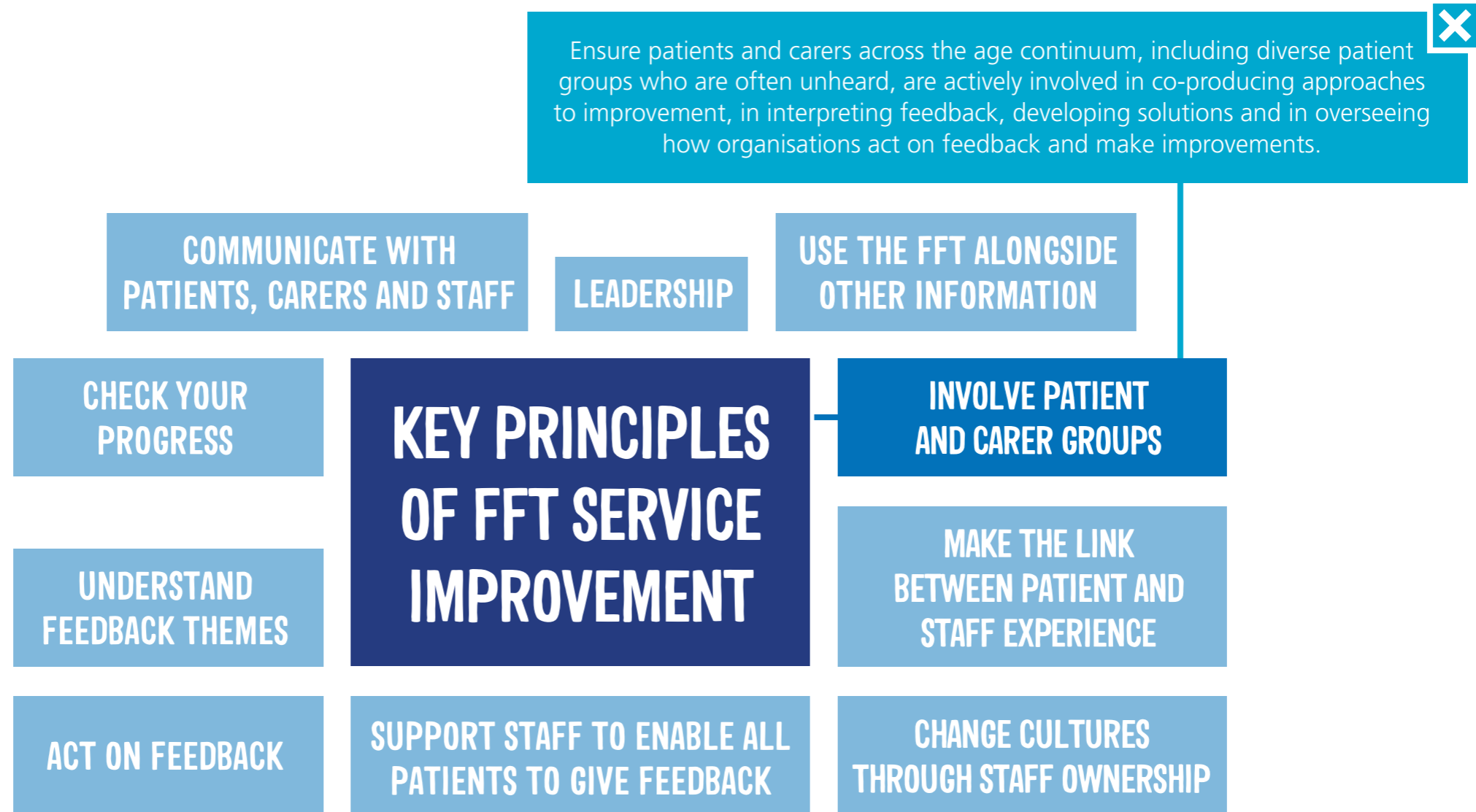
- ✗ Avoid making patients have to ask to complete the FFT.
- ✗ Avoid putting the FFT materials in places where patients won't see them, or never go.
- ✗ Avoid unnecessary colours or logos on the FFT materials.
- ✗ Avoid leading the patient to give a particular response.
- ✗ Avoid watching patients as they complete the FFT.
- ✗ Avoid reading the patient's response in front of the patient.

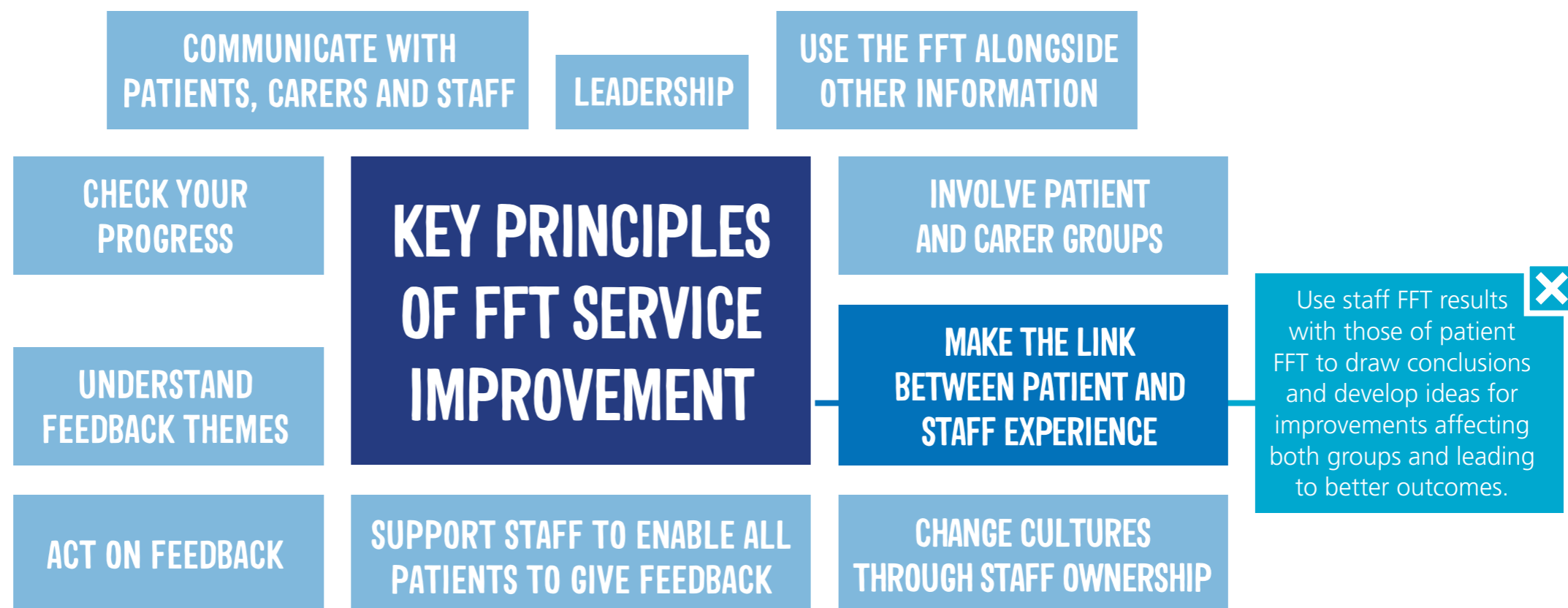


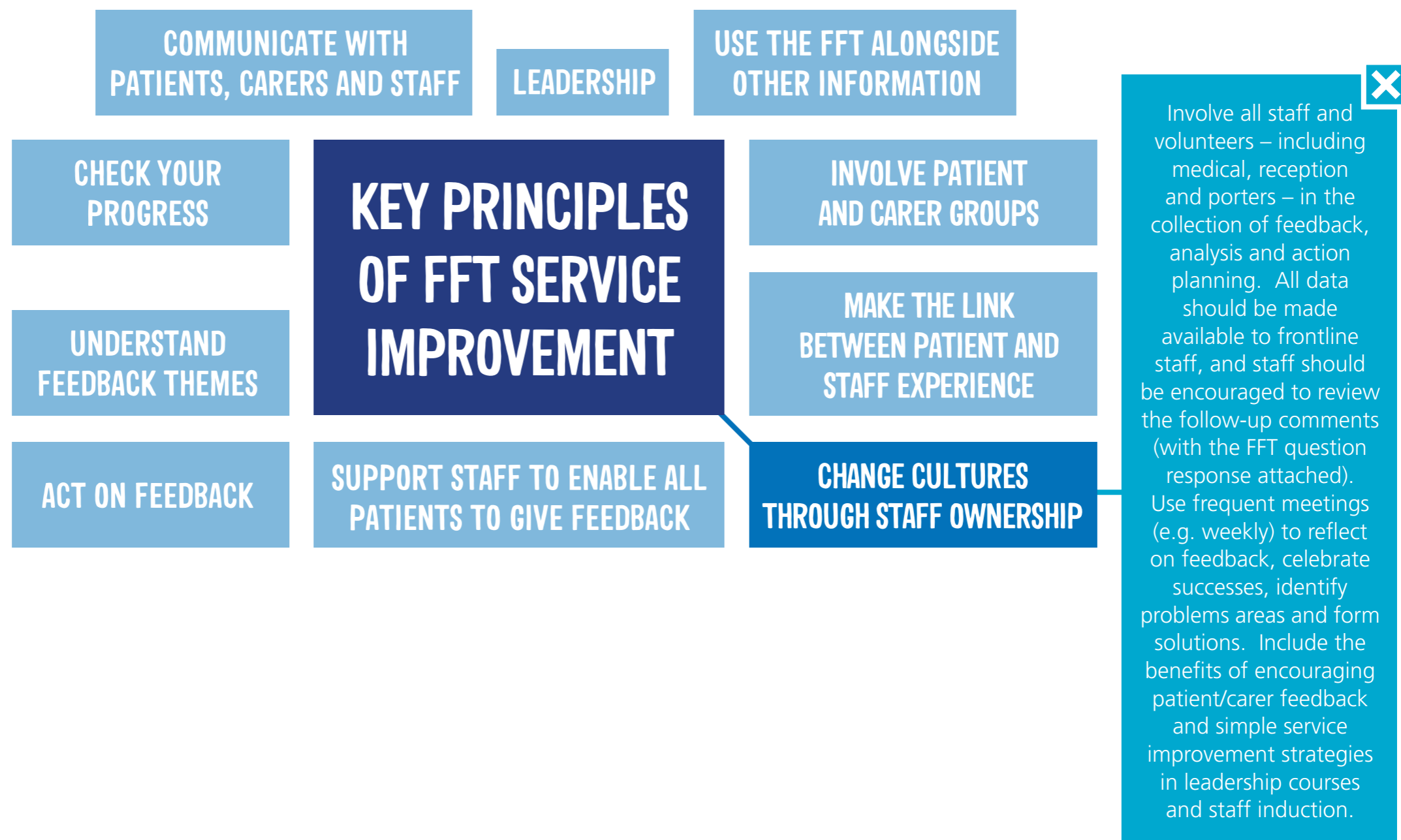
NHS providers should designate a Director-level lead for improving patient experience (GP Practices could designate a lead Partner). Boards should expect regular reports on progress, including outliers, performance over time, demographic differences and triangulation (as below). Negative comments should be made available at board level. Patient stories can be used to illustrate both poor and improved experience of care.

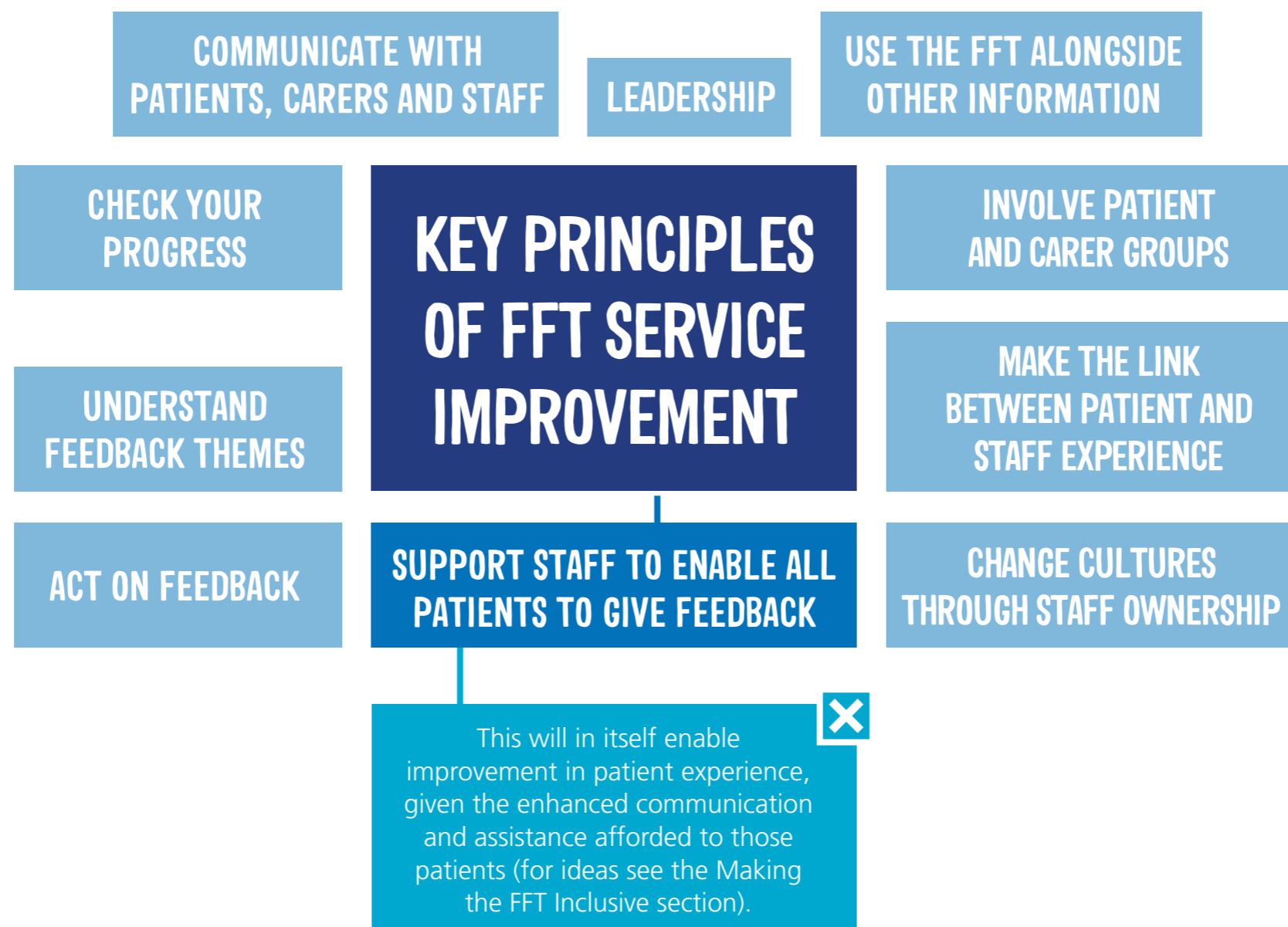


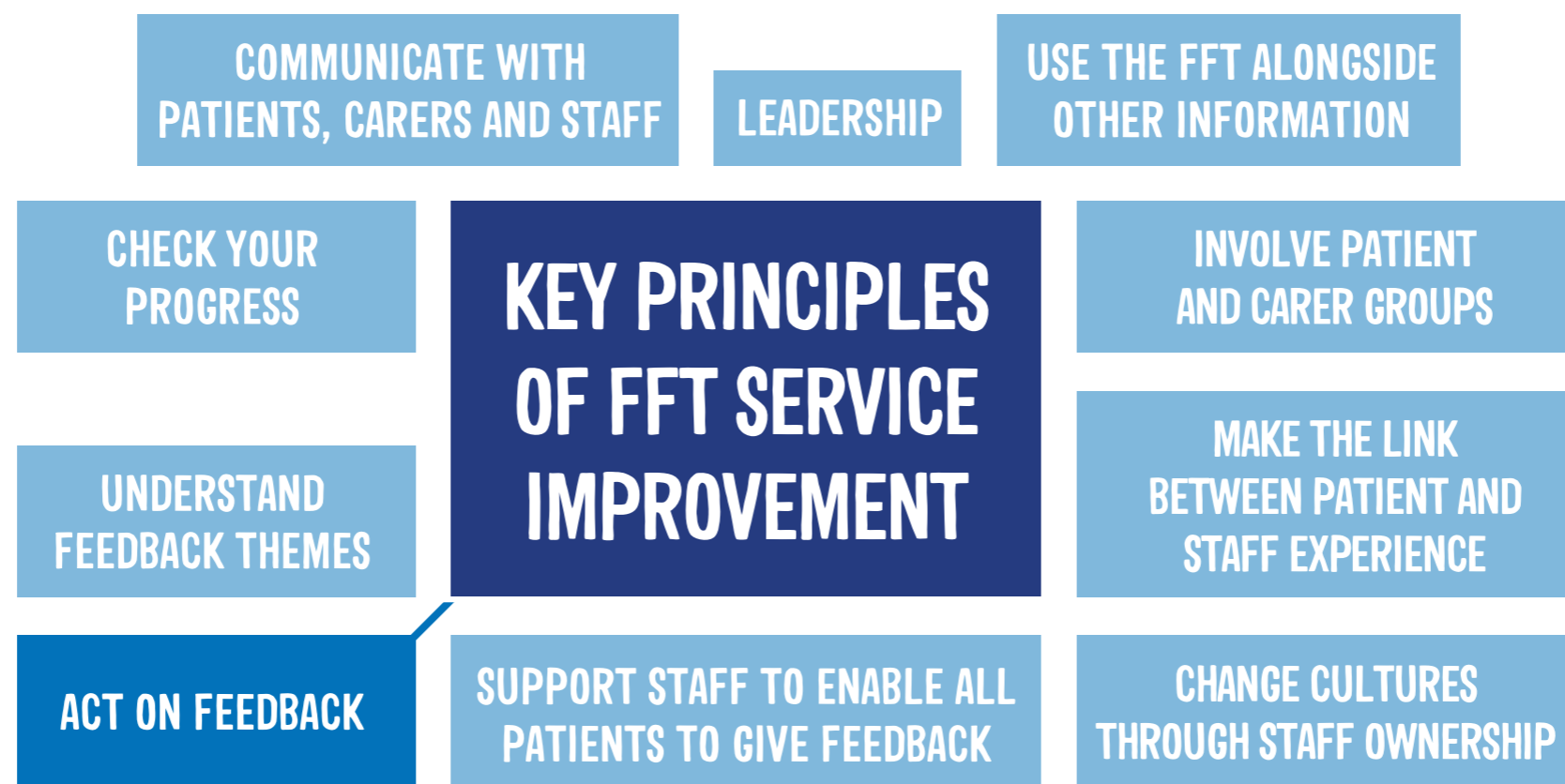






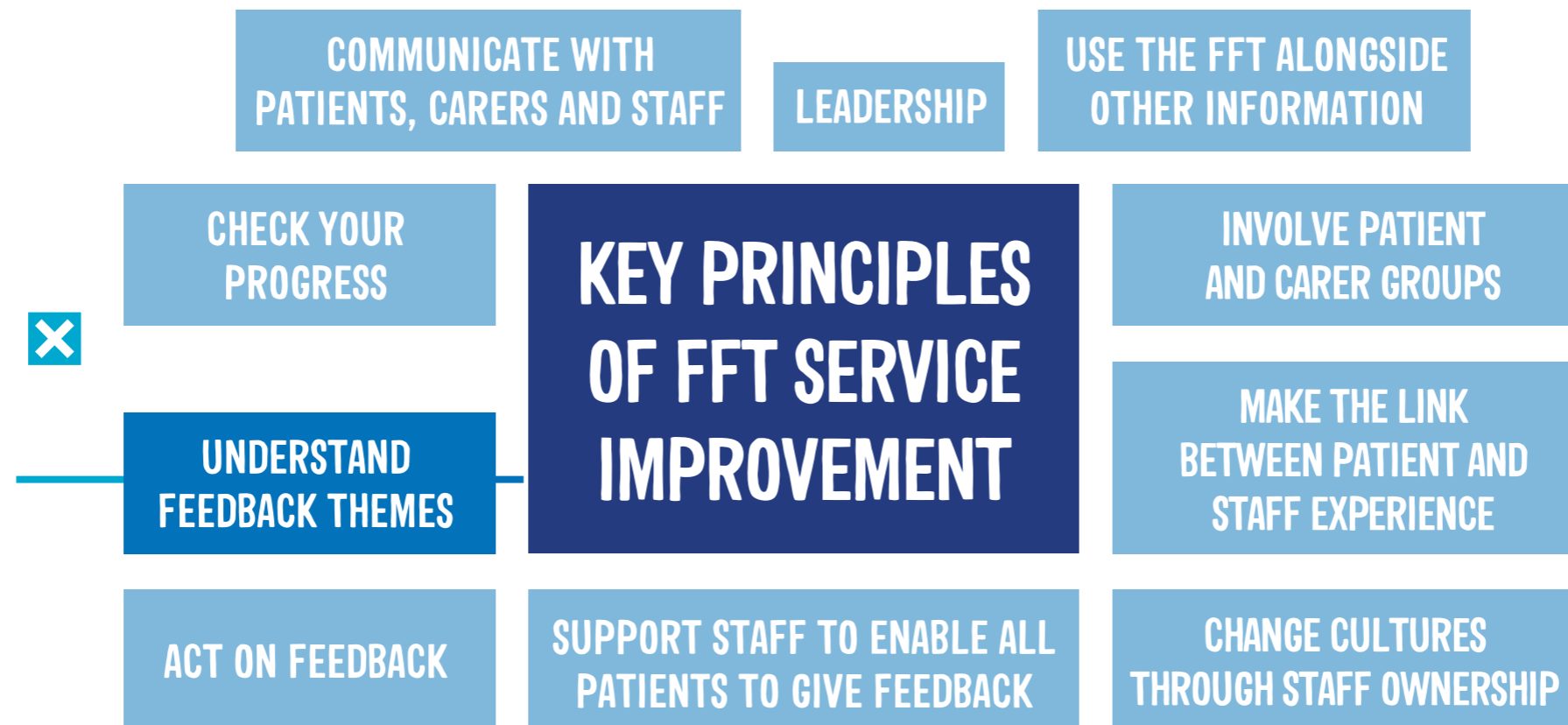


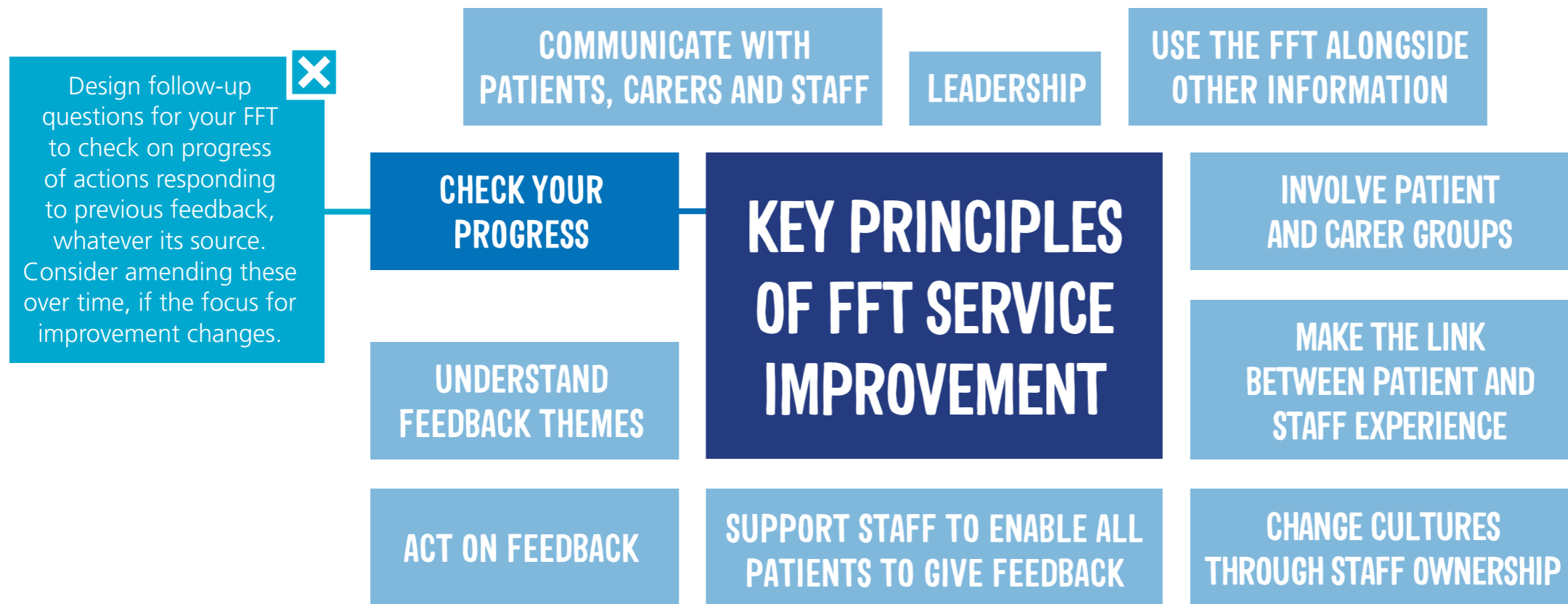




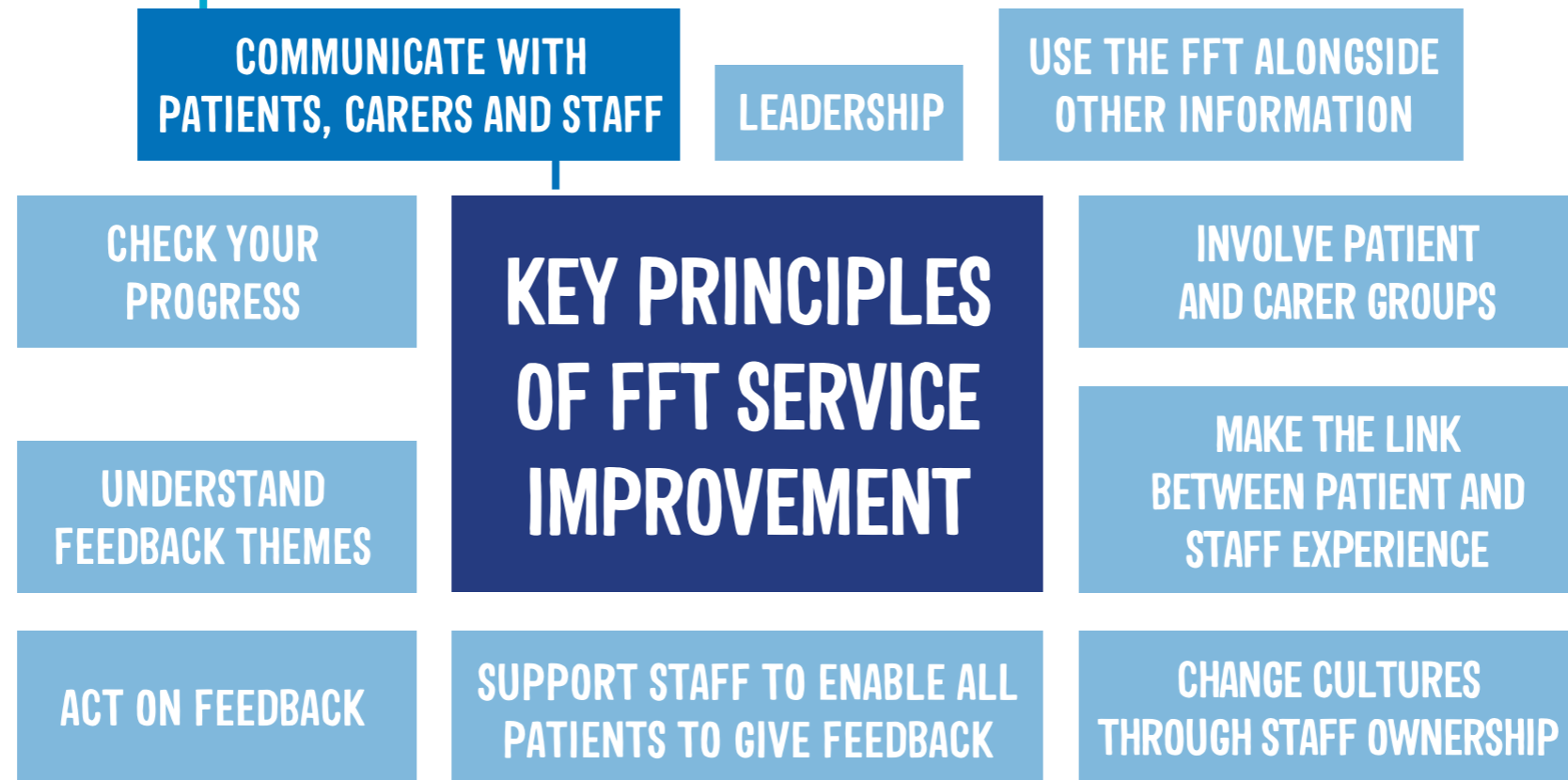
The free text or answers to supplementary questions provide the starting point for improvement. Read feedback promptly, looking at individual issues which can be addressed quickly, as well as identifying themes over time. All negative comments should be read and assessed as a matter of course. Use appropriate improvement methodologies (such as Plan Do Study Act cycles) and future FFT results to appraise outcomes of your service improvement strategies if improvements have been sustained. Providers should consider collecting data at a more granular level than required for national submission to support their service improvement activity.







Demonstrate how feedback has been used to make changes and improve services eg 'you said - we did' information onsite or on websites. Use accessible formats. Ensure all staff see the feedback, and how it has been used in relation to the services they work in. Share learning through mechanisms such as regional patient experience networks.



SERVICE IMPROVEMENT

Other resources for service improvement

➤ OTHER RESOURCES FOR IMPROVING PATIENT EXPERIENCE

➤ OTHER RESOURCES FOR SERVICE IMPROVEMENT

➤ NHS INSTITUTE FOR INNOVATION AND IMPROVEMENT

➤ THE HEALTH FOUNDATION - QUALITY IMPROVEMENT MADE SIMPLE

➤ NHS CHANGE MODEL



CASE STUDIES

A number of case studies have been developed both from providers who have been delivering the FFT since its implementation in April 2013, and those who have been trialling the FFT in the new areas of care, which are now covered by this guidance.

For ease of use, these case studies have been grouped into categories relating to the health setting; how the FFT has been used for service improvement; how the FFT can be made inclusive and case studies relating to pathfinders.

Please click on the following links to find relevant case studies.

[AREAS OF CARE](#)

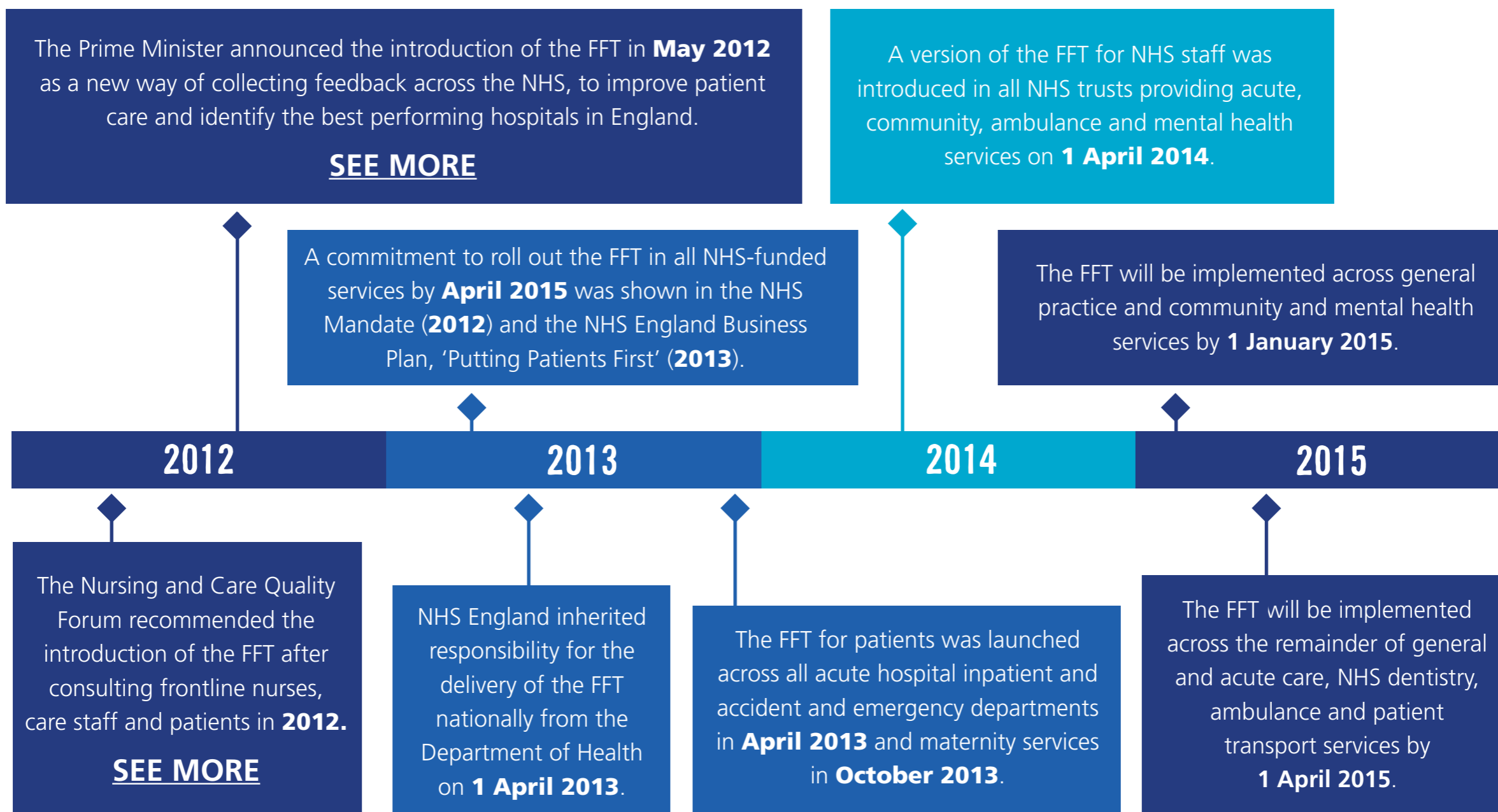
[SERVICE IMPROVEMENT](#)

[MAKING THE FFT INCLUSIVE](#)

[PATHFINDERS](#)



BACKGROUND TO THE FFT



THE FFT IN A WIDER CONTEXT



Lord Darzi's report **High quality care for all** (2008) highlighted the importance of the entire patient experience within the NHS, ensuring people are treated with compassion, dignity and respect within a clean, safe and well-managed environment.

[VIEW REPORT](#)



Health inequalities and people with learning disabilities in the UK: 2010. Improving Health and Lives: Learning Disabilities Observatory. Department of Health.

[VIEW REPORT](#)



Improving patient experience is a key priority in the government's vision and was set out in the 2010 White Paper **'Equity and excellence: liberating the NHS'**.

[VIEW WHITE PAPER](#)

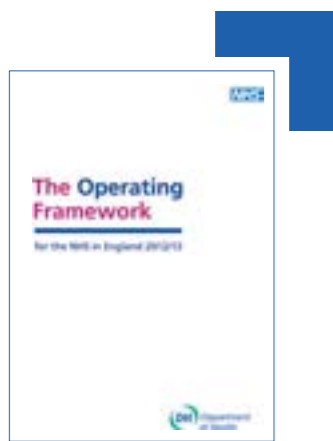


Compassion in practice. Nursing, midwifery and care staff. our vision and strategy (2012). Highlights supporting the implementation of the FFT as a key action in the delivery of the 6Cs.

[VIEW DOCUMENTS](#)



THE FFT IN A WIDER CONTEXT



The **2012/13 NHS Operating framework** made clear the priority for the NHS to put the patient centre-stage and to focus on improving patient experience.

[VIEW FRAMEWORK](#)



The **Power of Information** white paper set out the importance of seeking feedback from patients and making that information transparently available to other patients and the general public.

[VIEW WHITE PAPER](#)



The **2013 NHS Constitution** sets out the rights of NHS patients to expect high-quality care that is safe, effective and focused on patient experience. Service providers and commissioners of NHS care have a legal obligation to take the constitution into account in all their decisions and actions.

[VIEW CONSTITUTION](#)



Domain 4 of the **NHS Outcomes framework 2013/14** emphasises a focus on ‘ensuring that people have a positive experience of care’.

[VIEW FRAMEWORK](#)



THE FFT IN A WIDER CONTEXT



The NHS England business plan, **Putting patients first (2013/14 – 2015/16)** stresses the importance of collecting feedback from patients on their experiences of using health services and is an essential element of the drive to ensure high quality care is available for all.

[VIEW REPORT](#)



The **Francis inquiry report into the failings at the Mid-Staffordshire NHS Foundation Trust** stressed the importance of embedding the patient voice throughout the healthcare system and recommended the collection and reporting of patient feedback to all stakeholders in as near “real time” as possible.

[VIEW REPORT](#)



The reports into the events at the **Winterbourne View Hospital** highlighted the importance of timely, effective mechanisms to draw attention to inadequate levels of care.

[VIEW REPORTS](#)



RESEARCH EVIDENCE

Good patient experience is associated with improved patient outcomes. Various studies have shown consistent positive associations between patient experience, patient safety and clinical effectiveness ([view here](#)). Other studies suggest that the feedback and ratings given by patients on rating-style websites and social media sites complement traditional patient feedback surveys and can be good predictors of healthcare quality (view [example 1](#) and [example 2](#)). Patients' views on their care are increasingly recognised as an essential component of healthcare quality.

For example, the NHS Outcomes framework for England identifies patient experience as one of the five domains used to assess the performance of NHS England.

The [NHS England review of the FFT](#) found, via evidence submitted from participating trusts and from interviews and focus groups with trust staff, that the FFT was increasing the emphasis on patient experience in four out of five trusts. The review found that the feedback provided via the FFT promoted various service improvements that should help to enhance patient experience. There is also some anecdotal evidence from the FFT review that the FFT is helping to improve the culture of care, making staff more sensitive to the experiences of their patients.

The FFT is therefore a valuable tool which enables patients to feed back their views on a regular basis. Through the availability of free-text comments, patients are able to comment on any aspect of their experience, at any time during their patient journey. The FFT builds on and complements the existing suite of NHS patient surveys, which help to identify poor care and outstanding care across the NHS.



GUIDANCE DEVELOPMENT

NHS England would like to thank all those individuals and organisations involved in the early adopter testing of the FFT, the FFT pathfinders, those who were engaged in the FFT work-streams and those who supported the **Making the FFT Inclusive** sections of the guidance.

The current FFT guidance has been developed following learning from the FFT early adopter sites, the FFT pathfinders and evidence gathered from the NHS England review of FFT.

▶ FFT EARLY ADOPTER SITES:

Following the national roll out in inpatient and A&E services in April 2013, ninety trusts across England subsequently piloted the FFT in a variety of other settings between October and December 2013.

▶ FFT PATHFINDERS:

31 FFT pathfinders were commissioned by NHS England in February 2014 to provide evidence on how the FFT can work in particular healthcare settings (such as outpatient departments and community services). For further information, see case studies [here](#).

▶ FFT REVIEW:

NHS England undertook a review of the FFT to capture the experiences of implementing and using the FFT in the first six months of inpatients and A&E. For further information, see the [FFT review](#).

LEVERS AND INCENTIVES

CONTRACTS

The NHS Standard Contract for 2014/15 requires that providers of NHS-funded services undertake the FFT, as per the FFT guidance. More detailed information can be found [here](#).

CQUIN

Guidance for 2014/15 has been published and includes incentives for acute service providers, community services providers, ambulance services providers and mental health providers to implement the FFT. The CQUIN guidance is available at [here](#).

QUALITY PREMIUM

The Quality Premium for CCGs references the FFT in a number of ways: in action planning to address issues that emerge from the FFT feedback in 2103/14; achievement of action plan milestones; and supporting co-ordination of roll out of the FFT in 2014/15 across a local health economy. More detailed information can be found [here](#).

REVIEW OF CENTRAL RETURNS

ROCR approval has been granted for the FFT in the following settings:

➤ **A&E – ROCR reference:
ROCR/OR/2159/001VOLU.**

➤ **Inpatient - ROCR reference:
ROCR OR/2159/001VOLU.**

➤ **Maternity - ROCR reference:
ROCR/OR/2159/FT6/002PMAND.**

An application is under development for other FFT settings, and will be in place prior to the first submission of data.

LEGAL DUTIES AND INFORMATION GOVERNANCE

Legal Duties

Equality Act

The Equality Act 2010 replaces all previous anti-discrimination legislation and includes a public sector equality duty requiring public bodies to have due regard for the need to eliminate discrimination and to advance equality of opportunity and foster good relations between people who share certain protected characteristics and those who do not. The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The Act provides an important legal framework which should improve the experience of all patients using NHS services.

Organisations should be mindful of their responsibilities under the Equalities Act 2010 and their obligations under the NHS Constitution to ensure that the FFT approaches chosen meet the duty to promote equality through the services they provide, and to have due regard for the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people when carrying out their activities.

Mental Capacity Act 2005

Any support given to a patient/service user who lacks capacity in responding to the FFT must comply with the five key principles of the **Mental Capacity Act**:

- Every adult has the right to make his or her own decisions and must be assumed to have capacity to make them unless it is proved otherwise.
- A person must be given all practicable help before anyone treats them as not being able to make their own decisions.
- Just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision.
- Anything done or any decision made on behalf of a person who lacks capacity must be done in their best interests.
- Anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedom.



LEGAL DUTIES AND INFORMATION GOVERNANCE

Information Governance

It is essential that the FFT is conducted in a way that patient anonymity is respected and given high priority. When designing processes to collect the FFT information, providers will need to ensure that they comply with the Data Protection Act 1998 and common law duty of confidence. Providers should consult their Caldicott Guardian and Information Governance Lead at an early stage to undertake a privacy impact assessment and ensure that they have a secure legal basis to collect and process the FFT data.

Expectations of confidentiality within the NHS are governed by guidance, professional codes of practice, and reports. These set the expectations for providers on the standards of confidentiality they are expected to maintain. They include the commitments made within the *NHS Constitution, the Guide to Confidentiality in Health and Social Care (2013)*¹ published by the Health and Social Care Information

Centre, and the Confidentiality: *NHS Code of Practice (2003)*² published by the Department of Health, which is shortly due to be revised. Consideration must also be given to the recent *Information Governance Review: To share or not to share*³ and the *Department of Health Response*⁴, which outline the commitments.

Providers need to ensure that they provide patients with clear expectations about the use of their data. The Data Protection Act requires that processing of personal data is fair and lawful. The provider must uphold any guarantees of anonymity it has given; the common law duty of confidence requires that information provided with an expectation of confidentiality is not disclosed without permission. Any use of personal data in collection or analysis stages must comply with information governance requirements. Information may not be published or disclosed outside the organisation in identifiable form

unless there is a lawful basis to do so.

Where the FFT process requires the use of personal data, providers should ensure that patients are informed about uses and disclosure through fair processing notices. Ideally these should be included in any materials provided to patients. In particular, as the equality data includes sensitive data items, patients should be informed about the reasons for its collection. Patients should be informed if their equality information is to be obtained through the use of data already held in existing information systems.

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

² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200146/Confidentiality_-_NHS_Code_of_Practice.pdf

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

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

LEGAL DUTIES AND INFORMATION GOVERNANCE

Information Governance

Where the FFT data is collected in fully anonymous form, with no data items that could identify a patient either directly or indirectly, the requirements of the Data Protection Act and common law duty of confidence will apply only to any identifiable data that might be provided by patients in free text fields. The FFT responses must not be presented or published in a way that allows individuals to be identified unless there is a lawful basis to do so. Free text comments that could lead to identification of respondents or other individuals must be removed before publication or disclosure outside the organisation.¹

If patients are to be contacted either by employees of a provider, or a contractor acting on its behalf to complete the FFT, the provider must take reasonable steps to ensure that this is understood by patients beforehand, and that they have an opportunity to decline permission

for this to happen. Again, this can be achieved by the provision of fair processing information. Staff or contractors employed to do this should be provided with the minimum information necessary to contact them.

Particular sensitivity should be exercised when designing a methodology for the collection of the FFT data in areas such as genitourinary medicine or termination of pregnancy. 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.

The provider is responsible for ensuring that confidentiality is maintained if a third party supplier is used to process personal data. A contract must be in place which includes a Data Processing Agreement that restricts the

supplier to only act on instruction, and ensures the confidentiality and security of any personal data processed by the supplier. It is particularly important to manage patient expectations in these circumstances.

Data communicated to NHS England or other commissioners must be fully anonymised and, in particular, care taken to remove any references to individuals in free text fields.

The provider should have available a schedule of the routine publications of the FFT data. Staff should be aware of how to respond to queries by directing enquiries to the Freedom of Information Function. Publication of the FFT data should also be highlighted in the organisations FoI Publication Scheme.

¹ Please be aware that there are exemptions allowing disclosure, such as the prevention of crime exemption which might allow disclosure of free text describing criminal matters actual or threatened. NHS England cannot offer legal advice on these matters; trusts, and contractors, must seek their own independent legal advice.



IMPLEMENTATION SUPPORT

Implementation support is provided through NHS England via the four regional offices. The contact details for the regional offices can be found on the [Contact page](#).

For general implementation queries, or communication enquiries, please email: england.friendsandfamilytest@nhs.net.

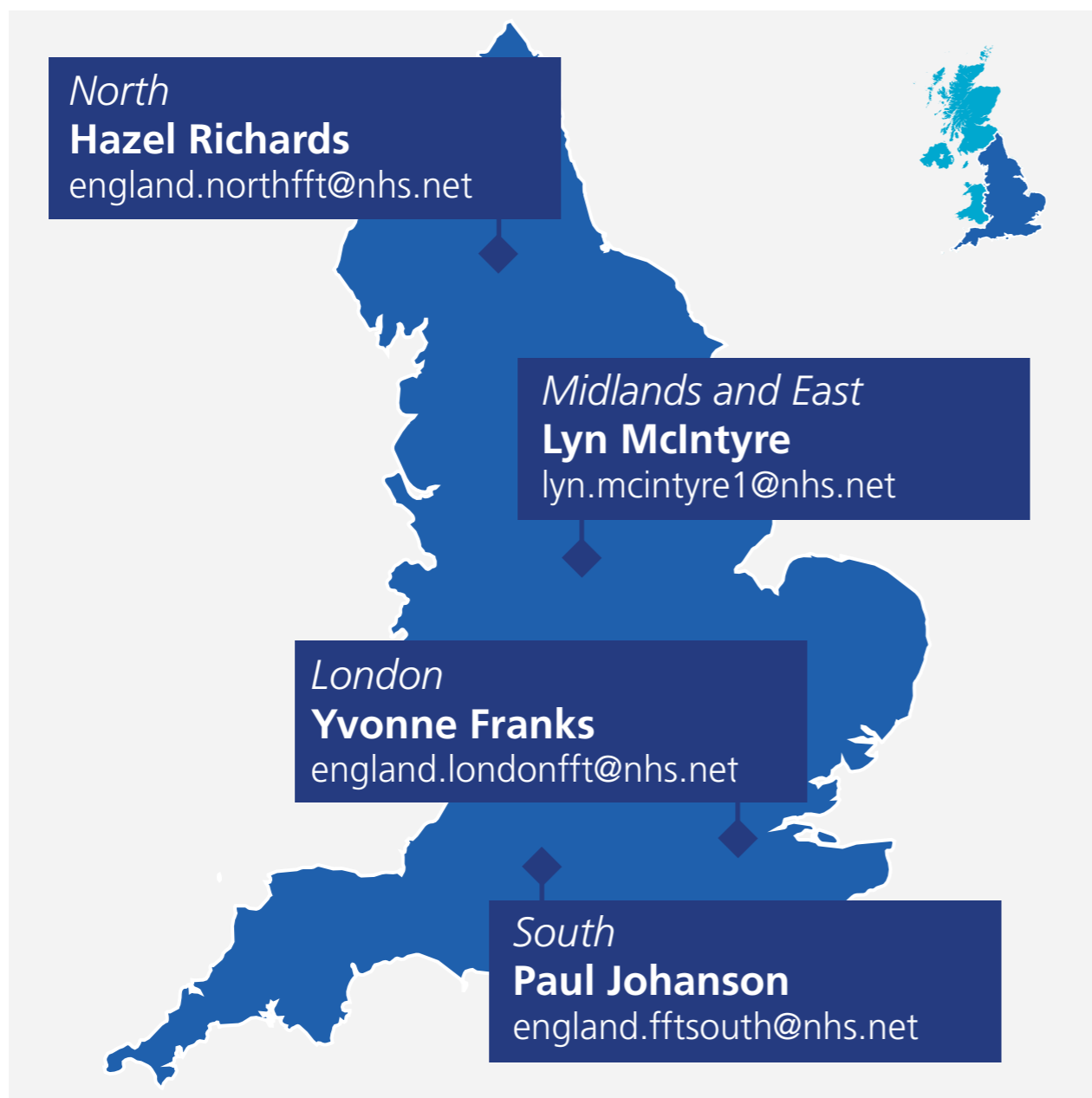
To order communications materials from Prolog, please call the order line: **0300 123 1002**.



FAQs are available [here](#).



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