

## The Friends and Family Test in General Practice – Frequently Asked Questions

### What are the requirements for GP practices?

The guidance includes a small number of mandatory requirements. Practices must:

- Provide an opportunity for people who use the practice to give anonymous feedback through the FFT.
- Use the standard wording of the FFT question and the responses exactly, as set out in the guidance.
- Include at least one follow up question which allows the opportunity to provide free text.
- Submit data to NHS England each month.
- Publish results locally.
- Practices can decide how they publish their results, but if they wish to publish free text comments locally, patients must be able to opt out of their comment being published.

### Where can I access the latest guidance?

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

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

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

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

- There is not a set target response rate for GP practices. Instead the number of responses received alongside the number of patients registered with the practice will be published so that patients and the public will be able to get a sense of the level of participation at the practice.

### What free text questions should be asked?

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

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

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

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

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

The FFT will be introduced in GP practices from 1 December 2014. Practices may choose to implement FFT earlier, should they wish to. Any practice implementing FFT early will not be expected to submit their data to the national team until all other practices start this as part of the formal national launch.

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

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

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

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

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

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

The data submission system that will be available to GP practices is still under development and will be available in advance of the deadline for submission.

NHS England will only require:

- The number of responses in each response category
  - The number of responses made by each collection mode.
- NHS England does not require any additional information collected, such as demographic data or free text comments.

#### **What will be published on NHS Choices?**

This is still under discussion with NHS Choices and the Department of Health. Further detail will be provided at a later date.

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

GP practices will not be required to ask patients the FFT question every time they attend an appointment, but the opportunity to provide feedback through the FFT must be available for patients if they want to.

The practice is required to make patients aware of the opportunity to complete an FFT. This can be done through a method of choice by the practice. Some options include using e-mail, leaflets, posters within the practice etc.

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

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

NHS England has published a wide range of support materials for FFT, including, help to make the FFT inclusive, and case studies in collecting and using FFT data. These can be found here: [www.england.nhs.uk/wp-content/uploads/2014/07/fft-imp-guid-14.pdf](http://www.england.nhs.uk/wp-content/uploads/2014/07/fft-imp-guid-14.pdf)

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

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

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

Ultimately, the FFT is a contractual requirement. Commissioners of NHS services are expected to require those they are commissioning services from to implement their contractual requirements.

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

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

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

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

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

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

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

Yes.

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

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

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

There are multiple considerations to bear in mind – cost, resource, technical capability, both in terms of collection methods and of free text analysis, ability to maintain an anonymous collection, use of existing suppliers for patient feedback. Each of these considerations is likely to have a different impact on each practice.

Practices that use a third party supplier must ensure that the supplier meets the requirements as set out in the guidance.

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

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

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

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

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

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

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

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

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

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

Each service provider will need to submit:

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

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

The FFT data should be submitted to NHS England on a monthly basis.

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

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

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

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

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

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

**How long should we keep patient responses for?**

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

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

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