

NHS England and NHS Improvement guidance

Using the Friends and Family Test to improve patient experience

HAVE YOUR SAY TO IMPROVE YOUR CARE

Thinking about your stay in the hospital...

Overall, how was your experience of our service?

Very good

Good

Neither good nor bad

Poor

Please can you tell us...

Please tell us about anything...



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This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please call 0300 311 22 33 or email england.contactus@nhs.net.

1 INTRODUCTION

1.1 What is this guidance about?

This guidance sets out the requirements of the NHS Friends and Family Test (FFT).

- It is intended to support all provider organisations that are required through their NHS Standard Contracts¹ (including independent sector providers, primary medical and primary dentistry contracts) to deliver the FFT. We hope commissioners will find it useful too.
- It replaces all previous implementation guidance for the patient focused FFT, including the guidance specifically relating to GPs and dentists, and the supplementary guidance and advice published in relation to information governance, sensitive situations and contracting with a commercial supplier of FFT services.

These revisions to the FFT guidance are effective from 1 April 2020. For advice on transition to the new arrangements, see the [FAQs](#).

The changes result from a review, called the FFT Development Project, which was carried out during 2018/19, responding to the reported experiences of people who had been directly involved in implementing and using the FFT since its original roll-out to services between 2013 and 2015. We sought input from a wide range of stakeholders, including patients, patient experience leads, clinical staff and commissioners. The review focused on how we could make the FFT better at collecting feedback that can be used to improve the quality of NHS services and the changes we have made are a direct result of what people told us during the project. We have published a report of the development project alongside this guidance.

We would like to thank all the NHS staff, service users, and members of the public who contributed to the development project and helped with the production of the revised guidance.

The Staff Friends and Family Test is not affected by these changes.

For a summary of what has changed, see **Section 3**.

See **Section 4** for the formal requirements that apply to all providers.

Providers should make it as easy as they can for all patients and people using their services to use the FFT to give feedback. It is important to hear from all patients, especially those who may need more help or support to give feedback. 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.

The changes we have made are designed to make the FFT more accessible for all patients: using a better, easier to understand question; and removing timing requirements that were a hindrance to collecting feedback at times that worked best for patients.

1.2 What is the NHS FFT?

Anyone using a service should be able to give feedback to the provider of that service. The NHS FFT is designed to be a quick and simple mechanism for patients and other people who use NHS services to give feedback, which can then be used to identify what is working well and to improve the quality of any aspect of patient experience.

At its simplest this might be achieved in many settings by the provision of a simple feedback form and collection box or by making a feedback page available on the provider's website.

The FFT is made up a single mandatory default question followed by at least one open free-text question, so that people can tell us what they want us to know in their own words.

The guidance recommends a pair of free-text questions that are designed to elicit good quality feedback, but using these is not mandatory; providers can choose which free-text questions to ask, based on what they want to know about.

¹ Ambulance service providers are referred to **Section 4.1** for more information.

This free-text feedback can be the most important element of the FFT for driving improvement in the quality of people's experience. Collecting it should be quick and easy, anonymous and focused on giving patients the opportunity to say what they want to say at a time that is convenient for them. It's specifically designed to be easier and less formal than complaints – patients don't need to be put off by having to go through an extensive process or only reporting negative experiences.

Each individual piece of feedback collected could draw attention to examples of good practice, an immediate issue, or themes that are emerging. Teams should feel able, as the experts in their areas, to work out what can be done in response to the feedback and how to report internally on progress.

As a supplement to formal surveys and other sources of insight, the FFT has already helped to bring a step-change in assessing patient experience, creating a stronger culture of listening and improvement within the NHS. We know of many examples, large and small, of changes being made in response to patient feedback, some of which are described in our [case studies](#). Used alongside other data, the FFT can help to drive a cycle of continuous improvement.

At national level, the data is used by the Care Quality Commission during their inspections, by NHS England and NHS Improvement in their provision of support for quality improvement work and in producing data that informs the public about the quality of patient experience in their local services. This helps the NHS to be transparent and accountable.

1.3 Fundamental principles of the NHS FFT

There are some fundamental principles underpinning the FFT:

- All patients and people who use services have the right to provide anonymous feedback quickly and easily, when they want to.
- The FFT is a continuous feedback stream, it is not a one-off feedback opportunity or a traditional survey.
- Parents, carers, volunteers or staff can give help to those who need it to give feedback – being careful that the feedback

represents the views of the patient, not themselves.

- There may be times when it is not appropriate or possible for the provider to ask for feedback through the FFT, for example where it might cause distress. The patient or service user should still be able to give feedback if they want to.
- The feedback should be used to celebrate and build on what is working well, as well as to identify areas where improvements could be made.
- Results and information on changes resulting from the FFT should be made readily available to the public and patients so that they can see that feedback is being listened to and acted on where possible.



What this means for...

| Patients | Healthcare organisations | Commissioners |
|--|---|--|
| <ul style="list-style-type: none"> • Should be able to provide feedback at any point during their care and treatment. • Should be able to use the published FFT data alongside other publicly available data sets to inform their choices. • Should be able to challenge healthcare organisations if they are not provided with the opportunity to provide feedback. • Should be able to see visible evidence in public places to demonstrate what actions have been taken because of people's feedback. • Should be able to ask healthcare organisations to explain what improvements have been made as a result of feedback if this information is not transparent. | <ul style="list-style-type: none"> • Should ensure that all patients can give feedback if they want to. • Should take proactive steps to allow people to give feedback whatever their communication 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 to deal with feedback. • Should provide visible evidence in public places to demonstrate what actions have taken place because of feedback. • Should use feedback from the FFT alongside other measures of quality and source of insight. • 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. | <ul style="list-style-type: none"> • Should support the provider to meet the contractual requirements of the FFT • Should focus on how the FFT is being used to improve quality • 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 that could be adopted by others. |

2 HOW FEEDBACK CAN IMPROVE THE QUALITY OF CARE

2.1 Improving the quality of care

Delivering quality services has several essential elements. Safety and clinical effectiveness are perhaps the two most obvious, but we know that any aspect of the person's experience of using a service can count for them just as much and has an impact on overall health and well-being.

NHS England and NHS Improvement have signed up to the nationally agreed definition of quality provided in the National Quality Board's Shared Commitment to Quality² (Figure 1).

Figure 1: National Quality Board's Shared Definition of Quality



This definition encompasses the elements that matter most to the people who use NHS services (patients, their families and carers), as well as the elements that those who commission and provide NHS services must meet to deliver high-quality care.

2.2 For people who use services

Building on our existing definition of quality, the areas which matter most to people who use services:

- **Safety:** people are protected from avoidable harm and abuse. When mistakes occur lessons will be learned.
- **Effectiveness:** people's care and treatment achieves good outcomes, promotes a good quality of life, and is based on the best available evidence.
- **Positive experience:**
 - Caring: staff involve and treat you with compassion, dignity and respect.
 - Responsive and person-centred: services respond to people's needs and choices and enable them to be equal partners in their care.

2.3 For those providing services

We know that to provide high-quality care, we need high performing providers and commissioners working together and in partnership with, and for, local people and communities, that:

- Are **well-led:** they are open and collaborate internally and externally and are committed to learning and improvement.
- **Use resources sustainably:** they use their resources responsibly and efficiently, providing fair access to all, according to need, and promote an open and fair culture.
- Are **equitable for all:** they ensure inequalities in health outcomes are a focus for quality improvement, making sure care quality does not vary due to characteristics such as gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.

The NHS Act 2006 specifies that the NHS has a duty to secure continuous improvement in the quality of services to individuals, particularly the quality of experience that patients have. The NHS Long Term Plan

² <https://www.england.nhs.uk/wp-content/uploads/2016/12/nqb-shared-commitment-frmwrk.pdf>

commits to a number of quality improvements across the NHS; the FFT, along with patient surveys and other insight tools, helps provide information to understand whether and how better patient experience can be delivered.

2.4 Listening to the people we serve

Patients and people who use services are best placed to identify what works and what could be improved in the quality of their care.

We should pay attention to what people have to say about their experiences around respect, dignity, nursing and clinical care but also to other factors that form part of someone's whole experience of interacting with an NHS service. This might include elements such as clarity and accuracy of communication, accessibility and inclusivity, politeness of staff, quality or variety of food, noise on wards at night, visiting arrangements, cleanliness, on-site facilities, parking, signposting, appointment booking, waiting, discharge arrangements and provision of information.

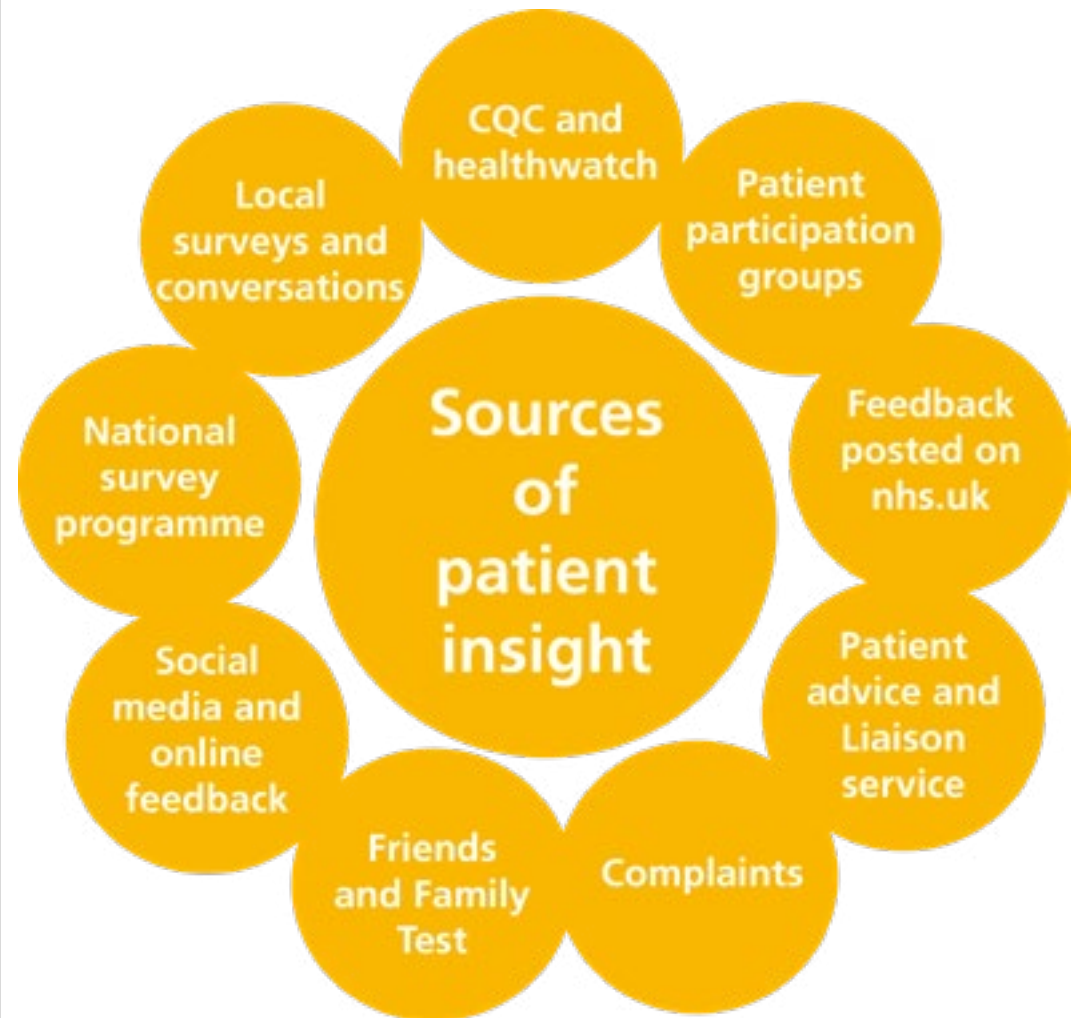
The FFT has been designed to help service providers collect feedback from patients and people who use services about any of these issues, on a continuous basis and to put a spotlight on positive experiences as well as things the feedback highlights as needing action to improve the quality of the patient's experience.

Individual comments collected through the FFT can make a difference that improves the quality of care for all patients. Taken collectively, feedback can identify themes and issues that can be investigated, alongside other data, resulting in significant changes to how care is provided.

Teams using FFT across England have shown that it is often the small improvements that make the biggest difference to patients, such as quieter wards at night, better food, or shorter fasting times before an operation.

FFT data offers an important "health check" of services, providing an indicator for managers and commissioners of what's working well. As well as helping to monitor and improve patient experience, the FFT has

generated a powerful and sustained stream of feedback that confirms the public's appreciation for hard-working members of NHS staff.



2.5 Using multiple sources of insight from patients

NHS providers and commissioners should use a range of relevant patient insight data, including findings from the FFT, as an active part of their quality improvement agenda.

Providers have told us that the FFT works best where patients' responses

are looked at alongside other patient insight, such as complaints or local findings from national patient surveys, as shown in the graphic below. The themes that emerge then give a clearer view of patient experience.

All of these sources can help identify good practice and opportunities to improve as well as monitor progress. They all work in different ways and serve slightly different purposes.

Each of the different interactions overlaps and helps to build fuller and more reliable insight; the FFT can provide a better understanding of issues highlighted by surveys, PALS and PPGs can verify things the FFT is telling them (and vice versa), and the themes from the various elements can help in the effective design of consultations and local surveys to ensure they focus on what matters to patients.

The national survey programme provides a more rigorous dataset – particularly good for benchmarking and comparison with peers, but they are often based on a representative sample of patients, rather than being open to all. This means that the data we get from them can be used in ways that the FFT data can't. They provide a picture at a particular time, limited in what detail they can uncover, but they are a good source of data for identifying variation in quality and for tracking improvements over longer time periods.



The table below sets out some of the main differences between the FFT and the formal national survey programme.

| Friends and Family Test | National surveys |
|---|---|
| Gives all patients and people who use NHS services, including their parents, carers, or other relatives the opportunity to have their say about the services they use | Usually taken from a representative sample of patients and people who use services, to get quantifiable data |
| A continuous improvement tool | A one-off or periodic “snapshot” of experience or views |
| Designed to be quick and easy for all patients and service users to complete | Often based on a lengthy structured questionnaire |
| The feedback can be shared with staff very quickly, so that providers and their partners can quickly understand what is working well and what can be improved | Results take time to collate and analyse - surveys usually report several months after the contact with the patient has taken place |
| The FFT is not designed to make comparisons across organisations, so this means we can allow local flexibility in how it can be applied to maximise its usefulness for local improvement | Surveys have strictly controlled collection methods and can provide methodologically robust data, so that providers can compare performance with others |
| Each individual bit of feedback collected could draw attention to: <ul style="list-style-type: none"> • an immediate very specific issue, or • themes that highlight more underlying issues | Results useful as a collective picture in response to centrally pre-determined questions |

2.6 Getting the most from FFT

Staff should feel fully empowered and have an active role in the full cycle of continuous improvement work, such as influencing how feedback is collected, which free-text questions to use, engagement in identifying improvements that can be made, and how patients are told about any changes that are made.

Giving the feedback from patients directly to the staff providing the service quickly can make acting on the feedback more effective. Staff will also feel more engaged when they can see the feedback is being used to make improvements.

Showing patients that feedback is taken seriously by the people delivering services makes it more likely that those who access healthcare will be willing to continue to give their own feedback.

2.7 Best use of the numerical data and “making data count”

Patient experience data should be used continuously to monitor quality and inform decisions, including analysis of time series data such as the FFT generates, to show improvement or a decline in patient experience.

The numerical results data generated by the standard question are not comparable between organisations, but they can be useful to track progress over time within an organisation, a ward or service, and can be triangulated with other data, such as national surveys, local surveys, complaints and so on.

There are tools to help you track data over time, such as the practical, interactive guide [Making Data Count](#), which describes statistical process control (SPC) and provides a useful interactive toolkit to help you use it. Applying the Making Data Count principles is an ideal way to make the most of the numerical FFT results.

SPC is an analytical technique that plots data over time with three reference lines showing the mean and two process limits.

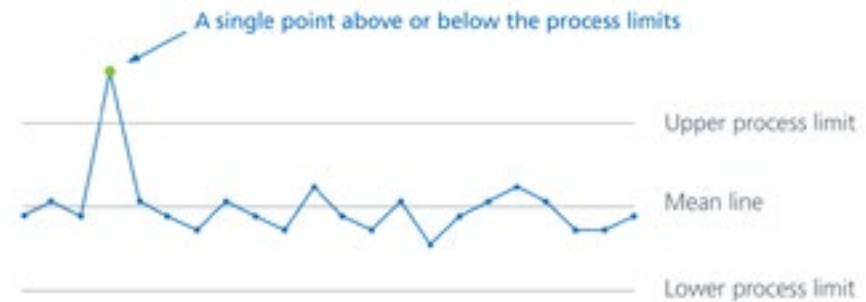
SPC can show:

- where there is change over time
- how capable a system is of delivering a standard or target

- if a process that we depend on is reliable and in control

There are three useful rules that apply to an SPC chart:

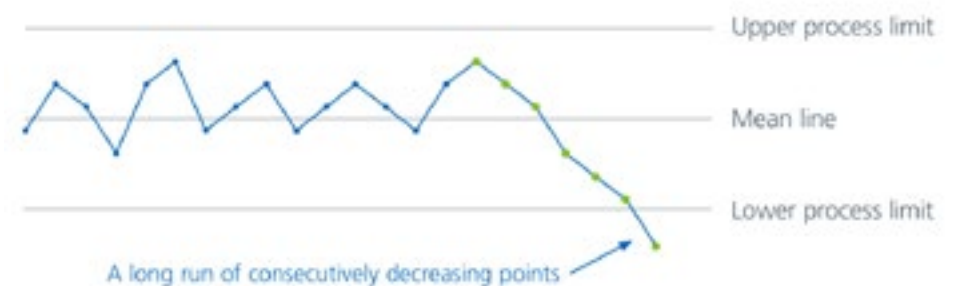
- A single point outside the control limits



- A run of consecutive points above or below the mean line



- Six consecutive points increasing or decreasing



If you find your dataset fits one or more of these rules, then something unusual has happened – generally referred to as special cause variation. By recognising which type of variation you are dealing with, you can take the best action to deliver improvements.

You can find more [advice and support](#) about making better use of your data from NHS England and NHS Improvement on our website.

You can find examples of this kind of activity in our [case studies on the website](#) and here is an example from Northumbria Healthcare NHS Foundation Trust.

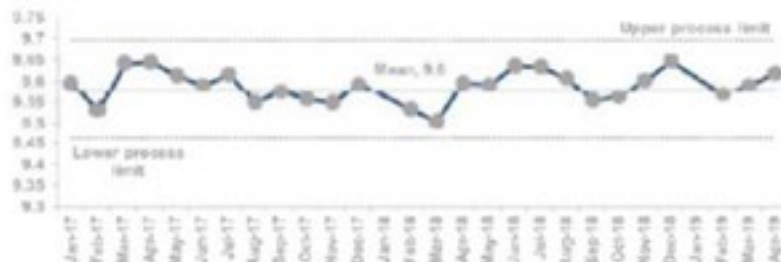
Northumbria Healthcare NHS Foundation Trust are using SPC to better understand the experience of their patients.

Trust Board Report - Patient Experience Q4 2018/19 Update - May 2019

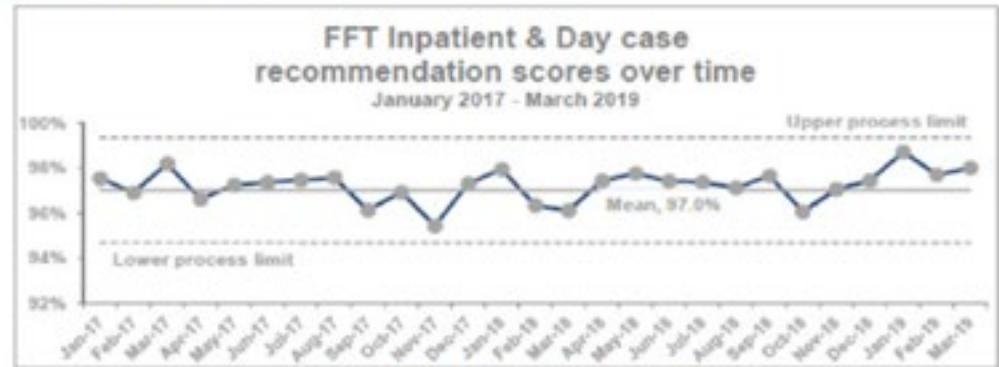
Real Time Patient Experience Performance

| Domain | Q4 Score | Improvement or Decline | Performance over the last 2 years |
|-----------------------|----------|------------------------|--|
| Coordination | 9.35 | | Decline: Jul 18 → Apr 19 (9 Data points below the mean) |
| Respect & dignity | 9.91 | | No Change |
| Involvement | 9.59 | | Decline: Oct 17 → May 18 (7 data points below the mean) |
| Doctors | 9.82 | | No Change |
| Nurses | 9.85 | | No Change |
| Cleanliness | 9.86 | | Decline: Feb 17 (Below the lower process limit) Improvement: Mar 17 → Sep 17 (7 data points above the mean) Improvement: Nov 17 → Apr 19 (16 data points above the mean) |
| Pain Control | 9.82 | | Decline: Aug 18 → Mar 19 (7 Data points below the mean) |
| Medicines | 8.40 | | Improvement: Apr 18 → Apr 19 (12 data points above the mean) |
| Noise at Night | 9.33 | | Improvement: Nov 17 → Jun 18 (7 data points showing improvement) |
| Kindness & Compassion | 9.91 | | No Change |
| Domain Average | 9.58 | | No Change |

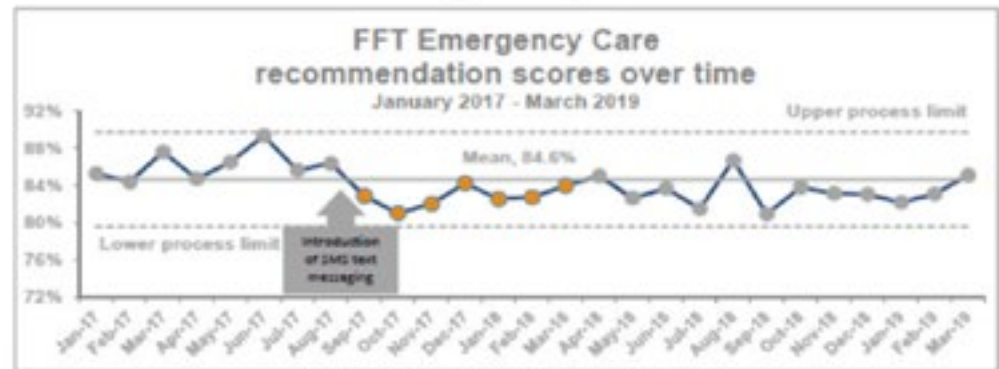
Domain Average



Friends and Family Test



National FFT Inpatient average score 96%



National FFT Emergency Care average score 85%



National FFT Maternity average score 97%

3 AT A GLANCE

3.1 What has changed

The new question

There is a new standard question for all settings:

“Overall, how was your experience of our service?”

The new question has a new response scale:

Very good

Good

Neither good nor poor

Poor

Very poor

Don't know

And new preceding text to make it clear which setting the feedback refers to, following the words: **“Thinking about”**, providers can choose the most appropriate of these options or use their own similar wording – this will help ensure the feedback collected is related to the right service:

your GP practice...

your stay in the hospital...

your dental practice...

your recent visit to A&E...

this maternity service...

our antenatal service...

our labour ward...

our birthing unit...

our homebirth service...

our postnatal ward...

our postnatal community service...

your recent appointment...

your recent visit...

our recent visit...

the service we provide...

Change to the placement of the question

If the mandatory question is being used as part of a larger local survey, it no longer needs to be the first question asked. It can be situated in the questionnaire wherever it makes most sense to the respondents.

Change to recommended free-text question

Providers are still required to include at least one free text question alongside the standard fixed question and can choose locally what question or questions to ask. We have carried out some testing as part of the project and, where providers do not have a local preference, we recommend the following two questions which, taken together, have been found to encourage good quality feedback:

Please can you tell us why you gave your answer?

Please tell us about anything that we could have done better

Changes to timing requirements

In all settings, patients should be able to use the FFT to give feedback when they want to.

In **general and acute inpatients** and **A&E** settings the previous requirement to collect feedback at discharge or within 48 hours has been removed. Patients should be able to give real-time feedback at any time, and they should be able to use the FFT to do this. This introduces the opportunity to give feedback during time spent in the setting; and allows longer to recover and reflect on the experience before giving feedback. Providers can still choose to do a proactive feedback collection if they want to; options to consider include asking in real time whilst the patient is still receiving care, asking at discharge or asking a few days or weeks after discharge. All of these options are valid, and all have considerations, which are discussed more fully in **section 7.5** When to collect feedback.

In **maternity services** the requirement to collect feedback at the previously specified times has been removed. Women told us that this was not working for them. They should be able to give feedback at any time during their pregnancy rather than waiting until the 36th week. In postnatal settings, they should be allowed time to recover from childbirth and adjust to caring for a new baby before being proactively asked for feedback. Providers can still choose to do proactive feedback collection if they want to (such as at routine scans). We recommend providers wait until two weeks after childbirth before collecting feedback about childbirth itself. Data should still be submitted related to the four stages in the maternity pathway and women should still be able to provide feedback on each stage separately.

Response rates

In the three settings for which we have previously published response rates (general and acute inpatient, A&E and the second maternity touch point), this is no longer possible because there is no limit on how often a patient or service user can give feedback. We will, therefore, no longer calculate or publish a 'response rate'.

Providers will, however, continue to submit the same data items, and we will continue to publish an indicator (see the setting by setting guide at Section 3.3) which will put the number of responses collected in the context of the size of the service provided, which will help to give commissioners and regulators a sense of how effectively the FFT is being implemented by each provider. This is consistent with other settings.

Collection modes

The data submission fields for the collection modes will have been updated to reflect the change in timing requirements - see **Section 3.3**.

Ambulance services - see and treat

Ambulance services that wish to can continue to use the FFT to gather feedback about their see and treat services. However, where the FFT is not well embedded in see and treat ambulance services the provider can stop implementation of the FFT and instead commit to the following:

- run a co-produced patient experience project on an annual basis

- Provide a quarterly report to their quality governance group
- Contribute to the production of an annual report on their project
- Adopt learnings from other ambulance teams where improvements have been made.



3.2 What has not changed?

We will still refer to it as the Friends and Family Test.

Available to all patients and people who use services

The FFT should continue to be available to all patients and people who use the provider's services, as well as carers, parents and family members. The provider will still need to carry out any actions, such as excluding patients where it would be insensitive to ask for feedback or where the National Data Opt-out Policy applies, before proactively inviting patients to give feedback. (See **Section 7.6** on Seeking feedback in sensitive situations).

Local choice of collection methodologies

Providers can still choose their own collection methodology. We recommend using a combination of methods to ensure the opportunity to give feedback is as accessible as possible.

Free text questions

Providers are still required to include at least one free-text question alongside the standard FFT question. The choice of question is still for local decision, and the provider can ask more than one.

Additional questions

Providers can include additional tick box questions, including asking demographic questions, and/or whether the feedback is from a carer/parent/guardian etc.

Monthly data submission

Providers are still required to submit monthly numerical FFT data for national publication. There is separate submission guidance that explains data submission in more detail.

Local data publication

Providers are still required to publish their FFT results locally and can decide how they want to present it. We recommend "you said, we did" as a useful format for patients and staff to see that the feedback is being used. If the provider wishes to publish free text comments, it must ensure

the person providing feedback is happy for the feedback to be published. This could be through a tick box on the form.

Branding and promotion of the FFT

Providers continue to have a choice about the way and the extent to which they actively promote the FFT. The NHS brand continues to apply to FFT materials and these should comply with visual identity guidelines on its use (add link). We have a central set of posters, leaflets, films and other promotional resources that you can use free of charge if you want to. (See the FFT web pages for details of these communications resources. Add link.)

Ambulance services - patient transport services

Providers of patient transport services will continue to be required to implement the FFT.



3.3 Setting by setting – how the FFT looks

This table sets out how the FFT should be implemented in each setting where NHS funded services are delivered, and where there is flexibility to tailor the FFT to work better in a particular service for the people who use it. The settings are across the top of the table.

Table 1 covers: general and acute inpatient and day cases; mental health; general and acute outpatients; accident and emergency.

Table 2 covers: maternity services.

Table 3 covers: community healthcare; general medical services and NHS dentistry services and patient transport services.

Table 1

| Setting | General and acute inpatients and day cases | Mental health | General and acute outpatients | Accident & Emergency, walk in centres and minor injuries units |
|---|---|---------------|---|--|
| Summary of collection requirements | | | | |
| Framing text suggestions (or use a suitable alternative). This is the short introductory wording that explains which service the feedback is about | Thinking about your stay in the hospital... Or Thinking about your recent appointment... Or Thinking about your recent visit... Or Thinking about the service we provide... | | Thinking about your recent appointment... Or Thinking about your recent visit... Or Thinking about the service we provide... | Thinking about your recent visit to A&E... |
| Mandatory standard question | Overall, how was your experience of our service? | | | |
| Mandatory response scale | Very good; Good; Neither good nor poor; Poor; Very poor; Don't know | | | |

| Setting | General and acute inpatients and day cases | Mental health | General and acute outpatients | Accident & Emergency, walk in centres and minor injuries units |
|------------------------------|---|--|---|---|
| Who the question is aimed at | All patients who are admitted to an acute inpatient or daycase ward/unit for any length of stay. | <p>All patients and people who use services or who have received care or treatment within an NHS-funded mental health service, where it is felt by an appropriate clinician that it will not cause distress to the patient.</p> <p>Assumptions should not be made about particular patient groups not wishing to, or not being able to, give feedback through the FFT.</p> | All patients using the outpatient service | All patients that attend an A&E Department (Type 1 and Type 2), a walk in centre or minor injury unit (Type 3). |
| Timing | <p>Patients and people who use services should be able to give feedback at any time and should have the opportunity to provide feedback via the FFT if they want.</p> <p>In addition, providers may decide to set up systems to proactively collect feedback at specific times, for example sending an invitation text following an appointment or at or following discharge. Providers will want to consider the best time to seek feedback and consider the balance between giving people time to recover and reflect alongside the likelihood that if there is too long a time lag, they won't respond or their recollection fades.</p> | | | |
| Free text question | <p>Providers can choose their own free text question or questions, and we encourage them to choose questions that relate to the local situation, concerns or issues highlighted through, for example national surveys, complaints etc. Providers can choose to ask more than one free text question but should bear in mind that the FFT is designed to be quick and simple for patients to complete and adding too many questions may put people off.</p> <p>We recommend the following pair of questions:</p> <ul style="list-style-type: none"> • Please can you tell us why you gave your answer? • Please tell us about anything that we could have done better. | | | |

| Setting | General and acute inpatients and day cases | Mental health | General and acute outpatients | Accident & Emergency, walk in centres and minor injuries units |
|--|---|---|--|--|
| Collection methodology | Providers can use any methodology that meets the requirements. We recommend using a combination to support making the opportunity to give feedback accessible to all. | | | |
| Accessibility | Providers should ensure the opportunity to give feedback is accessible to all. To support this, they may want to add supplementary text and/or graphics to the mandatory question. We provide examples of easy read and other languages, see Section 7.3 . | | | |
| Summary of data submission requirements | | | | |
| Breakdown of data to submit | <p>The data must be submitted at trust, site, ward and specialty level.</p> <p>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 the ward. Where a dummy ward for daycases is submitted, no specialty will be expected.</p> | <p>The data should be submitted for all patient groups accessing mental health services, following these groupings as closely as possible: primary care; secondary care community services; acute services; specialist services; secure and forensic services; child and adolescent mental health services; mental health other.</p> <p>Outpatient department activity should be grouped together and reported in a single return.</p> <p>(see notes below on mental health submission groupings for more details).</p> | The data must be submitted at trust level. | The data must be submitted at trust and site level. WiC and MIU data should be submitted as a combined dummy site labelled WiC_MIU |
| Response data | Number of responses in each of the response scale categories (Very good; Good; Neither good nor poor; Poor; Very poor; Don't know). | | | |

| Setting | General and acute inpatients and day cases | Mental health | General and acute outpatients | Accident & Emergency, walk in centres and minor injuries units |
|--|--|--|---|--|
| Collection methodology data | The data fields for the collection methodology will be updated to reflect the changes to the timing requirements and will be set out in revised submission guidance. | | | |
| Indicator of service size (no change from previous guidance) | Number of patients discharged home or to another organisation in the month. | Number of unique patients' accessing services in the last month. | N/A | Number of patients discharged home or to another organisation in the month. |
| Making use of the data | | | | |
| Indicative participation data – this gives users of the data a broad indication of the levels of participation | Number of responses, and the number of patients discharged home or to another organisation in the month. | Number of responses, and the number of unique patients accessing services in the last month. | Number of responses, and the total number of outpatient appointments in the month | Number of responses, and the number of patients discharged home or to another organisation in the month. |
| Using the numerical data (for example, the ratings given or the number of pieces of feedback) | <p>FFT numerical data is not comparable across organisations but it can be used to continuously monitor quality and inform decisions, including analysis of time series data such as the FFT generates, to show improvement or a decline in patient experience.</p> <p>The numerical data has two key uses:</p> <ul style="list-style-type: none"> • Providers can use their own data as an informal temperature check, and look at change over time - looking at trends and anomalies • Commissioners and regulators can use it alongside other information to get a picture of how engaged the provider is with its patients <p>There are tools to support this activity, such as the practical, interactive guide Making Data Count, and we have provided some case studies on the NHS England and NHS Improvement website that might be helpful.</p> | | | |

| Setting | General and acute inpatients and day cases | Mental health | General and acute outpatients | Accident & Emergency, walk in centres and minor injuries units |
|---------------------|--|---------------|-------------------------------|--|
| Using the free text | <p>The free text responses are the most important part of the FFT</p> <ul style="list-style-type: none"> • Individual responses can identify issues that can be resolved • Analysis of multiple free text responses can identify themes where improvement is possible • The insight gathered through FFT can be considered alongside other data such as complaints or national survey results | | | |

Table 2

| Setting | Maternity antenatal care | Maternity care at birth | Maternity care on postnatal ward | Maternity postnatal community care |
|--|---|---|--|---|
| Summary of collection requirements | | | | |
| <p>Framing text suggestions (or use a suitable alternative).</p> <p>This is the short introductory wording that explains which service the feedback is about</p> | <p>Thinking about this maternity service...</p> <p>Or</p> <p>Thinking about our antenatal service...</p> <p>Or</p> <p>Thinking about the service we provide...</p> | <p>Thinking about this maternity service...</p> <p>Or</p> <p>Thinking about our labour ward...</p> <p>Or</p> <p>Thinking about our birthing unit...</p> <p>Or</p> <p>Thinking about our homebirth service...</p> <p>Or</p> <p>Thinking about the service we provide...</p> | <p>Thinking about this maternity service...</p> <p>Or</p> <p>Thinking about our postnatal ward...</p> <p>Or</p> <p>Thinking about the service we provide...</p> | <p>Thinking about our postnatal community service...</p> <p>Or</p> <p>Thinking about our recent visit...</p> <p>Or</p> <p>Thinking about the service we provide...</p> |
| Linking back | The feedback collected should relate to the four main stages of the maternity pathway: antenatal care; care at birth; care on the postnatal ward (before discharge to the community); postnatal community care. The framing text can be used to link the feedback to the appropriate part of the pathway. | | | |
| Mandatory Standard question | Overall, how was your experience of our service? | | | |
| Mandatory response scale | Very good; Good; Neither good nor poor; Poor; Very poor; Don't know | | | |
| Who the question is aimed at | All women that have used NHS-funded maternity services. | | All women admitted to a postnatal ward for postnatal care following birth. | All women that have used NHS-funded maternity services. |

| Setting | Maternity antenatal care | Maternity care at birth | Maternity care on postnatal ward | Maternity postnatal community care |
|------------------------|--|--|----------------------------------|--|
| Timing | <p>All women using maternity services should be able to give feedback at any time, and should have the opportunity to provide feedback via the FFT if they want.</p> <p>In addition, providers may decide to set up systems to proactively collect feedback at specific times, for example sending an invitation text following a routine appointment.</p> | <p>All women using maternity services should be able to give feedback at any time and should have the opportunity to provide feedback via the FFT if they want.</p> <p>In addition, providers may decide to set up systems to proactively collect feedback at specific times, such as sending an invitation text, but women should be allowed time to recover from childbirth and adjust to caring for a new baby before being asked for feedback about childbirth and the postnatal ward.</p> | | <p>All women using maternity services should be able to give feedback at any time, and should have the opportunity to provide feedback via the FFT if they want.</p> <p>In addition, providers may decide to set up systems to proactively collect feedback at specific times, for example sending an invitation text following a routine appointment.</p> |
| Free text question | <p>Providers can choose their own free text question or questions, and we encourage them to choose questions that relate to the local situation, concerns or issues highlighted through, for example national surveys, complaints etc. Providers can choose to ask more than one free text question but should bear in mind that the FFT is designed to be quick and simple for patients to complete and adding too many questions may put people off.</p> <p>We recommend the following pair of questions:</p> <ul style="list-style-type: none"> • Please can you tell us why you gave your answer? • Please tell us about anything that we could have done better | | | |
| Collection methodology | <p>Providers can collect FFT feedback by whichever methods work best for them to meet the requirements. We recommend using a combination – such as feedback cards plus a web page or text messages - to support making the opportunity to give feedback accessible to all.</p> | | | |

| Setting | Maternity antenatal care | Maternity care at birth | Maternity care on postnatal ward | Maternity postnatal community care |
|--|---|--|--|------------------------------------|
| Accessibility | Providers should ensure the opportunity to give feedback is accessible to all. To support this, they may want to add supplementary text and/or graphics to the mandatory question. We provide examples of easy read and other languages, see Section 7.3 | | | |
| Summary of data submission requirements | | | | |
| Breakdown of data to submit | The data for each pathway stage must be submitted at trust and site level. | | The data must be submitted at trust level. | |
| Response data | Number of responses in each of the response scale categories (Very good; Good; Neither good nor poor; Poor; Very poor; Don't know) | | | |
| Collection methodology data | The data fields for the collection methodology will be updated to reflect the changes to the timing requirements and will be set out in revised submission guidance. | | | |
| Indicator of service size (no change from previous guidance) | N/A | Total number of live births during the month. | N/A | |
| Making use of the data | | | | |
| Indicative data – this gives users of the data a broad indication of the levels of participation | N/A | Number of responses, and the total number of live births during the month. | N/A | N/A |

| Setting | Maternity antenatal care | Maternity care at birth | Maternity care on postnatal ward | Maternity postnatal community care |
|--------------------------|--|-------------------------|----------------------------------|------------------------------------|
| Using the numerical data | <p>FFT numerical data is not comparable across organisations but it can be used to continuously monitor quality and inform decisions, including analysis of time series data such as the FFT generates, to show improvement or a decline in patient experience.</p> <p>The numerical data has two key uses:</p> <ul style="list-style-type: none"> • Providers can use their own data as an informal temperature check, and look at change over time - looking at trends and anomalies • Commissioners and regulators can use it alongside other information to get a picture of how engaged the provider is with its patients <p>There are tools to support this activity, such as the practical, interactive guide Making Data Count, and we have provided some case studies on the NHS England and NHS Improvement website that might be helpful.</p> | | | |
| Using the free text | <p>The free text responses are the most important part of the FFT</p> <ul style="list-style-type: none"> • Individual responses can identify issues that can be resolved • Analysis of multiple free text responses can identify themes where improvement is possible • The insight gathered through FFT can be considered alongside other data such as complaints or national survey results | | | |

Table 3

| Setting | General medical services | NHS dentistry services | Community healthcare | Patient transport services |
|---|---|---|--|---|
| Summary of collection requirements | | | | |
| Framing text suggestions (or use a suitable alternative). This is the short introductory wording that explains which service the feedback is about | Thinking about your recent appointment... Or Thinking about your GP practice... | Thinking about your recent appointment... Or Thinking about your dental practice... | Thinking about your recent appointment... Or Thinking about our recent visit... Or Thinking about the service we provide... | Thinking about the service we provide... |
| Mandatory Standard question | Overall, how was your experience of our service? | | | |
| Mandatory response scale | Very good; Good; Neither good nor poor; Poor; Very poor; Don't know | | | |

| Setting | General medical services | NHS dentistry services | Community healthcare | Patient transport services |
|------------------------------|--|--|---|--|
| Who the question is aimed at | All patients registered with the GP practice | <p>All patients that receive NHS funded care or treatment and all patients that attend an out of hours or emergency care provider (patients who attend but do not wait to be seen by a clinician should be able to provide feedback if they wish).</p> <p>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.</p> | All patients who have received care or treatment within an NHS-funded community healthcare service. | All patients and people who use a patient transport service. |
| Timing | <p>All patients and people who use services should be able to give feedback at any time and should have the opportunity to provide feedback via the FFT if they want.</p> <p>In addition, practices may decide to set up systems to proactively collect feedback at specific times, for example sending an invitation text following an appointment.</p> <p>Practices will want to consider the best time to seek feedback and consider the balance between giving people time to recover and reflect alongside the likelihood that if there is too long a time lag, they won't respond or their recollection fades.</p> | | <p>Patients and people who use services should be able to give feedback at any time and should have the opportunity to provide feedback via the FFT if they want.</p> <p>In addition, providers may decide to set up systems to proactively collect feedback at specific times, for example sending an invitation text following an appointment or at or following discharge.</p> <p>Providers will want to consider the best time to seek feedback and consider the balance between giving people time to recover and reflect alongside the likelihood that if there is too long a time lag, they won't respond or their recollection fades.</p> | |

| Setting | General medical services | NHS dentistry services | Community healthcare | Patient transport services |
|--|--|------------------------|--|--|
| Free text question | <p>Providers can choose their own free text question or questions, and we encourage them to choose questions that relate to the local situation, concerns or issues highlighted through, for example national surveys, complaints etc. Providers can choose to ask more than one free text question but should bear in mind that the FFT is designed to be quick and simple for patients to complete and adding too many questions may put people off.</p> <p>We recommend the following pair of questions:</p> <ul style="list-style-type: none"> • Please can you tell us why you gave your answer? • Please tell us about anything that we could have done better | | | |
| Collection methodology | Providers can use any methodology that meets the requirements. We recommend using a combination to support making the opportunity to give feedback accessible to all. | | | |
| Accessibility | Providers should ensure the opportunity to give feedback is accessible to all. To support this, they may want to add supplementary text and/or graphics to the mandatory question. We provide examples of easy read and other languages. [add links] | | | |
| Summary of data submission requirements | | | | |
| Breakdown of data to submit | The data must be submitted at practice level. | | The data should be submitted for all patient groups accessing community healthcare services, following these groupings as closely as possible: community inpatient services; community nursing services; rehabilitation and therapy services; specialist services; children and family services; community healthcare other (see notes below on community healthcare submission groupings for more details). | The data must be submitted at trust level. PTS activity should be grouped together into a single submission. |
| Response data | Number of responses collected by each collection methodology (SMS/text/smartphone app; electronic tablet; paper/postcard in care/at discharge; paper survey sent to home; telephone survey; online survey; other). | | | |

| Setting | General medical services | NHS dentistry services | Community healthcare | Patient transport services |
|--|--|---|--|--|
| Collection methodology data | Number of responses collected by each collection methodology (handwritten; telephone call; tablet/kiosk; SMS/text message; smartphone app/online; other). | | The data fields for the collection methodology will be updated to reflect the changes to the timing requirements and will be set out in revised submission guidance. | Number of responses collected by each collection methodology (SMS/text/ smartphone app; Electronic tablet; paper/postcard in care/ at discharge; paper survey sent to the patient's home; telephone survey; online survey; other). |
| Indicator of service size (no change from previous guidance) | N/A | Practice location ID | Number of unique patients' accessing services in the last Month. | Number of patient transport journeys in the month. |
| Making use of the data | | | | |
| Indicative data – this gives users of the data a broad indication of the levels of participation | Number of responses, and the practice list size. | Number of responses, and the total patients treated in the latest available previous twelve months. | Number of responses, and the number of unique patients accessing services in the last month. | Number of responses, and the number of patient transport journeys in the month. |
| Using the numerical data | <p>FFT numerical data is not comparable across organisations but it can be used to continuously monitor quality and inform decisions, including analysis of time series data such as the FFT generates, to show improvement or a decline in patient experience.</p> <p>The numerical data has two key uses:</p> <ul style="list-style-type: none"> • Providers can use their own data as an informal temperature check, and look at change over time - looking at trends and anomalies • Commissioners and regulators can use it alongside other information to get a picture of how engaged the provider is with its patients <p>There are tools to support this activity, such as the practical, interactive guide Making Data Count, and we have provided some case studies on the NHS England and NHS Improvement website that might be helpful.</p> | | | |

| Setting | General medical services | NHS dentistry services | Community healthcare | Patient transport services |
|---------------------|--|------------------------|----------------------|----------------------------|
| Using the free text | <p>The free text responses are the most important part of the FFT</p> <ul style="list-style-type: none"> • Individual responses can identify issues that can be resolved • Analysis of multiple free text responses can identify themes where improvement is possible • The insight gathered through FFT can be considered alongside other data such as complaints or national survey results | | | |

3.4 Mental health data submission groupings

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.



3.5 Community healthcare data submission groupings

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, 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

Specialist learning disability services

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.

Community provided non-NHS funded services

It is not mandatory for community 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.

Secure settings

It is really important that the opportunity to give feedback extends to all patients. However, there is currently no mandatory requirement to implement the FFT in health and justice care and no central return is expected. Providers can consider implementing this at a local level.

The secure settings are:

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



4 REQUIREMENTS FOR ALL PROVIDERS

4.1 Who is required to implement the FFT?

The FFT must be implemented by all providers that hold an NHS Standard Contract, a primary medical care contract or NHS dentistry contract: general and acute trusts, community trusts, mental health trusts, GP practices, dental practices that have NHS patients, independent sector organisations that hold an NHS Standard Contract, ambulance trusts that provide patient transport services.

Holders of an Integrated Care Provider contract should follow the guidance related to the specific settings that are within the scope of the services they provide. Providers that include social care services (or other services that are not required to implement the FFT) as part of their contracted services might want to make the FFT available to people that use those services but are not required to include those responses in their monthly data submission.

Other NHS-funded services not listed, such as secure services (other than mental health secure services), may voluntarily use the FFT as an improvement tool if they wish. It is not mandatory for them and they do not need to submit any data.

4.2 What are the things all providers must do?

4.2.1 Collection

If you are a provider of any of these services, you **must** provide the opportunity for people who use them to give anonymous, quick, feedback to them via the FFT when they want to.

You **must** use the mandatory standard FFT question described below.

You can supplement this standard question with additional wording or graphics to ensure that people who would otherwise have difficulty providing feedback are more likely to be able to take part. (See **Section 7.3** for more information on Making the FFT inclusive.)

The standard question is:

Overall, how was your experience of our service?

The question **must** be accompanied by the standard response scale. You can supplement the response scale with additional wording or graphics to make it accessible to all, but you should not remove or add other response options. The standard response scale is:

Very good

Good

Neither good nor poor

Poor

Very poor

Don't know

The question **must** be preceded by the appropriate 'framing' text, which helps the patient or service user to be clear about which service they are feeding back on.

The standard framing text is:

Thinking about [x setting]...

You can choose from the following words (or use similar words that better describe your service, such as its name) to make it clear which setting or stage of the pathway the feedback relates to:

your GP practice...

your stay in the hospital...

your dental practice...

your recent visit to A&E...

this maternity service...

our antenatal service...

our labour ward...

our birthing unit...

our homebirth service...

our postnatal ward...

our postnatal community service...

your recent appointment...

your recent visit...
our recent visit...
the service we provide...

You **must** include at least one question that allows the patient to give free text feedback. You can choose what question or questions you use. We recommend the following pair of questions, which have been cognitively tested and found to encourage good quality responses:

Please can you tell us why you gave your answer?

Please tell us about anything that we could have done better

If the mandatory question is being used as part of a larger local survey, it no longer needs to be the first question asked. It can be situated in the questionnaire wherever it makes most sense to the respondents.

4.2.2 Equalities monitoring

You **must** meet the duty under the Equality Act 2010 to have due regard to the need to eliminate discrimination and to advance the equality of opportunity and should consider, in particular, all of the [protected characteristics](#) under the law.

To enable local monitoring of the extent to which the FFT is inclusive of all sections of the community, we **strongly recommend** the collection of at least the following four demographic characteristics: age, gender, ethnicity and disability. (See suggested wording for these in **Section 7.3 Making the FFT inclusive.**)

4.2.3 Data submission

You **must** submit FFT numerical data to NHS England and NHS Improvement every month as set out in the [FFT Data Submission Guidance](#). For simplicity, the data to submit for the month is based on all the responses collected during that calendar month (not the month that the care or treatment was provided).

The data that providers are required to submit for all settings is:

- the total number of responses collected through each collection method

- the total number of responses for each response category

In most settings, there will be a requirement to submit a figure that gives an indication of the level of participation in the FFT within that organisation. The specific data to submit is described in the setting by setting table in Section 3.3 above and in detail in the data submission guidance.

4.2.4 Publication

You are required to publish your data locally but you have flexibility in how you do that. It helps if teams tell patients and colleagues how they use their feedback and how services have been improved because of it, to help build trust with the people they serve. You can achieve this in a variety of ways, such as having a “you said, we did” noticeboard, having a dedicated section on the website or promoting more significant achievements through patient publications, awards entries or the local media.

If you do decide to publish comments, patients must be able to opt out of having their comments published even though they are anonymous.



5 MAKING THE FFT WORK FOR YOU (LOCAL FLEXIBILITIES FOR PROVIDERS)

You can decide how you make the FFT available to your patients, when and how you prompt or proactively ask for feedback, what additional questions you ask and how you act on the feedback you have collected.

| Flexibility | What it means in practice |
|------------------------------|---|
| Collection methods | You can use whatever collection methods work best for you and your patients (for example: text messages, paper forms, web pages, kiosks etc), including using multiple methods to ensure accessibility and inclusion (though it remains important to remember that no cost should fall on patients or service users when they give feedback, including for responding by text message). |
| Timing requirements | <p>The mandatory timing requirements that formerly existed in general and acute inpatients, A&E and maternity are removed by this guidance, bringing those settings into line with all other settings.</p> <p>You should consider whether to proactively ask for feedback, for example after GP appointments or scans, at routine time intervals for people that are long-term inpatients or have a long-term condition, at a specific time after discharge etc.</p> |
| Proactive collection | <p>You can develop and implement your own proactive collection of feedback that suits your systems – for example, you can include the FFT question in your local surveys or send it out by text message after an appointment or treatment – providing you make the FFT anonymous and available to all.</p> <p>In general and acute inpatients and A&E settings, you may decide to continue to do the proactive collections you already carry out, or modify them to suit your service – as long as this is alongside making FFT generally available.</p> <p>The same applies to maternity settings, but you should avoid proactively seeking feedback before the woman has had time to recover from childbirth and adjust to caring for a new baby.</p> |
| Choice of free text question | <p>You can choose a free-text question or combination of questions that: seeks feedback on what you want to focus on at any given time; that works with your patients; or explores a specific local issue or concern. You can change the free-text question whenever you want to; and tailor it to specific services or patient groups where it helps you get a more complete picture.</p> <p>We have recommended a pair of questions (see the setting by setting table) but you do not need to use them if you have other questions that you want to use.</p> |
| Ask multiple questions | You can also ask further specific questions if you want to explore an issue in more detail, though we recommend you don't make the questionnaire overly long as this might deter patients from completing it. These can change over time according to local need. |
| Design | You should think about what design features you want to use in your materials to make it as easy as possible for your patients to understand what they are being asked about and to want to give feedback. This might be by choosing graphics (smiley faces, thumbs up/down and so forth) or cartoons. |

| Flexibility | What it means in practice |
|---------------------------------|---|
| Supplementary text | You are encouraged to supplement the standard question wording with your own local introductory wording to make it easier for people to understand what it is for: for example, “the staff on [x ward] are asking for feedback that will help us to make our service better”. |
| Who can be included | Alongside patients / service users, you may want to seek the views of parents / guardians, carers and partners. The FFT can be used by all groups to give feedback. |
| Putting the feedback in context | You can choose to add your own local adaptations to understand more about who the individual responses come from (such as demographic questions, clarification about whether the feedback is from a carer, parent/guardian etc), and when it relates to, for example you could include a date field when you ask the FFT question. |
| Promotion | We recommend that you promote the opportunity to give feedback, so that patients and carers are aware that they can. We are making promotional materials including video films, slides and downloadable posters and leaflets, available free from our website . |
| Publishing free text comments | Publishing free text comments can be a useful way to improve morale within the provider and share examples of success with the wider community. You can publish free text comments, but: <ul style="list-style-type: none"> • patients must be able to opt out of having their comments published • any comments that identify individuals must be anonymised before publication, and • photocopies or scanned copies of handwritten comments should not be published because of the risk of identifying the author. |
| Using the feedback | You can decide how to best use the feedback and how to communicate any changes made to staff and patients. |
| Revalidation | While FFT is designed to give feedback at provider level (be that ward, practice, hospital, community service etc) it can equally be adapted to provide feedback on individual clinicians or healthcare professionals - by choosing follow-up questions that for that purpose. This could give them helpful information to learn from as part of their professional development, or to reflect on at their appraisal. |
| Reporting to Boards | We advocate using Making Data Count to determine what numerical reporting is required; whilst teams will want to ensure a reasonable volume of feedback is being gathered, there is no need to reach a particular response rate. Try to focus reporting on what feedback has been collected and what has been done with it, rather than response rates and “scores”. |

See the checklist at **Section 7.1** for more things to think about when you are setting up your FFT process.

6 ADVICE FOR COMMISSIONERS

Clinical Commissioning Groups (CCGs) have a legal duty, set out in [statutory guidance](#) on patient and public participation, to involve the public in commissioning and they can be expected to take a keen interest in providers' activities around patient insight, including use of the FFT and how its findings relate to the story that formal surveys or complaints might be telling.

It is more important that providers collect and act on good quality feedback than collecting vast quantities of feedback and doing nothing with it. When setting any local requirements, commissioners might look at things like how many people use the service each month and assess what reasonable proportion of these they can realistically expect to hear from to gain useful intelligence on what is going well and what is not. Commissioners should ask the provider to describe any actions taken as a result of the feedback they have collected.

A strong element of the rationale for improving this feedback tool is to remove barriers to gaining good quality feedback so that it is more effective in driving improvement activity.

6.1.1 Using the quantitative data

There is no target or requirement around the number of responses providers must collect. We know that collecting too many responses can be overwhelming and managing them can be resource intensive. A focus on high response rates or comparing scores across providers runs the risk of it being a "tick box exercise" that can rapidly lose the support of staff and patients alike. Sometimes chasing very high response rates can mean having too much feedback to be able to analyse it effectively.

As commissioners, you should satisfy yourselves that the FFT is being made available to all patients and people who use services and put an emphasis on responding to feedback. You can do this by asking providers to summarise what the feedback is telling them, and how they are responding to it, rather than just collecting lots of it. In this way, you can help services to achieve the greatest potential benefits from the FFT and other insight.

You can also ask to see the free-text feedback (with identifiable information removed), which will help you get a better understanding of any issues that are being raised.

The nationally published numerical data provides some assurance that the FFT is being implemented and gives an indication of the level of engagement with patients by putting the figures in the context of volume of patients using services.

However, because of the flexibilities we allow, and the universal nature of the FFT, the numerical data is not comparable between organisations. Improvement is a journey that is specific to each organisation and there are local variables, including different ways of collecting and analysing feedback, which mean we would not be comparing like with like.



7 PRACTICAL POINTERS

7.1 Checklist for providers

Collection

Are you using the correct wording for the FFT mandatory question and the correct range of response options?

Is there at least one opportunity to give free-text comments to explain the response or make suggestions about how things could be improved, using either the recommended pair of follow-on questions or another option that is a better fit for the people using your services?

Have you considered a range of different methods for inviting feedback through the FFT: for example, feedback forms and boxes, a web page, text messages that are free to respond to, kiosks, and/or tablets on the premises?

Are you encouraging people to give feedback by promoting it to patients, by using leaflets, posters, website information and/or other materials?

Accessibility

Does the way you have implemented the FFT support all patients and service users being able to give feedback when they want to?

Have you considered how to make the FFT more accessible to people with a learning disability by offering it in an easy read format?

Have you considered adding graphics or colours to make your feedback form better for children to use?

Have you considered adding simple explanatory text to help people with autism understand what they are being asked to do and why?

Have you considered which other languages you might want to use, depending on the demographics of the population you serve, and do you have translation services in place to help you understand any free-text feedback you collect in those languages?

Is there a way for people with physical disabilities, such as people with sight loss, to access the FFT?

Information governance

Do your preferred methods retain the anonymity of the person giving feedback?

If you contact patients proactively to invite their feedback, have you checked that your data security arrangements meet the legal requirements and that people can opt out?

Use of the data

Have you clearly identified who has responsibility for looking at, or analysing, your feedback to see what it is telling you and a method for picking up any themes or risks – and does this also cover free-text feedback?

Do you look at FFT data alongside your other insight information, such as complaints, survey findings, social media comments and views from your patient groups?

Do you have a process for sharing the feedback with staff who provide the service to engage them in making improvements and to acknowledge positive findings?

Do you have a clear way to tell patients how you are responding to feedback so they can see it is important to you, such as “you said, we did” boards or posters, website updates, local news stories and so on?

Do you have a process for sharing the feedback with senior managers?

Do you have a process for engaging with commissioners to demonstrate how you have collected the FFT and responded to feedback?

Are you clear about when and how to submit your data nationally each month and who is responsible for doing so?

Queries

Do you know who to contact if you have any queries about implementing the FFT?

7.2 Checklist for commissioners

Assurance

Do you feel assured that the services you commission are meeting all the requirements of the FFT so that users of all included services are able to give feedback at any time?

Do you know that the services you commission are making monthly data submissions?

Are you confident that the number of FFT responses is reasonable and provides a meaningful picture of patient experience in the service without putting an unnecessary collection burden on staff?

Use of data

Are you confident they are using the data alongside other sources insight to drive improvements in the service and that there is a clear picture of impact on patient experience over time?

Are you encouraging providers to put most of their FFT effort into acting on feedback rather than just on collection and chasing higher response rates, by asking them to highlight examples in any reports to you?

Are you confident that providers are feeding back the themes from FFT feedback and actions taken to patients and staff?

7.3 Making the FFT inclusive

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 where appropriate. You should design your FFT process to be inclusive, reflecting the needs of your patients and service users. We have made lots of support materials available on our website to help with this, such as examples of easy read versions, designs for children, and questions asked in other languages. We also include case studies and can provide other support materials on request.

Wherever possible, you should collect the FFT feedback from the person

using the service. In some cases, people who use services may wish to give feedback but need help to do so. In these circumstances, help from a parent, carer, volunteer or a member of staff should be supported.

Parents, carers or others may also want to provide their own feedback through the FFT. For your own purposes, you may wish to include a tick box that indicates where feedback has been given by someone other than the patient and analyse the feedback separately from direct patient or service user feedback. However, for data submission purposes, we do not require such a breakdown.

7.3.1 Accessible Information Standard

[The Accessible Information Standard](#) has been adopted across the NHS since 2016. All services are legally required to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand, with support so they can communicate effectively with services.

In line with this, it is our ambition that anyone should be able to use the FFT to give feedback on their experience of the NHS at any time. This means that you may have to present the FFT in other ways – such as large print, easy read, language translations and so on – to provide an opportunity for everyone.

This includes considering accessibility for:

- people with physical health conditions that might make it difficult for them to access feedback opportunities in the same way as others, such as those with sight or hearing disabilities;
- people with a learning disability;
- people with autism or similar conditions;
- those with other conditions that affect their understanding, memory or communication, such as people who have had a stroke or have dementia;
- people who can't read, or who read poorly;
- people whose first language is not English;
- children and young people.

7.3.2 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 an unwise decision, they should not be treated as lacking capacity to make that decision.
- Anything done for, 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.

7.3.3 Resources to help increase inclusivity

We have designed the new question to be easier to understand and respond to but, in some circumstances, you may want to add supplementary text or graphics.

There is already good practice to share on making the FFT inclusive. The FFT section of the NHS England and NHS Improvement website provides some [resources and advice](#).

These include:

- examples of how to present FFT material in easy read
- sources of child-friendly materials for use with younger patients to include children to take part rather than their parents answering for them;
- translations of the mandatory FFT questions into 20 other languages, along with tips for use of translators;
- tips on how to make it easier for people with dementia to give feedback;

- resources and advice for staff to support use of the FFT by a profoundly deaf person, including information on the use of British Sign Language interpreters;
- some examples of large print formats for people with vision loss.

When deciding how the FFT is collected, you should think about how you ensure the method you use is inclusive. You may want to use multiple methods so that patients and service users are able to give feedback whatever their needs or capabilities.

7.3.4 Ask, Listen, Do

NHS England is leading a project called [Ask, Listen, Do](#), working with partners across health, social care and education.

The project is about making it easier for: children; young people and adults with a learning disability, autism or both; and their families and carers, to give feedback, raise concerns and make complaints about education, health and social care.

Ask, Listen, Do supports organisations to learn from and improve the experiences of people with a learning disability, autism or both, their families and carers when giving feedback, raising a concern or making a complaint. It also makes it easier for people, families and paid carers to give feedback, raise concerns and complain.

7.3.5 Demographic data

Providers must meet the duty under the Equality Act 2010 to have due regard to the need to eliminate discrimination and to advance equality of opportunity.

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 equalities duties but also consider the principle of keeping the FFT as short and simple as possible.

In determining which questions should be asked, providers should

consider 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.

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.

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

You should consider 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.

7.4 How much feedback to collect

You should be able to use your own judgement about whether you are collecting enough FFT responses to provide you with a reasonable amount of feedback that enables you to identify good practice, and issues and areas for potential improvement activity. The number of responses, compared to the indicator of service size³ will help to determine what “enough” is.

It is also worth considering the type of service and the appropriateness of seeking feedback. For example, patients using oncology services on a regular basis over a short time frame will not want to be asked as part of every visit, likewise neurological wards with long patient stays may not collect as many responses as other wards. Patients should have the opportunity to feedback whenever they want to.

³ See **Section 3** for descriptions of the indicator of service size in each setting.

If you find you are not collecting enough responses, you can be more proactive: for example, directly asking for feedback at a particular stage, such as discharge, but there is no national mandatory requirement to do so in any service setting.

You can increase awareness of the opportunity to give feedback, either by using national FFT promotional materials such as posters, leaflets and films, or by producing local materials.

Service users say they are encouraged to give feedback when they can see evidence – such as “you said, we did” boards – showing that the feedback of other patients has been responded to with action or information. We know that many are more likely to participate if the importance of feedback is openly acknowledged, such as by prefacing feedback requests with wording such as, “If you provide feedback, it will be used to help us improve our services”.



7.5 When to collect feedback

You can use your judgement about the best time to proactively collect feedback from your service users, considering the balance between collecting feedback during or soon after an interaction with the person: while the experience is fresh in their mind, or at a later point when the patient has had time to recover and reflect, so the feedback is more considered, though the likelihood of responding may go down over time.

For the purposes of collecting FFT feedback, there are four main approaches to consider, in terms of timing. Some things to consider about each of these are set out below.

| Approach | Advantages | Considerations |
|---|---|---|
| Asking in the moment, as care is happening | <p>Can be useful to understand more about what's happening, as it's happening.</p> <p>Can be useful if wanting to resolve issues in real time for people such as before they leave, whilst there's time to rectify the situation.</p> | <p>Requires capacity to respond to issues in real time (if this is the intention).</p> <p>May not be the most honest feedback – patients are often nervous of giving feedback – even if perceived as anonymous – if treatment /care is ongoing – for fear of compromising future care.</p> <p>May not cover all aspects of care if only asked once - for example, may not cover discharge (and we know there can be significant issues around the discharge process).</p> |
| Asking at regular intervals, before discharge | Works well if patients/service users are not going to be discharged from a service. | <p>Touchpoints could be aligned to the structure of the treatment package or at specific appointments, or at set intervals (quarterly, monthly, every six months).</p> <p>Needs careful engagement to encourage honest feedback (see above point).</p> |
| Immediately after discharge from the service (the current model in IP, A&E & maternity) | Can be useful in learning about all stages of care. | <p>Feedback gathered at this point may be more positive due to immediate “gratitude bias”.</p> <p>The National Data Opt-out will need to be considered if patient contact details are needed to approach patients / service users.</p> |
| A few weeks after discharge | Gives time for the person to fully reflect on the experience – likely to be a more considered response.. | The National Data Opt-out will need to be considered if patient contact details are needed to approach patients / service users. |

7.6 Seeking feedback in sensitive cases

Previous guidance made it clear that the FFT should **not** be offered proactively in some sensitive situations and allowed clinical discretion in cases where asking the patient or person using the service to complete an FFT questionnaire might cause further distress.

Women who experience stillbirth or miscarriage should **not** be proactively offered the FFT as a matter of course, due to the timing of the FFT and the method of delivery.

We recommend providers and commercial suppliers should:

- exclude cases from proactive invitations to give feedback if it can reasonably be anticipated to cause upset or distress;
- ensure high standards of privacy, confidentiality and ethics when collecting and handling FFT data;
- if in doubt, follow the key principles of the [Market Research Society Code of Conduct](#).

Patients in sensitive situations should **not** be excluded from opportunities to providing feedback more generally – and if they ask to use the FFT they should be able to. It is important to capture people’s experiences where things go wrong or where their feedback might benefit future patients.

It might also be beneficial for the person to have the opportunity to give feedback and many people in these situations choose to do so. You should consider whether there are more sensitive ways to capture feedback, for example, through a one-to-one conversation between a healthcare professional and the person concerned, rather than through a formal process.

For more advice on this, see our bite-size guide on [Seeking feedback in distressing or highly emotional situations](#).

7.7 Information governance

As part of the NHS Constitution, the NHS actively encourages feedback from the public, patients and staff, and welcomes its use to improve

its services, but it is essential that the FFT is conducted in a way that patients and service users are confident that their anonymity is respected and given high priority. It is also important that organisations are clear about their legal grounds for collecting, using and storing personal data. This should be documented. When designing processes to collect the FFT information, you will need to ensure that you comply with General Data Protection Regulation (GDPR), the Data Protection Act 2018, and common law duty of confidence.

You should consult your Caldicott Guardian and Information Governance Lead at an early stage to undertake a privacy impact assessment and ensure that you have a secure legal basis for your method of collecting and processing the FFT data⁴.

Communications about the FFT should make clear that it is a feedback mechanism for patients about their experience. You must ensure that patients are informed of the purpose of seeking feedback through the FFT, and explain how their data will be used, especially if you use their personal data to contact them for feedback.

7.7.1 Overview

Providers need to ensure that they provide patients with clear privacy information about the use of their personal data. This information must comply with GDPR requirements. Any processing of personal data must be 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 the 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. 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.

⁴ NHS England and NHS Improvement cannot offer legal advice on these matters: trusts, and contractors, must seek their own independent legal advice.

Where the FFT process requires the use of personal data (for example, to send an SMS text message or an email to a patient), you must ensure that patients are informed about uses and disclosure of their personal information through privacy notices.

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 ensure that patients are informed about this beforehand, and that they have an opportunity to decline permission for this to happen. Privacy information should explain how to opt-out. Ideally privacy information should be included in any materials provided to patients in care settings.

If patients are contacted without having been informed and having an opportunity to object, this is likely to be unlawful.

Staff or contractors employed to contact patients should be provided with the minimum personal data necessary to do so. Where demographic information is being collected, patients should also be informed about the reasons for its collection. Patients should be informed if their demographic information is to be obtained from data already held in existing information systems.

Where the FFT data is collected fully anonymously, with no data items that could identify a patient either directly or indirectly, for example gathering feedback via postcards, paper questionnaires, kiosks or tablets, the requirements of the GDPR and common law duty of confidence will apply only to any identifiable data that might be provided by patients in their free-text comments.

7.7.2 General Data Protection Regulation (GDPR)

The GDPR sets out the legal requirements for how organisations must handle and process personal data. The GDPR is designed to strengthen and unify data protection. Under GDPR, only necessary personal data, required for each specific purpose, should be collected, processed and stored.

The Information Commissioner's Office website states that:

- The GDPR applies to 'personal data' meaning any information relating to an identifiable person who can be directly or indirectly

identified in particular by reference to an identifier.

- This definition provides for a wide range of personal identifiers to constitute personal data, including name, identification number, location data or online identifier, reflecting changes in technology and the way organisations collect information about people.

Organisations that process personal data (controllers) must be able to demonstrate that they are meeting the requirements of the GDPR and must have an established lawful basis for processing from those available in GDPR Article 6, and if applicable a condition from Article 9 for the processing of special category data – for example, data relating to health.

For organisations that provide NHS services, an appropriate basis for lawful processing personal data that is necessary for collecting FFT feedback is likely to be Article 6(1)(e) '...task carried out in the public interest or in the exercise of official authority...'.

NHS England has a duty under the NHS Act 2006 to secure continuous improvement in quality of services to individuals, particularly the quality of experience undergone by patients. NHS England discharges this duty via the NHS Standard Contract for secondary care services and the primary medical and dental contracts. Providers may therefore apply '...exercise of official authority...' as their basis for lawful processing in undertaking the FFT as part of their contract.

If it is necessary to process personal data relating to health (such as attendance at a diabetic clinic), the appropriate condition is likely to be Article 9(2)(h) '...the management of health or social care systems...'.

Note that consent is available as a basis under both Articles 6 and 9 (explicit consent). However, as the requirements for valid consent are extremely rigorous under GDPR, organisations may choose to use the alternatives described above.

It is important to note that applying alternative bases to consent for GDPR purposes does not remove the need for confidential information to be processed in accordance with common law requirements – that is: consent or reasonable expectation. For this reason, patients must be fully informed and be given an opportunity to decline their permission to processing for FFT purposes.

The GDPR should have no effect on the running of your FFT if your organisation does not use an individual's personal data to collect FFT feedback. So if your organisation is not using an individual's personal data to contact them, for example gathering feedback via postcards, paper questionnaires, kiosks or tablets, then there should be no impact.

GDPR is most likely to affect collections of the FFT which use personal data to contact patients to ask them about their experience. These are most likely to be digital methods such as SMS or e-mail. If you run such a system, then it is important to ensure that you are meeting the GDPR requirements.

GDPR summary

Under GDPR, if you ARE NOT using personal data to contact people to ask for their feedback, you need take no further action.

Under GDPR, if you ARE using personal data to contact people to ask for their feedback, you will need to consider whether further action is necessary.

You should:

- Ensure that your processing of personal data for FFT purposes complies with the requirements of GDPR and the Data Protection Act 2018 – involve your IG Lead or Data Protection Officer at an early stage;
- Conduct a data protection impact assessment prior to introducing any new processing;
- Check that your Privacy Notice clearly describes the purpose of FFT as part of activities that use patient information;
- Where you intend to contact patients directly following a care activity (for example attendance at a clinic) that they are provided with appropriate privacy information at this time, and an opportunity to decline to be contacted;
- Ensure that privacy information is compliant with GDPR, in particular the legal bases and how subjects may exercise their rights, for example how to object to being contacted for the purposes of FFT; and
- Ensure any contacts with commercial suppliers of services for the purposes of delivering the FFT are compliant with GDPR.

7.7.3 Relevant guidance and advice

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, and the [Guide to Confidentiality in Health and Social Care \(2013\)](#) published by the Health and Social Care Information Centre.

Consideration must also be given to the recent Information Governance Review: [To share or not to share](#) and the [Department of Health Response](#), which outline the commitments.

When designing processes to collect the FFT information, providers will need to ensure that they comply with the GDPR and common law duty of confidence.

More information on the GDPR can be found on the:

- [Information Commissioner's Office website](#)
- [Information Governance Alliance website](#)

7.7.4 Provide appropriate Privacy Information (also known as Fair Processing)

Privacy information needs to cover, up front, what happens to an individual's personal data, including where it might be used for FFT purposes.

It is important to address the following areas:

- Be clear about why you want the information.
- Be clear on the legal basis for processing (exercising official authority - plus special category health data, if necessary).
- Be clear on who is doing the processing (whether it is the trust itself or a third party).
- Be clear on what happens in the processing – in particular whether it is intended to contact them directly by phone, email etc., and whether this will be done by a supplier acting as a third party on behalf of the organisation.

- Be clear on where the processing is taking place (such as whether it is in the UK, within the EU and so on).
- Be clear about the retention period for the data.
- Be clear about subject access rights, including rectification and erasure of personal data.
- Inform of the right to complain to the Information Commissioner's Office.

7.7.5 Publication of free text comments

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 (for example health professionals) must be removed before publication or disclosure outside the organisation⁵. Any disclosure of information about individuals identified in free-text fields within the organisation, must be lawful and transparent to the subjects, and the possibility of such disclosures stated in privacy notices or communications to staff. Hand written comments should be typed before publication so that the handwriting isn't recognisable.

The provider should make a schedule of the routine publications of the FFT data available. Staff should be aware of how to respond to queries by directing enquiries to their Freedom of Information (Fol) team. Publication of the FFT data should also be highlighted in the organisations Fol Publication Scheme.

7.7.6 Sensitive settings

Care 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 feedback, active follow-up will not be appropriate for the FFT in such services.

⁵ 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.

7.7.7 Commercial supplier of FFT services

The provider (as a controller) is responsible for ensuring that data protection legislation is complied with and that confidentiality is maintained. You should ensure that any contracts you hold with suppliers (processors) to deliver the FFT are compliant data protection and information governance requirements. A contract must be in place which includes a Data Processing Agreement that is compliant with GDPR Article 28, and, in particular, 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 ensure that patients have been informed where a processor is to contact them directly and have been given the opportunity to request that this does not happen.

7.7.8 Providing data to commissioners

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

7.8 Things to consider when contracting a commercial supplier of FFT services

Many services choose to contract a commercial supplier to run all or part of the FFT for them.

You should assure yourself that suppliers have a clear understanding of the requirements and the underpinning principles of the FFT, including the changes we have introduced.

There are a few things to bear in mind if you are contracting out implementation of the FFT.

7.8.1 Information governance

The NHS provider will continue to be the owner of the data, and is responsible for data protection and information governance issues relating to information collected on its behalf, so you should check that:

- the supplier understands and can meet the information governance requirements; and
- the supplier will only use the information collected for the purpose that it has agreed with the provider, as set out in the Data Processing Agreement.

7.8.2 Accessibility

You should check that the supplier understands and is able to implement the FFT in a way that ensures it is anonymous, inclusive and accessible to all people that use your services, and that no costs are passed on to patients (for example, the cost of responding to a text message).

7.8.3 Flexibility

We have designed the FFT to be as flexible as possible. If you are contracting a supplier to collect your FFT feedback you should check that they can:

- ask the free-text questions you want to ask, including multiple free-text questions, and change them when you want to change them
- use different questions in different settings or with different patient groups if you want to;
- collect any additional data, such as demographic, carer status, consent to publish and so on, that you want to collect.

7.8.4 Analysis

You should agree what analysis the supplier will carry out on both the quantitative data and the free text feedback, including time series, thematic analysis and triangulation with other data - it might not be very helpful if you just get a set of charts and a pile of comments; and how quickly the feedback can be processed and fed back to the relevant staff.

You should also think about what format you want the supplier to provide data in to support reporting to the board, sharing with commissioners and local publication of the findings. For example, you could consider asking the supplier to use SPC charts (see **Section 2.7**) to support quality improvement.

8 QUICK LINKS TO SUPPORTING INFORMATION

You can find supporting information about the FFT, along with other useful insight resources, on our website.

Here are some of the most useful pages:

Main FFT page – <https://www.england.nhs.uk/fft/>

FFT guidance page – <https://www.england.nhs.uk/fft/fft-guidance/>

Making the FFT inclusive – <https://www.england.nhs.uk/fft/fft-inclusive/>

FFT communications resources – <https://www.england.nhs.uk/fft/fft-comms-res/>

Monthly FFT data – <https://www.england.nhs.uk/fft/friends-and-family-test-data/>

FFT case studies – <https://www.england.nhs.uk/fft/friends-and-family-test-development-project-2018-19/case-studies/>

Frequently Asked Question about the FFT – <https://www.england.nhs.uk/fft/friends-and-family-test-development-project-2018-19/faqs/>

Bite-size guides to insight – <https://www.england.nhs.uk/ourwork/insight/insight-resources/>

National NHS surveys – <https://www.england.nhs.uk/statistics/statistical-work-areas/patient-surveys/>

Making Data Count interactive guides – <https://improvement.nhs.uk/resources/making-data-count/>

