

The NHS Friends and Family Test

Implementation Guidance

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Summary

Background

The Friends and Family Test aims to provide a simple, headline metric which, when combined with follow-up questions, can be used to drive cultural change and continuous improvements in the quality of the care received by NHS patients.

The Question

'How likely are you to recommend our <ward / A&E department> to friends and family if they needed similar care or treatment?'

The Answers

A scale of answer options must be used from extremely unlikely to extremely likely.

Follow-up Questions

Organisations are expected to ask follow-up questions at the same time as the Friends and Family Test, to find out more details that can help drive improvements. The number and wording of the follow-up questions is to be determined locally.

Patients to be surveyed

- Adult acute inpatients (who have stayed at least one night in hospital).
- Adult patients who have attended A&E and left without being admitted to hospital or were transferred to a Medical Assessment Unit and then discharged.

All patients in these groups should be given an opportunity to respond.

Exceptions

This guidance does not currently apply to day cases, maternity service users, outpatients, and patients under 16 years old. Nor does it currently apply to primary or community care services.

Response Rates

There are no fixed requirements for response rates. However, it is expected that responses will be received from at least 15% of the Trusts' survey group.

How to Survey Patients

There is no preferred survey methodology and the decision should be taken locally.

Options include:

- Online feedback; SMS/Text Message; Smartphone apps
- 'Voting booth' kiosks; telephone interviews
- Postcard solutions; to be either completed on site or mailed back

When to Survey Patients

Patients must be surveyed at or within 48 hours of discharge.

Reporting Requirements – National

Trusts will be required to report on total numbers of patients within the target group, numbers given the opportunity to respond, numbers of responses and the breakdown of the response categories, at organisational level. The intention is to report at site level nationally and to apportion results at CCG level but this will be clarified in the reporting guidance to be published later this year.

Reporting Requirements – Local

Trusts will be required to report locally at ward and site level.

Making the Data Publicly Available

The results of the test will be made available to the public so that patients can use the information to make choices about their care, champion their local trusts that excel and challenge others to improve.

1 Introduction

1.1 Aims and Scope

This guidance aims to detail the background, requirements and implications of implementing the national Friends and Family Test within the NHS. It also aims to support those who will be establishing and implementing this test. It is initially for providers of NHS funded acute services for inpatients and patients discharged from A&E from April 2013.

1.2 Background

Improving patient experience is a key priority in the Government's vision and is set out in the White Paper *'Equity and Excellence'*. The 2012/13 Operating Framework made clear the priority for the NHS to put the patient centre-stage and to have a focus on improving patient experience:

"NHS organisations must actively seek out, respond positively and improve services in line with patient feedback. This includes acting on complaints, patient comments, local and national surveys and results from "real time" data techniques.

The national patient experience surveys should continue to be monitored and acted upon. In addition, as part of the National Standard Contract we shall expect each local organisation to carry out more frequent local patient surveys, including using "real time" data techniques, to publish the results – including data on complaints – and to respond appropriately where improvements need to be made."

The NHS Outcomes Framework Domain 4 clearly emphasises a focus on 'ensuring that people have a positive experience of care' and the draft mandate for the NHS Commissioning Board builds on this to suggest a four part objective on patient experience. In addition, the NHS Constitution clearly sets out the rights of NHS patients to expect high-quality care that is safe, effective and focused on patient experience.

Within this policy context, there will be a clear focus within the emerging NHS structures and organisations on prioritising the patient experience when commissioning care. Clinical Commissioning Groups will be expected to commission care from organisations that improve the quality of patient experience through better insight provided by individual patient feedback. Organisations providing NHS care will be expected to demonstrate that

they are collecting, publishing and quickly responding to patient feedback. Putting the patient centre-stage within the NHS is not a new idea, but now is the time to go further.

In recent years there has been an explosion of tools and techniques aimed at capturing patient experience. National and local surveys capture wide-ranging data about patients, their views and their experiences. While this provides comparative, robust data for a variety of regulatory, accountability and performance purposes, surveys tend to be infrequent, and so feedback cannot be actioned in real time. The King's Fund and the Picker Institute have undertaken research into patient experience measures which have been widely discussed ('What Matters to Patients?', Kings Fund, Sept 2011 and 'Overarching Questions for Patient Surveys: Development Report for the Care Quality Commission', National Patient Survey Co-ordination Centre, Picker Institute Europe, June 2012).

Reports from CQC and the Francis Inquiry report into Mid-Staffordshire NHS Foundation Trust have highlighted the importance of timely, effective mechanisms to draw attention to where hospitals are failing to provide adequate levels of care and the need to ensure that these failures are made clear to all levels of the organisation, from ward to board. In addition, it is important that feedback is gathered from a full range of patients, with those who may not normally give feedback encouraged and enabled to do so.

The Friends and Family Test is a simple, comparable test which, when combined with follow-up questions, provides a mechanism to identify poor performance and encourage staff to make improvements where services do not live up to the expectations of our patients. Versions of the Friends and Family Test have been asked in a number of formats in recent years, including in national staff surveys and in local surveys.

In 2012/13, the Friends and Family Test was introduced in a standardised format in the Midlands and East region across all acute trusts. Organisations in this region are using the Friends and Family Test to create important cultural change, celebrate success, focus improvements and tackle poor quality care.

Now we are rolling out the Friends and Family Test across the NHS.

While the initial focus on the 'Friends and Family Test' is to drive cultural change and continuous improvements in quality, the results could also have an impact on improving business and financial performance.

In other industries, use of a Friends and Family Test can improve customer retention and attraction. While different in the NHS context, the same principles of better patient/customer experience will apply. Equally, the use of the methodology, and by association the creation of a common 'language' that is accessible to levels of an organisation, has proved a powerful tool in optimising employee engagement, focus and productivity. In addition, as the NHS moves towards real-time or rapid reporting, the ability to quickly and effectively pinpoint issues and areas for improvement and opportunity will optimise often challenged resources and drive a more efficient and productive working environment.

1.3 Announcement of the Friends and Family Test by Prime Minister David Cameron

On the 25 May 2012, the Prime Minister announced the introduction of the 'Friends and Family Test' to improve patient care and identify the best performing hospitals in England. The introduction of the test was based on recommendations from the Nursing and Care Quality Forum who also made a number of other proposals after consulting frontline nurses, care staff and patients.

The Prime Minister said:

"To really make sure that patients get the right care, we're moving ahead quickly on one of their [the Nursing and Care Quality Forum] main recommendations: the Friends and Family Test. In every hospital, patients are going to be able to answer a simple question: whether they'd want a friend or relative to be treated there in their hour of need. By making those answers public we're going to give everyone a really clear idea of where to get the best care – and drive other hospitals to raise their game."

1.4 Why the Friends and Family Test is Important for Organisations, Employees and the Public

The approach used in the Midlands and East Friends and Family Test is a proven method of understanding customer satisfaction ('The One Number You Need to Grow', Fred Reichheld, Harvard Business Review, 2003; the Net Promoter Methodology has been adopted by organisations including Care UK, Circle, Serco, Virgin Healthcare, Spire and Cancer Treatment Centres of America). Asking this question of patients in a similar way across the NHS will provide comparable data on the overall experiences of patients in different trusts and different wards within trusts. Organisations will be able to use this (alongside other sources of feedback) to target improvements, understand what success looks like and to benchmark their performance both internally and with other NHS organisations.

It is evident that many organisations are already collecting and acting upon patient feedback using a variety of different questions and real-time methods and there are many examples of good practice throughout the country. This work should continue.

The Friends and Family Test is different. It is a quick, consistent, standardised patient experience indicator. It will provide organisations, employees and the public with a simple, easily understandable headline metric, based on near real-time experience, which is comparable from a patient's point of view and benchmarkable from an organisation's perspective.

- It will mean that staff from 'boards to wards' will be informed and empowered to tackle areas of weak performance and celebrate and build on what's working well, using the results from this test and other sources of intelligence.
- Patients will be able to use the information to make decisions about their care and to challenge their local trusts to improve services while championing those who excel. The test will also empower patients to see themselves as customers and to demand good customer service from the NHS.

- Tracking trends in test results will also provide validation of where targeted improvements are most effective and results can be triangulated with other quality indicators and measures to provide more in-depth understanding of issues and areas of improvement.

Collecting the data must be a priority and staff engagement will be critical to the success of doing this.

1.5 Impetus to Implement the Friends and Family Test

There is a clear need to ensure that listening to patient feedback is prioritised and acted upon; provider organisations already know this is important. In the past however, some organisations have struggled to understand and act upon patient experience data due to the complexities of feedback and challenges of deciding what the priorities should be. The Friends and Family Test provides clear, simple headline data which will provide a starting point for all organisations.

Commissioners also understand that a focus on patient experience is an integral part of commissioning high quality services; the Friends and Family Test will provide a comparable indicator which commissioners will be able to use to drive improvements.

To support this, from April 2013, Standard NHS Contracts will include a requirement that this work be delivered by providers of all NHS funded acute inpatient services and A&E departments.

We will explore other mechanisms for ensuring that in the future, the Friends and Family Test remains a key requirement for the NHS and is properly embedded in the system by, for example, working with Monitor, the Foundation Trust Network and the NHS Information Centre.

2 The NHS Friends and Family Test – the standardised question

2.1 The Question

To allow for comparisons, all organisations providing acute NHS services will need to implement the Friends and Family Test using the same question, question format, and response scale. The wording of the question and appropriate framing has been informed by independent research¹.

Question:

Ward

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

A&E

“How likely are you to recommend our A&E department to friends and family if they needed similar care or treatment?”

Where the Friends and Family Test is rolled-out more broadly, the location in the question will need to be changed accordingly – e.g. day case unit, clinic, district nurse care.

Response scale:

The scale below should be used to answer the question:

- 1 **Extremely likely**
- 2 **Likely**
- 3 **Neither likely nor unlikely**
- 4 **Unlikely**
- 5 **Extremely unlikely**
- 6 **Don't know**

¹ Research report available at http://www.strategicprojectseoe.co.uk/dh_ff_t.php?id_sec=260

2.2 'Framing' the Question

The framing of the question is important and must adhere to the following:

- If this Friends and Family Test is used as part of a larger survey, it must be asked first before other questions to avoid responses being unduly affected by the preceding questions.
- A short piece of text should be used to locally 'frame' the question to make it clear what it refers to. The Friends and Family Test question should be asked at the end of an episode of care, and will ask the patient to assess their experience in the ward or department where they spent most of their stay.

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

For A&E patients 'We would like you to think about your experience in the A&E department during this visit'

2.3 Additional Follow-Up Questions

The test will flag whether the patient has a strong opinion about their experience – both positive and negative, and there is an expectation that organisations will ask follow-up questions at the same time to find out more and drive improvements. The phrasing of the follow-up question(s) should be decided locally. However it is important to ensure the simplicity of the underlying methodology is not compromised. Organisations will not be required to report on follow-up questions as these should be used to determine the focus of internal development.

A popular phrasing for a follow-up question is:

"Please can you tell us the main reason for the score you have given?"

Some organisations that already use the Friends and Family Test have a range of follow-up questions. For example, dependent on the data collection route used, it may also be possible to direct follow-up questions specifically to positive and negative responses:

"Please can you tell us why you would/would not recommend us to your Friends and Family?"

Further information and ideas on potential follow-up questions can be found in the 'local surveys' section of the national survey co-ordination centre website (www.nhssurveys.org/localsurveys).

Although a follow-up question can be very insightful, organisations should use a variety of data sources and intelligence to fully understand, and act upon, the responses patients give to this test.

Organisations should also consider how to include a feedback loop to patients (for example "you said we did") where action has been taken. In addition, consideration should be given to developing mechanisms to directly contact patients to discuss feedback and gain further information, should patients indicate that they would be happy for this to happen.

2.4 How the Friends and Family Test can Help

As outlined above, the Friends and Family Test is a single, headline metric which cannot replace more local, granular information that provides insight into operational issues. It acts as a 'tin-opener' to uncover and flag up immediate issues that patients have experienced. The standardised collection of this question is the starting point for ensuring that we are continuing to serve our patients to the best of our ability.

Providers: The test can help providers quickly flag issues, so that they can be investigated and responded to. Service improvements undertaken ought to be quickly reflected in improved Friends and Family Test results.

Commissioners: The comparability of the data (through the use of a standardised question and methodology) will allow commissioners to understand the overarching levels of patient experience within the services that they commission. This can be used by commissioners to drive improvements through incentives and to reward high standards.

HealthWatch and the Health and Wellbeing Boards: The headline nature of the test will, alongside other intelligence, enable organisations such as HealthWatch and Health and Wellbeing Boards to be informed about local performance.

Patients: Importantly, the test can help to drive patient choice through the availability of data on websites such as NHS Choices and Patient Opinion.

3 The NHS Friends and Family Test – the standardised methodology

3.1 Why We Need a Standardised Methodology

The Friends and Family Test will enable the public and patients to compare healthcare services, identify those who are performing well and drive others to take steps to improve. In order to ensure that the data we collect can be reliably compared we must ensure that Trusts across England collect the information in a similar way, using the same question and applying common methodological approaches. This standardised methodology can also be used to demonstrate progress against Domain 4 of the Outcomes Framework.

It is acknowledged and understood that trusts currently use a variety of methods to collect patient experience data; these methods have been developed over time and will collect useful and beneficial information for organisations. Such methods should be used alongside the Friends and Family Test to pinpoint where and how services should be improved.

Requirements of the Standardised Methodology

3.2 Patients to be Surveyed

The Friends and Family Test should survey patients after they have experienced an episode of care. Initially, the groups to be surveyed are:

- Adult acute inpatients (who have stayed at least one night in hospital)
- Adult patients who have attended A&E and left without being admitted to hospital or who are transferred to a Medical Assessment Unit and then discharged.

Maternity service users and patients under 16 years old are currently not included in this guidance but might be included at a later stage.

3.3 Selecting Patients to Survey

The NHS needs to be responsive and patient-led. Therefore we need to give all patients the opportunity to take part in the Friends and Family Test, in an anonymous way.

The Friends and Family Test should be asked of all patients within the target groups, every day of the year. The patients' responses need to be anonymous.

It is important to prevent any selection bias for the group of patients who take part in the survey. For this reason all patients should be asked if they would like to take part. It is not acceptable to allow staff to choose patients to take part.

Continuous surveying needs to be in place by April 2013.

3.4 Required Response Rates

The Friends and Family Test will be implemented through a census approach. The minimum response rate for organisations is expected to be around 15%; for the majority, this figure could be much higher.

3.5 Publishing Data at Site and Ward Level

It is important that patients can relate feedback to their own experiences, and that means reporting the results of the Friends and Family Test at individual ward and site level (e.g. Hospital).

Organisation-level data will be reported nationally and the intention is to report at site level nationally but this will be clarified in the reporting guidance to be published later this year. Ward data will not, in this initial stage, be reported nationally although providers will need to find mechanisms locally for collecting and publishing these results.

To be able to report on ward level results, organisations will need to put in place a mechanism to link patient feedback from individual patients to the ward that they are commenting on. At its simplest, this might involve asking the patient a follow-up question to establish which ward they are commenting on. If you use electronic methods, it may be possible to provide patients with a drop down list to choose from. Patients could also be given a code linked to ward/site on discharge to use when completing the Test or given a pre-coded/coloured card. How this is administered should be decided locally.

3.6 Linking to CCG

Details of central reporting will be specified in separate technical guidance on reporting, to be published later in the year. The current position is that providers should not compromise anonymity of patient responses by asking them for CCG identifying information such as postcode. The expectation is

that attribution of aggregate level responses to CCG will be approximated separately using other centrally available data.

3.7 Other Demographic Information

The Friends and Family Test is not designed to be used to determine the experience of different groups or those with protected characteristics.

Trusts should implement the Test in a way which meets their duties under the Equalities Act 2010. Trusts should therefore consider what demographic information they wish to collect alongside the Friends and Family Test in order to assure themselves, their commissioners and others that the chosen methodology is not disproportionately affecting return rates for particular groups.

Trusts could ask quite simple demographic questions – e.g. age banding, disability and ethnicity. This could be compared with HES data to ensure that Friends and Family Test responses broadly reflect the patient population. To reassure patients, if using a postcard response for Friends and Family Test, providers may wish to explore a 'fold over and seal' option to protect any patient details from immediate view during postage.

This raw data will only be held by Trusts. Only summary reports drawn from the data will be used more widely.

3.8 Survey Timeframe

Patients should be surveyed on the day of discharge or within 48 hours of discharge. This will ensure that the answer given reflects the patient's informed opinion, based on recent experience. In addition and for their own purposes, Trusts may wish to survey patients at other times throughout a patient's stay.

3.9 Systems and Technologies for Surveying

There are few constraints on the technology used to collect the data, and a number of different methods would be suitable, for example:

- On-line rating: patients are given information including a web link which they can use to log on, enter a reference number and provide their feedback

- SMS/Text message: patients are given the question at the point of discharge, and are able to text their response (providing an opportunity to send follow-up questions to responders)
- Smart phone apps: patients are given details of the app, including a unique reference number, at the point of discharge
- 'Voting booth' kiosks or hand held devices: positioned in the location from which the patient is discharged, with 'voting' controlled to allow each patient to only vote once
- Telephone survey – patient is given a freephone number and a unique respondent ID to respond within 48 hours
- Postcard solutions: patients are given a postcard at discharge with an option to complete and return on site or to complete at home and post back.

Organisations should consider carefully which methodology/ies to use and consider how all groups of patients are encouraged to respond to the Test.

Face to face interviews should not be used due to response bias. We strongly recommend that for admitted inpatients the feedback is given away from the care environment.

Volunteers may be used at or around the time of discharge to invite patients to take part in the survey, to direct them toward survey materials or to give advice on how to use the technology. However, it is important that patients are clearly aware that their individual response is private and will not be viewed by the volunteer.

3.10 A&E

Some Trusts have piloted approaches to surveying patients in A&E. The 'target audience' is all adults (over 16) who attend A&E and who leave hospital without being admitted. In A&E the test applies to 100% of patients in the target group from the outset, in A&E types 1 and 2.

Patients in A&E should only be surveyed when they are discharged to their home (i.e. not to another trust and not if they are admitted) or if they are transferred to a Medical Assessment Unit and then discharged. If they are transferred to another ward they should not be surveyed as they will be asked the question at the end of their stay.

3.11 Survey exceptions

Current exemptions are day cases, day patients and outpatients. Maternity service users and patients under 16 years old are also currently exempt.

Although palliative care patients are not exempt, it may be inappropriate to survey some patients receiving palliative care, this will be left to local judgement, however the option to seek feedback from a carer or family member relating to their care may be considered too.

3.12 Gathering representative feedback from 'Hard to Reach' groups

All Trusts should be mindful of their responsibilities under the Public Sector Equality Duty in the Equalities Act 2010. There are also obligations under the NHS Constitution to ensure that the approaches chosen meet the duty to promote equality through the services it provides, and to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people when carrying out their activities.

Hard to reach groups may include, but are not limited to, those with Dementia, Learning Difficulties and patients whose first language is not English.

The overall approach to sampling will help to ensure that feedback is representative, but it is important that adjustments are built in to the system to allow and encourage responses from groups that might otherwise not take part. It may be necessary to offer more than one technological solution to avoid under-representation of certain groups (for example, relying on text messages may lead to under-representation from older patients).

For patients whose first language is not English, options to answer in their own language should be made available.

If a patient is unable to answer the question, their carer or guardian may assist them in answering or answer on their behalf.

4 The NHS Friends and Family Test – data collection

4.1 Data Requirements

Trusts will be required to report nationally at organisation level and the intention is to report at site level nationally but this will be clarified in the reporting guidance to be published later this year. Organisations will need to develop internal processes that allow local reporting/publishing of ward and site level data. Trusts will need to report feedback in a way that enables triangulation with other data on a local basis.

Trusts will be required to report on:

- Total numbers of acute inpatients and patients treated in A&E but not admitted, who were given the opportunity to respond (i.e. the number who were specifically told about the test and given an opportunity to take part)
- Total number of responses
- Total number of patients who gave each possible category of response ('extremely unlikely' to 'extremely likely', including 'don't know' - response categories, so the return will need to include 6 numbers showing how many patients gave each response).

4.2 Central Reporting Route

Trust and site level reporting of data is likely to be through an existing central reporting route (such as UNIFY) alongside other routinely reported information. Trusts will be required to report data at ward level locally, making the information available publicly. The local and national reporting requirements will be specified in separate reporting requirement guidance to be published later in the year.

4.3 Frequency of Reporting

Organisations will be asked to submit data centrally on a monthly basis. It is assumed that to correctly assign responses to a given time period, all responses will be date stamped with the date of discharge.

Data reported centrally will run per calendar month and further details on reporting dates will be specified in separate reporting requirements guidance to be published later in the year.

4.4 Targets for Improvement

Improvement targets will be agreed locally between commissioners and provider organisations. Any future national requirements will be communicated separately.

5 The NHS Friends and Family Test – reporting

Reporting needs will be configured to add the minimum possible information burden.

The local and national reporting requirements will be specified in separate technical guidance on reporting, to be published later in the year.

Following ROCR approvals, the reporting of the Friends and Family Test will become a mandatory data item for NHS Acute Trusts from April 2013.

ROCR approval for a monthly voluntary collection from acute trusts (including foundation trusts) has been granted until 31 March 2013, at which point the further ROCR approval for mandatory collection will come in to existence. **The ROCR reference number is ROCR/OR/2159/001VOLU.**

The ROCR team are keen to receive feedback on central data collections from the colleagues who complete/submit returns; in particular, around the length of time data collections take to complete and any issues, suggested improvements or duplication of data collections. Feedback can be submitted to ROCR using an online form:

<http://www.ic.nhs.uk/webfiles/Services/ROCR/Data%20Collection%20Feedback%20Template.xls>

5.1 Making the Data Publicly Available

This is a requirement for ward, site and CCG level data, and will be covered further in reporting guidance later in the year.

5.2 Presenting the Information

NHS Midlands and East, alongside other SHAs, will work with organisations in the coming months to ensure that the results are presented in a clear, easily understandable format. In addition, analysis tools for use by trusts and healthcare professionals will be developed.

5.3 Public Understanding of the Friends and Family Test

Public understanding of the question and why it is being asked are vital to a successful and worthwhile outcome. We acknowledge that there is work to be done to ensure that the results of the Friends and Family Test are presented in a clear and meaningful format and that these scores can be understood. This will be included in the reporting requirement guidance to be published later in the year.

6 Implementation support

The Strategic Health Authorities will be working with the Department of Health and the NHS Commissioning Board Authority to support trusts in implementing this work. Named individuals are included in section 10 of this document. Any questions on the implementation or methodology should be directed to these contacts. In addition, NHS Midlands & East have developed a website where Q&As can be viewed and shared at:
http://www.strategicprojectseoe.co.uk/dh_ff_t.php?id_sec=258

7 Using the The NHS Friends and Family Test to drive improvements

The Friends and Family Test is an indicator which shows where things are working well or less well and how they are changing over time. Understanding scores from different areas of an organisation and whether these scores are improving or getting worse can be used to drive further investigations into why this is happening so that action can be taken.

The greater the granularity of Friends and Family information, the greater the level of accuracy and understanding. Internal reporting of the data at both organisation and ward level will stimulate healthy competition and ensure that specific influences throughout the patient/customer pathway (including ward level), can be understood and acted upon. The Friends and Family Test can engage all parts of the service chain with a common and empowered focus on the customer.

As well as collecting and reporting the data at all levels, ownership and understanding of the data by trust boards will ensure that organisations are patient/customer centric, that patient experience is prioritised within organisations, that employee empowerment is supported and that the appropriate importance and resources are assigned.

8 Next steps/plans for the future

The Department of Health and the Strategic Health Authorities will be working with trusts and commissioners to implement the Friends and Family Test, engaging increasingly with the NHS Commissioning Board. Trusts must have mechanisms in place to collect the Friends and Family Test from 1 April 2013; reporting will be required from May 2013.

9 Further information

The Impact Assessment will be published separately at a later date.

The additional research commissioned to develop the question is published below. This includes examples of where friends and family-type tests have already been used to good effect in the NHS previously.

The Research Report can be downloaded at:

http://www.strategicprojectseoe.co.uk/dh_ff_t.php?id_sec=260.

The Strategic Health Authority Lead Contacts are:

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Further information on the programme, including documents and FAQs can be found on the website

http://www.strategicprojectseoe.co.uk/dh_ff_t.php?id_sec=260

10 FAQs

i. **Can organisations amend the question or change the wording?**

No, the question must be asked in its entirety, exactly as outlined in section 2, with no changes. In section 3 we outline the reasons for implementing a standardised and comparable methodology and the wording of the question is a key part of this.

Follow-up questions are optional and should be designed locally.

ii. **Can we survey other patient groups?**

We are asking that acute trusts survey acute inpatients and patients discharged home from A&E as a first stage. If organisations wish to use the Test for additional patient groups and in additional settings, we would encourage them to do so.

However, only results from acute inpatients and A&E patients who are not admitted to a ward should be included in the Friends and Family Test data returns.

iii. **Should we abandon our current approaches to measuring and monitoring patient experience?**

No, we would expect that the requirements of the Friends and Family Test be integrated with other approaches where possible. The Friends and Family test is a headline metric which tells you that you have a problem, not how to solve it. Collection of other data will compliment this work and if processes are already in place these should be continued although organisations may want to adjust as they progressively leverage the Friends and Family Test.

For those organisations that are already collecting a form of the Friends and Family Test we would ask that as soon as practical, the wording be changed to the standardised version outlined in section 3 above; this is mandatory from 1 April 2013.

iv. **Will the reporting of the data compare trusts?**

Yes, all acute trusts will be included in the reporting of the data.

v. **Is financial support available?**

For the majority of trusts, we anticipate that the implementation of this work will only require an amendment to current systems, and there is therefore no additional financial support available to trusts in implementing this work.

vi. **Are there other organisations that could help us to implement the work?**

We will work with organisations to direct them to support services and suppliers which would then need to be procured by individual trusts. We will make information available via SHA contacts.

vii. **How will the implementation of the work fit in to the new NHS structures?**

As outlined above, the implementation of the Friends and Family Test will be detailed in Standard NHS Contracts and will therefore be a core part of the new commissioning structures.

11 Glossary

A&E – Accident & Emergency; A&E types 1 and 2 only are included in the programme

Adult – Aged 16 and over

CCG – Clinical Commissioning Group

CQC – The Care Quality Commission

EqIA – Equality Impact Assessment

Face to Face Interviews – where the patient is asked the question by a staff member or volunteer; this is not included in the survey methodology. Further details are provided in section 3.8

FFT – The Friends and Family Test

Inpatient – Patients who have stayed at least one night in hospital

Response Rate – defined as the percentage of respondents when compared to the total target audience (see 'Target Audience')

ROCR – Review of Central Returns

Survey Timeframe – refers to the timeframe in which the patient must be asked the Friends and Family question (on the day of or within 48 hours of discharge). This differs from the timeframe in which the responses must be submitted/collected, which must meet the reporting requirements outlined in section 5 of this document

Target Audience – Those patients who should be included in the National Friends and Family Test Programme; adult acute inpatients and adult patients who have attended A&E and left without being admitted to hospital

Trusts – For the purposes of the National Friends and Family Test Programme this refers to all providers of NHS funded acute and A&E services

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