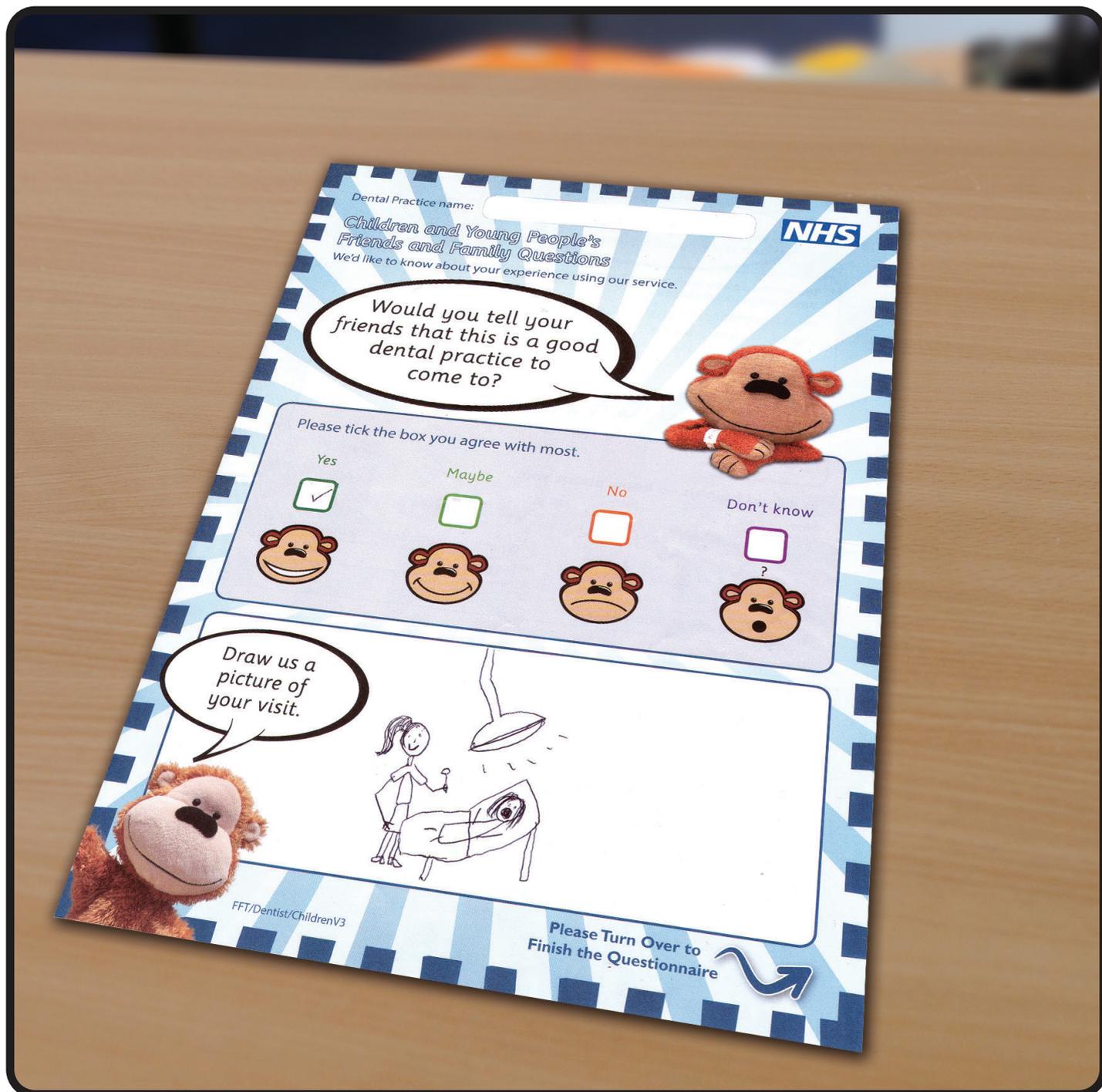


Pilot Evaluation of the Implementation of Children and Young People Accessible Friends and Family Test in General and Dental Practices in NHS England (South Central)



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Evaluation of a pilot implementing a children and young people friendly version of the Friends and Family Test in General and Dental Practices in NHS England (South Central)

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1. Background and Introduction

1.1 What is the Friends and Family Test?

Service user involvement refers to processes which enable people who receive services to become involved in the planning and development of the services they use. This can happen in numerous ways. The involvement of service users in contributing to the delivery and development of services by providing unique feedback on their own direct experiences and making suggestions about how things can be improved is well established. It is an essential feature of continuing improvement and quality enhancement. (Kings Fund, 2016).

The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

Launched in April 2013 it was supported through an extensive communications strategy and has since been rolled out to most NHS-funded services in England. As a mandatory requirement it gives all service users the opportunity to leave feedback on the care and treatment they receive. The FFT is designed to be as straightforward and accessible as possible. Service users complete a standardised card before they leave their service setting. The key question it asks is whether people would recommend the services they have used to their friends and family. A range of responses are possible (NHS England, 2016).

When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience. This kind of feedback is vital in transforming NHS services and supporting patient choice. (NHS England, 2016).

According to the NHS England data already collected the FFT has produced more than 10 million pieces of feedback, making it the biggest source of patient opinion in the world. Scores so far indicate that at least nine out of ten patients would recommend the services they used to the people closest to them. Patient comments also identify areas where improvements

can be made so that providers can continue to improve care, treatment and service experience for everyone. (NHS England, 2016).

1.2 Why a children and young people friendly version of the Friends and Family Test?

Children and young people are recognised as a group of service users whose voice has not been routinely sought. Children and young people are, however, key stakeholders of the NHS and their interests must be at the centre of health and local government services. In their 2011 report *“Involving children and young people in health services”* the Royal College of Paediatrics and Child Health and the NHS Confederation acknowledge that this is a right underpinned by numerous legal imperatives. The United Nations Convention on the Rights of the Child outlines the right of children to give their views on matters affecting them, including decisions made in education and public services and also in local and national policies. The report also highlights that The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, and the Care Quality Commission (Registration) Regulations 2009 require providers of services to involve service users in all stages of their care. This must include children and young people:

“Local health systems need to have governance and policies in place to ensure that children and young people can participate in a systematic and non-tokenistic way. This links in with the Government’s aims to increase participation with the “No decisions about me without me” policy. It is important that children and young people understand why they are being consulted, what the process is, how their feedback will be used and, crucially, how their involvement will lead to change or help professionals.” (Royal College of Paediatrics and Child Health, 2016).

The NHS England guide for commissioners of health services *“Transforming Participation in Health and Care: The NHS belongs to us all”* (NHS England, 2013) highlights the right of children and young people to have their views about the



services they receive taken into account.

These principles underpin other policy initiatives such as *You're Welcome* (Department of Health, 2011) which provides a toolkit for services to assist them to self-assess how friendly, welcoming, accessible and appropriate they are to meet the needs of young people. The quality criteria within the toolkit include consideration of how the services enable young people to contribute to the development of services and evaluate their satisfaction with current services. They are also required to have processes in place to ensure that information gathered from young service users is included in survey results and considered in service development plans.

The primary aim of the Children and Young Person Friendly Friends and Family Test (CYPFFT) pilot project is to build on the accessibility of the Friends and Family Test (FFT) for all, including children and young people. It is clearly established that the voice of children and young people is under-represented as highlighted in *Building Youth Voice in NHS England: regional support Grant Guidelines* (NHS England, 2015). This pilot offers a significant opportunity to raise the profile of children and young people's feedback through the Friends and Family Test as this tool is now the mandatory patient feedback tool used by all NHS Services. It is essential, however to evaluate how accessible and user-friendly the CYPFFT test is before it can be rolled out further.

2. The development and implementation of the Children and Young People Friendly Friends and Family Test

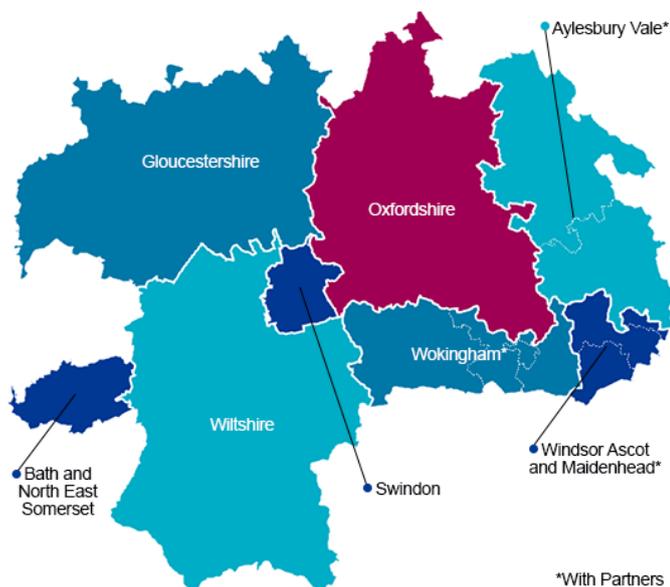
The CYPFFT project was commissioned and coordinated by the Friends and Family Test and Carers Team at NHS England (South Central).

Resources used in the pilot were developed by a company called *Monkeywellbeing*. Monkeywellbeing have a growing national reputation for providing high quality resources to enable children and young people to learn about the NHS and the wide range of services available to them. The resources focus on the exploits of a central character called *Monkey* whose ability to engage children across the country has already been well-established (Medforth, et al, 2015).

Monkey has been incorporated into versions of the CYPFFT specifically designed for use in Dental and General Practices. A range of supporting materials, including posters, shape cut-outs, coloring pages and other child friendly activities were also made accessible to services who had been invited to participate in the pilot.

20 General and Dental Practices in the NHS England (South Central) footprint were asked to participate in the pilot and representatives (mostly Practice Managers) were invited to one day workshops in November 2015. During the workshops, led by the team from NHS England (South Central) in partnership with colleagues from Monkeywellbeing, the participants were introduced to the aims and expectations of the project, supporting resources and project evaluation. Participants left the workshop with clear expectations of how they would be involved in the pilot, the resources and support available and that they would also be required to contribute to the evaluation. The practices were required to continue to complete mandatory monitoring of the FFT. At the same time they were asked to also implement the CYPFFT in their practices over a three month period during the first quarter of 2016.

In line with NHS England approved methodology for FFT free hard copy and



downloadable CYPFFT form templates (See Appendixes) and supporting materials were made available to all of the participating practices. The intention is to support the long term sustainable benefit of offering the CYPFFT as a cost effective patient feedback tool. The CYPFFT templates invite children, young people and parents to share their experiences of visiting their general practice or dental practice by:

- Ticking a box relating to a range of possible responses to the key CYPFFT question which asks if they would tell their friends that the practice is a good one to come to.
- Drawing a picture of their visit in an outlined space provided.
- Responding to questions about what was good and what could be done better by providing short qualitative text statements.
- Indicating their age; gender; ethnicity and any additional needs.
- Indicating if they would like the practice to contact them to discuss their responses.

There were three slightly different versions of the form; one aimed at younger children, one at older children and one for parents. The participating practices made their own decisions about how best to introduce the CYPFF within their practice and how they would respond to feedback generated, but were required to send all completed CYPFFT forms to the evaluation team at Liverpool John Moore's University.

3. The aims, methods and intended outcomes of the project

3.1 What were the aims of the evaluation?

The purpose of the evaluation was to:

1. Use quantitative data from the CYPFF returns to assess the impact that the CYPFFT resources have on the uptake of the FFT by children and young people.
2. To develop case studies to illustrate how practices have implemented the CYPFF; their experiences and associated challenges.

3. To evaluate the extent to which the CYPFFT provides a full loop of patient engagement feedback using qualitative comments provided by children, young people, parents and carers.

3.2 Methods

3.2.1 Desk – Based Review

The completed CTPFFT forms returned by the practices were used to complete a desk-based review of the use of the CYPFFT during the first three months following implementation. This involved quantitative analysis of the returns; number of practices engaged; characteristics of the respondents and responses to the FFT question.

The desk-based review also included a Thematic Analysis (Braun and Clarke, 2006; Guest and Mac Queen, 2012) to identify emerging and recurrent themes implicit and explicit within the qualitative comments provided on the returned forms.

3.2.2 Case Studies

Case Study is a research method which is formally established across many disciplines to research social phenomena. It may involve the exploration of an individual, organization, event or action in a specific time, place and context. (Thomas, 2011; Yin, 2014). It has often been applied to clinical contexts, and in relation to this project the implementation of the CYPFFT in dental and general practices in NHS England South (Central) is a case in itself. Within this context, however, four case studies were developed as means of illustrating how a small sample of practices have used the CYPFFT to support the continuing improvement and enhanced children and young people friendliness of their services. Practices who had consistently returned their CYPFFT raw data were contacted and invited to take part in telephone interviews or complete a semi-structured questionnaire following the same format of the telephone interviews. A convenience sample (Oliver, 2006) was selected, taking account of the scope and timescale of the project and the competing pressures facing the practices.

3.3 Intended outcomes - how will the insight gained through the evaluation be used?



The evaluation will be used by NHS England South (Central) Nursing team to assess the value of CYPFFT resources in primary health care settings and link in this feedback to other patient feedback tools and complaints.

The emerging themes within the evaluation will be used by participating GP and Dental practices to assist them in recognising the benefits and ease of communicating with their young service users through the CYPFFT and how they can use feedback provided to support the continuing improvement of their practices.

The findings will lead to recommendations on how to ensure the FFT is continually made accessible to children and young people and enable practices to use feedback provided to support the continuing improvement of their practices.

4. Findings: engagement of service providers and service users in the children and young people friendly friends and family test.

All of the practices invited to participate in the launch workshops during November 2015 were requested to participate. There was a strong message from the Friends and Family Test & Carers project team NHS England South (Central) who commissioned the project regarding the expectation that practices would participate. The CYPFFT did not, however, have the same mandatory status as the original Friends and Family Test. This may have had an impact on initial engagement with the project; during December 2015 and January 2016 only

four dental practices and three general practices had returned completed forms.

Participation of the practices improved following repeated messages encouraging engagement both from the evaluation team and the commissioners, and by February and March 2016, the number of practices returning completed forms had more than doubled (Table 1). This may have been assisted by a growing recognition that other practices were actively engaging and finding that the CYPFFT was a successful means of gaining feedback from young service users, suggestions for improvement and raising morale by generating positive comments. Practitioners and managers in engaged practices highlighted the enthusiasm of

children and young people in completing the CYPFFT forms.

“Both boys and girls appear to have enjoyed completing the forms and having the opportunity to feed back their evaluation of their experiences”

“The children really like the forms and really like to draw a picture.”

Some practices were concerned that younger children were enjoying colouring in and drawing on the forms so much that they insisted on taking the forms home with them, meaning that feedback data was lost. Others were concerned that younger children were sometimes marking all possible

response boxes on the form so it was not possible to establish which option they were choosing. This may not be an issue, as the behavior of the children is likely to be developmentally appropriate. The Cognitive psychologist, Jean Piaget amongst others reminds us that young

December/ January	No. of practices providing returns	No. of forms returned
Dental Practices	4	107
G.P. Practices / Medical Centres	3	7
February/ March	No. of practices providing returns	No. of forms returned
Dental Practices	8	263
G.P. Practices / Medical Centres	7	181

Table 1: Number of practices returning CYPFFT forms

children think in qualitatively different ways to adults and that they learn through active experimentation (Piaget, 1952).

Children make meaning and express their perspective on their experiences through drawing. (Einarsdottir, J., Dockett, S. and Perry, B., 2008; Papandreou, M., 2012). By allowing younger children to actively draw on the forms practices were enabling the children to process their experiences in a way which was meaningful to them, and thereby taking their first steps in learning to provide feedback as service users.

Not all practices, however provided positive feedback, citing several reasons for non-engagement. These included having a location or service user profile which meant the majority of service users were young adults:

“At our practice, we are not getting much success ...I was hoping that by using the pack we would encourage this, however unfortunately we have not any response to date. We are very fortunate in that we have a high response for the Adult FFT but this is not being replicated in the CYPFFT. I am sure you will be using all practices results and do not want ours to skew them to a disadvantage and therefore feel it would only be appropriate to withdraw ourselves from the trial. Should our situation change I would be happy to review things in the future.” (Principal Dentist).

“I wanted to confirm with you that unfortunately we have not had one Monkey FFT feedback forms filled out since we

started offering them. As previously explained, we very rarely have an NHS

patient under 11 coming to the practice, as with the orthodontic work we do, patients are normally ready to be seen once they have lost all of their baby teeth and they are in their teens. I am thinking that we should probably step out of this trial and I wish you all the best with it as it certainly seems a very interesting and useful project.” (Practice Manager).



Parent / Carer of Child 0-5 years	Parent / Carer of Child 6-11 years	Parent / Carer of Child 12-18 years
Dad N= 45	Dad N= 8	Dad N= 0
Mum N = 36	Mum N = 42	Mum N=2
Carer / parent unknown gender N = 2	Carer N = 0	Carer N = 0
Child 0-5 completed by self	Child 6-11 years completed by self	Child 12-18 years completed by self
Female N = 24	Female N= 100	Female N= 40
Male N=25	Male N= 81	Male N = 57

Table 2: Summary of self-reported characteristics of people who completed the CYPFFT forms

The quotations suggest that the practices had recognised the value of the CYPFFT and had endeavored to implement it, but uptake had been poor due to the particular characteristics of the practices and their service-users.

4.1 The characteristics of children, young people and parents who completed the forms

Many of the returned CYPFFT forms were fully completed. In other cases respondents chose to provide only a response to particular questions, or make qualitative comments that they saw as relevant to them. Some opted to exclude information relating to gender and ethnicity. Information communicated via the returned forms has been included wherever it was possible to accurately report.

The characteristics of the service-users completing the forms was determined through self-reports directly taken from the returned CYPFFT forms (Table 2).



These suggest that a wide age range of children and young people (up to age 18) completed the forms, and that both male and female family members were actively engaged.

Ethnicity was self-reported as people who chose to complete the forms were asked to write a response to indicate their ethnicity. This meant some variation in interpretation with some respondents choosing to indicate country of origin, some their skin colour and others their religion. A few of the younger children reported their ethnicity as “blue” or “red”- these were excluded. The overall profile, however, is one of a population of predominantly “White British” respondents with further representation from a wide range of other self-identified groups.

Whilst adults may have completed the form on behalf of some of the younger children the drawings on the forms indicate that mums and dads are actively encouraging even children under three to engage, and that very young children are developing the habit of feeding back on services. Young children enjoyed drawing and scribbling on the forms even if they were unable to complete the text boxes. The development of drawing, language and writing style on the forms in the nought to five age range suggest that many of the forms were partially or fully completed by three, four and five year olds. (N = 49) and wherever possible full and /or partial responses have been reported.

The proportion of children who actually completed the forms themselves increased

in the six to eleven age group (N = 181) followed by a decrease in the twelve to eighteen age group (N = 97). This suggests that many of the teenage service users were happy to complete the forms,

however one young service user did comment negatively:

“Why does the scary monkey want my personal information...this sheet seems to be aimed at young children and I can only imagine what it would be like to have to do this as an 18 year old.” (14 year old boy).

Three respondents indicated that staff had helped them with completion of the form, possibly in order to overcome language barriers. One young person declared an additional need due to a long term condition, and one declared speech and language difficulties. Two of the children had autism; one child had an auditory processing disorder and one child indicated he sometimes needed help with reading. Two further children declared single or multiple learning

disabilities combined with speech and language problems. Interestingly all of the children who indicated that they had disabilities and long term conditions chose to fully or partially complete the CYPFFT. This may be an indication that the CYPFFT provides an important vehicle to enable children who otherwise face challenges in communicating their needs to have the opportunity to feedback on their experiences. One young adult over the age of eighteen who had a learning disability also chose to complete the form.

Some children used the “Do you have additional needs?” question to ask for more sweets and even a new BMX bike! One eighty-three year old woman also used the CYPFFT to provide feedback.

Ethnicity (as self-identified by respondents)	
African	1
Asian	1
Black	1
Bolivian	1
British/Bangladeshi	1
British Indian / Indian	2
British/ White British	248
China	1
Christian	3
English	17
English/ French	1
Filipino/British	1
Gypsy /Traveller	1
Hindu	1
Indian	1
Japanese	1
Mixed White/ Caribbean	1
Polish	2
Portuguese	1
New Zealand	1
Sri Lankan	1
Thai	2
Thai/English	1
White/ Hispanic	1
White /other	1



Positive Response Self- reported as most agreeing with Yes, Likely or Extremely Likely in response to question about whether they would recommend the practice to friends and family.	Neutral Response Self- reported as most agreeing with Maybe, Don't Know or Neither Likely or Unlikely in response to question about whether they would recommend the practice to friends and family.	Negative Response Self- reported as most agreeing, Unlikely or Extremely Unlikely in response to question about whether they would recommend the practice to friends and family.
Dental Practices		
N= 248	N = 60	N= 3
GP Practices and Medical Centres		
N = 103	N= 23	N= 6

Table 3: Responses to the key Friends and Family Test Question

4.2 Response to FFT Question: Likelihood that families would recommend the service to friends or family

“You are very good at helping people” (7 year old girl).

“The doctors are really friendly-there is nothing you could do better” (8 year old boy).

The key question on the CYPFFT form asked if respondents would tell their friends that this was a good practice to come to. Responses are summarized in table 3. In several cases children had given ambiguous responses or coloured in all of the boxes on the form – these have been excluded from the numbers in the table above. Data from partially completed forms has been included where meaningful.

It is clear that responses to the CYPFFT were overwhelmingly positive, with roughly only a quarter of responses falling into the neutral or negative categories and only nine responses indicating that respondents were unlikely or extremely unlikely to recommend their dental or general practice. Even when qualitative comments suggested that parents found it frustrating that doctors and dentists were sometimes busy and running late they acknowledged that this may be unavoidable and still rated themselves as *“extremely likely”* to recommend.

Younger children’s responses are more difficult to interpret. Some under sevens, for example may not have reached the cognitive developmental level to fully understand the question. This may have led to ambiguous responses. One child commented that the doctors were nice and

made them laugh, but perceived medicines to be bad, therefore was unsure whether he would recommend the practice to his friends.

A response from a nine year old boy said *“nothink”* was good” and *“not having a filling”* was what could be done better at his dental practice so he wouldn’t recommend it to his friends even though majority of other children rated the same practice very positively. It may be that an unpleasant, but unavoidable treatment experience may over-ride other factors such as environment and staff attitudes for some particularly fearful children.

5. Analysis and discussion: using the CYPFFT to capture service user experience

Thematic analysis is an established and widely used qualitative method of data analysis. It is considered to be an accessible and theoretically flexible approach to analysing qualitative data in the context of realist projects such as this evaluation. Often it involves taking an *“inductive”* approach to identifying themes and patterns which emerge from the data, thereby *“giving voice”* to the participants who have generated it (Braun and Clarke, 2006).

The qualitative comments provided by children, young people and parents who completed the CYPFFT led to the identification of emerging themes central to their experience as service users. They include comments on things that are done well by practices and what could be improved in relation to four key themes:



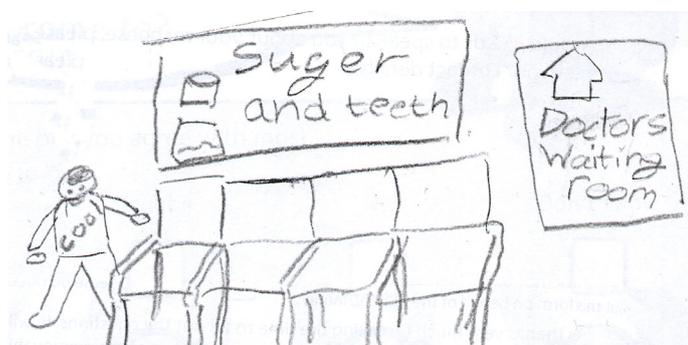
Interim Report

- Accessibility and timeliness of service provision.
- Practitioner attitudes and approach.
- Experience of receiving treatment.
- Appropriateness of the environment for children and young people.

5.1 Accessibility and timeliness of service provision

Public information advertising services was seen by some participants as an important means of learning about and accessing services and worthy of comment.

“My first time at clinic – the website was good and booking appointments was easy”
(Parent of 5 year old boy).



This was extended through associated sub-themes related to ease of booking and speed of gaining an appointment, which were clearly linked to overall satisfaction with the service. This was important for service users attending both dental and general practices:

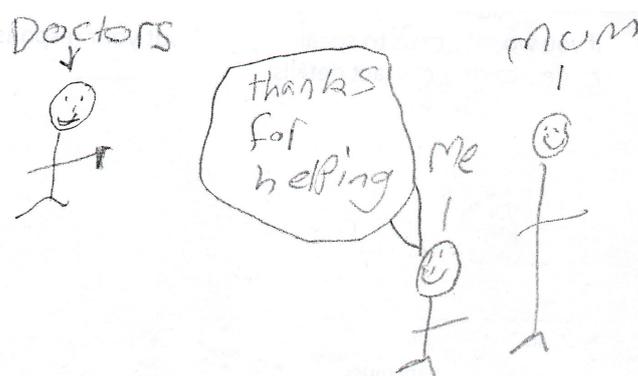
- *“The booking process was straightforward; text reminder is very helpful; our Dentist is very helpful and explains things clearly.”* (Parent of 3 year old girl attending a dental practice).
- *“Easy to get through on the phone and to make an appointment”* (Parent of 10 year old boy accessing a general practice).
- *“The Dr. call back service worked well”* (Parent of a child attending a general practice).
- *“We have always managed to get appointments for our children when we’ve needed them.”* (Parent of 4 year old girl and 13 month old boy accessing a general practice).

One parent did however respond to the question of how things could be improved with *“Answer the phone!”* Another parent suggested that *a secure postbox to enable people to leave prescriptions out of hours would mean less cars and less footfall during surgery hours.*

Access to particular treatments was another area of complaint raised through the CYPFFT by one parent who had found difficulty in accessing Meningitis B immunisation for her child and had to resort to accessing a private practice.

Being seen on time or being kept waiting was a recurrent issue indicating its importance to parents and children and young people both as something done well and as something which could be problematic:

- *“Speedy attention for an emergency tooth loss...nothing (could have been done better) perfect! So glad to have (my dental practice).”* (83 year old woman on her birthday!!!)
- *“Running on time”* (Mum of 5 year old).
- *“Quick, helpful and efficient”* (16 year old girl).
- *“You are taking patients on time (no lates)”* (Parent of 5 year old child).
- *“Very quick to help...Seen within an hour as temporary patient. Friendly staff.”* (Parent of 9 year old girl).



When there were delays this resulted in suggestions about what could be done better. As waiting times increased growing concerns regarding the suitability of the facilities also began to emerge:

- *“We were waiting a while and there wasn’t anything to do...”* (11 year old girl).
- *“Be faster!”*(9 year old boy) ... *“More*

seats" (8 year old girl).

- "It would be better if there were more dentists if there were lots of people" (8 year old boy).

Frustration at longer than expected waiting times, may, however be ameliorated to some extent by the positive attitudes of staff:

"Appointments are quite easy to make, staff are friendly and helpful ...timings of appointments often are late running" (mum of 2 year old girl).

Families expressed clear ideas about how they thought improvements could be made, for example in relation to continuity of care or making appointments more accessible:

- *"Always book children in with the same doctor so that we get continuity of care."* (Parent of 4 year old girl and 13 month old boy).
- *"It takes a long time to get an appointment because you can phone on Monday and have to wait a month"* (12 year old girl).
- *"Booking systems for appointments could be better...it does not work for me to ring up on the day to get an appointment that I wish to book in advance – I need to give my employer notice"* (parent).



5.2 Practitioner attitudes and approach

Families used the CYPFFT to acknowledge the importance of the attitudes and approach of front-line staff as well as practitioners. This was particularly relevant to families who were accessing a service for the first time:

- *"Nice when we enter, and for the whole time we are here."* (11 year old girl).
- (What is done well is) *"The way you treat kids when they come"* (9 year old).
- *"Everything went well. Really pleased with the service from reception to Dr."* (Parent of 2 year old girl).

The approach of practitioners is recognised by both children and parents to be essential in developing trust in young service users, who valued kindness, sensitivity, patience and humour:

- *"The Dentist is really kind and gentle with our daughter, who was extremely scared when we first came"* (Mum of 4 year old girl).
- *"The Dentist was nice and funny! I felt safe and I could look at a picture."* (9 year old girl).
- *"Really patient with the children"* (Parent of 2 and 5 year old).



Demonstrating respect for children and young people and using humour to engage them was also seen to be essential to good professional practice, and perhaps the thing that families valued most. This was acknowledged even by the younger children who completed the CYPFFT:

(What was good was) *"The way the dentist spoke to us"* (5 year old girl).

"I love xxx she's my favorite Dentist she is kind and respectful" (7 year old girl).

"My Dentist is polite and makes me laugh when I'm worried about coming" (16 year old girl).



Children and young people were clear about when they knew services fell short of expectations too, particularly where practitioners failed communicate their understanding of children and young people:

- *“Could talk a bit more about what is happening to you.”* (14 year old girl).
- *“Could have more understanding of nervous children instead of laughing when they are having a nervous breakdown and try to snatch the pen out of your hand (that actually happened ...)”* (14 year old girl).
- *“Could be more understanding of nervous children.”* (11 year old boy).

Friendliness, kindness, reassurance, and gentleness were other important attributes identified by families in their responses:

- *“Very friendly staff”* (Parent of 5 year old child).
- *Very nice and gentle dentist”* (Mum of 8 year old boy).
- *“You are a friendly team. (Very)”* (Parent of a 5 year old child).



Children recognised the importance of effective communication and the need of service users to see their doctors and dentists as experienced, knowledgeable, authentic and competent:

- *“The dentists were very experienced and very kind”* (8 year old boy).
- *“The Dentist is friendly, chatty and experienced”* (12 year old boy).
- *“Made children feel at ease”* (Parent of 7 and 9 year old boys).

- *“Very good with the boys”* (Parent of 10 year old and 2 year old).
- *“He told you what you could do”* (8 year old boy).

It was also important to children (and their parents) that their bravery in overcoming their fears was acknowledged:

- *“Sticker and dentists manner- very friendly and reassuring”* (Parent).
- *“Good communication...makes my child feel at ease and comfortable”* (Parent of 2 year old boy).
- *“Dentist is positive and makes me laugh when I’m worried about coming”* (16 year old girl).
- *“Getting a sticker was good”* (6 year old girl).

Parents also indicated that it was important that they were not made to feel an inconvenience, were given time and that they left feeling positive about their visit:

- *“Nothing is a problem”* (Mum of 11 and 6 year old).
- *“Felt very welcome when I came with 3 children”* (Parent of 3 under-5s).
- *“Children both love coming – always leave smiling and happy”* (Parent).
- *“The doctors we see are lovely with children and very thorough. Always take concerns seriously”* (Parent of 4 year old and 13 month old).

5.3 Experience of Treatment

The friendliness of the service was also linked to children’s receptiveness to health promotion messages and treatment as acknowledged by a fifteen year old boy who said he valued *“Information on how to improve my dental hygiene and friendly chit-chat.”* Other children also valued health promotion advice:

“They give you good advice to brush your teeth better” (14 year old girl).

“You give free toothpaste and chewing gum to help our teeth.” (11 year old boy).

(What was good was) *“Hearing that I brush my teeth well”* (10 year old boy).

Children from age five onwards were able to use the CYPP FFT to demonstrate a clear understanding of the reasons for visiting their doctors and general practices. Examples of positive experiences given by children between five and ten included "Make me better; Getting checked out "Making me laugh and taking my temp"; "the doctor looks after me "They helped me when I had an ear problem; They help people solve their problems when they don't feel well."

Adequate preparation and explanation was something which was seen as essential by both parents and young people:

(The doctor) "made my child feel at ease, and explained what was going to happen – provided the injections quickly so my child did not get fidgety- was organized before we went in." (Parent of 3 year old girl).



"The service was great and the doctor/nurse explains in detail." (14 year old girl).

"The doctors are very explanatory" (14 year old girl).

The actual experience of treatment and what practitioners had done to make it more palatable was also commented on positively by many of the children:

"I like the Dentist counting my teeth" (4 year old girl) ... "The feeling of the gloves inside your mouth!" (10 year old girl).

"Having the Melon fluoride gel (was good) ... I would like to try the Cherry gel!" (4 year

old boy).

"(I liked)...Suction and scrape around my gums" (10 year old boy).

"I like the Dentist counting my teeth" (4 year old girl).

Children also used the CYPFFT to clearly indicate where they thought there was room for improvement. This related both to procedures and improvements to the overall experience. Their recommendations include

"It would be better not to have the spray when my teeth are cleaned" (7 year old boy).

"Don't stretch my mouth as much" (10 year old boy).

"Talk more about braces" (12 year old girl).

"Not pick my tooth as hard!" (10 year old girl).

"Get less scary sharp things" (boy 11).

"Not give me the bad meds" (7 year old girl).

Talk a bit more about what is happening to you" (14 year old girl).

"Use Chocolate flavored gloves!" (7 year old boy).

One eight year old girl complained that her doctor was "not funny enuff!", whilst an eight year old boy advised "If you are ill give medson not gust advice."

The outcome of treatment was also important to children and young people, in particular having a pain-free experience at both the doctors and the dentists: "The injections did not hurt" (8 year old girl); "No fillings!" (10 year old boy).

(the dentists were good at) "Mending my teeth" (9 year old boy).

"Got all the dirt out" (7 year old boy).

"When you are finished your teeth look really clean" (girl 13)

"It was good when the air thing came and stopped it hurting" (9 year old boy).

.. "my teeth were much better than last time... I just have to brush my teeth more...



I'm happy the way I am" (9 year old girl).

Some young people indicated that things could have been explained to them better, and they would have liked to have samples of things they could use to improve their own health:

"Explain how to improve my dental care at home" (18 year old girl).

"Free samples of new products" (14 year old girl).

5.4 Appropriateness of the environment for children and young people

Families commented on the general atmosphere and the facilities they encountered. A four year old girl, for example, appreciating when "It is nice and quiet" and a twelve year old boy noticed how the friendly atmosphere contributed to the overall experience and "*made everything enjoyable.*" One eight year old boy acknowledged "*Pretty flowers, friendly staff and nice music*" were what was good about his visit.

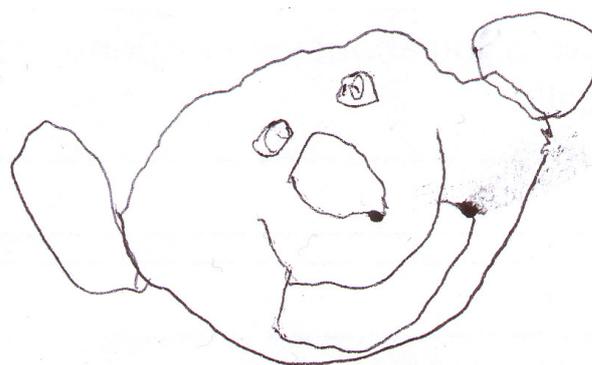
The quality of the facilities, cleanliness and having "*nice cold water*" available were also seen as important according to the responses of the families who participated.

A significant issue for many of the children and young people was the availability of age-appropriate toys, music and activities in the waiting rooms, both for themselves and for other children. A six year old girl visiting one practice noticed that "*The good thing was that you have a toy for babies*", whilst another six year old pointed out that more toys were needed when visiting a different practice. Children and young people from age five upwards were very clear about how there was general room for improvement in making waiting rooms more welcoming to children and young people. Their recommendations included:

- Availability of stickers and lollipops (including for younger teenagers).
- Provision of colouring books and activity sheets.
- More toys.
- Chocolates instead of stickers.

- More / new posters on the ceiling.
- More pictures of unicorns!
- Music and more games in the waiting room.

One parent suggested that there could be a fixed train set to enable younger children to play whilst waiting and a three year old boy specifically asked for a fire engine.



6. Using information from the children and young people Friends and Family Test to support continuing improvement: four case studies

Case Study 1: Bradford and Avon and Melksham Health Partnership

The Practice

The Case Study has been provided by the General Manager of the practice. The practice has three branches across four sites. There are 10 partners and the practice employs over 100 staff, whose role it is to serve a population of 21,000 patients. Unique features of the practice are that it serves a community of travellers and canal boaters and because of its location it is frequently also accessed by tourists. As part of a local scheme young people from outside of the area are also able to choose to access the services offered.

How was the Children and Young People Friends and Family Test Implemented?

A member of staff from the practice who was familiar with the established Friends and Family Test (FFT) attended the workshops which launched the Children and Young People Friendly (CYPFFT) version in November 2015.

The Practice Manager described the views of the practice towards the CYPFFT as “Positive”. The CYPFFT was initially considered by the Patient Participation Group within the practice, which includes a member whose professional background has involved facilitating the participation of young people. Initial feedback suggested that it was unclear why there were two forms (one for parents and one for children) and perhaps a single form might be better. There were also some concerns regarding children’s understanding of the terminology used on the form which led to the suggestion that it might be helpful in future versions to refer to “Drs Surgery” rather than “Practice”. Additional feedback included noting that the guidance which accompanies the test advises that children are to be encouraged to make coloured drawings on the forms, but it is probably more pragmatic to let them use whatever they have to hand. Another concern was that children and young people with additional needs may be misunderstanding some of the questions on the form and using them as an opportunity to ask for particular types of sweets!

Despite initial concerns the CYPFFT was implemented in the main practice in Bradford on Avon, plus a branch in Melksham. The “Monkey” poster was put on the wall and an identified member of staff who has responsibility for listening and responding to children and young people was given the role of ensuring that young patients completed the form. They arranged for the self-check in process routinely in use within the practice to be by-passed for all children and young people attending so that they had to check in at reception. They were then given a clip board with the form and were asked to complete it and return it to reception before leaving.

Engagement

Despite some initial concerns the CYPFFT has been well received within practice. It helped to have a Manager who was committed and who actively “sold it” to colleagues:

“I don’t usually have time to do “extras” but I committed to implementing the CYPFFT because I believe in the importance of patient feedback ...positive feedback has actually helped to raise morale... It was no hard sell as both children and young people responded well and the practice had implemented a strategy to encourage children to systematically complete them. They particularly enjoyed drawing on the forms and the children’s pictures were entered into a competition...That is what has been talked about most! Colleagues got involved through judging the children’s drawings; shortlisting brought a sense of fun into the practice and when I phoned the parent of the child who won the drawing competition they were delighted!”



Using the Feedback

The feedback gained has been disseminated in-house within the practice. Once a full three months of feedback has been obtained and analysed an Action Plan with time-limited goals will be devised. It will initially be shared with the doctors, then circulated electronically to the 100 strong Patient Participation Committee which is inclusive of all service-user groups including young people. It is too early to identify any examples of changes which have been made as a result of the feedback, but the Practice Manager is confident that by implementing the CYPFFT the practice has raised awareness that they are serious about responding to patient feedback and that they actively listen and respond to the Patient Participation Group. It has also helped the staff member with particular responsibility for children and young people to understand them better.

Practice Managers Perspective

Because of time constraints and competing priorities implementing the CYPFFT over a time-limited three month period has been useful. It would be difficult to sustain for a whole year because of commitment to other feedback mechanisms, but implementing it once a year for 3 months would be “do-able” – it could then be reviewed year on year to track improvements. The message to other practices would be:

“Patients are the users of your service and their feedback is important and valid. From our experience other surveys that have been done have been mostly filled in by adults. If you want to get views from youngsters you have to actively ask them – the CYPFFT gives you the option to do that”.

“Often the things children and young people raise isn’t a surprise. Some things we won’t be able to do something about – concentrate on the things you can change”.

“The Care Quality Commission will love it – they want you to demonstrate you have taken the time to consult with children and young people”.

“If you are a smaller practice don’t be put off what you can’t manage – it is about doing what is possible in your practice”.

Case Study 2: University of Bath Dental Centre

The case Study was provided by a Dental Practice Manager who had attended one of the workshops launching the CYPFFT in November 2015.

The Practice

The practice is a National Health Service practice based on a university campus. They provide care to staff, students and their dependents under the age of 18. Ex staff and students also access the services provided.

Implementing the CYPFFT

The CYPFFT forms are placed at reception and are freely available. They are offered by the Dental Nurse to children who come to the practice whilst their parents are having their check-ups. This is because they have found that families do not wish to linger at the end of their appointments and that they have not had any forms returned once consultations have finished. The staff within the practice value getting positive feedback and it is their impression that without asking for feedback directly very few forms get filled in; this would lead to “an ever decreasing return”.

“It is very nice to receive good feedback ...it makes the staff feel valued and appreciated, however I think they do see it as an administrative burden.”

Engaging Families

Children under 10 have enjoyed filling the CYPFFT forms in but there have been several comments about the “babyish” nature of the forms, with teenagers “shrugging and eye rolling!” Parents have been “interested” to discover that the practice is seeking feedback directly from children and young people rather than via their parents or carers.

Disseminating Feedback

Staff within the practice are given the feedback at the end of the month and it is discussed at practice meetings. It has not yet been possible to identify any actual changes made as a result as the only suggestions made have related to things it is not possible to change such as the size of the waiting room.

Message to other Practices

“That it is potentially a useful tool and only worth doing if feedback is taken on board and acted on otherwise it is tick boxing and a waste of resources.”

Case Study 3: Wargrave Surgery, Berkshire

The Case Study was provided by the Practice Manager who had not attended the launch workshop in November 2015.

The Practice

The practice is based in a village location. It has four partners and one salaried general practitioner. The practice serves a community of 6,820 patients.

Implementation

Children are encouraged to complete the CYPFFT forms when they come to clinics which are specifically set up for them. There is a display highlighting the test at the entrance of the surgery.

Response to the Children and Young People Friendly and Family Test

The Practice Manager thinks that “it is refreshing to involve the children; it’s always a big thing to visit the dentist, but people don’t think the same about visiting the doctors surgery.” Colleagues within the practice have also been very supportive – they all think it is a good thing to get the children involved in providing feedback. Children and young people have responded well but have only completed the feedback form when specifically encouraged to – parents like the idea, but again only complete it when asked to.

Using Feedback

Feedback, whether positive or negative is discussed at monthly partners meetings. Feedback is taken on board and any changes needed are implemented, but so far all of the changes have been as a result of feedback from adult patients.



Case Study 4: Avon Valley Practice

The Case Study was provided by the Practice Manager who had attended the workshop in November 2015.

The Practice

The practice delivers services across 2 sites and offers the full range of primary care services to a mixed population of 6,500 patients. These include young families, the elderly and a particular feature of the service using population is military families.

Views of the practice on the implementation of the Children and Young People Friendly Friends and Family Test

The Practice Manager recognises that it is *“really good in terms of giving children and young people the opportunity to share their views”*.

She has found, however, that asking the GP to hand the form to children and young people as they leave their appointment doesn't work because the doctor's focus has understandably been on the medical care and advice they are giving. The solution was to make the forms available in the waiting room. Because it is not like an appointment in hospital where often there is a wait following a consultation, the forms have tended to be completed whilst waiting for an appointment rather than during or afterwards. The result has been that the focus of the feedback has been on the overall experience of visiting the practice rather than capturing the actual experience during the consultation.

The Monkey posters were displayed at low level around the surgery. On a table in each waiting room in the practice a *“blank box”* was placed with a picture of Monkey above. Children were encouraged to decorate the box and to put the completed feedback forms in it. Crayons were made available as pens tend to dry up.

The response of children, young people and families

Parents have commented *“isn't that nice”* but it has been the under 10s who have most enthusiastically completed the forms, with some of the over 10s being reluctant. Colouring pages and materials have probably gone down better than the actual CYPFFT form as they have engaged the children with Monkey and have kept the children busy in the waiting room.

Suggestions from the practice

The established mandatory Friends and Family Test is sent to patients electronically 2 hours after an appointment. This may have inhibited involvement in the Children and Young People Friends and Family Test. An electronic format for the CYPFFT might be good and help to encourage uptake, for example by providing an opportunity to respond to questions by pressing Monkey's Face on an i-pad or other electronic device as children, young people and families leave the surgery.

Using Feedback

Surveys are the first item on the quarterly governance report completed by the practice – this includes the opportunity to evaluate whether feedback is representative of the children and young people who have been through the service. The practice has recognised that uptake was initially low, so tried a new approach which worked well. The quarterly report is placed on the practice web-site and the feeling is that this provides a much more formal way of closing the feedback loop than using the *“You Said – We did”* approach. About 1,000 patients have left their e-mail addresses so they can receive the report and all responses have been positive so far.



Although not as a direct result of the CYPFFT the practice has worked hard to respond to suggestions from children, young people and families, including providing open bookshelves and coloring materials and a special wall unit.

Messages to other practices:

“The concept is brilliant. I would like an actual Monkey – It gives children the first impression that they are in a safe place. I would buy wall stickers. I think you should do it – you can’t not do it – we are required to provide to everybody. Children need to be engaged and it is expected at all levels.”

The feedback provided demonstrates the effectiveness of the CYPFFT in engaging children, young people and parents. This is evident in relation to both general and dental practices. The returned forms indicate that there is clear and consistent evidence that children as young as two are engaging with the forms when they are provided with them, even if they require the support of their parents. Where younger children are only able to scribble and draw they are making their first steps in learning to provide feedback on the services they receive – something which is their right.

Children of three and above have been able to make suggestions about what they liked and what could be improved with the support of their parents. As children reach the age of five and over they are becoming increasingly competent in providing feedback independently. They know what is important to them; sometimes their priorities are similar to those of their parents and sometimes they are unique to themselves, so there is merit in both children and parents completing the feedback. Children do, however, have their own expectations about what makes a good service user experience and are surprisingly insightful in identifying good practice in terms of accessibility and timeliness of services; practitioner attitudes and approach; the experience of receiving treatment and what makes a children and young people friendly environment. They are also able to make their own judgements about what was a good feature of their own service-user experience and what needs to be done to improve things. Often their suggestions indicate where small adjustments would be relatively easily achieved, yet would have a much bigger impact in terms of benefiting future children, young people and families.

Some practices raised concerns that the CYPFFT might be perceived as “too babyish” by teenagers. Whilst there is some evidence to support this almost 100 young people over the age of 12 engaged in completing the forms during the pilot. In fact the oldest person to complete a form was 83! A particular strength of the CYPFFT may be its simplicity as there is evidence that it has been used by children and young people who have speech, language and learning related additional needs to provide feedback on their experiences.

Conclusions

1. Where dental and general practices have engaged with the Children and Young People Friends and Family Test they have found it to be popular with their service users and a useful way of providing feedback which can be incorporated into processes designed to support ongoing improvements.
2. Children from toddler age onwards can be supported to engage with the Children and Young People Friends and Family Test in developmentally appropriate ways. Children aged three and above are able to use the Children and Young People Friends and Family Test to provide meaningful feedback on their experiences as service users.
3. The Children and Young People Friends and Family Test has been completed by families who are representative of a wide range of self-declared ethnicities; children, young people and parents from a range of backgrounds have positively engaged in providing feedback.
4. Having additional needs is not a barrier to completion of the Children and



Young People Friends and Family Test which may actually enable previously excluded children and young people to have a voice in sharing their experiences as service users.

5. If implemented systematically and consistently the Children and Young People Friends and Family Test has the potential ensure that the voice of children, young people and families is routinely incorporated into service user feedback processes thereby helping to drive continuing service improvements. Case Studies of good practice provide models which could be considered by other services.

Recommendations

1. The CYPFFT has been valued by children, young people and parents from a range of backgrounds as a means of providing feedback on their experiences as service users in dental and general practices; this mechanism for providing service user feedback could therefore usefully be implemented across all services.
2. Whilst the current adult focused Friends and Family Test is mandatory the children and young people friendly version is not. Equal status for the two versions of the test should be considered as children, young people, parents, carers and adult service users all have a right to the opportunity to feed back on the services they receive.
3. Practices who viewed the Children and Young People Friends and Family Test positively also raised concerns about the additional administrative burden associated with it. It may be possible to incorporate differentiated versions for adults, parents and carers, children and young people into a single form thereby reducing the burden of reporting and enabling alignment with established processes for closing the feedback loop. Practices will, however, need to be able to demonstrate how feedback from children, young people and families has led to actual change and service developments as more feedback becomes available.

4. The Friends and Family Test may not be the only effective method of gaining feedback from children, young people and families. Complimentary paper-based methods and different formats such as texts and electronic media could be considered alongside the piloted version.
5. The success of the pilot is an indication that the Children and Young People Friends and Family Test should be rolled out to other regions and a wider range of primary care services.



Acknowledgements:

We would like to thank all of the practices who have embraced the CYPFFT pilot programme and sustained their commitment to its implementation. Particularly those who diligently returned completed forms, published their own feedback and shared their experiences during telephone interviews.

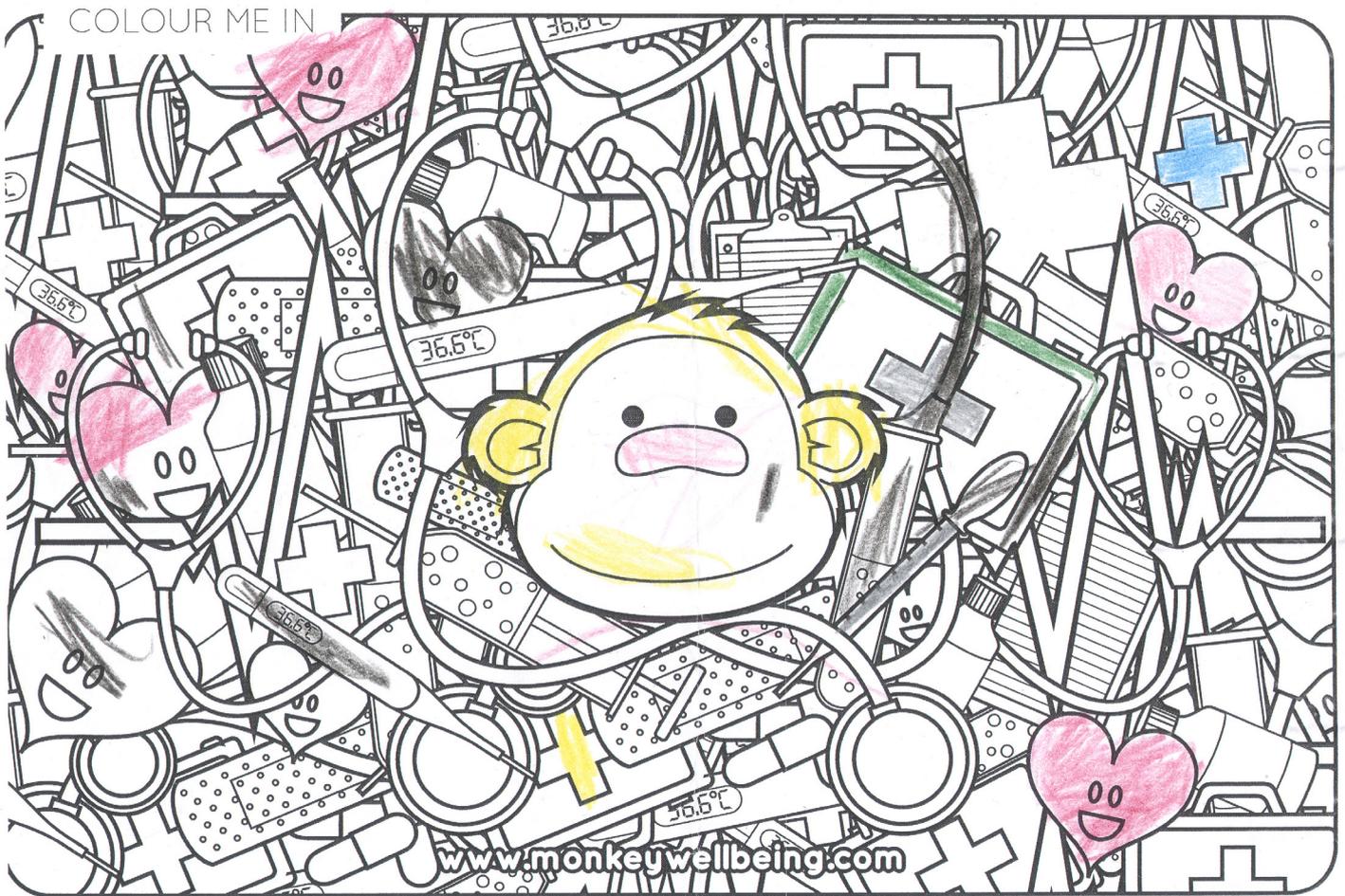
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Appendices

GP Surgery Children and Young People's FFT	24-25
GP Surgery Children and Young People's FFT (Four Point Scale)	26-27
GP Surgery Parent / Carer FFT	28-29
Dental Practice Children and Young People's FFT	30-31
Dental Practice Children and Young People's FFT (Four Point Scale)	32-33
Dental Practice Parent / Carer FFT	34-35



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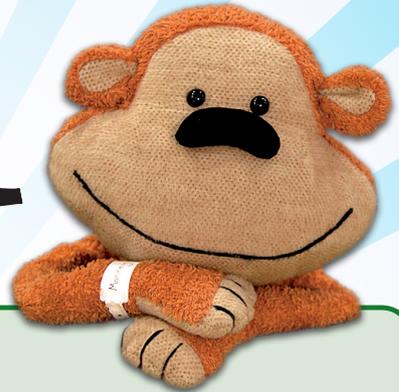


GP/ Practice Nurse name:

Children and Young People's Friends and Family Question

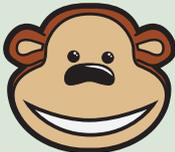
We'd like to know about your experience using our service.

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



Please tick the box you agree with most.

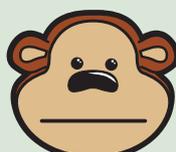
I agree a lot



I agree a bit



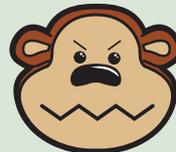
I am undecided



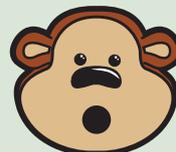
I disagree a bit



I disagree a lot



I don't know



Draw us a picture of your visit.



Please Turn Over to Finish the Survey



FFT/GP/PracticeNurse/Childrenv2



We would like to know what was really good and what we could do better.

We are happy to hear about both what was really good and what we could do better.

What was good?

What could we do better?

It would help us to know about you.

How old are you?

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Are you a...



What is your ethnic background?

Do you have any additional needs?

If you would like us to speak to you about your response, please tick this box and enter your contact details:

Name:

Phone number:

E-mail address:

Please tick the box if a member of the staff filled out this form on behalf of the patient/family:

Please do not use my comments:

Thanks very much for taking the time to fill out the questions. It will really help Monkey make your health care experience more enjoyable.

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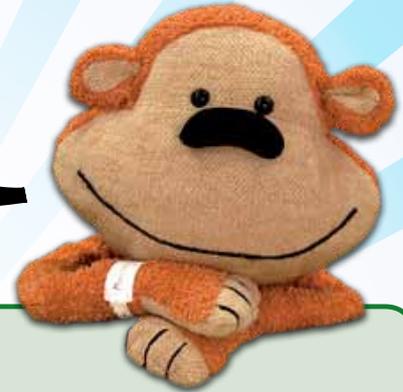


GP Practice name:

Children and Young People's Friends and Family Questions

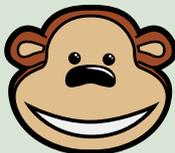
We'd like to know about your experience using our service.

Would you tell your friends that this is a good GP practice to come to?

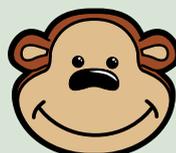


Please tick the box you agree with most.

Yes



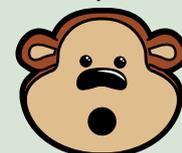
Maybe



No



Don't know



Draw us a picture of your visit.



Please Turn Over to Finish the Questionnaire



FFT/GPPractice/Childrenv3



We would like to know what was really good and what we could do better.

We are happy to hear about both what was really good and what we could do better.

What was good?

What could we do better?

It would help us to know about you.

How old are you?

- 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Are you a...



Please tick the box if a member of the staff filled out this form on behalf of the patient/family:

Please do not use my comments:

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FFT/GPPpractice/Childrenv3

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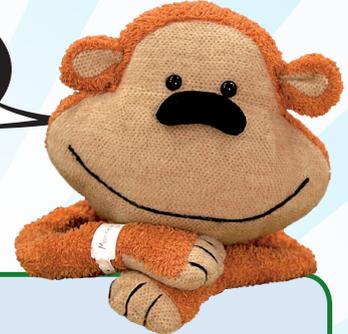
Parent/Carer Friends and Family Survey

GP/ Practice Nurse name:

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

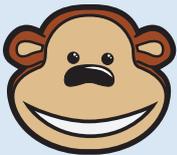
How likely are you to recommend our service to friends and family if they needed similar care or treatment?

It means a lot to us to find out what you think of our service.

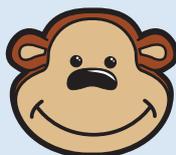


Please tick the box you agree with most.

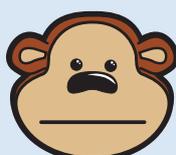
Extremely likely



Likely



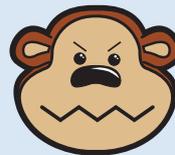
Neither likely nor unlikely



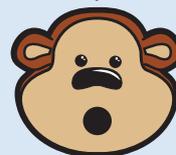
Unlikely



Extremely unlikely



Don't know



We are continuously looking for ways we can improve, and to do this, it would help us to know why you've chosen this answer.

Please be assured that anything you tell us will not affect your child's ongoing care. We are happy to hear about both what was good and what we could do better.

Things we did well:

Things we could do better:

Parent/Carer Friends and Family Survey continued

A Little Bit about You

Are you... mum dad carer other

How old is your child?

Is your child a...



What is your ethnic background?

Does your child have any additional needs?

If you would like us to speak to you about your response, please tick this box and enter your contact details:

Name:

Phone number:

E-mail address:

Please tick the box if a member of staff filled out this form on behalf of the patient/family:

Please do not use my comments:

Thanks very much for taking the time to fill out the questions. It will really help Monkey make your health care experience more enjoyable.



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FFT/GP/PracticeNurse/Adultsv2

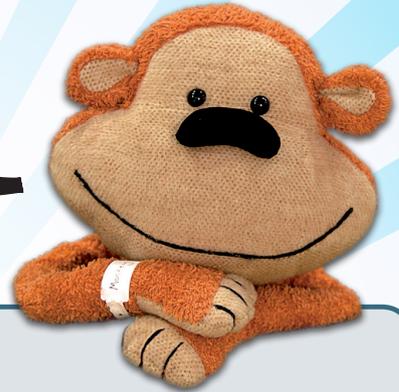


Dental Practice name:

Children and Young People's Friends and Family Question

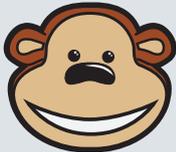
We'd like to know about your experience using our service.

I would say this is a good dental practice for my friends and family to be looked after by, if they needed similar treatment or care to me.

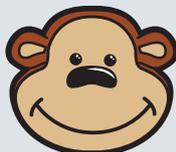


Please tick the box you agree with most.

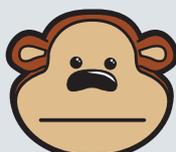
I agree a lot



I agree a bit



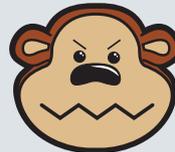
I am undecided



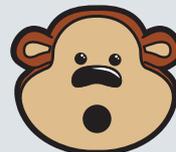
I disagree a bit



I disagree a lot



I don't know



Draw us a picture of your visit.



FFT/Dentist/ChildrenV2

Please Turn Over to Finish the Survey

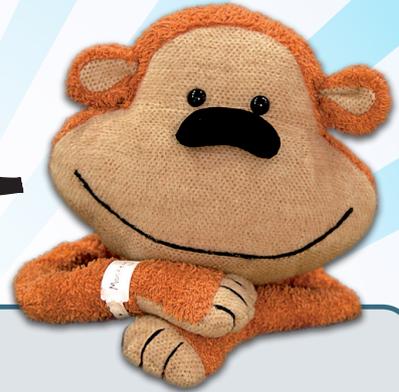


Dental Practice name:

Children and Young People's Friends and Family Question

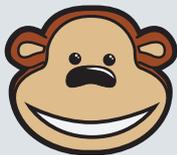
We'd like to know about your experience using our service.

I would say this is a good dental practice for my friends and family to be looked after by, if they needed similar treatment or care to me.

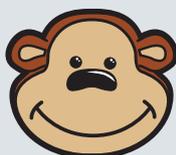


Please tick the box you agree with most.

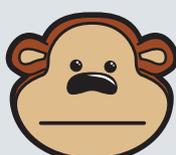
I agree a lot



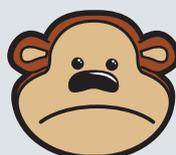
I agree a bit



I am undecided



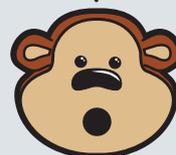
I disagree a bit



I disagree a lot



I don't know



Draw us a picture of your visit.



FFT/Dentist/ChildrenV2

Please Turn Over to Finish the Survey



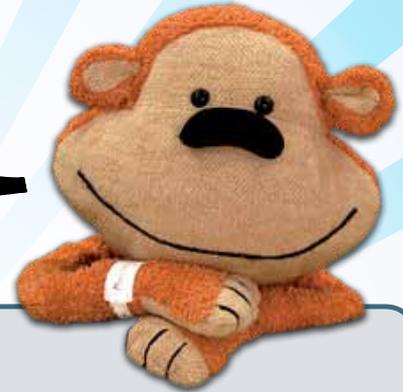
Dental Practice name:



Children and Young People's Friends and Family Questions

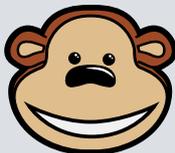
We'd like to know about your experience using our service.

Would you tell your friends that this is a good dental practice to come to?

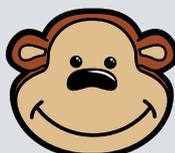


Please tick the box you agree with most.

Yes



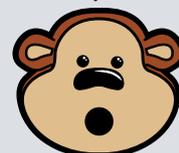
Maybe



No



Don't know



Draw us a picture of your visit.



FFT/Dentist/ChildrenV3

Please Turn Over to Finish the Questionnaire



**Parent/Carer
Friends and Family Survey**

Dental Practice name:

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

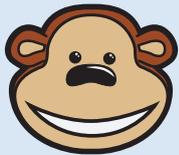
How likely are you to recommend our dental practice to friends and family if they needed similar care or treatment?

It means a lot to us to find out what you think of our service.

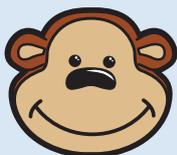


Please tick the box you agree with most.

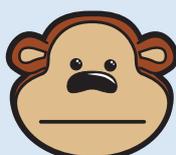
Extremely likely



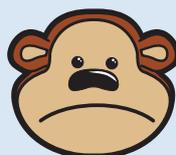
Likely



Neither likely nor unlikely



Unlikely



Extremely unlikely



Don't know



We are continuously looking for ways we can improve, and to do this, it would help us to know why you've chosen this answer.

Please be assured that anything you tell us will not affect your child's ongoing care. We are happy to hear about both what was good and what we could do better.

Things we did well:

Things we could do better:



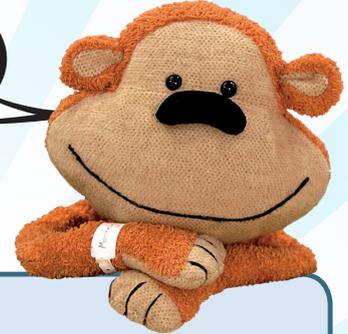
Parent/Carer Friends and Family Survey

Dental Practice name:

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

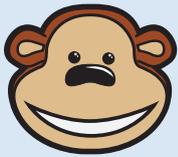
How likely are you to recommend our dental practice to friends and family if they needed similar care or treatment?

It means a lot to us to find out what you think of our service.

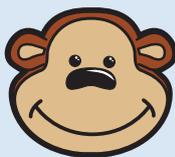


Please tick the box you agree with most.

Extremely likely



Likely



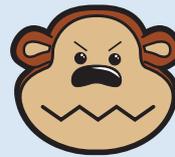
Neither likely nor unlikely



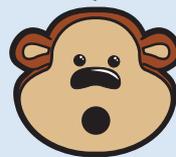
Unlikely



Extremely unlikely



Don't know



We are continuously looking for ways we can improve, and to do this, it would help us to know why you've chosen this answer.

Please be assured that anything you tell us will not affect your child's ongoing care. We are happy to hear about both what was good and what we could do better.

Things we did well:

Things we could do better:

Parent/Carer Friends and Family Survey continued

A Little Bit About You

Are you... mum dad carer other

How old is your child?

Is your child a...



What is your ethnic background?

Does your child have any additional needs?

If you would like us to speak to you about your response, please tick this box and enter your contact details:

Name:

Phone number:

E-mail address:

Please tick the box if a member of staff filled out this form on behalf of the patient/family:

Please do not use my comments:

Thanks very much for taking the time to fill out the questions. It will really help Monkey make your health care experience more enjoyable.



www.monkeywellbeing.com

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FFT/Dentist/Adultsv2



“Nurses make us feel better and smiley”

(4 year old boy)

“Good service”

(Parent of 8 year old child)

“It didn’t hurt!”

(10 year old boy)

“The people are really nice“

(12 year old boy)

“Receptionist was very polite as was Dr.”

(Parent of 10 year old child)

“Looked after us”

(5 year old boy)

“You could have more rooms so you don’t need to do each person one by one”

(12 year old boy)

“Excellent – I love it here”

(Unattributed)

“Mostly everything is good...I like my dentists...”

(11 year old girl)

“Friendly, fun visit”

(16 year old girl)

“Gentle and kind”

(9 year old girl)

“Staff are always welcoming and helpful”

(Parent of 5 year old boy)

Always friendly and flexible”

(Mum of 3 and 6 year old boys)

“Seen on time”

(Parent of 10 year old child)

“Nice and kind“

(14 year old girl)

“Advice given”

(17 year old girl)

“Always appointments available. Staff are friendly; help keep me entertained and try to make it as calming as possible whilst doing what needs to be done.”

(Parent of 1 year old boy)

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

