# FRIENDS AND FAMILY TEST IN GENERAL PRACTICE
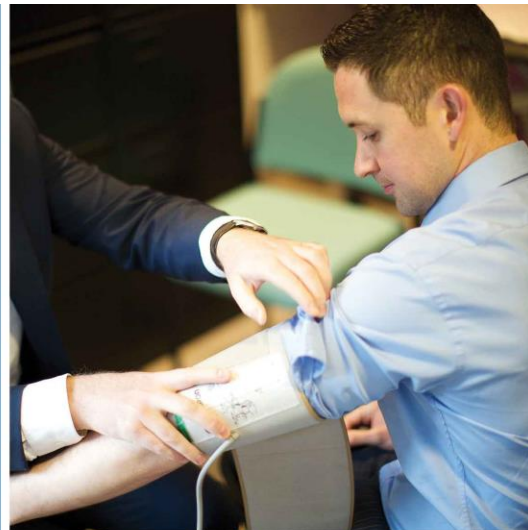
## Data submission guidance

November 2015

Gateway reference 04ÎH4

# Contents

# Summary

This guidance sets out the arrangements for GP practice staff submitting monthly Friends and Family Test (FFT) data to NHS England.

The data is submitted through the Calculating Quality Reporting System (CQRS).

Detailed technical guidance on how to enter and submit the data through the CQRS system can be found [here](#).

General guidance on how to implement FFT can be found [here](#).

The FFT question: "How likely are you to recommend our GP practice to friends and family if they needed similar care or treatment?" has six possible response categories:

- extremely likely
- likely
- neither likely nor unlikely
- unlikely
- extremely unlikely, and
- don't know.

Practices are allowed flexibility in how they make FFT available to their patients:

- handwritten
- telephone call
- tablet/kiosk
- sms/text message
- smartphone app or online, or
- other.

# Data to submit

Each month, practices are required to submit:

- the total number of responses in each response category, added across each collection method, and
- the number of responses collected through each collection method.

See Example 1 in Annex 1.

In most cases, practices should use the standard wording for the question and the standard set of responses. However, as set out in the general guidance, in order to be inclusive, practices can use a simpler question and response scale for patients who have difficulty with the standard question. Where a simpler response scale has been used (e.g. good/bad, or smiley faces etc), the numbers should be simply split accordingly (e.g. the

number of 'positive responses' should be split evenly between extremely likely and likely etc) and added to the total number of responses.

NHS England has published advice to support making FFT inclusive [here](#).

See Example 2 in Annex 1.

Free text comments are not submitted to NHS England.

# Timeline

GP practices have been required to implement FFT since 1 December 2014. However, December was a bedding-in period, and practices were not required to submit the data relating to feedback received in December 2014 to NHS England.

The first submission of data was in February 2015 relating to FFT feedback received in the month of January, with monthly submissions required thereafter.

Organisations can submit data as soon as they are ready after the month end and will have until the **twelfth working day** (inclusive) to make their submission. Future submission dates are provided in Annex 2.

# Submission route

Practices are required to submit data through the CQRS. CQRS is an existing Health and Social Care Information Centre (HSCIC) system that is used to log data concerning GP services, eg Quality and Outcomes Framework (QOF). Users log in to the system using their unique username and password. If you do not already use CQRS, and need help, please see the Q&A below.

# Publication of the data

The monthly data will be published on NHS England's website and on NHS Choices.

The NHS England web pages will include, for each GP practice:

- the number of responses in each response category (eg "extremely likely", "likely", "neither likely nor unlikely" etc);

- the number of responses collected through each collection mode (eg handwritten, telephone call etc);

- the total percentage of *extremely likely* plus *likely* responses; and

- the practice list size, to set the number of responses in context.

NHS Choices will publish the total percentage of *extremely likely* plus *likely* responses and the practice list size. This may change in future as we test alternative options for presentation, to make the data more useful for patients and providers.

# Validation

NHS England will publish the final data that is submitted by the practice by the end of the twelfth working day, except where publication of low numbers would risk individual patients being identified (ie when there are fewer than five responses).

Due to resource and capacity constraints, it will not be possible to resubmit or amend data once the final data has been submitted to NHS England for publication. However, practices can amend/correct their submissions through CQRS until the **twelfth working day** (inclusive).

Area teams will not have access to the data to check it or sign it off prior to submission, and will not be required to validate the data or amend it once it has been entered onto the system.

Where we do not receive a data submission from a practice, we will publish the words: "no data". This will be clearly distinct from a practice that submits fewer than five responses.

Where data appears to be unfeasible (ie significantly higher than is plausible - see below), our intention is to publish the data but highlight it in italics.

# Q&A

**Will any validation of the data be undertaken?**

Missing submissions and abnormalities will be flagged in the data when it is published. Area teams will contact practices where there are issues with the data submitted to enquire if any assistance is required. Monthly data will not be changed once it is published. The focus will be on providing better data in future.

**How will data with issues be handled when the data is published?**

If we do not receive data from a practice, we will enter the words "no data" in the publication. Data that is deemed to be unfeasible will be highlighted in italics.

**What is an unfeasible value?**

An unfeasible value is where the monthly number of responses is greater than the practice's list size.

**Do I need to make a submission every month even if I have got a low number of responses?**

Yes, practices are mandated to submit monthly data even if the number of responses is low.

**How will low response numbers be handled in the national publication?**

Where a practice submits fewer than five responses we will not publish the numbers, in order to avoid the risk of publication of patient identifiable data. It is still important to submit

the data, as this will demonstrate that the contractual requirement to implement FFT is being met.

**Will NHS England correct data if it publishes it incorrectly?**

If NHS England inadvertently publishes data that does not reflect the data that has been submitted through the CQRS, we will correct it as quickly as possible. NHS England uses lists of practices from the CQRS. Due to timing issues there may be a small number of cases where practices at a local level have closed but still show as active on central lists, if the practice had been listed as 'no data' but was subsequently found to have closed this would not be deleted from data that has already been published, simply removed from future publications.

**Who do I contact if I have any additional questions?**

Queries should be sent to: england.friendsandfamilytest@nhs.net

---

**If you do not currently use CQRS in your practice:**

**How do I access CQRS?**

Existing users should be able to use their current username and password to access CQRS here (you will need to use an N3 connection).

Anyone new to using the system will need to apply for a username and password from their area team.

Organisations need an N3 connection to be able to access CQRS, those without an N3 connection can apply for one through the route here.

**What if I need further information on using CQRS?**

HSCIC have a number of training materials available for users. These can be accessed by registering here (you will need to use an N3 connection).

---

# Annex 1: Example data submission

**Example 1: For a practice that received the following numbers of responses**

|  | Extremely likely | Likely | Neither likely nor unlikely | Unlikely | Extremely unlikely | Don't know | Total |
|---|---|---|---|---|---|---|---|
| Handwritten | 50 | 35 | 10 | 5 | 5 | 10 | **115** |
| Telephone call | 5 | 10 | 3 | 2 | 1 | 0 | **21** |
| Tablet/kiosk | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| SMS/text message | 25 | 50 | 20 | 5 | 4 | 5 | **109** |
| Smartphone app or online | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| Other | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| **Total** | **80** | **95** | **33** | **12** | **10** | **15** | **245** |

The data to submit would be:

**Response category**

| Extremely likely | Likely | Neither likely nor unlikely | Unlikely | Extremely unlikely | Don't know |
|---|---|---|---|---|---|
| 80 | 95 | 33 | 12 | 10 | 15 |

**Collection method**

| Handwritten | Telephone call | Tablet/kiosk | SMS/ text message | Smartphone app or online | Other |
|---|---|---|---|---|---|
| 115 | 21 | 0 | 109 | 0 | 0 |

The percentage of *extremely likely* plus *likely* that NHS England would publish would be: (80+95)*100/245 = 71%

FFT in general practice
November 2015

**Example 2: For a practice using a simplified scale that got the following responses**

| Good | Bad | Don't know |
|------|-----|------------|
| 70 | 10 | 10 |

The data to submit would be:

| Extremely likely | Likely | Neither likely nor unlikely | Unlikely | Extremely unlikely | Don't know |
|------------------|--------|------------------------------|----------|--------------------|------------|
| 35 | 35 | 0 | 5 | 5 | 10 |

The percentage of *extremely likely* plus *likely* that NHS England would publish would be: (35+35)*100/90 = 78%

In practice, these would be added to the numbers of responses collected using the full scale.

# Annex 2: Future submission dates

| FFT feedback month | Submission closure (twelfth working day of the month) |
|---|---|
| November 2016 | 16 December 2016 |
| December 2016 | 18 January 2017 |
| January 2017 | 16 February 2017 |
| February 2017 | 16 March 2017 |
| March 2017 | 20 April 2017 |
| April 2017 | 17 May 2017 |
| May 2017 | 16 June 2017 |
| June 2017 | 18 July 2017 |
| July 2017 | 16 August 2017 |
| August 2017 | 18 September 2017 |
| September 2017 | 17 October 2017 |
| October 2017 | 16 November 2017 |
| November 2017 | 18 December 2017 |
| December 2017 | 17 January 2018 |
| January 2018 | 16 February 2018 |
| February 2018 | 16 March 2018 |
| March 2018 | 18 April 2018 |

**Note – This schedule was reviewed and updated in November 2016.**