



Guidance on the submission of NHS dental service Friends and Family Test data

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Document Status

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Guidance on the submission of NHS dental service Friends and Family Test data

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The FFT is currently being assessed by the Burden Advice and Assessment Service

Equality and diversity are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have given due regard to the need to:

- Reduce health inequalities in access and outcomes of healthcare services
integrate services where this might reduce health inequalities
- Eliminate discrimination, harassment and victimisation
- Advance equality of opportunity and foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it.

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1 Summary

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

The guidance relates specifically to FFT responses from patients who have NHS funded care or treatment. Dental practices may wish to use FFT to gather feedback from non-NHS funded patients, but they should only submit data based on NHS patients.

The data will be submitted through CoMPASS hosted by the Business Services Authority (BSA).

Detailed technical guidance on how to enter and submit data through CoMPASS can be found here: www.nhsbsa.nhs.uk/DentalServices.aspx

Dental FFT submissions are made through a link which appears on the CoMPASS homepage. The link will become available from the beginning of each month to facilitate the submission of data collected in the previous month. For example, data collected in April 2016 will be submitted using the April 2016 link made available on CoMPASS at the beginning of May 2016: <http://www.nhsbsa.nhs.uk/5335.aspx>

General guidance on how to implement FFT can be found here: www.england.nhs.uk/ourwork/pe/fft/fft-guidance/

The FFT question: “How likely are you to recommend our Dental 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, which can be categorised as:

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

2 Data to submit

Each month, practices are required to submit (for NHS patients only):

- the practice location id
- the total number of responses in each response category
- the number of responses collected through each collection method.

Only one submission is expected per practice identifier (location id) per month. Where more than one submission has been made for the month the latest submission will be used for reporting and publication purposes.

Free text comments are not submitted to NHS England.

See Example 1 in Annex 1 below.

Inclusivity

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 (eg good/bad, or smiley faces etc), the numbers should be simply split accordingly (eg 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: www.england.nhs.uk/wp-content/uploads/2014/07/fft-imp-guid-14.pdf

See Example 2 in Annex 1 below.

3 Timeline

Providers of NHS dental services have been contractually required to implement FFT since 1 April 2015.

The first submission of data took place in May 2015, relating to FFT feedback received in the month of April.

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. Submissions dates are provided in Annex 2.

4 Submission route

Practices are required to submit data through CoMPASS. CoMPASS is a new Business Services Authority (BSA) system, which replaced the Dental Portal in February 2016, and is used to log data concerning dental services, eg units of dental

activity. Users login to the system using their unique username and password. If you do not already use CoMPASS, and need help, please see the Q&A below.

5 National publication of the data

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

The NHS England web pages includes, for each dental 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 number of individual patients seen in the previous 12 months, to set the number of responses in context.

NHS Choices publishes the total percentage of *extremely likely* plus *likely* responses and the number of individual patients seen in the previous 12 months. This may change in future as we test alternative options for presentation, to make the data more useful for patients and providers. Once published there will be no provision to revise data, if there are data issues, the focus is on practices improving the quality of future submissions.

6 Local publication of the data

It is important that practices give feedback to patients on what happens to their FFT responses, particularly where action has been taken as a direct result of the feedback received.

Practices can decide how best to do this locally. For example, they might decide to put a poster up in the waiting room, put data on their website, include responses in local media articles or patient newsletters, and so on.

Whatever mechanism the practice uses, it can choose what to include, and how to present it. This might be simply presenting the numbers of responses and the percentage of positive response, or the practice may decide to publish a more detailed breakdown, and, for example a time series showing progress. The presentation should be clear to distinguish between feedback from NHS patients and non-NHS patients.

The practice can include some or all of its free text comments, in an anonymised format, alongside comments on how the practice has responded. If the practice does decide to publish free text comments, patients must be able to opt out of their comment being published.

7 Validation

NHS England will publish the data that is submitted by the practice, except where publication of low numbers would risk individual patients being identified (ie when there are fewer than five responses). In this case the data will be suppressed and an * will appear in place of the data.

NHS England will simply publish what it receives from the practices by the submission deadline.

Only one submission is expected per practice identifier (location id) per month. Where more than one submission has been made for the month the latest submission will be used for reporting and publication purposes. Once published there will be no provision to revise data. The focus is on practices improving the quality of future submissions.

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.

8 Q&A

Will any validation of the data be undertaken?

Missing submissions and abnormalities will be flagged in the data when it is published. Regional 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 number of patients seen in the previous year.

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

Yes, practices should 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.

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Who do I contact if I have any additional questions?

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

How do I access the data submission website?

The submission system, and instructions, will be accessible through the BSA website, here: www.nhsbsa.nhs.uk/DentalServices.aspx

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: $(80+95)*100/245 = 71\%$

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:

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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)
January 2016	16 February 2016
February 2016	16 March 2016
March 2016	18 April 2016
April 2016	18 May 2016
May 2016	16 June 2016
June 2016	18 July 2016
July 2016	16 August 2016
August 2016	16 September 2016
September 2016	18 October 2016
October 2016	16 November 2016
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