

# STATISTICAL COMMENTARY FRIENDS AND FAMILY TEST DATA (Inpatients and A&E) February 2014

### Background

The Friends and Family Test (FFT) is a survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care. The responses to the FFT question are used to produce a score that can be aggregated to ward, site, specialty and trust level. The scores can also be aggregated to national level.

The scores are calculated by analysing responses and categorising them into promoters, detractors and neutral responses. The proportion of responses that are promoters and the proportion that are detractors are calculated and the proportion of detractors is then subtracted from the proportion of promoters to provide an overall 'net promoter' score.

The test is initially for all acute providers of adult NHS funded care, covering services for inpatients and patients discharged from Accident and Emergency (types 1 and 2).

### **Key points**

This commentary presents the A&E and inpatient Friends and Family Test results and data for February 2014.

- Inpatient data was submitted by all 156 Acute NHS Trusts as well as Independent Sector (IS) providers, and A&E data by all 143 NHS providers of relevant A&E services.
- During February the total number of responses for NHS Trusts was 219,822 (compared to 218,700 in January), and was 226,610 for NHS and IS organisations combined (compared to 224,672 in January). 75 NHS Trusts showed an increase in the number of responses between January and February.
- Nationally the combined overall England score for NHS Trusts dropped from 64 in January to 63 in February. Between January and February the inpatient score remained the same at 72, and the A&E score dropped from 57 to 55.

- Nationally the joint overall England score for NHS Trusts and IS
  organisations together decreased from 65 in January to 64 in February.
  Between January and February the joint inpatient score has remained the
  same at 73. IS providers do not run type 1 or 2 A&E departments so there
  is no joint A&E score.
- Table 1 shows the FFT scores and rates for NHS Trusts and IS organisations for both FFT tests, and a combined figure:

	Rates	Scores
A&E	18.6%	55
Inpatients	34.2%	73
Combined	24.0%	64

 Table 2 shows the FFT scores and rates for NHS Trusts (excluding IS) for both FFT tests, and a combined figure:

	Rates	Scores
A&E	18.6%	55
Inpatients	34.0%	72
Combined	23.8%	63

#### Notes

### Methodology

NHS England has not prescribed a specific method of collection and decisions on how to collect data have been taken locally. Each trust has been able to choose a data collection method that works best for its staff and people who use services. The guidance suggests a range of methods that can be adopted including tablet devices, paper based questionnaires and sms/text messages, amongst others.

The lack of a standardised methodology means that there are likely to be, what are known as, mode effects. Mode effect is a term used to describe the phenomenon of different methods of administering a survey leading to differences in the data returned. For example, we may expect to see differences in responses at a population level when comparing paper based questionnaires to tablet devices. Mode effects do not prevent trusts from comparing their own data over time periods when they have conducted the test in the same way, as any biases inherent in the individual approaches are constant over the period.

### Designation as Experimental statistics

We are releasing these data as experimental official statistics because they remain under development. This is in line with the UK Code of Practice for official statistics, principle 4, which defines experimental statistics as:

"New official statistics undergoing evaluation. They are published in order to involve users and stakeholders in their development..."

NHS England will be conducting a review of the methodology, including the scoring system, once we have sufficient data from which to draw meaningful conclusions. The results of this review will be used to inform the future implementation of the FFT test.

### Suppression

In order to meet data protection and confidentiality requirements, it is common practice to not publish results based on very small numbers of responses, as there is potential for individual responders to be identified. Figures that are not published due to low numbers are referred to as suppressed.

In the case of FFT, we are suppressing responses where the actual number of people submitting responses is less than five. In addition, where a site has only one ward that has had the figures suppressed, it is necessary to suppress an additional ward to protect the identity of the respondents where the site or trust level data are published.

In the published data files a suppressed figure is shown as a '\*'; and a unavailable or non-calculable figure is presented as "NA"; this enables a reader to distinguish between these data types and submitted values of zero.

We are currently suppressing individual responses of less than five at ward, site or trust level for confidentiality purposes. This is in line with the friends and family publication guidance which stated that "to avoid risk of compromising confidentiality of individual responses, where there are less than 5 responses for a given ward in a single month the results should not be published". In line with the recommendation of the Ipsos MORI report published in December 2012, we are now undertaking a piece of work to establish the numbers of responses required to ensure statistical validity of the data. Once this work has been completed we will decide whether additional suppressions are required.

### Response rates

Some organisations' data may include response rates of greater than 100%. This occurs when responses relating to discharges in one month are received by organisations too late for that month's submission and are submitted as

part of the return in the following month. Therefore, in any given month, it is possible for the number of responses to exceed the number of people eligible to respond for that month.

#### Feedback welcomed

We welcome feedback on both the content and presentation of FFT statistics within this Statistical Commentary, and on those data published on the NHS England website. Please email any comments on this, or any other issues regarding the FFT data and statistics, to: <a href="mailto:unify2@dh.gsi.gov.uk">unify2@dh.gsi.gov.uk</a>

#### Additional Information

Guidance documents and details of FFT data for individual organisations are available at:

www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test

For press queries, please e-mail the NHS England media team at <a href="mailto:nhscb.media@nhs.net">nhscb.media@nhs.net</a> or call 07768 901293

Hospital site-level data are available on the NHS Choices website at: www.nhs.uk.

The Government Statistical Service (GSS) statistician responsible for producing these data is:

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