



**STATISTICAL COMMENTARY  
FRIENDS AND FAMILY TEST DATA  
(Inpatients and A&E)  
June 2014**

**Background**

The Friends and Family Test (FFT) is a survey assessing patient experience of NHS services. It uses a simple question which asks how likely, on a scale ranging from extremely unlikely to extremely likely, a person is to recommend the service to a friend or family member if they needed similar treatment. The FFT was initially introduced for providers of NHS funded acute services for inpatients (including independent sector organisations that provide acute NHS services) and patients discharged from A&E (type 1 & 2) from April 2013. As of 1st October 2013 the survey was extended to include women of any age who use NHS funded maternity services. The NHS Staff Friends and Family Test was introduced on 1 April 2014.

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. These 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 June 2014.

- Inpatient data was submitted by all of the 156 Acute NHS Trusts as well as Independent Sector (IS) providers. A&E data was submitted by all 143 NHS providers of relevant A&E services.
- During June the total number of inpatient responses for NHS Trusts was 123,444 (compared to 118,552 in May). The total number of inpatient responses for NHS and IS organisations combined was 129,077

(compared to 124,169 in May). The total number of A&E responses was 149,887 in June (compared to 137,471 in May).

- The inpatient score for NHS Trusts remained the same between May and June at 73. The A&E score decreased from 54 to 53.
- Between May and June the inpatient score for NHS Trusts and IS organisations combined remained at 74. IS providers do not run type 1 or 2 A&E departments, so there is no combined A&E score.
- Table 1 shows the FFT scores and rates for NHS Trusts and IS organisations for both FFT tests:

	Rates	Scores
A&E	20.8%	53
Inpatient	38.0%	74

- Table 2 shows the FFT scores and rates for NHS Trusts (excluding IS) for both FFT tests:

	Rates	Scores
A&E	20.8%	53
Inpatient	37.7%	73

## 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 an 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:

[england.friendsandfamilytest@nhs.net](mailto:england.friendsandfamilytest@nhs.net)

***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](http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test)

For press queries, please e-mail the NHS England media team at [nhscb.media@nhs.net](mailto:nhscb.media@nhs.net) or call 07768 901293

Hospital site-level data are available on the NHS Choices website at:

[www.nhs.uk](http://www.nhs.uk).

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