

STATISTICAL COMMENTARY FRIENDS AND FAMILY TEST DATA (MATERNITY) JULY 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 1st April 2014.

The maternity FFT asks each woman to respond to up to four questions, depending on the type of services they receive. Women using maternity services are asked if they would recommend the NHS service they have received to friends and family who need similar treatment or care at three touch points:

- a) Antenatal care (question 1)
- b) Birth and care on the postnatal ward (questions 2 and 3)
- c) Postnatal community care (question 4)

Maternity services will receive a score for each of antenatal, birth, postnatal ward and postnatal community service provision, depending on the type of service available at each trust or site. The score can be aggregated to site, trust and 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 maternity FFT involves women answering questions about antenatal care, their experience of birth and care immediately after birth, and their care after they have gone home. These different parts of the maternity care pathway are often provided by different NHS organisations, and can be accessed in a variety of ways. It is not therefore possible to work out exactly how many women would have been eligible to answer each of the FFT

questions in each organisation. As the number of women giving birth is a clearly identified and counted population, the eligible population and a response rate will be published for Question 2 (birth), but not for the other three questions.

Key points

This commentary presents the Friends and Family Test results and data for maternity services for July 2014.

- Maternity data was submitted by 139 NHS providers of relevant maternity services in July.
- The total number of responses per question was 9,411 (Question 1), 12,465 (Question 2), 13,375 (Question 3) and 6,671 (Question 4) as set out in Table 1.

Table 1: Responses (no.)		
Question number		
1	9,411	
2	12,465	
3	13,375	
4	6,671	

The total number of Maternity FFT responses increased by 5% between June 2014 and July 2014.

• Table 2 shows the response rate for NHS providers of relevant maternity services for Question 2 (birth):

Table 2: Question 2 response rate (%)	
Question number	
2	22.7%

The response rate decreased from 23.1% in June 2014 to 22.7% in July 2014.

 Table 3 shows scores for NHS providers of relevant maternity services for July:

Table 3: Scores (no.)	
Question number	July
1	62
2	77
3	65
4	75

Compared to June, July shows a 5 point decrease in the score for Question 1, no change in the score for Question 2, a 2 point decrease in the score for Question 3 and a 2 point decrease in the score for Question 4.

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.

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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 trust has data reported across two sites, and where only one site has had the figures suppressed, it is necessary to suppress the remaining site's figures to protect the identity of the respondents at trust level.

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 site or trust level for confidentiality purposes. This is in line with the FFT 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

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

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For press queries, please e-mail the NHS England media team at nhscb.media@nhs.net or call 07768 901293.

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

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