



The NHS Friends and Family Test

Publication Guidance

The NHS Friends and Family Test: Publication Guidance

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Summary

Purpose

This guidance sets out how the Friends and Family Test results will be calculated and presented to the public and NHS. It follows the Implementation Guidance¹ and Unify Guidance² issued in October and November 2012, respectively.

The scoring methodology

Friends and Family Test results will be calculated using underlying “Net Promoter Score” methodology.

The calculation

Scores are calculated as follows:

Proportion of respondents who would be extremely likely to recommend (response category: “extremely likely”)

MINUS

Proportion of respondents who would not recommend (response categories: “neither likely nor unlikely”, “unlikely” & “extremely unlikely”)

Labels

Presentation of the score should be referred to as “The Friends and Family Test score for [Month] for this [ward/A&E department/hospital/trust³] is [X]. This is based on [XX] responses”.

National publication

Data submitted via Unify will be used centrally to publish **National** Friends and Family Test results via Gov.uk and NHS Choices websites.

Local publication

Local results should be based on the same data, and same underlying Net Promoter Score methodology, though format and presentation is a matter for local decision.

Timescales

National publication of hospital, trust and ward level scores will begin in **July 2013**.

Local publication of hospital, trust and ward level scores must begin no later than **July 2013**.

Consistency

Wherever the results are calculated and presented to the public, **the methodology outlined above must be used** to calculate the Friends and Family Test score. The use of an alternative method could result in a variance between local and national results and this is likely to cause confusion or lead to issues of confidence in the results.

Handling ward level data

Nationally ward level scores will be published each month starting from July 2013 along with the number of responses.

Source data

The headline statistics, to be published on Gov.uk, and underlying data will be made available in a csv file containing the source data. This will be available from July 2013.

¹ <http://www.dh.gov.uk/health/2012/10/guidance-nhs-fft/>

² <http://transparency.dh.gov.uk/2012/11/28/nhs-friends-and-family-test-information/>

³ “Trust” refers to all providers of NHS funded services at organisational level

1. Introduction

1.1 Background

This guidance outlines how the Friends and Family Test results and data will be calculated and published for the public and NHS after April 2013.

The test is initially for all acute providers of adult NHS funded care covering services for inpatients and patients discharged from A&E (type 1 and 2), therefore this guidance is relevant to acute NHS Trusts, acute Foundation Trusts and independent sector organisations that provide acute NHS services.

In addition to inclusion in the Standard NHS Contract, a mandatory ROCR licence has been approved by the Review of Central Returns Steering Committee (reference number ROCR/OR/2159/FT6/002PMAND) with effect from 1st April 2013, when data collection and reporting will become mandatory for acute providers.

1.2 Benefits of the Friends and Family Test

The Friends and Family Test is a simple, comparable test which, when combined with follow-up questions, provides a mechanism to identify both good and bad performance and encourage staff to make improvements where services do not live up to expectations.

- It will mean that staff from “boards to wards” have access to up-to-date patient feedback and thus will be informed and empowered to take immediate action to tackle areas of weak performance and build on success.
- Patients will be able to use the information to make decisions about their care and to challenge their local trusts to improve services while championing those who excel.
- Commissioners will have an up-to-date and comparable measure to use to benchmark providers and use in contract discussions.
- Tracking trends will provide validation of where targeted improvements are most effective.

1.3 The Friends and Family Test question

The test asks the following standardised question: “How likely are you to recommend our ward/A&E department to friends and family if they needed similar care or treatment?”

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Patients will use a descriptive six-point response scale to answer the questions with the following response categories:

- 1 Extremely likely
- 2 Likely
- 3 Neither likely nor unlikely
- 4 Unlikely
- 5 Extremely unlikely
- 6 Don't know

For the requirements relating to the standard framing text, the use of follow up questions, where the question should be located in a larger survey and when the question should be asked please refer to the Implementation Guidance.

All patients within the target groups will be given the opportunity to respond to the Friends and Family Test. Patients must be surveyed at, or within 48 hours of, discharge.

2. Calculating the NHS Friends and Family Test result

2.1. The Calculation Methodology

Calculating and presenting the results of the Friends and Family Test in a consistent and transparent way, both locally and nationally, is crucial for the robustness and comparability of the data so that:

- All audiences can understand and have confidence in the findings.
- Patients and the public can use the results to make informed choices.
- Trusts/NHS professionals can use the Friends and Family Test to drive cultural change and continuous improvements in the quality of the care received by NHS patients.
- Commissioners can hold services to account.

Decisions on calculation and presentation methodology have been made by DH ministers, informed by views of the NHS Commissioning Board and SHAs plus research commissioned from Ipsos MORI⁴ on stakeholder reactions to different calculation and presentation options.

The scoring methodology being adopted will be based on the underlying '**Net Promoter Score**' calculation, which was considered to be the most effective at delivering the benefits of the Friends and Family Test outlined above.

2.2. The Calculation

The scores are calculated as follows:

<p>Proportion of respondents who would be extremely likely to recommend (response category: "extremely likely")</p>	<p>-</p>	<p>Proportion of respondents who would not recommend (response categories: "neither likely nor unlikely", "unlikely" & "extremely unlikely").</p>
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⁴ <https://www.wp.dh.gov.uk/publications/files/2013/02/FFT-Ipsos-Mori-research-report.pdf>

This gives a score of between -100 and +100. Please note that the Friends and Family Test score must be presented as a numerical score and not a percentage.

As with any mathematical calculation, it is important to work with unrounded figures (keeping the decimal places) until you have calculated the score. The score itself should then be rounded to a whole number.

It is important to highlight that, while “likely” responses are not mentioned in the calculation, they will of course form part of the total (the denominator for both parts of the calculation) and the numbers of “likely” responses are therefore highly influential on the final score.

2.3. An example

For example, using the figures in the table below, the score for Trust A would be calculated as follows:

Proportion of respondents who would be extremely likely to recommend (response category: “extremely likely”)	-	Proportion of respondents who would not recommend (response categories: “neither likely nor unlikely”, “unlikely” & “extremely unlikely”)
$114 \div 200 (\times 100) = 57$		$(24+2+6) = 32 \div 200 (\times 100) = 16$

Friends and Family Test Score⁵: $57 - 16 = 41$

Total Numbers of Responses			
	Trust A	Trust B	Trust C
Extremely likely	114	800	132
Likely	54	263	11
Neither / nor	24	42	0
Unlikely	2	19	0
Extremely unlikely	6	20	0
TOTAL	200	1144	143
FFT Score	41	63	92

⁵ This example has been carefully chosen to avoid any rounding issues. When working through the calculations, it is important to work with unrounded numbers, and then round at the end and this will ensure that results are accurate.

2.4. Presenting the score

Presentation of the score should refer to “**The Friends and Family Test score for [Month] for this [ward/ A&E department/ hospital/ trust] is [X]. This is based on [XX] responses**”.

2.5. Ward level scores

Ward level scores will be calculated in the same way as hospital/ trust level scores and they will be published to the same timetable. Ward level results are likely to be more variable month to month due to the smaller number of responses.

Proactively sharing ward based data with staff as rapidly as possible after its collection will enable prompt action to be taken.

There are also significant benefits of publishing ward level results quickly as it ensures that the published data is timely and reflects the latest feedback from patients.

To avoid a 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. However, it remains essential that providers take note of and act on all feedback.

Alongside these month-by-month figures, it may prove helpful later for national publication to include summary scores based on several months of data. Publication of summary scores will not start before October 2013, and the precise approach will be informed by an examination of the data.

2.6. Explaining the calculation to the public

It is important, when presenting Friends and Family Test scores to the public, that the scoring methodology is clearly explained in a simple and consistent way so that patients and the public understand what the test scores mean and have an understanding of how the score was achieved. We would recommend using the explanation that the score is calculated using ‘**proportion of patients who would strongly recommend minus those who would not recommend, or who are indifferent**’. Trusts should fully utilise their communication tools, mechanisms and networks to engage with local patients and the public and aid understanding.

3. Local publication of the NHS Friends and Family Test results

Publication of Friends and Family Test results will take place **nationally and locally**. Data submitted via UNIFY2 will be used centrally to publish **National** Friends and Family Test results via Gov.uk and NHS Choices websites. Trusts may also wish to report their own results, which will often be done alongside other quality data. This is referred to as "**Local**" publication throughout this guidance.

Local results should be based on the same data submitted via UNIFY2 and use the same calculation methodology outlined in section 2.2, in a format and style suitable for local needs.

3.1. Principles

The following principles apply to the **local** publication of the Friends and Family Test results:

- Publication of hospital, trust and ward level results, including scores, must begin by end **July 2013 though providers will want to act on feedback as soon as it comes in.**
- The underlying Net Promoter scoring methodology must be used to calculate local scores for presenting results to the public.
- Where the local result is based on the same data as the nationally published result (e.g. aggregated at site level over the same time period), the score should be the same.
- A standardised "label" should be used to describe the Friends and Family Test result: "The Friends and Family Test score for [Month] for this [ward/A&E department/hospital/trust] is [X]. This is based on [XX] responses".
- The Friends and Family Test "branding" and label should only be used for results calculated as described in section 2.2.

3.2. Local calculation of results

The methodology described in this guidance is the only method to be used to calculate the score for the Friends and Family Test, for both national and local presentation of the results to the public.

3.3. Local presentation of results

Clinical Commissioning Groups (CCGs) and Trusts may wish to present their own results of the Friends and Family Test to their patients and the public, according to their own local needs. We would recommend that local results are published as soon as trusts feel they have sufficient meaningful data to publish.

CCGs and Trusts should ensure the scores are presented in a way that they are meaningful to the public, for example:

- Using simple numbers and graphs
- Providing comparative information which puts scores in context eg:
 - “The score of X for Marigold Ward puts it in the top three wards in this trust”
 - “Last month the Friends and Family Test score for our hospital was Y which was in the top 20% of hospitals nationally”
- Presenting results alongside other quality indicators or in publications such as Quality Accounts
- Appreciate that different audiences may prefer different formats and ensure equality obligations are met in relation to format and accessibility.

Other suggestions can be found in the Ipsos MORI research document.

3.4. Local use of the data

In order to realise the broader benefits of the Friends and Family Test, providers and commissioners may wish to:

- Feed results back to wards and departments as quickly as possible after it is collected, and engage staff in using the feedback to improve services.
- Use the data and free text comments or follow up questions to gain an insight into the quality of care being provided.

- Discuss results from this and other feedback at Board level on a regular basis, and instil a culture of constant service improvement.
- Celebrate good practice as well as addressing poor performance.
- Let patients know what action they have taken as a result of feedback.
- Ensure data is robust and adequately reflect actual patient experience, taking action where necessary, e.g. to improve response rates.
- Commissioners may wish to see evidence of what action has been taken as a result of poor feedback.

Please refer to the draft CQUIN guidance⁶ for details of financial incentives for the Friends and Family Test.

⁶ <http://wwwcommissioningboard.nhs.uk/files/2012/12/cquin-guidance.pdf>

4. National publication of the NHS Friends and Family Test results

4.1. Principles

The following principles apply to the *national* publication of the Friends and Family Test results:

- Data will be published on a monthly basis, for the previous month.
- Publication of hospital, trust and ward level results, including scores and data, will begin in July 2013.
- A standardised presentation format will be used.
- A standardised “label” should be used to describe the Friends and Family Test result: “The Friends and Family Test score for [Month] for this [ward/A&E department/hospital/trust] is [X]. This is based on [XX] responses”.
- Source data will be made available via the central website publication for access and utilisation by information intermediaries. (In line with requirements under Cabinet Office guidelines on transparency, each headline statistical publication will be supported by a “flat file”⁷ that contains all the underlying data that fed into that headline figure. For the Friends and Family Test, that will involve all the underlying data submitted to UNIFY2 at site level)

4.2. National publication routes

The following paragraphs outline the routes that will be used to centrally publish data submitted via UNIFY2.

4.2.1. Statistical publication on DH website or equivalent

Results from the Friends and Family Test will be published on a national level website, such as the DH website, in the usual way alongside other health related statistics, as per schedule above. Existing official statistics are published on the transparency section of the Department of Health website, but it is expected that this will migrate (along with all other central Government websites) to www.gov.uk by 1st April 2013.

⁷ A flat file is a collection of information stored and accessed sequentially in a database, often created to store information in a non-structured way.

In line with the Code of Practice for Official Statistics, the figures will be published on dates that will be announced in advance. Publication will include a short commentary written by statisticians, with the intention of explaining the national position and any key features of the data. We expect publication to include the latest monthly and quarterly statistics.

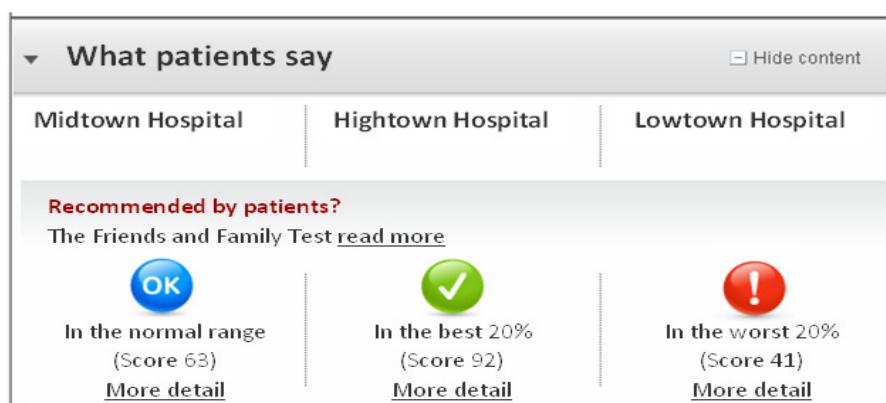
This publication will focus on national results but would typically provide the means for comparisons between organisations to be made. Typically headline statistics reports are also supported by publication of a csv file containing the underlying data. The csv file will contain the underlying data that support the published headline figures. It will not pre-empt any future publication.

4.2.2. NHS Choices

It is important that patients and members of the public are able to make comparisons between hospitals and NHS Choices will enable them to do this by publishing the results in a consistent way for all providers. However, other information intermediaries are encouraged to use the source data and to also present this in meaningful ways for their specific audiences whether local or national.

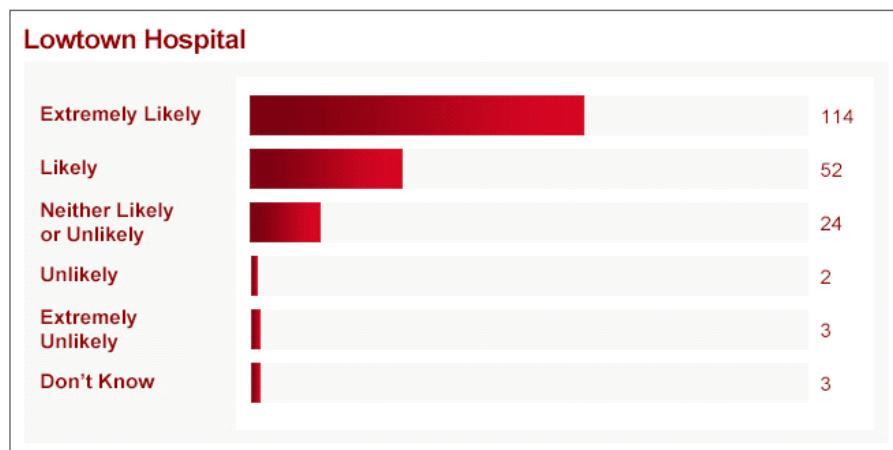
In line with their existing presentation of performance data, NHS Choices will make the Friends and Family Test results available alongside other performance indicators so that patients can make an informed decision about their care. The individual site scores will be translated into a common three-point scale currently used by NHS Choices (see below). This will enable users to make trade-offs among the various dimensions of quality.

The following diagram below, for illustrative purposes, demonstrates how the score might be presented. The trigger point for ‘among the best’ is determined by the top quintile⁸ of performance, and conversely the ‘among the worst’ is determined by the bottom quintile of performance with ‘in the normal range’ being between the two. It is anticipated that the bandings will be refreshed with each data upload.



⁸ A quintile is worked out by looking at how organisations are ranked against each other. If all scores are put in order, the lowest fifth of organisation are the “bottom quintile” i.e. the 20% of organisations with the lowest scores, and the top fifth of organisations are the “top quintile” i.e. the 20% of organisations with the highest scores

Where users wish to see more detail, the following illustrative diagram demonstrates how further detail may be provided:



Data will be presented at site and ward level, with the ability for patients and the public to search for a specialty area and compare the Friends and Family Test results for wards where patients have undergone similar treatment. The screenshots at Appendix A indicate the various ways that information will be made available.

In line with the transition of information from NHS Choices to the new integrated customer service platform, the Friends and Family Test results will be migrated to the new site as part of the wider transition in the autumn.

4.2.3. Mapping data to Clinical Commissioning Group Areas

Mapping the data to Clinical Commissioning Group (CCG) areas for Commissioning Board and CCG use is expected to be done by analysts in the Health and Social Care Information Centre, using the latest available data from the Hospital Episodes Statistics (HES) to pro-rata results from provider to CCG. For example, if HES suggests that a CCG sends 80% of its patients to one provider and 20% to another provider, the Friends and Family Test results from those providers will be weighted together in an appropriate way to provide a CCG level score. However, the methodology for the relevant indicators in the CCG Outcomes Indicator Set and for the Quality Premium are subject to further development.

4.2.4. Future developments

From 1st April 2013 responsibility for the Friends and Family Test will transfer to the NHS Commissioning Board. Data and results are expected to be considered by the NHS CB. Further information about this will be made available in due course.

4.2.5. Other channels

It will be for regulators, CQC and Monitor to consider what data and information to consider and publish through their own channels. For example Monitor are considering its use in the Risk Assessment Framework. Additionally, private sector suppliers and the general media may wish to publish Friends and Family Test results. To this end the source data will be made available via a central website, as detailed above, from July 2013.

5. Timescales and deadlines

5.1. National publication timetable

National scores, source data and statistics will be published as shown in the table below.

Month FFT question asked of patients	Data uploaded to Unify2	Results published Nationally
April 2013 May 2013 June 2013	14 th May 13 th June 11 th July 2013	By end July 2013
July 2013	13 th August 2013	By end August 2013
August 2013	12 th September 2013	By end September 2013

5.2. Local publication deadlines

Local results should be published as per the table below:

Month FFT question asked of patients	Data uploaded to Unify2	Results published Locally
April 2013 May 2013 June 2013	14 th May 13 th June 11 th July 2013	No later than end July 2013
July 2013	13 th August 2013	No later than end August 2013
August 2013	12 th September 2013	No later than end September 2013

5.3. Publication of pre-April data

From December 2012 through to March 2013, an increasing number of organisations will be collecting data to upload to UNIFY2. This period of time will be used to commission, develop and embed systems for operational readiness by April 2013. This information will not be published nationally before the first publication of formal FFT data in July 2013. At that point, the January 2013 to March 2013 data will be published as a single source csv file, alongside the higher profile publication of April to June data.

6. Further Information

The Strategic Health Authority Lead contacts are:

NHS North

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gill.harris@northwest.nhs.uk

NHS Midlands and East

Ruth May

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NHS London

Caroline Alexander

caroline.alexander@london.nhs.uk

NHS South

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For further information on the programme, please see the FAQs at

<http://transparency.dh.gov.uk/2012/11/28/nhs-friends-and-family-test-information/>

Guidance on implementation of the Friends and Family Test in maternity services is expected to follow in Spring 2013.

7. FAQs

I. Why are those that respond "likely" excluded from the calculation?

FFT is meant to drive excellence within patient experience so, if a patient responds with 'likely' then they will not have had the **best** experience. However, they are not excluded from the calculation, because they are included in the denominator. If a patient chooses to respond "likely" instead of a less positive category, that will lead to a higher score. If they choose to respond "likely" instead of "extremely likely" that will lead to a lower score. Likely responses therefore have an important influence on the resulting score.

II. Why are those that respond "don't know" excluded from the calculation?

Standard survey methodology draws a distinction between "don't know" and other responses. Typically, the presumption of researchers is that respondents answering "don't know" will not have engaged fully in the question and are not directly expressing a view on their answer to the question. Those who express an opinion including "neither/nor" typically have considered the question and are expressing a view on their propensity to recommend. For this reason those that answer "don't know" are neither a promoter or detractor and are therefore not included in the calculation.

III. Is there a sign off process for the data? Can the data be edited as part of this?

Data submitted to the centre through Unify will be subject to some simple checks and there will be feedback to organisations on any systematic points; for example the need to exclude responses from patients under the age of 16, or on how their data translates into an FFT score. During this data cleaning phase there is some limited scope for organisations to re-submit or correct data. **However, the responsibility for ensuring that data are correct lies with the organisation providing the information.** There is a sign-off function within the Unify system. Once data have been submitted via Unify, there is a presumption that the data will be used in publications. There will not be a 'pre-approval' stage before statistics are published.

IV. Are we allowed to publish patient comments/responses to the follow-up questions or in free text boxes?

Individual written responses should be used and reported internally, to provide further insight into the quality of services offered by the organisation. If a provider wishes to publish individual responses, patients should be advised of this at the time of completing the Friends and Family test question to ensure patients are aware, and have the option to opt out if they would wish to. The understandable desire to publish comments to aid transparency cannot override a patient's choice not to allow their written views to be publicly used by the organisation.

It is for organisations to decide how best to gain consent, but they may wish to consider including a form of words on the text, website, postcard etc saying that the organisation wishes to publish patient comments, and then provide a tick box or code for the patient to opt out.

Where individual comments are published, all feedback comments should be included, subject to appropriate local moderation rules (for example, removing named individuals), in order to prevent possible editorial bias.

V. What happens if our score is negative?

Negative scores are possible if the proportion of detractors is greater than the proportion of promoters. If this is the case we suggest an urgent review is needed to identify what's not going well.

VI. How will trusts be benchmarked?

Friends and Family Test scores will be comparable, however there are no current plans to set benchmarks centrally for the FFT. The focus of the score should be on trusts using it to improve and for patients to make decision about their care.

VII. Will CCG scores be published on NHS Choices?

It is anticipated that further work in this area will be undertaken prior to the publication of national results in July 2013.

VIII. Are we allowed to choose more than two specialties per ward?

After consultation with trusts it was decided that there should be an option to state up to two specialties on their Unify returns, as this allows trusts to reflect the mix of patients on their wards without overcomplicating the reporting process. If more than 80% of patients in a ward are from one specialty then only that specialty should be reported for that ward.

IX. Will we have any indication of the numbers of people responding to the survey?

The national level statistical publication will include detail on the number of responses to the survey.

X. Will publication of data depend upon achieving a 15% response rate?

The 15% response rate is an expectation; this is not currently mandated but all trusts are encouraged to seek to achieve at least this level of response. Publication is not dependent on achieving a 15% response rate. To avoid a risk of compromising confidentiality of individual responses, where there are less than 5 responses for a given ward in a single month the results will not be published. However, it is remains essential that providers take note of and act on all feedback.

XI. Can FFT test scores be displayed in conjunction with other survey results, e.g. inpatient and staff surveys?

Yes. FFT does not replace other patient experience feedback and providers may find it helpful to make linkages to results from other patient surveys and feedback.

XII. Will there be any central support to explain the Friends and Family Test to patients and clinical staff?

Yes. Leaflets and posters will be made available shortly. Check with local communications leads.

XIII. Why are you using a 6 point scale with the “net promoter score” methodology?

The six point scale with the descriptions was selected to clarify and simplify the response scale. In the Midlands and East a similar scale has been in use since April 2012, with responses successfully mapped to the underlying Net Promoter scale.

XIV. Why are you allowing a range of methods for data collection?

We have allowed implementation using a range of methods so that providers can build on existing methods as far as possible, and because providers may find they need to use more than one method in order to comply with equalities legislation. The data collection (Unify) guidance issued in November asks the NHS to supply information on the collection mechanisms used to collect their FFT data. We will then be able to analyse whether the collection technology has a measurable effect and consider appropriate action.

XV. Why are you using publishing ward scores every month, when there may not be many responses?

FFT provides fast and frequent feedback down to ward level. It is vital that providers focus on feedback regularly and rapidly, engaging staff in service improvement.

It is also important to be transparent so that patients and the public can see the most up to date data. However, at ward level, the number of responses in an individual level is likely to be quite small and this is likely to lead to fluctuations in the data. These up and down movements may be due to random variation in the data rather than, necessarily, any change in levels of service. For this reason we would not expect *monthly* level ward results to be used for any formal national level accountability measures. Further, providers and CCGs may want to look at trends or rolling averages alongside the monthly data in order to bring this variation down to a level that makes results easier to interpret.

8. Annex A: NHS Choices illustrative screenshots

A. Site level results will be displayed on each hospitals profile enabling users to see the overall Friends and Family Test score (screen shot for illustration purposes only)

Screenshot of the NHS Choices website showing the profile for Hightown Hospital.

Header: Home | About | Contact | Tools | Video | Choose and Book | Communities | IPS | Translate | Log in or create an account

Hospital Profile:

- Name:** Hightown Hospital
- Address:** NHS County Shire, Big Road, Small County, A1 BC48
- Telephone:** 0161 9987070
- Website:** <http://www.uhsm.nhs.uk>

Rating: Based on <xx> ratings for this <org type>

Reviews and Ratings:

Rating	Count
★ ★ ★ ★	100%
★ ★ ★ ★ ★	0%
★ ★ ★ ★	0%
★ ★ ★	0%
★ ★	0%
★	0%
☆	0%

Latest reviews of this hospital:

- 100% Negative experience of children's ward**
I am writing about the experience whilst my baby was admitted so whilst I was not the patient, I was living in the hospital with him at t...
21 September 2012
- Best midwives**
This visit was for giving birth to my baby on 19th July at night I had a natural birth and aby was my 1st and I think my midwives swappe...
19 September 2012
- Wonderful staff**
I was admitted to Htown through A&E because my GP sent me. The A&E doctor was lovely - it was difficult for her to insert a can...
11 September 2012

Maps, Directions and Contact details:

General contact details:

- Hightown Hospital
NHS County Shire
Big Road
Small County
A1 BC48
- Tel: 0161 789 7373
- Website: <http://www.uhsm.nhs.uk>

Contact specific departments and services:

Departments and services:

Find out more by visiting our section on the Salford Royal website.

- A&E onsite
- Maternity services

To search for a specific treatment, use our [full list of departments](#)

Quality of services at this hospital:

Service	Status	Score	Notes
Friends and Family Test score	Green checkmark	Among the best (Score: 92)	More detail
Registration status	Green checkmark	This hospital is licensed	
Patient survey score for cleanliness of wards	OK icon	Average 8.6 out of 10	
Number of weeks MRSA free	7	weeks free	
Total MRSA cases in the last weeks	1	case	
Total CDiff cases in the past 12 weeks	!	Worse than average for a hospital of this size 15 cases	
Patient survey score for cleanliness of wards	OK icon	Average 8.1 out of 10	
Accepting new patients	Green checkmark	This practice is currently accepting new patients	
Responding to safety alerts	!	Poor Some alerts have not been signed off after their deadline has passed	

[More information about this data](#)

Buttons:

- Compare with hospitals nearby

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B. Site level results will be displayed through a comparison tool which will allow users to compare overall scores for their chosen range of providers side by side (screen shot for illustration purposes only)

Home | Mobile site | About | Contact | Tools | Video | Choose and Book | Communities | IPS Translate ▾ Log in or create an account

NHS choices Your health, your choices Enter a search term Search

Health A-Z Live Well Carers Direct Health news Health services near you

Hospitals in SE1, London Share: Print Export Shortlist (3)

Showing results 1-10 of 47 | Results per page 10 | See results on a map

Topic	Key facts	NHS Choices users rating	Pharetra	Quisque lobortis	Phasellus dictum	Friends and Family Test score	Curabitur eu nibh at enim hendrerit	Vestibulum ante ipsum
Sort by	Nearest	(i)	(i)	(i)	(i)	(i)	(i)	(i)
Hightown Hospital						<input type="checkbox"/> Add to shortlist		
Tel: 0207 678 8909 Great Maze Pond, London SE1 9RT 0.5 miles away Get Directions   	★★★★★	!	OK	OK	OK	Among the best (Score: 92) More detail	92.3% of admitted patients	12+
No ratings yet Rate it now ▶	Not clean 3 ratings	Average 8.3 out of 10	As expected with a value of (0.89)				12+ weeks free	
Midtown Hospital						<input type="checkbox"/> Add to shortlist		
Tel: 0207 678 8909 Upper Byron Place Bristol BS8 1JU 0.5 miles away Get Directions   	★★★★★	n/a	OK	OK	OK	OK	!	2
10/14 recommend Read reviews	Data not available	Average 7.5 out of 10	Better than expected (73.8)	In the normal range (Score: 63) More detail		79.4% of admitted patients	2 weeks free	
Lowtown Hospital						<input type="checkbox"/> Add to shortlist		
Tel: 0207 678 8909 Great Maze Pond, London SE1 9RT 0.5 miles away Get Directions   	★★★★★	!	OK	OK	!	OK	12+	
No ratings yet Rate it now ▶	Not clean 3 ratings	Average 8.3 out of 10	As expected with a value of (0.89)	Among the worst (Score: 41) More detail		92.3% of admitted patients	12+ weeks free	
Uptown Hospital						<input type="checkbox"/> Add to shortlist		
Tel: 0207 678 8909 Great Maze Pond, London SE1 9RT 0.5 miles away Get Directions   	★★★★★	!	OK	OK	OK	OK	12+	
No ratings yet Rate it now ▶	Not clean 3 ratings	Average 8.3 out of 10	As expected with a value of (0.89)	Among the best (Score: 92) More detail		92.3% of admitted patients	12+ weeks free	
Sidetown Hospital						<input type="checkbox"/> Add to shortlist		
Tel: 0207 678 8909 Great Maze Pond, London SE1 9RT 0.5 miles away Get Directions   	★★★★★	!	OK	OK	OK	OK	12+	
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C. Ward level results will be listed against the department specialty, by site (screen shot for illustration purposes only)

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H Lowtown Hospital

Telephone: 0161 9987070 c/n, Greater London, SE13 6LH
 Address: Southmoor Road, Wythenshawe, Manchester, M23 9LT
 Website: <http://www.uhsm.nhs.uk>

Visit our website <http://www.lewisham.nhs.uk>

Overview **Departments and services** **Facilities** **Feedback** **Maps, directions and contact details**

[Our departments and services](#) / Orthopaedic services

Orthopaedics

The Trauma & Orthopaedics department at the L&D provides a comprehensive Consultant-led service dealing with all acute and chronic musculoskeletal problems, in addition to providing a general orthopaedic service.

We are an integrated provider of hospital, community and primary care services, including the University Teaching Hospital. Our team of 6,000 staff provide local services to the City of Salford and specialist services to Greater Manchester and beyond. We have an excellent track record having the highest consistent rating for service quality coupled with one of the highest sets of patient and staff satisfaction scores.



Treatments and services offered at the Orthopaedics department

- [Arthroscopy of the knee](#)
- [Bunion operations](#)
- [Carpal tunnel release](#)
- [Foot and Ankle](#)
- [Ganglion removal](#)
- [Hand and Wrist](#)
- [Hip replacement](#)
- [Knee replacement](#)
- [Podiatric Surgery](#)
- [Repair of hand tendon](#)
- [Repair of tendon in the knee and lower leg](#)
- [Shoulder and Elbow](#)
- [Spine - Back Pain \(not Scoliosis/Deform\)](#)
- [Spine - Neck Pain](#)
- [Surgery for Dupuytren's contracture](#)
- [Surgery on the lower back \(lumbar spine\)](#)
- [Treatment for trigger finger](#)

Latest reviews of this hospital

 **100% Negative experience of children's ward**
 I am writing about the experience whilst my baby was admitted so whilst I was not the patient, I was living in the hospital with him at t...
 21 September 2012

 **Best midwives**
 This visit was for giving birth to my baby on 19th July at night I had a natural birth and aby was my 1st and I think my midwives swapp...
 19 September 2012

 **Wonderful staff**
 I was admitted to Ltown through A&E because my GP sent me. The A&E doctor was lovely - it was difficult for her to insert a can...
 11 September 2012

[Leave your own review](#) [Read all 75 reviews](#)

Orthopaedics services at this hospital

Ward name	Friends and Family Score	Other services in ward
Primrose	66	
Buttercup	75	General Surgery
Peony	70	
Ward 27	83	Vascular Surgery
The Barncake Unit	77	Care of the Elderly

Compare with hospitals nearby

[More information about this data](#)

The NHS Friends and Family Test: Publication Guidance

D. Specialty level results will be displayed through a comparison tool which will allow users to compare department/ward scores for their chosen range of providers side by side (screen shot for illustration purposes only)

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Orthopaedics departments in SE1, London Share: Print: Export:

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