

# The Friends and Family Test

A guide to understanding your FFT score

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## Picker Institute Europe

Picker Institute Europe is an international charity dedicated to ensuring a positive experience of health and social care is everyone's experience. We are here to:

- Influence policy and practice so that health and social care systems are always centred around people's needs and preferences.
- Inspire the delivery of the highest quality care, developing tools and services which enable all experiences to be better understood.
- Empower those working in health and social care to improve experiences by effectively measuring, and acting upon, people's feedback.

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## What is the Friends and Family Test scores and how is it calculated?

The Friends and Family Test (FFT) scores put a percentage value on the way that people answered the FFT question.

To get the FFT score, people are asked:

**How likely are you to recommend our ward/A&E department to friends and family if they needed similar care or treatment?**

- Extremely likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Extremely unlikely
- Don't know

The presentation of data for the FFT score now shows the percentage of respondents who would recommend the service and the percentage of respondents who would not recommend the service.

The best possible recommend score you can get is 100%, where 100% of respondents are 'extremely likely' or 'likely' to recommend. The worst possible score is 0%, where 100% of people are 'unlikely' or 'extremely unlikely' to recommend.

Likewise the best possible not recommend score is 0%, where 100% of respondents are 'extremely likely' or 'likely' to recommend. The worst possible score is 100%, where 100% of people are 'unlikely' or 'extremely unlikely' to recommend.

'Don't know' and 'neither likely nor unlikely' responses are included when the FFT score is calculated; but are only used to form the overall response base size.

**The FFT score (%) are calculated as:**

$$\text{Recommend (\%)} = \frac{\text{number of people extremely likely or likely to recommend}}{\text{Total number of people who responded to the FFT}} \times 100$$

$$\text{Not Recommend (\%)} = \frac{\text{number of people extremely unlikely or unlikely to recommend}}{\text{Total number of people who responded to the FFT}} \times 100$$

## Friends and Family Test score confidence intervals: the effect of response numbers

Before you do anything else with an FFT score, check how many people have answered the question.

A score of 100% will always mean 'everyone said they were extremely likely or likely to recommend', but what if 'everyone' was just three people? That's very different, and much less interesting, than where 'everyone' means hundreds of people.

### How many responses do we need to be confident about our score?

There is no hard and fast answer, but - as long as you have responses from a genuinely representative group of patients - the more answers you have, the more confident you can be that your score reflects your performance on the FFT.

### What is a confidence interval?

A confidence interval is a range of possible values that can be thought of as 'good guesses' for a score that truly reflects your performance. If the range is very narrow, you can have a lot of confidence in your score. If the range is very wide, you know that there are a lot of 'good guesses' that are very different from your score – and so your score may not reflect your performance. The more responses you get, the narrower the range will be.

The examples below, with the same FFT score and the same proportion of responses in each category, show how the number of responses affects the confidence interval.

#### **Example 1: 1000 responses of which 500 extremely likely, 400 likely and 100 not likely, FFT score 90%.**

With 1000 responses, the confidence interval ranges from 88.0% to 91.7%. While the score that best reflects your performance may not be exactly 90%, you can be confident that it's pretty close.

#### **Example 2: 50 responses of which 25 extremely likely, 20 likely and 5 not likely, FFT score 90%.**

With just 50 responses, the confidence interval ranges from 78.6% to 95.7%. That's a big range of possible values - too big even to be confident that the score that best reflects your performance is within hailing distance of 90%.

## Friends and Family Test calculation and comparison: key assumptions and caveats

Our FFT score and confidence interval calculator and FFT difference calculator are designed for looking at changes in your ward, department or trust's score over time. The calculations are based on three key assumptions about who and how you have asked the FFT question. These are most likely to hold true if:

- you are using the tool to compare your own FFT score with a previous score, and
- you have not changed anything about how or when you administered the FFT question between two scores (month to month for example).

The three key assumptions that we have made in developing the FFT score, confidence interval and difference tools will not necessarily hold true if you are trying to compare your score with a different ward, department or trust's score. We only recommend the tool for comparing scores where they do hold true.

### **Assumption 1: the FFT respondents were a fair reflection of all the people who used the service**

When we calculate confidence intervals - around FFT scores, and around the differences between scores - we are assuming that your FFT respondents are a fair reflection ('representative') of all the people who use your ward, department or service. If this is not true, your FFT score may in turn not be a fair reflection of your performance and comparisons between scores may be unreliable.

Higher response rates are often assumed to be indicative of more representative samples. In practice, this is not necessarily true – but we do recommend particular caution when interpreting results based on very small numbers of responses.

We will cover this in more detail in future, but for now here are a couple of external links to resources that explain samples and sampling bias - what it means for respondents to be a fair reflection:

- [What types of sample are there?](#)
- [Why might your sample of respondents not represent everyone?](#)

### **Assumption 2: the same type of people were asked the FFT question**

We know that, when asked about their care, some groups of people tend to give more positive responses than others. For instance:

- older people tend to be more positive than younger people
- men tend to be more positive than women
- people who have had elective care tend to be more positive than those who have had emergency care

This means that if one department mainly treats older, male, elective people and another mainly treats younger, female, emergency people, they are also likely to get different FFT scores.

This doesn't mean that either FFT score is 'wrong' - it just means that they can't legitimately be compared with each other. But - as long as your ward or department keeps treating the same type of people - you can compare your own FFT scores over time.

**Assumption 3: the same method was used to ask the FFT question**

When we ask people for their opinion on something, the method we use to ask the question – in person, over the phone, online, using a postcard – can influence how people answer. This is known as the 'mode effect'. It partly reflects the fact that, depending on how a question is asked, people experience different levels of 'pressure' (even where none is intended) to give a socially desirable or 'expected' response.

It also makes a difference **when** you ask the question. Even within the FFT window, there is a difference between giving an answer at the point of discharge and being able to respond 48 hours later, at home and having had some time for reflection.

This means that if you change your FFT methodology, your score might change just because the new method makes people feel more – or less – social pressure to give the most positive response.

It also means that if you don't know how or when another ward, department or trust is administering their FFT, you have no way of knowing if it is reasonable to compare your score with theirs.

# What to do with small numbers of Friends and Family Test responses

My ward only had ten responses this month – what can I do with that?

## 1. Don't be distracted by the score, or by changes in the score

When you have a small number of responses your FFT score can swing too wildly to be useful. One person's answer to the FFT question can make a huge difference - you could have a 20 percentage point improvement followed by a 20 percentage point dip.

Suppose nine people have given their answers: 5 extremely likely to recommend, 2 neither likely nor unlikely to recommend and 2 unlikely to recommend. This gives an FFT score of 55.6%.

Patient X is then asked for their view. Patient X's response matters - but it would not be appropriate to over-react to a change in score, whether it's for better or for worse. As the table below shows, Patient X's response can cause the FFT score to swing down to 50% or to as high as 60%.

	Distribution of answers	FFT score
Patient X is extremely likely or likely to recommend	6 extremely likely; 2 neither likely nor unlikely; 2 unlikely	60%
Patient X is neither likely nor unlikely to recommend	5 extremely likely; 3 neither likely nor unlikely; 2 unlikely	50%
Patient X is extremely unlikely or unlikely to recommend	5 extremely likely; 2 neither likely nor unlikely; 3 unlikely	50%

## 2. Look at people's comments

If you only have a small number of responses, take a good look at the reasons people gave for why they were or were not likely to recommend and any other comments they made. These are as much a part of the FFT as the score, and with only a small number of responses they deserve more time and attention than the score itself.

## 3. Collate your FFT data over time and pay attention to your rolling score

You can use the *Basic FFT calculator* on our website to keep an eye on your scores and confidence intervals as you gather more data, so you will know when you can begin to have confidence that your score is reflecting your performance on the FFT and that any changes are 'real'.

You can use our *Trend calculator* to see when your scores have changed significantly.

## Making use of people's Friends and Family Test comments

The revised NHS England's FFT guidance requires NHS organisations to ask at least one follow-up free text question about why people gave the response that they did to the FFT question. Free text comments provide rich qualitative data that can be used to improve people's experiences of care - but it can be a challenge to use these data in a timely and constructive way. In the first data sets published for June 2013, for example, some trusts received over 2000 responses to the FFT question from inpatients, and nearly 3000 from people using A&E departments. While not all FFT responses will include free text comments, many trusts will collect substantial amounts of qualitative information from the FFT and it is not a simple or quick process to sift through and make sense of it.

The brief guide below offers some suggestions for reviewing and using patients' FFT comments systematically. We will be building on this in future; in the meantime please do contact us for support with qualitative analysis.

### **Start with clear aims in mind**

**Analysing people's comments can be extremely time consuming - plan to get it right first time.**

#### **Consider:**

- Who will comments and/or the analysis be reported to?
- What is the purpose of the analysis? To improve; to share good stories; to gain a clearer picture of trust performance overall; safeguarding; other?
- Who is responsible for using the FFT comments to develop priorities and deliver improvement initiatives?
- What implications do all the above have for the way you shape your data entry, coding and reporting systems?

### **Plan to communicate results effectively**

Think of the external and internal audiences who will want to know about your patients' FFT comments, including:

- Internal audiences
  - Board members
  - Governors for Foundation Trusts
  - Senior managers
  - Ward managers (and ward staff through them)
- External audiences
  - Patients and public

- Commissioners
- The media
- Local organisations

Board members and other executive-level audiences will find it most useful to receive an analysis of the overall themes across patient comments, punctuated (with appropriate permission) by one or two example comments for each theme.

Ward-level reports should be more detailed - all patient comments for that ward, with a summary of the themes and messages most relevant to improvement in that clinical area. In our experience, sharing patient experience data by email does not work for front line staff - use visual and face-to-face channels, like posters and ward / team meetings instead.

### **Keep the focus on patients' priorities**

Our evidence-based Picker Principles of Patient-Centred Care describe the aspects of experience that are most important to patients: fast access to reliable health advice; effective treatment delivered by trusted professionals; participation in decisions and respect for preferences; clear, comprehensible information and support for self-care; attention to physical and environmental needs; emotional support, empathy and respect; involvement of, and support for family and carers; continuity of care and smooth transitions.

When you are reviewing patients' FFT comments, keep these in mind to help focus your analysis and your key audiences on what matters most to patients.

### **'Theming' patient comments**

Consider grouping patient comments for analysis:

- by FFT response categories – especially messages from the 'extremely likely' and 'extremely unlikely' responses
- by themes - what are most comments about? Information, waiting times, staff, clinical care, communication; discharge, other?
- by ward – are any wards or departments consistently receiving good or critical comments?
- by stages in the patient journey - do the comments or the themes change?
- over time, as improvement initiatives are agreed and implemented

If you have e-versions of your patients' comments, you might want to develop your own key word searches to measure baseline and monitor progress.

## Looking at Friends and Family Test trends

NHS England publishes monthly Friends and Family Test (FFT) data, which includes acute trust inpatients, people who have attended Accident and Emergency Departments and women who have used Maternity Services.

From the 1<sup>st</sup> of January 2015 these services will be included within the FFT:

- Mental health services
- Community healthcare services

From the 1<sup>st</sup> of April 2015, these services will be included within the FFT:

- Acute trust daycase patients
- Outpatient services
- Dentistry services
- Ambulatory services

We have created an online calculator to show whether and how your FFT score has changed over a six month period, and to help you decide if this is likely to reflect a real upward or downward trend.

### Using the tool

Enter your FFT data for the last six months into the calculator on the website – the number (not percentage) for each of the responses across extremely likely to Don't know. Click anywhere on the chart to update it.

The chart will show your monthly FFT scores as green dots, an orange 'best fit' trend line, and a rectangular shaded area. The shaded area shows the upper and lower limits of your FFT score confidence interval, based on all the data you have entered in the table.

If your orange line lies entirely within the shaded area, your FFT scores do not (yet) show any real upward or downward trend.

If part of your orange line goes outside the shaded area, there may be a real upward or downward trend. The more your trend line extends beyond the shaded area, the more confident you can be that there is a real trend. There is no definitive 'real' or 'not real' test with trend data, it's a matter of judgement.

We have provided three worked examples showing no trend, a 'maybe' trend, and a 'definite' trend.

Don't forget our key assumptions and caveats regarding FFT scores and comparisons. If you have changed the way you collect data, or if responses are biased, even a very obvious upward or downward trend might not reflect a real change in performance.

## Friends and Family Test trend data – worked examples

The three worked examples below show how to interpret your FFT trend chart.

### Example 1: no real trend

The orange trend line is entirely within the shaded area. While it might look like FFT scores have fallen, this could just be the kind of variation that happens by chance - just like flipping a coin three times and getting tails each time wouldn't necessarily mean that the coin was biased.



## Example 2: maybe improving

The orange trend line extends just beyond the shaded area, so the change in FFT scores is probably not just chance variation.



### Example 3: definitely improving

Most of the orange trend line extends beyond the shaded area. The FFT scores are very similar to those in Example 2 above (maybe improving) but the confidence interval (shaded area) is much narrower because the number of responses is much bigger. We can be much more confident that there is a 'real' upward trend in FFT results.



## Friends and Family Test trend data: calculating the confidence interval

Our trend data tool plots FFT scores over time. It is designed to help people understand whether any changes in their score are likely to reflect a real underlying trend.

For looking at trend data, we have chosen not to construct confidence intervals around each individual FFT score. Instead, we have constructed a simple visualisation of the uncertainty around the scores by using all the data entered into the table to estimate score variability and taking the mean of all the sample sizes. This creates the rectangular shaded area in the chart, centred on the mean score and with boundaries 2 x above and below.

If the line of best fit for the FFT scores falls entirely within the shaded area, we advise that this does not (yet) reflect a meaningful underlying trend. If the line falls somewhat outside the shaded area, this *could* reflect an underlying trend; the “strength” of the trend depends on both the slope of the line and how much it extends beyond the shaded area.

Don't forget our key assumptions and caveats regarding FFT scores and comparisons. If you have changed the way you collect data, if your FFT respondents are not a fair reflection ('representative') of all the people who use your ward or department, or if responses are otherwise biased, even a very obvious upward or downward trend might not reflect a real change in performance.

For a more rigorous approach to the question of detecting changes in longitudinal data, please see for instance:

[Use and interpretation of statistical quality control charts by James C Benneyan](#) (click the link, then open or download with Adobe Acrobat).

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