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The effect of the age of patients on their response to the Friends and Family Test (FFT)

The investigation sought to determine whether The patients' perception of Health care as shown by the Friends and Family test could be used to provide an evidence base for monitoring equality delivery. The protected characteristics under the Equality Act 2010, initially Ethnicity, Sexual Orientation and age would be tested.

The The GP Patient Survey conducted by Ipsos Mori for NHS England receives annually 900,000 **postal** responses (37% return rate) from a randomised selection of GP patients. This amounted to 1.7% of the population.

The Questionnaire effectively asks a Friends & Family Test Question (see below for discussion and differences from real FFT question.

Sexual orientation and ethnicity did show some poor FFT scores but their was no logical explanation.

Age, however, showed (fig. 1) a dramatic rise of FFT score with increasing age. There is a slight fall for the 85 and over age group which may indicate an age where the patient feels medicine can no longer help.

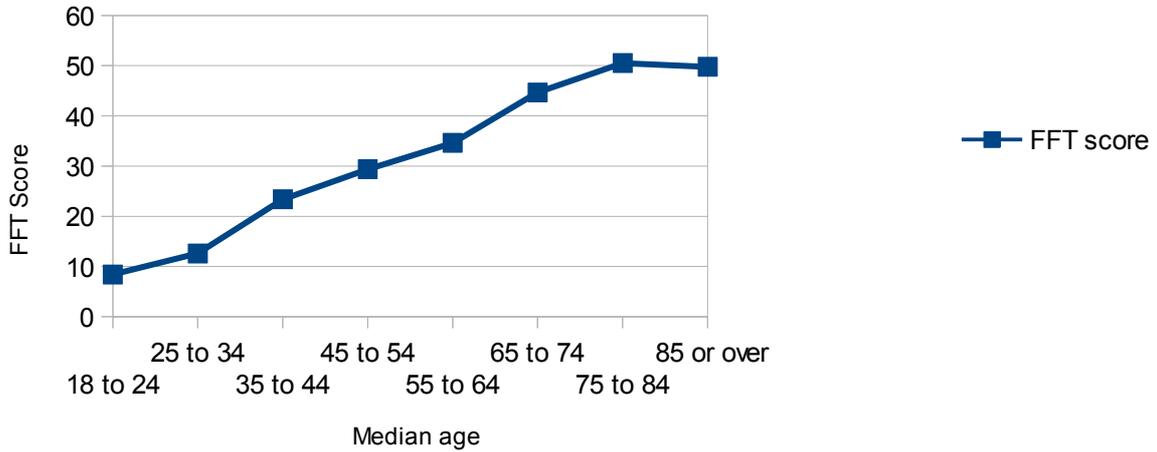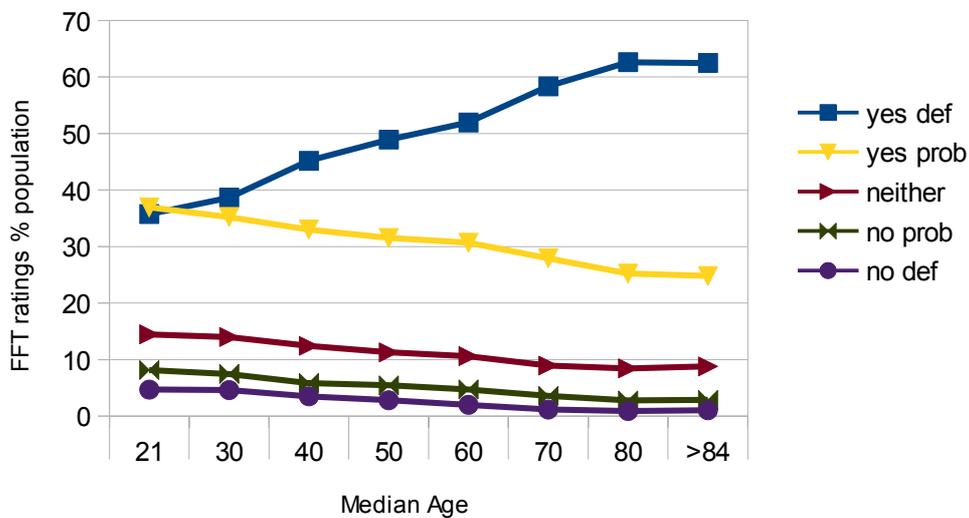## Male+Female: FFT score/median age

Fig. 1

Fig 2

Fig 2 shows the relative percentages of the 5 different answers to allow the readers to assess different metrics.

Age Distribution

Having established that FFT scores rise with increasing age in the GP Patient Survey, it well be seen that the age distribution of patients within a particular service will determine the overall FFT score for the service.
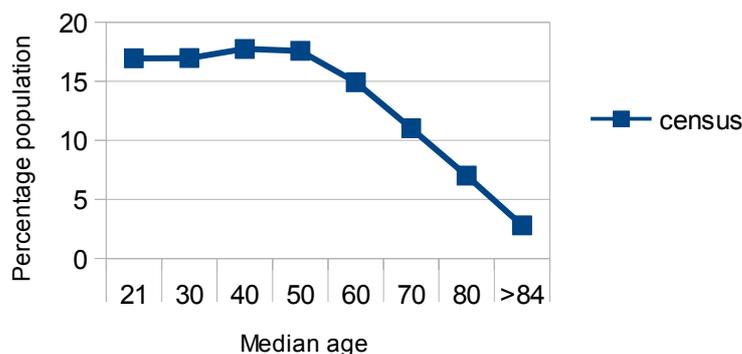
Census 2011: Age distribution

Fig 3

Fig. 3 shows the Age distribution of England from the 2011 census. Detailed data is available giving age Distribution at CCG and administrative Ward level .

When transferring from the concept of a population to service user populations There does not appear to be readily available data on Age distribution of the patients seen within GP practices.

A question **When did you last see or speak to your GP?** Gives a concept of a *frequent user.* For those patients who had made contact in the past three months male patients increase from 15% to 30% at median age 80 with curiously a drop to 25% for age 85 and over. Females have a more frequent attendance in the child bearing years with a minimum at median age 60 and thereafter increasing faster than males.

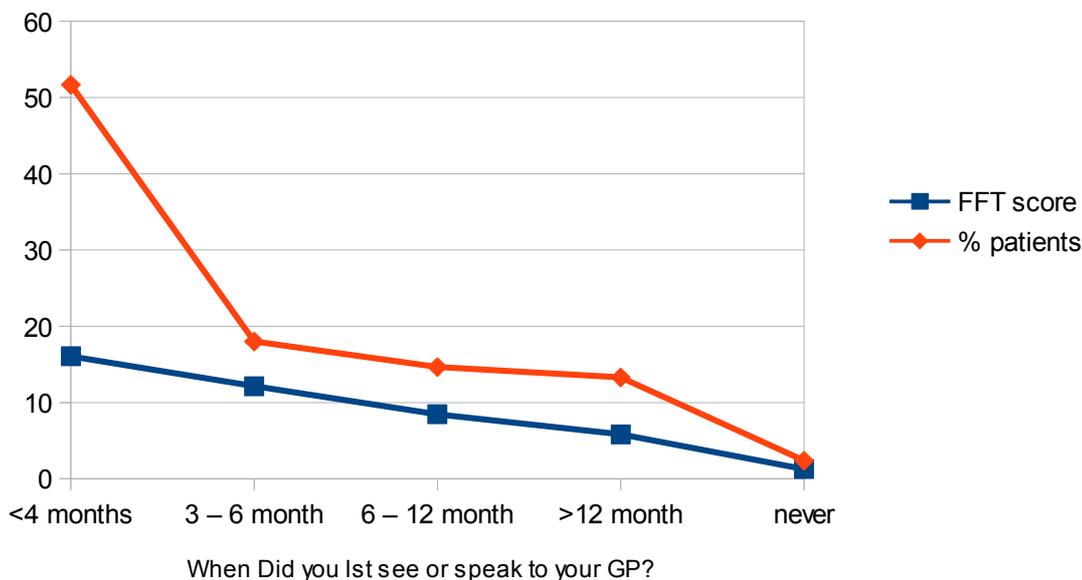### Age / Seeing GP in the last three months

Fig 4.
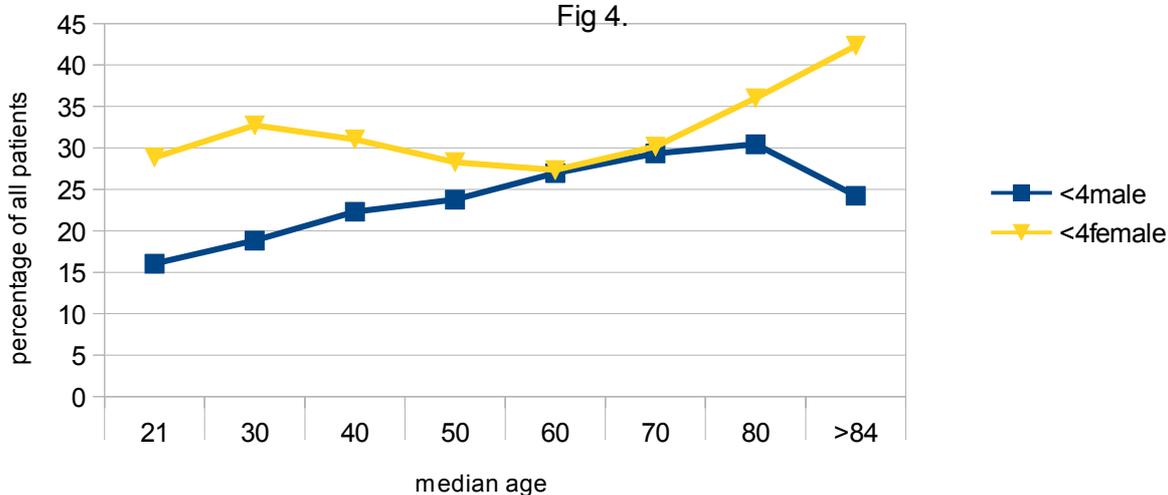
The FFT score declines as consultations get further apart in time as this becomes less significant with the decreasing number of patients in each category.

Age 25 to 34: FFT Scores & percentage patients

Fig. 5

Incomplete Surveys and weighting

Inevitably not everybody completes a Survey. 40% response rates are typical. It is essential that an attempt is made to understand the pattern of those who do not respond. Anecdotally those in education, child rearing or employment are less likely to complete.

With any FFT question nit is desirable to include additional questions e.g. age and gender to permit weighting to be carried out.

For those not versed in statistics the following links may be of use.

http://en.wikipedia.org/wiki/Sampling_%28statistics%29

http://www.ipsos-mori.com/DownloadPublication/1365_Ipsos%20MediaCT %20_Weighting%20Online%20Surveys_062010.pdf

http://ec.europa.eu/economy_finance/db_indicators/surveys/documents/workshops/ 2013/el-iobe_m._vassileiadis_-_thematic_group_on_weighting_approaches_%28cs %29_-_paper_%28iobe-el%29.pdf

http://www.aapor.org/Content/aapor/Resources/PollampSurveyFAQ1/WhatisaRand omSample/Weighting/default.htm#.U_NsJWNLbaM

http://www.quantitativeskills.com/sisa/papers/paper7.htm

http://www.europeansocialsurvey.org/docs/methodology/ESS_weighting_data_1.pdf

http://eprints.ncrm.ac.uk/1358/1/Weighting%20Festival%202010.pdf

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/211306/Sampling_and_Weighting.pdf

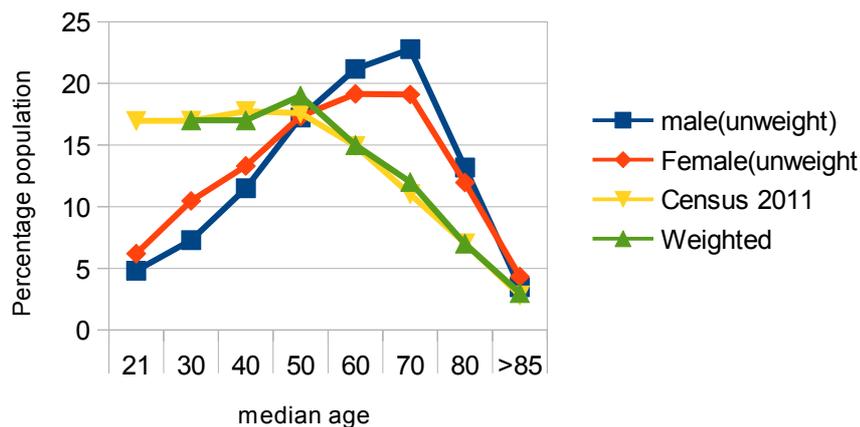https://www.caa.co.uk/default.aspx?catid=1279&pagetype=90&pageid=7634

http://www.ssb.no/a/histstat/aap/aap_metode_199203.pdf
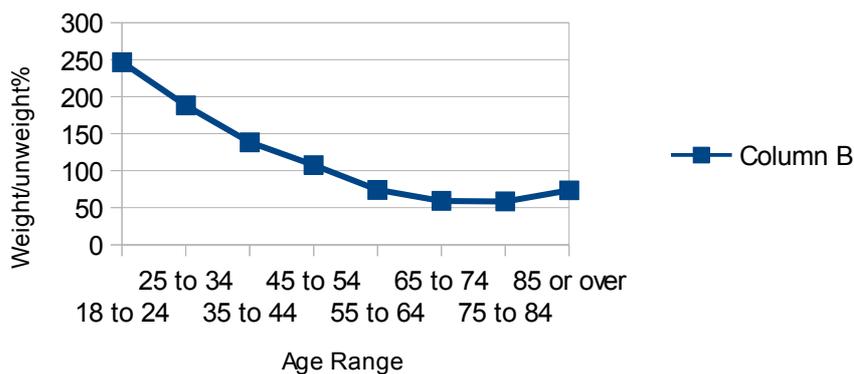
https://gp-patient.co.uk/faq/weighted-data

Descriptions of these two gr4aphs to follow

Percentage population perdecade

Weighting Factors

The Friends and Family Test (FFT) Question

The GP Patient Survey is a postal Survey of all patients and not an exit survey like the NHS FFT survey. It is buried in the middle of the Survey, question 29 (of 62).

That said it is sufficiently close to the FFT question to be worth using.
It asks:
Would you recommend your GP surgery to someone who has just moved to your local area?
Permitted answers are
> *Yes, would definitely recommend*
> *Yes, would probably recommend*
> *Not sure*
> *No, would probably not recommend*
> *No, would definitely not recommend*
> *Don't know*

This should be compared with the new Friends and Family Test (Question)
http://www.england.nhs.uk/wp-content/uploads/2014/07/fft-imp-guid-14.pdf
We would like you to think about your recent experience of our Service.

How likely are you to recommend our GP Service to friends and family if they needed similar care or treatment?
Permitted answers are
1.   *Extremely Likely*
2.   *Likely*
3.   *Neither likely or unlikely*
4.   *Unlikely*
5.   *Extremely unlikely*
6.   *Don't know*
The guidance states:
The FFT question can be used as part of a larger Survey, but it must be asked first, before other questions. This is to avoid responses being unduly affected by the preceding questions and to meet the fundamental principles and requirements set out above, so that all people using the service have the opportunity to use the service have the opportunity to provide feedback as soon as possible after their care experience.

Calculation of the Score
 The don't know answers (6) are discarded and the percentage response of each answer calculated from a total of responses from questions 1 – 5.

The 5 answers are categorised into **Promoters, Passives** and **Detractors.**
The **Net promoter Score = Promoters – Passives**
This is described in *The Ultimate Question 2.0* by Fred Reichheld

Basic Formula: NPS = Promoter% - Detractor%   [1]

by definition:-
Promoter% + Passive% + Detractor % = 100   [2]

therefore:-
Promoter% = (100 – Passive% - Detractor%)   [3]

Substituting promoter% ifrom [3] in [1]:-
NPS = (100 – Passive% - Detractor%) - Detractor%   [4]

NPS = 100 – Passive% - 2 * Detractor%   [5]

Detractors are given twice the weight of Detractors.

The Reichheld description together with common sense would classify:
Promoters   = Extremely Likely, Likely
Passive   = Neither Likely or Unlikely
Detractors   = Unlikely, Extremely Unlikely

The NHS FFT score classifies:

Promoters   = Extremely Likely
Passive   = Likely
Detractors   = Neither Likely or Unlikely, Unlikely, Extremely Unlikely.

I believe that this categorisation was used because of the small number of unlikely & extremely unlikely responses.

The Initial results of the FFT were analysed and suggest that the present metric is not fit for purpose.

Review of the FFT:
http://www.england.nhs.uk/wp-content/uploads/2014/07/fft-rev1.pdf
Qualitative Research (Appendix 1)
http://www.england.nhs.uk/wp-content/uploads/2014/07/fft-rev-appx-1.pdf

Quantitative strand (Appendix 2)
http://www.england.nhs.uk/wp-content/uploads/2014/07/fft-rev-appx-2.pdf
Suppressions: A review
http://www.england.nhs.uk/wp-content/uploads/2014/07/fft-rev-appx-3.pdf

Miscellaneous references on the FFT

Reichheld F., & Markey B, The Ultimate Question 2.0, Harvard Business Review Press (2011) ISBN 978-1-4221-7335-0

The Pros and Cons of the Net Promoter Score from www.interactionmetrics.com report at http://customersatisfactionstrategy.com/netpromoterscore.html

Ploman H., Net Promoter Score - The Search for the Magic Pill,
www.infoquestcrm.co.uk/downloads
File attached: net-promoter-score.pdf

Wikipedia article http://en.wikipedia.org/wiki/net_promoter

Minorities
In most cases the Ethnic minorities provided a significantly lower FFT score than White British.

Because of their small representation in the population It is unlikely to be possible to extract meaningful information at Clinical Commissioning Group (CCG) or practice level from a *top down* Survey.

Summary Recommendations
The GP Survey planning team be asked to modify the questionnaire to properly word and place an FFT question.

Consideration be given to inviting Protected Groups to conduct their own Surveys to obtain in depth of knowledge of the needs of those groups. Considerable guidance will be needed to provide help with design, delivery and analysis to ensure the results extend and complement existing national surveys.

The prevalence of Ethnic Minorities
The basic reference is the decennial census last completed in 2011. The data may be downloaded http://www.nomisweb.co.uk/census/2011
http://www.ons.gov.uk/ons/guide-method/census/2011/index.html
The Centre On Dynamics of Ethnicity (CODE) http://www.ethnicity.ac.uk
has much useful material including in varying self declaration of Ethnicity e.g.
http://www.ethnicity.ac.uk/medialibrary/working-papers/

code_WP1_Simpson_Jivraj_Warren.pdf
Simpson, Jivraj and Warren: The stability of ethnic group and religion in the census of England and Wales 2001-2011 (2014)

The Census is divisible into precise PCT (2011) boundaries which corresponds to the present CCG boundary.
There is some overlap of practice boundaries around the edge of the CCG boundary but the National GP Patient Survey is only concerned with practice which form part of the CCG.

England and Wales	North Somerset	
79.69%	94.06%	English/Welsh/Scottish/Northern Irish
6.68%	3.22%	White minority Ethnic
14.63%	2.72%	Black and Minority Ethnic

North Somerset has a very low BME population 5510 – less than one fifth of the National average. Of these only 93 were sampled in the GP patient Survey.

http://www.england.nhs.uk/wp-content/uploads/2014/07/fft-gp-imp-guid-14.pdf

http://www.england.nhs.uk/wp-content/uploads/2013/07/fft-imp-guid.pdf

http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/07/Publication-Guidance.pdf

http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/07/FFT_commentary-AE-and-IP-June-2014.pdf

http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/07/May-FFT-PRA.pdf

http://www.cqc.org.uk/sites/default/files/inpatient_survey_national_summary.pdf

http://www.cqc.org.uk/sites/default/files/inpatient_survey_national_tables.pdf

http://www.cqc.org.uk/sites/default/files/inpatient_survey_technical_document.pdf