

Contents

Your patient feedback

| | |
|---|---|
| Frequency and distribution of ratings for the Friends and Family Test question (table 1, graph 1) | 1 |
| Cumulative and previous survey information (table 2) | 2 |

Patient comments

| | |
|--|---|
| From the free text component of the Friends and Family Test question | 3 |
|--|---|

Patient demographics

| | |
|--|---|
| Frequency and percentage distribution of responses by demographic category (table 3) | 4 |
|--|---|

Supporting documents

Sample questionnaire

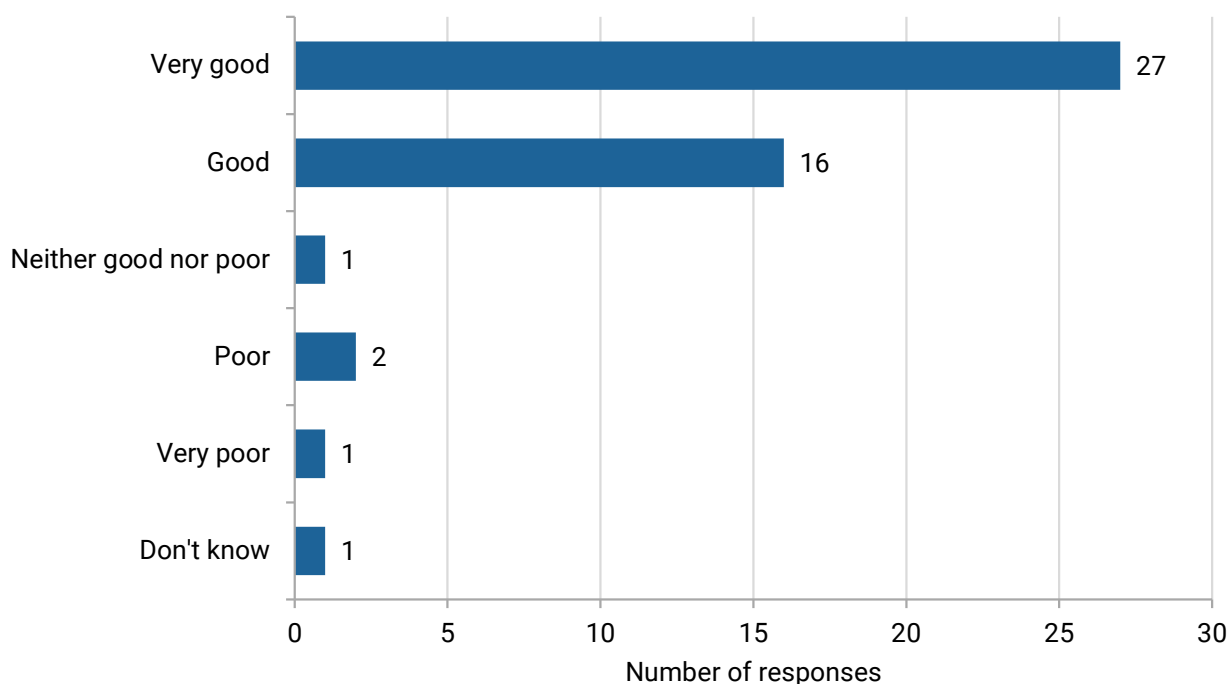
Frequency and distribution of ratings for the Friends and Family Test question

Thinking about this GP practice – Overall, how was your experience of our service?

Table 1

| Response scale | Number of responses | Percentage of responses* |
|---|---------------------|--------------------------|
| Very good | 27 | 56% |
| Good | 16 | 33% |
| Neither good nor poor | 1 | 2% |
| Poor | 2 | 4% |
| Very poor | 1 | 2% |
| Don't know | 1 | 2% |
| Total responses to this question | 48 | 100% |

* May not add up to 100% due to rounding



90% of patients who responded to this question rated their overall experience of your service as 'Very good' or 'Good'

The sum of the 'Very good' and 'Good' percentage of responses in Table 1 may not equal the percentage in the grey box above due to rounding.

Of those 48 patients who answered the Friends and Family Test question, 48 (100%), filled out a paper questionnaire and 0 (0%), completed a questionnaire online.

Frequency and distribution of ratings for the Friends and Family Test question

Table 2

| | Frequency and distribution of ratings | | | | | | | |
|----------------------|---------------------------------------|---|-----------|------|-----------------------|------|-----------|------------|
| | Total responses to Q1 | Percentage of patients responding 'Very good' or 'Good' | Very good | Good | Neither good nor poor | Poor | Very poor | Don't know |
| Cumulative feedback* | 90 | 91% | 54 | 28 | 3 | 2 | 2 | 1 |
| May 2022 | 48 | 90% | 27 | 16 | 1 | 2 | 1 | 1 |
| April 2022 | 42 | 93% | 27 | 12 | 2 | 0 | 1 | 0 |

*This cumulative feedback is based on the sum of the previous month's survey data, as below (up to a maximum of 12 months).

Patient comments

The following comments are from patients who indicated that they are happy for these to be made public. All comments are included in their entirety but all attempts have been made to remove details which could identify specific patients or practitioners.

Please tell us about anything that we could have done better:

- Allow patients to see their requested doctor to stop them from repeating over and over again.
- Better system management - have been recalled for tests when not required or when unable to have test as the date was wrong.
- Came for blood test 8:00am. Person who took blood tests walked in 8:01am. Moved from room to room, then logged on PC for form. Not done test till 8:15am, running late. Why give appointment for 8:00am if only walks in 8:00am? Otherwise, good. Ceiling light in the room flashing and one not working.
- Communication to get appointments.
- Good service.
- Good.
- Keep up with the good work.
- Long wait.
- Nice doctors.
- Nice people.
- No appointments.
- Receptionist was excellent in service towards patients coming into the surgery.
- Sanitise.
- Service is very good.
- Staff is very helpful what else do we need.
- The doctors are very patient and very attentive. I feel that whenever I come to the practice, my concerns are well investigated and thorough check up is carried out.
- They care and look after us.
- Two hour wait, is the doctor sleeping? I have a sick two year old and everyone has left who came before me. I am next, they have no one in their room and I am still waiting.
- Very lovely.
- Would not change them.
- You can tailor for patients to see their expected/preferred doctor.

Patient Demographics

Frequency and percentage distribution of responses by demographic category

Table 3: Gender

| | Number of responses | Percentage of responses* |
|-------------------------|---------------------|--------------------------|
| Female | 22 | 46% |
| Male | 24 | 50% |
| Prefer to self-describe | 1 | 2% |
| Blank | 1 | 2% |

Table 4: Age

| | Number of responses | Percentage of responses* |
|---------|---------------------|--------------------------|
| 0 - 15 | 2 | 4% |
| 16 - 24 | 4 | 8% |
| 25 - 34 | 10 | 21% |
| 35 - 44 | 10 | 21% |
| 45 - 54 | 7 | 15% |
| 55 - 64 | 5 | 10% |
| 65 - 74 | 5 | 10% |
| 75 - 84 | 5 | 10% |
| 85+ | 0 | 0% |
| Blank | 0 | 0% |

Table 5: Ethnic group

| | Number of responses | Percentage of responses* |
|--|---------------------|--------------------------|
| White | 7 | 15% |
| Mixed/Multiple ethnic groups | 2 | 4% |
| Asian/Asian British | 20 | 42% |
| Black/African/Caribbean/ Black British | 14 | 29% |
| Other ethnic group | 3 | 6% |
| Blank | 2 | 4% |

Table 6: Day-to-day activities limited because of health?

| | Number of responses | Percentage of responses* |
|-----------------------|---------------------|--------------------------|
| Yes, limited a lot | 3 | 6% |
| Yes, limited a little | 6 | 13% |
| No | 36 | 75% |
| Blank | 3 | 6% |

* May not add up to 100% due to rounding

Supporting documents

Friends and Family Test



Example

You can help this general practice improve its service

- This practice would welcome your honest feedback
- All the information provided by patients is put together in a report for the practice. Your answers will not be identifiable. Any comments you make will be included in their entirety but all attempts will be made to remove information that could identify you.
- Once completed, please return this survey to reception in the envelope provided

Please mark the box like this with a blue or black ball-point pen. If you change your mind just cross out your old response and make your new choice. If you are unable to answer a question please leave it blank.

Thinking about this GP practice:

1 Overall, how was your experience of our service?

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Very good | Good | Neither good nor poor | Poor | Very poor | Don't know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2 Please tell us about anything that we could have done better:

Please select this box if you DO NOT wish your comments to be made public

The following questions provide us only with general information about the range of people who have responded to this survey. If you would prefer not to answer any of these questions please just leave them blank:

3 Are you:

Female Male Prefer to self-describe: _____

4 What age are you?

| | | | | |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> 0 – 15 | <input type="checkbox"/> 16 – 24 | <input type="checkbox"/> 25 – 34 | <input type="checkbox"/> 35 – 44 | <input type="checkbox"/> 45 – 54 |
| <input type="checkbox"/> 55 – 64 | <input type="checkbox"/> 65 – 74 | <input type="checkbox"/> 75 – 84 | <input type="checkbox"/> 85+ | |

5 What is your ethnic group?

| | | |
|--|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Mixed/Multiple ethnic groups | <input type="checkbox"/> Asian/Asian British |
| <input type="checkbox"/> Black/African/Caribbean/Black British | <input type="checkbox"/> Other ethnic group | |

6 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (include any issues/problems related to old age)

Yes, limited a lot Yes, limited a little No

Thank you for your time and assistance

