

**Private and Confidential**

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**Friends and Family Test  
Report**

Petroc Group Practice - Trekenning Road

March 2016





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13 April 2016

Dear Mr Gibson

The report to follow outlines your results from the Friends and Family Test. This report is based on the feedback from 6 patient questionnaires in March 2016.

In order to enable us to improve our services we would be grateful if you could complete a feedback form using the following link: <http://www.cfepsurveys.co.uk/questionnaires/feedback/default.aspx?psid=188297>

Please contact the office on 01392 823766 or [reports@cfepsurveys.co.uk](mailto:reports@cfepsurveys.co.uk) if you require further information about your results.

I hope the report forms a useful basis for reflection on the service provided to patients.

Yours sincerely

CFEP UK Reports Team

### Your patient feedback

Frequency and distribution of ratings for the Friends and Family Test question (table 1, graph 1)	P1
Cumulative and previous survey information (table 2)	P2
Patient comments	P2
Patient demographics	D1

### Supporting documents

Additional information on the Friends and Family Test
Sample patient questionnaire

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

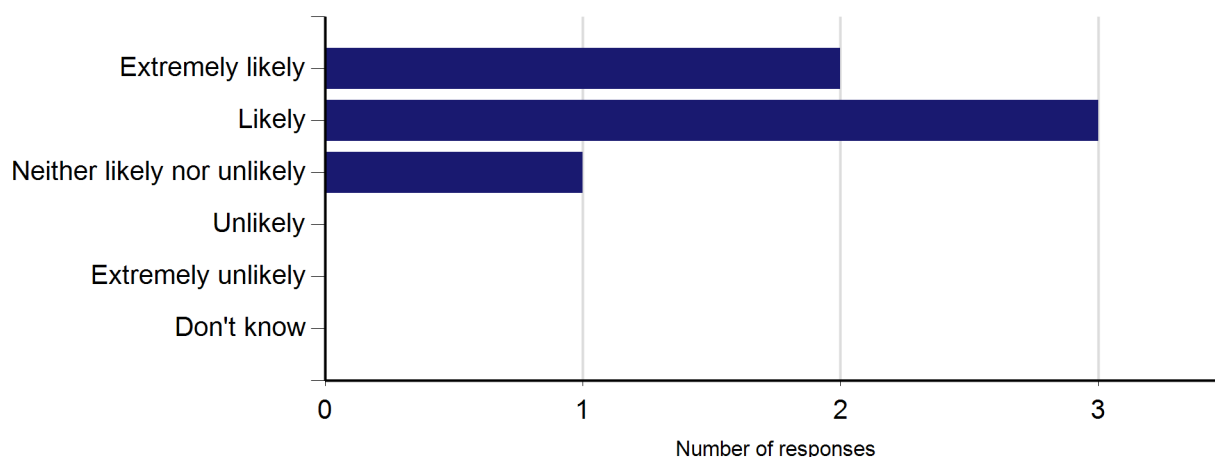
**How likely are you to recommend our GP practice to friends and family if they needed similar care or treatment?**

Table 1

Criteria category for scoring	Response scale	Number of responses	Percentage of responses*
Promoters	Extremely likely	2	33%
Passive	Likely	3	50%
Detractors	Neither likely nor unlikely	1	17%
	Unlikely	0	0%
	Extremely unlikely	0	0%
	Don't know	0	0%
Total responses to this question		6	100%

\* May not add up to 100% due to rounding

Graph 1



**83% of patients who responded to the survey would be either extremely likely or likely to recommend your practice to friends and family if they needed similar care or treatment.**

The sum of the 'Extremely likely' and 'Likely' percentage of responses in Table 1 may not equal the percentage in the grey box above due to rounding.

**Of those 6 patients who answered the Friends and Family Test question, 6 (100%), filled out a paper questionnaire and 0 (0%), completed a questionnaire online.**

## Cumulative and previous survey information

Table 2

	Total responses to Q1	Percentage of patients extremely likely or likely to recommend	Frequency and distribution of ratings					
			Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't know
Cumulative feedback*	215	87%	106	82	17	6	2	2

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

Mar-16	6	83%	2	3	1	0	0	0
Feb-16	31	81%	13	12	3	2	0	1
Jan-16	40	90%	20	16	1	2	1	0
Jul-15	13	77%	6	4	2	1	0	0
Jun-15	41	85%	20	15	4	1	0	1
May-15	40	90%	19	17	3	0	1	0
Apr-15	44	93%	26	15	3	0	0	0

## Patient comments

The following comments are from patients who indicated that they were 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 why you answered as you did in question 1:

- The practice system runs effectively.
- Not always possible for appointment when needed.
- My dad was dealt with very efficiently and thoroughly when he had a heart attack.

## Demographics

### Q3: Gender

	Number of responses	Percentage of responses*
Male	3	50%
Female	3	50%
Blank	0	0%

\* May not add up to 100% due to rounding

### Q4: Age

	Number of responses	Percentage of responses*
0 - 15	0	0%
16 - 24	0	0%
25 - 34	1	17%
35 - 44	2	33%
45 - 54	1	17%
55 - 64	1	17%
65 - 74	0	0%
75 - 84	1	17%
85+	0	0%
Blank	0	0%

\* May not add up to 100% due to rounding

### Q5: Ethnic group

	Number of responses	Percentage of responses*
White	6	100%
Mixed/Multiple ethnic groups	0	0%
Asian/Asian British	0	0%
Black/African/Caribbean/Black British	0	0%
Other ethnic group	0	0%
Blank	0	0%

\* May not add up to 100% due to rounding

**Q6: Day-to-day activities limited because of health?**

	Number of responses	Percentage of responses*
Yes, limited a lot	0	0%
Yes, limited a little	1	17%
No	4	67%
Prefer not say	1	17%
Blank	0	0%

\* May not add up to 100% due to rounding

## Supporting documents



### Additional information on the Friends and Family Test

The Friends and Family Test (FFT) is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is not a traditional survey. It is a continuous feedback loop between patients and practices.

Practices can use the feedback gathered through the FFT to celebrate successes and to support staff to make improvements where the experience of service does not live up to expectations. FFT results are also one useful source of information which can help to inform choice for patients and the public.

More information and guidance about the use of the FFT in the NHS can be found at <http://offlinehbpl.hbpl.co.uk/NewsAttachments/PGH/FFT.pdf> and <http://www.england.nhs.uk/wp-content/uploads/2014/07/fft-imp-guid-14.pdf>.

## 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.

#### We would like you to think about your recent experience of our service

**1** How likely are you to recommend our GP practice to friends and family if they needed similar care or treatment?

Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	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 why you answered as you did in question 1

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

**3** Are you:

☐ Male ☐ Female

**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 ☐ Prefer not to say

Thank you for your time and assistance



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