

**Private and Confidential**

Miss Leesa Rogers  
John Ryle Medical Practice  
Clifton Cornerstone  
Southchurch Drive  
Clifton  
Nottingham  
Nottinghamshire  
NG11 8EW

**Friends and Family Test  
Report**

John Ryle Medical Practice

November 2019





Miss Leesa Rogers  
John Ryle Medical Practice  
Clifton Cornerstone  
Southchurch Drive  
Clifton  
Nottingham  
Nottinghamshire  
NG11 8EW

1 Northleigh House  
Thorverton Road  
Matford Business Park  
Exeter  
EX2 8HF

t: 01392 927005  
f: 01392 927230

e: [enquiries@cfepsurveys.co.uk](mailto:enquiries@cfepsurveys.co.uk)  
w: [www.cfepsurveys.co.uk](http://www.cfepsurveys.co.uk)

9 December 2019

Dear Miss Rogers

The report to follow outlines your results from the Friends and Family Test. This report is based on the feedback from 30 patient questionnaires in November 2019.

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=235952>

Please contact the office on 01392 927005 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 Surveys 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

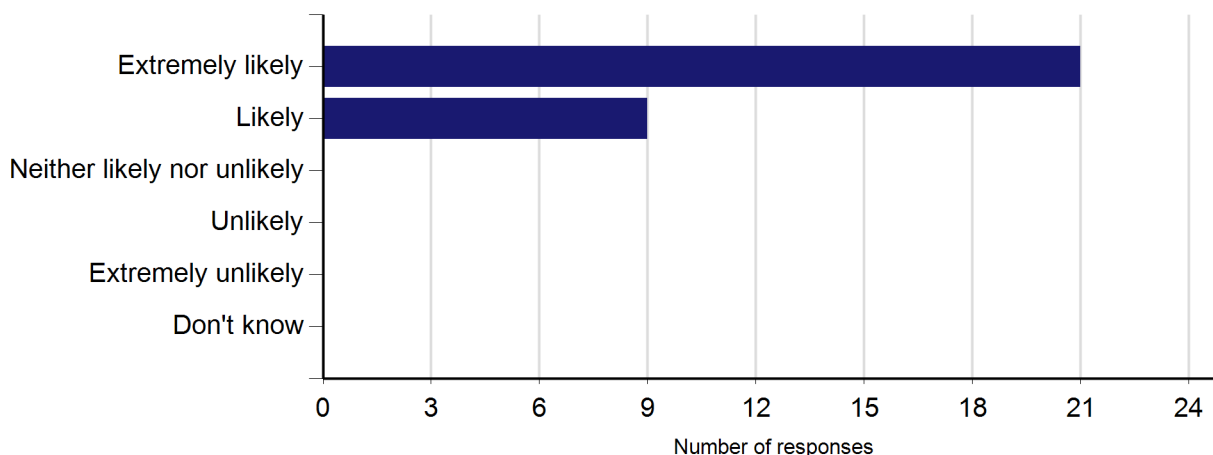
**How likely are you to recommend our GP practice to friends and family if they needed similar care or treatment?**

Table 1

Criteria category for scoring	Response scale	Number of responses	Percentage of responses*
Promoters	Extremely likely	21	70%
Passive	Likely	9	30%
Detractors	Neither likely nor unlikely	0	0%
	Unlikely	0	0%
	Extremely unlikely	0	0%
	Don't know	0	0%
Total responses to this question		30	100%

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

Graph 1



**100% 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 30 patients who answered the Friends and Family Test question, 30 (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*	562	93%	294	227	31	3	3	4

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

	Total responses to Q1	Percentage of patients extremely likely or likely to recommend	Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't know
Nov-19	30	100%	21	9	0	0	0	0
Oct-19	50	92%	19	27	3	1	0	0
Sep-19	49	100%	27	22	0	0	0	0
Aug-19	48	98%	30	17	1	0	0	0
Jul-19	68	87%	26	33	7	0	1	1
Jun-19	46	87%	18	22	5	0	0	1
May-19	42	90%	32	6	3	0	1	0
Apr-19	41	88%	22	14	3	0	1	1
Mar-19	47	89%	18	24	4	0	0	1
Feb-19	48	100%	28	20	0	0	0	0
Jan-19	45	93%	28	14	2	1	0	0
Dec-18	48	92%	25	19	3	1	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.

No comments received

## Demographics

**Q3: Gender**

	Number of responses	Percentage of responses*
Male	12	40%
Female	14	47%
Blank	4	13%

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

**Q4: Age**

	Number of responses	Percentage of responses*
0 - 15	0	0%
16 - 24	7	23%
25 - 34	4	13%
35 - 44	4	13%
45 - 54	6	20%
55 - 64	3	10%
65 - 74	3	10%
75 - 84	1	3%
85+	0	0%
Blank	2	7%

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

**Q5: Ethnic group**

	Number of responses	Percentage of responses*
White	13	43%
Mixed/Multiple ethnic groups	5	17%
Asian/Asian British	5	17%
Black/African/Caribbean/Black British	1	3%
Other ethnic group	2	7%
Blank	4	13%

\* 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	1	3%
Yes, limited a little	6	20%
No	16	53%
Prefer not say	3	10%
Blank	4	13%

\* 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

