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**FRIENDS AND FAMILY TEST**

**From 1st December 2014 it is a contractual requirement that all GP practices implement the NHS Friends and Family test (FFT). In Somerset some practices have taken the decision to implement this earlier. The precise wording of the question has been set by the Government and is intended to give patients the opportunity to provide feedback on their experience at the practice. Practices must submit data on the results to NHS England.**

We would like you to think about your recent experiences of our service.

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

**Please tick one response only**

Extremely likely □

Likely □

Neither likely nor unlikely □

Unlikely □

Extremely unlikely □

Don’t know □

**What are your main reasons for choosing that response? Please tick as many responses as you feel appropriate**

Level of confidence in the clinician □ Support given by surgery staff □

Quality of information available □ Ease of accessing the service □

Surgery facilities and premises □ Other □

Please feel free to add any additional comments below

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**PLEASE TURN OVER**

These questions will help us to make sure we are getting responses from a reasonable spread of our population.

Please identify your gender

Male □ Female □

**Please identify your age group:**

Under 16 □ 65 to 74 □

16 to 44 □ 75 or over □

45 to 64 □

**Circumstances:** Please tick the most appropriate of these 5 options.

In full Time Employment □ In Part Time Employment □

Not Employed □ Retired □

Self Employed □