



GP Practice Patient Experience Survey

March 2026

Introduction

Thank you for taking time to complete our patient experience survey. Your feedback helps us improve care, access, communication and overall patient experience at this practice. All responses are anonymous and will be summarised to inform changes and improvements in service delivery.

Section A — Access and Appointments

- 1. When was your most recent contact with the practice?**
 In the last month 1–3 months ago 3–6 months ago More than 6 months ago
 - 2. How easy was it to contact the practice when you needed to?**
 Very easy Fairly easy Neither easy nor difficult Fairly difficult Very difficult
 - 3. How satisfied are you with the appointment options available (e.g., phone, face-to-face)?**
 Very satisfied Satisfied Neutral Dissatisfied Very dissatisfied
 - 4. Were you offered a convenient time for your last appointment?**
 Yes No
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Section B — Communication and Information

- 5. How well did the practice staff listen to you and treat you with respect?**
 Very well Well Neither well nor poorly Poorly Very poorly

6. **Did you understand the information given to you about your care or treatment?**

- Always Usually Sometimes Rarely Never

7. **If you had test results or follow-up information to receive, how clearly were you informed?**

- Very clearly Clearly Somewhat clearly Not clearly Not applicable
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Section C — Continuity of Care

8. **Do you usually see or speak to the healthcare professional you prefer?**

- Always Most of the time Some of the time Rarely Never
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Section D — Overall Experience

9. **Overall, how would you rate your experience of the practice?**

- Excellent Good Fair Poor Very poor

10. **Would you recommend this practice to family or friends?**

- Definitely yes Probably yes Not sure Probably no Definitely no
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Section E — Additional Comments

11. **What do you think this practice does well?**

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12. **What could we improve?**

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Many thanks for your time, this is much appreciated.

