

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

1 How likely are you to recommend this GP Practice to friends and family if they needed similar care or treatment?

Please circle the appropriate statement below.

Extremely
likely

Likely

Neither likely
or unlikely

Unlikely

Extremely
unlikely

Don't know

Please tell us the main reason for selecting your statement:

2

How can we improve the service we provide to you?

Name (optional):

Contact Details (optional):

- Please tick if you are a carer completing this on behalf of a patient.
 Please tick this box if you DO NOT wish your comments to be made public.

For further information on
The NHS Friends and Family Test, please visit
www.england.nhs.uk

Produced by The Strategic Projects Team
www.thestrategicprojectsteam.co.uk
@MidsandEastFFT

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