**FRIENDS AND FAMILY TEST RESULTS**

**TOTAL NUMBER OF RESPONSES RECEIVED FOR THE MONTH: June 2020**

|  |  |  |  |
| --- | --- | --- | --- |
| **Q1** | **We would like you to think about your recent experience of our service.**  **How likely are you to recommend our GP practice to friends and family if they needed similar care of treatment?** | Extremely Likely | **64** |
| Likely | **11** |
| Neither Likely nor Unlikely | **0** |
| Unlikely | **0** |
| Extremely Unlikely | **2** |
| Don’t Know | **0** |
| **Q2** | **What was good about your visit?** | | |