**FRIENDS AND FAMILY TEST RESULTS**

**TOTAL NUMBER OF RESPONSES RECEIVED FOR THE MONTH: November 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?** | Very Good | **240** |
| Good | **76** |
| Poor | **4** |
| Very Poor | **9** |
| Neither | **10** |
| Don’t Know | **0** |

|  |  |
| --- | --- |
| **Q2** | **What was good about your visit?** |