**FRIENDS AND FAMILY TEST RESULTS**

**TOTAL NUMBER OF RESPONSES RECEIVED FOR THE MONTH: February 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 | **134** |
| Likely | **75** |
| Neither Likely nor Unlikely | **8** |
| Unlikely | **7** |
| Extremely Unlikely | **2** |
| Don’t Know | **2** |

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