

GP PATIENT SURVEY AT 20

Understanding patient
experience, shaping the
future of primary care

1 October 2026

Agenda

01 Welcome and introduction

Anna Quigley, Ipsos

02 Keynote: **Patient experience and how it's used**

Dr Neil Churchill OBE, Director for Patients, People and Communities, NHS England

03 Why patient experience matters

Jacob Lant, Chief Executive, National Voices

04 How patient experience came to be regarded as important: **Academic perspectives on GPPS**

Professor Martin Roland CBE, Emeritus Professor of Health Services Research, University of Cambridge

05 GPPS at 20: Evolution, innovation and insights

Rachel Williams, Ipsos
Eileen Irvin, Ipsos

REFRESHMENT BREAK

06 GPPS in national policy and improvement

Alex Morton, Group Director, Primary Care and Community Services, NHS England

07 Using GPPS within Integrated Care Systems

Dr Becky Parish, Deputy Director of Strategy, Insights and Engagement

08 Using GPPS within general practice

Ceri Chaplin, Managing Partner, Hereford Medical Group

REFRESHMENT BREAK

09 Panel Discussion: **The future of patient experience in primary care**

Chair:
Anna Quigley

Panellists:
Dr Neil Churchill OBE
Jacob Lant
Alex Morton
Dr Becky Parish
Ceri Chaplin



WELCOME AND INTRODUCTION

Anna Quigley, Ipsos





England

KEYNOTE: PATIENT EXPERIENCE AND HOW IT'S USED

Dr Neil Churchill OBE, Director for Patients,
People and Communities, NHS England

Twenty years of the GP Patient Survey

**Launched in
2006 by DHSC**

**Transferred to
NHSE in 2013**

**Continues to
collect patient
feedback 20
years later**

Since launching in 2006, we have received **over 22 million survey responses**.

The survey has evolved over time, with changes to the content and methodology. In 2017, just 6% of responses were completed online, rising to 87% in 2026.

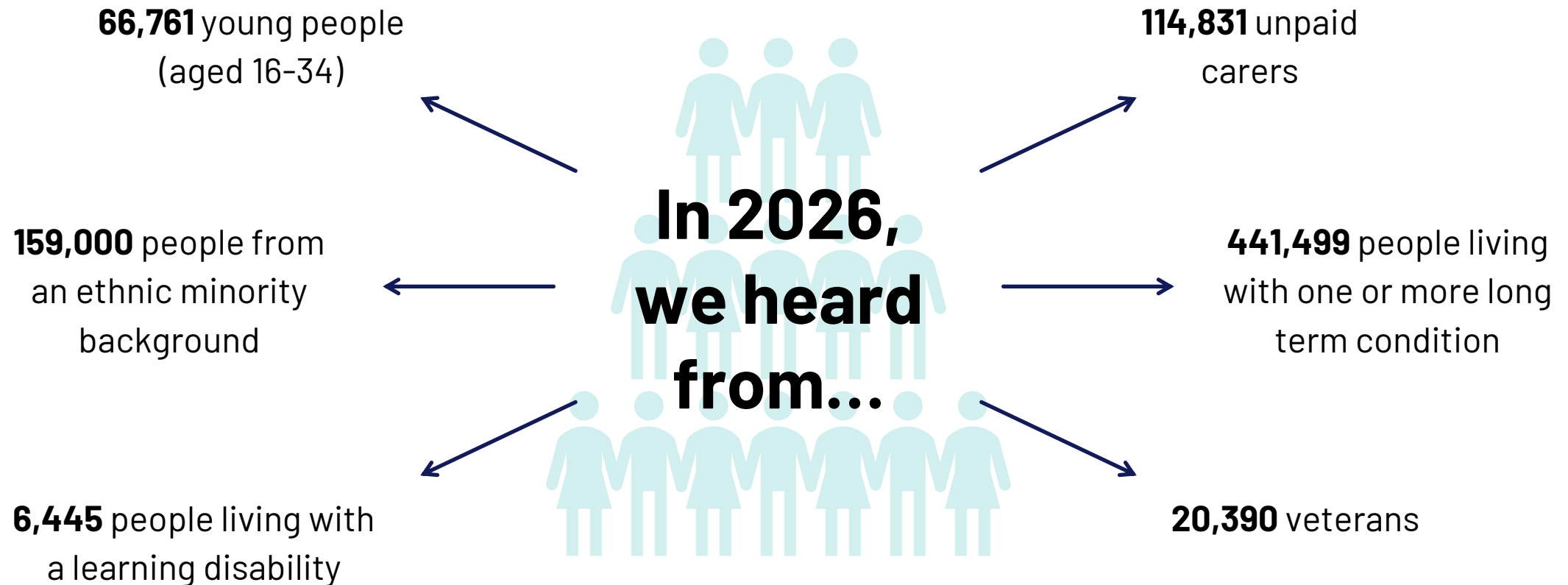
Inclusion at the heart of survey design

Our accessibility measures include:

- English + 14 other languages
- British sign language
- Large print
- Braille
- Telephone support
- Screen reader accessible (online)
- Adjustable font size and background colour (online)
- Paper and online formats



Hearing from a diverse population



Case study: Unpaid carers

- GPPS allows us to compare **a whole range of variables** against the non-carer population.
- It supports more tailored place-based and local characteristics for **planning and delivery of health services**.
- Helped provide evidence that led to caring identified as a **social determinant of health** by Public Health England.
- The only **place-based system related health data** source that can be mapped onto local geographical footprints.
- Carers UK and NHSE have used the data to:
 - Inform national policy;
 - Offer training for local systems;
 - Share good practice on health inequalities.



The GPPS is a rare and invaluable data set that provides us with a unique insight into unpaid carers' lives. **No other data set like this exists.** It includes a demographic question to see whether someone also has unpaid caring responsibilities and the number of hours they care. Since there are no routine or systematic ways of identifying unpaid carers in the NHS, there are no other ways that data can be used reliably on local footprints to look at health inequalities. There are no administrative data that would replace the GPPS from the NHS or any other source."

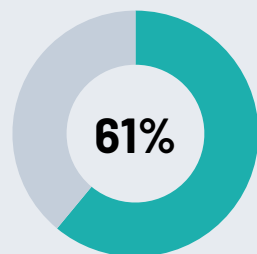
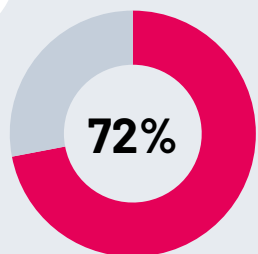
Emily Holzhausen, Carers UK

Carers' health

Carers Non-carers



Long-term health condition or illness

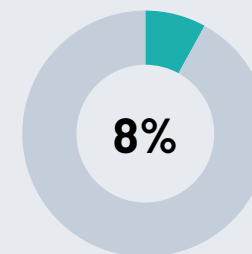
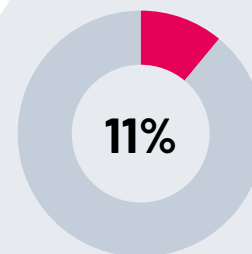


reported a long-term health condition or illness

Base: Asked of all patients. Patients who selected 'I don't know' have been excluded. Carers: 111,945, Non-carers: 517,348



Isolation

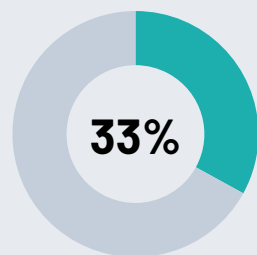
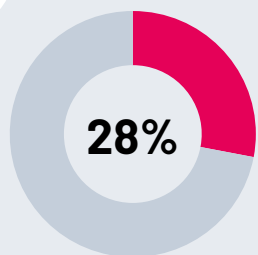


said they had felt isolated from others in last 12 months

Base: Asked of all patients. Carers: 114,257, Non-carers: 530,755



'Definitely' felt supported

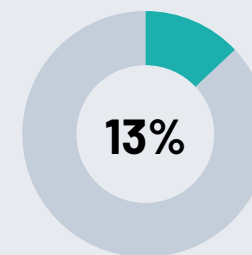
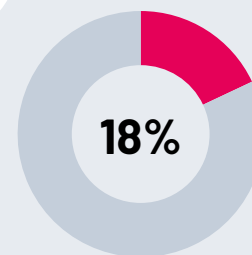


'definitely' felt supported to manage their condition

Base: Asked of all patients with a long-term condition or illness. Patients who selected 'I haven't needed support' or 'I don't know' have been excluded. Carers: 64,049, Non-carers: 258,561



Mental health condition



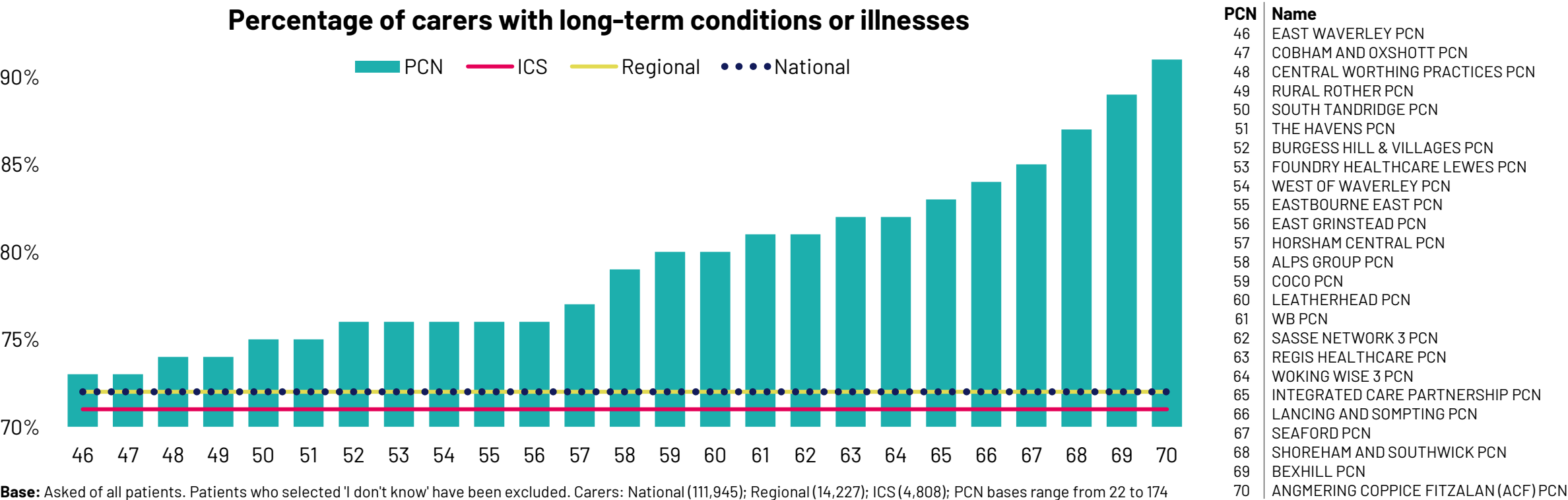
reported a long-term mental health condition

Base: Asked of patients who stated whether they had a long-term condition or illness (excluding 'I would prefer not to say'). Carers: 108,152, Non-carers: 501,188

Long-term conditions or illnesses

How the results for carers vary by PCN within the ICS

Q38. Do you have any physical or mental health conditions or illnesses lasting, or expected to last, 12 months or more?



i Comparisons are indicative only: differences may not be statistically significant

i PCNs are ordered from lowest to highest score, with PCN 1 being the lowest score.

Case study: LGBT health

- GPPS has collected data on **sexual orientation** for many years and was the first national survey to collect data on **gender identity**.
- It allows for **intersectional analysis** and a focus on **minority groups** that is frequently not possible in smaller datasets.
- It gives both an understanding of **experiences of primary care** but also the **prevalence of clinical conditions**, e.g. mental health, loneliness, frailty, which are often not available.
- Academics have used GPPS as source data for research, e.g.:
 - Long-term conditions among sexual minority adults in England;
 - Chronic Mental Health Problems: Variation;
 - Gender-related self-reported mental health inequalities.



“GPPS is a unique and essential dataset for policy makers, commissioners, providers, clinicians and academics. It not only informs us about experiences of primary care but also provides important population level data on general health, mental health, loneliness and frailty. Its size enables us to measure and understand the experiences of minority populations such as LGBT+ communities and allows us to track changes over time.”

Dr Michael Brady, National Adviser LGBT Health

LGBT Health evidence review

LGBT+ respondents to the GP Patient Survey are more likely to report long-term conditions compared to heterosexual or cisgender people.

Sexual minority adults, especially bisexual adults are at elevated risk for a number of long-term conditions, including:

- Mental health problems
- Neurological conditions
- Dementia
- Back problems
- Kidney and liver disease
- Asthma





**If it did not exist,
we would be
campaigning for it.”**

Emily Holzhausen



**If we didn't have it,
we'd want to
create it.”**

Dr Michael Brady



WHY PATIENT EXPERIENCE MATTERS

Jacob Lant, Chief Executive, National Voices



UNIVERSITY OF
CAMBRIDGE

ORIGINS OF THE GP PATIENT SURVEY: WHY WOULD YOU WANT TO MEASURE THAT SORT OF THING ANYWAY?

Professor Martin Roland CBE, Emeritus Professor of
Health Services Research, University of Cambridge

Measuring what doctors do? An unnecessary intrusion into professional autonomy

- Quality can't be measured
- There's no such thing as a bad doctor

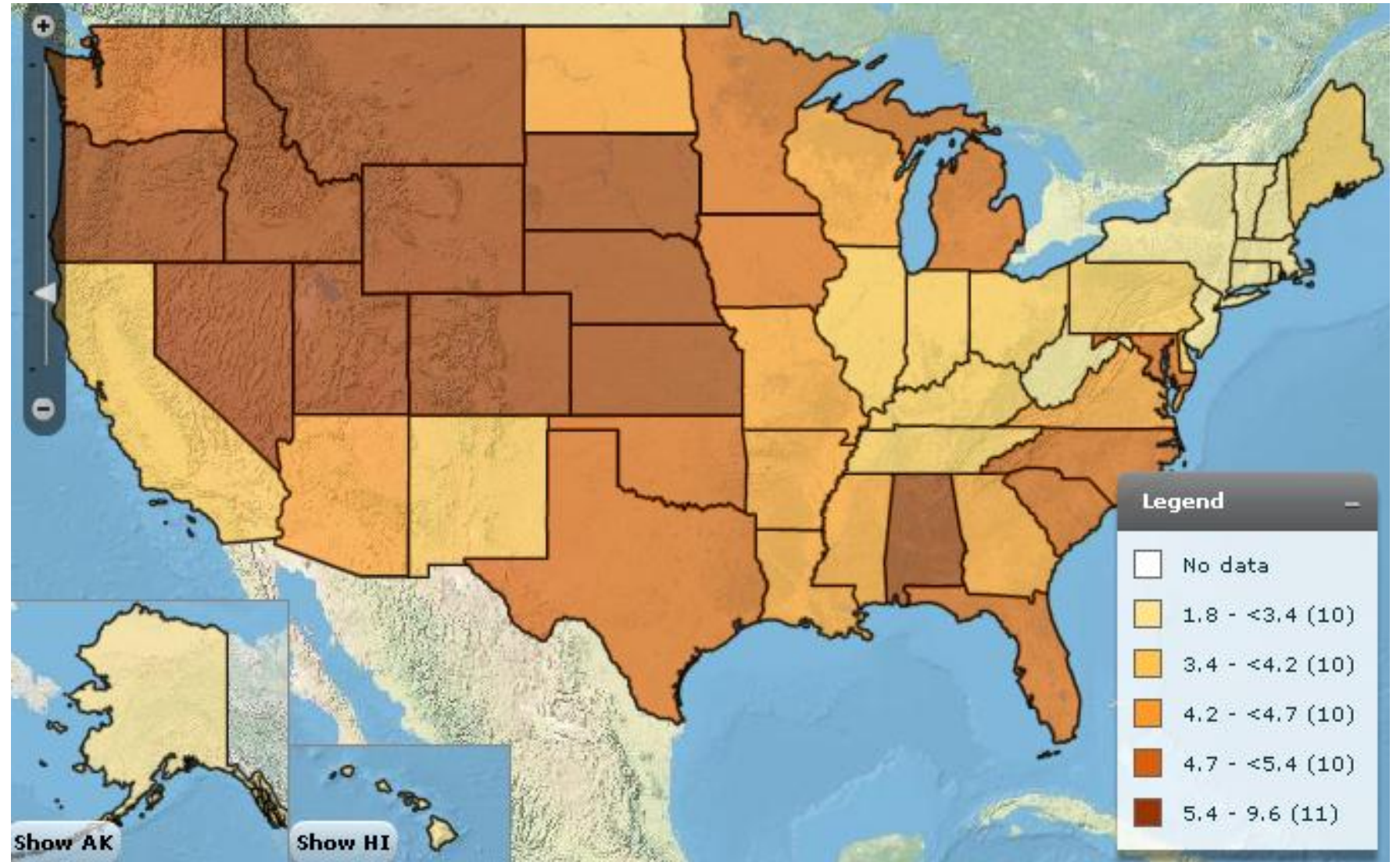


The conference said '**No**' to a Good Practice Allowance. Dr Wilson said that the Good Practice Allowance was **political** and **provocative**, prepared by a government whose main contact seemed to have been with **philosophers and trendy professors**."

BMJ 1986; 293: 1384-6

1980s

Demonstration of variation in medical practice (Wennberg, Dartmouth).



1980s

Demonstration of variation in medical practice (Wennberg, Dartmouth)

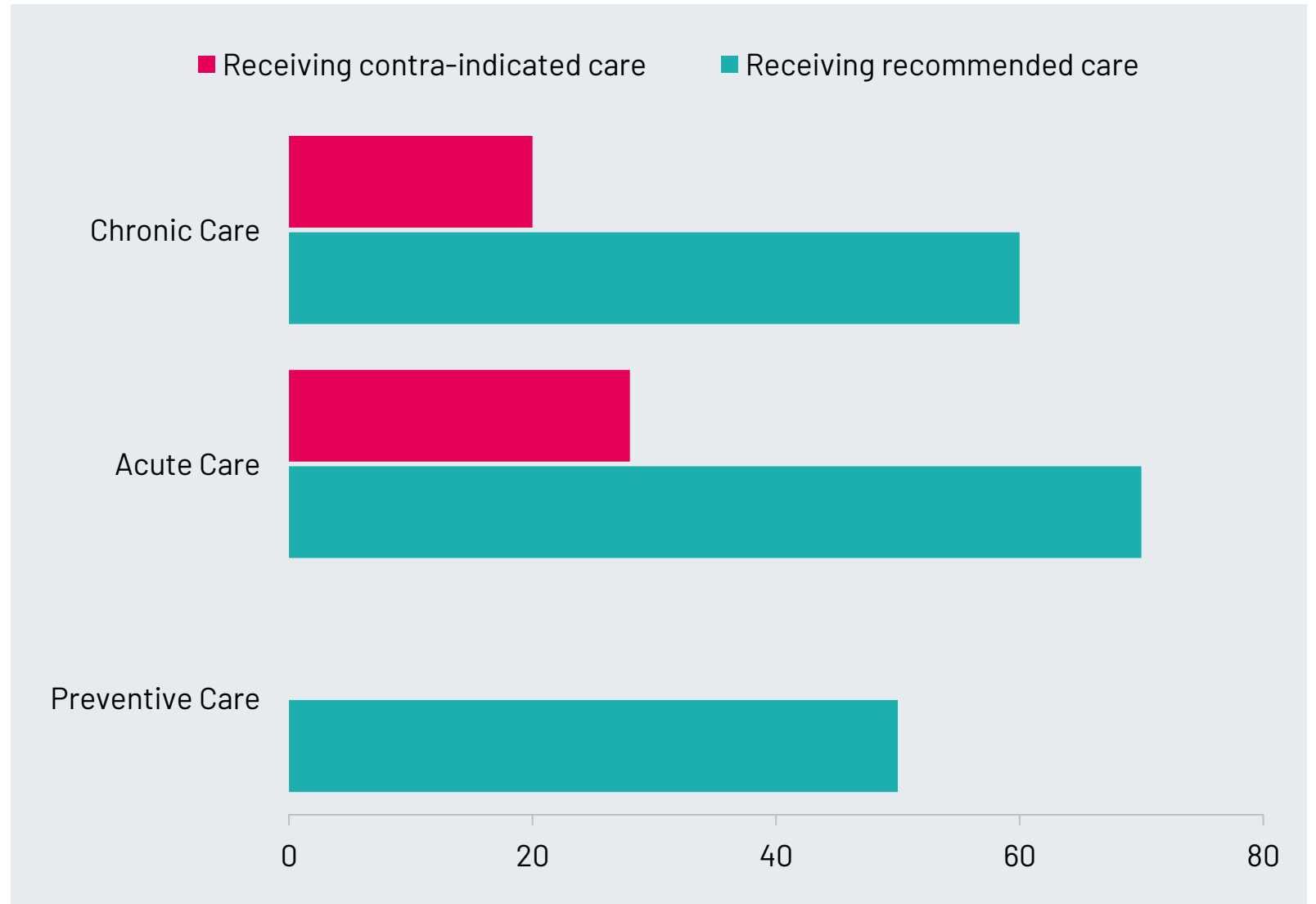
1990s

Demonstration of variation in quality of care (McGlynn, RAND)



Quality of care for 30 conditions + preventive care

439 quality indicators
developed by 49 panels
applied to 6712 randomly
sampled US adults.



Measuring patient experience: A timeline

1989

Picker Institute: First survey of 6000 patients.

Became CAHPS: Consumer Assessment of Healthcare Providers and Systems.

1998

PCAS: Primary Care Assessment Survey (Health Institute, Boston).

2000

GPAS: The General Practice Assessment Survey (Manchester and Exeter Universities).

2004

UK's Quality and Outcomes Framework: Pay for performance scheme for GPs.

- **2004 Indicator (Year 1):** The practice will have undertaken a patient survey each year, have reflected on the results and have proposed changes if appropriate.
- **2008 Indicators (Year 4):** The percentage of patients who were able to obtain a consultation with a GP or appropriate health care professional within 2 working days.

2006

GP Patient Survey, derived from GPAS: First fielded in 2006, results published in 2007.

Incorporated into the Quality and Outcomes Framework (and hence GP payments) in 2008.

Sent to 5.6 million patients in 8,273 GP practices.



GP Patient Survey – what researchers have found out

Of the various domains in GPPS, communication with the doctor is the strongest driver of overall satisfaction.

Ease of getting appointments was the weakest driver (2013).

Continuity of care has become increasingly difficult for patients.

GPs generally mistrustful of the results (concerns about response rate and representativeness of respondents).

Ethnic minority patients and sexual minorities report worse experience with their GP (but practices vary a lot).

Little correlation between clinical quality (asthma, diabetes, etc.) and patient experience.



GPPTS AT 20: EVOLUTION, INNOVATION AND INSIGHTS

Rachel Williams, Ipsos

Eileen Irvin, Ipsos



EVOLUTION

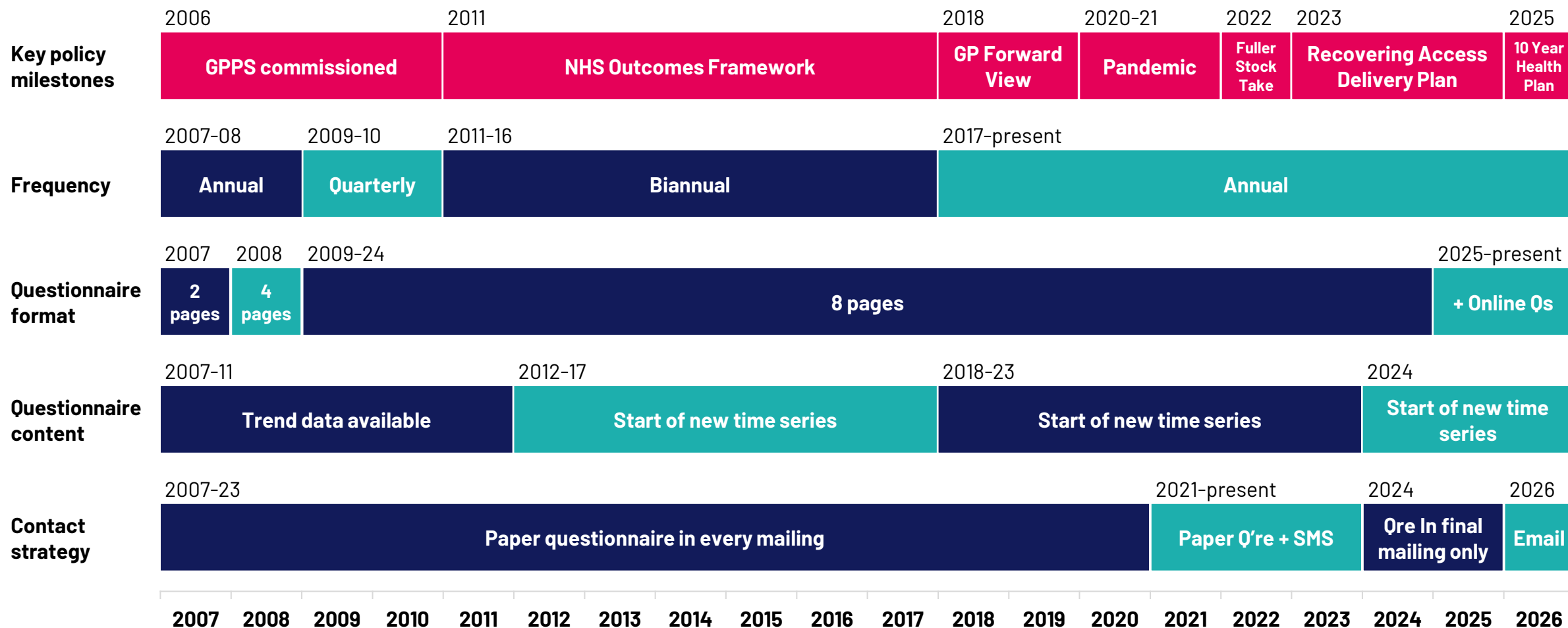
Consistent foundations

- **Random probability survey**
- **Gold standard in survey research**
- **Means we only need to invite a small number from each practice**

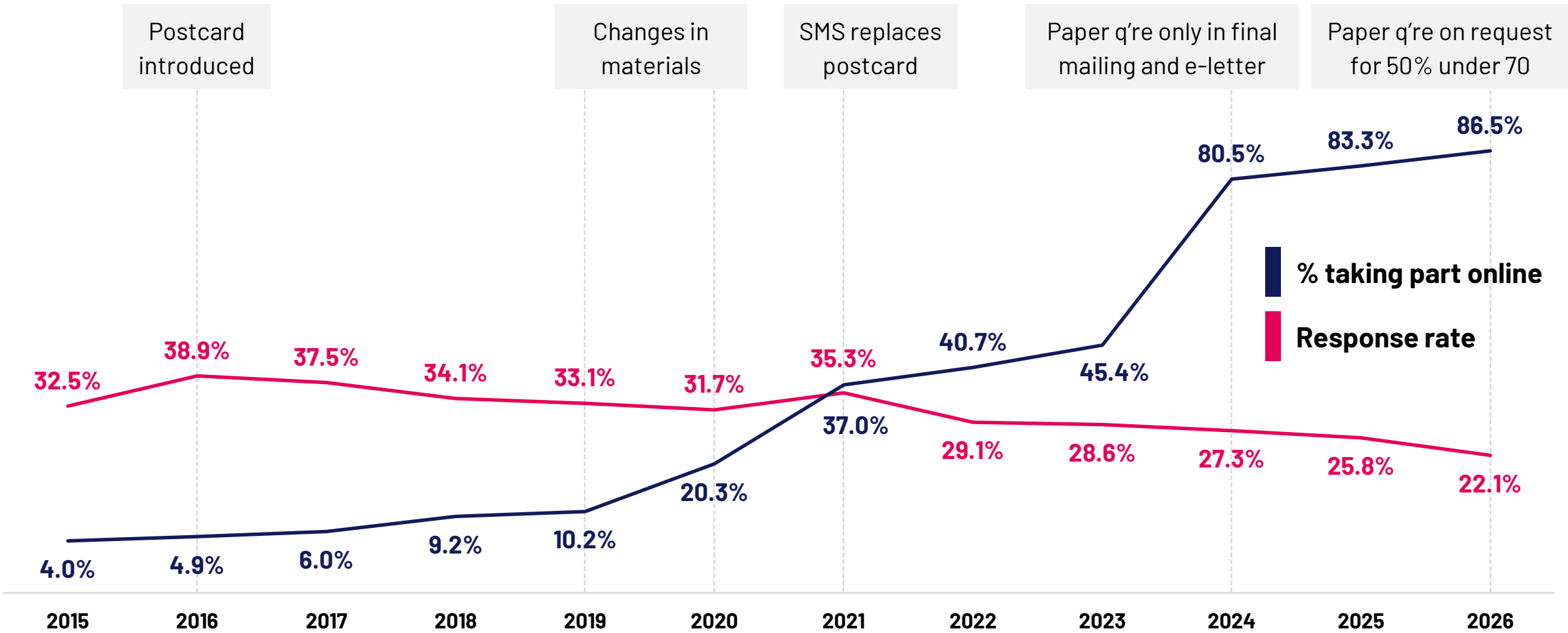
- **Eligible patients**
- **16 or over**
- **Registered with GP practice for at least 6 months**
- **Must be invited to take part**

- **Inclusive and accessible**
- **Offered in 14 languages, BSL, Braille, large print**
- **Telephone helpline**

Evolving design



Response rates and online response over time



INNOVATION

Interventions tested

Letter wording and appearance	E-letter	Email contact
Gaps between mailing	Removing paper Q're from early mailings	Targeted paper questionnaires
SMS reminders	Timing of SMS reminder by age	RCS vs SMS/E-letter
Brown vs white envelope	Personalisation with local area in letters	QR code
NHS logo on envelope	Online only questions	Consent to recontact
NHS App	WhatsApp	Removing initial paper mailing
	Data linkage consent	Easy read questionnaire

- Tested successfully and rolled out
- Tested successfully, but not rolled out
- Tested unsuccessfully and not rolled out
- Tested in 2026

INSIGHTS

We see these headlines every year...

GP Patient Survey
2026: 15 of the best
surgeries in and
around Blackpool as
rated by patients

GP patient survey 2026: Which ICBs
have the highest patient satisfaction?

**Best and 'worst' GP surgeries in Cornwall: GP
Patient Survey**

1st August 2024 [GP Patient Survey 2024](#) [Health](#) [Cornwall And Isles Of Scilly](#)

Patient survey reveals 75% satisfaction with GP services in Sussex

Decoding patient experience

What is the role of local conditions?

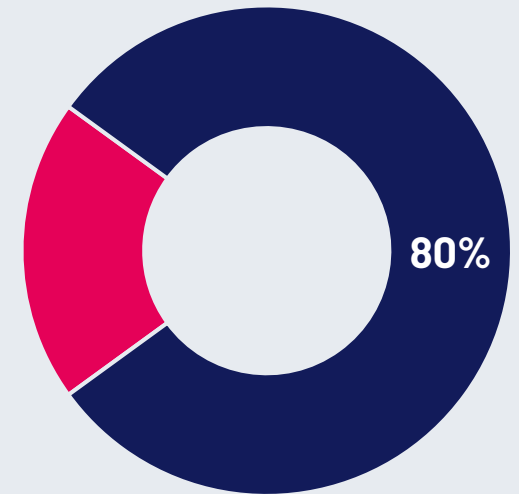
Contextual factors

- Local age distributions (0-14 years and 65+)
- Ethnic diversity of the area ('fractionalisation')
- Level of deprivation (based on patient address)
- Payments to GP practice per registered patient
- Number of GPs per 100,000 patients
- Local age-standardised mortality rates

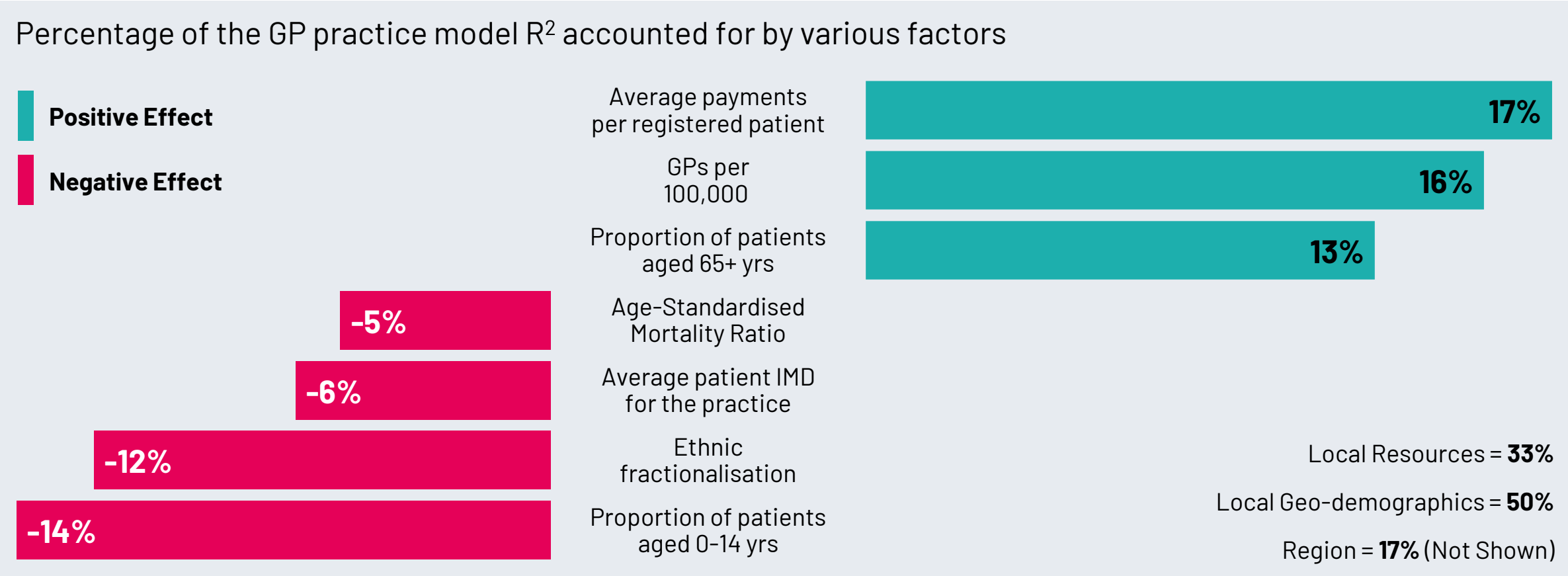
Local conditions account for

20%

of variation in patient experience



Of the 20% accounted for by the model, what is the relative importance of these factors?



Source: GP Patient Survey 2023, 6,227 practices in the model.

So what are the factors that best explain variation in experience?

Key driver analysis

2024 was the start of a new time series for GPPS.

Questionnaire content

- Changes in how primary care services are delivered and how patients experience them

Survey method

- Change to 'online first' approach

Weighted practice level regression analysis

$$R^2 = 0.898$$

Model explains nearly 90% of the variation between practices of the proportion reporting a good overall experience

Base: Number of practices (6,307)

Source: GP Patient Survey

What does this tell us about overall experience with the GP practice?

1

Experience at last contact is a strong predictor of reported overall experience.

2

Interactions with staff (reception and administrative team, and healthcare professionals) are also strong predictors.

3

Ease of contact is a predictor, but less focus on telephone contact than in previous survey.

4

Patients with LTCs who have had conversations about managing their condition is a stronger predictor than having a care plan or helpfulness of plan.



REFRESHMENT BREAK





England

GPPTS IN NATIONAL POLICY AND IMPROVEMENT

Alex Morton, Group Director, Primary Care
and Community Services, NHS England

GPPS is providing crucial intelligence about national trends in general practice over time

The GP Patient Survey (GPPS) is the **key** national source on patient experience, used by a wide range of stakeholders to understand, monitor, and improve patient experience and access.

The size and reach of the survey is hugely impressive:

- In 2026, almost 3 million surveys were sent out, and we received over 650,000 responses nationally, with an average of with an average of **18,187 responses per ICS** and 106 per GP practice, providing reliable, robust and granular intelligence.

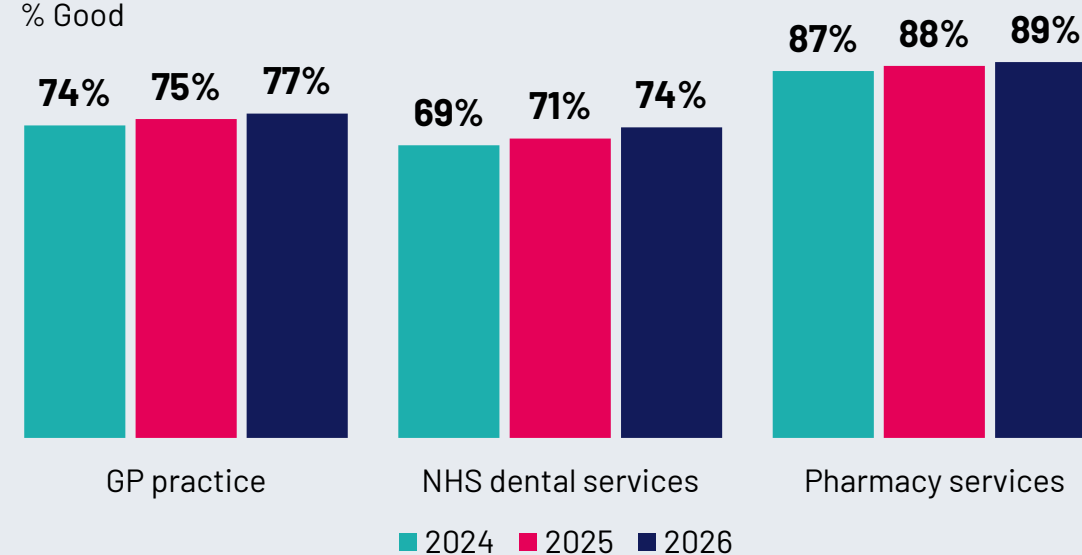
The results provide vital intelligence about trends across care settings:

- It is the longest running source of patient experience of primary care services in England, providing insight about access, continuity of care, long term conditions management, NHS dentistry and other key areas.
- 2024 was the start of a new time series, and since then we have seen a continued upwards trend in patients' overall experience of their GP practice, NHS dental services and pharmacy services.

Upwards trends in experience across GP, dental and pharmacy

Overall, how would you describe your experience of your GP practice/NHS dental services/pharmacy services?

% Good



GPPS is used in a multitude of ways

Shaping policy

- The data is a definite source of insight for NHS England and the wider government.

Driving local improvement

- The data is used to monitor performance and variation at **regional, ICB, PCN and practice level**. It is included within the **GP Dashboard** and used by ICBs and NHS England teams to monitor performance and variation.
- It supports benchmarking and **targeted improvement and transformation work** within local systems.

Championing patients' voices

- Used by organisations like **Healthwatch, National Voices and Patients Association** as evidence in policy and advocacy work, highlighting issues such as barriers to access and health inequalities.

Quality strategy for NHS-funded care in England

Published on behalf of the National Quality Board

< Publication

Content

- [1. Quality in the NHS: what this strategy sets out to change](#)
- [2. Priorities for this strategy](#)
- [3. Creating the conditions for quality improvement: 10 enablers](#)
- [4. Clarifying who is responsible and accountable for quality](#)

1. Quality in the NHS: what this strategy sets out to change

Quality is central to the NHS's work. It determines whether care is safe, effective and experienced as compassionate, co-ordinated and responsive.

The strategy provides a new structured approach to making quality the organising principle for all NHS activity in England over the next decade.

Its purpose is to ensure people receive high-quality care consistently across all NHS-funded services. By doing so, it aims to:

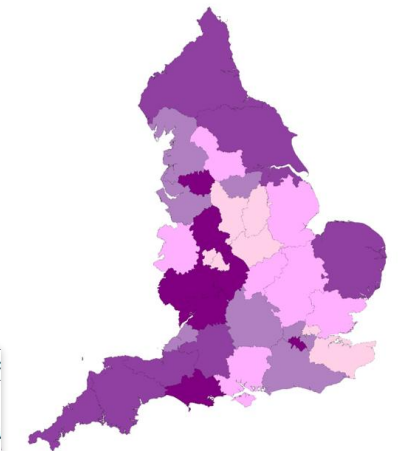
- improve health and wellbeing
- improve patient experience
- reduce health inequalities

Overall experience of last contact with GP practice

Q16. Overall, how would you describe your experience of contacting your GP practice on this occasion?

% Good'

76.0 up to 78.4
74.5 up to 76.0
72.1 up to 74.5
69.6 up to 72.1
67.2 up to 69.6



healthwatch

English Search

Have your say Your Healthwatch News & reports Advice & information What we do Get involved

Annual GP Patient Survey – our response

Response – 11 July 2024

We have responded to this year's GP Patient Survey.

A photograph showing a healthcare professional, likely a GP or nurse, interacting with a young girl and her mother. The professional is smiling and looking at the girl, who is also smiling. The mother is looking on.

National uses of GPPS

GPPS has been used to inform a diverse range of work across the health system.

Supporting strategy and implementation:

- **Quality Strategy** - GPPS metrics are included as key indicators.
- **Renewed Women's Health Strategy** commitment: we will help reduce variation in how GPs listen to and respond to women, using GP Patient Survey data in a quality improvement programme to help GPs identify problems. In 2026, we added a 'women's health' tab to the PCN dashboard, so that users can view data for women specifically.

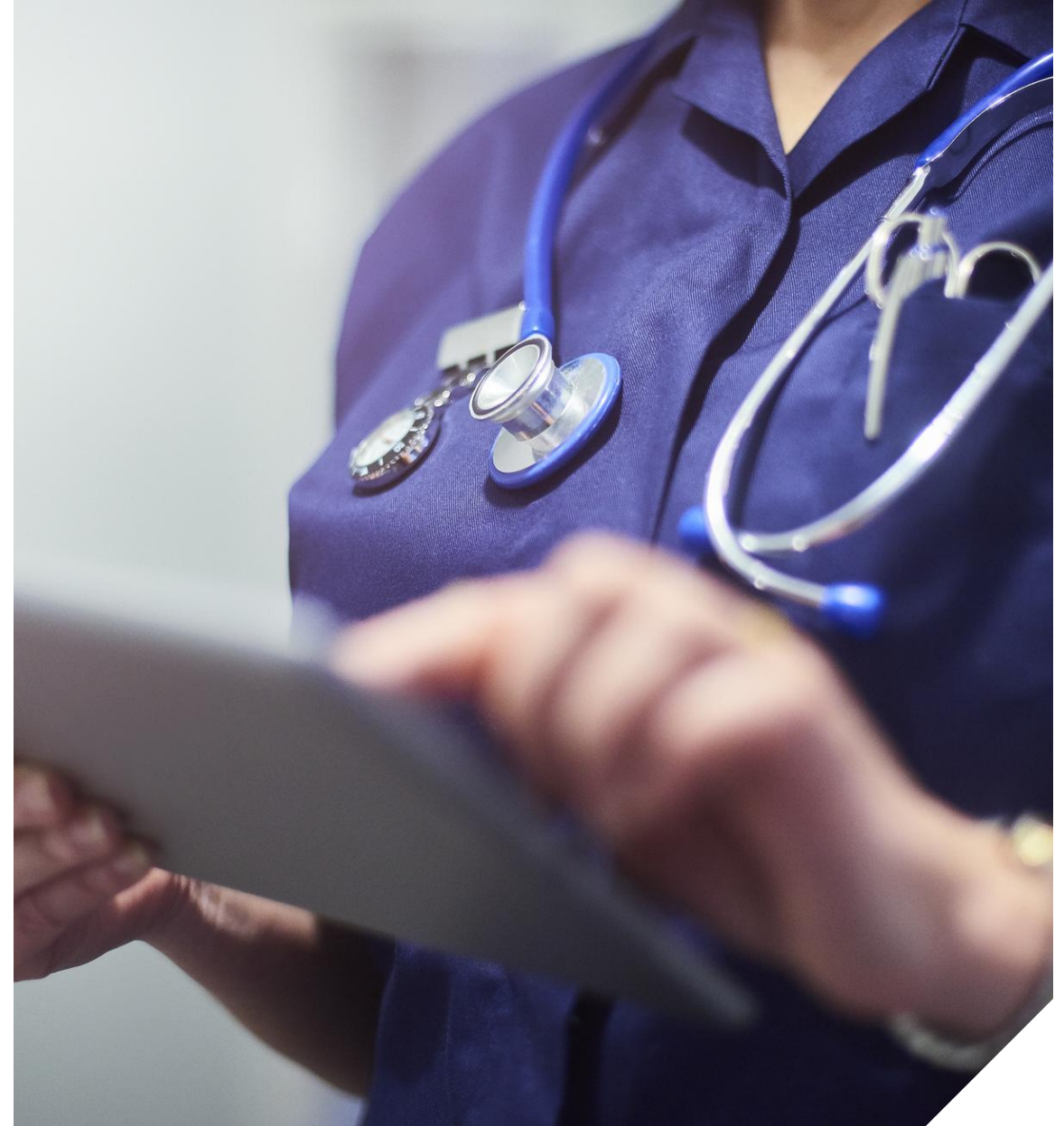
LGBT+ health evidence review - understanding prevalence of LTCs, along with experience of GP services.

Accessible Information Standard - understanding implementation and compliance in GP practices We added some new online only questions to the survey in 2025 about the AIS.

Public Health Outcomes Framework & Fingertips tool metrics.

CVD Modern Service Framework - contribution to development.

Covid enquiry - contribution to evidence.





Local uses: East of England case study

Experience of unpaid carers in the East of England

The region used GP Patient Survey data to review insight into the experiences and health of unpaid carers in their region.

The regional GPPS data was particularly valuable because other local sources of carer data were often limited or out of date.

The insight was used to explore variation between GP practices and compare patient experience results with wider regional benchmarks and to support conversations with stakeholders and raise awareness of inequalities experienced by carers.

GPPS and Health Insight Survey working together

GPPS can be used alongside other sources, such as the **Health Insight Survey** (HIS). Funded by NHSE and delivered by the Office for National Statistics, this survey covers some of the same areas, collecting a smaller number of responses every 4 weeks.

HIS provides **regular insight** into patient experience, enabling us to identify and monitor any trends throughout the year. GPPS provides **more granular data**, enabling us to dig deeper into variation between ICBs, PCNs and GP practices.

Together, these can be used to monitor change over time and target improvement where it is most needed. Following 2026 GPPS publication, we compared trends between the two, e.g.:

- Both show similarly **high percentages reporting overall good GP experience**
- **Ease of contact:** Both show a **trend of increasing ease of contact**.
- **Modes of contact:** Both have seen a significant **increase in online contact** and a **decrease in contact by phone**.

We identified ICBs which scored either high or low in both HIS and GPPS on comparable questions. These were shared with regions, to enable conversations with their systems to understand underlying causes and inform planning.

	HIS	GPPS
Frequency	4-weekly	Annually
Sample	Approximately 80-100k	Over 650,000 responses in 2026
Geography	ICB-level	GP practice level
Areas Covered	General practice, dentistry, pharmacy, elective waiting lists, Community Health Services	General practice, pharmacy, dentistry
Methodology	Asks patients about experience with specific appointments of the past 28 days	Asks patients about their general experience with health services over the past one or two (dental) years

Conclusion

With a sample size of over 650,000, GPPS is the key data source to understand patient experience at GP-practice level, providing insight into variation across the country.

It is used by a wide variety of stakeholders:

- By national and regional teams to identify unwarranted variation.
- By system-level and local teams to benchmark and inform transformation and improvement.
- By organisations such as Healthwatch, National Voices and Patients Association as evidence in policy and advocacy work.

It can be used in conjunction with other sources of patient experience insight, such as the Health Insight Survey, the Friends and Family Test, or locally collected data.

Planning is now in progress to collect the next round of data in early 2027, allowing for an extension of the time series and enabling us to measure the success of recent efforts to improve patient experience and access.

Over the coming year, a project on the **future of patient feedback** will redesign how national feedback is collected, analysed and shared in order to create a patient, user and carer feedback system that is simpler, more inclusive and more effective.



Gloucestershire
Integrated Care Board



**Bristol, North Somerset
and South Gloucestershire**
Integrated Care Board

USING GPPS WITHIN INTEGRATED CARE SYSTEMS

Dr Becky Parish, Deputy Director of Strategy,
Insights and Engagement

Involvement, anticipation and results day...

Involvement

Regular updates and involvement through participation in the national GPPS Steering Group.

Commissioner/Engagement Lead opportunity to influence development of survey questions, fieldwork processes and presentation of results.

Meetings with local survey users from the national team (NHSE and Ipsos).

Anticipation

Notification of annual GPPS results publication date received at the end of June.

One week before publication – clear calendar for the first half of Results Day.

Results day

9am, log into www.gp-patient.co.uk, head straight to www.gp-patient.co.uk/latest-survey/results and open www.gp-patient.co.uk/slide-packs/ics-slide-packs/2026.

Send summary of local results to commissioning colleagues on Results Day noting overall ICS performance and individual PCN performance. Identify any areas for particular focus – notable improvements / decline in any areas.

Summary of results to ICB Communications Team to support proactive and reactive media enquiries and external and internal briefings, including sharing with Healthwatch.



Having more information about the survey from Rachel and Anna [from Ipsos] has been really interesting and useful. I have displayed some of the survey information on our PPG noticeboard at the surgery showing that [our area] has performed well compared to national results... We have an article in our PPG newsletter about our practice results and a link to the survey and I have also submitted articles about it to three local village newsletters."

GPPS and NHS commissioners

Governance: ICB Primary Care Operational Group bi-monthly

GPPS results included in primary care quality dashboard (extract below).

Annual presentation of results and discussion.

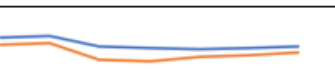
Group includes representatives from NHS community pharmacy, dentistry and optometry.

Contract Management: Primary Care Contracting Team

Review detailed GPPS data and, alongside other intelligence (e.g. QOF, patient list size, income, workforce) use it to identify potential GP practices requiring support/intervention and examples of good practice to promote.

Key: ● Operational Planning Target ↑ increased by 5% or more ↓ decreased by 5% or more ↔ increased / decreased by 4.9% or less

Exception Report

Indicator	Comparison Month	Latest Month	Data Frequency & Source	Yearly Trend		- Latest Trend	Comments	
				Red: Jan 19 – Dec 19	Purple: Jan 25 – Dec 25			
GP Patient Survey – Results from 2020 – 2026 *Latest results published Summer 2026								
Q1: Generally, how easy is it to get through to someone at your GP practice on the phone?	Glos: 59% National: 53% (2025)	Glos: 62% National: 57% (2026)	Annual GP Patient Survey				3%	Gloucestershire has increased by 3% since the previous year and Gloucestershire is higher than the national average. However, for Gloucestershire, this is a decrease of 17% since 2020
Q4: How easy is it to use your GP practice's website to look for information or access services? Renamed to Q2: Generally, how easy is it to contact your GP practice using their website?	Glos: 55% National: 51% (2025)	Glos: 60% National: 58% (2026)	Annual GP Patient Survey				5%	Gloucestershire has increased by 5% since the previous year and Gloucestershire is higher than the national average. However, for Gloucestershire, this is a decrease of 20% since 2020
Q32: Overall, how would you describe your experience of your GP practice?	Glos: 80% National: 75% (2025)	Glos: 81% National: 77% (2026)	Annual GP Patient Survey				1%	Gloucestershire has increased by 1% since the previous year and Gloucestershire is higher than the national average. However, for Gloucestershire, this is a decrease of 6% since 2020



...we [the PPG] agreed to put together a short patient Feedback Form with 6 questions. We felt this could be helpful as [our practice] has nearly 11,000 registered patients but only 320 received the Survey with 115 returned so the results are not really representative of patient population.

Our Feedback Form is at the final draft stage and will be available online and in printed format. The printed forms will be at the reception desk and those of us that volunteer (with Meet and Greet) during vaccination clinics in October, will hand them out and encourage patients to fill them in."

GPPS and primary care contractors

Awareness raising and discussion

Annual presentation to GP Practice Managers.

Opportunity to explain GPPS methodology and results and Q&A.

Application

PCN practices encouraged to review results as a group looking for strengths and weaknesses, sharing challenges and identifying good practice.

ICB Engagement Team developed a local 'pick and mix' version of GPPS survey questionnaire to create bespoke practice surveys. With the addition of tailored questions adding focus on areas of potential improvement or practice developments, this methodology has enabled and encouraged practices to increase their insights further into the experience of their patients using the firm foundations of GPPS.

GPPS and Patient Participation Groups (PPGs)

Awareness raising and discussion

Annual GPPS results presentation and discussion at countywide PPG Network

In 2026, the GPPS agenda item was presented by Rachel Williams, Research Director for GPPS and Anna Quigley, Director of Health and Social Care, both from Ipsos. A link to their presentation and links for PPG members to find the GP Patient Survey results for their practice were shared on the ICB online participation platform: getinvolved.glos.nhs.uk/ppg-network

In preparation for this presentation, we asked the PPGs in our local Network the following question:

Has your PPG used the results of the national survey?

Here is what some of them told us...

Has your PPG used the results of the national survey?



Our practice, had come out well in the survey. Consequently, the staff were very pleased and felt that it reflected the hard work of everyone at the surgery, including the backroom staff that patients don't usually see. However, the view was that the surgery wasn't going to be complacent and would need to keep working hard to keep performing well. The PPG was also thanked for their work and support as it was believed that an active PPG makes a difference to how patients see the surgery."



Since getting involved with our PPG (4 years ago) I've always had interest in the results and for the last 3 years at our subsequent meetings have reported back to our PPG members... also done a local comparison of the main questions - I've usually done this for the 3 main [local town] based practices plus the ICB & National levels. This year due to significant other activities involving seeking patients to sign up and use the NHS app I had a significant interest in the related questions. On that topic the more questions in the future on its use the better as far as I'm concerned e.g. Registered for the app? Use the app? if so what for? with options listed + lots more!"



The survey has been useful to identify weaker areas of performance. One of those areas highlighted was how easy it is to contact the GP practice using the website. That is an area that is going to be worked on. However, contrasting to a number of other practices, [our practice] is still choosing to provide the personal touch as much as possible, which many of our patients want, so the majority of appointments are made by phone or in person. This is reflected by the practice scoring highly in the survey for ease of contact by phone and helpfulness of the reception and administrative team."



USING GPPS WITHIN GENERAL PRACTICE

Ceri Chaplin, Director, IGPM
Managing Partner, Hereford Medical Group

Using the GP Patient Survey to improve care

What Hereford Medical Group learned from
turning annual results into monthly improvement

From annual scorecard to learning loop

2024:

52.8%

2025:

71.0%

2026:

Rethink

2024: The uncomfortable starting point

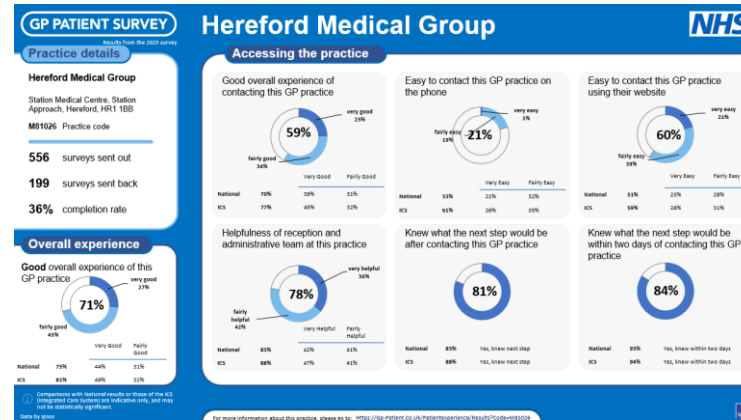
The national survey made the issue visible enough to act on

A low point...

53%

overall experience
rated good or very good

National Average: 74%



What the GPPS infographic highlighted...

- Phone access
- Website / contact access
- Knowing the next step
- Overall experience of contacting the practice

Key issues the practice could no longer ignore

Our aim: reach at least the national average within 2 years

We used the result as a catalyst

The survey became the start of structured local improvement

1

Focus

Used the GPPS infographic to focus attention and met with the Patient Participation Group (PPG)

2

Measure

Launched a monthly local survey using Accurx and Microsoft Forms.

3

Improve

Created action plans on phones, website, clearer next steps, and care experience.

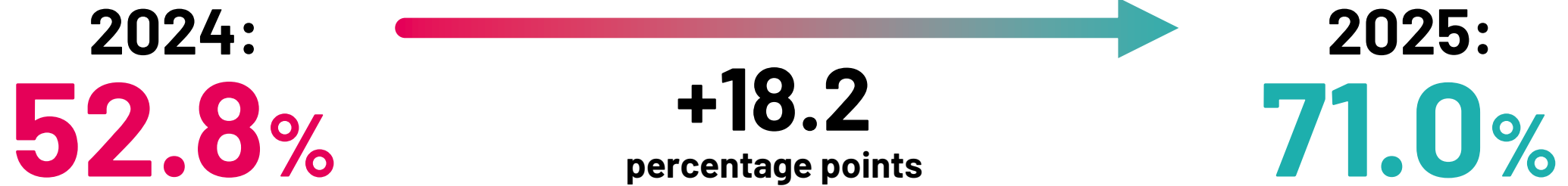
Original local survey design

350 urgent/soon + 350 routine GP + 350 other appointments each month. Approx. 33% response rate.

Building a faster feedback loop

Monthly surveys gave HMG more timely feedback than waiting a full year.

What early results suggested



Internal monthly feedback showed positive movement before annual results were published.



We could track the impact of changes more quickly.



The 2025 national survey confirmed significant improvement.



Real-time feedback helped us learn faster.

The 2026 reality check

The 2026 national results were lower than our local survey had suggested

Our local survey

- Patients close to an actual appointment
- Recent users of the practice
- Very useful operational feedback

The national GPPS

- Random selection of patients
- Some had used the practice recently, some had not
- A broader picture of perception and access

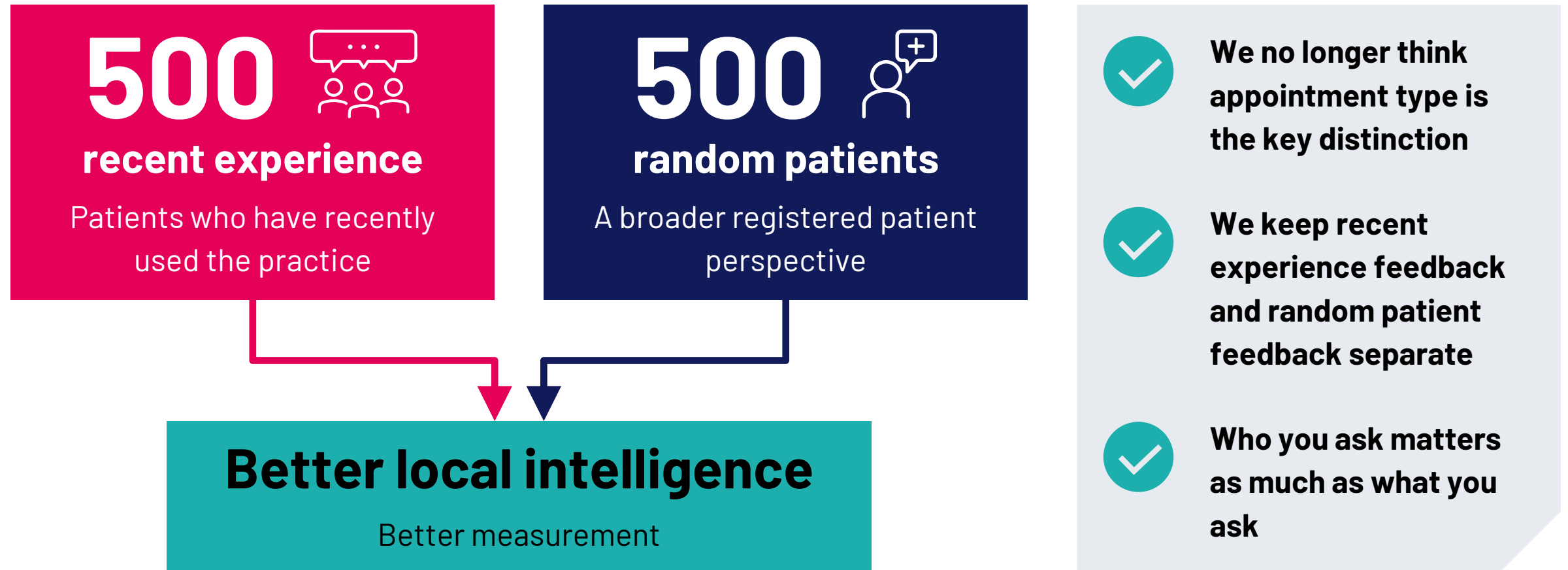
THE MISSING BIT:

Who you ask changes what you learn

Both views are useful. They just answer different questions.

What we changed

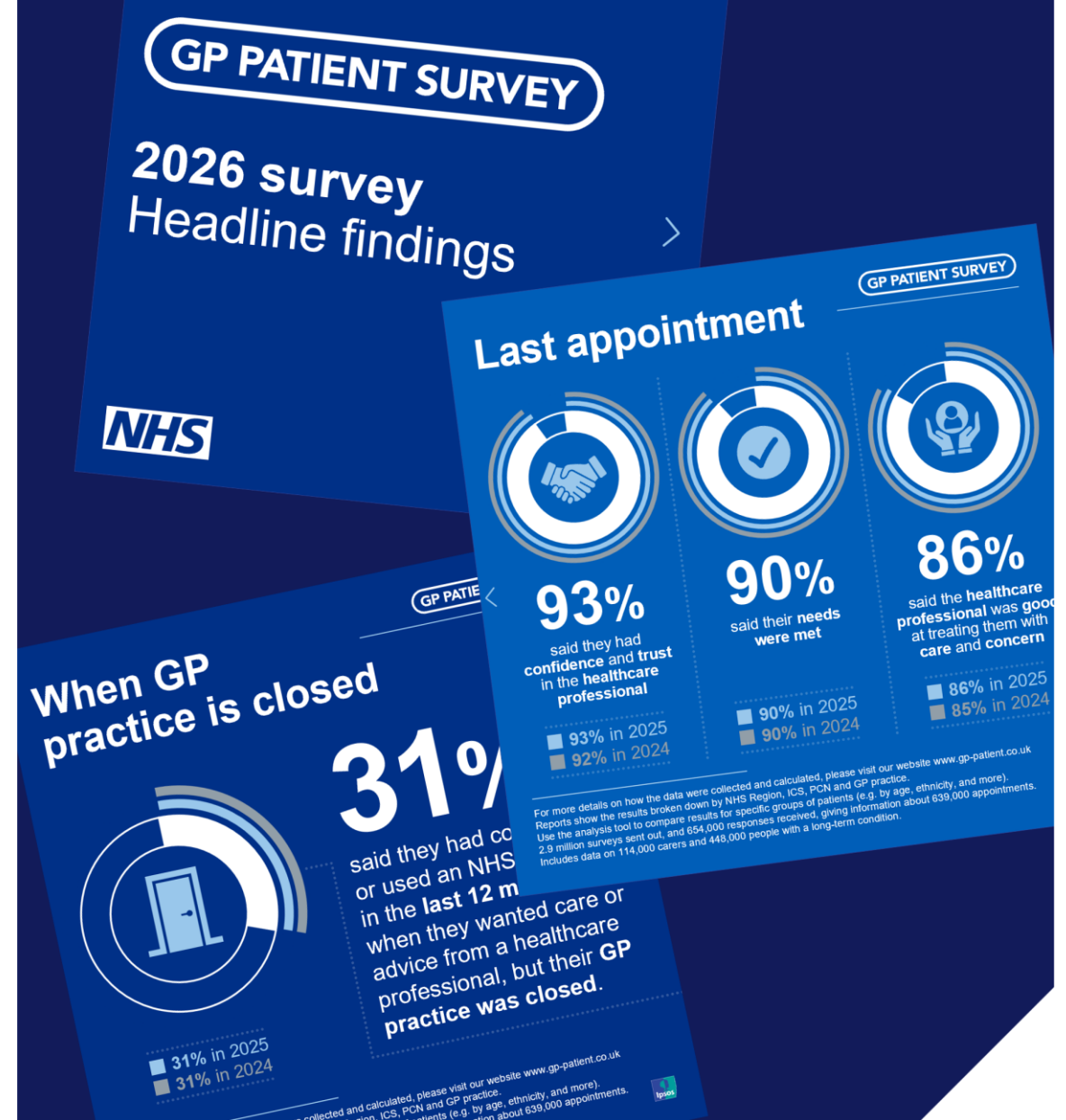
Our revised local survey model



Take-away for the GP Patient Survey at 20...

Use national results as a springboard for improvement but read them alongside local insight.

Local surveys do not need to be perfect. Their limitations just need to be understood.





REFRESHMENT BREAK



PANEL DISCUSSION: THE FUTURE OF PATIENT EXPERIENCE IN PRIMARY CARE

Chair: **Anna Quigley**

Panellists: **Dr Neil Churchill OBE, Jacob Lant,
Alex Morton, Dr Becky Parish, Ceri Chaplin**

THANK YOU

20TH