

GP PATIENT SURVEY

The following questions were asked at the end of the online survey, or via an accessible survey format (telephone, large print or Braille).

Some questions about you

64 Which of the following best describes your vaping habits?

- ☐ Never vaped
- ☐ Former vaper
- ☐ Occasional vaper
- ☐ Regular vaper

65 Have you previously served in the UK armed forces?

If you are a current serving member of the regular or reserve UK armed forces, please select 'No'.

- ☐ No
- ☐ Yes, I previously served in the regular armed forces
- ☐ Yes, I previously served in the reserve armed forces

Accessible information

The next few questions are about communication and getting information from healthcare professionals in a way you can understand.

For example, you may need help if you:

- are a person with a learning disability
- are deaf
- are blind, or
- have hearing or sight loss.

66 Do you find it difficult to see, hear, speak, read or understand what is being said to you?

- ☐ Yes → Go to 67
- ☐ No
- ☐ I don't know
- ☐ I would prefer not to say

Go to 70

67 Have you been asked by someone who works at your GP practice about how you prefer to be given information or communicate?

For example, you may need information in a different format, such as the following.



Easy read



Audio



British Sign Language



Large print



Braille



Letter, email or text

- ☐ Yes → Go to 68
- ☐ No → Go to 70
- ☐ I can't remember → Go to 70

68 Did your GP or practice make a record in your medical notes of how you want to be given information or communicate?

- ☐ Yes
- ☐ No
- ☐ I don't know

69 How often do you get the help you want from staff at your GP practice to communicate and understand the information you are given?

- ☐ Always or almost always
- ☐ A lot of the time
- ☐ Sometimes
- ☐ Never or almost never
- ☐ I can't remember

Referral for specialist care

The next few questions are about your GP practice referring you to hospital for specialist care (for example, as a day patient, for specialist tests or for treatment).

70 In the last 12 months, has your GP practice referred you to hospital for specialist care (for example, as a day patient, for specialist tests or for treatment)?

- ☐ Yes → Go to 71
☐ No → Go to Recontact

Please think about the last time your GP practice referred you to a hospital for specialist care.

71 When you were referred, were you offered a choice of hospital?

- ☐ Yes → Go to 72
☐ No → Go to 75
☐ I can't remember → Go to 75

72 What information was available to you to help you choose the hospital?

Please put an **X** in **all** the boxes that apply.

- ☐ Journey times to get to the hospital
☐ Current length of waiting lists
☐ Quality of care
☐ Outcomes of care
☐ Other patients' experiences
☐ Something else
☐ None of these
☐ I don't know or I can't remember

73 Did you have all the information you needed to make an informed decision about which hospital you would prefer to go to?

- ☐ Yes, definitely
☐ Yes, to some extent
☐ No, not at all
☐ I don't know or I can't remember

74 How would you describe your experience of choosing the hospital for your specialist care?

- ☐ Very good
☐ Fairly good
☐ Neither good nor poor
☐ Fairly poor
☐ Very poor

75 Before you were referred for specialist care, did you know about your right to choose the hospital?

- ☐ Yes
☐ No
☐ I can't remember

Recontact

NHS England may want to contact people who have taken part in this survey to find out more about their specific healthcare experiences. For example, they may want to speak to unpaid carers, people who had an online GP practice appointment or people who couldn't get an NHS dental appointment.

If you say 'yes', you agree to be contacted about follow-up surveys or research to help improve health and care services. NHS England, or an organisation working on their behalf, will contact you to tell you what this research is about and what taking part involves. Agreeing to be contacted does not mean you have to take part.

If you say 'no', you will not be contacted about any follow-up research to this survey. We will delete your contact details and NHS number in line with our privacy policy. For more information, please visit www.gp-patient.co.uk/confidentiality.

76 Do you give your permission for NHS England to contact you in the next two years to tell you about other surveys or research, based on your answers to this survey?

- ☐ Yes, I am happy for my answers to be linked to my contact details and to be contacted in the future
☐ No, I would not like to be contacted again about any follow-up research to this survey

Thank you for your time.

Please return this questionnaire in the prepaid envelope provided or send it in an envelope marked **FREEPOST GP PATIENT SURVEY** (you do not need a stamp).

GPPS 2026

Originally developed with



University of Exeter
Medical School



UNIVERSITY OF
CAMBRIDGE