Richmond Surgery
Patient Telephone Survey 2026

Results, patient feedback and proportionate review

1,116 responses to the core survey questions | 435 optional free-text comments

Purpose

Following the 2026 NHS GP Patient Survey, Richmond Surgery carried out a focused patient telephone survey to explore patients' experience of contacting the Practice in greater detail.

The Practice was extremely pleased with its overall NHS GP Patient Survey results. Feedback was very positive across the great majority of areas measured, with 78% of respondents describing their overall experience of Richmond Surgery as good, placing the Practice highest within its locality.

Telephone access was the one area where the result was noticeably less positive than Richmond Surgery's other survey findings. 56% of respondents said that they found it easy to get through to the Practice by telephone. Although this result remained higher than other practices within the locality, it stood out when viewed alongside the Practice's otherwise particularly strong results.

We recognise that telephone access remains a challenging area across general practice, particularly during periods of concentrated demand. We therefore felt it was important to explore a greater percentage of our patients' experience in more detail rather than simply viewing the 56% figure in isolation.

The NHS GP Patient Survey provides valuable independent feedback; however, the number of Richmond Surgery patients responding represented only a relatively small proportion of our overall patient population. We therefore wanted to give a much larger number of our patients the opportunity to tell us specifically about their experience of using our telephone service and to establish whether the national survey result was reflected across a broader group.

Our Practice survey was designed not simply to ask whether patients were satisfied, but to help us understand when patients telephone, why they are calling, whether difficulties are concentrated around the particularly busy 8.00am period, whether patients with non-urgent enquiries choose to call later in the day, and how well our callback facility is understood and used. Patients were also invited to provide a brief suggestion about anything they felt could improve their experience.

The findings allow us to consider the NHS GP Patient Survey telephone result alongside feedback from a much larger patient group, identify the factors that may influence patients' experience of telephone access, and consider any practical and proportionate opportunities for improvement.

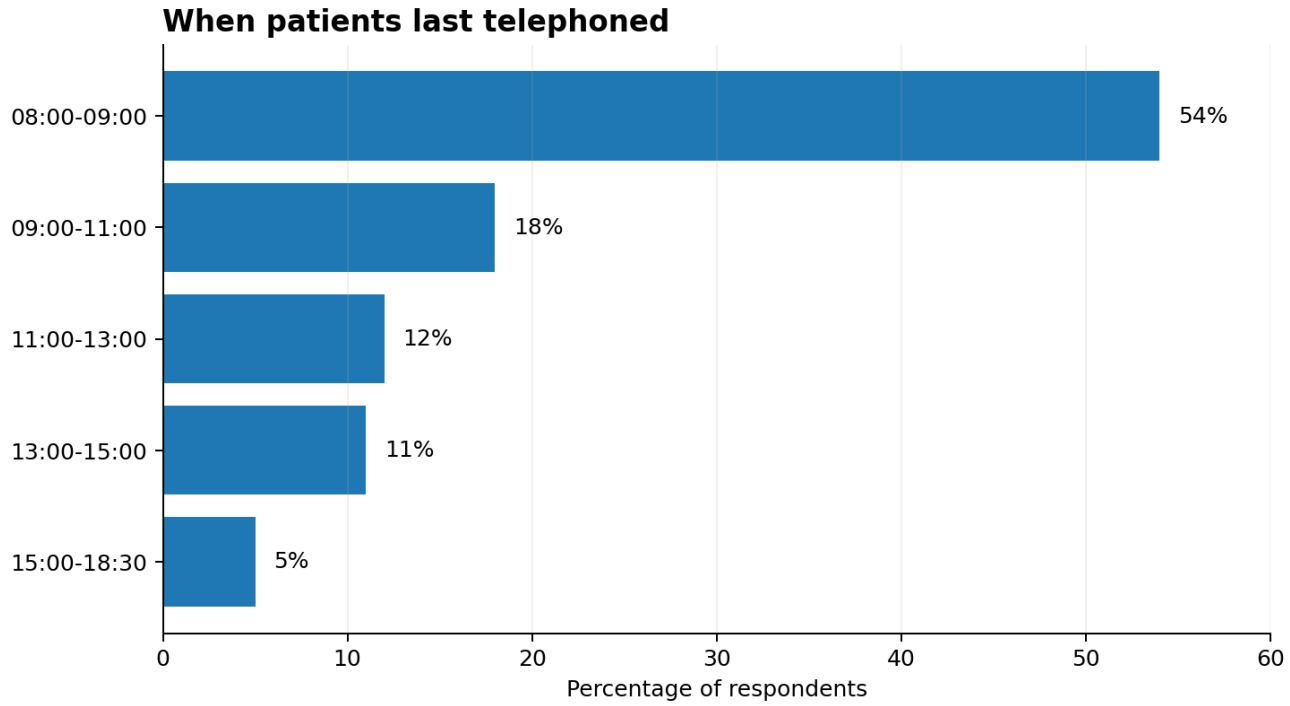
Headline findings

Overall experience	Getting through	Callback awareness	8am demand
74% Good / Very Good	**70% Easy / Very Easy**	**85% aware of callback**	**54% last called 8-9am**

The results are reassuring overall. Nearly three quarters of respondents rated their overall telephone experience as Good or Very Good, and seven in ten described getting through on their most recent occasion as Easy or Very Easy.

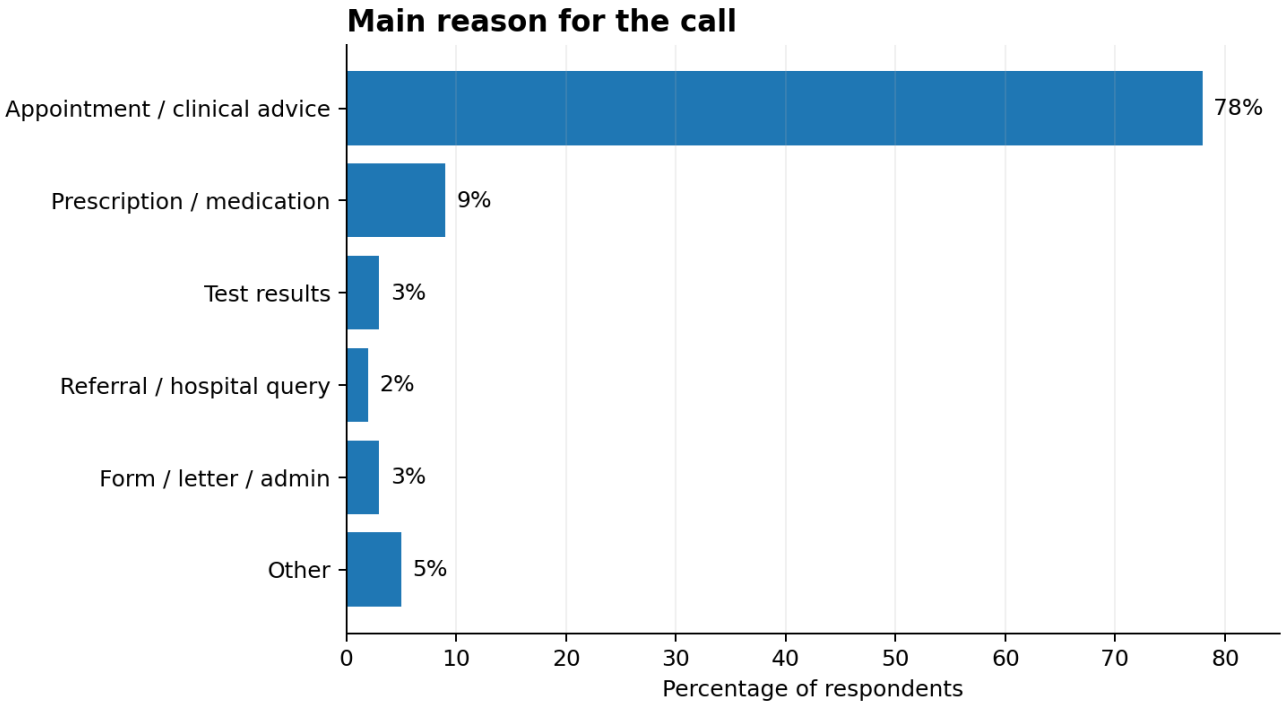
The findings also clearly show why the start of the day feels different: more than half of respondents had last called between 8.00am and 9.00am, and appointment or clinical advice was by far the most common reason for calling.

1. When patients call



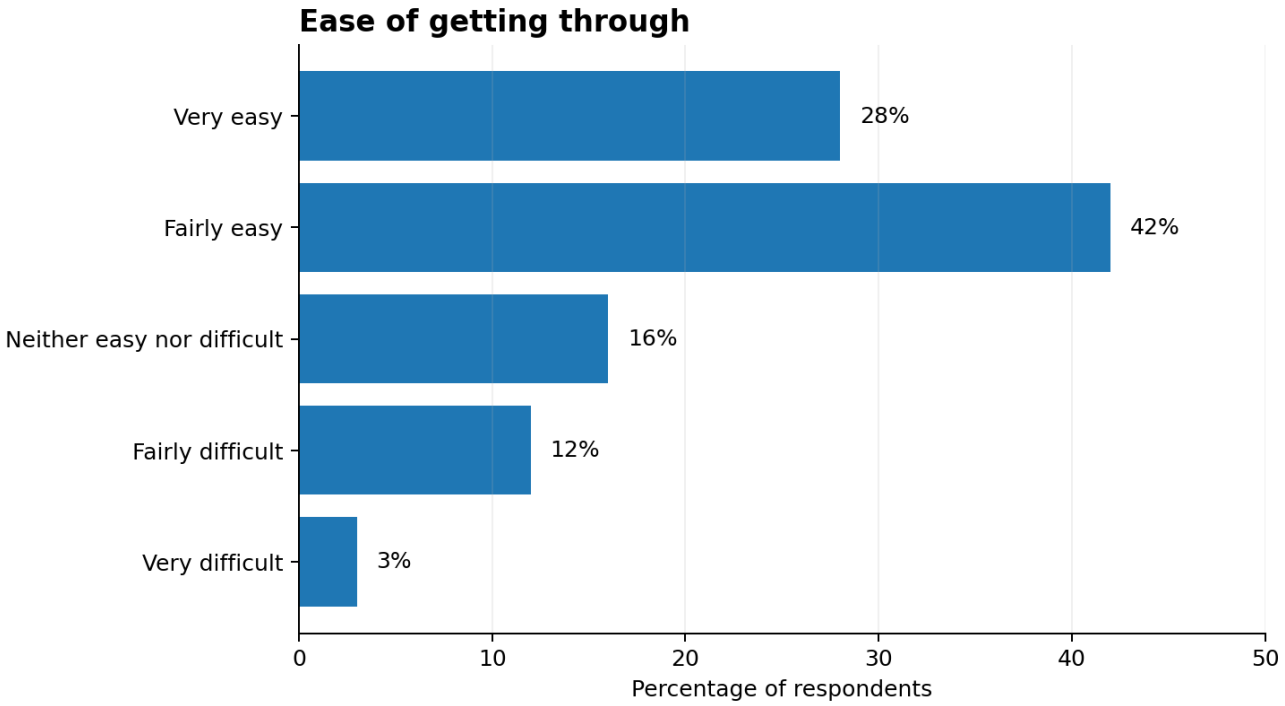
The survey confirms a very pronounced early-morning peak. Around 54% of respondents said their most recent call was between 8.00am and 9.00am. Demand then falls markedly across the remainder of the day. This is important context when considering comments about queues: they are concentrated around a relatively short, exceptionally busy period rather than representing the telephone experience throughout the whole day.

2. Why patients call



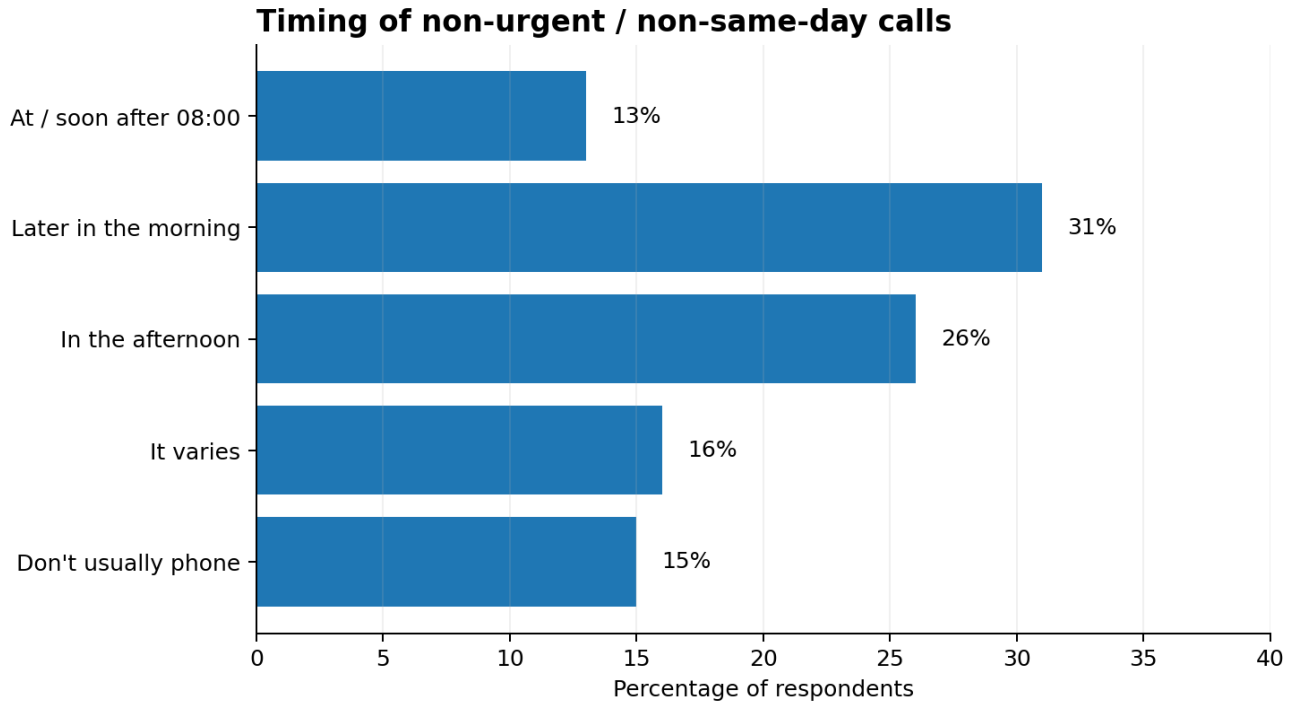
Approximately 78% of respondents were calling to request an appointment or clinical advice. Other reasons - medication queries, test results, referrals and administrative matters - represented a much smaller share. This supports the view that telephone pressure is driven principally by clinical and appointment demand rather than general administrative traffic.

3. Ease of getting through



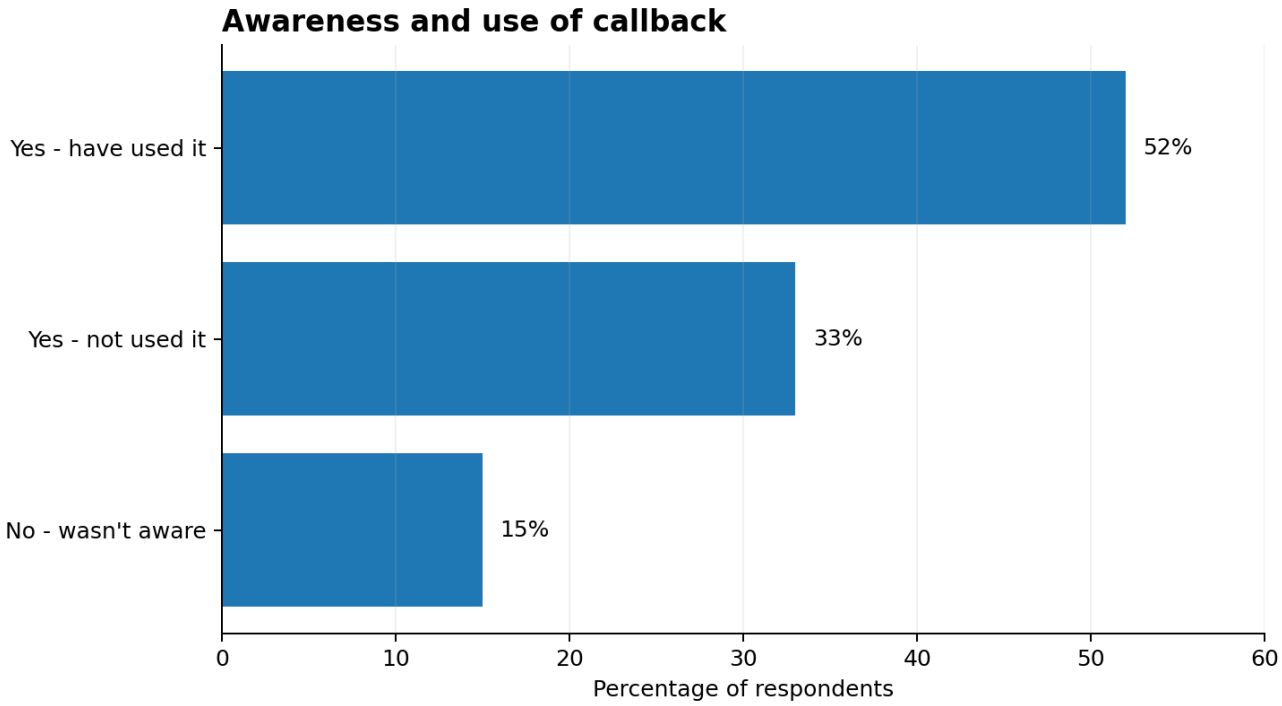
Around 70% described getting through as Very Easy or Fairly Easy. A further 16% were neutral. Approximately 15% selected Fairly Difficult or Very Difficult. The results therefore identify an area to keep under review, particularly at peak times, but do not suggest that difficulty getting through is the experience of most respondents.

4. Non-urgent calls are already more spread out



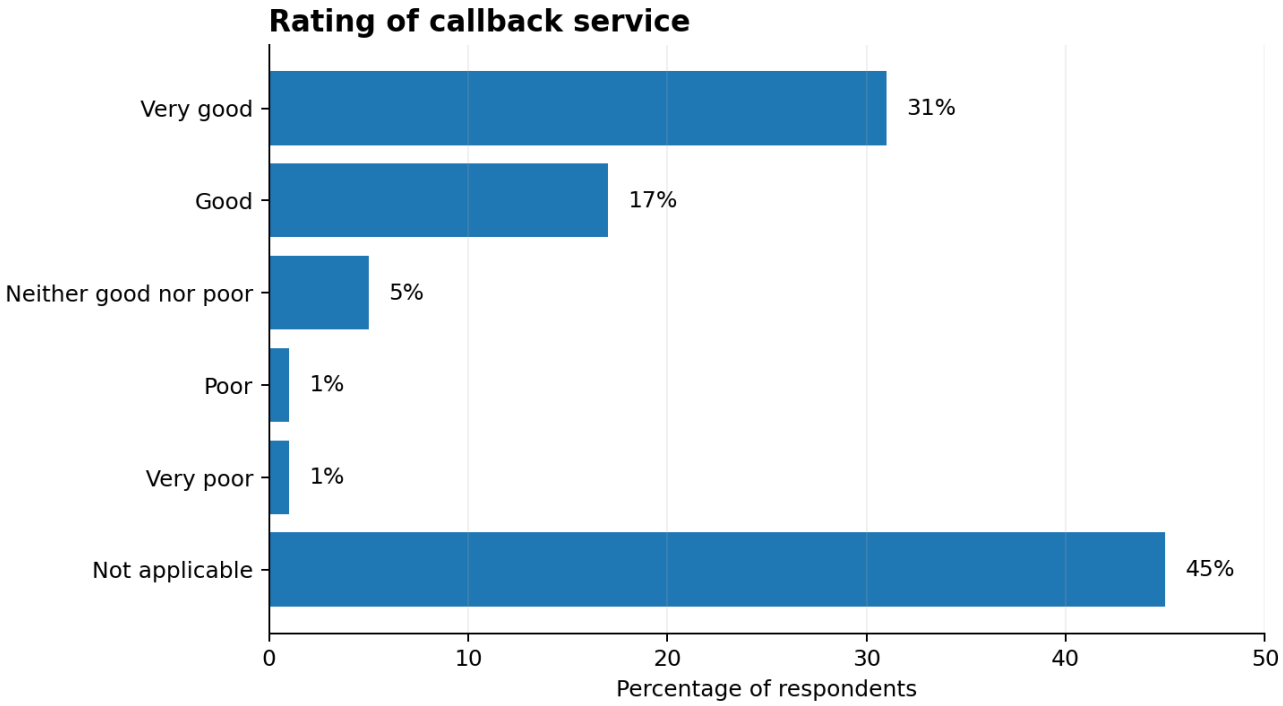
When the reason for calling is not an urgent appointment or same-day clinical matter, patient behaviour is notably different. Only around 13% said they still usually call at or soon after 8.00am. Most reported calling later in the morning, in the afternoon, at varying times, or not usually telephoning for these matters. This is encouraging and suggests that the 8.00am peak is predominantly linked to appointment and clinical demand.

5. Callback is well established



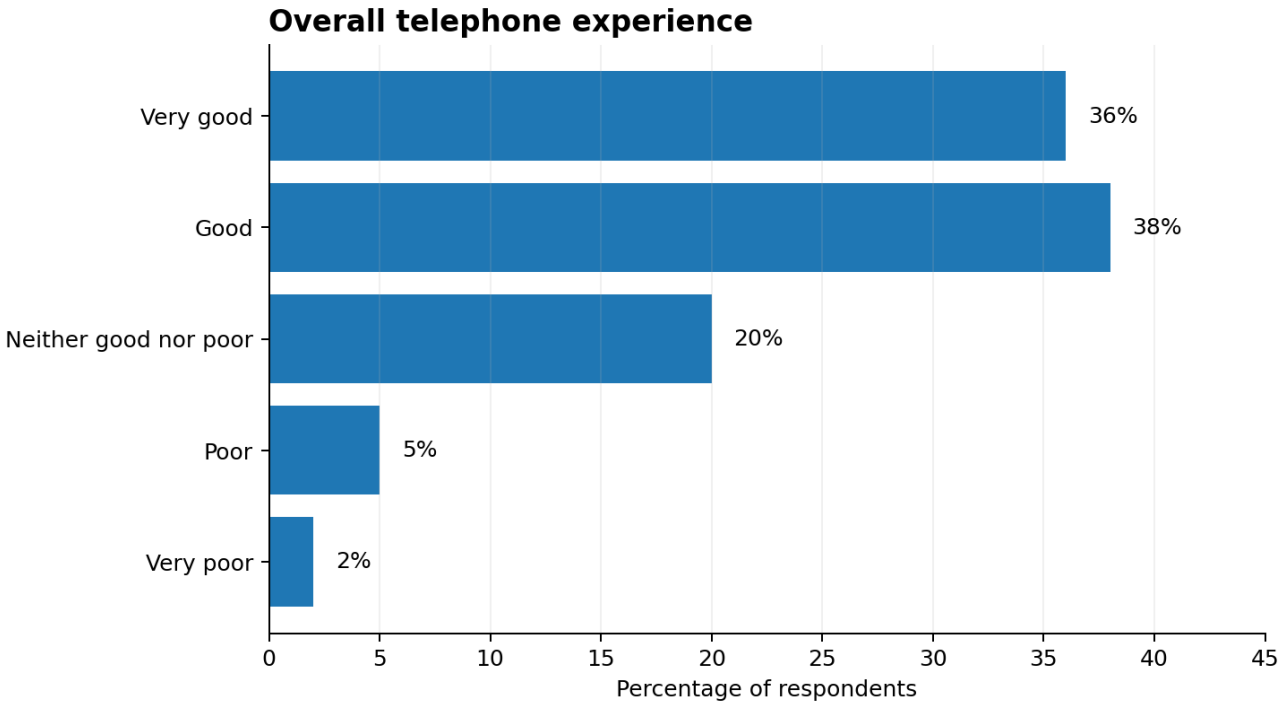
Awareness of the callback facility is high: around 85% of respondents were aware of it and approximately 52% had used it. This is a significant strength of the current system because patients can retain their position in the queue without remaining on hold.

6. Experience of the callback facility



The large Not Applicable group reflects respondents who had not used the facility. Among the survey as a whole, positive ratings of the callback service greatly outweighed negative ratings. Free-text comments also repeatedly described callback as helpful, a relief, a big improvement and something the Practice should continue.

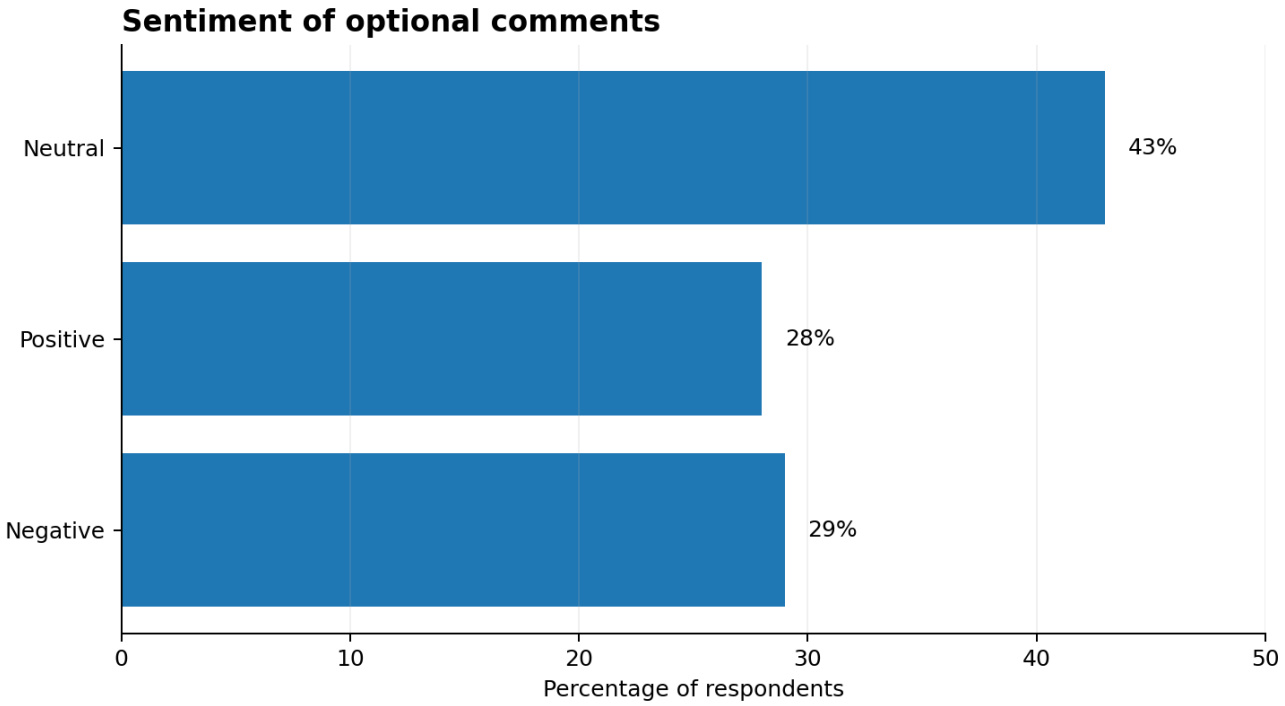
7. Overall telephone experience



The overall rating is positive:

- around 74% selected Good or Very Good and a further 20% selected Neither Good nor Poor.
- Only a small minority selected Poor or Very Poor.
- This provides useful balance to the national survey finding that prompted the Practice to look more closely at telephone access.

8. Optional comments - balanced, not predominantly negative



Of the 435 optional comments, SurveyMonkey classified 43% as neutral, 28% as positive and 29% as negative. Positive and negative sentiment were therefore almost exactly balanced, with neutral feedback forming the largest category. The free-text comments contain both constructive suggestions and substantial praise for the Practice and reception team.

9. What patients told us in their own words

The free-text feedback is best understood as a set of recurring themes rather than as a list of individual comments. A number of respondents explicitly said that no improvement was needed, that the system worked well, or praised staff as helpful, friendly, professional, compassionate and caring. Feedback about the reception team was predominantly positive, with many patients describing staff as helpful, friendly, professional and caring. As with any large patient survey, individual experiences varied, but the overall feedback provides reassurance about the service and support provided by the reception team.

Recorded opening message
A recurring suggestion related to the length of the recorded information heard before callers can select an option. The current introductory message is approximately one minute long and contains important information that the Practice needs to communicate to callers. We will nevertheless review the message to see whether any wording can be streamlined, while ensuring that necessary information is retained.

8.00am peak demand
Patients recognise that queues are longest when the lines open, particularly when seeking same-day care and after weekends or Bank Holidays. Several respondents also acknowledged the level of demand and the pressure this places on the team.

Callback facility
Callback was frequently praised and described as a useful improvement. A small number of comments concerned missed callbacks or the timing of a return call, which can be monitored.

Appointment access and continuity
Some comments extended beyond the telephone system itself and related more broadly to appointment availability and the need to contact the Practice again on another day. While these comments have been noted, they relate to wider access arrangements rather than patients' experience of getting through to the Practice by telephone.

Reception team
The free-text responses also included many unsolicited compliments about the reception team, with staff frequently described as helpful, polite, kind, professional and caring. This positive feedback is particularly valued given the significant volume of telephone calls managed by the team and the pressures experienced during peak periods.

Overall conclusion
The Practice undertook this survey because telephone access was the lowest-scoring area within an otherwise very positive NHS GP Patient Survey. The local survey provides helpful reassurance and context. Most respondents report a positive overall telephone experience, most find it easy to get through, awareness and use of callback are high, and the greatest pressure is clearly concentrated at the start of the day when appointment and clinical demand peaks.

The results do not suggest that a wholesale redesign of the telephone service is required. They identify a small number of proportionate opportunities to refine the patient experience while recognising the very high workload managed by the reception team.

Proportionate actions

- Review whether the recorded introductory telephone message can be shortened while retaining essential information.
- Continue to promote and retain the callback facility.
- Continue patient messaging encouraging non-urgent and administrative calls outside the 8.00am peak where appropriate.
- Continue routine monitoring of Surgery Connect data, peak-time demand and patient feedback.
- Consider appointment access and continuity feedback separately within the Practice's wider access arrangements, rather than treating these comments as telephone-system or reception-team failures.

Overall assessment: reassuring results with clear peak-time pressures and a small number of practical refinements for review.

Note: percentages shown in the charts are transcribed from the supplied SurveyMonkey graphical output and are rounded to whole percentages.