

Article

Experiences of GP services in England, thematic analysis: June to September 2025

Qualitative analysis of reasons for patients' positive or negative experiences of general practice (GP) services, using data from our Health Insight Survey.

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1 . Main points

The following information is based on self-reported data from the Health Insight Survey, collected between 24 June and 10 September 2025 (Waves 13 to 15).

- Over 70% of people reported a positive experience of their GP practice, just under 10% reported a negative experience, and the remaining proportion reported having a neither positive nor negative experience.
- The most common reasons for positive experiences with their GP practice related to perceived efficiency and satisfactory waiting times, feeling listened to, and finding the GP and other staff personable (supportive, friendly and polite).
- Other reasons for positive experiences included respondents finding it easy to contact their GP practice and to book appointments, and being content with the advice and treatment they received.
- Some of the reasons for negative experiences were direct opposites of reasons given for a positive experience by other respondents; for example, the most common reasons for negative experiences related to having difficulty with or being unable to book appointments, and long waiting times for appointments.
- Other reasons for negative experiences included finding appointment dates inconvenient and a lack of options to choose from, difficulty contacting the practice by telephone or online, being dissatisfied with having an appointment with or receiving advice from someone else than their expected or preferred healthcare professional, and not being able to continuously see the same healthcare professional.

2 . Overview of topic

The Health Insight Survey (HIS) is a longitudinal survey, which started on 23 July 2024. It collects data every four weeks and is commissioned by NHS England. The HIS gives people aged 16 years and over in England the opportunity to offer regular feedback about their experiences of some NHS services. The HIS sample currently has a greater proportion of older age groups (aged 55 years and over) and groups reporting White ethnicity than the general population. We apply statistical weighting to our [regular Experiences of NHS healthcare services in England statistics](#) to ensure they are representative of the target population, but this cannot be done in qualitative analysis. The qualitative data analysed in this article are drawn from the HIS sample, so it should be kept in mind that the findings might not represent the experiences of younger people and ethnic minorities well.

The HIS mainly includes closed questions. From Wave 13 of the survey (24 June to 16 July 2025) onwards, we have included open-ended questions about some NHS services, which follow on from certain closed questions. Open-ended questions give respondents the opportunity to provide the reasons why they rated their experiences of particular NHS services as "good" or "poor". This allows us to gain more insight into the NHS patient experience.

For example, responses to the closed questions in Wave 13 showed that 38.8% of adults attempted to contact their GP practice in the past 28 days. Of this group, 96.4% successfully made contact on the same day, the next day, or after two or more days. Of those:

- 73.6% had a "good" experience (includes "good" and "very good" responses)
- 9.5% had a "poor" experience (includes "poor" and "very poor" responses)

Overall, in Wave 13, 93.8% of adults (2,880 respondents) who rated their GP practice experience as poor provided a free-text response, compared with 71.3% of adults (18,410 respondents) who rated their GP practice experience as good. Young adults aged 16 to 24 years had the lowest response rate to open-ended questions. Female respondents had a higher response rate than male respondents.

In this article, we focus on the open-ended questions, which we analysed by conducting codebook thematic analysis. The findings and quotes included in this article are not intended to be generalisable to the population.

In total, we coded 1,276 free-text responses to develop the themes concerning the reasons for a positive experience (2.2% of good experience free-text responses) and 928 responses to develop the themes concerning the reasons for a negative experience (10.3% of poor experience free-text responses). These subsets were selected randomly, and analysis was stopped when we reached data saturation.

Responses are grouped into categories of interpreted frequencies (separately for good and poor experiences): few, some, many, and most of the analysed responses. These frequencies indicate how often a topic was mentioned, relative to other topics within one question (reasons for good experiences or reasons for poor experiences), but they should not be interpreted as numerical insight into exact proportions. Further, the frequencies do not reflect how important a topic was to respondents. In qualitative analysis, importance is understood through depth, context, and meaning, and it is not standard practice to quantify qualitative themes using numbers. For more details about response rates and methods used, see [Section 6: Data sources and quality](#).

3 . Reasons for positive experiences of GP practice

The largest proportion of respondents had a good or very good experience of their GP practice (73.6% in Wave 13). We organised the comments about the reasons for a positive recent experience of their GP practice into nine broader themes:

- timely and efficient service
- accessibility and convenience
- good administration of the services
- care preferences met
- coordination across different services
- coordination within the GP practice
- effective digitalisation
- positive experiences of consultation and treatment
- positive interactions with staff

Across all themes, the most common subthemes were efficiency and satisfactory waiting times, feeling listened to, and finding the GP and other staff at the practice personable.

Timely and efficient service

Responses in this theme relate to four subthemes:

- efficiency and satisfactory waiting time
- timely prescription process
- punctual appointment
- referral without having to see a GP

Over half of responses related to experiences that fit with the subtheme of efficiency and satisfactory waiting time. Within this subtheme, respondents commented on finding that the services were carried out promptly, in a timely manner, and efficiently. In some comments, this involved specific processes being efficient and within a satisfactory timeframe, such as appointment bookings, appointments, treatment, tests and/or test results:

I was contacted on the same day and asked to text a photo of my problem. The doctor then contacted the appropriate health care professional, and I was sent an appointment within a few days.

(Male, aged 65 to 74 years)

The doctor rang me in the morning I went to see her in the afternoon she prescribed me antibiotics found me a chemist that was open so I could start the course right away.

(Male, aged 65 to 74 years)

Other responses were brief comments about efficiency, such as "efficient", without specifying any processes.

A timely prescription process stood out from the efficiency and timeliness of other services. Less than a third but more than five responses related to this subtheme.

A minority of patients' responses mentioned that their positive experience was because they had a punctual appointment or a referral without having to see a GP first.

Accessibility and convenience

Responses in this theme relate to three subthemes:

- convenient appointment
- needs and preferences considered
- home visit

Some responses said the patients' good experience related to the convenient appointment subtheme. This included arranging an appointment for a time convenient to the patient and making the appointment easy to access or attend, for example, because the practice was located close to the patient.

Some responses also reported a good experience because the patients felt that their needs and preferences were considered when offered appointments or creating a treatment plan. For example, the practice offered different options for contact to patients who struggle with technology.

They allow contact by email over things like prescriptions, which is accessible for me because I struggle to use the phone.

(Female, aged 65 to 74 years)

A small number of responses said the patient had a good experience because the GP offered them a home visit.

Good administration of the services

Responses in this theme relate to three subthemes:

- easy to contact and to book appointments
- clear communication about appointments and/or procedures
- easy to order prescriptions

Between a third and a half of responses mentioned that patients' positive experience related to the service being easy to contact and to book appointments. This included appointment bookings online, via telephone or in-person, for urgent, non-urgent and unspecified needs.

I contacted the surgery to book an online appointment for a vaccination. It was very easy to book a convenient appointment.

(Female, aged 65 to 74 years)

Some responses highlighted a good experience because the patients appreciated clear communication, such as confirmation of appointment time or location, or communication about procedures and prescriptions. Some other responses related to finding it easy to order repeat or non-repeat prescriptions.

Care preferences met

Responses in this theme relate to five subthemes:

- satisfaction with an in-person appointment
- preferred pharmacy
- preferred healthcare professional
- content with remote advice
- continuity

Within this theme, we grouped responses where patients highlighted an experience of care meeting their preferences.

Some responses mentioned a patient having a good experience because they were satisfied with being offered an in-person appointment or because they were given the option of having their prescription sent to their preferred pharmacy.

Some patients' responses mentioned that they appreciated being able to see or speak to their preferred healthcare professional. Other responses said the patients' positive experience related to being content with remote advice (such as a phone call), or the continuity of seeing the same GP over time.

I suffer from diverticular disease and at the start of a flare up I can telephone to request the relevant antibiotic, and the prescription is sent electronically to my pharmacy the same day which saves a lot of possible embarrassment and pain.

(Female, aged 65 to 74 years)

Coordination across different services

Responses in this theme relate to two subthemes:

- GP supported a referral
- good coordination of care

Some responses mentioned that patients valued the GP supporting a referral to a specialist and/or for further tests or treatment. Meanwhile, only a small number of responses mentioned that care was well coordinated across different services or appointments.

Coordination within the GP practice

Responses in this theme relate to two subthemes:

- reliable
- well organised

Some responses mention patients finding their GP practice to be reliable. Comments were grouped into this subtheme if they referred to consistently getting a response or timely appointments from their GP practice.

The practice is very responsive to all issues raised with them and provides an excellent monitoring service of my health needs.

(Male, aged 75 years and over)

Few responses said the reason for their good experience was that their GP practice was well organised.

Effective digitalisation

Responses in this theme relate to two subthemes:

- content with online appointment bookings and/or prescription requests (other than NHS App)
- NHS App worked well

Some responses about positive experiences reported on patients being content with online appointment bookings (where a patient used an online service, such as a website, to make a booking or request) and/or prescription requests (other than NHS App).

I like completing online form as it gives me time to think. The GP Practice mainly deals with it that day. Efficient system.

(Female, aged 65 to 74 years)

Further, some responses mentioned a good experience because patients found that the NHS App worked well and they were content using it for contacting their GP practice.

Positive experiences of consultation and treatment

This theme relates to the experience of consultation with a healthcare practitioner, and the subsequent advice and /or treatment given to the patient.

Responses in this theme relate to nine subthemes:

- content with advice and/or treatment
- clear communication about diagnosis, treatment and/or test results
- helpful intervention
- knowledgeable staff
- thorough and/or unrushed assessment
- follow-up
- satisfied with a routine health check-up
- staff had access to medical records or notes
- good experience of a blood test

Between a third and a half of responses about a positive experience related to patients being content with the advice and/or the treatment that they received, including being content with referrals for further tests.

Questions I asked were answered. Was given medication for my condition. If medication not suitable can go back to see doctor.

(Female, 75 years and over)

The nurse practitioner I saw was very polite and helped me understand my problem. She also did a few more checks to put my mind at rest and stopped me worrying.

(Female, aged 55 to 64 years)

Some responses in this subtheme were less detailed, but communicated satisfaction with the service provided by the GP or the healthcare practitioner.

Helpful and informative.

(Male, aged 65 to 74 years)

Some responses related to patients receiving clear communication about their diagnosis, treatment and/or test results, where they reported that healthcare practitioners answered their questions about their health and helped them feel well informed. Some responses reported on patients receiving a helpful intervention, where they saw improvements or made progress following contact with the GP. Other responses said patients found the staff knowledgeable and trusted their judgement and expertise.

Further, some responses said patients' positive experiences were related to having a thorough and unrushed assessment; they felt that the GP spent adequate time assessing them or explaining their condition or treatment. Some responses related to the patient being content that they were offered or had a follow-up.

A small number of responses related to being satisfied with a routine health check-up, the staff (including reception and/or the GP), having access to medical records or notes and using them to inform the patient's care, and having a good experience of a blood test.

Positive interactions with staff

Responses in this theme relate to two subthemes:

- feeling listened to
- personable staff

More than half of the responses mentioned patients having positive interactions with staff because they felt listened to and found the staff to be personable. Patients who felt listened to either said exactly that or commented that their problems were well understood.

[...] spoke to very helpful receptionists who really listened.

(Male, aged 75 years and over)

Respondents commenting on personable staff said staff were supportive, friendly, polite, encouraging, and non-judgemental.

The receptionist was very friendly and helpful. She dealt with each of my requests and went out of her way to fit appointments around my needs, for example combining appointments, booking them for early morning and at the weekend.

(Female, aged 35 to 44 years)

4 . Reasons for negative experiences of GP practice

In Wave 13 (24 June to 16 July 2025), just 9.5% of respondents reported a negative experience of their GP practice, compared with 73.6% who reported a positive experience. However, those who reported a poor experience provided more varied reasons for their experience than those who reported a good experience. This leads to the larger number of subthemes throughout this section than the previous section.

We organised comments providing reasons for a poor or very poor recent experience of their GP practice into seven themes:

- poor administration of the services
- issues with appointment booking and availability
- issues contacting and accessing the service
- negative interactions with staff
- issues with prescriptions
- patient expectations not met
- unhelpful consultation or treatment

Across all themes, the most common subthemes were difficulty with or inability to book appointments and long waiting times for appointments.

Poor administration of the services

Responses in this theme relate to 14 subthemes:

- call scheduled but not received
- lack of or poor communication about an appointment or treatment
- dissatisfied with online forms
- difficulty with a referral
- told to self-refer
- inconvenient administrative processes
- administrative error
- difficulty with a follow-up
- poor coordination of care
- test results not received
- disagreement with medical records or notes
- appointment not punctual
- limited opening hours of GP surgery
- long waiting times for administrative requests to be actioned

Each subtheme represents responses from a minority of respondents.

Some responses commented on experiences related to poor communication with the service, including:

- having a call scheduled (from the healthcare professional), but not received
- a lack of or poor communication about an appointment or treatment
- being dissatisfied with filling out online forms to communicate with the practice, for example, because they found them time-consuming or not straightforward

Some responses mentioned a poor experience related to a difficulty with a referral, such as wanting or needing a referral but not being able to get it. Others reported dissatisfaction with being told to self-refer, as they would have preferred the referral to be handled by the service.

Some reported on patients having poor experiences because of inconvenient administrative processes at the GP practice and administrative errors that affected them. Other responses mentioned a poor experience because of patients having difficulty with a follow-up appointment, for example, because the GP said to book an appointment, but the only way to do so was to go through triage again.

Some patients had an issue with a follow-up because they were unable to book it within the timeframe that the healthcare professional recommended.

Called every day for 6 working days to get a review appointment the GP instructed me to book for an existing condition (not me calling re a new issue). The first 5 days they had no slots left. Appointment over a month away yet GP wants to review now.

(Male, 35 to 44 years)

Some responses mentioned patients experiencing poor coordination of care. For example, they reported having tests done at their GP practice that were not accessible to the hospital doctor, so they had to re-do the same tests. Some responses mentioned that patients did not receive test results they expected.

A few responses reported on patients having a poor experience because:

- they disagreed with the medical records or notes made by staff
- their appointment was not punctual
- they were dissatisfied with the limited opening hours of their GP surgery
- they experienced long waiting times for administrative requests to be actioned (excluding appointments or referrals), for example, a request to access their medical history

Issues with appointment booking and availability

Responses in this theme relate to 11 subthemes:

- difficult or unable to book an appointment
- long waiting times for appointment
- inconvenient appointment dates and lack of options
- appointment cancelled
- appointment not rescheduled
- long waiting times for treatment, tests or results
- dissatisfaction with having to go to walk-in centre or Emergency Department, or having to call 111 or 999
- appointment offered at a different location to the usual GP practice
- online systems inaccessible
- anytime telephone appointment
- suggested to use a private service

Most responses were comments on patients having difficulty with or being unable to book an appointment. This was because no appointments were available or the booking system made it difficult to book an appointment (for example, because appointments can only be requested at a specific time of the day).

Constant messaging about how it is too busy to see patients. If you call for an appointment you will never get one. I once called every day for three weeks. I never got an appointment so went to hospital instead.

(Male, aged 55 to 64 years)

Second, most responses mentioned patients' experiences with subjectively long waiting times for appointments, including where urgency of the medical issue was not specified or when an urgent or a routine appointment was requested.

It took over 2 weeks to get an appointment with the gap. Then I had to wait over 6 weeks for an MRI and then a further 2 weeks to discuss the results. All the while I have been working in pain and taking pain killers for too long!

(Female, aged 45 to 54 years)

I've been waiting for a standard health check for 4 years now as the one I should have had at 40 was delayed due to COVID. I was told it would happen last year, but it didn't. Then I was sent a code whilst I was away on holiday to book it - expired!

(Male, aged 35 to 44 years)

Many responses said the patients' negative experience related to inconvenient appointment dates and a lack of options for appointment dates. In some cases, even when the options did not work well for the patient's schedule, they were not given other options.

I called early Aug. for an appointment to see my Dr. to be told there weren't any appointments until the back end of Sept. (8 weeks later) Their system is has got a lot worse. Then gave me Dates & times I couldn't do because of Hospital appoints.

(Female, aged 55 to 64 years)

Some responses mentioned patients having other issues with appointments, including:

- the appointment being cancelled (including phone appointments)
- the appointment not being rescheduled
- being dissatisfied with the appointment being offered at a different location to the usual GP practice

For others, negative experiences related to the telephone appointment system, which involves a call from a GP at any time of the day. Some responses highlighted an issue with booking, where the online system for booking and requests is inaccessible, for example, because some people do not know how to use the online system but have no other option for booking.

Less than a third but more than a few responses were comments on having to go to a walk-in centre, emergency department, or having to call 111 or 999 when they would have preferred to have an appointment at their regular GP practice.

Further, some responses mentioned patients having issues with long waiting times specifically for treatment (including prescriptions for medication), tests, or results. Finally, a few responses mentioned that patients' negative experience related to their GP practice suggesting that they contact and use a private healthcare service because of unavailability of appointments or a particular treatment or service.

Issues contacting and accessing the services

Responses in this theme relate to six subthemes:

- difficulty contacting by telephone
- difficulty contacting online
- services difficult to access
- correspondence ignored
- special needs ignored
- dissatisfied with interactive voice response

Many responses related to difficulty contacting by telephone and online.

You can never get through. They only ever have the NHS app active for booking appointments first thing in the morning for a very short period. I work shift work and this is not helpful. They refuse to help you on the phone.

(Female, aged 35 to 44 years)

Less than half of responses commented on the services being difficult to access, where patients were offered an in-person appointment that they were not able to attend in person, or because they found the location difficult to find, get to or park nearby.

Following discharge from hosp. after 2wks I ask for a tele appt to discuss ongoing care as I was immobile. The next day I was offered a face-to-face appt. despite me having said I can't get to the surgery. [...]

(Female, aged 65 to 74 years)

Some responses mentioned that patients had correspondence or requests ignored by the practice. Further, some commented that patients have a special need (for example, a disability), which was communicated to the practice but was ignored, and the service did not make an adjustment for them. Finally, a few responses mentioned that patients had a negative experience when contacting the service, because they were dissatisfied with the interactive voice response when calling the GP practice.

Negative interaction with staff

Responses in this theme relate to five subthemes:

- lack of empathy
- not feeling listened to
- staff perceived as rude
- discontent sharing details with reception
- limited privacy when talking to reception

Over a third of responses reported patients having communication-related issues, including feeling that the staff showed a lack of empathy, not feeling listened to, and perceiving staff as rude or impolite. These feelings were elicited by GPs and other practice staff; some comments did not specify the professional beyond saying "staff".

I don't think I am being listened to. I have not been given proper follow up care after surgery, which led to long term issues. I was told by Dr that they wouldn't look at fibromyalgia or ME as an option for my symptoms. I was fobbed off.

(Female, aged 55 to 64 years)

Impossible to get an appointment with female GP, doctor is rude, still waiting for a lump removed from Feb, no one rung me, reception rude. Complete lack of care.

(Female, aged 45 to 54 years)

Some responses said patients felt uncomfortable or generally discontented having to share details of their problem or condition with reception. This involved sharing details in-person and online. A few responses also mentioned patients being dissatisfied with the limited privacy when talking to reception.

Issues with prescriptions

Responses in this theme relate to two subthemes:

- difficulty with non-repeat prescription process
- difficulty with repeat prescription process

Some responses mentioned that patients found the processes of non-repeat or repeat prescriptions poor or inefficient.

Patient expectations not met

This theme represented patients having expectations of a standard of care, a preference for a particular experience of care, or an interaction with the service that were not met.

Responses in this theme relate to 10 subthemes:

- dissatisfied with appointment or advice from someone else than expected or preferred healthcare professional
- lack of continuity
- care not meeting expectations
- dissatisfaction with remote advice
- perceiving the GP to be inexperienced
- care preference ignored
- felt forced into an appointment
- one health problem per appointment
- discontent with treatment
- dissatisfied with on-hold music when contacting via telephone

Over a third of responses commented on patients' reasons for a negative experience that related to dissatisfaction with an appointment or advice from someone else than expected or preferred healthcare professional. Some expected to see a particular staff member (for example, a GP), but saw a different professional (for example, a nurse practitioner).

I have an ongoing problem causing me concern and I would like a doctor to examine and prescribe treatment instead of the practice nurse. [As a] result my condition is worsening and causing me further problems. It seems the practice has insufficient doctors.

(Male, aged 75 years and over)

Many responses mentioned that patients had a negative experience related to the lack of continuity of seeing the same healthcare professional over time.

I get the feeling they are very over stretched, it is VERY difficult to get a face to face with same person twice.

(Female, aged 45 to 54 years)

Less than a third of responses were about care not meeting expectations, for example, the patient was disappointed specifically with the advice or treatment they received. Responses were categorised into this subtheme when the outcomes of the advice or treatment were ambiguous, but it was clear that the patient was disappointed with it.

[...] they kept suggesting a physio which I knew wouldn't be any good.

(Female, aged 65 to 74 years)

Further, some responses commented on patients receiving remote advice and being dissatisfied with this.

Only a few responses mentioned other reasons, including:

- perceiving the GP to be inexperienced
- having their care preference ignored
- feeling forced into an appointment
- being able to discuss only one health problem per appointment
- being discontented with treatment (where the treatment might have worked but the patient was not content with it, for example, because they were given medication but preferred non-pharmaceutical treatment)
- being dissatisfied with on-hold music when contacting via telephone

Unhelpful consultation or treatment

This theme represented patients finding that the treatment or consultation provided by the GP practice was not up to standard and, in some way, did not help to address their problem. Responses in this theme relate to six subthemes:

- perceiving care to be unthorough or rushed
- counterproductive treatment
- irrelevant treatment
- no diagnosis and/or no treatment
- no follow up
- healthcare practitioner not reading patient notes or accessing information about them before appointment

Less than a third of responses said patients' care was unthorough or rushed, where the appointment length was inadequate or the assessment felt rushed.

A few responses said that patients had counterproductive treatment, which refers to situations when a patient received or was offered treatment that they believed was making their condition or overall health and functioning worse (including side effects). Others said patients had irrelevant treatment, which refers to patients being prescribed or receiving treatment that did not make their condition better.

A few responses mentioned patients having a negative experience because of:

- not receiving a diagnosis or treatment
- hoping for a follow-up and not receiving one
- their healthcare practitioner not reading their notes or accessing information about them before their appointment

5 . Data on experiences of GP services in England, thematic analysis: June to September 2025

[Experiences of NHS healthcare services in England: thematic analyses](#)

Dataset | Released 26 February 2026

Qualitative analysis of patients' experiences of NHS services in England, based on free-text responses from the Health Insight Survey (HIS) commissioned by NHS England. Each dataset presents findings from three waves (12 weeks) of the HIS.

6 . Data sources and quality

Qualitative (free-text) questions in the Health Insight Survey

As part of the Health Insight Survey (HIS), respondents who attempted to contact their GP practice in the past 28 days rate their overall experience. They then receive a tailored, free-text question, depending on whether their rating was positive or negative.

Answering free-text questions is voluntary, so only a proportion of the full HIS sample responds. This ranges from under 100 to several thousand per wave, depending on the question. All free-text responses are limited to 250 characters.

We analyse a subset of the free-text responses through codebook thematic analysis.

Response rate

Overall, 93.8% of adults (2,880 respondents) who rated their GP service experience as "poor" or "very poor" (referred to as "poor") provided a free-text response in Wave 13, compared with 71.3% of those (18,410 respondents) who rated their GP practice experience as "very good" or "good" (referred to as "good").

Older age groups are overrepresented in the HIS and were also more likely to provide free-text responses. There was a stepwise increase in the percentage of adults providing free-text responses in Wave 13 (24 June to 16 July 2025) in relation to good GP practice experiences; when breaking the sample down into age groups, 50% of those aged 16 to 24 years (43 respondents) provided a free-text response, compared with 73.6% of those aged 75 years and over (5,535 respondents). The increase was less linear when GP practice experience was rated as poor. Those aged 16 to 24 years still had the lowest proportion providing free-text responses (77.8%, or 7 respondents), compared with between 93% and 94.9% of all adults aged 35 years and over.

A larger proportion of female respondents provided free-text responses for good GP practice experiences (72.6%, or 10,532 respondents) than male respondents (69.6%, or 7,878 respondents) in Wave 13. More female respondents also gave free-text responses about poor GP practice experiences (92.8%, or 1,153 respondents) than male respondents (94.4%, or 1,727 respondents).

People who report White ethnicity are over-represented in the HIS. However, there was no clear pattern in completion of free-text responses across ethnic groups in Wave 13. For good GP experiences, 80.7% of Black, African, Caribbean or Black British respondents provided free-text responses (96 respondents), compared with 65.4% of those identifying as Other ethnic group (51 respondents). For poor GP experiences, 96.9% of adults identifying as Mixed or Multiple Ethnic group (31 respondents) provided the largest proportion of free-text responses, whereas 87.5% of those identifying as Asian or Asian British respondents (63 respondents) had the lowest proportion.

Analysis and reporting our findings

Codebook thematic analysis

Thematic analysis is a family of qualitative data analysis methods that result in themes, which are categories of responses. Codebook thematic analysis is a type of thematic analysis where a list of codes (a codebook) is developed initially, and responses are labelled by the codes (topics) that they include. The codes are also referred to as subthemes and are grouped into themes, which categorise them into broader topics.

We carried out codebook thematic analysis of selected open-ended questions included in the HIS until data saturation. Data saturation is when no new patterns (for example, codes) are identified, despite analysing more responses. This approach is usually used by qualitative analysts to mark a stop to the analysis of a large qualitative dataset.

Response categories

We demonstrate the proportion of responses provided in either the "good" or "poor" question category according to the following terms:

- most – the topic was brought up by over half of all responses that were analysed for the question category
- many – the topic was brought up by around a third, but less than half of responses that were analysed for the question category
- some – the topic was brought up by less than a third, but more than five responses that were analysed for the question category
- few – the topic was brought up by five or fewer responses that were analysed for the question category

We use these categories as the interpretative nature of qualitative analysis means that we cannot generate strict counts using numerical values. Reporting these estimates with numerical or percentage values could lead users to assume that we made numerical estimations, based on quantifiable survey questions, which is not the case.

Further information on the data collection, participants, analysis method, and strengths and limitations, are presented in Section 7: Thematic analysis method and quality summary of our [Experiences of NHS healthcare services in England quality and methodology information \(QMI\)](#). Further information on the quality and methodology of the whole survey is also described there.

7 . Related links

[Health Insight Survey](#)

Topic page

The Health Insight Survey is designed to give patients the opportunity to offer regular feedback about their experiences of the NHS. It is conducted by the Office for National Statistics (ONS) and funded by NHS England.

[Experiences of NHS healthcare services in England](#)

Bulletin series | Last released 11 September 2025

Overview of new questions added to the Health Insight Survey exploring experiences of NHS healthcare services, general practice and hospital waiting lists.

[NHS England: About us](#)

External webpage

Overview of the structure and roles and responsibilities of NHS England and the NHS regional teams.

8 . Cite this article

Office for National Statistics (ONS), released 26 February 2026, ONS website, article, [Experiences of GP services in England, thematic analysis: June to September 2025](#)