

The GP Patient Survey 2008/09 Technical Report

**Survey conducted for the Department of Health by Ipsos MORI
January-March 2009**

Ipsos MORI

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1. Introduction

This technical report provides details of the year three GP Patient Survey (GPPS) conducted by Ipsos MORI on behalf of the Department of Health.

The GP Patient Survey is a quantitative postal survey with questionnaires being sent to almost 5.7 million patients in January 2009. Reminder questionnaires were also sent out to patients who had not responded in February and March.

This is the third year that the Department of Health (DH) has conducted the GPPS in England. This year the survey has been extended to cover some of the issues that concern patients, such as how easy or difficult it is for patients to make an appointment at their surgery, satisfaction with opening hours, and the quality of care received from their GP and practice nurses, amongst other things.

Survey Governance

The governance of the survey was changed in year three from a Survey Board to three review groups – the Academic Review Group (ARG), Joint Review Group (JRG) and Stakeholder Review Group (SRG). The three groups consisted of representatives from the following organisations:

- Academic Review Group (ARG)
 - Ipsos MORI
 - Peninsula Medical School
 - National Primary Care Research and Development Centre

- Joint Review Group (JRG)
 - Department of Health
 - Department of Health and Social Services (Wales)
 - Department of Health, Social Services and Public Services (Northern Ireland)
 - Ipsos MORI
 - Peninsula Medical School
 - National Primary Care Research and Development Centre

- Stakeholder Review Group (SRG)
 - Department of Health
 - Department of Health and Social Services (Wales)
 - Department of Health, Social Services and Public Services (Northern Ireland)
 - Ipsos MORI
 - Peninsula Medical School

- National Primary Care Research and Development Centre
- General Practitioners Committee, British Medical Association
- Healthcare Commission (now Care Quality Commission)
- National Association for Patient Participation
- NHS Confederation
- Royal College of General Practitioners
- Royal College of Nursing
- The Patients Forum

The technical details of the survey are contained in this volume, with all survey documentation provided in the appendices.

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2. Questionnaire Development

Background to the Questionnaire

A new questionnaire was developed for the year three GP Patient Survey (GPPS). While this builds on some of the questions included in the year two survey, the questionnaire was doubled in length and a number of new thematic areas were added.

The Questionnaire Development Process in Year Three

The questionnaire was designed by the Academic Review Group (ARG) consisting of Ipsos MORI methodology experts and our academic partners at the National Primary Care Research and Development Centre, University of Manchester and Peninsula Medical School.

This group devised a draft questionnaire which was cognitively tested in a number of waves. Interim feedback from the cognitive interviews was fed back to the ARG. In addition, the meetings of the JRG, ARG and SRG facilitated regular feedback on the findings and amendments to the questionnaire following input from these stakeholders.

Questionnaire revisions were made by the ARG and Ipsos MORI experts. In addition, survey and questionnaire design literature was also drawn on to devise both question wording and layout.

Contents of the questionnaire

Since year two, the length of the questionnaire has extended from four to eight pages and now covers a range of themes as laid out below. The questionnaire now contains a combination of revised year two survey questions and new ones developed specifically for this survey (indicated below).

A. About your GP surgery or health centre

- Access to the GP surgery (NEW)
- Cleanliness of the GP surgery (NEW)
- Being overheard when talking to the receptionist (NEW)
- Helpfulness of receptionists (NEW)

B. Getting through on the phone

- Getting through on the phone
- Speaking to a doctor or nurse (NEW)
- Getting test results over the phone (NEW)

C. Seeing a doctor

- Booking to see a doctor fairly quickly
- Reasons for not being able to see a doctor fairly quickly (NEW)
- Booking ahead to see a doctor
- When patients last saw a doctor
- Reason for not seeing a doctor in the last 6 months (NEW)

D. Waiting time in the GP surgery or health centre

- Waiting time after appointment time (NEW)

E. Seeing the doctor you prefer

- Having and seeing a preferred doctor

F. Opening hours

- Satisfaction with opening hours
- Opening at additional times

G. Seeing a doctor in the GP surgery or health centre

- Does the doctor have enough time, ask about symptoms, listen, explain, involve, care and take problems seriously (NEW)
- Confidence and trust in doctor (NEW)

H. Seeing a practice nurse in the GP surgery or health centre

- Recent appointments with nurse and ease of getting appointments (NEW)
- Does the nurse have enough time, ask about symptoms, listen, explain, involve, care and take problems seriously (NEW)

I. Your overall satisfaction

- Overall satisfaction with care received (NEW)

J. Planning your care

- Long-standing health problem or disability (NEW)
- Recent discussions with doctor or nurse about the long-standing health problem (NEW)
- Agreement of how to manage long-standing health problem (NEW)
- Impact of discussion/plan on care (NEW)

K. Out of hours care

- Knowing how to contact out-of-hours services (NEW)
- Past experience with out-of-hours service (ease of contacting, prescriptions and getting hold of medication, speed of care, overall feeling on care received by out-of-hours service) (NEW)

L. Demographics

- Gender, age, ethnicity
- Work status, journey time to work, seeing a GP during working hours
- Overall health (NEW)
- Long-standing conditions
- Deaf and sign language user (NEW)
- Parent or legal guardian
- Carer responsibilities

Cognitive Interviews conducted

In preparation for year three of the survey, a total of 50 cognitive interviews were conducted. As illustrated in Table 1 on page 9, these consisted of four separate waves of cognitive testing. The first and second waves were used to amend and develop the set of new questions. From wave two onwards, different versions of the graphic layout of the questionnaire were tested in most interviews. Waves three and four continued to examine the whole questionnaire, with a particular focus on questions about making appointments and the sections on 'Planning your care' and 'Out of hours care'.

The issues and limitations identified during each of these testing rounds informed the re-design of the questionnaire, taking into account the Department of Health's requirements in terms of the terminology used and the reference period that should be referred to.

A range of respondents in various locations across England were interviewed in each round of the cognitive interviewing process. For the purposes of testing, individuals were recruited to the following specification:

- A mix of male and female respondents;
- A mix of respondents from different social backgrounds (social grade);
- At least nine respondents from BME backgrounds;
- At least fifteen respondents with a long-standing illness or condition;
- Seven respondents who were profoundly deaf;
- A large proportion of respondents who had seen their GP in the last six months;
- A large proportion of respondents who had recently asked for an appointment with their GP fairly quickly and of which at least five respondents had not been able to get an appointment;

- Various respondents who had tried to book an appointment in advance;
- At least nine people who had tried to contact a GP out of hours;
- A majority of people who have several GPs at their practice and some who are registered with a surgery with only one GP.

The cognitive interviews were conducted one-to-one and began with the respondent completing the questionnaire with an Ipsos MORI researcher present to observe. Some respondents spontaneously mentioned issues while filling in the questionnaire while others simply completed it to the best of their ability. Once the survey had been completed the questionnaire as a whole was discussed as well as questions of interest, which were discussed in more detail.

The cognitive interviews looked at issues that arose spontaneously as well as respondents' comprehension of the questions, some of the terminology used, with further probing into recall of information and judgement, looking into why a particular response had been given, some discussion around the response options available and whether these covered the response the respondent had wanted to give.

The interviews generally lasted between 45 minutes and an hour.

The Final Questionnaire

The question wording, content and layout of the questionnaire, along with the accompanying letter, were signed off by the Department of Health team. A copy of the final questionnaire can be found in Appendix 3.

Table 1: Overview of the Cognitive Interviews conducted

Wave	Aim of the interview	Target population	No. of interviews
Wave 1	Testing of the original question wording from year two of the questionnaire. In addition, suggestions for new questions were tested.	General public (12x London)	12
Wave 2	Testing of revised question wording, as well as the graphic layout. The focus was on respondents who had had a referral with a GP in the last six months and those with a long term health problem in order to test the payment and care planning questions. This round also included respondents who said that English was not their first language.	General public (5x Surrey, 11x London) 7x deaf respondents (3x London, 4x Oxford)	23
Wave 3	Testing of revised question wording as well as the graphic layout. The focus was on respondents who had tried to book an appointment fairly quickly or in advance with a GP in the last six months in order to further test the payment questions (section C).	General public (5x Cheshire)	5
Wave 4	Testing of revised question wording as well as the layout of the questionnaire across the general public. This round involved more targeted testing of sections on 'seeing a doctor', 'planning your care', and 'out of hours care', where additional changes to both wording and layout had been made.	General public (10x London)	10
Total			50

3. Sampling

This section outlines the approach used to select patients to receive the questionnaires.

Sample Overview

The sample was designed to measure practice performance on the two Quality and Outcomes Framework (QOF) measures of patient access to GP services.

Patient samples were obtained for each practice using Primary Care Trust (PCT) registration records held on the NHAIS (National Health Application and Infrastructure Services) database. The data provided from NHAIS databases consisted of patient name, address, NHS ID number, date of birth, and gender.

Unlike in year two of the survey, the sampling procedure was split into two distinct stages. Initially, NHAIS provided an anonymous list of patients for sample size determination and selection. After the selected anonymous records were returned to NHAIS a second file containing the contact details of the selected patients was provided.

Patients were eligible for inclusion in the survey if they:

- Were registered with the same practice continuously from 1 July 2008 to the date of the sample extraction by NHAIS on 30 October 2008 (this is to ensure that responses can be given about consultations at the correct practice up to six months before receipt of the questionnaires in early January)
- Were aged 18 or over on 1 July 2008
- Had a valid NHS Number

The total count of patients supplied by NHAIS for all practices in England was 42,805,469, 40,888,397 of whom were eligible for the survey as at 30 October 2008.

NHAIS Population Extraction Procedure

NHAIS provided a file of anonymous patient data for all English patients. The file contained a unique reference number, practice code, patient gender, patient coded age band, and patient home postcode.

This data was then analysed at practice level and a sample drawn (see below for method).

Practices Included in the Survey

The list of practices to be included was provided from the NHAIS system, and comprised all practices that had eligible patients on 30 October 2008. A total of 8,273 practices were identified in this way. A further 82 practices were listed, but had no patients aged 18 or over.

Practices were removed from the survey sample if the Department of Health notified Ipsos MORI ahead of the sample going to print. There are a number of reasons for practices being excluded. Table 3.1 shows the number of practices removed from the survey.

Table 3.1: The number of practices removed from the survey

Total practices identified	8,426
Practices with fewer than 50 qualifying patients	41
The Department of Health identified as inappropriate to survey or withdrawn from survey	18
No qualifying patients at date of final extraction	82
No patients at extraction date	12
Practices participating in survey	8,273

Sample Size Calculation

The sample size was determined for each practice to deliver a likely confidence interval (for questions asked of all patients who had had an appointment in the last six months) of ± 7 percentage points (two-tailed, at the 95% level) in the majority of practices. While this could never be achieved in all practices, every effort is made to ensure that the $\pm 7\%$ confidence interval is achieved for key pay and incentive questions in the majority of practices.

The sample design is relatively simple: a proportionately stratified, unclustered, sample is drawn from each practice. There are, however, some complications around the calculation of the practice sample sizes required to deliver set confidence intervals because:

(i) account has to be taken of practice patient population sizes because these are relatively small (through the *finite population correction*); and

(ii) as the pay and incentive questions are not asked of *all* respondents, the bases used to calculate confidence intervals for these questions in each practice will be smaller than the total number of respondents for the practice.

Both these factors affect sample size and confidence intervals, and inform the calculations used.

The size of the patient sample to be initially selected for inclusion (the *issued* sample) in the sample in each practice is therefore determined by the following components:

1. the number of cases required in order to deliver 95% confidence intervals of $\pm 7\%$ for key pay and incentive questions;
2. the proportion of all respondents who answer the key pay and incentive questions; and
3. the proportion of patients included in the issued sample who respond to the survey (taking into account both the number of sampled members found to be ineligible for the survey and the number who are eligible but do not respond).

These components are combined to determine the size issued sample in each practice as follows:

$$\text{Issued sample} = \frac{\text{Number required to deliver } \pm 7\% \text{ confidence intervals}}{\text{(proportion answering pay incentive questions} \times \text{proportion of issued sample responding)}}$$

Each of the three components involved in the above calculation needs to be estimated for each practice. We also assume that simple random sampling will be applied in each practice. On this basis, we estimate the number of cases required to deliver set confidence intervals around the estimate of a proportion.

It should be noted that the required sample size depends upon:

- (i) the number of cases in the population;
- (ii) the proportion being estimated (i.e. the practice "score" for the survey question); and
- (iii) the magnitude of the required confidence interval.

We already know the magnitude of the required confidence interval ($\pm 7\%$), and use 2008 practice data to estimate practice population size. However, the proportion to be estimated depends upon the question being considered. As noted above, the key confidence interval calculations related to two pay and incentive questions:

- Q1. *Think about the last time you tried to get an appointment with a doctor fairly quickly. Were you able to get the*

appointment on the same day or on the next 2 days the surgery was open?

Q2. *Last time you wanted to, were you able to get an appointment with a doctor more than 2 full days in advance?*

The sample size required to deliver a confidence interval of +/-7% for each of these questions is estimated using the following key information from the 2008 English survey:

	Q1	Q2
Proportion of respondents actually answering the question	51%	37%
Proportion of respondents who answered the question who answered "yes"	86%	77%

Response rate estimation

As in year two of the survey, it was possible to base response rate estimates on the actual response rates for each practice in the year two survey where available. Where no actual response rates were available the mean practice response rate from year two was used (44.3%).

To better model the likely number of usable responses, consideration was given to the proportion who met the sampling criteria of being able to answer Q7, which should be all patients who tried to see a doctor in the last 6 months. In year two, practices generated 51.1% usable responses to Q3 (the equivalent question in year two) out of the total distributed.

For 124 practices which did not participate in year two, we used the same modelling as was used in year one to estimate response rates. Practices were assigned response rate groups according to region and population age profile, with an estimated 64% having had an appointment in the last 6 months.

Adjustments to response rate estimates

To protect sample sizes from random variations in the response rate, we considered the 95% confidence interval around the response rates achieved in year two and based year three response rate estimates on the lower end of the 95% confidence interval around the Q7 response rate. This reduced the mean expected Q7 response rate for practices participating in year two from 33.2% to 30.2%.

This was regarded as a sufficient adjustment to accommodate the likely fall in response rates due to the change from a four-page to an eight-page questionnaire, and the fact that for one in five patients this could be the third GP Patient Survey questionnaire that they had received.

Sample size calculations

To prevent excessive costs in issuing very large numbers of questionnaires in practices with very low response rates in year two a minimum assumed Q7 response rate of 20% was set, and no practice had more than 1,274 questionnaires issued.

Total Sample Size

A total sample size of 5,660,217 was issued for the 8,273 practices.

Patient sample selection

Within each practice, patients were sorted by gender then age band. The required number of patients was then selected on a '1 in n' basis and the unique reference numbers returned to NHAIS via a secure FTP (File Transfer Protocol) site.

Personal Data Extraction

On receipt of the selected records, NHAIS then extracted the contact details for each of the sampled patients. The extracted file contained Name, Address, Date of Birth, Gender and NHS ID number. This file was encrypted by NHAIS and collected by a member of the Ipsos MORI project team. The password to access the data was then delivered separately to another member of the team.

Sample Cleaning and Exclusions

A number of checks were made on the supplied names and addresses to remove inappropriate records. These checks included:

- Invalid NHS ID numbers
- Duplicates between practices (identified by NHS ID number, both duplicates were removed as we could not be certain which practice they should belong to)
- Duplicates within practice
- Non-address details or other inappropriate information contained in address. These included:
 - Key safe numbers, telephone numbers and other numeric codes

- Unexpected words or phrases in the name or address (including “unknown”, “homeless”, “deceased”, cartoon characters, “test” etc)

Additionally, lists of deceased patients were supplied by NHAIS in advance of the two reminder mailings to allow their removal from the reminders. The scanning house also provided daily lists of patients who we were informed had died during the fieldwork period.

Patients were also excluded from the survey if they, or their practice, had notified the Department of Health of an opt-out requirement by 28 November 2008. A total of 42,212 patients were excluded in this way.

All sampled patients from all practices were then randomly sorted before being allocated sequential reference numbers (to ensure there was no link between reference numbers and practices). A mod-10 check digit was added to the end of the reference numbers to ensure processing integrity during data capture.

4. Data Collection

The GP Patient Survey is predominantly a postal survey. However, patients also had the opportunity to complete the survey online or by telephone via CATI (Computer Assisted Telephone Interviewing). These are discussed in greater detail below.

Postal Survey

Processing the Sample

The sample was delivered in person, encrypted, on DVD to the printing house, where it was cleaned using the Postcode Address File (PAF), to ensure that the questionnaires were sent to the correct address, and that they were eligible for Walksort 2¹. The sample was then sorted into Walksort order. This means that the questionnaires were batched together by postcode into “postal walks”, starting with the most northerly postcodes. They were then sent directly to the local Delivery Office, thereby avoiding a Sorting Office, and were ready to be delivered by the postman.

Printing

All questionnaires, letterhead, C5 reply paid envelopes and C5 outer envelopes were printed in advance of the survey. Once the sample was available, the questionnaires were then personalised with reference number and online password. The letters were also personalised with name, address and a unique reference number.

This year the printing process was different to previous years, as the questionnaire had increased to eight pages in length. Because of this, the questionnaires and letters were printed separately and only matched at the enclosing stage of the process. This meant that each sampled patient had two reference numbers: one on the questionnaire and one on the letter. Both reference numbers assigned to each patient were recorded throughout the survey process.

A single questionnaire, letter, and reply paid envelope were then packed into an outer envelope by machine, and sorted into Walksort batches, ready for collection by the Royal Mail (see above).

Initial Questionnaire

Questionnaires were sent to patients the week commencing 5 January 2009. The batches of questionnaires were staggered so that around a third of the questionnaires were sent each day, starting on Monday 5

¹ For more information about Walksort see:
www.royalmail.com/portal/rm/jump2?catId=400047&mediaId=600102

January, with the final batch mailed on Wednesday 7 January. A copy of the initial letter can be found in Appendix 4.

Reminder Questionnaires

A reminder letter and second questionnaire were sent to patients between 9 and 13 February 2009, again in batches but throughout the whole week. Reminders were only sent to people for whom we had no recorded response by the printing deadline. People who were *not* sent a reminder included:

- those who had returned their questionnaire to Ipsos MORI and it was processed before the deadline;
- those who had completed the questionnaire online;
- those who had completed the survey via the helpline;
- those who had telephoned the helpline and opted out of the survey;
- those who had opted out via the Department of Health;
- those whose questionnaires were returned to sender; and
- those recorded as deceased on the NHAIS databases.

A further reminder letter and questionnaire were sent between 9 and 13 March 2009. Again, these were only sent to patients for whom we had no record of any response or other reason for exclusion (see list above). Both reminder letters can be found in Appendix 5 and 6.

Alternative Methods of Completion

Although patients were offered several methods of completion, only one response per patient was included in the final data (see Section 8 for more details).

Online Completion

Patients were also offered the option to complete the survey online via the GPPS website (see Section 5 for more details). A unique password, consisting of a random selection of numbers and letters, was created for every patient in the sample, and printed on the front page of the questionnaire.

In order to complete the survey online, patients were required to enter their unique username (their reference number) and password. They were also offered the opportunity to choose the language in which they wished to complete the survey (English, Arabic, Bengali, French, Czech, Gujarati, Mandarin, Polish, Portuguese, Punjabi, Slovak,

Somali, Turkish or Urdu²). The login page for the online survey can be seen in Figure 4.1 below.

Figure 4.1: Login screen for online survey

For the first time there was also the option for people who use British Sign Language (BSL) to view the questionnaire in BSL on the GPPS website. This involved showing video clips of a BSL user signing all the instructions, questions, and options available. Users could then complete the survey online with the video clips for assistance.

For all versions of the online survey, the questions were identical to those on the paper questionnaire. Figure 4.2 overleaf shows how question 1 looked.

Figure 4.2: Question 1 on online survey

² In Year 3 of the survey an additional three languages were added to those already available in Years 1 and 2. These were chosen based on the most commonly used non-English languages by people contacting NHS Direct.

Only one online response per patient was accepted. If patients tried to complete it more than once, an error message appeared.

Telephone Completion

Patients were also able to complete the GPPS questionnaire on the telephone (including in the 13 non-English languages) by calling the freephone helplines. Patients were asked for their reference number before they could complete the survey; there was an automatic check on the reference number to ensure that it was valid for this survey. They were then taken through the survey with the interviewer entering the participants' answers into the CATI system.

Braille and Large Print Versions

For the first time, Braille users were offered the opportunity to receive the questionnaire and letter in Braille, and large print was again made available for those who requested a copy of the letter and questionnaire in this format.

5. Communication with Patients and Practices

In order to raise the profile of the GPPS and to provide patients and practices with information about the survey, we undertook a series of communication activities, such as providing posters and leaflets for practices, hosting a survey website and providing a survey helpline, all of which are described in more detail below.

Practice Posters

In late November 2008 all practices included in the GPPS were sent two posters for them to put up on their notice boards in their waiting rooms. The poster, redesigned for the third year of the survey, informed people that a selection of patients registered with the practice would be sent a questionnaire in January 2009. The poster also directed patients to the GPPS website address for more information. A copy of the poster appears in Appendix 1.

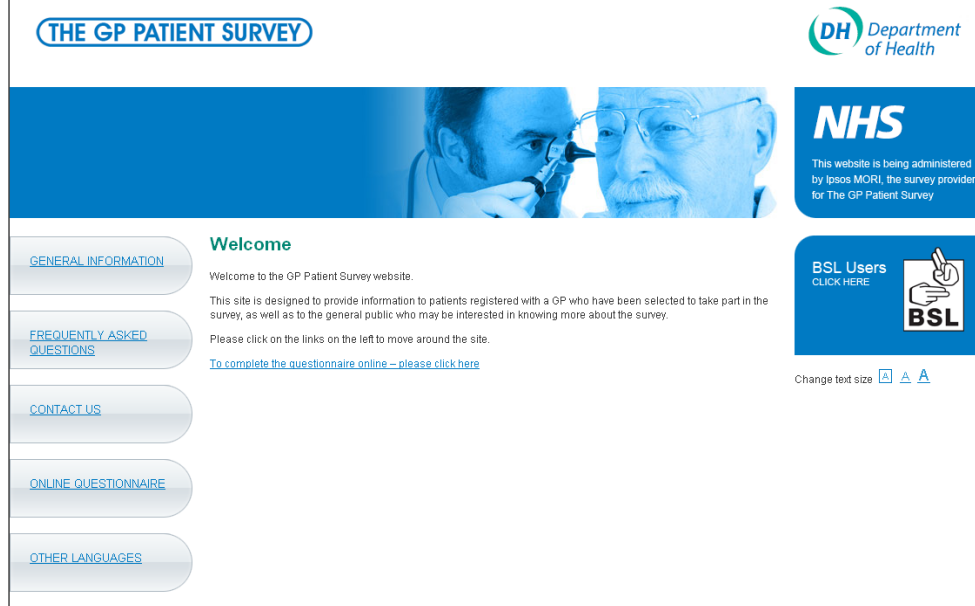
Practice Leaflets

As well as providing posters for practices, Ipsos MORI designed a new leaflet for practice staff, so that they had information should patients ask them about the survey. Along with the posters, each participating practice was sent 10 copies of the leaflet aimed at GPs and Practice Managers which explained the purpose of the survey and when it was being sent to patients, among other things. A copy of the leaflet is contained in Appendix 2.

GPPS Website

A dedicated survey website was designed and hosted by Ipsos MORI. The advertised web address was www.gp-patient.co.uk, although the site could also be accessed at www.gp-patient.com, www.gppatient.co.uk and www.gppatient.com. The site was designed to reflect the branding of the questionnaire and all other related material, such as the practice poster and leaflet (see Figure 5.1 for the website front page).

Figure 5.1: the www.gp-patient.co.uk front page



The website was initially launched in November, coinciding with the delivery of posters to practices. At this time the website contained only a small amount of information about the survey.

The full website was launched on 6 January 2009, as the first questionnaires were delivered to patients.

The website was arranged around the following headings.

- **General Information**, which covered the aims of the survey, ways in which to take part and information about accessibility;
- **Frequently Asked Questions (FAQs)**, which included information about how people were chosen, help with completing the survey, and data protection;
- **Contact Us**, contact details for the GPPS team at the Department of Health and the Ipsos MORI telephone helpline;
- **Online Questionnaire**; and
- **Other Languages**, information was provided in the 13 most commonly used languages by NHS Direct. These are Arabic, Bengali, Czech, French, Gujarati, Mandarin, Polish, Portuguese, Punjabi, Slovak, Somali, Turkish and Urdu. The FAQs, questionnaire and advanced letter were all translated into these languages in order to make the survey as widely accessible as possible.

There was also a link to the British Sign Language pages, which contained information in BSL.

GPPS Telephone Helpline

Ipsos MORI set up freephone helplines for people who wanted more information about the survey. Separate numbers were set up for the foreign language helplines. These are discussed in greater detail below.

English Language Helpline

The English helpline was manned by fully trained staff between 9am and 9pm on weekdays and 10am to 5pm on Saturdays from 6 January to 9 April 2009. In order for call handlers to answer patients' queries, they were all provided with a manual containing a complete list of FAQs. These were updated regularly to ensure that an answer could be provided for any questions which were not originally included. Where the call handlers could not answer a caller's query, the details were passed on to the GPPS research team, a member of which then responded to the query.

As well as being a source of information for patients, the helpline also enabled patients with valid reference numbers to complete the survey on the telephone, via CATI (Computer Assisted Telephone Interviewing). This was particularly useful for patients who had difficulty completing the questionnaire on paper or online.

Patients could also provide their reference number if they wished to opt out of the survey.

Foreign Language Helplines

In order to make the survey accessible there were separate helplines for the 13 non-English languages. Each language had its own freephone number which was connected to a voicemail message in the different languages. The message briefly explained the purpose of the survey and asked them to leave a message and telephone number if they wished to be called back. Interviewers in Ipsos MORI's International CATI Centre (ICC) then tried to return the calls within two working days. Up to eight attempts were made to return the call. As with the English helpline, patients were able to complete the survey on CATI, or opt out of the survey.

6. Data Analysis

Questionnaire Processing

Questionnaires were returned in supplied Business Reply Envelopes (2nd class³) to RR Donnelley in Eastbourne.

Envelopes were sliced open and questionnaires collated and prepared for scanning. Any other items of correspondence were set aside for review and response by Ipsos MORI or the Department of Health, as appropriate.

Questionnaires were scanned by RR Donnelley and processed using barcode recognition and Optical Mark Recognition technology, with operator verification of uncertain entries. All marks on the forms were recognised at this stage, regardless of whether they were in accordance with the questionnaire instructions.

Questionnaire data collected online or by CATI were logically prevented from containing data contrary to the questionnaire instructions (such as multiple responses to a question requiring a single answer).

Questionnaires were accepted and included in the final survey data if they were received by 9 April 2009.

Merging Data

Questionnaire data were combined from all sources. Where duplicates existed, the data used were selected according to a priority order with online data having precedence, followed by CATI data, then scanned data. Where duplicates existed within scanned data, the earliest return was included.

Weighting

As in previous years, the survey data were not weighted following discussions with the Department of Health and the survey stakeholders.

Without weighting the survey results, groups of patients who are more likely to respond to surveys (including women and older people) may make up a larger proportion of the survey findings than they do in the population as a whole. Because of the way that sample sizes varied with practice sizes, although practices are fairly equally represented in the survey findings, patients attending larger practices form a smaller

³ In previous years, the survey was returned 1st class.

part of the survey sample than they would in the population as a whole.

7. Response Rates

The overall response rate for England was 38%, based on 2,163,456 completed responses.

Questionnaires for 216,162 patients (3.8% of the full sample) were returned undelivered by 15 May 2009. The adjusted response rate excluding these is therefore 39.7%. The response rate varied significantly between practices.

Table 7.1 below shows the number and proportion of practices within each response rate band on a non-adjusted basis.

**Table 7.1: Response rate to survey
GP practices in England, Jan-March 2009**

Response Rate	No. of practices 08/09	% of practices 08/09	No. of practices 07/08	% of practices 07/08	No. of practices 06/07	% of practices 06/07
0-9%	32	*	20	*	17	*
10-19%	187	2%	147	2%	87	1%
20-29%	1,126	14%	918	11%	584	7%
30-39%	2,097	25%	1,875	23%	1,423	17%
40-49%	3,231	39%	3,063	37%	2,561	31%
50-59%	1,540	19%	2,135	26%	2,847	35%
60-69%	60	1%	149	2%	703	9%
70-79%	0	0	0	0%	10	*
Total	8,273	100	8,307	100	8,232	100

* indicates less than 0.5%

Response rates

Table 7.2 shows how response rates varied by gender, age group and region.

Table 7.2: Response rates by gender, age group and region

	Mean % response rate all individuals
Gender	
Female	45.4%
Male	31.1%
Age	
18-34	19.7%
35-44	29.0%
45-54	38.5%
55-64	53.2%
65+	60.4%
Government Office Region	
East Midlands	43.0%
East of England	43.1%
London	30.1%
North East	44.4%
North West	38.6%
South East	40.9%
South West	43.4%
Wales ⁴	50.9%
West Midlands	37.7%
Yorkshire and The Humber	41.8%
Total	38.2%

⁴ These are patients who are registered with an English practice but live in Wales.

Exclusions

The following were excluded from the final data:

- all questionnaires marked as completed by people aged under 18
- duplicate responses (i.e. where patients completed the survey multiple times)
- all blank questionnaires
- questionnaires without a valid reference number.

8. Reporting

Specification

The survey reporting specifications were created by Ipsos MORI in collaboration with the Department of Health. They detailed the content and layout of each of the reports required.

Editing the Data

As the majority of the completed questionnaires were on paper, this means that there was a degree of completion error that occurred, for example ticking more than one box when only one was required, answering a question not relevant to them, or missing questions out altogether. Therefore it was necessary to undertake a certain amount of editing of the data, following the rule sets devised by the Department of Health for each payment question, as set out in Table 8.1 below.

Table 8.1: Rule sets for reporting of payment questions

QOF Indicator	Who to include	Calculation for each column (A-C)	Exclusions
PE7 - 48 hour access to GP	Only those who had an appointment within 6 months (codes 1 or 2 at Q11) and who tried to make an appointment fairly quickly (code 1 at Q7), and who completed Q7	1a - Total of those replying "yes" or "no" to Q7 1b - Total of those replying "yes" to Q7 1c - Indicator is 1b as a percentage of 1a	Those who had an appointment more than 6 months ago or not at that practice (codes 3 or 4 at Q11), and those who had not tried to make an appointment fairly quickly (codes 2 or 3 at Q7)
PE 8 - Advance booking	Only those who had an appointment within 6 months (codes 1 or 2 at Q11), and who tried to book ahead (code 1 at Q10), and who completed Q10	2a - Total of those replying "yes" or "no" to Q10 2b - Total of those replying "yes" to Q10 2c - Indicator is 2b as a percentage of 2a	Those who had an appointment more than 6 months ago or not at that practice (codes 3 or 4 at Q11), and those who had not tried to book ahead (codes 2 or 3 at Q10)

Further editing of the data was required to ensure the data was logical. For example:

- If a patient ticked more than one box where only one answer was required, then the reply for that question was excluded.
- If all boxes were left blank the reply for that question was excluded.
- If a patient failed to tick “yes” for a filter question then they were excluded from the next relevant question.
- Where the ethnicity question (Q39) was multi-coded, patients were included in the “White British” or “Other” groups according to whether “White: British” has been ticked, without regard to any other categories also marked.

Delivery

Table 8.2 below shows the reports supplied to the Department of Health. All data and reports were encrypted and supplied via a secure FTP (File Transfer Protocol) site.

Table 8.2 Reports required in year three

No.	Product title	Detail / purpose	Date required
1	PCT payment report	To enable PCTs to make payment to practices on two indicators in QOF framework	8 May 2009 Email delivery to PCTs w/c 11 May
1a	PCT National payment report	To enable DH to include BMA, Primary Care Contracting and NHSE in the payment process,	8 May 2009 (or as soon as possible after)
2	PCT Full report	Info on all questions by practice	15 May 2009
3	PCT National report	Info on all questions by practice	15 May 2009
4	SHA full report	Info on all questions by PCT	15 May 2009
5	SHA National report	Info on all questions by PCT	15 May 2009
6	Care planning report	Info on care planning section broken down by local authority	22 May 2009
7	Out of hours provider report	Info on out of hours care section broken down by out of hours provider	22 May 2009
8	Person dataset	Person level dataset	8 May 2009

		allowing DH to carry out range of ad hoc analyses	
9	Practice dataset	Practice level dataset (SPSS) allowing DH to carry out range of ad hoc analyses	8 May 2009
10	National summary report	Give DH national results & distribution of practices	15 May 2009
11	National commentary	Communicate results of the survey to wider audience	19 June 2009
12	Compendium report	To include tables of all questions	19 June 2009
13	Technical annex	Communicate set up of survey	29 May 2009

Appendices

1. Practice Poster

2. Practice Leaflet

3. Questionnaire

4. Initial Advanced Letter

5. First Reminder Letter

6. Second Reminder Letter