Ipsos MORI Social Research Institute

July 2018

Ipsos

GP Patient Survey

Questionnaire redevelopment: Appendices

NHS England and Ipsos MORI

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1 Workshop agenda

1 Workshop Agenda

Agenda GP Patient Survey Questionnaire Development Workshop Ipsos MORI 13 July 2017

11am - 2pm

Time	Agenda Item		
11:00	Welcome: NHS England		
	AIMS: Gain shared understanding within the group as to the purpose of the workshop – provide an overview of ideas on how things will be changing within the survey and what NHSE priorities are, but main focus of the workshop will be on the sections of the questionnaire that deal with access to GP practice services, including booking appointments.		
11.10	.10 Aims and objectives for the workshop: Ipsos MORI AIMS: housekeeping, review agenda and format for the day		
11.15	Move to break out groups and introductions		
11.25	Reaction to proposed changes to GPPS questionnaire		
	AIMS: Discuss/share thoughts on the changes proposed, concerns/missing elements, challenges/changes in provision in next 5 years – how will this be reflected in changes to the questionnaire?		
11.55	Access and making appointments: 5 areas of focus		
	AIMS: To get a shared understanding of exactly what we need to know/GPPS needs to measure with regards to all the different aspects of contacting GP surgeries and making an appointment, and how that data will ultimately be used. How does GPPS need to adapt to reflect any changes within each of these areas over the		
	coming years?		
12.25	Feedback on first and second discussions AIMS: Groups to share ideas, review challenges and consider what is realistic for survey to achieve. Opportunity for individuals to feed back on perspective from their role/organisation.		
12.45	Lunch		
13.00	Access and making appointments: Journey mapping		
	AIMS: To develop a shared understanding of what we need to know at all stages/elements of access GP services and making an appointment, and how that data will ultimately be used.		
	How does GPPS need to adapt to reflect any changes within patient journeys over the coming years? How do we ensure we gather this information, but frame things in a way patients will understand? What will future look like from a patient perspective?		
13.30	Feedback on journey mapping exercises		
	AIMS: Groups to share key points from journey mapping session; what are the key priorities and main challenges for the survey, and what is realistic to achieve?		
13.50	Summary and next steps		
14.00	End of meeting		

2 Online feedback exercise

2 Online feedback exercise

Feedback provided/change requested	Outcome of feedback		
Accessing your GP Services			
 Request for revised contact options for the GP practice Add additional online options e.g. telemedicine and web consultations Remove the fax option 	Response options were added to the 2018 questionnaire to include by automated telephone booking and online including on an app. The fax option was removed (Q3).		
Request for question about the ease of using GP practice websites and request for question on functionality of GP practice websites.	Questions asked about online services offered (Q4) and whether the respondent uses the online services (Q5) were retained and a question (Q6) was added about ease of using GP practice websites. The answers to online services offered could be cross-referenced with the answers to the online services used to build a picture of whether the services are functional.		
Making	an appointment		
It was thought questions should ask when the respondent "needed to be seen" as opposed to "wanted to be seen."	A question was added (Q13) <i>"How concerned were you at the time about your health/the health of the person you were making the appointment for?"</i> this should help to ascertain the level of urgency for the appointment.		
It was suggested the survey should be using a generic term for a wider range of staff rather than specifying GP or nurse.	The term 'healthcare professional' was used in the 2018 questionnaire.		

Having a question about telephone triage or whether the reception signposts to more appropriate services.	The questionnaire includes a question on use of other available services if participants did not take an appointment (Q19) but a question was not introduced asking whether the person was signposted to different services if these were more appropriate than a GP appointment due to likely low numbers at the early stages of implementation.
W	aiting times
Adding a question on whether patients have more than one problem to bring to the GP.	The 2018 survey has retained a question asking whether the healthcare professional gave them enough time (Q26a). A question on the number
Whether appointments should be longer to give more time for complex issues.	of problems covered in the consultation has not been included due to the complexity in measuring an area which can vary so significantly (different problems can take different amount of time to discuss etc, as a consequence number of problems covered it is not an accurate indicator of performance).
Last GP appointm	ent/last nurse appointment
To combine the two sections on last GP and last nurse appointments to create a last health professional appointment.	This has been incorporated in the 2018 questionnaire with Q23 asking "When was your last general practice appointment?" and a follow-up question (Q24) asking who the appointment was with.
Retain a question on quality of the consultation.	This has been mostly retained with only the removal of <i>'explaining tests and treatments'</i> and the addition of two new questions on whether mental health and overall needs are being met.
Accessibility of the consultation – ability to understand the diagnosis, treatment or advice given and whether any jargon used was explained.	The 2018 questionnaire covers general competencies of the health professional <i>'giving you enough time', 'listening to you', 'treating you with care and concern',</i> and <i>'involvement in decisions as much as you wanted to be'.</i> More specific suggestions on accessibility should be measured at a local level.
Satisfaction with prescribing practices within GP practices.	This was not taken forward for the 2018 survey as it was felt to be difficult to measure.

Asking about non-pharmaceutical options.	This was not taken forward for the 2018 survey because it was felt to be limited to certain individuals where non-pharmaceutical options are appropriate, and it would require individuals knowing whether this would be appropriate for their condition.
 Shared decision making in consultations including suggestions to ask whether: all treatment options were discussed including risks and benefits the health professional took time to understand the patient's values patient decision aids were used in discussion. 	The question asking how good a health professional was at involving the patient in decisions about their care has been retained and revised slightly to <i>'During your general practice appointment, were you involved as much as you wanted to be in decisions about your care and treatment?' (Q28).</i>
Ope	ening hours
Awareness of opening hours in their practice.	Convenience of opening hours has been revised to 'As far as you are aware, what general practice opening appointment times are available to you?' (Q7) This should assess awareness of opening hours.
Whether practice opening hours are adhered to.	This was not taken forward for the 2018 survey as historical cognitive testing and the recent qualitative research found awareness of specific opening hours is low and therefore whether they are adhered to is unlikely to be known.
Overa	all experience
Suggestion to remove the question on whether they would recommend the GP surgery to someone who has just moved to your local area.	This was removed for the 2018 questionnaire
The question on overall experience of the GP surgery is a key indicator for quality of the practice and therefore respondents suggested it remains in the 2018 questionnaire.	This question has remained in the 2018 questionnaire (Q31)

Managing your health		
The terminology of long-standing condition was felt to be misleading, and could capture more minor long-term conditions such as hayfever.	For clarification the question was altered to ' <i>Do</i> you have any long-term physical or mental health conditions, disabilities or illnesses?' to help address the issue of severity. In addition, a note has been added to clarify the definition of long- term, ' <i>By long-term, we mean anything lasting or</i> <i>expected to last for 12 months or more. Please</i> <i>include issues related to old age.</i> ' (Q34)	
To include HIV in the list of conditions.	Options were chosen based on prevalence of conditions and therefore this was not included in the 2018 questionnaire.	
To create a specific question on sensory impairment and other communication needs; including use of sign language, interpreters and translators.	Sensory impairment and communication needs would require a combination of questions in order to provide useful insight so this content has not been added at this stage. The options in the long-term conditions question for blindness and deafness have remained but have been adjusted to capture less severe cases. The separate question about deafness and use of sign language (Q60) is unchanged.	
To keep the options in the long-term conditions question for 'arthritis or long- term joint problem' and 'long-term back problem' to help capture the impact of musculoskeletal conditions on the population.	These have been adjusted slightly to 'arthritis or ongoing problem with back and joints' but retained for the 2018 questionnaire.	
Your stat	e of health today	
Suggestion to remove EQ5D.	A decision has been made to remove EQ5D from the revised questionnaire and include questions on mobility and falls, wellbeing and ability to carry out day-to-day activities in its place.	
Planning your care		
Suggestion to remove this section as some respondents felt care plans are often completed by community services but responses would be attributed to a GP practice which could unfairly reflect on the practice.	These suggestions were not taken forward for the 2018 questionnaire as it was felt to be important to capture feedback from patients with long-term conditions who should be offered a care plan.	

Others felt it only affected a small proportion of respondents of the survey as only those with a long-term condition would be offered a care plan.			
Questions to be refocused to move away from asking specifically about care plans to ask about the care planning process.	The questions were retained but were reworded to take this suggestion into account.		
Οι	ut of hours		
Feedback suggested that questions in this section do not reflect the complexity of out-of-hours services.	As the out-of-hours landscape is continuing to change it was felt to be more beneficial to review these questions for the 2019 survey.		
NH	NHS Dentistry		
To remove this section in its entirety or put in a separate questionnaire.	Stakeholder requirements meant that we needed to retain the dentistry section for the 2018 questionnaire.		
Adding extra questions to make the dentistry section more on par with GP practices: - when the patient last visited a dentist - whether it was an NHS appointment - whether people know that NHS dentistry is available.	It was felt that these questions were already sufficiently addressed in the 2017 questionnaire and were not changed for the 2018 questionnaire.		
Adding a question measuring children's dental health.	Would have limited relevance as it would only apply to respondents who have children under the age of 18. Some data on dental habits of 16- 17 year olds will be captured this year as a result of the decision to expand the survey to over 16 year olds.		

Some questions about you			
To add a wider variety of gender options to include: - Female (including trans women) - Male (including trans men) - Non-binary - In another way. It was suggested to add an additional question "Is your gender the same as the gender you were given at birth?"	These questions were considered and expert advice was sought and received. However, the Equalities and Health Inequalities team at NHS England are currently undertaking development work on protected characteristics questions. As a result, it was felt that this research would be invaluable in informing the development of this question and, in order to ensure consistency across NHS surveys, the decision was taken to wait until this piece of work is complete before making any changes.		
To add an unpaid carer option within the employment question.	A full-time caring option has not been included in the revised version of the employment question (Q57) but the option <i>'looking after the</i> <i>home'</i> has been expanded to <i>'looking after the</i> <i>family or home'</i> and this can be cross-referenced with the question on unpaid caring responsibilities.		
 Adding additional questions on support for those with caring responsibilities, for example: do they receive enough support from local services or organisations in order to take care of their own health suitable help with looking after the person they care for whether they need any additional emotional support. 	These suggestions have not been integrated into the 2018 questionnaire, but the GPPS team intend to undertake analysis to identify how carers' experience of general practice differs and these questions will be reviewed to ensure they remain relevant.		
Feedback suggested the inclusion of 'e- cigarette user' in the smoking habits questions.	This has not been included in the 2018 questionnaire but might be looked into for future versions.		

3 Qualitative research: discussion guide

3 Qualitative research: discussion guide

NHS England F2F depth interviews: Pathways for access into primary care services

About the discussion guide – notes for interviewers

- Depth interviews will be with patients who have gone through different routes to access primary care services the research aims to understand how patients view these 'pathways', in particular where extended opening hours are in place or where patients have the opportunity to visit 'hub' practices when they can't get an appointment at their own surgery, for instance.
 - For the specifics of the access provision in the area you are conducting interviews in, please see information provided separately within interviewer packs.
- Will feed into development work for GPPS questions on accessing services pay special attention to terminology used by patients, as well as instances where patients may struggle to understand the provision in the area or certain concepts.
- Interviews should last approximately 1 hour.
- £50 incentive for participants as a 'thank you'.

Research objectives

- 1) With the various transformations around access to primary care services, what does the provision now look like from a patient's perspective?
 - a. What process do patients go through currently to access GP services? How do patients describe this 'journey'?
 - b. Do patients understand the different options that are available to them in their area via their GP practice? e.g. do they know where they can get appointments, on what days, and at what times? In areas where extended access provisions have been implemented, are patients aware this has changed, and do their perceptions accurately reflect the reality of what is offered?
 - c. Do patients understand who is providing a particular service?
 - d. Are patients able to distinguish between different pathways? e.g. between extended access provision, and OOH services/urgent care/111
 - e. How do patients interpret what is meant by 'their GP', 'their (GP) practice,' and 'their surgery'? Does this differ depending on the models of care offered in one area versus another?
- 2) What are the key factors which influence patients' overall experiences of access?
 - a. What is most important to patients when accessing GP services?
 - b. What expectations do patients have? Does this change depending on circumstances, e.g. whether 'in-hours' or 'out-of-hours'?
 - c. How do patients ultimately assess whether their needs are being met?
 - d. What do patients think of their overall experience of access currently, and how do they evaluate this?
- 3) Leading on from points 1) and 2), how might the patient perspective of access ultimately impact the GPPS questionnaire?
 - a. Does the current questionnaire reflect what is important to patients?
 - b. Does it reflect the language patients use?
 - c. What doesn't the survey capture currently?
 - d. What are the potential areas for change?

Activities – journey mapping exercises

During the course of the discussion you and the participant will go through several journey mapping exercises. Ideally this will be based on actual experiences a patient has gone through, but where this isn't possible this might be a theoretical discussion based on what they 'would do'.

Together you will map out the touch points they have had with primary care, why they came into/could come into contact with each service, and the means by which they did/would do this. Please ensure that you obtain as much detail as possible about these journeys, and probe to understand the terminology patients use.

Please also keep in mind the specifics of the access provision in the area (as stated in interviewer packs) - without leading participants, probe where appropriate to tease out the levels of awareness participants have about what options are available to them.

There will be a particular focus on identifying how their pathway into care differs in the following situations and whether they recognise that it does differ:

- During standard / core hours
- During extended hours

Section	Notes
1. Introduction	2-3 mins
Thank participant for taking part	Welcome: orientates interviewees, introduces
 Introduce yourself and Ipsos MORI – independent research organisation. 	them to the topic and provides reassurance of how the interview will be
 Introduce NHS England and explain why they are undertaking this research – to understand the steps people go through when they need medical advice, be it through a GP or nurse, through their own practice, or via another route. 	conducted.
 Confidentiality – refer to the MRS Code of Conduct and reassure them that all responses are anonymous, and that information on individual cases will not be passed on to NHS England. 	
• Stress there are no right or wrong answers – we are just interested in finding out their views and opinions	
Permission to record – analysis purposes only	
 Interview duration – will depend on what they have to say – usually 50 minutes to an hour 	
Any questions?	

2. Understanding of services in the local area	15 mins
 NOTE FOR INTERVIEWER: In this section, listen for similarities / differences compared with what we know about provision in the area. Keep questions broad to see what top-of mind levels of awareness are like. There are further probes on this topic during the journey mapping stage. Are you registered with a GP surgery? Can you tell me a bit more 	This section will explore understanding of services available in the local area as well as awareness and use of new initiatives for extended hours/booking appointments through other practices.
 about that surgery? PROBE How big is the practice? How many doctors/nurses are there? Do you always go to the same place for your GP/nurse appointments? PROBE Do you know the opening hours of your own GP surgery? On what days can you get appointments? At what times? Is the surgery also open at other times? What services does it offer at these times? 	Note down if the participant is aware of other sites that are linked to the surgery/that they can visit for appointments.
• Can you tell me more about what services they offer?	
• Is there anyone you regularly see at the GP surgery? Do you have your own GP? Do you regularly see a particular nurse? Anyone else?	
 Who else, if anyone, have you had contact with when you've had a minor illness/injury/felt unwell and it was not an emergency? PROBE TO UNDERSTAND ROLE OF PROFESSIONAL/WHERE BASED ETC. 	
 What would you say are the main options that are available to you when you need advice about an illness/injury? PROBE: What options are available at those services? – e.g. appointment or drop in, with who etc. 	

3. Journey mapping exercise – "extended hours" experience	20-25 mins
NOTE FOR INTERVIEWER: This may not be applicable depending on the area and availability, so treat as appropriate. However, in areas with more mature extended access provision, probing fully around these experiences will be particularly important Journey mapping exercise – to ensure cover extended hours/appointments at another surgery/hub models etc:	This section will explore the process by which patients make an appointment to see/speak to someone outside of standard working hours; or at another practice.
In the past 6 months have you attended a GP appointment outside of normal office hours or at the weekend? By 'outside of normal office hours', I mean before 8am or after 6.30pm on weekdays, or at the weekend.	MAPPING EXERCISE
IF YES – EXPLAIN JOURNEY MAPPING EXERCISE – we'll now go through an exercise to explore in more detail the last time this happened – I'm just going to map out the process you went through on this paper.	
IF NO: In the past 6 months have you tried to get/been offered a GP appointment outside of normal office hours or at the weekend? By 'outside normal office hours', I mean before 8am or after 6.30pm on weekdays, or at the weekend.	
IF YES – EXPLAIN JOURNEY MAPPING – Was this at your surgery or at a different surgery?	
INTERVIEWER NOTE: FOR JOURNEY MAPPING EXERCISE WHERE OFFERED OR ATTENDED APPOINTMENT – Probe along the following lines to establish the route the patient followed	ALL THOSE OFFERED OR ATTENDED APPOINTMENT
Can you tell me a bit more about why you were looking to make an appointment? What kind of help were you looking for? Go into as much medical detail as you feel comfortable with.	
Can you remember where you were at the time, what time of day/day of the week it was?	
Who did you contact? How did you contact them? Why did you contact them that way? Is that how you usually contact them?	
What was most important to you at the time? Why was that important? What did you want/expect?	
What did you ask for? PROBE:	
 Did you want to see a GP, a nurse, or another type of practitioner, or did you not mind? Was there a particular individual that you wanted to see? Why did you want to see or speak to this person? Why else? 	
 Who were you offered an appointment with? Were you offered a choice of who to see? What kind of choice? Different types of healthcare professional? Or different individuals? 	

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- Do you know if that person was/these persons were from your	
practice?	
IF A DIFFERENT KIND OF HEALTHCARE PROFESSIONAL THAN WHAT THEY WANTED	
- Did the person arranging the appointment explain to you who you	
were seeing e.g. if a nurse for triage, that was the case?	
Was there a specific time you wanted to be seen?	
 Was there a specific time you wanted to be seen? Did you know that appointments were available at this time? 	
 How did you find this out? 	
What appointment times were you offered?	
 How did you feel about the time(s) you were offered? (If appropriate) Were you surprised you could get an appointment at 	
that time? Was it confusing?	
5	
Was there a specific day you wanted to be seen?	
 Did you know that appointments were available on this/these day(s)? 	
- How did you find this out?	
What days of the week were you offered?	
How did you feel about the day(s) you were offered?	
- (If appropriate) Were you surprised you could get an appointment on	
that day? Was it confusing?	
What type of appointment were you offered? (Face to face, telephone, online, etc.)	
- Is that what you asked for?	
- IF NO: How did you feel about that? Were you offered any other	
types of appointment?	
- IF YES: What did you think about the other types of appointment?	
IF OFFERED FACE TO FACE APPOINTMENT:	
Where was the appointment you were offered?	
- IF NOT AT THEIR PRACTICE: Why do you think your GP practice	ALL THOSE OFFERED FACE TO
offered you an appointment somewhere else? How did you feel	FACE APPOINTMENT
about that?Was it/would it be convenient for you to go there? Why/why not?	
IF ATTENDED APPOINTMENT:	
Who did you end up seeing/speaking to? - What happened?	
- What type of appointment was it?	
IF OFFERED SEVERAL APPOINTMENT TYPES AND ATTENDED APPOINTMENT:	
 Which appointment did you have in the end? Why did you decide to take that type of appointment? 	ALL THOSE WHO ATTENDED APPOINTMENT
- What happened?	
	ALL THOSE WHO ATTEND
IF OFFERED AN APPOINTMENT AND DID NOT ATTEND:	APPOINTMENT AND WERE
Why did you choose not to attend the appointment you were offered?	OFFERED SEVERAL APPOINTMENT TYPES
why did you choose not to attend the appointment you were one ed?	11763

AT EACH STAGE OF JOURNEY: What was important to you at that point? What went well? What could have been done better? What else? AFTER EACH STAGE: What did you do after that? What made you decide that?	ALL THOSE OFFERED AN APPOINTMENT WHO DID NOT ATTEND
Did you ask anyone else for advice along the way? Who, why? Did you consider using any other NHS services? What would you have done if <i>Pose the following hypotheticals as needed</i>	
 It was a different time of day (e.g. late at night)? 	
- It was a the weekend?	
 They couldn't provide you with anything at the time you wanted? If you weren't able to get to your surgery to see someone face-to-face? 	
How happy were you with the experience? Why do you say this? (NOTE TO INTERVIEWERS: e.g. convenience, speed of access, outcome etc)	
IF TRIED TO GET AN EXTENDED HOURS APPOINTMENT BUT WERE NOT SUCCESSFUL:	
EXPLAIN JOURNEY MAPPING Probe along the following lines to establish the route the patient followed	
Can you tell me a bit more about why you were looking to make an appointment? What kind of help were you looking for? Go into as much medical detail as you feel comfortable with.	
Can you remember where you were at the time, what time of day/day of the week it was?	ALL THOSE WHO TRIED TO GET AN EXTENDED HOURS
Who did you contact? How did you contact them? Why did you contact them that way? Is that how you usually contact them?	APPOINTMENT BUT WERE NOT SUCCESSFUL
What was most important to you at the time? What did you want/expect? Why was that important?	
What did you ask for? PROBE:	
- Did you want to see a GP, a nurse, or another type of practitioner, or	
 did you not mind? Was there a particular individual that you wanted to see? Why did you want to see or speak to this person? Why else? 	
Was there a specific time you wanted to be seen?	
Did you know that appointments were available at this time?How did you find this out?	
Was there a specific day you wanted to be seen?	
 Did you know that appointments were available on this/these day(s)? How did you find this out? 	
What happened when you tried to make an appointment? - Was your request declined?	
 Did someone explain to you why you could not be offered an extended hours appointment? 	
- Were you signposted elsewhere?	
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 INTERVIEWER NOTE: During all journey mapping exercises, please probe around the following to establish levels of awareness: What would you say your 'own' GP surgery/practice actually is? INTERVIEWER NOTE: The below is asking specifically about appointments outside 'normal office hours' Can you get appointments elsewhere? If so, where? When can you get appointments elsewhere? What for? How do you make these appointments? Are these options new to you, or have you always been able to do this? How have things changed at your surgery/in the area more recently? Is this type of experience 'typical'? Why? Why not? 	
4. Journey mapping exercise - "standard experience"	10-15 mins
 We'll now go through another exercise to explore what happened another time you had contact with your GP practice. Can you think of the last time you sought a service from your GP practice during their normal working hours? Please don't include any emergencies. Can you tell me a bit about what happened? INTERVIEWER NOTE: Probe to briefly understand nature of the contact. Is it with GP/surgery? Other service? If situation described is relevant to research (i.e. relating to contact with GP services), proceed to journey mapping. IF NOT RELEVANT TO RESEARCH Can you think of another occasion, perhaps when you would have liked to have an appointment with a GP? So thinking back to this occasion, can you talk me through what happened? I'm just going to map out the process you went through on this paper. INTERVIEWER NOTE: Use similar probes as per the first journey mapping exercise to outline the pathway followed from end to end SUMMARISING JOURNEY: Were you satisfied with what you were offered/with the overall outcome? Why do you say that? Did you ultimately get what you wanted? How happy were you with the experience? Why do you say this? 	This section will briefly explore the process by which patients 'usually' make an appointment to see/speak to someone during standard working hours. MAPPING EXERCISE
IF RELEVANT: How did it compare with your other experience of an appointment outside of normal working hours and/or at another building?	

5. Journey mapping exercise – only for participants with no "extended	20-25 mins
hours" experience	
IF PARTICIPANT HAS NO RELEVANT (EXTENDED ACCESS) EXAMPLES FOR JOURNEY MAPPING: Scenario 1: Can you think of an occasion where you needed to see a GP or nurse on the same day? Scenario 2: Can you think of an occasion where you needed to see a GP or nurse within a couple of days? Scenario 3: Can you think of an occasion where you needed to see a GP or nurse but were struggling to arrange time off work?	
 IF YES, DESCRIBE AS PER JOURNEY MAPPING IF NO What do you think you would do in this situation? Who would you contact first? Is there a specific time you would prefer to be seen? Why? Is there a particular type of appointment you would prefer? Why? What would you do if you had other commitments at the time when an appointment was offered? What options do you think you would have if you wanted to see someone in evening/morning? How about over the weekend? PROBES TO ESTABLISH PERCEPTIONS OF: Who could you speak to? Where? (Face-to-face? Online?) Which other services, if any, would you think of contacting? 	
6. Wrap up & close	5 mins
 Thinking about all the different things we have discussed, what are the most important things to you when thinking about getting an appointment to see someone about your health in your area? What are the main things which make your experience of making an appointment better/worse? Do these differ between 'normal' working hours and outside of these hours? Which of these things is most important? Is there anything that you would like to add before we finish? 	

4 Qualitative research: profile of

participants

4 Qualitative research: profile of participants

	Total	Little-No provision (Bath)	Developing provision (Lewisham)	Mature provision (Coventry, Wakefield and Slough)
Age				
18-34	8	2	1	5
35-54	10	2	3	5
55+	3	1	1	1
Social Economic Group				
В	7	2	3	2
C1	10	2	2	6
C2	4	1	0	3
Ethnicity				
BME	8	1	4	3
White British	13	4	1	8
Work status				
Full-time paid work	16	4	4	8
Part-time paid work	3	1	1	1
Homemaker / Doing something else	2			2
Parent/legal guardian for children aged under 16 living in home				
Yes	12	3	2	7
No	9	2	3	4
Long-standing health condition				
Yes	6	1	1	4
Νο	15	4	4	7

	Total	Little-No provision (Bath)	Developing provision (Lewisham)	Mature provision (Coventry, Wakefield and Slough)
Last attempt to see or speak to a GP, pract GP surgery	ice nurse	e or any othe	r health prof	essional at
Between 1 and 3 months ago	6	1	2	3
Between 3 and 6 months ago	2	0	1	1
Between 6 and 12 months ago	1	1	0	0
In the past month	12	3	2	7
Times able to get an appointment through GP surgery				
Don't know	1	1		
On a Saturday, On a Sunday	1		1	
Weekdays after 6.30pm	5		4	1
Weekdays after 6.30pm, On a Saturday	2			2
Weekdays after 6.30pm, On a Saturday, On a Sunday	1			1
Weekdays before 8am	4	4		
Weekdays before 8am, Weekdays after 6.30pm	1			1
Weekdays before 8am, Weekdays after 6.30pm (To see the nurse)	1			1
Weekdays before 8am, Weekdays after 6.30pm, On a Saturday, On a Sunday	5			5
Tried to get an appointment at a GP surgery outside of normal office hours or at the weekend				
Νο	3		1	2
Yes, at the weekend	4	1	1	2
Yes, outside of office hours	14	4	3	7

	Total	Little-No provision (Bath)	Developing provision (Lewisham)	Mature provision (Coventry, Wakefield and Slough)
Been offered an appointment outside of	normal of	ffice hours o	r at the week	end
N/A / No	4	1	1	2
Yes, at the weekend	3	0	1	2
Yes, outside of office hours	14	4	3	7
Attended an appointment at a GP surgery outside of normal office hours or at the weekend				
N/A / No	5	1	2	2
Yes, at the weekend	3	0	1	2
Yes, outside of office hours	13	4	2	7
Where was this appointment				
At another GP surgery	2	0	1	1
At my own GP surgery	13	4	1	8
At my own GP surgery, At another GP surgery				
N/A	6	1	3	2

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About Ipsos MORI's Social Research Institute

The Social Research Institute works closely with national governments, local public services and the not-for-profit sector. Its c.200 research staff focus on public service and policy issues. Each has expertise in a particular part of the public sector, ensuring we have a detailed understanding of specific sectors and policy challenges. This, combined with our methods and communications expertise, helps ensure that our research makes a difference for decision makers and communities.