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GP Patient Survey – Technical Annex 2017 annual report



Ipsos MORI
Social Research Institute



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Introduction

1 Introduction

This technical annex provides details of the 2017 GP Patient Survey (GPPS) conducted by Ipsos MORI. The survey was conducted on behalf of NHS England.

This is the eleventh year that the GPPS has been conducted in England. Between 2011 and 2016 the survey took place twice a year, having previously been conducted on a quarterly basis (April 2009 - March 2011) and annually (January 2007 - March 2009). In 2017 the survey has returned to an annual format.

The survey uses a quantitative postal methodology. In January 2017, questionnaires were sent to around 2.15 million adult patients followed by a postcard reminder one week after the initial mailing. Full reminder mailings were then sent to non-responders in February and March. Fieldwork dates are reported in Chapter 5.

The questions included in the survey ask patients about when they last saw a GP or nurse at their practice, how easy or difficult it is to make an appointment at their surgery, waiting times, satisfaction with opening hours, the quality of care received from their GP and practice nurses, out-of-hours care, and NHS dentistry; as well as their current health circumstances. The questionnaire also included questions about patients' awareness and use of online services at their GP surgery such as booking appointments and ordering repeat prescriptions online.

Experiments to test alternative mailing strategies, designed to increase the overall response rate, were conducted this year. More details of these experiments can be found in the Appendix. Please also see the Appendix for copies of the questionnaire and materials sent in 2017.

1.1 Survey governance

Since February 2014, the governance of the survey has involved input from a steering group, which meets regularly to provide a forum in which stakeholders of the GPPS can be kept informed of survey progress. The group provide advice to the research team and debate key issues such as questionnaire content, inclusion of practices, analysis and reporting; review the findings of the survey as they emerge; consider the need for any further research and analysis to be undertaken; and raise any questions about the GPPS project with Ipsos MORI and NHS England.

In addition to NHS England and Ipsos MORI, the group consists of representatives from a range of stakeholders, including the following:

- Academics
- British Medical Association
- Care Quality Commission
- Clinical Commissioning Group (CCG) lay membership
- Department of Health
- General Practitioners Committee

- National Association for Patient Participation
- Royal college of General Practitioners

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

Questionnaire and material design

2 Questionnaire and material design

2.1 Questionnaire development for the 2017 survey

Cognitive testing was conducted on the 'opening hours' section of the questionnaire, to investigate whether removing the filter before Q27 (additional opening times for those who do not find current hours convenient) would give a better indication of demand for access to extended hours in primary care across the population. However, this testing found inconsistencies in the way patients interpreted this question, which mean it could not be reliably used in this way. For this reason and because the preference was for preserving the current format and time series, no changes were made to the questionnaire for the 2017 survey.

Going forward, the content of the questionnaire is being reviewed for 2018 through an extensive programme of stakeholder engagement. This is designed to ensure that the survey accurately captures patients' experience of access given current changes in the way in which primary care is delivered. Consideration will also be given to changes in the patient population and data user requirements, with a focus on improving the quality of data collected.

2.2 The final questionnaire

Below is a complete list of all the topics covered in the 2017 questionnaire.

Accessing your GP Services:

- when patients last saw a GP;
- when patients last saw a nurse;
- how easy patients find it to get through to someone at their surgery on the phone;
- helpfulness of receptionists;
- how patients normally book an appointment;
- awareness of online services offered by GP surgery;
- use of online services at GP surgery in past 6 months; and
- having and seeing a preferred GP.

Making an appointment:

- last time patients wanted to see or speak to a GP or nurse from their GP surgery what did they want to do;
- when they wanted to see or speak to the GP/ nurse;
- whether they were able to get an appointment to see or speak to someone;
- what type of appointment they got;

- time between initially contacting the surgery and seeing and speaking to someone;
- convenience of the appointment they were able to get;
- reasons for not being able to get an appointment or the appointment offered wasn't convenient;
- what they did if they were unable to get an appointment/appointment not convenient; and
- overall experience of making an appointment.

Waiting times:

- how long after their appointment time patients normally wait to be seen; and
- how patients feel about how long they normally have to wait to be seen.

Last GP appointment:

- how good was the GP at giving patients enough time, listening, explaining tests and treatments, involving the patient in decisions about their care, treating patients with care and concern; and
- confidence and trust in GP.

Last nurse appointment:

- how good was the nurse at giving patients enough time, listening, explaining tests and treatments, involving the patient in decisions about their care, treating patients with care and concern; and
- confidence and trust in nurse.

Opening hours:

- satisfaction with opening hours;
- is the GP surgery open at times that are convenient to patients; and
- opening at additional times.

Overall experience:

- how patients describe their overall experience of their GP surgery; and
- recommending the GP surgery to someone who has just moved into the area.

Managing your health:

- long-standing health condition;
- medical condition (if any);

- enough support from local services or organisations to help manage long term-health condition(s); and
- confidence in managing own health.

State of health today

- state of health today: mobility, self-care, usual activities, pain/discomfort, anxiety/depression; and
- activities limited today because of recent illness (unwell) or injury.

Planning your care

- whether patients have a written care plan;
- whether they helped to put their written care plan together;
- using their written care plan to manage their health day-to-day; and
- reviewing their written care plan with their GP or health professional.

Out-of-hours

- whether contacted NHS services when GP surgery was closed in the last 6 months;
- what happened on that occasion;
- timeliness of care received;
- confidence and trust in all those seen or spoken to; and
- overall rating of care received.

NHS dentistry:

- when last tried to make an NHS dental appointment;
- whether or not the patient had visited the dental practice before;
- whether or not the patient was successful in getting an appointment;
- overall experience of NHS Dental services; and
- reason for not making an appointment in last two years, if applicable.

Demographics:

- gender, age, ethnicity;
- work status, journey time to work, seeing a GP during working hours;
- parent or legal guardian;

- deaf and sign language user;
- learning disability;
- smoking habits;
- carer responsibilities;
- sexual orientation; and
- religion.

2.3 Materials development for the 2017 survey

The content of the materials, which are sent out to patients as part of the survey process, was reviewed and amended ahead of fieldwork in 2017. This included the:

- initial invite letter;
- reminder letters; and
- reminder postcard.

This development focused on accessibility, to ensure the materials meet Plain English standards. It also reviewed the presentation of information relating to data protection and information governance.

2.3.1 Ensuring the letters meet Plain English standards

Ipsos MORI and NHS England are committed to ensuring that the survey is accessible to a wide range of patients. As such, ahead of the 2017 survey all accompanying materials were reviewed to ensure that they met the requirements of the Plain English Campaign¹. A Plain English approach removes complicated words and complex sentences which may not be easily understood by those with low literacy levels, and simplifies language so that the key messages are more clearly identifiable.

Ipsos MORI worked with the Plain English Campaign to review all materials against their guidelines. The suggested changes were cognitively tested to ensure that the original meaning and motivations included in the letters remained. The testing involved interviews with some groups of patients for whom English was a second language or had low levels of literacy. Following a final review, the survey materials were awarded a Crystal Mark accreditation (see Figure 2.1), the Plain English Campaign's seal of approval for the clarity of a document. However, as a result of the testing, which found patients did not recognise the Crystal Mark logo or were distracted from other key messages on the letters (such as the request to 'Please turn over' for further information), it was decided that the Crystal Mark Accreditation image would not be included on the final materials.

¹ <http://www.plainenglish.co.uk/>

Figure 2.1: Crystal Mark Accreditation

2.3.2 Updating the text on data protection and information governance

As part of the process of reviewing the content of the materials, the testing also looked at the general layout of the text and level of detail provided, with a specific focus on data protection and information governance to ensure greater clarity on confidentiality and fair processing.

This led to a number of changes, including: increasing the size of the 'Please turn over' symbol; reordering the FAQs to follow the survey process chronologically; providing additional information about the Data Protection Act 1998 and how to opt out, as well as applying the Plain English principles throughout. A new FAQ was also added on assistance completing the questionnaire.

Sampling

3 Sampling

3.1 Sample overview

For GPPS 2017, an issued sample size was set to try and ensure that questionnaires were sent out to around 2.15 million patients. The sample is designed to ensure that, as far as possible, these cases are distributed across practices such that the confidence intervals are of the same magnitude for each practice for any one question – calculations are based on the assumption that the estimate will be the same across all practices and based on a 50/50 question (a 'worst case' scenario in terms of the magnitude of the confidence interval, for example where 50% of respondents at Q28 answer "good"). This method ensures that confidence intervals are as consistent as possible between practices and that none have particularly wide intervals.

Patient information is obtained for each practice using registration records held on the NHS Digital (formerly Health and Social Care Information Centre (HSCIC)) 'NHAIS' database. The sampling procedure is split into two distinct stages. Firstly, NHS Digital provides an anonymised list of patients for sample size determination and individual patient selection. The selected anonymous records are returned to NHS Digital, and a second file containing the contact details of the selected patients is provided.

3.2 NHS Digital population extraction procedure

As in previous years, NHS Digital provided a file of anonymous patient data for all eligible patients who reside in England or Wales and are registered with a practice in England. The file contained a unique reference number, practice code, patient gender, patient age band, and patient postcode.

This data was then analysed at practice level and a sample drawn, as detailed below.

3.2.1 Patients eligible for the survey

Patients are eligible for inclusion in the survey if they have a valid NHS number, have been registered with a GP practice continuously for at least six months before being selected, and are 18 years of age or over.

An additional eligibility criterion was added in 2009 to minimise survey fatigue: patients cannot receive more than one GPPS questionnaire in any 12-month period. As the 2017 GPPS was an annual survey conducted a full 12 months after sampling for Wave 2 of the 2015-16 survey, this rule was not required this time.

3.2.2 Practices included in the survey

The list of practices to be included was taken from the NHS Digital system, and comprised all practices that had eligible patients as defined above. The number of practices with eligible patients for the 2017 survey was 7,559, but between sample selection and mail-out, some practices became ineligible for the survey. In total, patients in 7,537 different practices were sent questionnaires, and least one completed questionnaire was received from patient(s) in 7,522 practices

3.3 Sample size calculation

The sample size is determined for each practice to deliver a likely confidence interval of ± 9.0 percentage points (two-tailed, at the 95% level) in the majority of practices on a question where it is assumed that 50% of the respondents will

respond one way and 50% will respond another. This confidence interval was determined iteratively to ensure a total annual issued sample size of c.2.15 million². While this confidence interval can never be achieved in all practices, every effort is made to ensure that it is achieved in the majority of practices.

The sample design is relatively simple: a proportionately stratified, unclustered sample is drawn for each practice. There are, however, some complications around the calculation of the practice sample sizes required to deliver set confidence intervals. These complications arise because account has to be taken of practice population sizes, as these are relatively small (accounted for through the finite population correction). This factor affects sample size and therefore confidence intervals, and inform the calculations used.

The number of patients initially selected for inclusion in the sample for each practice (the 'issued sample') is, therefore, determined by the following components:

- the number of cases required in order to deliver 95% confidence intervals of ± 9.0 on a 50/50 question; and
- the proportion of patients included in the issued sample who are predicted to respond to the survey – taking into account the number who are eligible but do not respond.

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

$$\text{Issued sample} = \frac{\text{number required to deliver required confidence interval}}{\text{proportion of issued sample predicted to respond}}$$

Both of the components involved in the above calculation need to be estimated for each practice. It is assumed that simple random sampling will be applied in each practice. On this basis, an estimate is arrived at for the number of responses required to deliver set confidence intervals around the estimate of a proportion.

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

- the number of eligible patients in the population - practice size counts are used to give an estimate of the practice population;
- the proportion being estimated - assuming a "worst case scenario" of 50% for the proportion to be estimated, that is, 50% of respondents answering a given question "yes"; and
- the magnitude of the required confidence interval – which is known to be $\pm 9.0\%$.

The sample size required to deliver the target confidence interval is estimated using the actual response rate for those practices who took part in the 2015-2016 GPPS, and is set at 30% for practices new to the survey or to whom fewer than 100 surveys were issued in the 2015-2016 GPPS. This is to prevent unrealistically high or low response rates being used for new and very small practices.

3.3.1 Adjustments to response rate estimates

To prevent issuing very large numbers of questionnaires in practices which had very low response rates in 2015-2016, a minimum response rate of 29.5% was assumed. This meant that no practice had more than 398 questionnaires issued.

² For more information regarding confidence intervals, see section 6.5.

The mean mailout size per practice was 286. In order to ensure that a reasonable number of questionnaires were sent to practices with very high response rates, on the other hand, a maximum assumed response rate of 52% was set.

3.4 Patient sample selection

The anonymous patient data sent by NHS Digital was sorted within each practice by gender then age band. The required number of patients per practice was then selected on a '1 in n' basis, and the unique survey reference numbers returned to NHS Digital.

3.4.1 Personal data extractions

On receipt of the selected records, NHS Digital then extracted the contact details for each of the sampled patients. The extracted file contained, for each patient, the unique survey serial number, patient name, practice code, address, month and year of birth, gender, and NHS ID number. Where a selected patient had become ineligible since the provision of the anonymous data, an "exclusion" record was sent instead, containing the unique survey serial number and reason for the exclusion.

3.4.2 Sample Cleaning and Exclusions

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

- duplicates between practices (identified by NHS ID number). Where duplicates existed, both were removed as we could not confirm which practice they belong to;
- duplicates within practice; and
- non-address details or other inappropriate information contained in address. These can include:
 - key safe numbers, telephone numbers and other numerics not related to the address;
 - unexpected words or phrases in the name or address (including "unknown", "homeless", "deceased", "test", etc.); and
 - incomplete addresses.

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.

For the experiments conducted in the 2017 fieldwork, sampled patients were randomly assigned to either the main sample or one of the experiment groups. For more details on this, see Appendix 9.1.

3.4.3 Final mailed sample after cleaning and exclusions

The final number of patients to whom questionnaires were sent after all sample cleaning had been finished was 2,157,769.

Communications with patients and practices

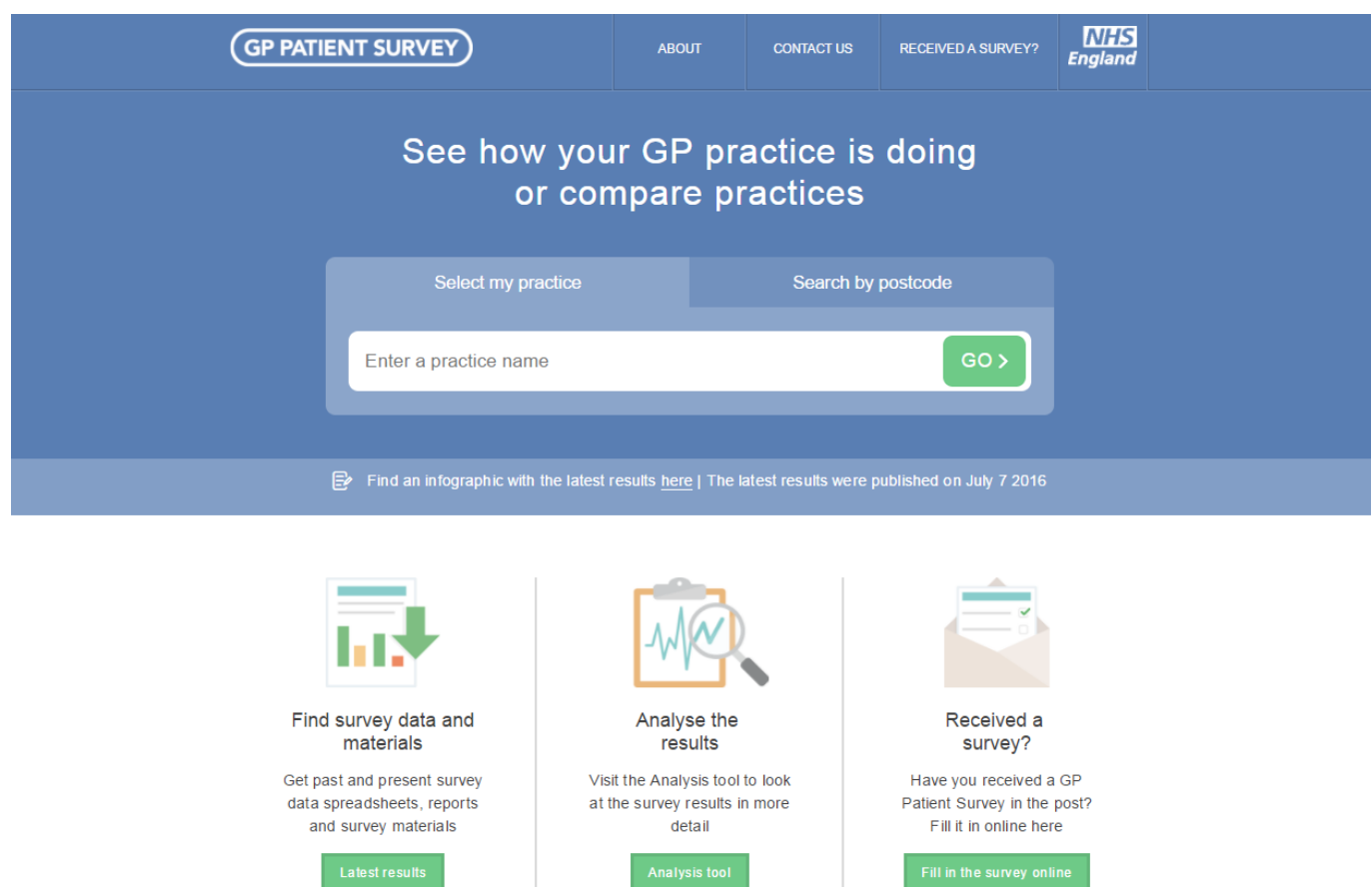
4 Communications with patients and practices

In order to raise the profile of GPPS and provide patients and practices with information about the survey, a series of communication activities are undertaken, such as hosting a survey website, and providing a survey helpline to respond to frequently asked questions. These are described in more detail below.

4.1 Survey website

A dedicated survey website is maintained and hosted by Ipsos MORI. The advertised web address is www.gp-patient.co.uk. The site is designed to reflect the branding of the questionnaire and all other related materials (see Figure 4.1 for website home page).

Figure 4.1: The www.gp-patient.co.uk homepage



The website was updated on the first day of fieldwork, as the first questionnaires are delivered to patients, to indicate that the survey is open. It is arranged around the following headings:

- **'About'**, covering the aims of the survey, ways to take part and information about accessibility. Also included within this link are videos that welcome British Sign Language (BSL) users to the website, explain the survey, and provide responses to a selection of FAQs. The page also links to an online BSL version of the questionnaire.;
- **'Received a survey in the post?'** providing information about the online version and links to complete it in either English, BSL or another language. Also provided is a link to previous survey results;
- **'Frequently Asked Questions (FAQs)'**, including information about how patients are selected, help with completing the survey, data protection and accessing the results;
- **'Languages'**, providing information in the 14 languages, including Arabic, Bengali, Czech, French, Gujarati, Mandarin, Polish, Portuguese, Punjabi, Slovak, Somali, Spanish³, Turkish and Urdu. The FAQs, questionnaire, and covering letter are all translated into these languages in order to make the survey as widely accessible as possible;
- **'Promote the survey'**, a page that contains the poster in English and other languages;
- **'What do you think about the website?'** a link to a form allowing users to rate the site, provide comments and leave contact details;
- **'Search for a practice'**, takes users to the practice report tool, which allows users to view practice results;
- **'Compare a practice'**, takes users to the practice report where they can compare the results of different practices;
- **'Analysis tool'**, a link which sends the user through to the analysis tool website which allows them to interrogate the GPPS data further;
- **'Latest results'**, an archive of all previous datasets, reports, questionnaires and letters which were sent out;
- **'For GP staff'**, a page that contains information for GPs about the benefits of the survey;
- **'Why use the GP Patient Survey data?'** providing information about the GP Patient Survey, what information can be found in the survey results, and how the website can help the user. It also includes a GP Handbook developed by academic partners giving practices advice on how to use their survey results to improve patient care; and
- **'How do I...?'** providing guidance on how to complete the survey, how to find practice and CCG data, and how to use the website and analysis tool to conduct further analysis on the data.
- **'Contact us'**, telephone and email details for the GPPS team at Ipsos MORI.

³ A Spanish translation was provided for the first time in 2017.

4.2 Support for participants

Telephone helplines

Ipsos MORI offer a freephone helpline for patients who would like more information about the survey, with separate numbers for English and foreign language lines. In total, c.16,000 calls were handled by the helpline team over the course of fieldwork.

English language telephone helpline

The English language helpline was staffed by a fully trained Ipsos MORI team between 8am and 9pm on weekdays and 10am to 5pm on Saturdays from January to March 2017. A voicemail system is used during quieter periods (see details below). In order for call handlers to answer patients' queries, they are provided with a manual containing a complete list of over 200 FAQs. These are updated regularly to ensure that an answer can be provided for any questions which were not originally included to address any new or emerging concerns patients may have. Where the call handlers cannot answer a query, the details are passed on to the GPPS research team, who will respond directly.

During quieter periods (generally 10 days after each mailing), a voicemail message briefly explains the purpose of the survey and asks the caller to leave a message and telephone number if they wish to be called back. Interviewers then return the calls within two working days, making up to eight attempts to reach the caller.

As well as being a source of information for patients, the helpline also enables patients with valid reference numbers to complete the survey on the telephone.

In addition, patients can opt out of the survey by providing their reference number to helpline staff or in a voicemail message.

Foreign language telephone helpline

In order to make the survey as accessible as possible, there are separate helplines for each of the 14 foreign languages. Each language has its own freephone number which is connected to a voicemail message in the corresponding language. As with the English language voicemail, a message briefly explains the purpose of the survey and asks the caller to leave a message and telephone number if they wish to be called back. Interviewers in Ipsos MORI's International CATI Centre then return the calls within two working days. Again, up to eight attempts are made to return the call. As with the English language helpline, patients are able to complete the survey over the phone or opt out of taking part.

4.2.1 Email helpline

As well as using the telephone helpline, patients are also able to email the GPPS team at Ipsos MORI with any queries about completing the survey or accessing the survey online. In total, approximately 1,000 email queries were received during fieldwork in 2017.

4.2.2 Whitemail

The survey also generates a large volume of whitemail returned to the freepost address, including letters and notes addressed to the survey team or NHS England. This is separated from the returned questionnaires and delivered to the helpline team on a weekly basis for review. Where a response is requested or deemed otherwise necessary, the patient will be written to. For 2017 fieldwork, around 1,000 letter responses were sent.

4.2.3 Safeguarding

The majority of calls and other correspondence received about the survey are relatively straightforward, and the helpline team are well briefed and experienced in engaging with respondents ethically and sensitively. However, where a cause for safeguarding concern occurred a formal protocol outlined the procedures that staff should follow. All potential safeguarding cases were reviewed by the research team and then escalated to the Ipsos MORI GPPS Ethics Board, a group with particular experience in safeguarding situations. If necessary, the circumstances were then shared with NHS England. This process ensured all instances were dealt with as sensitively and quickly as possible.

4.3 Information for display in GP practices

As well as these activities, a poster is made available for GP practices to display in their surgeries in English and 13 other languages. Copies of the poster are available on the GPPS website for download and printing. A version for electronic notice boards is also available for download.

Data collection

5 Data collection

The GP Patient Survey is primarily a postal survey. However, patients also have the opportunity to complete the survey online or by telephone and it is also offered in a variety of accessible formats. These options are discussed in greater detail below.

5.1 Postal survey

5.1.1 Processing the sample

The final survey sample is delivered to the printing house via secure file transfer protocol (SFTP), using high level encryption. Upon receipt it is cleaned using the Postcode Address File (PAF), a process which ensures that the questionnaires are sent to the correct postal address and that the mailing is eligible for postage discounts. A downstream access provider is used for processing the questionnaire packs, with items then handed over to Royal Mail for 'final mile' delivery.

5.1.2 Printing

All questionnaires, letterheads, C5 Business Return envelopes, and C5 outer envelopes are printed in advance of the survey. Once the sample is made available, the questionnaires are then personalised with a unique reference number and online password. The letters are also personalised with name, address, and the same unique reference number as appears on the questionnaire.

A single questionnaire, letter, and Business Return envelope are then packed into an outer envelope by machine, and sorted into Walksort batches, ready for collection by the downstream access provider.

For the experiments conducted this year, different variants of the survey materials were sent to a random sub-sample of patients. More details on this can be found in the Appendix.

5.1.3 Posting the questionnaire

Initial letters and questionnaires were sent to all patients in the final sample on the dates in Table 5.1, followed by a postcard reminder. Two additional full reminder mailings (letters and questionnaires) were then sent to patients for whom no recorded response was received by the printing deadline. Copies of all letters can be found in the Appendix.

Patients who were not sent a full reminder included:

- those who returned their questionnaire to Ipsos MORI and it was processed before the deadline;
- those who completed the questionnaire online;
- those who completed the survey via the helpline;
- those who telephoned or emailed the helpline and opted out of the survey;
- those who replied via letter indicating they wished to opt out of the survey;

- those who opted out via NHS England;
- those whose questionnaires were returned to sender; and
- those recorded as deceased on the NHS Digital database.

Table 5.1: Survey mailout dates

Initial survey sent	January 3 rd 2017
Postcard reminder sent	January 10 th 2017
First reminder sent	February 6 th 2017
Second reminder sent	March 6 th 2017

5.2 Alternative methods of completion

Although patients are offered several methods of completion, only one response per patient is included in the final data.

5.2.1 Online completion

Patients are offered the option to complete the survey online via the GPPS website in English, one of the 14 other languages offered, or in BSL. These different versions of the survey are accessible from specific language pages on the website. The online survey page of the website gives those invited to take part the opportunity to choose the language in which they wish to complete the survey (English, Arabic, Bengali, French, Czech, Gujarati, Mandarin, Polish, Portuguese, Punjabi, Slovak, Somali, Spanish, Turkish or Urdu). Patients are also offered the option of completing the survey in large print, which they can request via the helpline by email or telephone.

Likewise, there is also the option for patients to access a BSL version via the pages dedicated to supporting BSL users. This involves showing video clips of a BSL user signing the instructions, questions, and options available (see Figure 5.1).

Figure 5.1: Viewing the questionnaire in BSL

GP PATIENT SURVEY

Accessing your GP services

When did you last see or speak to a GP from your GP surgery?

☐ In the past 3 months

☐ Between 3 and 6 months ago

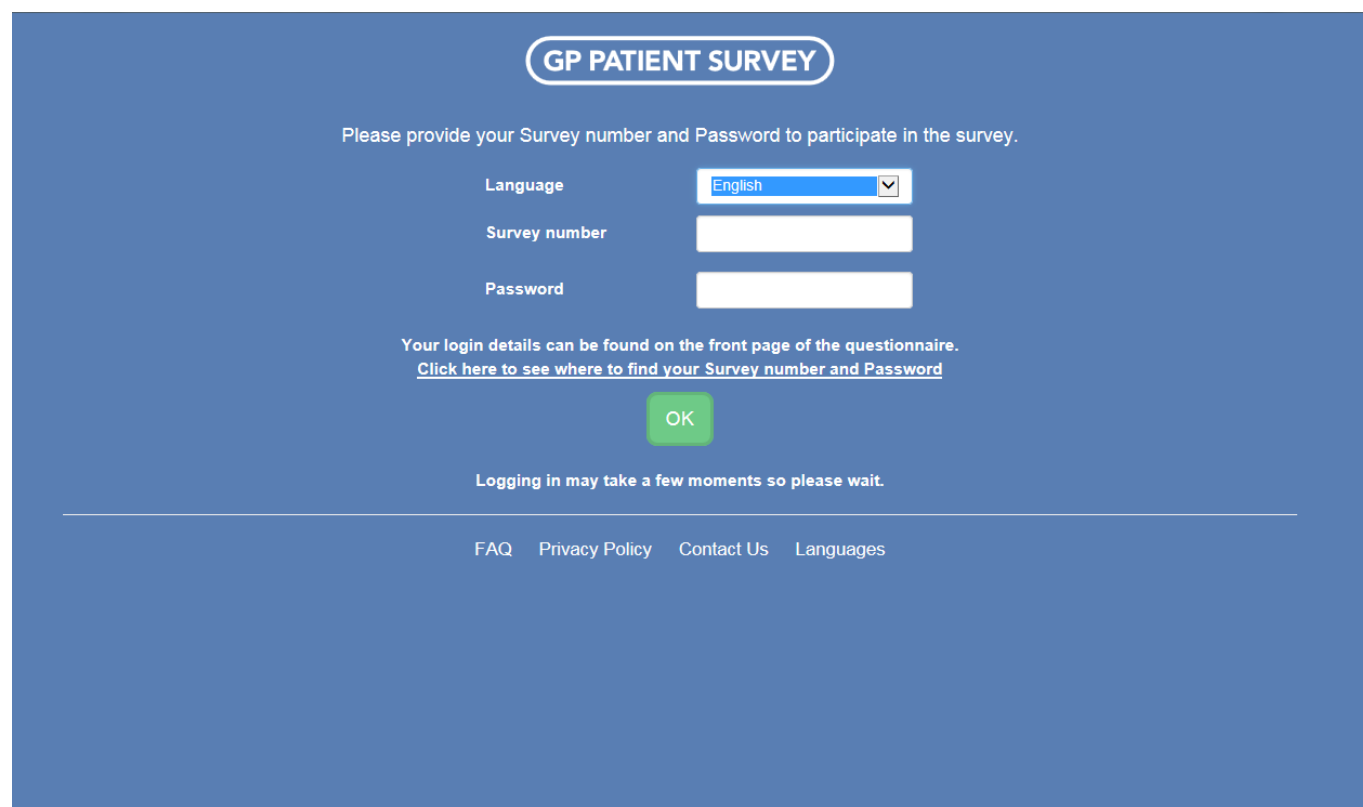
☐ Between 6 and 12 months ago

☐ More than 12 months ago

☐ I have never seen a GP from my GP surgery

<< >>

Regardless of the language chosen, each patient in the sample is assigned a unique reference number and password (printed on the front page of the paper questionnaire) that allows them to access the online versions of the questionnaire. In order to complete the survey online, patients are required to enter these details on a first login screen (see Figure 5.2 below).

Figure 5.2: Login screen for online survey

The image shows a login screen for the 'GP PATIENT SURVEY'. The background is a solid blue color. At the top center, the title 'GP PATIENT SURVEY' is enclosed in a white rounded rectangle. Below this, a white instruction reads: 'Please provide your Survey number and Password to participate in the survey.' There are three input fields: a dropdown menu for 'Language' with 'English' selected, and two text boxes for 'Survey number' and 'Password'. Below these fields, a white message states: 'Your login details can be found on the front page of the questionnaire. [Click here to see where to find your Survey number and Password](#)'. A green 'OK' button is positioned below the message. At the bottom of the form area, a white line of text says: 'Logging in may take a few moments so please wait.' Below this line is a horizontal separator, and at the very bottom, a row of white links is displayed: 'FAQ', 'Privacy Policy', 'Contact Us', and 'Languages'.

GP PATIENT SURVEY

Please provide your Survey number and Password to participate in the survey.

Language

Survey number

Password

Your login details can be found on the front page of the questionnaire.
[Click here to see where to find your Survey number and Password](#)

OK

Logging in may take a few moments so please wait.

[FAQ](#) [Privacy Policy](#) [Contact Us](#) [Languages](#)

For all versions of the online survey, the questions are identical to those on the paper questionnaire in terms of wording and design.

Figure 5.3: Question from the online survey

GP PATIENT SURVEY

Accessing your GP services

When did you last see or speak to a GP from your GP surgery?

☐ In the past 3 months

☐ Between 3 and 6 months ago

☐ Between 6 and 12 months ago

☐ More than 12 months ago

☐ I have never seen a GP from my GP surgery

<< >>

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Only one online response per patient is accepted. If patients try to complete it more than once online, a message appears letting them know they have already completed the survey. If they fail to complete the survey in one sitting, their reference number and password will return them to where they had left off.

5.2.2 Changes to the online survey for 2017

Following good practice in administering online questionnaires and to improve the accessibility of the survey generally, a few minor changes were made to the set-up of the online survey ahead of fieldwork in 2017. These changes included:

- a 'soft' check for patients who try to move on without answering a question, to try to reduce non-response while ensuring comparability across formats. The soft check displayed reads: 'You have not answered the question. Please select an answer or click '>>' to continue';
- a range of changes to ensure the survey was optimised across devices, including reducing the amount of text on the survey landing page, the use of expanding headers for the question on ethnicity, and reviewing the positioning of the accessibility options on screen; and
- amendments to the survey login page to include a language drop down so that this important introductory information is translated, and adding links at the bottom of this page pointing patients to other resources on the main GPPS website, including FAQs, Privacy policy, Contact us and Languages.

5.2.3 Total number of online returns

49,661 patients completed the survey online during fieldwork in 2017.

Table 5.3 details how many patients completed the survey in each available foreign language and British Sign Language. Of note, while the number of patients completing the survey online has increased overall (from around 40,000 in 2015-16), the number completing in another language more than doubled from 819 to 1,767. Overall, 17 patients completed the BSL version of the questionnaire

Table 5.2: Completes per language and BSL

	Completes
Arabic	55
Bengali	14
Czech	37
French	26
Gujarati	17
Mandarin	111
Polish	1,154
Portuguese	112
Punjabi	34
Slovak	56
Somali	3
Spanish	83
Turkish	38
Urdu	27
Total	1,767
BSL	17

5.2.4 Telephone completion

Patients are also able to complete the GPPS questionnaire on the telephone (including in the 14 foreign English languages) by calling the freephone helplines. Patients are asked for their reference number before they can complete the survey and there is an automatic check on the reference number to ensure that it is valid for the live survey. Helpline staff enter callers' answers directly into the online version of the survey. In total, the helpline team assisted 58 patients in completing the survey, mostly because they had a visual impairment or other physical disability, but some also needed help because of language or literacy issues.

5.2.5 Braille and large print versions


Braille users are offered the opportunity to receive the questionnaire and letter in Braille, and large print is made available for those who request a copy of the letter and questionnaire in this format. Braille users must complete the online survey. Returned large print questionnaires are entered manually by the helpline team, using the patient's unique login details.

5.2.6 Easy read questionnaire

In 2016 Ipsos MORI and NHS England undertook a review of best practice around provision of alternative survey formats with a focus on improving accessibility. Following this review, and in discussion with the GPPS steering group, an easy read version of the questionnaire was designed and introduced for 2017. The availability of an easy read questionnaire was signposted on the letter sent out to patients and could be requested either through calling or emailing the helpline.

The easy read questionnaire aims to offer a more accessible version of the survey targeted at patients with a learning disability or low levels of literacy. The questionnaire is a shortened version of the main questionnaire (28 questions instead of 62) which distils the text into shorter, more manageable sentences using images to assist readers' understanding. An example of how questions are laid out is shown in Figure 5.4.

Figure 5.4: Example easy read question



6) Think about the **last** appointment you had with a GP. How good was the GP at **listening to you?**

☐ Very good

☐ Quite good

☐ OK

☐ Quite bad

☐ Very bad

Ipsos MORI worked closely with Mencap⁴ to design and develop the easy read version of the questionnaire. This process involved four key stages:

Stage 1: Following best practice guidance on the optimum length for an easy read questionnaire, NHS England and Ipsos MORI, in association with Mencap, identified a sub set of key questions. This was based on questions regarded as a priority for the target audience as well as those feeding into widely used GPPS-based metrics.

⁴ Mencap are a leading charity in advocating for and supporting people with a learning disability and have assisted a number of organisations to develop easy read documents: <https://www.mencap.org.uk/>

Stage 2: Based on this initial list of questions, Ipsos MORI and Mencap designed and developed an easy read questionnaire for testing.

Stage 3: The easy read questionnaire went through two rounds of cognitive testing, which focused on respondents' understanding of the text and the related images, as well as an assessment of the overall length/completion time. After each round, interim feedback was provided by Mencap and Ipsos MORI to NHS England, with suggested revisions. A total of 20 cognitive interviews were conducted in November 2016 with people with a learning disability. Participants had a wide range of abilities, requiring varying levels of support from needing a few words or phrases explained to help reading the questions or ticking response boxes. The whole questionnaire was tested in every interview.

Stage 4: Following feedback from the cognitive testing, a number of images were changed and the general text and instructions for respondents were amended. The questionnaire was also further reduced to ensure an optimum length/completion time and in light of continuing issues around comprehension, particularly in relation to questions which required high levels of recall.

Below is the final list of topics covered in the 2017 easy read questionnaire:

Your local GP surgery:

- how patients normally book an appointment;
- helpfulness of receptionists; and
- having a preferred GP.

Getting an appointment:

- whether patient able to get an appointment last time they tried.

Your last GP appointment:

- how good was the GP at giving the patient enough time, listening, explaining tests and treatments, involving the patient in decisions about their care and treating the patient with care and concern; and
- confidence and trust in GP.

Your last nurse appointment:

- how good was the nurse at giving the patient enough time, listening, explaining tests and treatments, involving the patient in decisions about their care and treating the patient with care and concern; and
- confidence and trust in nurse.

Opening times:

- satisfaction with opening hours.

Overall experience:

- how patients describe their overall experience of their GP surgery.

Looking after your health:

- long-term health conditions (if any); and
- confidence in managing own health.

About you:

- gender, age, ethnicity;
- deafness and sign language user;
- learning disability;
- smoking habits;
- religion; and
- help to complete the survey.

A copy of the Easy Read questionnaire can be found in the Appendix.

Data analysis

6 Data analysis

6.1 Questionnaire processing

As in previous years, questionnaires are returned in supplied freepost Business Reply Envelopes (2nd class) to the scanning house.

Envelopes are guillotined and questionnaires collated and prepared for scanning. Any other items of correspondence are set aside for review and response by Ipsos MORI or NHS England, as appropriate.

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

Questionnaire data collected online is 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 if they were received by the 7 April 2017.

6.2 Inclusions and exclusions

The rules and protocols used for delivering the data for the 2017 reports are as follows:

- All questionnaires received with identifiable reference numbers allowing linkage to GP practice, along with all completed online responses, are eligible for inclusion.
- Returned questionnaire figures are based only on those qualifying for inclusion in the dataset as described in this document.
- The calculated response rates are based on all completed questionnaires returned and all questionnaires sent. They have not been adjusted to exclude questionnaires which did not reach the patient, e.g. where envelopes have been returned undelivered etc.

The following are excluded from the reports:

- All questionnaires marked as completed by under-18s;
- All questionnaires where there is only data for a limited number of questions (e.g. only the first page was completed).
- All questionnaires where the barcode number was not in the valid range for the live wave of the survey.
- All questionnaires without a valid practice code.
- All blank questionnaires.

Questionnaire data are combined from scanned and online data sources. Where duplicates between mode of completion exist, the data used are selected according to the case that is the most complete (i.e. with the fewest unanswered questions). If there is no difference in completeness, the data used are then selected according to a priority order with online data having precedence. Where duplicates exist within a completion mode, the earliest return is included.

6.3 Editing the data

As the majority of the completed questionnaires are on paper, there is a degree of completion error that occurs (e.g. ticking more than one box when only one response is required, answering a question not relevant to them, or missing questions out altogether). Therefore, it is necessary to undertake a certain amount of editing of the data to ensure the data is logical. For example:

- If a patient ticks more than one box where only one answer is required, then their reply for that question is excluded.
- Where patients are allowed to select more than one box for a particular question, the reply for that question is excluded if they select two conflicting answers – for example, at Q5 ('How do you normally book appointments to see a GP or nurse at your GP surgery?'), if a patient ticks any of the first four options as well as 'Doesn't apply', then their response for that question is excluded. The following list shows the questions this applied to, as well as the response options that are treated as single code only:
 - Q5 – 'Doesn't apply'
 - Q6 – 'None of these' and 'Don't know'
 - Q7 – 'None of these'
 - Q27 – 'None of these'
 - Q31 – 'None of these conditions' and 'I would prefer not to say'
 - Q41 – 'Can't remember'
- There are also some questions for which patients are allowed to select more than one response option, although this is not specified on the questionnaire itself:
 - Q10
 - Q13
 - Q17 (except for 'Didn't see or speak to anyone' which is treated as a single code only)
 - Q41 (except for 'No', which is treated as a single code only)
- If all boxes are left blank the reply for that question is excluded.

- If a patient fails to tick the relevant answer for a filter question then any responses are excluded from the subsequent questions relating to the filter question. For example, if a patient responds to Q9 without having first responded 'Yes' at Q8, their response to Q9 is removed.
- For the question on whether they were able to get an appointment to see or speak to someone (Q12), any patients who select 'Yes' and 'Yes, but I had to call back closer to or on the day I wanted the appointment' have their answer edited to just 'Yes, but I had to call back closer to or on the day I wanted the appointment'.
- For the question on whether they have a long-standing health condition (Q30), patients who initially answer other than 'Yes' have their answer recoded to 'Yes' if they went on to select any medical conditions at Q31.
- Where the ethnicity question (Q52) is multi-coded, patients are included in the 'White English / Welsh / Scottish / Northern Irish / British' group if this was selected alongside any other response. If someone selects more than one response under any of the ethnic groups ('Mixed / multiple ethnic groups', 'Asian / Asian British', 'Black / African / Caribbean / Black British', and 'Other ethnic group') then they are recoded into the 'other' response within that grouping; for example, a patient selecting Indian and Pakistani is coded into 'Any other Asian background'. The same rule applies to multiple responses in the 'White' section in cases where 'White English / Welsh / Scottish / Northern Irish / British' is not selected. If someone selected two or more responses which are not in the same section, they would be coded into the 'Any other ethnic group' category (again with the exception of cases where 'White English / Welsh / Scottish / Northern Irish / British' was selected).

6.4 Weighting strategy

Weighting adjusts the data to account for differences between all patients at a surgery and the sub-set of patients who actually completed the questionnaire. In previous years, two separate weighting schemes have been employed for GPPS:

1. to produce weights for the combined Wave 1 (July – September) and Wave 2 (January – March) data; and
2. to produce weights based on a single wave of fieldwork, which was used for the reporting of dentistry results.

The switch to one wave of fieldwork each survey year means that only one set of weights was required for 2017; as such, the weighting scheme followed the same basic weighting strategy as that used previously to generate the single-wave weights for the dentistry results.

The weighting strategy incorporated the following three elements:

1. a design weight to account for the unequal probability of selection;
2. a non-response weight to account for differences in the characteristics of responders and non-responders; and
3. a calibration weight to ensure that:
 - the distribution of the weighted responding sample across practices resembles that of the population of eligible patients; and
 - the age and gender distribution within each CCG resembles the population of eligible patients within the CCG.

Design weights were computed to account for the design of the survey (i.e. disproportionate stratified random sample by practice and length of time the patient has been registered with the practice). Design weights were calculated for each patient as the inverse of the probability of selection. The probability of selection was calculated separately for newly registered / previously registered patients. For each group this was generated by dividing the number of selected patients over the total number of eligible patients in the practice at the time of sampling. This weight gives the number of patients from the practice represented by each individual who is sampled for GPPS from said practice.

Non-response weights were constructed using a model based approach to estimate the probability of responding. This model estimates the probability of responding based on socio-economic and demographic characteristics of the patient and the neighbourhood in which the patient lives. This strategy aims to reduce demographic and socio-economic differences between respondents and non-respondents.

Data from the GPPS sampling frame (patient's age, gender and Government Office Region) was linked to external data using the home postcode of the patient. External data was obtained from the Office of National Statistics aggregated at the Output Area (OA), and A Classification of Residential Neighbourhoods (ACORN) system. OA variables included: deprivation indicators, crime scores, ethnicity, marital status, overcrowding, household tenure and employment status. The OA variables are based on the 2011 Census data, except for the Index of Multiple Deprivation (IMD) and the Crime Deprivation Index, which are from the 2015⁵ deprivation indicators. The ACORN system categorises all postcodes in the UK into various types based on Census data and lifestyle surveys.

Some of the selected patients did not have a valid postcode or their postcode was missing. These patients were assigned the practice modal OA (the OA that most of the patients had within the practice). If there was more than one modal OA, the OA was selected randomly among the modal OAs. There was complete information for most of the patients except in IMD score/crime, where 427 IMD scores were missing across 157 practices; the IMD score/crime for these patients was imputed using the average score for the practice that they attended.

The probability of response was estimated using a logistic regression model. Standardised design weights were applied when running the model to obtain unbiased estimates for the coefficients. The model allows us to identify patterns in non-response behaviour: this showed that younger patients were less likely to respond than older patients, and female patients were more likely to respond than male patients in all except the oldest age group. There were also some differences by region, with response tending to be lower in the North West. Response was also lower in ACORN groups P ('Struggling Estates'), K ('Student Life'), M ('Striving Families') and R ('Other'). Response also decreased in the following:

- OAs with higher deprivation and crime scores;
- OAs with an increasing proportion of non-white people;
- OAs with an increasing proportion of single, separated or divorced people;
- OAs with an increasing proportion of households with three or more people; and
- OAs with an increasing proportion of privately rented households.

In contrast, response increased with an increasing proportion of employees.

⁵ A small number of patients of England practices are resident in Wales. 2014 Welsh IMD scores were used for these cases.

The non-response pre-weights were calculated as the reciprocal of the predicted probability of response. The pre-weights were capped after using standardised weighting to determine this level. Capping can introduce some bias into the survey estimates; however in this case it will be minimal given the number of respondents with capped weights represented less than 0.3% of the total respondent sample. The pre-weights were multiplied by the design weight to obtain the non-response weight.

The non-response weight was calibrated to produce a final weight that makes the weighted sample of respondents resemble the eligible population by practice, and by age/gender within CCG. The practice population totals used for the calibration were taken from the sampling frame.

Calibration can lead to very variable weights if applied to small cells. In GPPS, small cells can typically arise in any CCG which has only a small number of responders in a particular age-sex band, or in practices with a low response rate. To overcome these issues, the age-sex bands were combined into six categories, and a small amount of additional capping was performed. In particular, practices with fewer than ten respondents had their weights capped. Finally, the weights were standardised to sum to the sample size.

The survey is designed [primarily to provide efficient estimates at practice level rather than CCG or national level, meaning the design effects at CCG and national level are slightly larger. At the practice level, design effects ranged from 1.00 to 3.03, with an average design effect of 1.35. At the CCG level, design effects ranged from 1.12 to 3.44, with an average design effect of 1.80. The design effect at the national level was 1.89.

6.5 Confidence intervals

Participants in GPPS represent a sample of the total population of interest – this means we cannot be certain that the results of a question are exactly the same as if everybody within that population had taken part (“true values”). However, we can predict the variation between the results of a question and the true value by using the size of the sample on which results are based and the number of times a particular answer is given.

The confidence with which we make this prediction is 95% – that is, the chances are 95 in 100 that the true value will fall within a specified range (the “95% confidence interval”).

The table below gives examples of what the confidence intervals look like for an ‘average’ practice and CCG, as well as the confidence intervals at the national level based on weighted data.

Table 6.1: Confidence intervals for practices, CCGs and national data

	Average sample size on which results are based	Approximate confidence intervals for percentages at or near these levels		
		<i>Level 1: 10% or 90%</i>	<i>Level 2: 30% or 70%</i>	<i>Level 3: 50%</i>
		+/- (%)	+/- (%)	+/- (%)
National	808,300	0.09	0.14	0.15
CCG	4,000	1.18	1.86	2.07
Practice	100	5.05	9.41	11.3

For example, taking a CCG where 4,000 people responded and where 30% give a particular answer, there is a 95% likelihood that the true value (which would have been obtained if the whole population had been interviewed) will fall within the range of ± 1.86 percentage points from that question's result (i.e. between 28.14% and 31.86%).

In instances where the base size is small (e.g. practices where 100 patients or fewer responded to a question) confidence intervals will be wider. Findings for these questions should be regarded as indicative rather than robust.

Lower and upper limits for confidence intervals for a selection of questions are presented in the practice and CCG Excel reports (<https://gp-patient.co.uk/surveys-and-reports>).

Often statistical tests are based on simplified assumptions about how the underlying population is distributed. These assumptions hold for many real life situations but can fail for extreme situations; such is the case with confidence intervals. Within the context of GPPS many satisfaction scores are around 99%, there is more scope for such an estimate to fall than there is for it to increase (this makes sense intuitively as well as probabilistically), hence we would expect the lower limit to be larger than the upper limit. As a result, we use Wilson's method to calculate confidence intervals which accounts for this, and permits intervals to be asymmetric – the lower and upper limits can be unequal in size (unlike other confidence interval tests)⁶.

When results are compared between separate groups within a sample, the difference may be "real" or it may occur by chance (because not everyone in the population has been interviewed). A difference must be of at least a certain size to be statistically significant. The following table shows the size of the difference needed between two estimates, in order for this difference to be statistically significant at the 95% confidence level and assuming 80% power for an 'average' practice and CCG⁷.

Table 6.2: Subgroup sampling tolerances within one year of data

	Average sample size on which results are based	Amount of change needed between two estimates		
		<i>Level 1: 10% or 90%</i>	<i>Level 2: 30% or 70%</i>	<i>Level 3: 50%</i>
		+/- (%)	+/- (%)	+/- (%)
CCG	4,000	1.95	2.91	3.15
Practice	100	14.3	18.4	18.6

For example, taking a practice where 100 people responded and where 30% give a particular answer, the estimate from a second practice of a similar size would need to be ± 18.4 percentage points in order to be statistically significant (and not due to random chance).

⁶ Standard confidence interval testing uses the Wald method.

⁷ Power calculations apply a statistical test to protect against the risk of false negatives. False negatives occur when a difference that does exist is declared as not existing.

6.6 Analysis of trend data

From 2011 GPPS was administered biannually, and was also published biannually comprising the two most recent waves of data (Wave 1: July-September and Wave 2: January-March). In 2017 the survey reverted to an annual publication of one wave of fieldwork in order to reduce survey costs and rationalise the data collection process. Fieldwork timings for 2017 and in future years of the survey are in keeping with the historical Wave 2 fieldwork period (January-March).

In this context, NHS England and Ipsos MORI carried out a detailed analysis on Year 6 to 11 (2011-2017) of the survey to assess whether there are any systematic differences in the data collected between the Wave 1 (July-September) and Wave 2 (January-March) fieldwork periods, as these differences could impact upon comparisons of survey estimates on trend. Such systematic differences are referred to here as a 'fieldwork timing effect'; in simple terms, this is where evidence indicates that differences between data collected in Wave 1 and Wave 2 may be a result of the different times of year that fieldwork was conducted in. If the analysis found consistent differences between results from Wave 1 and 2 fieldwork periods, then it would not be appropriate to compare trend data from Year 11 to full-year trend data from previous years (that is, data comprising of two waves of fieldwork, July to September and January to March). Instead, Year 11 data would need to be compared to the corresponding Wave 2 fieldwork period in earlier years (that is, data from January to March fieldwork only).

The analyses conducted suggest that there is evidence of a small difference in the data collected between waves (with Wave 2 slightly more positive), which is more strongly observed at the national level. However, it is impossible to know what is causing this and these differences are unlikely to be solely due to fieldwork timing with other factors, such as sampling variance (i.e. statistical differences due to chance) and genuine local change, also contributing.

Based on the analyses there is insufficient evidence that switching from two waves of fieldwork to a single period will make any substantial difference to the survey estimates. However, because the sample sizes for GPPS are so large at national level, we suggest taking a conservative approach to any future trend analysis, comparing Year 11 data against Wave 2 only data from previous years of the survey. This will ensure that any observed differences cannot possibly be a result of an underlying 'fieldwork timing effect'. Where national-level trends are reported on the website, they have been updated to reflect this approach.

For categories with smaller sample sizes such as CCGs and GP practices this approach is not considered necessary. This is based on caveats around evidence of a 'fieldwork timing effect' and the fact the observed effect is inconsistent across CCGs, in both degree and direction. CCGs can vary notably in size; although some CCGs may comprise a large number of cases, there are others which are relatively small. Despite these differences, a consistent approach must be used when reporting results at this level in order to facilitate comparisons across CCGs. Therefore, our recommended approach takes into account best practice for those CCGs with a smaller sample size. This means comparing Year 11 data to a full year of data from previous years of the survey (both at CCG and practice level).

For full details of this analysis please see the note 'Assessing the impact of change to an annual GP Patient Survey' which can be [accessed here](#).

Table 6.3: Summary guidance for time series data at national, CCG and practice level

	Approach for analysis on trend
National	Compare Year 11 estimates to historical estimates from Wave 2 only (January-March data)
CCG	Compare Year 11 estimates to historical estimates from both waves (a full year of data)
Practice	Compare Year 11 estimates to historical estimates from both waves (a full year of data)

Table 6.4: Subgroup sampling tolerances for trend data

		Amount of change needed between two estimates		
Average sample size on which results are based		Level 1: 10% or 90%	Level 2: 30% or 70%	Level 3: 50%
		+/- (%)	+/- (%)	+/- (%)
National	808,500 v 404,250	0.22	0.34	0.37
CCG	4,000 v 4,000	1.95	2.91	3.15
Practice	100 v 100	14.3	18.4	18.6

For example, taking a practice where 100 people responded and where 30% give a particular answer, the estimate from a second practice of a similar size would need to be +/-18.4 percentage points in order to be statistically significant (and not due to random chance).

Response rates

7 Response rates

The overall response rate for England was 37.5%, based on 2,157,769 questionnaires sent out and 808,332 returned.

Table 7.1: Surveys sent, returned and response rates

	Number sent	Number returned	Response rate
Total	2,157,769	808,332	37.46%

Table 7.2: Response rates by gender

	Y11
Women	42.3%
Men	32.7%

Table 7.3: Response rates by age

	Y11
18-24	15.7%
25-34	18.6%
35-44	26.6%
45-54	36.1%
55-64	53.2%
65-74	69.4%
75-84	68.6%
85+	54.4%

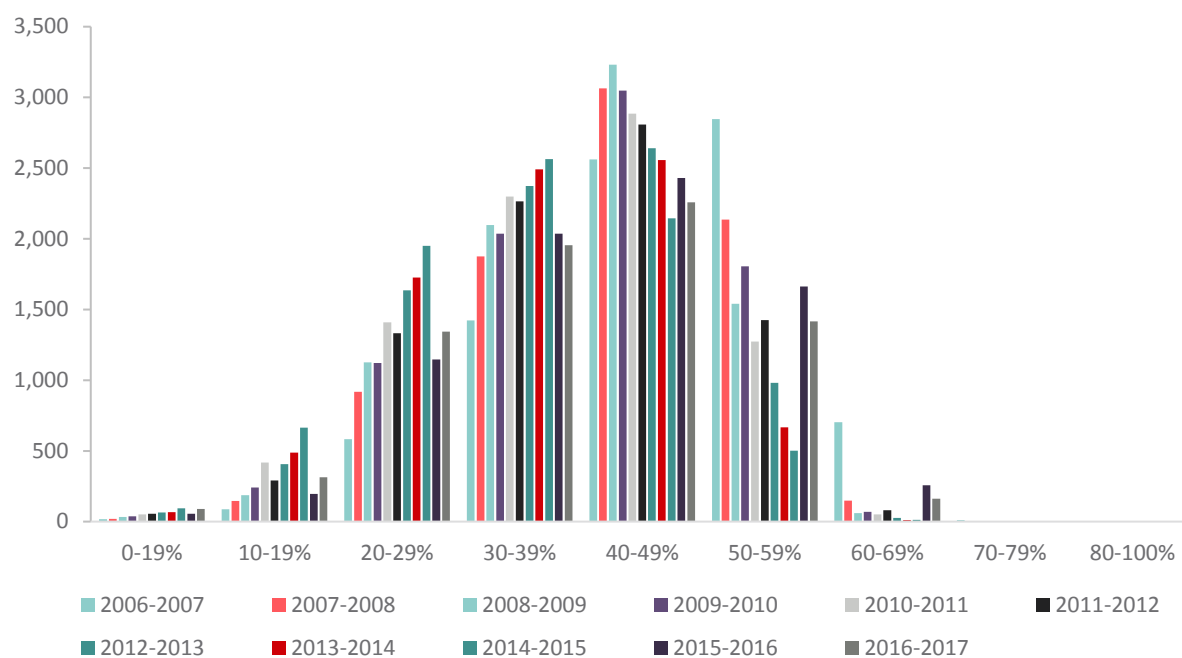
Figure 7.2: Number of practices within each response rate band over time

Table 7.4: Number and proportion of practices within each response rate band

	Practices in 2017		Practices in 15/16		Practices in 14/15		Practices in 13/14		Practices in 12/13		Practices in 11/12		Practices in 10/11		Practices in 09/10		Practices in 08/09		Practices in 07/08		Practices in 06/07	
	No	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
0-9%	89	1%	56	1%	94	1%	66	1%	64	1%	56	1%	52	1%	37	*	32	*	20	*	17	*
10-19%	314	4%	196	3%	665	8%	487	6%	406	5%	292	4%	417	5%	241	3%	187	2%	147	2%	87	1%
20-29%	1,343	18%	1,146	15%	1,949	25%	1,727	22%	1,636	20%	1,331	16%	1,410	17%	1,122	13%	1,126	14%	918	11%	584	7%
30-39%	1,954	26%	2,037	26%	2,563	32%	2,492	31%	2,374	29%	2,265	27%	2,299	27%	2,036	24%	2,097	25%	1,875	23%	1,423	17%
40-49%	2,259	30%	2,431	31%	2,144	27%	2,556	32%	2,641	32%	2,809	34%	2,884	34%	3,047	36%	3,231	39%	3,063	37%	2,561	31%
50-59%	1,416	19%	1,662	21%	501	6%	667	8%	982	12%	1,424	17%	1,273	15%	1,806	22%	1,540	19%	2,135	26%	2,847	35%
60-69%	162	2%	258	3%	12	*	10	*	25	*	81	1%	50	1%	69	1%	60	1%	149	2%	703	9%
70-79%	0	0%	1	*	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	10	*
80-100%	0	0%	0	0%	0	0%	0	0%	1	*	0	0%	1	*	4	*	0	0%	0	0%	0	0%
Total	7,537	100%	7,787	100%	7,928	100%	8,005	100%	8,129	100%	8,258	100%	8,386	100%	8,362	100%	8,273	100%	8,307	100%	8,232	100%

Reporting

8 Reporting

8.1 Deliverables

The survey reporting specifications were created by Ipsos MORI in collaboration with NHS England. The specifications detail the content and layout of each of the Excel and PDF reports required, as well as the SPSS datasets.

All data and reports are encrypted and supplied to NHS England via a secure FTP (File Transfer Protocol) site.

Tables 8.1 to 8.4 describe the reports and datasets which are produced.

Table 8.1: Weighted reports (published via the www.gp-patient.com website)

	Detail / purpose	Date published
National report	National headline results of the survey	6 th July 2017
National results and trends	National results and trends (topline)	
National data (.csv)	One file in CSV (Comma-separated value) format that contains all the national-level data within the Excel based reports	
CCG results (Excel)	One Excel report containing survey results for every CCG and the national results	
CCG data (.csv)	One file in CSV format that contains all the CCG-level data within the Excel based reports	
Practice results (Excel)	One Excel report containing survey results for every practice and the national results	
Practice data (.csv)	One file in CSV format that contains all the practice-level data within the Excel based reports	
CCG slide packs	207 PowerPoint reports containing results for a selection of key questions for individual CCGs	

Table 8.2: Weighted datasets provided to NHS England (not published)

	Detail / purpose	Date provided
Person dataset	Person level dataset (SPSS) to allow for a range of further analyses	26 th May 2017
Practice dataset	Practice level dataset (SPSS) to allow for a range of further analyses	
Dentistry person dataset	Person level dataset (SPSS) to allow for a range of further analyses based on dentistry questions	

Table 8.3: Unweighted reports (published via the website)

	Detail / purpose	Date published
National data (.csv)	One file in CSV format that contains all the national-level data within the Excel based reports	6 th July 2017
CCG results (Excel)	One Excel report containing survey results for every CCG and the national results	
CCG data (.csv)	One file in CSV format that contains all the CCG-level data within the Excel based reports	
Practice results (Excel)	One Excel report containing survey results for every practice and the national results	
Practice data (.csv)	One file in CSV format that contains all the practice-level data within the Excel based reports	

Table 8.4: Annual reports (published via the website)

	Detail / purpose	Date published
Technical annex	Communicate operational details of survey	6 th July 2017

8.2 The GPPS 'Surveys and reports' link

The surveys and reports page of the GPPS website allows users to access and download the published surveys and reports, CCG slide packs and infographics. Users select the date of publication and are presented with the materials relevant to that publication, organised at national, CCG and practice level. Users can access all published current and archived reports from 2007 onwards. The surveys and reports page is available at <http://www.gp-patient.co.uk/surveysandreports>.

Figure 8.1: Survey and reports link on the GPPS website

Surveys and Reports
Please use the tabs to select a time period

Latest data 2010-2016 2007-2010

Latest data. July 2016
Fieldwork: July – Sept 2015 and Jan – March 2016

National ?
National results
Go

CCG ?
CCG results
Go

GP Practice ?
Practice results
Go

Surveys Materials

Questionnaire Go
Letter Go

Additional Materials

Technical Annex ?
Note on changes to the survey
List of report variables (CSV) ?

Showing weighted results ▼

All current reports for national, practice and CCG level are accessible through this page (in weighted and unweighted data format), along with the other published reports as detailed in tables 8.1-8.4. Please note that prior to January 2016, reports are available for Regions and Area Teams; these are no longer provided following the integration of Area Teams into the four existing Regional Teams.

Under the CCG heading, there is a link to the [CCG slidepacks page](#) for each relevant publication. This link takes users to an A-Z tool bar which allows easy access to each of the weighted PowerPoint reports for individual CCGs (see figure 8.2). These slide packs are available for the January 2015 publication onwards.

Figure 8.2: CCG slide packs page

GP PATIENT SURVEY

ABOUT CONTACT US RECEIVED A SURVEY? **NHS England**

CCG Slidepacks (2017)

If you are having trouble opening the slidepacks, or if you would like them in a different format, please contact gppatientsurvey@ipsos-mori.com.

A B C D E F G H I K L M N O P R S T V W

A

NHS AIREDALE, WHARFEDAILE AND CRAVEN CCG
NHS ASHFORD CCG
NHS AYLESBURY VALE CCG

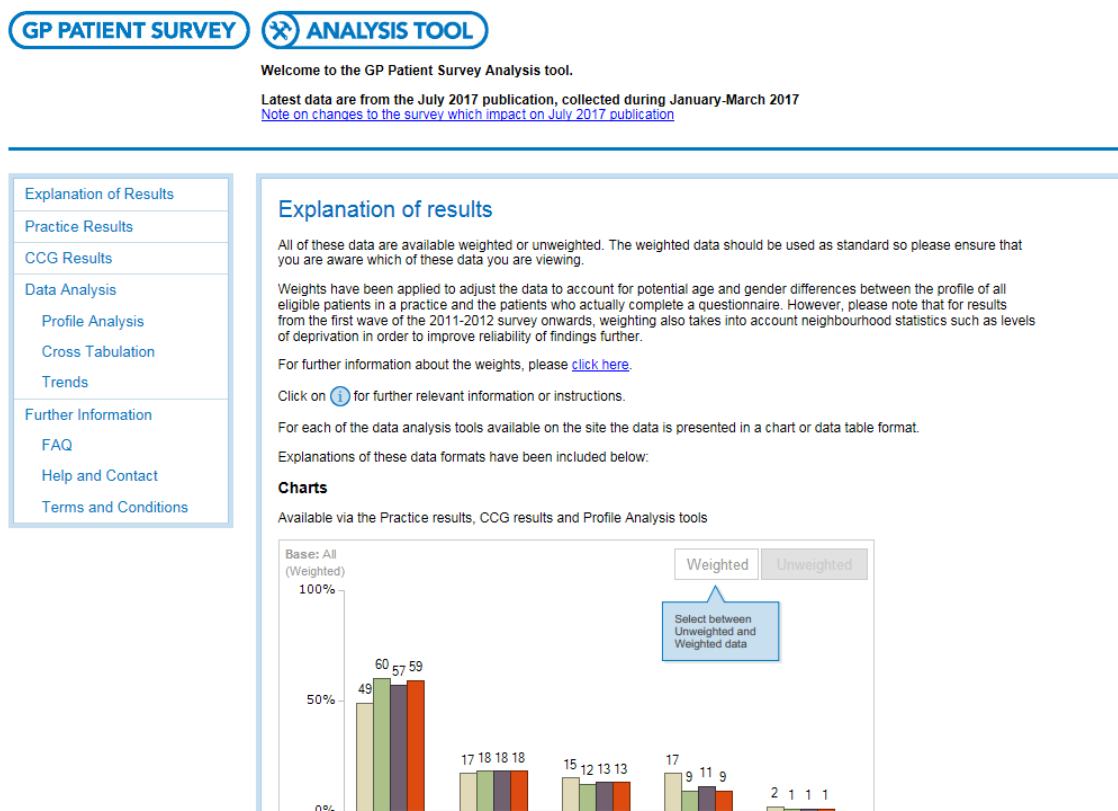
B

NHS BARKING AND DAGENHAM CCG
NHS BARNET CCG
NHS BARNESLEY CCG
NHS BASILDON AND BRENTWOOD CCG
NHS BASSETLAW CCG
NHS BATH AND NORTH EAST SOMERSET CCG

8.3 The GPPS analysis tool

The GPPS analysis tool is available for users to analyse the latest results, including comparing them to the results for every other practice and CCG in England. A link to the national trend data is also available.

Figure 8.3: Main page on the analysis tool website



From the main page users can select the following to analyse their results in more detail:

- **Topline practice results:** after selecting a practice, this section of the website allows the user to download an Excel spreadsheet of the results for that practice or view the results of each question on a chart. CCG and the national results are also available to add to the chart for comparison. These charts are available to view weighted or unweighted.
- **Topline CCG results:** after selecting a CCG, this section of the website allows the user to download an Excel spreadsheet of the results for that CCG or view the results of each question on a chart. The national results are again also available to add to the chart for comparison. These charts are available to view weighted or unweighted.
- **Profile analysis:** the profile analysis tool allows users to interrogate the data further by examining the responses collected from different respondent groups. These profile groups can contain any required combination of CCG, GP practice or demographic information.
- **Cross tabulation:** the cross tabulation tool allows visitors to examine the results by looking at the responses to specific questions as answered by specific groups. This tool allows the survey data to be broken down by patient demographics, as well as by all of the survey questions in up to three different levels to produce detailed tabular results.

- Trend analysis: Where a question has been asked in more than one 12-month period, visitors can see how responses have changed over time. Given the findings from analysis looking at the effect of the changes to fieldwork timings for the survey (see section 6.6), the trend data for surveys from January 2009 to March 2011, and for surveys from June 2011 to July 2016, are available separately to data from 2017.

8.3.1 Practice comparison tool

Since June 2015, the main GPPS website also allows users to compare results across practices, CCGs and at the national level. This tool is available either through the 'Compare a practice' link on the GP Patient Survey home page or via the practice search function.

The practice comparison tool allows users to:

- view the results for a particular practice, and compare these results to CCG and national results;
- compare results to another local practice (within a 5 mile radius); and
- compare results to any other practice in the country.

Results are available for either weighted or unweighted data, with weighted data shown by default.

Appendix

9 Appendix

9.1 Response rate experiment

As part of the fieldwork for January to March 2017 of the GPPS, Ipsos MORI and NHS England undertook a review of the survey. Specifically, the aim was to try to improve cost-effectiveness while maintaining response rates, as well as examining any changes in sample profile, survey estimates and costs, compared with the main survey design. This led to a series of experiments on a sub-sample of GPPS respondents, testing the impact of:

- replacing the second reminder letter with a postcard;
- replacing the postcard reminder with a pressure-sealed document (a sealed document in a format similar to a pay-slip);
- 'Nudge to Web' redesigns to survey materials to encourage online survey completion (including more prominent placement of details about how to access the online survey, along with online login details and a QR code); and
- 'Nudge to Web Lite' redesigns to survey materials to encourage online survey completion (including more prominent placement of details about how to access the online survey, along with online login details).

The experiment aimed to investigate the effect of the four changes to the mailout protocol, both separately and in combination, as detailed in table 9.1 below. It was embedded within the main GPPS survey, meaning fieldwork was carried out at the same time and using a subset of the sample for the main survey.

Allocation of sample to treatment groups

With the total sample of c.2.15 million cases, c.48,000 cases were systematically selected to take part in the various experiments (using the method of random start and fixed interval). The sample was stratified by CCG and by practice, with a '1 in n' random selection. The c.48,000 cases were randomly allocated to each of the nine treatment groups.

Results

Table 9.1 details the eight different treatment groups and the response rate for each.

Table 9.1: Response rates by experiment treatment group

	<i>Issued sample</i>	<i>Response rate</i>
Treatment group	<i>N</i>	<i>%</i>
Treatment A: Second postcard	5,973	34.7%
Treatment B: PSD	5,977	37.5%
Treatment C: Nudge to web	5,986	34.1%
Treatment D: Nudge to web lite	5,987	37.9%
Treatment BA: PSD + Second postcard	5,982	36.2%
Treatment CB: Nudge to web + PSD	5,977	36.6%
Treatment CA: Nudge to web + Second postcard	5,984	33.9%
Treatment CBA: Nudge to web + PSD + Second postcard	5,973	36.1%

Analysis was carried out to look at the differences in response rates between the eight treatment groups and the main survey. This concluded that the second postcard, pressure-sealed document, nudge-to-web and nudge-to-web lite have no significant positive effect on the final GPPS response rate. This was true both when the four treatments were trialled in isolation, as well as in combination.

Analysis was also carried out to look at the differences in results between the eight treatment groups and the main survey across a range of key survey estimates and demographic profiles. The analysis found no discernible or meaningful pattern in differences.

Responses to the experiment were therefore included within published results for July 2017; they equate to 2.1% of the total number of returned questionnaires.

9.2 Questionnaire

GP PATIENT SURVEY

Please answer the questions below by putting an **X** in ONE BOX for each question unless more than one answer is allowed (these questions are clearly marked). We will keep your answers completely confidential.

If you would prefer to **complete the survey online**, please go to **www.gp-patient.co.uk/survey**



Survey
number:

1234567890



Online
password:

ABCDE



ACCESSING YOUR GP SERVICES

Q1 When did you last see or speak to a GP from your GP surgery?

- ☐ In the past 3 months
- ☐ Between 3 and 6 months ago
- ☐ Between 6 and 12 months ago
- ☐ More than 12 months ago
- ☐ I have never seen a GP from my GP surgery

Q2 When did you last see or speak to a nurse from your GP surgery?

- ☐ In the past 3 months
- ☐ Between 3 and 6 months ago
- ☐ Between 6 and 12 months ago
- ☐ More than 12 months ago
- ☐ I have never seen a nurse from my GP surgery

Q3 Generally, how easy is it to get through to someone at your GP surgery on the phone?

- ☐ Very easy
- ☐ Fairly easy
- ☐ Not very easy
- ☐ Not at all easy
- ☐ Haven't tried

Q4 How helpful do you find the receptionists at your GP surgery?

- ☐ Very helpful
- ☐ Fairly helpful
- ☐ Not very helpful
- ☐ Not at all helpful
- ☐ Don't know

Q5 How do you normally book appointments to see a GP or nurse at your GP surgery?

Please **X** all the boxes that apply to you

- ☐ In person
- ☐ By phone
- ☐ By fax machine
- ☐ Online
- ☐ Doesn't apply

Q6 As far as you know, which of the following online services does your GP surgery offer?

By 'online' we mean on a website or smartphone app

Please **X** all the boxes that apply to you

- ☐ Booking appointments online
- ☐ Ordering repeat prescriptions online
- ☐ Accessing my medical records online
- ☐ None of these
- ☐ Don't know

Q7 And in the past 6 months, which of the following online services have you used at your GP surgery?

Please **X** all the boxes that apply to you

- ☐ Booking appointments online
- ☐ Ordering repeat prescriptions online
- ☐ Accessing my medical records online
- ☐ None of these

Q8 Is there a particular GP you usually prefer to see or speak to?

- ☐ Yes
- ☐ NoGo to Q10
- ☐ There is usually only one GP in my GP surgeryGo to Q10

Q9 How often do you see or speak to the GP you prefer?

- ☐ Always or almost always
- ☐ A lot of the time
- ☐ Some of the time
- ☐ Never or almost never
- ☐ Not tried at this GP surgery

MAKING AN APPOINTMENT

Q10 Last time you wanted to see or speak to a GP or nurse from your GP surgery:

What did you want to do?

- ☐ See a GP at my surgery
- ☐ See a nurse at my surgery
- ☐ Speak to a GP on the phone
- ☐ Speak to a nurse on the phone
- ☐ Have someone visit me at my home
- ☐ I didn't mind / wasn't sure what I wanted

Q11 And when did you want to see or speak to them?

- ☐ On the same day
- ☐ On the next working day
- ☐ A few days later
- ☐ A week or more later
- ☐ I didn't have a specific day in mind
- ☐ Can't remember

Q12 Were you able to get an appointment to see or speak to someone?

- ☐ Yes
- ☐ Yes, but I had to call back closer to or on the day I wanted the appointment
- ☐ NoGo to Q16
- ☐ Can't rememberGo to Q18

Q13 What type of appointment did you get?
I got an appointment...

- ☐ ...to see a GP at my surgery
- ☐ ...to see a nurse at my surgery
- ☐ ...to speak to a GP on the phone
- ☐ ...to speak to a nurse on the phone
- ☐ ...to see a GP or nurse at another surgery
- ☐ ...to speak to a GP or nurse online, for example using Skype
- ☐ ...for someone to visit me at my home

Q14 How long after initially contacting the surgery did you actually see or speak to them?

- ☐ On the same day
- ☐ On the next working day
- ☐ A few days later
- ☐ A week or more later
- ☐ Can't remember

Q15 How convenient was the appointment you were able to get?

- ☐ Very convenientGo to Q18
- ☐ Fairly convenientGo to Q18
- ☐ Not very convenient
- ☐ Not at all convenient

Q16 If you weren't able to get an appointment or the appointment you were offered wasn't convenient, why was that?

- ☐ There weren't any appointments for the day I wanted
- ☐ There weren't any appointments for the time I wanted
- ☐ I couldn't see my preferred GP
- ☐ I couldn't book ahead at my GP surgery
- ☐ Another reason

Q17 What did you do on that occasion?

- ☐ Went to the appointment I was offered
- ☐ Got an appointment for a different day
- ☐ Had a consultation over the phone
- ☐ Went to A&E
- ☐ Saw a pharmacist
- ☐ Used another NHS service
- ☐ Decided to contact my surgery another time
- ☐ Didn't see or speak to anyone

Q18 Overall, how would you describe your experience of making an appointment?

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

WAITING TIMES

Q19 How long after your appointment time do you normally wait to be seen?

- ☐ I don't normally have appointments at a particular time
- ☐ Less than 5 minutes
- ☐ 5 to 15 minutes
- ☐ More than 15 minutes
- ☐ Can't remember

Q20 How do you feel about how long you normally have to wait to be seen?

- ☐ I don't normally have to wait too long
- ☐ I have to wait a bit too long
- ☐ I have to wait far too long
- ☐ No opinion / doesn't apply

LAST GP APPOINTMENT

Q21

Last time you saw or spoke to a GP from your GP surgery, how good was that GP at each of the following?

Giving you enough time

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor
- ☐ Very poor
- ☐ Doesn't apply

Listening to you

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor
- ☐ Very poor
- ☐ Doesn't apply

Explaining tests and treatments

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor
- ☐ Very poor
- ☐ Doesn't apply

Involving you in decisions about your care

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor
- ☐ Very poor
- ☐ Doesn't apply

Treating you with care and concern

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor
- ☐ Very poor
- ☐ Doesn't apply

Q22

Did you have confidence and trust in the GP you saw or spoke to?

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No, not at all
- ☐ Don't know / can't say

LAST NURSE APPOINTMENT

Q23

Last time you saw or spoke to a nurse from your GP surgery, how good was that nurse at each of the following?

Giving you enough time

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor
- ☐ Very poor
- ☐ Doesn't apply

Listening to you

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor
- ☐ Very poor
- ☐ Doesn't apply

Explaining tests and treatments

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor
- ☐ Very poor
- ☐ Doesn't apply

Involving you in decisions about your care

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor
- ☐ Very poor
- ☐ Doesn't apply

Treating you with care and concern

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor
- ☐ Very poor
- ☐ Doesn't apply

Q24

Did you have confidence and trust in the nurse you saw or spoke to?

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No, not at all
- ☐ Don't know / can't say

OPENING HOURS

Q25 How satisfied are you with the hours that your GP surgery is open?

- ☐ Very satisfied
- ☐ Fairly satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Fairly dissatisfied
- ☐ Very dissatisfied
- ☐ I'm not sure when my GP surgery is open

Q26 Is your GP surgery currently open at times that are convenient for you?

- ☐ YesGo to Q28
- ☐ No
- ☐ Don't know

Q27 Which of the following additional opening times would make it easier for you to see or speak to someone?

Please **X** all the boxes that apply to you

- ☐ Before 8am
- ☐ At lunchtime
- ☐ After 6.30pm
- ☐ On a Saturday
- ☐ On a Sunday
- ☐ None of these

OVERALL EXPERIENCE

Q28 Overall, how would you describe your experience of your GP surgery?

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

Q29 Would you recommend your GP surgery to someone who has just moved to your local area?

- ☐ Yes, would definitely recommend
- ☐ Yes, would probably recommend
- ☐ Not sure
- ☐ No, would probably not recommend
- ☐ No, would definitely not recommend
- ☐ Don't know

MANAGING YOUR HEALTH

Q30 Do you have a long-standing health condition?

- ☐ Yes
- ☐ No
- ☐ Don't know / can't say

Q31 Which, if any, of the following medical conditions do you have?

Please **X** all the boxes that apply to you

- ☐ Alzheimer's disease or dementia
- ☐ Angina or long-term heart problem
- ☐ Arthritis or long-term joint problem
- ☐ Asthma or long-term chest problem
- ☐ Blindness or severe visual impairment
- ☐ Cancer in the last 5 years
- ☐ Deafness or severe hearing impairment
- ☐ Diabetes
- ☐ Epilepsy
- ☐ High blood pressure
- ☐ Kidney or liver disease
- ☐ Long-term back problem
- ☐ Long-term mental health problem
- ☐ Long-term neurological problem
- ☐ Another long-term condition
- ☐ None of these conditionsGo to Q33
- ☐ I would prefer not to sayGo to Q33

Q32 In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)?

Please think about all services and organisations, not just health services

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No
- ☐ I haven't needed such support
- ☐ Don't know / can't say

Q33 How confident are you that you can manage your own health?

- ☐ Very confident
- ☐ Fairly confident
- ☐ Not very confident
- ☐ Not at all confident

YOUR STATE OF HEALTH TODAY

Q34

By placing an **X** in one box in each group below, please indicate which statements best describe your own health state today.

Mobility

- ☐ I have no problems in walking about
- ☐ I have slight problems in walking about
- ☐ I have moderate problems in walking about
- ☐ I have severe problems in walking about
- ☐ I am unable to walk about

Self-Care

- ☐ I have no problems washing or dressing myself
- ☐ I have slight problems washing or dressing myself
- ☐ I have moderate problems washing or dressing myself
- ☐ I have severe problems washing or dressing myself
- ☐ I am unable to wash or dress myself

Usual Activities (e.g. work, study, housework, family or leisure activities)

- ☐ I have no problems doing my usual activities
- ☐ I have slight problems doing my usual activities
- ☐ I have moderate problems doing my usual activities
- ☐ I have severe problems doing my usual activities
- ☐ I am unable to do my usual activities

Pain / Discomfort

- ☐ I have no pain or discomfort
- ☐ I have slight pain or discomfort
- ☐ I have moderate pain or discomfort
- ☐ I have severe pain or discomfort
- ☐ I have extreme pain or discomfort

Anxiety / Depression

- ☐ I am not anxious or depressed
- ☐ I am slightly anxious or depressed
- ☐ I am moderately anxious or depressed
- ☐ I am severely anxious or depressed
- ☐ I am extremely anxious or depressed

Q35

Have your activities been limited today because you have recently become unwell or been injured?

By 'unwell or injured' we mean anything that only lasts for a few days or weeks, e.g. a bad cold or broken leg

- ☐ Yes, limited a lot
- ☐ Yes, limited a little
- ☐ No

PLANNING YOUR CARE

The next few questions are about care plans.

A care plan is an agreement between you and your health professional(s) to help you manage your health day-to-day.

It is usually a written document you carry with you to appointments and use at home. It can include information about your medicine, an eating or exercise plan, or goals you want to work toward, like returning to work.

Q36 Do you have a written care plan?

- ☐ Yes
☐ No Go to Q40
☐ Don't know Go to Q40

Q37 Did you help put your written care plan together?

By 'help' we mean setting goals for yourself or choosing how you want to manage your health

- ☐ Yes
☐ No

Q38 Do you use your written care plan to help you manage your health day-to-day?

- ☐ Yes
☐ No

Q39 Does your GP, nurse or other health professional review your written care plan with you regularly?

- ☐ Yes
☐ No
☐ Don't know

OUT OF HOURS

Q40 In the past 6 months, have you contacted an NHS service when you wanted to see a GP but your GP surgery was closed?

- ☐ Yes, for myself
☐ Yes, for someone else
☐ No Go to Q45

Please think about the last time you contacted an NHS service (for yourself or for someone else) when you wanted to see a GP but your GP surgery was closed.

Q41 Considering all of the services you contacted, which of the following happened on that occasion?

Please **x** all the boxes that apply to you

- ☐ I contacted an NHS service by telephone
☐ A health professional called me back
☐ A health professional visited me at home
☐ I went to A&E
☐ I saw a pharmacist
☐ I went to another NHS service
☐ Can't remember

Q42 How do you feel about how quickly you received care or advice on that occasion?

- ☐ It was about right
☐ It took too long
☐ Don't know / doesn't apply

Q43 Considering all of the people that you saw or spoke to on that occasion, did you have confidence and trust in them?

- ☐ Yes, definitely
☐ Yes, to some extent
☐ No, not at all
☐ Don't know / can't say

Q44 Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP surgery was closed?

- ☐ Very good
☐ Fairly good
☐ Neither good nor poor
☐ Fairly poor
☐ Very poor
☐ Don't know / can't say

NHS DENTISTRY

Q45 When did you last try to get an NHS dental appointment for yourself?

- ☐ In the last 3 months
- ☐ Between 3 and 6 months ago
- ☐ Between 6 months and a year ago
- ☐ Between 1 and 2 years ago
- ☐ More than 2 years ago **Go to Q49**
- ☐ I have never tried to get an NHS dental appointment..... **Go to Q49**

Q46 Last time you tried to get an NHS dental appointment, was it with a dental practice you had been to before for NHS dental care?

- ☐ Yes
- ☐ No
- ☐ Can't remember

Q47 Were you successful in getting an NHS dental appointment?

- ☐ Yes
- ☐ No
- ☐ Can't remember

Q48 Overall, how would you describe your experience of NHS dental services?

- ☐ Very good
 - ☐ Fairly good
 - ☐ Neither good nor poor
 - ☐ Fairly poor
 - ☐ Very poor
- Please go to Q50**

Q49 Why haven't you tried to get an NHS dental appointment in the last two years?

If more than one of these applies to you, please X the main ONE only

- ☐ I haven't needed to visit a dentist
- ☐ I no longer have any natural teeth
- ☐ I haven't had time to visit a dentist
- ☐ I don't like going to the dentist
- ☐ I didn't think I could get an NHS dentist
- ☐ I'm on a waiting list for an NHS dentist
- ☐ I stayed with my dentist when they changed from NHS to private
- ☐ I prefer to go to a private dentist
- ☐ NHS dental care is too expensive
- ☐ Another reason

SOME QUESTIONS ABOUT YOU

The following questions will help us to see how experiences vary between different groups of the population. We will keep your answers completely confidential.

Q50 Are you male or female?

- ☐ Male
- ☐ Female

Q51 How old are you?

- ☐ Under 18
- ☐ 18 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 74
- ☐ 75 to 84
- ☐ 85 or over

Q52 What is your ethnic group?

A. White

- ☐ English / Welsh / Scottish / Northern Irish / British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Any other White background

→ Please write in

B. Mixed / multiple ethnic groups

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other Mixed / multiple ethnic background

→ Please write in

C. Asian / Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background

→ Please write in

D. Black / African / Caribbean / Black British

- ☐ African
- ☐ Caribbean
- ☐ Any other Black / African / Caribbean background

→ Please write in

E. Other ethnic group

- ☐ Arab
- ☐ Any other ethnic group

→ Please write in

Q53 Which of these best describes what you are doing at present?

If more than one of these applies to you, please **x** the main **ONE** only

- ☐ Full-time paid work (30 hours or more each week)
- ☐ Part-time paid work (under 30 hours each week)
- ☐ Full-time education at school, college or university
- ☐ Unemployed
- ☐ Permanently sick or disabled
- ☐ Fully retired from work
- ☐ Looking after the home
- ☐ Doing something else

Please go to **Q56**

Q54 In general, how long does your journey take from home to work (door to door)?

- ☐ Up to 30 minutes
- ☐ 31 minutes to 1 hour
- ☐ More than 1 hour
- ☐ I live on site

Q55 If you need to see a GP at your GP surgery during your typical working hours, can you take time away from your work to do this?

- ☐ Yes
- ☐ No

Q56 Are you a parent or a legal guardian for any children aged under 16 living in your home?

- ☐ Yes
- ☐ No

Q57 Are you a deaf person who uses sign language?

- ☐ Yes
- ☐ No

Q58 Do you have a learning disability?

- ☐ Yes
- ☐ No

Q59 Which of the following best describes your smoking habits?

- ☐ Never smoked
- ☐ Former smoker
- ☐ Occasional smoker
- ☐ Regular smoker

Q60 Do you look after, or give any help or support to family members, friends, neighbours or others because of either:

- long-term physical or mental ill health / disability, or
- problems related to old age?

Don't count anything you do as part of your paid employment

- ☐ No
- ☐ Yes, 1-9 hours a week
- ☐ Yes, 10-19 hours a week
- ☐ Yes, 20-34 hours a week
- ☐ Yes, 35-49 hours a week
- ☐ Yes, 50+ hours a week

Q61 Which of the following options best describes how you think of yourself?

- ☐ Heterosexual or Straight
- ☐ Gay or Lesbian
- ☐ Bisexual
- ☐ Other
- ☐ Prefer not to say

Q62 Which, if any, of the following best describes your religion?

- ☐ No religion
- ☐ Buddhist
- ☐ Christian (including Church of England, Catholic, Protestant, and other Christian denominations)
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Other
- ☐ I would prefer not to say

Thank you for your time.

Please return this questionnaire in the reply paid envelope provided or send it in an envelope marked only **FREEPOST GP PATIENT SURVEY** (no stamp is needed).

9.3 Initial letter

<<TITLE>> <<FIRST NAME>> <<SURNAME>
<<ADDRESS 1>>
<<ADDRESS 2>>
<<ADDRESS 3>>
<<ADDRESS 4>>
<<ADDRESS 5>>
<<POSTCODE>>

Survey number: **1234567890**

3 January 2017

Dear <<Title>> <<Surname>>

Your chance to help the NHS

I am writing to ask you to take part in the GP Patient Survey. This survey is being carried out by Ipsos MORI on behalf of NHS England. About 1 million people a year help us by taking part in the survey.

Improving GP and health services in your area

Please take part in the survey by filling in the enclosed questionnaire. It asks about your experiences of your GP surgery and other local NHS services, and includes questions about you and your general health. The answers we get help the NHS to improve local health services for people like you and your family. Even if you haven't visited your GP surgery recently, or you have filled in a questionnaire before, it's still really important that we hear from you.

It should take you **less than 15 minutes** to fill in the questionnaire, and you can return it in the enclosed envelope. You do not need a stamp. **You can help us at NHS England to save money by sending the questionnaire back as soon as possible.** That way we won't need to send you any reminders.

Your information will be kept confidential

There is more information about the survey and confidentiality over the page. If you have any questions or need help filling in the questionnaire, go to the website at **www.gp-patient.co.uk**, where you can also fill in the survey online. Or you can call Ipsos MORI on **freephone 0800 819 9135** (8am to 9pm Monday to Friday, 10am to 5pm on Saturdays).

Thank you very much for giving some of your time to help the NHS.

Yours sincerely



Rosamond Roughton
Director of NHS Commissioning
NHS England

Please turn over 

Why are you carrying out this survey?

This survey will help the NHS to improve GP surgeries and other local NHS services so they better meet your needs. You can see all the results from previous surveys, including the results for your local GP surgeries, by visiting the website at www.gp-patient.co.uk.

How did you get my name and address?

Your name was chosen at random from the NHS list of patients registered with a GP. Ipsos MORI is sending you this questionnaire on behalf of NHS England. Under the Data Protection Act 1998, NHS England is responsible for the information held about you.

Ipsos MORI will **keep your contact details confidential** and only use them to send you this questionnaire. Once the survey is finished, Ipsos MORI will destroy your contact details. Ipsos MORI has not been given any information about your health.

What happens to my answers?

Your answers are put together with the answers from other people and are not linked to your name, address or NHS number. Your individual answers to the questions will be kept confidential by Ipsos MORI, and by approved NHS England staff and researchers. **Nobody will be able to identify you in any results that are published.** For more information, go to www.gp-patient.co.uk/faq/confidentiality.

What is the survey number on the front of this letter used for?

Ipsos MORI use the survey number to identify who has responded to the survey (so they only send reminder letters to people who haven't responded) and to link responses to GP surgeries. The survey number is not linked to your NHS number. If you do not want to receive any reminders about this survey, please send back a blank questionnaire or contact Ipsos MORI on freephone **0800 819 9135**.

Can someone help me fill in the questionnaire?

Yes, that's fine. You can contact our team or ask a friend or relative to help, but please make sure the answers are only about your experiences.

العربية gp-patient.co.uk/arabic 0800 819 9136	普通话 gp-patient.co.uk/mandarin 0800 819 9141	Soomaali gp-patient.co.uk/somali 0800 819 9146
বাংলা gp-patient.co.uk/bengali 0800 819 9137	Polski gp-patient.co.uk/polish 0800 819 9142	Español gp-patient.co.uk/spanish 0800 819 9147
Čeština gp-patient.co.uk/czech 0800 819 9138	Português gp-patient.co.uk/portuguese 0800 819 9143	Türkçe gp-patient.co.uk/turkish 0800 819 9148
Français gp-patient.co.uk/french 0800 819 9139	ਪੰਜਾਬੀ gp-patient.co.uk/punjabi 0800 819 9144	اردو gp-patient.co.uk/urdu 0800 819 9149
ગુજરાતી gp-patient.co.uk/gujarati 0800 819 9140	slovenčina gp-patient.co.uk/slovak 0800 819 9145	



gp-patient.co.uk/
british-sign-language



If you want a copy of the questionnaire in easy read, large print or Braille, call freephone 0800 819 9135.

9.4 Reminder postcard

Last week Ipsos MORI sent you a questionnaire because you were chosen at random to take part in a survey and share your experiences of GP services and other local NHS services.

Your information will help NHS England to improve services in your area.

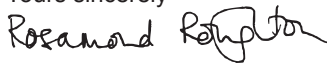
10 January 2017

If you have already filled in and returned the questionnaire, thank you very much. If not, please could you do so as soon as possible.

You were chosen at random to take part in the survey because you are registered with a GP surgery in England. Even if you haven't visited your GP surgery recently, your answers are still really important to us.

If you have any questions, please call Ipsos MORI on freephone **0800 819 9135** (8am to 9pm Monday to Friday, 10am to 5pm on Saturdays). Or you can visit the website at www.gp-patient.co.uk.

Yours sincerely



Rosamond Roughton
Director of NHS Commissioning
NHS England

GP PATIENT SURVEY

Survey number: **1234567890**

If undelivered, please return to:
GP Patient Survey
PO Box 16552
Birmingham
B25 9GP

<<TITLE>> <<FIRST NAME>> <<SURNAME>
<<ADDRESS 1>>
<<ADDRESS 2>>
<<ADDRESS 3>>
<<ADDRESS 4>>
<<ADDRESS 5>>
<<POSTCODE>>



9.5 First reminder letter

<<TITLE>> <<FIRST NAME>> <<SURNAME>
<<ADDRESS 1>>
<<ADDRESS 2>>
<<ADDRESS 3>>
<<ADDRESS 4>>
<<ADDRESS 5>>
<<POSTCODE>>

Survey number: **1234567890**

6 February 2017

Dear <<Title>> <<Surname>>

Taking part will help you, your family and your community

In early January I sent you a letter asking you to take part in a survey to help improve local NHS services. If you have already filled in and returned your questionnaire, thank you for your time - you do not need to do anything else.

We need to hear from as many people as possible, including you

If you have not filled in and returned the questionnaire, please do so to give us your views on local NHS services. Even if you haven't visited your GP surgery recently, your answers are still really important to us. It is only by hearing from as many people as possible that we can be sure that our results represent the views of everyone in your area.

Please fill in the enclosed questionnaire and return it in the enclosed freepost envelope as soon as possible. You do not need a stamp.

Your answers will be kept confidential

There is more information about the survey and confidentiality over the page. If you have any questions or need help filling in the questionnaire, go to the website at **www.gp-patient.co.uk**, where you can also fill in the survey online. Or you can call Ipsos MORI on **freephone 0800 819 9135** (8am to 9pm Monday to Friday, 10am to 5pm on Saturdays).

Thank you very much for giving some of your time to help local NHS services.

Yours sincerely



Rosamond Roughton
Director of NHS Commissioning
NHS England

Why are you carrying out this survey?

This survey will help the NHS to improve GP surgeries and other local NHS services so they better meet your needs. You can see all the results from previous surveys, including the results for your local GP surgeries, by visiting the website at www.gp-patient.co.uk.

How did you get my name and address?

Your name was chosen at random from the NHS list of patients registered with a GP. Ipsos MORI is sending you this questionnaire on behalf of NHS England. Under the Data Protection Act 1998, NHS England is responsible for the information held about you.

Ipsos MORI will **keep your contact details confidential** and only use them to send you this questionnaire. Once the survey is finished, Ipsos MORI will destroy your contact details. Ipsos MORI has not been given any information about your health.

What happens to my answers?

Your answers are put together with the answers from other people and are not linked to your name, address or NHS number. Your individual answers to the questions will be kept confidential by Ipsos MORI, and by approved NHS England staff and researchers. **Nobody will be able to identify you in any results that are published.** For more information, go to www.gp-patient.co.uk/faq/confidentiality.

What is the survey number on the front of this letter used for?

Ipsos MORI use the survey number to identify who has responded to the survey (so they only send reminder letters to people who haven't responded) and to link responses to GP surgeries. The survey number is not linked to your NHS number. If you do not want to receive any reminders about this survey, please send back a blank questionnaire or contact Ipsos MORI on freephone **0800 819 9135**.

Can someone help me fill in the questionnaire?

Yes, that's fine. You can contact our team or ask a friend or relative to help, but please make sure the answers are only about your experiences.

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If you want a copy of the questionnaire in easy read, large print or Braille, call freephone 0800 819 9135.

9.6 Second reminder letter

<<TITLE>> <<FIRST NAME>> <<SURNAME>
<<ADDRESS 1>>
<<ADDRESS 2>>
<<ADDRESS 3>>
<<ADDRESS 4>>
<<ADDRESS 5>>
<<POSTCODE>>

Survey number: **1234567890**

6 March 2017

Dear <<Title>> <<Surname>>

In January and February I asked you to give us your feedback to help improve local NHS services. If you have already filled in and returned your questionnaire, thank you for your time - you do not need to do anything else.

Your last chance to help shape the health services in your area

If you have not already filled in the questionnaire, please do so to give us your views. This will help to make sure the NHS delivers the healthcare services that you and your family need.

Return the filled in questionnaire by 31 March

Please fill in the enclosed questionnaire and return it in the enclosed freepost envelope by 31 March - you do not need a stamp. It should take less than 15 minutes to fill in the questionnaire.

Your answers will be kept confidential

There is more information about the survey and confidentiality over the page. If you have any questions or need help filling in the questionnaire, go to the website at **www.gp-patient.co.uk**, where you can also fill in the survey online. Or you can call Ipsos MORI on **freephone 0800 819 9135** (8am to 9pm Monday to Friday, 10am to 5pm on Saturdays).

Thank you very much for giving some of your time to help the NHS in your area.

Yours sincerely



Rosamond Roughton
Director of NHS Commissioning
NHS England

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If you want a copy of the questionnaire in easy read, large print or Braille, call freephone 0800 819 9135.

For more information

3 Thomas More Square
London
E1W 1YW

t: +44 (0)20 3059 5000

www.ipsos-mori.com

<http://twitter.com/IpsosMORI>

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.