

GP PATIENT SURVEY

GP Patient Survey 2022

Technical annex



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1

Introduction

1 Introduction

This technical annex provides details of the 2022 GP Patient Survey (GPPS) conducted by Ipsos. The survey was undertaken on behalf of NHS England.

This is the sixteenth 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 returned to an annual format.

Patients are randomly selected from all GP practices in England, using the Personal Demographics Service (PDS). The survey uses a quantitative postal methodology, including an option for online completion. In January 2022, questionnaires were sent to around 2.47 million patients aged 16 or over followed by an SMS reminder one week after the initial mailing, to all those with a valid mobile phone number. Two full reminder mailings (letters and questionnaires) were then sent to non-responders in February and March, both followed by an SMS reminder one week later. The contact strategy and fieldwork dates are reported in [Chapter 5 \(Data collection\)](#).

The questions in the survey ask patients about their local GP services (including use of online services, awareness and satisfaction with opening times and preferred GPs), experience of making an appointment, the quality of care at their last appointment, overall experience of their GP practice, experience when their GP practice is closed and NHS dentistry, as well as their current health circumstances.

Minor changes were made to the questionnaire in 2022 to ensure that it continued to reflect how primary care services are delivered and how patients experience them. A question asking 'Would you describe yourself as having "long COVID"' was added for the first time. In addition, the questions on dentistry were reviewed to understand the reasons patients may be unsuccessful in getting an NHS dental appointment. More information on the questionnaire design process is available in [Chapter 2 \(Questionnaire and material design\)](#).

This year, a set of experiments ran alongside the main survey (acting as a "control"). These were designed to improve data quality and the cost-effectiveness of the survey by increasing the proportion taking part online while also engaging (more) participants generally. More details of these experiments can be found in the [appendices](#).

Copies of the questionnaire and materials sent in 2022 are available in the [appendices](#).

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 GPPS stakeholders 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 and NHS England.

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

- Academics
- British Medical Association
- Care Quality Commission
- Clinical Commissioning Group (CCG) representatives
- Department of Health and Social Care
- Healthwatch England
- GP membership
- Patient Participation Group (PPG) representative
- Patient representative
- Primary Care Network (PCN) professional representative

2

**Questionnaire
and material
design**

2 Questionnaire and material design

2.1 Questionnaire development for the 2022 survey

Minor changes were made to the questionnaire in 2022 to ensure that it continued to reflect how primary care services are delivered and how patients experience them. This followed more substantial changes in 2021. The changes were all cognitively tested with patients.

New questions:

- Q14 “Who asked you for information about your reasons for making an appointment?”
- Q25 “Did your appointment happen at the time, or during the slot, you were given?”
- Q37 “Would you describe yourself as having “long COVID”, that is, you are still experiencing symptoms more than 12 weeks after you first had COVID-19, that are not explained by something else?”

Minor changes were made to the following questions (trend data remains):

- an additional code about looking for information online was removed – included in error in 2021 in the online survey only, Q18 (“What did you do when you did not get an appointment?”)
- question remains unchanged but its position in the questionnaire has shifted (trend data remains), Q33 “Have you, at any time in the last 12 months, avoided making a general practice appointment for any reason?”
- routing now includes those who selected that they had “long COVID” at Q37, as well as a long-term condition at Q36 (analysis has confirmed trend data remains), for the following questions:
 - Q38 (“Do any of these conditions reduce your ability to carry out your day-to-day activities?”)
 - Q39 (“How confident are you that you can manage any issues arising from your condition (or conditions)?”)
 - Q40 (“In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?”)
 - Q41 (“Have you had a conversation with a healthcare professional from your GP practice to discuss what is important to you when managing your condition (or conditions)?”)

- Q42 (“Have you agreed a plan with a healthcare professional from your GP practice to manage your condition (or conditions)?”)
- Q43 (“How helpful have you found this plan in managing your condition (or conditions)?”)

More significant changes were made to the following questions (because of these changes results for these questions are not comparable with results from 2021 or prior, even where question wording remains similar):

- changes to responses at Q13 “Were you asked for any information about your reasons for making the appointment?”

2021 question wording	2022 question wording
<p>Q. Were you asked for any information about your reasons for making the appointment?</p> <p><i>Please put an x in <u>all</u> the boxes that apply.</i></p> <ul style="list-style-type: none"> • Yes, during a phone or video call with a receptionist • Yes, during a phone call with a healthcare professional • Yes, during a face-to-face conversation • Yes, in an online form • Yes, by email • I was not asked for information • Don't know / can't remember 	<p>Q. Were you asked for any information about your reasons for making the appointment?</p> <p><i>Please put an x in <u>all</u> the boxes that apply.</i></p> <ul style="list-style-type: none"> • Yes, during a phone call • Yes, during a face-to-face conversation • Yes, in an online form • Yes, by email • Yes, during a video call • I was not asked for information • Don't know / can't remember

- additional response options at Q50 “Were you successful in getting an NHS dental appointment?” and updated to allow selection of multiple responses.

2021 question wording	2022 question wording
<p>Q. Were you successful in getting an NHS dental appointment?</p> <ul style="list-style-type: none"> • Yes • No, no appointments were available • No, the dentist was not taking new patients • No, I got a private appointment instead • No, for another reason • Can't remember 	<p>Q. Were you successful in getting an NHS dental appointment?</p> <p><i>Please put an x in <u>all</u> the boxes that apply.</i></p> <ul style="list-style-type: none"> • Yes • No, no appointments were available • No, the dentist was not taking new patients • No, for another reason • Can't remember

- response options removed at Q52 “Why haven’t you tried to get an NHS dental appointment in the last two years?”

2021 question wording	2022 question wording
<p>Q. Why haven’t you tried to get an NHS dental appointment in the last two years? <i>If more than one of these applies to you, please put an x in the box next to the main one only.</i></p> <ul style="list-style-type: none"> • I haven’t needed to visit a dentist • I no longer have any natural teeth • I haven’t had time to visit the 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 	<p>Q. Why haven’t you tried to get an NHS dental appointment in the last two years? <i>If more than one of these applies to you, please put an x in the box next to the main one only.</i></p> <ul style="list-style-type: none"> • I haven’t needed 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 prefer to go to a private dentist • NHS dental care is too expensive • Another reason

The following question was removed:

- “At any time over the last 12 months, have you or someone you live with shielded at home due to being vulnerable to COVID-19 because of pre-existing health issues?”

A full list of questions and availability of trends is included in the [appendices](#). [Chapter 8 \(Reporting\)](#) contains more information on interpretation of trend data.

2.2 The final questionnaire

Below is a list of the topics covered in the 2022 questionnaire. The full questionnaire is available in the [appendices](#).

- Your local GP services
- Making an appointment
- Your last appointment
- Overall experience
- COVID-19

- Your health
- When your GP practice is closed
- NHS dentistry
- Demographics

2.3 Materials development for the 2022 survey

The materials used for the 2022 survey were mostly consistent with those used in 2021. However, some very minor changes were made to the letters as a result of a move to a one-step login, designed to make it as easy as possible for patients to enter their access code. In addition, the wording about the impact of COVID-19 on general practice was also reviewed and amended slightly.

During 2022 fieldwork, in order to improve response rates, the decision was also made to include an additional SMS reminder after the second reminder mailing.

The full set of letters and SMS wording used are available in the [appendices](#).

2.4 Cognitive testing: questionnaire and materials

All proposed changes to the questionnaire and materials made prior to fieldwork were tested with patients by cognitive interviewing; a method used to critically evaluate materials and help understand how survey participants process and respond to materials. A total of 30 cognitive interviews were conducted in two separate phases between 9 and 29 September 2021. Participant feedback was used to ensure that the response options and terminology used were well understood by a range of patients.

In addition, the questionnaire and materials were reviewed by the Plain English Campaign alongside the cognitive interviewing process. Where possible changes were made to meet Plain English criteria; a set of principles designed to ensure information is presented clearly. In the context of GPPS this has an additional benefit of reducing barriers to participation for patients with language barriers, literacy issues and learning disabilities.

3

Sampling

3 Sampling

3.1 Sample overview

For GPPS 2022, the sample was designed to ensure that, as far as possible, a minimum of 100 responses per practice and 200 responses per Primary Care Network (PCN) would be received, providing confidence in the overall results and allowing subgroup analysis where appropriate. This resulted in an issued sample size of around 2.47 million patients who were sent a questionnaire.

Patient information was obtained for each practice using registration records held on the Personal Demographics Service (PDS) database maintained by NHS Digital. Note that this is the second year PDS has been used for this purpose; prior to 2021, the sample frame was the National Health Applications and Infrastructure Service (NHAIS), which was initially piloted in 2020. More information on this pilot can be found in the [2020 Technical Annex](#) (opens in new window).

The sampling procedure was unchanged and involved two distinct stages. Firstly, NHS Digital provided an anonymised list of patients for sample size determination and individual patient selection. The selected anonymous records were returned to NHS Digital, and a second file containing the contact details of the selected patients was 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 were registered with a practice in England. The file contained patient NHS numbers, practice code, patient gender, patient age band, and patient postcode.

A sample of patients was then drawn at practice level, as detailed below.

3.3 Patients eligible for the survey

Patients were eligible for inclusion in the survey if they had a valid NHS number, had been registered with a GP practice continuously for at least six months at the point of selection, and were 16 years of age or over. Note that this is the fifth year that 16 and 17 year olds have been included; prior to 2018 the survey had only been open to those aged 18 or over.

3.4 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, where the practice had not previously opted out of the survey as they felt it was inappropriate to their patient population. The number of practices with eligible patients for the 2022 survey was 6,557, but between sample selection and mail-out, some practices became ineligible for the survey. In total, patients in 6,522 different practices were sent questionnaires, and at least one completed questionnaire was received from patients in 6,507 practices.

3.5 Sample size calculation

In previous years, the practice sample size was based on aiming for a set confidence interval for each practice. This year, the sample size was determined to deliver at least 100 responses in each practice and 200 responses in each Primary Care Network (PCN), where possible, and 720,000 responses overall. This resulted in a similar target number of responses for each practice as the previous approach of achieving a certain width of confidence interval. In addition, any differences in terms of oversampling certain PCNs has been corrected by the selection weights, so this change in sampling approach will not impact trends.

The sample design involved a proportionately stratified, unclustered sample, which was drawn for each practice. The sample for each practice is stratified by age, gender and postcode. The number of patients initially selected for inclusion in the sample for each practice (the 'issued sample') was determined by the following components:

- the number of cases required in order to deliver 100 responses per practice and 200 responses per PCN; and
- the proportion of patients included in the issued sample predicted to respond to the survey.

These components were combined to determine the issued sample size in each practice, PCN and nationally, as follows:

$$\text{Issued sample} = \frac{\text{Number of responses aimed for at practice, PCN and national level}}{\text{Proportion of issued sample predicted to respond}}$$

The above figure shows the calculation for the issued sample: the number of responses aimed for at practice, PCN and national level is divided by the proportion of the issued sample predicted to respond.

The proportion of issued sample predicted to respond was estimated using the actual response rate for those practices who took part in the 2021 GPPS, and was set at 30% for practices new to the survey or to whom fewer than 100 surveys were issued in the 2021 GPPS. This is to prevent unrealistically high or low response rates being used for new and very small practices.

3.6 Adjustments to response rate estimates

To prevent issuing very large numbers of questionnaires in practices which had very low response rates in 2021, a minimum response rate of 15.0% was assumed. 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 49.5% was set.

3.7 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.

3.8 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, their NHS number, patient name, practice code, address, month and year of birth, gender and mobile number (if available). 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.

3.9 Sample cleaning and exclusions

Checks were made on the supplied names, mobile numbers 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 practices;
- incorrect mobile numbers (not starting with 07 and/or not 11 digits long); and,
- non-address details or other inappropriate information contained in the address. These could 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.

The final selected sample was also checked against the Ipsos "Do Not Contact" and GPPS opt-out lists, to ensure that those who have previously expressed a wish not to be contacted by Ipsos, or specifically requested to be removed from future waves of GPPS, are not included.

For the SMS reminders, duplicate mobile numbers (where more than one person had the same mobile number listed) were removed, as it would not be possible for the recipient to determine which link corresponded with which survey.

All sampled patients from all practices were then randomly sorted before being allocated a 12 character alphanumeric ID (to ensure there was no link between reference numbers and practices).

For the experiments conducted during the fieldwork, sampled patients were randomly assigned to either the main sample or one of the experiment groups. For more details on this, please see the [appendices](#).

3.10 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 2,471,497.

4

**Communications
with patients and
practices**

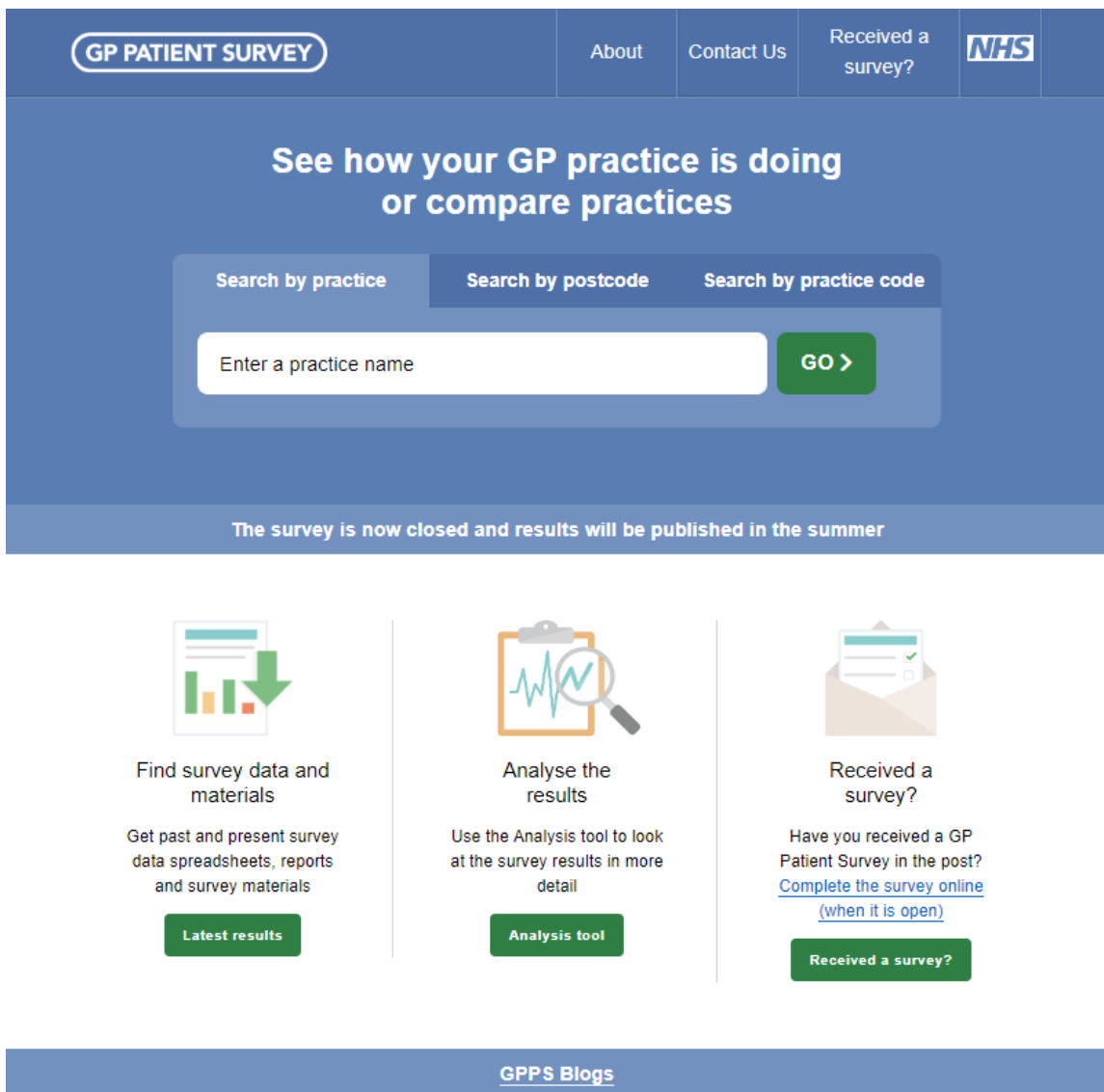
4 Communications with patients and practices

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. 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 is updated on the first day of fieldwork, as the first questionnaires are delivered to patients, to indicate that the survey is open. It consists of a number of sections, detailed below:

- **‘About’** covers the aims of the survey, ways to take part and information about accessibility. This page includes links to information in British Sign Language (BSL) and 14 additional languages which explain the survey, provide responses to a selection of FAQs, and link to online translated versions of the questionnaire.
- **‘Received a survey?’** provides information about the online version of the survey and links to complete it in either English, BSL or another language. This page also includes links to easy read information sheets (both with and without images) and the accessibility page.
- **‘Frequently Asked Questions (FAQs)’** includes information about how patients are selected, help with completing the survey, data protection and accessing the results.
- **‘Languages’** provides information about GPPS in British Sign Language (BSL) and 14 additional languages, including Arabic, Bengali, Czech, French, Gujarati, Mandarin, Polish, Portuguese, Punjabi, Slovak, Somali, Spanish, 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’** provides tips to GP practices for promoting the survey and contains a printable poster in English and 14 other languages.
- **‘What do you think about the website?’** is 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 reporting tool, which allows them to view results for a specific practice.
- **‘Compare a practice’** allows users to compare the results of different practices.
- **‘Analysis tool’** is a link to the analysis tool which allows users to interrogate the GPPS data further (see section 8.8).
- **‘Latest results’** takes users to the latest survey datasets, reports, questionnaires and letters. It also includes an archive of all previous survey results and materials. This can also be accessed via the **‘Past surveys’** link.
- **‘For GP staff’** contains information for GPs about the benefits of the survey.

- **‘Why use the survey data?’** provides 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.
- **‘How do I...?’** provides guidance on how to complete the survey, how to find practice, PCN and ICS data, and how to use the website and analysis tool to conduct further analysis on the data.
- **‘Uses of GPPS’** details a number of examples about how GPPS data is used. This includes uses by national organisations and a series of case studies. It was newly developed in 2019 and is continually updated.
- **‘Privacy notice’** provides information about how the information collected on the GPPS website is used.
- **‘Sitemap’** lists out all of the pages on the website.
- **‘Site feedback’** contains contact details for users to provide feedback on the website and includes another link to the user feedback form.
- **‘Contact us’** provides a link to telephone and email contact details for the GPPS team at Ipsos.
- **‘Accessibility’** gives information on how the website can be adapted or used by people with different accessibility requirements, such as by changing the text size, background colours, keyboard navigation or using with a screen reader.

4.2 Support for participants

4.2.1 Telephone helpline

Ipsos offer a Freephone helpline for patients who have any questions about the survey, with separate numbers for English and 14 additional language lines. In total, 13,240 calls were handled by the helpline team over the course of 2022 fieldwork.

4.2.2 English language telephone helpline

The English language helpline was staffed by a fully trained Ipsos team between 8am and 9pm on weekdays and 10am to 5pm on Saturdays from 10 January to 11 April 2022. Depending on the volume of calls, a voicemail system may be 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 300 FAQs. These are updated annually to address any new or emerging queries 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) the helpline may switch to a voicemail message which 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. Call handlers 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 sampled patients to complete the survey over the telephone.

In addition, patients can opt out of the survey by providing their access code or contact details to the helpline.

4.2.3 Additional language telephone helpline

In order to make the survey as accessible as possible, there are separate helplines for each of the 14 additional languages that the survey is offered in. 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. Ipsos will arrange for Language Line to 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.

4.2.4 Email helpline

As well as using the telephone helpline, patients are also able to email the GPPS team at Ipsos with any queries. In total, approximately 438 email queries were received during fieldwork in 2022.

4.2.5 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 to 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, a written response will be sent to the patient. For 2022 fieldwork, around 132 letter responses were sent.

4.2.6 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 occurs a formal protocol (agreed with NHS England) outlines the procedures that staff should follow. All potential safeguarding cases are reviewed by the research team, and if necessary, escalated to the Ipsos GPPS Ethics Board; a group with particular experience in safeguarding situations. If advised by the Ethics Board, the circumstances are then shared with NHS England. This process ensures all instances are dealt with as sensitively and quickly as possible. For 2022 fieldwork, the Ethics Board were required to review one safeguarding query.

4.2.7 Data protection protocols

We have several formal protocols in place to respond to data protection queries, such as subject access requests, requests to update personal information or to delete data. These protocols (agreed with NHS England) outline the steps that will be followed by Ipsos and NHS England in response to these requests. The protocols also include secure storage information and retention periods for these communications.

4.2.8 Information for display in GP practices

As well as these activities, a poster is made available for GP practices to display in their practices in English and 14 additional languages. Copies of the posters are available on the GPPS website for download and printing or displaying on electronic notice boards at www.gp-patient.co.uk/promote (opens in new window).

4.2.9 Easy Read information sheet

An easy read information sheet, which can be found on the website, provides more information about the survey in an easy read format. The information sheet is available with and without images and provides patients with details about the survey and how it can be completed, as well as directing them to the helpline to answer any other questions.

5

Data collection

5 Data collection

The GP Patient Survey is a postal survey, with an option for patients to take part online. However, in recent years, experiments have been conducted to understand the impact of encouraging more people to take part online, which has benefits for data quality and survey costs. This has resulted in various changes to the contact strategy, with successful experiments in 2020 leading to the addition of SMS reminders for the first time. To maximise participation, patients are able to take part by telephone, and the survey is also offered in a variety of accessible formats. The overall contact strategy and processes are described in greater detail below.

Note that although patients are offered several methods of completion, only one completed survey per patient is included in the final data.

5.1 Contact strategy

Initial letters and questionnaires were sent to all patients in the final sample on the dates in Table 5.1. This was followed one week later by an SMS reminder to all those in the sample with a valid mobile phone number. Two additional full reminder mailings (letters and questionnaires) were then sent to patients for whom no recorded response was received by the printing deadline, both followed by an SMS reminder one week later. Note that the decision to send the final SMS was made during fieldwork to improve response rates.

Copies of all letters and SMS reminders can be found in the [appendices](#).

Table 5.1: Survey mailout and SMS reminder dates

	Dates
Initial survey mailing sent	January 10 – 14 2022
First SMS reminder sent	January 17 – 22 2022
First reminder mailing sent	February 7 – 11 2022
Second SMS reminder sent	February 14 – 19 2022
Second reminder mailing sent	March 7 – 11 2022
Third SMS reminder mailing sent	March 14 – 18 2022

Some of the experiment groups followed slightly different mailing timings. More details on the experiment design can be found in the [appendices](#).

5.2 Postal survey

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 mailing packs, with items then handed over to Royal Mail for 'final mile' delivery.

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 access code. The letters are also personalised with name, address, and the same unique access code 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.

5.3 Text messages

The final mobile number sample is delivered to the text message provider via secure file transfer protocol (SFTP), using high level encryption. All SMS messages are personalised with a short URL that is unique to each patient, allowing them direct access to the online survey.

To manage the volume of text messages being issued into the mobile network at any time, an automated system schedules a set number of messages in batches, every 15 minutes from 9am to 8:45pm over a six-day period. In addition, a private channel is used to reduce any bottlenecks, particularly during peak periods of busy mobile network traffic.

5.4 Handling reminders

Patients who were **not** sent a full postal reminder, or reminder SMS, included those who met the following criteria at the point of the deadline:

- those who returned their paper questionnaire to Ipsos and it was processed before the printing deadline;
- those who completed the survey 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 or returned a blank copy of the questionnaire;
- those who opted out via NHS England;

- those whose questionnaires were returned to sender; and
- those recorded as deceased or no longer eligible on the NHS Digital database.

5.5 Online completion

Each patient in the sample is assigned a unique access code (printed on the letter and on the front page of the paper questionnaire) that allows them to access the online survey either via the survey website (www.gp-patient.co.uk/survey) or by using a shortened URL available in the letter (www.gpsurvey.net/login). In order to complete the survey online, patients are required either to enter their unique access code on a first login screen (see Figure 5.1), or to click on the unique URL in the SMS reminder.

Figure 5.1: Login screen for online survey

GP PATIENT SURVEY

NHS

Please enter your personal access code.

Language English 

____ - ____ - ____

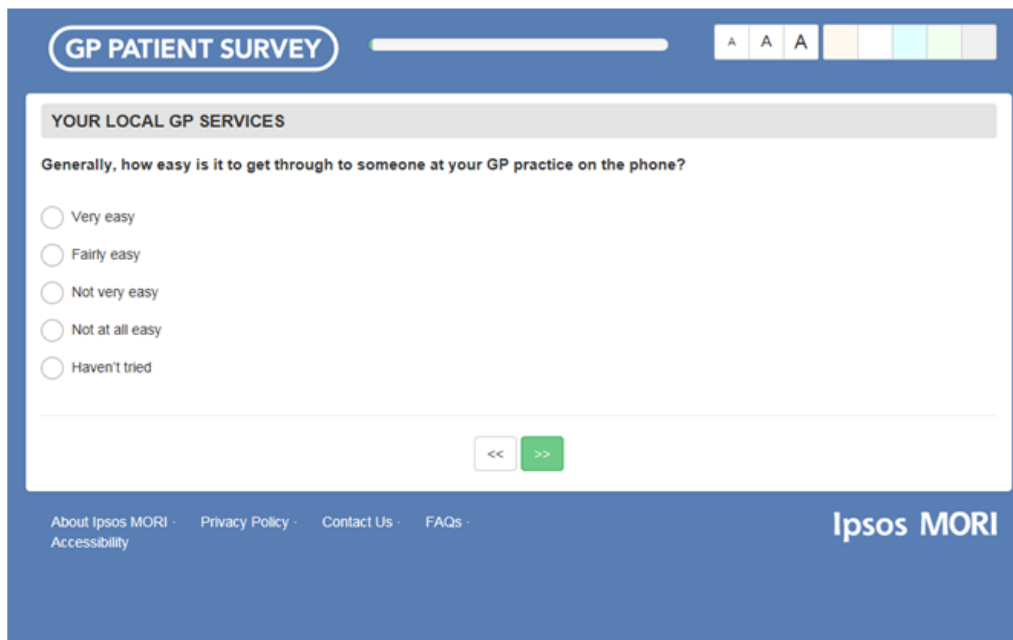
Please enter your access code as it appears on your letter or questionnaire, with four characters in each box.
[Click here to see where to find your access code](#)

OK

Logging in may take a few moments so please wait.

[About Ipsos MORI](#) [Privacy Notice](#) [Contact Us](#) [Languages](#) [FAQs](#) [Accessibility](#)

The questions in the online survey are identical to those on the paper questionnaire in terms of wording and design. In order to ensure comparability between the online survey and paper questionnaire, participants are able to skip questions in the online survey. However, a soft prompt asks them if they are sure they want to skip each question, to encourage completion.

Figure 5.2: Question from the online survey

The screenshot shows a web interface for the 'GP PATIENT SURVEY'. At the top, there is a header with the survey title and a progress bar. Below the header, the section is titled 'YOUR LOCAL GP SERVICES'. The main question is: 'Generally, how easy is it to get through to someone at your GP practice on the phone?'. There are five radio button options: 'Very easy', 'Fairly easy', 'Not very easy', 'Not at all easy', and 'Haven't tried'. At the bottom of the question area, there are navigation buttons: a left arrow in a white box and a right arrow in a green box. The footer contains links for 'About Ipsos MORI', 'Privacy Policy', 'Contact Us', 'FAQs', and 'Accessibility', along with the Ipsos MORI logo.

Only one online response per patient is accepted. If patients try to complete the survey more than once online, a message appears letting them know they have already completed it. If they do not complete the survey in one sitting, their unique access code will return them to where they had left off.

5.5.1 Total number of online returns

Overall, 292,929 patients completed the survey online during fieldwork in 2022. The proportion of patients completing the survey online has increased over time as shown in Table 5.2. The larger increase between 2020 and 2021 is due to the introduction of SMS reminders including a direct unique link to the survey. The previous increase, between 2019 and 2020, was a result of changes to the mailing letters designed to nudge more people to take part online.

Table 5.2: Number and proportion of online returns

	Number of online completes	Online completes as a percentage of all completes
2022	292,929	40.7%
2021	314,508	37.0%
2020	150,274	20.3%
2019	78,657	10.2%
2018	69,512	9.2%
2017	47,440	6.0%

5.5.2 Alternative online formats

Patients are offered several alternative methods of completion to ensure the survey is as accessible as possible. This includes the option to complete the online survey in one of 14 languages offered (in addition to English), or in British Sign Language (BSL). These versions of the survey are accessible from the specific language pages on the website or via a language drop down on the online survey login page (see Figure 5.1). Using one of these routes, patients may choose the language in which they wish to complete the survey (English, Arabic, Bengali, Czech, French, Gujarati, Chinese, Polish, Portuguese, Punjabi, Slovak, Somali, Spanish, Turkish or Urdu).

For those entering the online survey via the shortened URL in the letter (www.gpsurvey.net/login) or the short link in the SMS, there is a language selection option on the login page (see Figure 5.3).

Figure 5.3: Introduction page for SMS route to online survey with language selection option

GP PATIENT SURVEY

A A A

Welcome and thank you for taking the time to answer these questions.

If you cannot complete the survey in one session and would like to stop and return later, just close the window and your responses will be saved. When you are ready, simply log in again using the same username and password to return to the same point in the survey.

Please click on the >> button to advance through the survey.

If you would like to skip a question, please click the >> button twice to move on to the next question.

What language would you like to complete the survey in?

English

>>

< >

Likewise, the option for patients to access the BSL version is via the page dedicated to supporting BSL users. This involves showing video clips of a BSL user signing the instructions, questions, and options available (see Figure 5.4). This year, a BSL logo was also added to the survey log-in page to help promote this option (see Figure 5.1).

Figure 5.4: Viewing the questionnaire in BSL

The screenshot shows a web interface for the 'GP PATIENT SURVEY'. At the top left, the title 'GP PATIENT SURVEY' is displayed in a blue rounded rectangle. To the right of the title are three 'A' icons for font size adjustment and a color palette with five colored squares. Below the header is a video player showing a man in a dark shirt signing. A red play button is overlaid on the video, and a '0:26' timer is visible at the bottom right of the video frame. Below the video player is a grey bar with the text 'YOUR LOCAL GP SERVICES'. Underneath this bar is the question: 'Generally, how easy is it to get through to someone at your GP practice on the phone?'. Below the question are five radio button options: 'Very easy', 'Fairly easy', 'Not very easy', 'Not at all easy', and 'Haven't tried'. At the bottom of the question area are two navigation buttons: a white button with '<<' and a green button with '>>'. The footer of the page contains links for 'About Ipsos MORI', 'Privacy Policy', 'Contact Us', and 'FAQs', along with the 'Ipsos MORI' logo on the right.

Table 5.3 details how many patients completed the 2022 survey in each available additional language and BSL. There were also increases in the number completing online in another language (5,391 in 2022 compared with 5,261 in 2021) and using BSL (225 in 2022 compared with 187 in 2021).

Table 5.3: Completes per language and BSL

	Completes
Arabic	658
Bengali	237
Czech	83
French	128
Gujarati	135
Chinese	464
Polish	1,821
Portuguese	544
Punjabi	214
Slovak	134
Somali	63
Spanish	473
Turkish	293
Urdu	144
Total	5,391
BSL	225

5.6 Telephone completion

Patients are also able to complete the GPPS questionnaire on the telephone (including in the 14 additional languages) by calling the Freephone helplines. Patients are asked for their unique access code before they can complete the survey and there is an automatic check on the access code 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 328 patients in completing the survey during 2022 fieldwork, mostly because they needed help to understand the questions, but some also had a visual impairment or physical disability. In 2022, a Text Relay service was also added to the helpline, and one participant completed using this service.

5.7 Braille and large print versions

Braille users are offered the opportunity to receive the questionnaire and letter in Braille. Braille users must complete the survey online. Large print is made available for those who request a copy of the letter and questionnaire in this format. Returned large print questionnaires are entered manually into the online survey by the helpline team, using the patient's unique access code. This year there were 26 requests for a large print survey, of which two were returned, and one request for a Braille version, which was not completed.

5.8 Respondent burden

Respondent burden provides information on the burden of those taking part in the survey. It is calculated using the Compliance Cost Model¹ formula shown below:

$$\text{burden} = n_{\text{resp,main_surv}} \times \text{med}(t_{\text{main_surv}})$$

burden = 'n_{resp,main_surv}' multiplied by med(t_{main_surv}).

'n_{resp,main_surv}' is the number of responses to the survey, including full and partial responses.

'med(t_{main_surv})' is the median time taken to complete the survey.

For the 2022 GP Patient Survey the total compliance cost is 9,408,680 minutes. This is based on 719,137 full completes and 127,221 partial completes to the survey, with a median online completion time of 11.12 minutes.

¹ <https://gss.civilservice.gov.uk/wp-content/uploads/2015/12/Guidance-on-Calculating-Compliance-Costs.pdf>

6

Data analysis

6 Data analysis

6.1 Questionnaire processing

As in previous years, paper 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 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 8 April 2022.

6.2 Inclusions and exclusions

The rules and protocols used for delivering the data for the 2022 reports are as follows:

- All questionnaires received with identifiable reference numbers allowing linkage to a 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 published response rates are based on all completed, valid 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. However, weighted and adjusted response rates have also been included in Chapter 7, which takes into account the selection likelihood and undelivered questionnaires. The following are excluded from the reports:
 - All questionnaires marked as completed by under-16s;
 - 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 Quality assurance

A number of checks were undertaken at key stages of the survey, including during the sample preparation and data cleaning stages. These help to identify obvious errors in the sample and response data, such as the inclusion of ineligible patients or incorrect coding.

6.4 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 that is not relevant, or missing questions out altogether). Therefore, it is necessary to undertake a certain amount of editing 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 Q3 ('Which of the following general practice online services have you used in the past 12 months?'), if a patient ticks any of the first four options as well as 'None of these', then their response for that question is excluded. The following list shows the questions this applies to, as well as the response options that are treated as single code only:
 - Q3 'Which of the following general practice online services have you used in the past 12 months?' – 'None of these'
 - Q5 'As far as you are aware, what general practice appointment times are available to you?' – 'Don't know'
 - Q10 'Before you tried to get this appointment, did you do any of the following?' – 'I did not try to get information or advice'
 - Q13 'Were you asked for any information about your reasons for making the appointment?' – 'I was not asked for information' and 'Don't know / can't remember'

- Q14 ‘Who asked you for information about your reasons for making an appointment?’ – ‘Don’t know / can’t remember’
 - Q15 ‘On this occasion, were you offered any of the following choices of appointment?’ – ‘None of these’, ‘Can’t remember’ and ‘I did not need a choice’
 - Q33 ‘Have you, at any time in the last 12 months, avoided making a general practice appointment for any reason?’ – ‘No’ and ‘I haven’t needed an appointment’ Q34 ‘Have you experienced any of the following over the last 12 months?’ – ‘None of these’
 - Q36 ‘Which, if any, of the following long-term conditions do you have?’ – ‘I do not have any long-term conditions’
 - Q44 ‘In the past 12 months, have you contacted an NHS service when you wanted to see a GP but your GP practice was closed?’ – ‘No’
 - Q45 ‘Considering all of the services you contacted, which of the following happened on that occasion?’ – ‘Can’t remember’
 - Q50 ‘Were you successful in getting an NHS dental appointment?’ – ‘Yes’ and ‘Can’t remember’
- 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 any responses are excluded from the subsequent questions relating to the filter question. For example, if a patient responds to Q8 (‘How often do you see or speak to your preferred GP when you would like to?’) without having first responded ‘Yes, for all appointments’ or ‘Yes, for some appointments and not others’ at Q7 (‘Is there a particular GP you usually prefer to see or speak to?’), their response to Q8 is removed.
 - For the question on whether they have a long-standing health condition (Q35), patients who initially answer other than ‘Yes’ have their answer recoded to ‘Yes’ if they went on to select any long-term conditions, disabilities or illness at Q36.
 - Where the ethnicity question (Q55) is multi-coded, patients are included in the ‘White English, Welsh, Scottish, Northern Irish or British’ group if this was selected alongside any other response. If someone selects more than one response under any of the ethnic groups (‘Mixed or Multiple ethnic groups’, ‘Asian or Asian British’, ‘Black, Black British, Caribbean or African’, 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 or 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 or British' was selected).

6.5 Weighting strategy

The GPPS 2022 weighting scheme followed a largely similar strategy as in 2021. Weights were generated to correct for the sampling design and to reduce the impact of non-response bias. The weight was calculated using the following three stages:

- Step 1: creation of design weights to account for the unequal probability of selection;
- Step 2: generation of non-response weights to account for differences in the characteristics of responders and non-responders;
- Step 3: generation of calibration weights to ensure that the distribution of the weighted responding sample across practices resembles that of the population of eligible patients, and that the age and gender distribution within each Integrated Care System (ICS) matches the population of eligible patients within the ICS. In previous years this calibration was done at CCG level, but due to the abolition of CCGs, ICS was considered the most appropriate replacement.

In order to ensure that the change in calibration level did not impact trends, analysis was done looking at the distribution of practice level changes that occurred between this and last year between:

- practices in ICSs with one CCG (i.e. where no change in calibration level had occurred); and,
- practices in ICSs with multiple CCGs (where calibration was now occurring at a higher level geography).

This showed that there was no impact on differences over time between these two groups due to weighting, rather than underlying data. As a result, the change in calibration was able to go ahead without any impact on trends.

Design weights were computed to correct for the disproportionate sampling of patients by GP practice, as the inverse of the probability of selection, i.e. by dividing the total number of eligible patients in the practice at the time of sampling by the number sampled.

Non-response weights were constructed using a model-based approach to estimate the probability of taking part in the survey. This model, created using the current year's data, estimated the probability of responding based on the age and gender of the patient and the socio-economic characteristics of the neighbourhood in which the patient lived. These weights aim to reduce the demographic and socio-economic differences between respondents and non-respondents.

Data from the GPPS sampling frame (patient's age, gender and region) was linked to external data using the home postcode of the patient. This consisted of measures from the 2011 Census: output area aggregated measures of ethnicity, marital status, overcrowding, household tenure and employment status, as well as the indicator of multiple deprivation score (IMD) and ACORN group.

The probability of response was estimated using a logistic regression model with response (or not) as the outcome measure and the measures described above included as covariates. 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: female patients were more likely to respond than male patients, younger patients were less likely to respond than older patients. There were also some differences by region, with response lowest in the North West and highest in the South West. Response was also lower in ACORN groups K ('Student Life'), P ('Struggling Estates') and Q ('Difficult Circumstances').

Response also decreased for patients living in Census Output Areas (OAs) with the following characteristics:

- higher levels of deprivation based on IMD scores;
- a higher proportion of people from ethnic minority backgrounds;
- a higher proportion of single, separated or divorced people;
- a higher proportion of households with three or more people;
- a higher proportion of privately rented households; and/or
- a lower proportion of employees.

The non-response weights were calculated as the reciprocal of the predicted probability of response estimated from the model. To avoid very large weights, the non-response weights were capped for the 0.3% largest values. The non-response weights were multiplied by the design weight to obtain the starting weights for the calibration.

The starting weights were then calibrated to practice population counts, and to population counts by age/gender within each ICS. The population totals used for the calibration were estimated from the sampling frame.

To avoid very large weights, the ratio of the calibration weights to their starting weights was trimmed at a value of 2.5. Finally, the weights were standardised to sum to the sample size.

6.6 Confidence intervals

Estimates from the GPPS are based on a sample of the population. Therefore, they are measures with some uncertainty. This uncertainty is represented by applying confidence intervals, which are ranges within which we are fairly confident (95%) that the true population value lies, had everyone eligible for the survey been sampled and returned a questionnaire.

The table below gives examples of what the confidence intervals look like for a practice, PCN and ICS with an average number of responses, as well as the confidence intervals at the national level, based on weighted data.

Table 6.1: Confidence intervals for practices, PCNs, ICSs and national data

	Average sample size on which results are based	Approximate confidence intervals for percentages at or near these levels		
		Level 1: 10% or 90% +/- (percentage points)	Level 2: 30% or 70% +/- (percentage points)	Level 3: 50% +/- (percentage points)
National	719,137	0.10	0.16	0.17
ICS	17,122	0.66	1.00	1.09
PCN	566	3.31	5.06	5.52
Practice	111	6.86	10.48	11.44

For example, in a ICS where 17,122 people responded (the average number of responses at ICS level) and where 30% give a particular answer, the confidence interval is +/- 1.00 percentage points from that survey estimate (i.e. between 29.00% and 31.00%).

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, PCN and ICS Excel reports on the [Surveys and Reports page](#) of the website (opens in new window).

Within the context of GPPS, where some satisfaction scores are around 99%, there is more scope for a survey estimate to fall below 99% than above, purely because there are far more possible lower scores (this makes sense intuitively as well as probabilistically). The confidence interval has to take this limit into account, and, in such circumstances, the lower limit is expected to be larger than the upper limit. As a result, Wilson's method is used 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)².

Power calculations are carried out to estimate the size of a real effect that would be required in order to be likely to find a statistical difference in the statistical test performed. This level of likelihood is called “power” and the acceptable level is usually set at 80%, i.e. the difference would be significant for 80% of the tests on average if the survey was repeated. The following table shows the size of the real percentage point (pp) difference in the population between a pair of ICSs, pair of PCNs and pair of practices with an average number of responses, that would be detected with 80% power in the survey data³.

Table 6.2: Power calculations for PCNs, ICSs and practices

		Difference between the two estimates		
		Level 1: Lower estimate = 10%	Level 2: Lower estimate = 30%	Level 3: Lower estimate = 50%
Average sample size on which results are based		+/- (percentage points)	+/- (percentage points)	+/- (percentage points)
ICS	17,122	1.4	2.1	2.2
PCN	566	7.7	10.7	11.1
Practice	111	18.2	22.8	22.5

Using an example, comparing two practices with the same number of responses (111), if the result for the first practice was that 50% of patients said their experience of making an appointment was fairly good or very good, then the percentage in the second practice would need to be at least 77.5% for a statistical difference to be identified between these two practices with an acceptable level of statistical power (80%) i.e. 22.5 percentage points higher, as outlined in the table above.

² Standard confidence interval testing uses the Wald method.

³ 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.

7

Response rates

7 Response rates

7.1 Unadjusted response rates (published)

The overall response rate for England was 29.1%, based on 2,471,497 questionnaires sent out and 719,137 returned.

Table 7.1: Surveys sent, returned and response rates

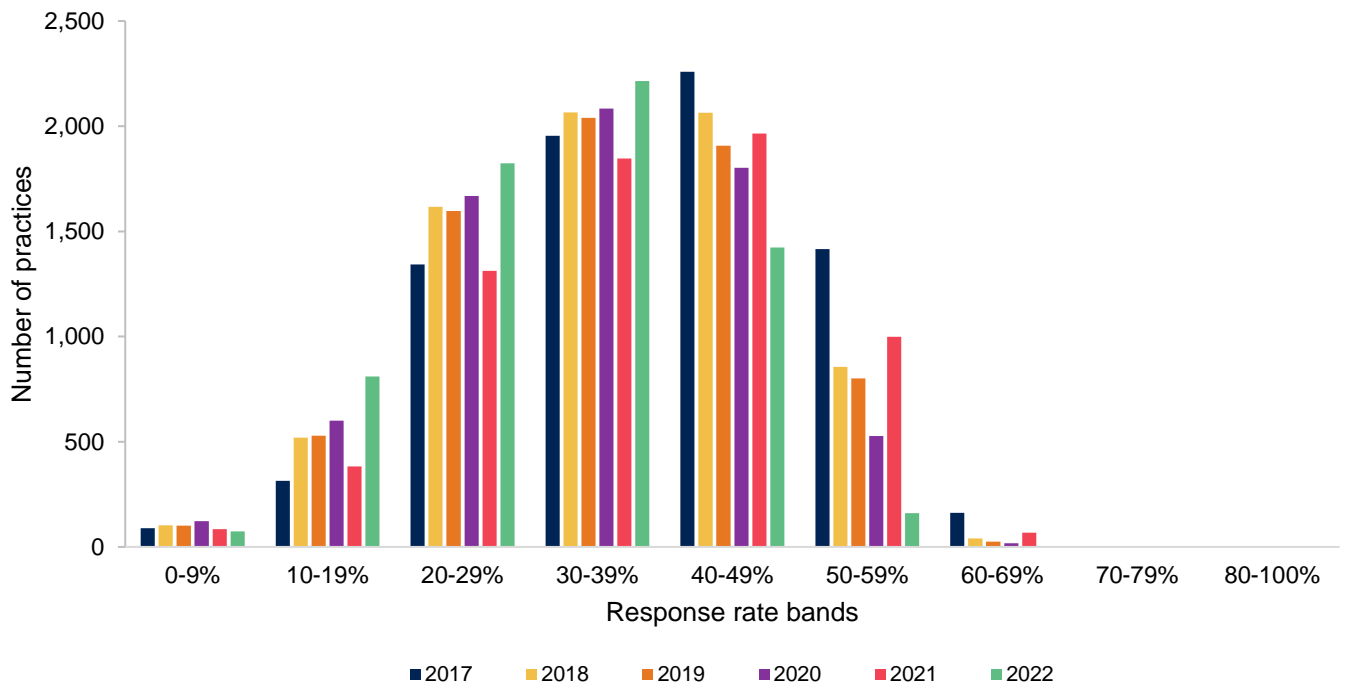
	Number sent	Number returned	Response rate
Total	2,471,497	719,137	29.1%

Table 7.2: Response rates by gender

	2022
Women	33.7%
Men	24.6%

Table 7.3: Response rates by age

	2022
16-17	14.2%
18-24	9.7%
25-34	12.7%
35-44	18.7%
45-54	27.9%
55-64	42.8%
65-74	59.5%
75-84	60.1%
85+	46.3%

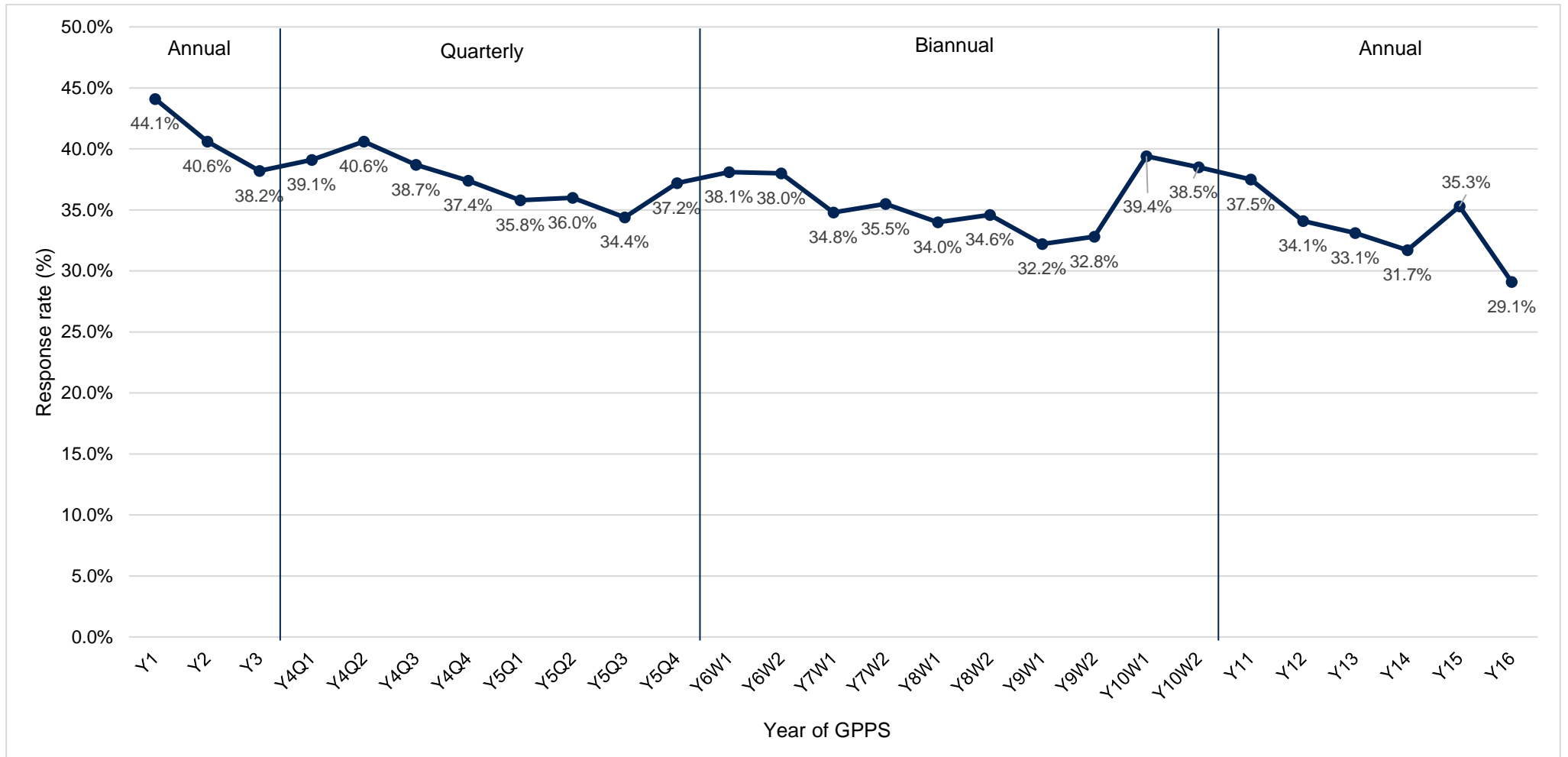
Figure 7.1: Number of practices within each response rate band over time**Table 7.4: Number and proportion of practices within each response rate band⁴**

	Practices in 2022		Practices in 2021		Practices in 2020		Practices in 2019		Practices in 2018		Practices in 2017	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
0-9%	74	1%	84	1%	122	2%	101	1%	103	1%	89	1%
10-19%	810	12%	382	6%	601	9%	529	8%	519	7%	314	4%
20-29%	1,823	28%	1,313	20%	1,668	24%	1,597	23%	1,617	22%	1,343	18%
30-39%	2,215	34%	1,847	28%	2,083	31%	2,039	29%	2,065	28%	1,954	26%
40-49%	1,423	22%	1,965	30%	1,802	26%	1,907	27%	2,064	28%	2,259	30%
50-59%	160	2%	999	15%	528	8%	801	11%	856	12%	1,416	19%
60-69%	2	*	68	1%	17	*	25	*	41	1%	162	2%
70-79%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
80-100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Total	6,507	100%	6,658	100%	6,821	100%	6,999	100%	7,265	100%	7,537	100%

For response rates prior to 2017, please see the [2017 technical annex](#) (opens in new window).

⁴ Please note that an asterisk (*) indicates a percentage of less than 0.5% but greater than 0.

Figure 7.2: National response rates to the survey over time



7.2 Adjustments to response rate

Alternative presentations of response rates can mitigate the effects that some elements of a survey's methodology might have on the response rate calculation. Two such presentations are explained below.

7.2.1 Weighted response rate

As described in [Chapter 3 \(Sampling\)](#), the issued samples in GP practices with lower response rates are boosted to achieve a minimum sample size. One implication of this is that the issued sample is skewed towards GP practices where participation is likely to be lower. In other words, a patient registered at a practice with a low response rate has a higher chance of being selected for the GPPS than one at a same-sized practice with a high response rate. As a result, one would expect to observe a lower response rate overall compared with a design in which the sample was allocated to GP practices in proportion. Further, it means that comparisons of response rates between waves and with other surveys could be misleading as, by design, the GPPS over-samples patients who are less likely to participate, to ensure sufficient results are achieved from as many practices as possible.

To demonstrate the impact of this, it is recommended that both unweighted and weighted estimates of response rates are presented for samples with unequal selection weights. For example, Lynn et al. write that:

'The importance of weighted outcome rates stems from the possibility that response rates could differ across strata or other intermediate sampling units which have different inclusion probabilities⁵.'

Lynn et al.

For the GPPS sample, we know by design that the GP practices (the strata) in which patients have a higher inclusion probability are those with a lower response rate. A weighted response rate can therefore be calculated with the issued sample weighted by the original selection weight.

7.2.2 Adjusted response rate

It is also standard practice on many surveys to adjust the response rate to take into account the ineligible sample, i.e. participants who could never have been contacted or received a survey during the fieldwork period. For a postal survey this is difficult to calculate, but taking a conservative approach, it is possible to exclude undeliverable post, so those who did not receive a questionnaire pack. This is referred to as an adjusted response rate.

⁵ Peter Lynn, Roeland Beerten, Johanna Laiho and Jean Martin (2001) Recommended Standard Final Outcome Categories and Standard Definitions of Response Rate for Social Surveys. ISER Working Papers Number 2001-23.

Table 7.5 presents both the weighted and adjusted response rates alongside the published (unweighted and unadjusted) response rate.

Table 7.5: Unweighted, weighted and adjusted response rates

	Unweighted/unadjusted response rate (published)	Weighted response rate (unadjusted)	Adjusted response rate (unweighted)
2022	29.1%	32.8%	30.3%

8

Reporting

8 Reporting

8.1 Presentation of statistics

Many of the GP Patient Survey outputs lead with a summary result; a single statistic that provides a quick way of viewing the result for a question. This is usually an aggregation of two individual responses (e.g. ‘% Easy’ is a combination of ‘% Very easy and ‘% Fairly easy’) or a single response option (e.g. ‘% Yes’).

For some questions it is not appropriate to present a summary result; for instance, where it is more useful to look at the responses individually and there is not a particular answer that suggests a more (or less) positive experience. An example of this is Q11: ‘When would you have liked this appointment to be?’.

8.2 Calculation of results / percentages

The GP Patient Survey results are calculated consistently across the various outputs. For some questions the non-specific response options are excluded where appropriate (e.g. ‘Haven’t tried’, ‘Can’t remember’, ‘Don’t know’), to provide a more accurate reflection of how those using a service evaluate it. Non-specific responses in general do not provide information about a patient’s experience of GP services.

Using Question 1 as an example⁶, removing those who ‘Haven’t tried’ to get through to their GP practice on the phone from the calculation provides a better reflection of the views of patients who had tried. This is shown in the table below using dummy data. Numbers and percentages are presented for the four response options ‘Very easy’, ‘Fairly easy’, ‘Not very easy’, and ‘Not at all easy’.

Q1 Generally, how easy is it to get through to someone at your GP practice on the phone?					
Results			Summary results		
	n	%		n	%
Very easy	15	18%	Easy	45	53%
Fairly easy	30	35%			
Not very easy	20	24%	Not easy	40	47%
Not at all easy	20	24%			
Haven’t tried	/	/	/	/	/
Base	85	100%		85	100%

There are three questions where the non-specific response option percentages are presented separately as these are likely to be of particular interest;

⁶ Example uses dummy data.

- Q4: 'Haven't tried' – How easy is it to use your GP practice's website to look for information or access services?
- Q6: 'I'm not sure when I can get an appointment' – How satisfied are you with the general practice appointment times that are available to you?
- Q16: 'I was not offered an appointment' – Were you satisfied with the appointment (or appointments) you were offered?

If you have any questions about the presentation of the results, please [email the research team](#) (opens in new window).

8.3 Changes to note

As discussed in [Chapter 2 \(Questionnaire and material design\)](#), minor changes were made to the questionnaire in 2022 to ensure that it continued to reflect how primary care services are delivered and how patients experience them (this followed more substantial changes in 2021).

Analysis following previous changes to the questionnaire found that trends had been impacted even in cases where question wording was unchanged due to context effects (a result of change to question order). This analysis is presented in the [2018 Technical Annex](#) (opens in new window). However, it has not been possible to conduct similar analysis on the impact of these questionnaire changes in 2021 or 2022, due to the significant changes in the public health context created by the pandemic. As a result, and due to the importance of maintaining trend data where possible, where changes have not been made to a question or do not affect the meaning of a question (e.g. the removal of underlining for emphasis), trends have been reported. Where question wording has changed, trends have not been presented.

A full list of questions and availability of trends is included in the [appendices](#).

If manually comparing data from 2019 onwards with 2018 using the Excel/csv reports, the percentages for some questions are calculated differently (as outlined in the 'Calculation of results / percentage' section above), and care should be taken to ensure that any results are compared on the same basis. Please see the ['Presentation of Statistics' document](#) (opens in new window) for further information.

8.4 Presentation of trend data

Due to changes in the questionnaire for the 2022 and 2021 surveys, there has been a break in trends for a number of questions. Where questions or responses have remained unchanged, most trends are available back to 2018.

Where trends are available, they are presented in the following outputs:

- National summary report
- National results and trends

- Analysis tool
- Integrated care system (ICS) slide packs
- Primary care network (PCN) tool

In most outputs, the trends for the latest results only go back to 2018, as a result of significant changes to the survey that year. Analysis showed that, in most cases, context effects impacted the survey estimates, even where question wording remained similar. It also found that including 16 and 17 year olds had an impact on results for the youngest age group overall (16-24 year olds). See the [2018 Technical Annex](#) (opens in new window) for more information.

For a small number of questions, trend data may be presented going back to 2012 (depending on when the question was introduced). These questions were not impacted by the changes made to the content of the questionnaire in either 2021 or 2018, or the extension of the sample to include 16 and 17 year olds in 2018. Trends for these questions are available in the National results and trends document.

- **Your local GP services:** Q1 (ease of getting through to practice on the phone), Q2 (helpfulness of receptionists)
- **When your GP practice is closed:** Q46 (speed of care and advice received), Q47 (overall experience)
- **NHS dentistry:** Q51 (overall experience of NHS dentistry)
- **Some questions about you:** Q58 (caring responsibilities), Q60 (deaf/sign language), Q62 (sexuality), Q63 (religion)

In addition, Q36 (long-term condition), Q55 (ethnicity) and Q56 (age) have had changes to their answer codes but trends are reported for these questions from 2012 onwards. Where these trends are shown, changes in the answer codes are clearly signposted.

The full data is available for all survey years on the [Surveys and Reports page](#) of the website (opens in new window).

As a further reminder, when looking at trend data, it is important to note that analysis in Year 11 (2017) identified a fieldwork timing effect, the impact of the survey moving from a bi-annual format (between 2011 and 2016) to annual in 2017. This found evidence of systematic differences in the data collected between the Wave 1 (July-September) and Wave 2 (January-March) fieldwork periods. As a result, where looking at national level trends, comparisons between data after 2017 and data from between 2016 and 2011 should use Wave 2 data only. For full details of this analysis please see the note [Technical note on fieldwork timing effect](#) (opens in new window).

8.5 Deliverables

The survey reporting specifications were created by Ipsos 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, including the presentation of statistics in each.

While GPPS data is available in weighted and unweighted formats, all official statistics and publications lead with the weighted data. Weighting ensures results are more representative of the population of patients aged 16 or over registered with a GP practice. Weighted data is useful for practices where fewer patients of a certain group (for example, younger patients) have taken part than expected.

The unweighted data is raw, unadjusted data. It identifies how many people from a specific subgroup or practice took part, but is less representative of how all patients at a practice might feel, and therefore also less useful for making accurate comparisons.

In cases where fewer than 10 people have answered the question (unweighted or weighted), the data has been suppressed (indicated by a tilde (~)). This is to prevent individuals and their responses being identifiable in the data. An asterisk (*) indicates a percentage of less than 0.5% but greater than 0.

Note that all GP practices are allocated to the ICS assigned to their CCG, as identified in the NHS Digital EPRACCUR mapping file, published on the 7 April 2022, with adjustments based on changes expected following the abolition of CCGs, as specified by NHS Digital at the time. This mapping in some cases may not reflect where patients live. For example, 'GP at Hand' is assigned to NHS North West London Integrated Care System and has registered practices in London and Birmingham.

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

	Detail / purpose
National report	National results presented in a PowerPoint report
National results and trends	National results and trends for all questions, presented in table format
National infographic	Selected national headline results in a visual format
ICS slide packs	42 PowerPoint reports containing results for a selection of key questions for individual ICSs (and variation by PCN within ICS)
PCN results (PowerBI) (gp-patientsurvey.co.uk/pcn-report)	An interactive, visual tool showing results for each PCN (Primary Care Network) in PowerBI, showing variation by practice within PCN and comparisons with national results
Patient experience and compare practices tool (gp-patientsurvey.co.uk)	Results for a selection of key questions for individual practices (alongside ICS and national averages) Compare practices with other local practices Filter results by key demographics (gender, age, ethnicity, long-term condition or disability status)
GP practice output	Downloadable results for every GP practice in a visual PowerPoint format for a selection of questions
Analysis tool (gp-patientsurvey.co.uk/analysistool)	Use the analysis tool to look at the survey results (at national, PCN and practice level) across years, and to analyse and compare results for specific groups of patients (e.g. by age, ethnicity and more)
National data (.csv)	One file in CSV (Comma-separated value) format that contains all the national-level data within the Excel based reports
ICS results (Excel)	One Excel report containing survey results for every ICS and the national results
ICS data (.csv)	One file in CSV format that contains all the ICS-level data within the Excel based reports
PCN results (Excel)	One Excel report containing survey results for every PCN and the national results

	Detail / purpose
PCN data (.csv)	One file in CSV format that contains all the PCN-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 8.2: Weighted and unweighted datasets provided to NHS England (not published)

	Detail / purpose
Person dataset	Person level dataset (SPSS) to allow for a range of further analysis
Practice dataset	Practice level dataset (SPSS) to allow for a range of further analysis
PCN dataset	PCN level dataset (SPSS) to allow for a range of further analysis
ICS dataset	ICS level dataset (SPSS) to allow for a range of further analysis
National dataset	National level dataset (SPSS) to support further analysis
Dentistry person dataset	Person level dataset (SPSS) to allow for a range of further analysis based on dentistry questions

Table 8.3: Unweighted reports (published via the website)

	Detail / purpose
National data (.csv)	One file in CSV format that contains all the national-level data within the Excel based reports
ICS results (Excel)	One Excel report containing survey results for every ICS and the national results
ICS data (.csv)	One file in CSV format that contains all the ICS-level data within the Excel based reports
PCN results (Excel)	One Excel report containing survey results for every PCN and the national results
PCN data (.csv)	One file in CSV format that contains all the PCN-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
Technical annex	Communicate operational details of survey

8.6 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, ICS slide packs, PCN tool, and infographics. Users select the year of publication and are presented with the materials relevant to that publication, organised at national, ICS, PCN and practice level. Users can access all published current and archived reports from 2007 onwards. The [Survey and Reports page](#) (opens in new window) is available on the GPPS website.

Figure 8.1: Figure 8.1: Survey and reports link on the GPPS website

GP PATIENT SURVEY
About
Contact Us
Received a survey?
NHS

Surveys, reports and materials

Please use the tabs to select a year

2022
2021
2020
2019
2018
2017
2010-18
2007-10

Fieldwork: January - April 2022

National ?

Select an item ▼

Go

ICS ?

Select an item ▼

Go

PCN ?

Select an item ▼

Go

GP Practice ?

Select an item ▼

Go

You can compare results across years from 2018 onwards using our Analysis tool

Minor changes were made to the questionnaire in 2022 to ensure that it continued to reflect how primary care services are delivered and how patients experience them. This followed more substantial changes in 2021. Where questions have changed substantially, data will not be comparable with previous years. In addition, the effect of the COVID-19 pandemic should be taken into account when looking at results over time.

Data is available at PCN and ICS level for the first time in 2022 (CCG data is available prior to this).

For more information on these changes please refer to the [2022 technical report](#).

National Outputs

National infographic

National report

National results and trends

Additional Outputs

ICS slide packs

PCN report

Survey Materials

Questionnaire

Letter

Additional Materials

Technical Annex ?

Note on changes to the survey

List of reporting variables (CSV) ?

Presentation of statistics

? Showing weighted results ▼

All current reports for national, PCN, ICS and practice 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 2022, reports are available for Clinical Commissioning Groups (CCG); these are no longer provided following the establishment of Primary Care Networks (PCN) and Integrated Care Systems (ICS). Please also 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 Regional Teams which existed at that time.

The ICS slide packs can be accessed by using the ICS drop down or the green button under 'Additional outputs'. Both link to the [ICS slide packs page](#) (opens in new window) for the 2022 survey. The ICS slide packs are grouped by NHS region and listed alphabetically under each, to allow easy access to each of the weighted PowerPoint reports (see Figure 8.2). ICS slide packs are also available for the 2021 survey. Prior to 2022, these are available at CCG level for the January 2015 publication onwards.

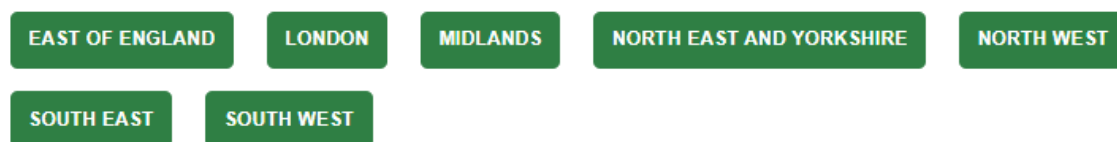
The PCN report can be accessed by using the PCN drop down or the green button under 'Additional outputs'. Both link to the [PCN report page](#) (opens in new window) which provides an interactive tool with results for all questions for individual PCNs (and variation by practice within PCN) (see Figure 8.3). This report contains data from 2020 onwards.

Figure 8.2: Figure 8.2: ICS slide packs page

ICS slide packs (2022)

Download your ICS slide pack for 2022 to view the results for key questions with comparative 2020 data, where available. In many cases these results exclude the non-specific response options (e.g. 'Don't know', 'Haven't tried', 'Can't say' / 'Doesn't Apply') to provide a more accurate reflection of how those using a service evaluate it. For more detail see the Presentation of Statistics document on the main [Surveys and Reports](#) page.

If you are having trouble opening the slide packs, or if you would like them in a different format, please contact gppatientsurvey@ipsos.com. Some users are receiving an error message when downloading the slide packs; this is a result of different versions of PowerPoint but you should be able to open the file if you save it first or try a different browser.



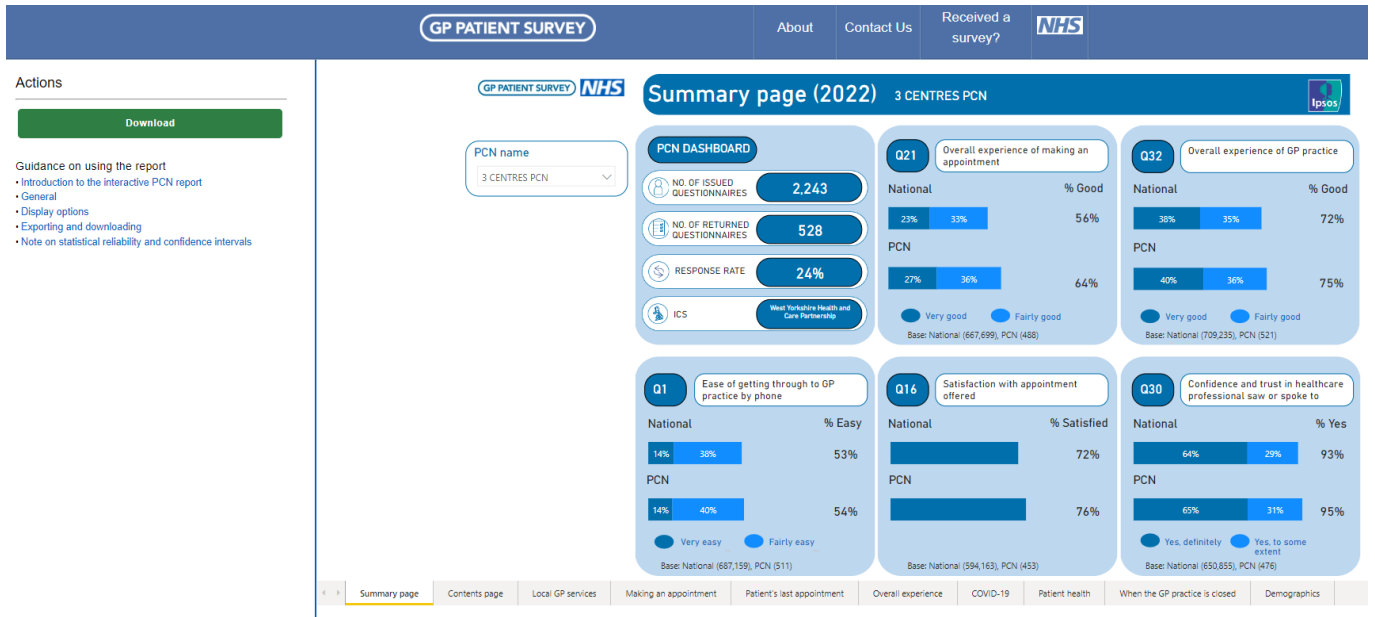
EAST OF ENGLAND

[BEDFORDSHIRE, LUTON AND MILTON KEYNES ICS](#)
[CAMBRIDGESHIRE AND PETERBOROUGH ICS](#)
[HERTFORDSHIRE AND WEST ESSEX ICS](#)
[MID AND SOUTH ESSEX ICS](#)
[NORFOLK AND WAVENEY HEALTH & CARE PARTNERSHIP ICS](#)
[SUFFOLK AND NORTH EAST ESSEX ICS](#)

LONDON

[EAST LONDON HEALTH & CARE PARTNERSHIP ICS](#)
[NORTH LONDON PARTNERS IN HEALTH & CARE ICS](#)
[NORTH WEST LONDON HEALTH & CARE PARTNERSHIP ICS](#)
[OUR HEALTHIER SOUTH EAST LONDON ICS](#)
[SOUTH WEST LONDON HEALTH & CARE PARTNERSHIP ICS](#)

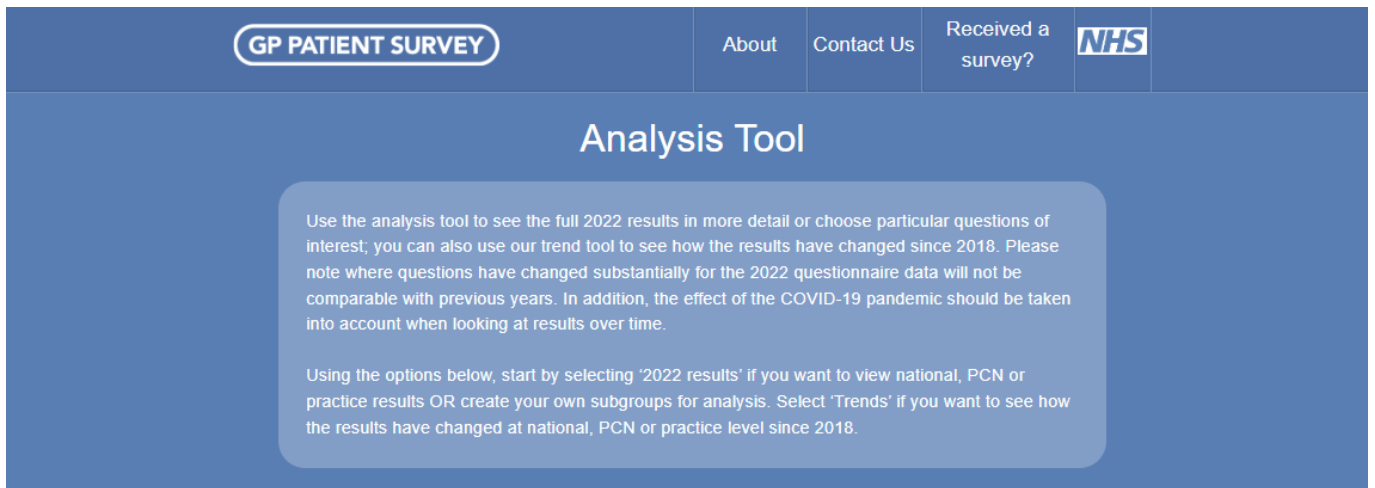
Figure 8.3: Figure 8.3: PCN report page



8.7 The GPPS analysis tool

The GPPS analysis tool is designed to help users analyse GPPS data. It was redeveloped for publication in 2018, and a trend data function was added in 2019.

Figure 8.4: Website analysis tool home page



2022 results

View charts and tables, create subgroups and crosstabs



Trends

See how the results have changed since 2018



Pre 2018 data is not shown in this tool because the questionnaire was significantly redeveloped ahead of 2018 fieldwork to reflect changes to primary care services in England as set out in the GP Forward View.

From the main Analysis Tool homepage users first select whether to look at 2022 results (current data) or trends:

8.7.1 2022 results

This section allows users to look at the data from the most recent publication.

Practice results: after selecting a practice, there are two options: charts and tables or comparison tables.

- **View Results:** this section of the website allows the user to select a question or series of questions for a practice and view the results as a table or chart. These findings can be filtered based on patient sub-groups, for example, by gender, age or long-term condition. It is also possible to add up to two additional practice results, results for the relevant PCN, and national results for comparison. These charts are available to view weighted or unweighted and are available for download in Excel and PowerPoint formats.
- **Create a crosstab:** this section of the website allows the user to create crosstabulations of the data, to look at the relationship between two questions in table format. For example, when the patient would have liked the appointment to be (Q11) analysed by satisfaction with the appointment offered (Q16). This can also be filtered based on patient sub-groups, for example, by gender, age or working status, and are available to view weighted or unweighted and available to download in Excel formats.

In 2019, a new function was added to the cross-tabulations to allow up to three comparator questions to be included in the analysis at national level. From 2022, PCNs replaced CCG level data in the crosstabs due to the abolition of CCGs. This allows a user to quickly access comparison data for specific questions, as shown in the example below (overall experience of the GP practice (Q32) by all age groups).

Figure 8.5: Analysis tool cross-tabulation function

GP PATIENT SURVEY

About Contact Us Received a survey? NHS

Analysis Tool

2022 results

Start again 2022 National results 1 question selected 0 filters selected

There may be cases below where percentages for each of the different responses to a question do not appear to add to the combined percentage totals, or where results do not sum to 100%. This may be due to multiple responses, computer rounding, or the rounding of weighted data.

[Why is data sometimes suppressed?](#)

[Provide feedback on this website](#)

Note - this page will time out after 20 minutes of inactivity. Please download the Excel file within this time frame.

Download Excel file

Please save the file before opening.

Viewing data from: National data
Showing data with filters: No filter applied

Weighted Unweighted

Showing weighted data

Q32. Overall, how would you describe your experience of your GP practice?
Comparator question 1: How old are you? (Q56)

Q56	Total	aged 16 to 24		aged 25 to 34		aged 35 to 44		aged 45 to 54		aged 55 to 64		aged 65 to 74		aged 75 to 84		aged 85 and over	
Base	705572	65457		117742		123851		123189		116038		85304		54508		19483	
Very good	38% 265924	28% 18054	30% 35818	33% 41201	38% 47224	42% 49217	45% 38516	48% 26375	49% 9520								
Fairly good	35% 244918	37% 24496	35% 41748	36% 44239	34% 41947	33% 38668	34% 28929	34% 18359	34% 6532								
Neither good nor poor	14% 98727	18% 12077	16% 19186	15% 18426	13% 16582	13% 14617	12% 10063	10% 5713	11% 2064								
Fairly poor	8% 56869	10% 6302	10% 11565	9% 11311	8% 10348	7% 8444	6% 5278	5% 2756	4% 864								
Very poor	6% 39134	7% 4528	8% 9425	7% 8674	6% 7088	4% 5093	3% 2518	2% 1306	3% 504								

Weighted Base: National (705572)
Unweighted Base: National (704033)

PCN results: after selecting a PCN, there are two options: charts and tables or comparison tables. These work in the same way as the practice results, with the ability to add up to two additional PCNs and national results for comparison.

National results: this allows users to view the national results only, again as charts and tables or comparison tables.

Select subgroups: this option allows users to interrogate the data further by examining the responses collected from different respondent groups, for example, those aged 16 - 24. This presents national data by default, but results can also be filtered by a PCN or practice.

8.7.2 Trends

This section allows users to compare current data with previous years’ data. Note that this option displays summary results where available (see section 8.1).

Figure 8.6: Website analysis tool – Trends 2018, 2019, 2020, 2021 and 2022



8.8 Practice comparison tool

Since June 2015, the main GPPS website also allows users to compare results across practices, and at the national level. This year, the practice comparison tool allows practice results to be compared with the ICS, rather than the CCG, which was used previously. This tool is available either through the practice search function on the home page or via the ‘Search for a practice’ and ‘Compare a practice’ links on the home page.

The practice comparison tool allows users to:

- view the results for a particular practice for a set of key questions, and compare these results to the local ICS 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 in the practice comparison tool are available for weighted data only.

9

Appendix

9 Appendix

9.1 Questionnaire changes and trends

Table 9.1: Full list of 2022 questions, including changes and existence of trend data

2021 question numbers	2022 question numbers	2022 question wording	Change to question	Data trend maintained
Q1	Q1	Generally, how easy is it to get through to someone at your GP practice on the phone?	No change	Yes
Q2	Q2	How helpful do you find the receptionists at your GP practice?	No change	Yes
Q3	Q3	Which of the following general practice online services have you used in the past 12 months?	No change	Yes
Q4	Q4	How easy is it to use your GP practice's website to look for information or access services?	No change	Yes
Q5	Q5	As far as you are aware, what general practice appointment times are available to you?	No change	Yes
Q6	Q6	How satisfied are you with the general practice appointment times that are available to you?	No change	Yes
Q7	Q7	Is there a particular GP you usually prefer to see or speak to?	No change	Yes
Q8	Q8	How often do you see or speak to your preferred GP when you would like to?	No change	Yes
Q9	Q9	When did you last try to make a general practice appointment, either for yourself or for someone else?	No change	Yes
Q10	Q10	Before you tried to get this appointment, did you do any of the following?	No change	Yes
Q11	Q11	When would you have liked this appointment to be?	No change	Yes

2021 question numbers	2022 question numbers	2022 question wording	Change to question	Data trend maintained
Q12	Q12	How did you try to book the appointment?	No change	Yes
Q13	Q13	Were you asked for any information about your reasons for making the appointment?	Answer codes amended	No
N/A	Q14	Who asked you for information about your reasons for making an appointment?	New question	No
Q14	Q15	On this occasion, were you offered any of the following choices of appointment?	No change	Yes
Q15	Q16	Were you satisfied with the appointment (or appointments) you were offered?	No change	Yes
Q16	Q17	If you did not get an appointment, why was that?	No change	Yes
Q17	Q18	What did you do when you did not get an appointment?	Update to answer codes offered online	Yes
Q18	Q19	What type of appointment did you get?	No change	Yes
Q19	Q20	How long after initially trying to book the appointment did the appointment take place?	No change	Yes
Q20	Q21	Overall, how would you describe your experience of making an appointment?	No change	Yes
Q21	Q22	When was your last general practice appointment?	No change	Yes
Q22	Q23	What type of appointment was your last general practice appointment?	No change	Yes
Q23	Q24	Were you given a time for the appointment?	No change	Yes
N/A	Q25	Did your appointment happen at the time, or during the slot, you were given?	New question	No
Q24	Q26	Who was your last general practice appointment with?	No change	Yes

2021 question numbers	2022 question numbers	2022 question wording	Change to question	Data trend maintained
Q25	Q27	Last time you had a general practice appointment, how good was the healthcare professional at each of the following? Giving you enough time	No change	Yes
Q25	Q27	Last time you had a general practice appointment, how good was the healthcare professional at each of the following? Listening to you	No change	Yes
Q25	Q27	Last time you had a general practice appointment, how good was the healthcare professional at each of the following? Treating you with care and concern	No change	Yes
Q26	Q28	During your last general practice appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had?	No change	Yes
Q27	Q29	During your last general practice appointment, were you involved as much as you wanted to be in decisions about your care and treatment?	No change	Yes
Q28	Q30	During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to?	No change	Yes
Q29	Q31	Thinking about the reason for your last general practice appointment, were your needs met?	No change	Yes
Q30	Q32	Overall, how would you describe your experience of your GP practice?	No change	Yes
Q50	Q33	Have you, at any time in the last 12 months, avoided making a general practice appointment for any reason?	Moved location in questionnaire	Yes
Q31	Q34	Have you experienced any of the following over the last 12 months?	No change	Yes

2021 question numbers	2022 question numbers	2022 question wording	Change to question	Data trend maintained
Q32	Q35	Do you have any long-term physical or mental health conditions, disabilities or illnesses?	No change	Yes
Q33	Q36	Which, if any, of the following long-term conditions do you have?	No change	Yes
N/A	Q37	Would you describe yourself as having “long COVID”, that is, you are still experiencing symptoms more than 12 weeks after you first had COVID-19, that are not explained by something else?	New question	No
Q34	Q38	Do any of these conditions reduce your ability to carry out your day-to-day activities?	No change	Yes
Q35	Q39	How confident are you that you can manage any issues arising from your condition (or conditions)?	No change	Yes
Q36	Q40	In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?	No change	Yes
Q37	Q41	Have you had a conversation with a healthcare professional from your GP practice to discuss what is important to you when managing your condition (or conditions)?	No change	Yes
Q38	Q42	Have you agreed a plan with a healthcare professional from your GP practice to manage your condition (or conditions)?	No change	Yes
Q39	Q43	How helpful have you found this plan in managing your condition (or conditions)?	No change	Yes
Q40	Q44	In the past 12 months, have you contacted an NHS service when you wanted to see a GP but your GP practice was closed?	No change	Yes
Q41	Q45	Considering all of the services you contacted, which of the following happened on that occasion?	No change	Yes

2021 question numbers	2022 question numbers	2022 question wording	Change to question	Data trend maintained
Q42	Q46	How do you feel about how quickly you received care or advice on that occasion?	No change	Yes
Q43	Q47	Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed?	No change	Yes
Q44	Q48	When did you last try to get an NHS dental appointment for yourself?	No change	Yes
Q45	Q49	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?	No change	Yes
Q46	Q50	Were you successful in getting an NHS dental appointment?	Answer codes amended	No
Q47	Q51	Overall, how would you describe your experience of NHS dental services?	No change	Yes
Q48	Q52	Why haven't you tried to get an NHS dental appointment in the last two years?	Answer codes amended	No
Q51	Q53	Which of the following best describes you?	No change	Yes
Q52	Q54	Is your gender identity the same as the sex you were registered at birth?	No change	Yes
Q53	Q55	What is your ethnic group?	No change	Yes
Q54	Q56	How old are you?	No change	Yes
Q55	Q57	Which of these best describes what you are doing at present?	No change	Yes
Q56	Q58	Do you look after, or give any help or support to, family members, friends, neighbours or others because of either: <ul style="list-style-type: none"> • long-term physical or mental ill health / disability, or • problems related to old age? 	No change	Yes

2021 question numbers	2022 question numbers	2022 question wording	Change to question	Data trend maintained
Q57	Q59	Are you a parent of or a legal guardian for any children aged under 16 living in your home?	No change	Yes
Q58	Q60	Are you a deaf person who uses sign language?	No change	Yes
Q59	Q61	Which of the following best describes your smoking habits?	No change	Yes
Q60	Q62	Which of the following best describes how you think of yourself?	No change	Yes
Q61	Q63	Which, if any, of the following best describes your religion?	No change	Yes

9.2 Questionnaire

+ Ipsos MORI



+

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 fill in the survey online, please go to www.gp-patient.co.uk/survey

 Access code:



Your local GP services

Q1 Generally, how easy is it to get through to someone at your GP practice on the phone?

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

Q2 How helpful do you find the receptionists at your GP practice?

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

Q3 Which of the following general practice online services have you used in the past 12 months?
By 'online' we mean on a website or smartphone app.
Please put an X in all the boxes that apply.

- Booking appointments online
- Ordering repeat prescriptions online
- Accessing my medical records online
- Had an online consultation or appointment (for example completed an online form or had a video call)
- None of these

Q4 How easy is it to use your GP practice's website to look for information or access services?

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

Q5 As far as you are aware, what general practice appointment times are available to you?
Please put an X in all the boxes that apply.

- Before 8am on at least one weekday
- Weekdays between 8am and 6.30pm
- After 6.30pm on a weekday
- On a Saturday
- On a Sunday
- Don't know

Q6 How satisfied are you with the general practice appointment times that are available to you?

- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied
- I'm not sure when I can get an appointment

Q7 Is there a particular GP you usually prefer to see or speak to?

- Yes, for all appointments
- Yes, for some appointments but not others
- NoGo to Q9
- There is usually only one GP in my GP practiceGo to Q9

Q8 How often do you see or speak to your preferred GP when you would like to?

- Always or almost always
- A lot of the time
- Some of the time
- Never or almost never
- I have not tried

+

+

Making an appointment

Q9 When did you last try to make a general practice appointment, either for yourself or for someone else?
 This could be in person, on the phone, by video call or online messaging, and with a GP, nurse or other healthcare professional.

- In the past 3 months
- Between 3 and 6 months ago
- Between 6 and 12 months ago
- More than 12 months ago
- Don't know
- I haven't tried to make an appointment since being registered with my current GP practiceGo to Q22

If you tried to make more than one appointment (for yourself or someone else) please think about just one of these when answering the next questions.

Q10 Before you tried to get this appointment, did you do any of the following?
 Please put an X in all the boxes that apply.

- Used an online NHS service (including NHS 111 online)
- Used a non-NHS online service, or looked online for information
- Spoke to a pharmacist
- Tried to treat myself / the person I was making this appointment for (for example with medication)
- Called an NHS helpline, such as NHS 111
- Contacted or used another NHS service
- Asked for advice from a friend or family member
- Tried to get information or advice elsewhere (from a non-NHS service)
- I did not try to get information or advice

Q11 When would you have liked this appointment to be?
 Please choose one option only.

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

Q12 How did you try to book the appointment?
 Please put an X in all the boxes that apply.

- In person
- By phone, through my practice
- By automated telephone booking
- Online, including on a website or through an app
- In another way

Q13 Were you asked for any information about your reasons for making the appointment?
 Please put an X in all the boxes that apply.

- Yes, during a phone call
- Yes, during a face-to-face conversation
- Yes, in an online form
- Yes, by email
- Yes, during a video call
- I was not asked for information....Go to Q15
- Don't know / can't remember.....Go to Q15

Q14 Who asked you for information about your reasons for making an appointment?
 Please put an X in all the boxes that apply.

- A receptionist
- A healthcare professional
- Don't know / can't remember

Q15 On this occasion, were you offered any of the following choices of appointment?
 Please put an X in all the boxes that apply.

- Yes, a choice of place (for an appointment in person)
- Yes, a choice of time or day
- Yes, a choice of healthcare professional
- Yes, a choice of type of appointment (phone call, online, video call, in person)
- None of these
- Can't remember
- I did not need a choice

Q16 Were you satisfied with the appointment (or appointments) you were offered?

- Yes, and I accepted an appointment } Go to Q19
- No, but I still took an appointment }
- No, and I did not take an appointment } Go to Q17
- I was not offered an appointment }



Q17 If you did not get an appointment, why was that?

Please put an X in all the boxes that apply.

- There weren't any appointments available for the time or day I wanted
- The appointment was at too short notice
- The appointment wasn't soon enough
- I couldn't book ahead at my GP practice
- There weren't any appointments at the place I wanted
- The appointment was too far away / too difficult to get to
- I couldn't see my preferred GP
- There weren't any appointments with the healthcare professional I wanted
- The type of appointment I wanted was not available
- I was not offered an appointment
- My practice helped in another way
- Another reason

Q18 What did you do when you did not get an appointment?

Please put an X in all the boxes that apply.

- Got an appointment for a different day.....Go to Q19
- Called an NHS helpline, such as NHS 111
- Used an online NHS service (including NHS 111 online)
- Used a non-NHS online service, or looked online for information
- Went to A&E
- Spoke to a pharmacist
- Contacted or used another NHS service
- Contacted or used another non-NHS service
- Decided to contact my practice another time
- Spoke to a friend or family member
- My practice helped in another way
- Didn't see or speak to anyone

Go to Q21

Q19 What type of appointment did you get? I got an appointment...

- ...to speak to someone on the phone
- ...to see someone at my GP practice
- ...to see someone at another general practice location
- ...to speak to someone online (for example on a video call)
- ...for a home visit

Q20 How long after initially trying to book the appointment did the appointment take place?

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

Q21 Overall, how would you describe your experience of making an appointment?

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

Your last appointment

The next few questions are about the last time you personally had a general practice appointment.

Q22 When was your last general practice appointment?

Please include appointments with different healthcare professionals, at different locations, as well as telephone and online appointments.

- In the past 3 months
- Between 3 and 6 months ago
- Between 6 and 12 months ago
- More than 12 months ago
- I haven't had an appointment since being registered with my current GP practice.....Go to Q32

Go to Q23



**Q23 What type of appointment was your last general practice appointment?****An appointment ...**Please choose one option only.

- ...to speak to someone on the phone
- ...to see someone at my GP practice
- ...to see someone at another general practice location
- ...to speak to someone online (for example on a video call)
- ...for a home visit

Q24 Were you given a time for the appointment?

- Yes, I was given a set time
- I was told I would be contacted between two times or during a set period such as a morning or afternoon
- No, I was not given a time.....Go to Q26
- Can't remember / don't know...Go to Q26

Q25 Did your appointment happen at the time, or during the slot, you were given?

- It was earlier than the time or slot I was given
- It was on time or during the slot I was given
- It was later than the time or slot I was given
- Can't remember

Q26 Who was your last general practice appointment with?Please choose one option only.

- A GP
- A nurse
- A general practice pharmacist
- A mental health professional
- Another healthcare professional
- Don't know / not sure who I saw

Q27 Last time you had a general practice appointment, how good was the healthcare professional 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

Treating you with care and concern

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

Q28 During your last general practice appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had?

- Yes, definitely
- Yes, to some extent
- No, not at all
- I did not have any mental health needs
- Did not apply to my last appointment

Q29 During your last general practice appointment, were you involved as much as you wanted to be in decisions about your care and treatment?

- Yes, definitely
- Yes, to some extent
- No, not at all
- Don't know / doesn't apply

Q30 During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to?

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

Q31 Thinking about the reason for your last general practice appointment, were your needs met?

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





Overall experience

Q32 Overall, how would you describe your experience of your GP practice?

Very good
 Fairly good
 Neither good nor poor
 Fairly poor
 Very poor

COVID-19

Q33 Have you, at any time in the last 12 months, avoided making a general practice appointment for any reason?
 Please put an X in all the boxes that apply.

Yes, because I didn't have time
 Yes, because I was worried about the risk of catching COVID-19
 Yes, because I was worried about the burden on the NHS
 Yes, because I found it too difficult
 Yes, for another reason
 No
 I haven't needed an appointment

Your health

Q34 Have you experienced any of the following over the last 12 months?
 Please put an X in all the boxes that apply.

Problems with your physical mobility, for example, difficulty getting about your home
 Two or more falls that have needed medical attention
 Feeling isolated from others
 None of these

Q35 Do you have any long-term physical or mental health conditions, disabilities or illnesses?
 By long term, we mean anything lasting or expected to last for 12 months or more. Please include issues related to old age.

Yes
 No
 Don't know / can't say
 I would prefer not to sayGo to Q37

Q36 Which, if any, of the following long-term conditions do you have?

Please put an X in all the boxes that apply.

Alzheimer's disease or other cause of dementia
 Arthritis or ongoing problem with back or joints
 Autism or autism spectrum condition
 Blindness or partial sight
 A breathing condition such as asthma or COPD
 Cancer (diagnosis or treatment in the last 5 years)
 Deafness or hearing loss
 Diabetes
 A heart condition, such as angina or atrial fibrillation
 High blood pressure
 Kidney or liver disease
 A learning disability
 A mental health condition
 A neurological condition, such as epilepsy
 A stroke (which affects your day-to-day life)
 Another long-term condition or disability
 I do not have any long-term conditions

Q37 Would you describe yourself as having "long COVID", that is, you are still experiencing symptoms more than 12 weeks after you first had COVID-19, that are not explained by something else?

Yes
 No
 Not sure
 Prefer not to say

If you selected any long-term conditions at Q36 or 'Yes' at Q37, please continue to Q38. Otherwise, go to Q44.

Q38 Do any of these conditions reduce your ability to carry out your day-to-day activities?

Yes, a lot
 Yes, a little
 No, not at all



Q39 How confident are you that you can manage any issues arising from your condition (or conditions)?

- Very confident
- Fairly confident
- Not very confident
- Not at all confident
- Don't know

Q40 In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?

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

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

The next few questions are about support you have had to plan and manage care relating to your condition (or conditions).

Q41 Have you had a conversation with a healthcare professional from your GP practice to discuss what is important to you when managing your condition (or conditions)?

- Yes
- NoGo to Q44
- Don't knowGo to Q44

A care plan is an agreement between you and healthcare professionals to help you manage your health day-to-day. It can include information about your medicine, an eating or exercise plan, or goals you want to achieve, such as returning to work.

Q42 Have you agreed a plan with a healthcare professional from your GP practice to manage your condition (or conditions)?

- Yes
- NoGo to Q44
- Don't knowGo to Q44

Q43 How helpful have you found this plan in managing your condition (or conditions)?

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

When your GP practice is closed

Q44 In the past 12 months, have you contacted an NHS service when you wanted to see a GP but your GP practice was closed?

- Yes, for myself
- Yes, for someone else
- NoGo to Q48

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 practice was closed.

Q45 Considering all of the services you contacted, which of the following happened on that occasion? Please put an X in all the boxes that apply.

- I called an NHS helpline, such as NHS 111
- I used an online NHS service (including NHS 111 online)
- I used a non-NHS online service, or looked online for information
- A healthcare professional called me back
- A healthcare professional visited me at home
- I went to A&E
- I spoke to a pharmacist
- I used another general practice service
- I contacted or used another NHS service
- I contacted or used another non-NHS service
- Can't remember

Q46 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

Q47 Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed?

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





NHS dentistry

Q48 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 agoGo to Q52
- I have never tried to get an NHS dental appointment.....Go to Q52

Q49 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

Q50 Were you successful in getting an NHS dental appointment?
Please put an X in all the boxes that apply.

- Yes
- No, no appointments were available
- No, the dentist was not taking new patients
- No, for another reason
- Can't remember

Q51 Overall, how would you describe your experience of NHS dental services?

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

} Go to Q53

Q52 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 put an X in the box next to the main one only.

- I haven't needed 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 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 and they will not be linked to your medical records.

Q53 Which of the following best describes you?

- Female
- Male
- Non-binary
- Prefer to self-describe
- Prefer not to say

Q54 Is your gender identity the same as the sex you were registered at birth?

- Yes
- No
- Prefer not to say

Q55 What is your ethnic group?

A. White

- English, Welsh, Scottish, Northern Irish or British
- Irish
- Gypsy or Irish Traveller
- Roma
- Any other White background

B. Mixed or Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed or Multiple ethnic background

C. Asian or Asian British

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

D. Black, Black British, Caribbean or African

- Caribbean
- African
- Any other Black, Black British, Caribbean or African background

E. Other ethnic group

- Arab
- Any other ethnic group





Q56 How old are you?

<input type="checkbox"/> Under 16	<input type="checkbox"/> 45 to 54
<input type="checkbox"/> 16 to 17	<input type="checkbox"/> 55 to 64
<input type="checkbox"/> 18 to 24	<input type="checkbox"/> 65 to 74
<input type="checkbox"/> 25 to 34	<input type="checkbox"/> 75 to 84
<input type="checkbox"/> 35 to 44	<input type="checkbox"/> 85 or over

Q57 Which of these best describes what you are doing at present?

If more than one of these applies to you, please put an X in the box next to the main one only.

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

Q58 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 to 9 hours a week
- Yes, 10 to 19 hours a week
- Yes, 20 to 34 hours a week
- Yes, 35 to 49 hours a week
- Yes, 50 or more hours a week

Q59 Are you a parent of or a legal guardian for any children aged under 16 living in your home?

- Yes
- No

Q60 Are you a deaf person who uses sign language?

- Yes
- No

Q61 Which of the following best describes your smoking habits?

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

Q62 Which of the following best describes how you think of yourself?

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Other
- I would prefer not to say

Q63 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 FREEPOST GP PATIENT SURVEY (you do not need a stamp).



9.3 Initial letter



Access code:

Dear

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. Nearly 1 million people a year help us by taking part in the survey.

Improving GP and health services in your area

The survey asks about your experiences of your GP practice 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. GP practices have had to make a number of changes in response to the COVID-19 pandemic. As a result, it is more important than ever that we hear about your experiences of your local NHS services even if you haven't visited your GP practice recently, or you have filled in a questionnaire before.

Please take part by filling in the enclosed questionnaire or going online. Taking part online is cheaper for the NHS.

Fill in the questionnaire and send it back in the enclosed Freepost envelope. It's free - you don't need a stamp. Or take part online. Go to www.gpsurvey.net/login and use your personal access code below:

Access code:

It should take less than 15 minutes.

You can help us at NHS England by filling in the survey 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 main website at www.gp-patient.co.uk. 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

Neil Churchill
Director of Patient Experience
NHS England

Please turn over

Why are you carrying out this survey?

This survey will help the NHS to improve GP practices 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 practices, by visiting the website at www.gp-patient.co.uk.

How did you get my contact details?

Your name was chosen at random from the NHS list of patients registered with a GP. Under the UK General Data Protection Regulation and Data Protection Act 2018, we at NHS England are responsible, as a 'data controller', for the information we hold about you. Ipsos MORI is the 'data processor' acting on our behalf to carry out the survey.

Ipsos MORI will keep your name, address, mobile number and NHS number confidential and only use them to send you this survey. Ipsos MORI has not been given any information about your health. You may also receive text message reminders from GP_Survey using your mobile number. This will include a unique link inviting you to take part online – you won't need to enter your log-in details. Once the survey is over, Ipsos MORI will destroy your contact details.

The NHS England privacy notice explains how you can get in touch and your rights about how your information is used. You can see the notice at www.england.nhs.uk/contact-us/privacy-notice.

What happens to my answers?

Your answers are put together with the answers from other people to provide results for your GP practice and local area, and to produce national results. They are not linked to your name, address, mobile number or NHS number. Your answers 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/confidentiality.

What is the access code on the front of this letter used for?

Ipsos MORI uses the access code to identify who has responded to the survey (reminders are only sent to people who haven't responded) and to link responses to GP practices. Your personal access code is not linked to your NHS number.

Taking part in the survey is voluntary. If you do not want to receive any reminders, please send us the blank questionnaire in the envelope provided or call 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 own experiences.

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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/bsl

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

M1-1

9.4 SMS reminders

Initial SMS reminder

We recently sent you a letter about your experience of your GP practice. Please click on the link to give feedback via the NHS GP Patient Survey: <https://tx.vc/r/2sQ6b/1u0P1n/7SWbbEM> . You don't need to enter your log-in details. Any questions? Please call Freephone [0800 819 9135](tel:08008199135). Thank you.

Second SMS reminder

The NHS would welcome your feedback - there's still time to have your say about your GP practice. Please take part in the NHS GP Patient Survey: <https://tx.vc/r/1E6Uf/1dXcuW/7SWbbEM> . Any questions? Please call Freephone [0800 819 9135](tel:08008199135). Thank you.

Third SMS reminder

Your last chance to tell us how your GP practice is doing. Click on the link to take part before the survey closes: <https://tx.vc/r/2sQ6b/1wWfBo/7SWbbEM> . Even if you haven't seen your GP recently, your feedback is still really useful. Any questions? Please call Freephone [0800 819 9135](tel:08008199135). Thank you.

9.5 First reminder letter

GP PATIENT SURVEY



Access code:

Dear

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 the questionnaire online or returned it in the post, 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 the enclosed questionnaire or gone online, please do so to give us your views on local NHS services. Taking part online is cheaper for the NHS.

Even if you haven't visited your GP practice 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. Gathering feedback has become even more important as GP practices have had to make changes in response to the COVID-19 pandemic.

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Access code:

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

Yours sincerely

Neil Churchill
Director of Patient Experience
NHS England

Please turn over

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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/bsl

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

M2-1

9.6 Second reminder letter



Access code:

Dear

In January and February I asked you to give us your feedback to help improve local NHS services. If you have already filled in the survey, 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, for example, in response to changes GP practices are having to make because of the COVID-19 pandemic.

Return the completed questionnaire by 31 March

Please take part by filling in the enclosed questionnaire or going online by 31 March. Taking part online is cheaper for the NHS.

Fill in the questionnaire and send it back in the enclosed Freepost envelope. It's free - you don't need a stamp. Or take part online. Go to www.gpsurvey.net/login and use your personal access code below:

Access code:

It should take less than 15 minutes.

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 main website at www.gp-patient.co.uk. 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

Neil Churchill
Director of Patient Experience
NHS England

Please turn over

Why are you carrying out this survey?

This survey will help the NHS to improve GP practices 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 practices, by visiting the website at www.gp-patient.co.uk.

How did you get my contact details?

Your name was chosen at random from the NHS list of patients registered with a GP. Under the UK General Data Protection Regulation and Data Protection Act 2018, we at NHS England are responsible, as a 'data controller', for the information we hold about you. Ipsos MORI is the 'data processor' acting on our behalf to carry out the survey.

Ipsos MORI will keep your name, address, mobile number and NHS number confidential and only use them to send you this survey. Ipsos MORI has not been given any information about your health. You may also receive text message reminders from GP_Survey using your mobile number. This will include a unique link inviting you to take part online – you won't need to enter your log-in details. Once the survey is over, Ipsos MORI will destroy your contact details.

The NHS England privacy notice explains how you can get in touch and your rights about how your information is used. You can see the notice at www.england.nhs.uk/contact-us/privacy-notice.

What happens to my answers?

Your answers are put together with the answers from other people to provide results for your GP practice and local area, and to produce national results. They are not linked to your name, address, mobile number or NHS number. Your answers 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/confidentiality.

What is the access code on the front of this letter used for?

Ipsos MORI uses the access code to identify who has responded to the survey (reminders are only sent to people who haven't responded) and to link responses to GP practices. Your personal access code is not linked to your NHS number.

Taking part in the survey is voluntary. If you do not want to receive any reminders, please send us the blank questionnaire in the envelope provided or call 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 own experiences.

العربية gp-patient.co.uk/arabic 0800 819 9136	简体中文 gp-patient.co.uk/chinese 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
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ગુજરાતી gp-patient.co.uk/gujarati 0800 819 9140	slovenčina gp-patient.co.uk/slovak 0800 819 9145	



gp-patient.co.uk/bsl

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

M3-1

9.7 Experiments

As part of the 2022 GPPS fieldwork, Ipsos and NHS England undertook a series of experiments 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.

Experiments were carried out using a factorial design. Factorial design involves testing interventions in combination, rather than one at a time. Interventions can then be analysed by combining all groups involving that particular intervention. In addition, this has the advantage of allowing the impact of a combination of interventions to be analysed (e.g. potentially demonstrating that a positive impact on response rates from the introduction on an e-letter and a separate positive impact from adding a QR code to the letters still applies when the two are combined).

This led to a series of experiments on a sub-sample of GPPS respondents, testing the impact of the following interventions:

- **NHS logo:** The envelope for the GPPS mailings currently does not include any reference to the organisation conducting the survey. However, experiments on other surveys have shown an improvement in the response rate by including the survey commissioner logo on the envelope, and a previous GPPS experiment had shown a small, but not statistically significant, increase in the response rate. Following the impact of the pandemic on perceptions of the NHS, it was felt that it was an appropriate time to re-test this intervention.
- **QR code:** Currently, participants planning to use the letters to take part in the survey online need to type in a link and then provide log-in details. Including personalised QR codes in the letters allows participants to scan the QR code with their phone and be taken directly into the survey, without needing to type anything or log-in, making taking part online easier. Although in previous testing on GPPS including a QR code reduced the overall response rate, as their use has massively increased since the last time they were tested, it was felt appropriate to experiment with them again.
- **E-letter:** As the main contact approach for the survey is via paper, there are large printing and postal costs,
- **Sequential push-to-web:** GPPS currently uses a simultaneous push-to-web approach. This means that participants receive a paper questionnaire at the same time as they receive a link and details to allow them to take part online. However, evidence from other surveys and previous GPPS experiments shows that delaying the paper questionnaire until the final mailing increases the proportion taking part online. This reduces costs for printing, scanning and postage, while increasing data quality. When tested previously it was not as cost effective as the current approach, but it was felt that attitudes to taking part online may have changed during the pandemic. In addition, in some of these treatment groups the approach was tested with under 65s only (referred to as 'adaptive' in the table below).

The experiments were embedded within the main GPPS survey, meaning fieldwork was carried out at the same time and using a subset of the sample.

Allocation of sample to treatment groups

With the total sample of c.2.47 million cases, c.34,400 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 practice, with a '1 in n' random selection. The c.34,400 cases were randomly allocated to each of the 23 treatment groups.

Results

Table 9.2 details the control (0) and 23 different treatment groups, showing the response rate and proportion taking part online for each group.

Table 9.2: Details and response rates of each of the treatment groups for the experiments

	NHS logo	QR code	Push to web	E-letter	Invited	Returned	Response rate	Percent of returned completed online
0	No	No	No	No	2,437,105	709,722	29.1%	40.45%
1	No	No	No	Yes	1,495	397	26.6%	53.40%
2	No	No	Yes (adaptive)	No	1,497	415	27.7%	55.90%
3	No	No	Yes (adaptive)	Yes	1,497	392	26.2%	60.46%
4	No	No	Yes (all)	No	1,496	399	26.7%	78.45%
5	No	No	Yes (all)	Yes	1,497	375	25.1%	74.67%
6	No	Yes	No	No	1,498	480	32.0%	41.88%
7	No	Yes	No	Yes	1,496	409	27.3%	55.99%
8	No	Yes	Yes (adaptive)	No	1,495	439	29.4%	62.41%
9	No	Yes	Yes (adaptive)	Yes	1,499	393	26.2%	66.16%
10	No	Yes	Yes (all)	No	1,495	394	26.4%	76.14%
11	No	Yes	Yes (all)	Yes	1,496	382	25.5%	69.37%
12	Yes	No	No	No	1,496	454	30.3%	38.99%

	NHS logo	QR code	Push to web	E-letter	Invited	Returned	Response rate	Percent of returned completed online
13	Yes	No	No	Yes	1,497	399	26.7%	53.88%
14	Yes	No	Yes (adaptive)	No	1,497	411	27.5%	55.47%
15	Yes	No	Yes (adaptive)	Yes	1,496	356	23.8%	67.70%
16	Yes	No	Yes (all)	No	1,495	447	29.9%	81.66%
17	Yes	No	Yes (all)	Yes	1,496	394	26.3%	76.90%
18	Yes	Yes	No	No	1,497	435	29.1%	46.44%
19	Yes	Yes	No	Yes	1,494	412	27.6%	54.85%
20	Yes	Yes	Yes (adaptive)	No	1,497	445	29.7%	56.63%
21	Yes	Yes	Yes (adaptive)	Yes	1,496	419	28.0%	70.64%
22	Yes	Yes	Yes (all)	No	1,495	379	25.4%	78.10%
23	Yes	Yes	Yes (all)	Yes	1,495	389	26.0%	70.18%

Analysis was carried out looking at the interventions across the different treatment groups (for example, looking at all the groups that had the e-letter) to look at the differences for each intervention. This concluded that interventions which removed a paper mailing or paper questionnaire had a small negative impact on the response rate, but were most effective at encouraging participants to take part online. Further analysis is planned to assess the implications on cost and non-response bias of implementing any of these changes.

Analysis has been carried out to look at the differences in results between the experiment groups and the main survey across a range of key survey estimates and demographic profiles. The analysis found that there would be no impact on the results from including the experiment groups within the overall responses.

Responses to the experiment have therefore been included within published results for 2022; they equate to 1.3% of the total number of returned questionnaires.

Our standards and accreditations

Ipsos's standards and accreditations provide our clients with the peace of mind that they can always depend on us to deliver reliable, sustainable findings. Our focus on quality and continuous improvement means we have embedded a "right first time" approach throughout our organisation.



ISO 20252

This is the international market research specific standard that supersedes BS 7911/MRQSA and incorporates IQCS (Interviewer Quality Control Scheme). It covers the five stages of a Market Research project. Ipsos was the first company in the world to gain this accreditation.



Market Research Society (MRS) Company Partnership

By being an MRS Company Partner, Ipsos endorses and supports the core MRS brand values of professionalism, research excellence and business effectiveness, and commits to comply with the MRS Code of Conduct throughout the organisation. We were the first company to sign up to the requirements and self-regulation of the MRS Code. More than 350 companies have followed our lead.



ISO 9001

This is the international general company standard with a focus on continual improvement through quality management systems. In 1994, we became one of the early adopters of the ISO 9001 business standard.



ISO 27001

This is the international standard for information security, designed to ensure the selection of adequate and proportionate security controls. Ipsos was the first research company in the UK to be awarded this in August 2008.



The UK General Data Protection Regulation (GDPR) and the UK Data Protection Act (DPA) 2018

Ipsos is required to comply with the UK GDPR and the UK DPA. It covers the processing of personal data and the protection of privacy.



HMG Cyber Essentials

This is a government-backed scheme and a key deliverable of the UK's National Cyber Security Programme. Ipsos was assessment-validated for Cyber Essentials certification in 2016. Cyber Essentials defines a set of controls which, when properly implemented, provide organisations with basic protection from the most prevalent forms of threat coming from the internet.



Fair Data

Ipsos is signed up as a "Fair Data" company, agreeing to adhere to 10 core principles. The principles support and complement other standards such as ISOs, and the requirements of Data Protection legislation.

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