GP Patient Survey 2019

Technical Annex

Ipsos MORI
Social Research Institute

NHS

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Introduction

1 Introduction

This technical annex provides details of the 2019 GP Patient Survey (GPPS) conducted by Ipsos MORI. The survey was conducted on behalf of NHS England.

This is the thirteenth 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). Since 2017 the survey has returned to an annual format.

The survey uses a quantitative postal methodology. In January 2019, questionnaires were sent to around 2.32 million adult patients followed by a postcard reminder one week after the initial mailing. Two full reminder mailings were then sent to non-responders in February and March. Fieldwork dates are reported in Chapter 5.

The questions included in the survey ask patients about their local GP services (including methods of booking appointments, awareness and 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. There were minimal changes to the questionnaire this year, following a full redevelopment process in 2018, to allow for consistency and reporting of trend data. More information on the questionnaire design process is available in Chapter 2.

Experiments to test alternative materials and mailing strategies, designed to increase the overall response rate as well as the proportion completing online, were conducted this year. More details of these experiments can be found in the Appendix. Please also see the Appendix for copies of the questionnaire and materials sent in 2019.

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 MORI and NHS England.

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

- Academics

- British Medical Association

- Care Quality Commission

- Clinical Commissioning Group (CCG) membership

- Clinical Commissioning Group (CCG) lay membership

- Department of Health and Social Care

- Healthwatch England

- GP membership

- General Practitioners Committee

- National Association for Patient Participation

- Members of Patient Participation Groups (PPGs)

- Patient representatives

- Royal College of General Practitioners

Questionnaire and material design

2 Questionnaire and material design

2.1 Questionnaire development for the 2019 survey

For the most part the questionnaire in 2019 remained the same as in 2018. In 2018 the questionnaire was fully redeveloped to establish a new baseline for measurement of patient experience; extensive work was undertaken to ensure the content was relevant in light of the changes taking place to primary care services under the General Practice (GP) Forward View. More details can be found in the 2018 technical annex.

While consistency is important, every year the questionnaire content is reviewed for relevance and to ensure that it accurately reflects patients' experience of access and care, as well as best practice in questionnaire design. For the 2019 survey a range of changes were considered, with a limited number implemented, as shown in the table below.

Question/question area	Change considered	Outcome
Q35 Long-term condition response code – 'A developmental disability, such as autism or ADHD.'	With the distinct focus on autism and learning disability in the NHS Long Term Plan, feedback suggested that this response option needed to separately identify autism.	Following discussions with relevant third sector organisations and policy colleagues this response option was changed to 'Autism or autism spectrum condition' to ensure the data produced is more actionable. Stakeholders were advised about the removal of ADHD specifically and no concerns were raised.
Review of all newly developed questions to establish correlations, high levels of non-response and ceiling or floor effects (questions with very high or low proportions of responses, e.g. 99% for one response would be a ceiling effect).	This analysis suggested that some improvement could be usefully made to the signposting and routing to ensure that people answer the questions as anticipated.	Changes included: • Emboldening of the routing arrows throughout. • Emboldening and increasing font size for routing instructions e.g. 'Go to Q11').

Question/question area	Change considered	Outcome
Q54 Are you male or female?	Update to reflect current recommended practice for questions about sex/gender identity.	To ensure that all NHS data sources are aligned, the Equality and Health Inequalities (EHI) team within NHS England strongly recommended that no action be taken on collection of gender identity data by NHS England until the ONS published its 2021 Census White Paper.
Government-wide loneliness measure	Additional question(s) on loneliness.	Not included due to overlap with Q32 designed to specifically measure frailty and possible greater dependence on primary care services.
Sight impairment/ reasonable adjustments	Additional question to establish whether GP practices make reasonable adjustments with regards to particular conditions such as sight impairment, in order to identify potential inequalities.	Not included following discussion with relevant third sector organisations and the GP contract team (e.g. flags being added to GP records). However, following advice and best practice in survey design, all survey materials have been reviewed by the Plain English Campaign to ensure they are as accessible as possible and clearly indicate that people may ask for help completing the questionnaire.

Question/question area	Change considered	Outcome
E-consultation	Steering group members indicated that e-consultation should be considered for inclusion.	No change made for 2019 on advice from NHS England on the basis that the programme is in its infancy and likely to change a great deal. As a result, it would not be easy to design a question (or response code/s) that could track its development at this stage. However, this will be explored further in future.

2.2 **The final questionnaire**

Below is a complete list of all the topics covered in the 2019 questionnaire.

Your local GP services:

- how easy patients find it to get through to someone at their surgery on the phone;

- helpfulness of receptionists;

- how patients have booked an appointment in the past 12 months;

- awareness of online services offered by GP practice;

- use of online services at GP practice in past 12 months;

- ease of use of GP practice website;

- awareness of available general practice appointment times;

- satisfaction with available general practice appointment times; and

- having and seeing a preferred GP.

Making an appointment:

- when patients last tried to make a general practice appointment, for themselves or someone else;

- who that appointment was for;

- how concerned patients were about their health or the health of the person they were making the appointment for, when making an appointment;

- what patients did before making the appointment;

- when patients wanted to have the appointment;

- whether patients were offered a choice of appointment;

- whether patients were satisfied with and/or accepted the appointment;

- what type of appointment patients got;

- time between initially trying to book the appointment and the appointment taking place;

- why patients did not take the appointment they were offered;

- what patients did instead of taking the appointment; and

- overall experience of making an appointment.

Last general practice appointment:

- when patients last had a general practice appointment;

- who that appointment was with;

- how long after the appointment time patients waited to see or speak to the healthcare professional;

- how good was the healthcare professional was at giving patients enough time, listening, and treating patients with care and concern;

- whether patients felt the healthcare professional recognised and/or understood any mental health needs they might have had;

- whether patients felt they were involved as much as they wanted to be in decisions about their care and treatment;

- confidence and trust in the healthcare professional; and

- whether patients' needs were met.

Overall experience:

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

Your health:

- whether patients had experienced problems with physical mobility, falls or feeling isolated from others over the past 12 months;

- whether patients regularly take 5 or more medications;

- whether patients have any long-term physical or mental health conditions, disabilities or illnesses;

- which specific long-term physical or mental health conditions, disabilities or illnesses patients have (if any);

- impact of any long-term condition(s) on day-to-day activities;

- confidence in managing issues arising from long-term condition(s);

- enough support from local services or organisations to help manage long term condition(s);

- unexpected stays in hospital due to long-term condition(s) in past 12 months;

- whether patients have had a conversation with a healthcare professional from their GP practice about managing their long-term condition(s);

- whether patients agreed a plan with their healthcare professional to manage their long-term condition(s);

- how helpful (if at all) this plan was; and

- whether patients were given or offered a printed copy of this plan.

When your GP practice is closed:

- whether contacted NHS services when GP surgery was closed in the last 12 months;

- what happened on that occasion;

- timeliness of care received;

- confidence and trust in all those seen or spoken to; and

- overall experience of care received.

NHS dentistry:

- when last tried to make an NHS dental appointment;

- whether or not the patient had visited the dental practice before;

- whether or not the patient was successful in getting an appointment;

- overall experience of NHS Dental services; and

- reason for not making an appointment in last two years, if applicable.

Demographics:

- gender;

- age;

- ethnicity;

- work status;

- parent or legal guardian;

- unpaid caring responsibilities;

- deaf and sign language user;

- smoking habits;

- sexual orientation; and

- religion.

2.3 Materials development for the 2019 survey

No changes were made to the materials for the 2019 survey; the full set are available in the appendices.

Sampling

3 Sampling

3.1 Sample overview

For GPPS 2019, the sample was designed to ensure that, as far as possible, confidence intervals would be of the same magnitude for each practice for any one question – calculations were based on the assumption that the estimate would be the same across all practices and based on a 50/50 question (a 'worst case' scenario in terms of the magnitude of the confidence interval, for example where 50% of respondents at Q31 answer "good"). This method was used to ensure that confidence intervals were as consistent as possible between practices and that none would have particularly wide intervals, resulting in an issued sample size of around 2.32 million patients who were sent a questionnaire.

Patient information was obtained for each practice using registration records held on the National Health Applications and Infrastructure Service (NHAIS) database maintained by NHS Digital. The sampling procedure was split into 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 a unique reference number, practice code, patient gender, patient age band, and patient postcode.

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

3.2.1 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 before being selected, and were 16 years of age or over. Note that this is the second year that 16-17 year olds have been included; prior to 2018 the survey had only been open to those aged 18 or over.

In previous versions of the survey, a further eligibility criterion was enforced to ensure patients would not receive more than one GPPS questionnaire in any 12-month period. As the 2019 GPPS was an annual survey conducted a full 12 months after sampling for the 2018 survey, this rule was not required.

3.2.2 Practices included in the survey

The list of practices to be included was taken from the NHS Digital system, and comprised all practices that had eligible patients as defined above, where the practice had not opted out of the survey as they felt it was inappropriate to their patient population. The number of practices with eligible patients for the 2019 survey was 7,030, but between sample selection and mail-out, some practices became ineligible for the survey. In total, patients in 7,009 different practices were sent questionnaires, and least one completed questionnaire was received from patients in 6,999 practices

3.3   Sample size calculation

The sample size was determined for each practice to deliver a likely confidence interval of ±9.0 percentage points (two-tailed, at the 95% level) in the majority of practices on a question where it was assumed that 50% of the respondents will respond one way and 50% will respond another. This confidence interval was determined iteratively to ensure a total annual issued sample size of c.2.32 million. While this confidence interval can never be achieved in all practices, every effort was made to ensure that it was achieved in the majority.

The sample design involved a proportionately stratified, unclustered sample, which was drawn for each practice. However, where practice population sizes are relatively small and need to be accounted for through the finite population correction, this does have impact on the sample size needed to deliver set confidence intervals. Therefore, the sample size and confidence intervals, as well as calculations used, must be adjusted accordingly.

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

- the number of cases required in order to deliver 95% confidence intervals of ±9.0 percentage points on a 50/50 question; and

- the proportion of patients included in the issued sample who are predicted to respond to the survey – taking into account the number who are eligible but do not respond.

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

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

Both of the components involved in the above calculation needed to be estimated for each practice. It was assumed that simple random sampling will be applied in each practice. On this basis, an estimate was arrived at for the number of responses required to deliver set confidence intervals, taking into account the proportion predicted to respond to a particular question.

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

- the number of eligible patients in the population - practice size counts are used to give an estimate of the practice population;

- the proportion being estimated - assuming a "worst case scenario" of 50% for the proportion to be estimated, that is, 50% of respondents answering a given question "yes"; and

- the magnitude of the required confidence interval – which is known to be ±9.0 percentage points.

The sample size required to deliver the target confidence interval was estimated using the actual response rate for those practices who took part in the 2018 GPPS, and was set at 30% for practices new to the survey or to whom fewer than 100 surveys were issued in the 2018 GPPS. This is to prevent unrealistically high or low response rates being used for new and very small practices.

3.3.1 Adjustments to response rate estimates

To prevent issuing very large numbers of questionnaires in practices which had very low response rates in 2018, a minimum response rate of 24.9% was assumed. This meant that no practice had more than 477 questionnaires issued. The mean mailout size per practice was 332. 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 47.8% was set.

3.4 Patient sample selection

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

3.4.1 Personal data extractions

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

3.4.2 Sample cleaning and exclusions

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

- duplicates between practices (identified by NHS ID number). Where duplicates existed, both were removed as we could not confirm which practice they belong to;

- duplicates within practices; 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.

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

For the experiments conducted during 2019 fieldwork, sampled patients were randomly assigned to either the main sample or one of the experiment groups. For more details on this, please seen the Appendix.

3.4.3 Final mailed sample after cleaning and exclusions

The final number of patients to whom questionnaires were sent after all sample cleaning had been finished was 2,328,560.

Communications with patients and practices

4 Communications with patients and practices

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

4.1 Survey website

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

Figure 4.1: The www.gp-patient.co.uk homepage
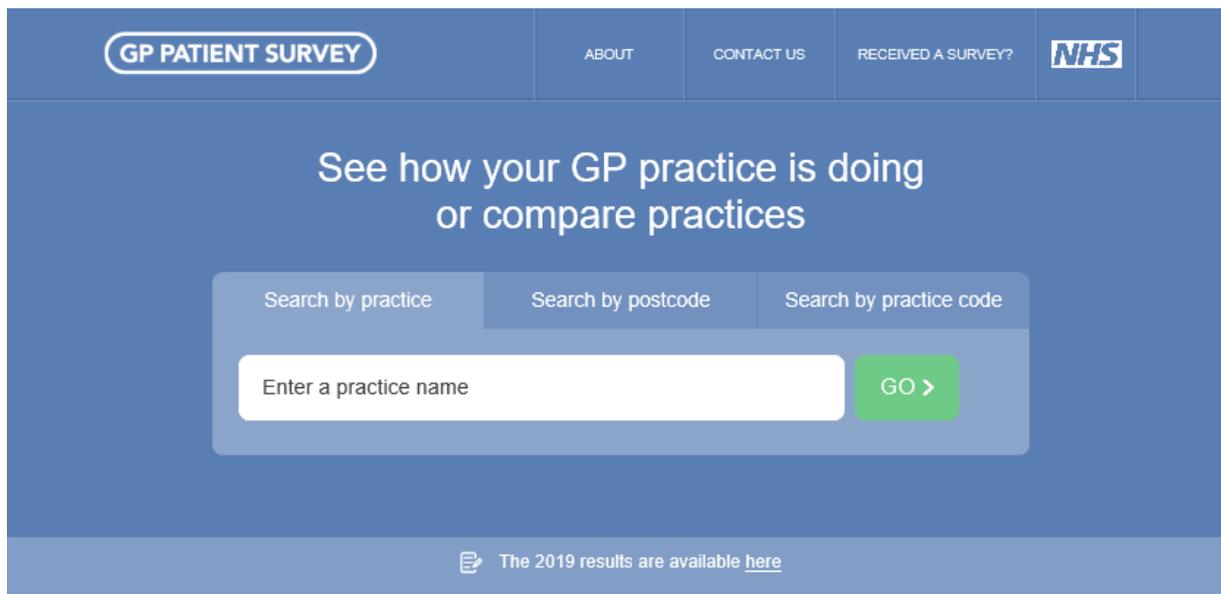
The website was updated on the first day of fieldwork, as the first questionnaires are delivered to patients, to indicate that the survey is open. It is arranged around a number of headings, detailed below:

- **'About'** covers the aims of the survey, ways to take part and information about accessibility. Also included within this link are videos that welcome British Sign Language (BSL) users to the website, explain the survey, and provide responses to a selection of FAQs. The page also links to an online BSL version of the questionnaire.

- **'Received a survey?'** provides information about the online version and links to complete it in either English, BSL or another language. Also provided is a link to previous survey results.

- **'Frequently Asked Questions (FAQs)'** includes information about how patients are selected, help with completing the survey, data protection and accessing the results.

- **'Languages'** provides information about GPPS in 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'** contains the poster in English and 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 8.4).

- **'Latest results'** is an archive of all previous datasets, reports, questionnaires and letters.

- **'For GP staff'** contains information for GPs about the benefits of the survey.

- **'Why use the GP Patient 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 and CCG 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.

- **'Contact us'** provides a link to telephone and email contact details for the GPPS team at Ipsos MORI.

- **'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. It was included for the first time in 2018.

4.2   Support for participants

4.2.1 Telephone helplines

Ipsos MORI offer a Freephone helpline for patients who would like more information about the survey, with separate numbers for English and 14 foreign language lines. In total, c.14,000 calls were handled by the helpline team over the course of 2019 fieldwork.

4.2.2 English language telephone helpline

The English language helpline was staffed by a fully trained Ipsos MORI team between 8am and 9pm on weekdays and 10am to 5pm on Saturdays from January to March 2019. A voicemail system is used during quieter periods (see details below). In order for call handlers to answer patients' queries, they are provided with a manual containing a complete list of over 200 FAQs. These are updated 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), a voicemail message briefly explains the purpose of the survey and asks the caller to leave a message and telephone number if they wish to be called back. Interviewers then return the calls within two working days, making up to eight attempts to reach the caller.

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

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

4.2.3 Foreign language telephone helpline

In order to make the survey as accessible as possible, there are separate helplines for each of the 14 foreign languages 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. Interviewers in Ipsos MORI's International CATI Centre then return the calls within two working days. Again, up to eight attempts are made to return the call. As with the English language helpline, patients are able to complete the survey over the phone or opt out of taking part.

4.2.4 Email helpline

As well as using the telephone helpline, patients are also able to email the GPPS team at Ipsos MORI with any queries about completing the survey or accessing the survey online. In total, approximately 1,150 email queries were received during fieldwork in 2019.

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, the patient will be written to. For 2019 fieldwork, around 1,020 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 MORI 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 2019 fieldwork, the Ethics Board were not required to review any safeguarding queries.

4.3 Information for display in GP practices

As well as these activities, a poster is made available for GP practices to display in their practices in English and 14 other languages. For 2019 fieldwork, the posters were revised to include NHS England's updated logo. In addition, the motivational messaging on the English poster was amended. Copies of the posters are available on the GPPS website for download and printing or displaying on electronic notice boards at https://gp-patient.co.uk/promote.

Data collection

5 Data collection

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

5.1 Postal survey

5.1.1 Processing the sample

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

5.1.2 Printing

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

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

5.1.3 Posting the questionnaire

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

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

- those who returned their questionnaire to Ipsos MORI and it was processed before the printing deadline;

- those who completed the questionnaire online;

- those who completed the survey via the helpline;

- those who telephoned or emailed the helpline and opted out of the survey;

- those who replied via letter indicating they wished to opt out of the survey 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.

Table 5.1: Survey mailout dates

	Dates
Initial survey sent	January 2-4 2019
Postcard reminder sent	January 9-11 2019
Early timings first reminder sent	January 30 2019
First reminder sent	February 4-6 2019
Early timings second reminder sent	February 20 2019
Second reminder sent	March 4-6 2019

5.2 Alternative methods of completion

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

5.2.1 Online completion

Patients are offered the option to complete the survey online via the GPPS website in English, one of the 14 other languages offered, or in British Sign Language (BSL). These different versions of the survey are accessible from specific language pages on the website. The online survey page of the website gives those invited to take part the opportunity to choose the language in which they wish to complete the survey (English, Arabic, Bengali, Czech, French, Gujarati, Chinese, Polish, Portuguese, Punjabi, Slovak, Somali, Spanish, Turkish or Urdu).

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

Figure 5.1: Viewing the questionnaire in BSL

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

Figure 5.2: Login screen for online survey

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

Figure 5.3: Question from the online survey
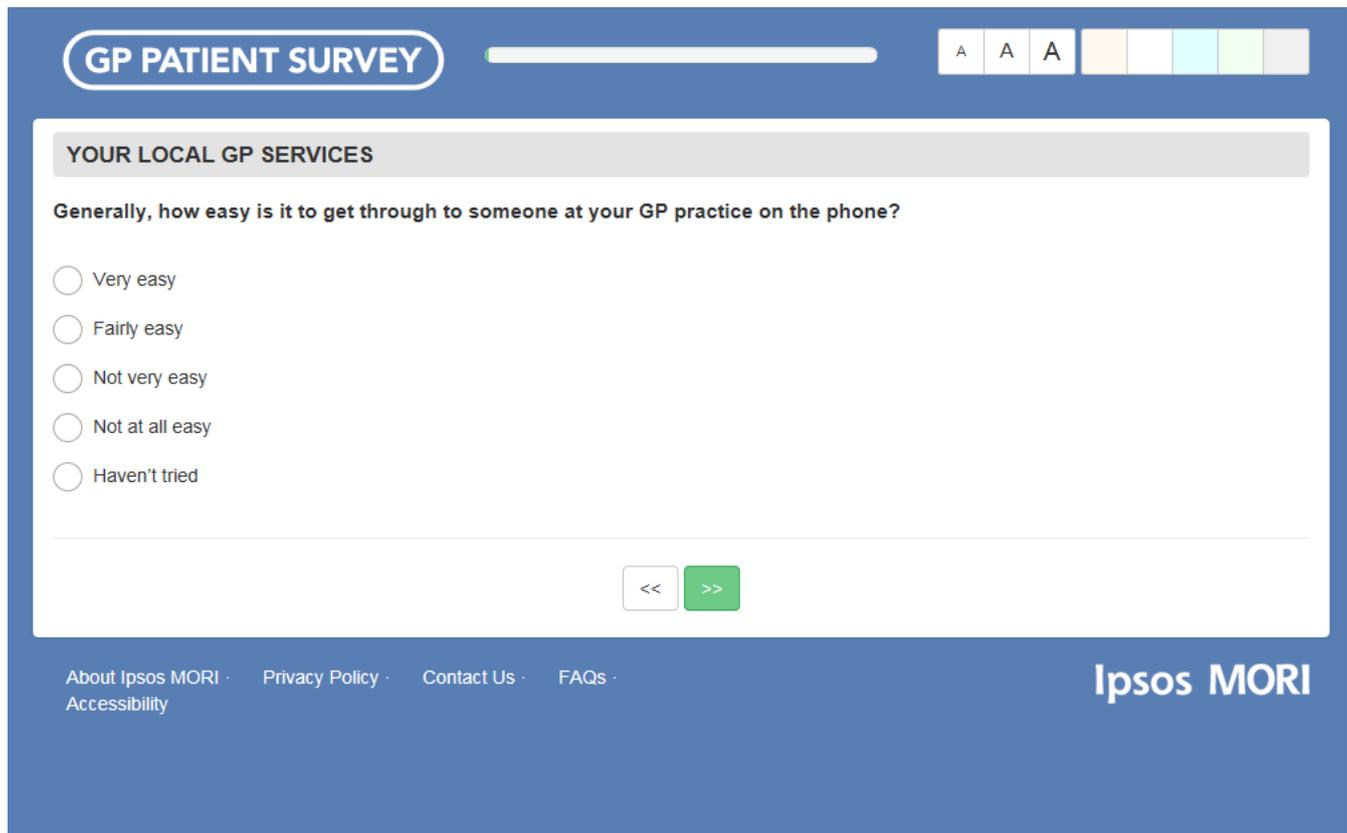
GP PATIENT SURVEY

A A A

YOUR LOCAL GP SERVICES

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

<< >>

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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 fail to complete the survey in one sitting, their reference number and password will return them to where they had left off.

5.2.2 Total number of online returns

78,660 patients completed the survey online during fieldwork in 2019.

Table 5.2 details how many patients completed the survey in each available foreign language and BSL. The number of patients completing the survey online increased overall (c.50,000 in 2017, and c.70,000 in 2018). There were also increases in the number completing in another language (1,835 in 2019 compared with 1,765 in 2018) and using BSL (53 compared with 12 in 2018).

Table 5.2: Completes per language and BSL

	Completes
Arabic	73
Bengali	29
Czech	24
French	35
Gujarati	23
Chinese	163
Polish	1,079
Portuguese	114
Punjabi	15
Slovak	43
Somali	5
Spanish	161
Turkish	41
Urdu	30
Total	1,835
BSL	53

5.2.3 Telephone completion

Patients are also able to complete the GPPS questionnaire on the telephone (including in the 14 foreign languages) by calling the freephone helplines. Patients are asked for their reference number before they can complete the survey and there is an automatic check on the reference number to ensure that it is valid for the live survey. Helpline staff enter callers' answers directly into the online version of the survey. In total, the helpline team assisted 80 patients in completing the survey, mostly because they had a visual impairment or physical disability, but some also needed help because of language or literacy issues.

5.2.4 Braille and large print versions

Braille users are offered the opportunity to receive the questionnaire and letter in Braille, and large print is made available for those who request a copy of the letter and questionnaire in this format. Braille users must complete the online survey. Returned large print questionnaires are entered manually into the online survey by the helpline team, using the patient's unique login details. This year there were 52 requests for a large print survey, of which 34 were returned, and one request for a Braille version.

Data analysis

6 Data analysis

6.1 Questionnaire processing

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

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

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

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

Questionnaires were accepted and included if they were received by 5 April 2019.

6.2 Inclusions and exclusions

The rules and protocols used for delivering the data for the 2019 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, this year more information has been provided on adjusted and weighted response rates (see Chapter 7).

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 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 ('In the past 12 months, have you booked general practice appointments in any of the following ways?'), if a patient ticks any of the first five options as well as 'Doesn't apply', 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:

  – Q4 – 'None of these' and 'Don't know'

  – Q5 – 'None of these'

  – Q7 – 'Don't know'

  – Q14 – 'I did not try to get information or advice'

  – Q16 – 'No, I was not offered a choice of appointment', 'Can't remember' and 'Doesn't apply'

  – Q32 – 'None of these'

- Q35 – 'I do not have any long-term conditions'

- Q45 – '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 then any responses are excluded from the subsequent questions relating to the filter question. For example, if a patient responds to Q10 without having first responded 'Yes, for all appointments' or 'Yes, for some appointments and not others' at Q9, their response to Q10 is removed.

- For the question on whether they have a long-standing health condition (Q34), patients who initially answer other than 'Yes' have their answer recoded to 'Yes' if they went on to select any medical conditions at Q35.

- Where the ethnicity question (Q56) is multi-coded, patients are included in the 'White English / Welsh / Scottish / Northern Irish / British' group if this was selected alongside any other response. If someone selects more than one response under any of the ethnic groups ('Mixed / multiple ethnic groups', 'Asian / Asian British', 'Black / African / Caribbean / Black British', and 'Other ethnic group') then they are recoded into the 'other' response within that grouping; for example, a patient selecting Indian and Pakistani is coded into 'Any other Asian background'. The same rule applies to multiple responses in the 'White' section in cases where 'White English / Welsh / Scottish / Northern Irish / British' is not selected. If someone selected two or more responses which are not in the same section, they would be coded into the 'Any other ethnic group' category (again, with the exception of cases where 'White English / Welsh / Scottish / Northern Irish / British' was selected).

6.4 Weighting strategy

The GPPS 2019 weighting scheme followed the same strategy as in 2018. 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 Clinical Commissioning Group (CCG) matches the population of eligible patients within the CCG.

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 of 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 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. For a small number of patients (606) the IMD score was missing – for these patients the missing IMD scores were imputed using the mean for the practice that they were registered with.

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 CCG. 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.

6.5 Confidence intervals

Because estimates from the GPPS are based on a sample of the population, they are measures with some uncertainty. This uncertainty is represented by applying confidence intervals, which are ranges within with we are fairly confident (95%) that the true population value lies.

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

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

	Average sample size on which results are based	Approximate confidence intervals for percentages at or near these levels		
		Level 1: 10% or 90%	Level 2: 30% or 70%	Level 3: 50%
		+/- (percentage points)	+/- (percentage points)	+/- (percentage points)
National	770,512	0.10	0.15	0.16
CCG	4,034	1.28	1.95	2.13
Practice	110	6.62	10.11	11.04

For example, in a CCG where 4,034 people responded (the average size for a CCG) and where 30% give a particular answer, the confidence interval is +/-1.95 percentage points from that survey estimate (i.e. between 28.05% and 31.95%).

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

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

Often statistical summary measures and tests are based on simplified assumptions about how the underlying population is distributed. These assumptions hold for many real-life situations but can fail for extreme situations; such is the case with confidence intervals. Within the context of GPPS, 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)[1].

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 average sized CCGs, and also for a pair of average sized practices, that would be detected with 80% power in the survey data.

Table 6.2: Power calculations for CCGs and practices

	Average sample size on which results are based	Difference between the two estimates		
		Level 1: Lower estimate = 10%	Level 2: Lower estimate = 30%	Level 3: Lower estimate = 50%
		pp	pp	pp
CCG	4,034	2.7	4.0	4.3
Practice	110	17.1	21.7	21.5

For example, for two practices of average size (110), if the true measure for the practice with lower prevalence was 10% (e.g. 10% of people in the first practice had booked an appointment online), then the true measure in the practice with the higher prevalence would need to be 27.1% for a statistical difference to be identified in the significance test with an acceptable level of statistical power (80%).

Response rates

7 Response rates

7.1 Unadjusted response rates (published)

The overall response rate for England was 33.1%, based on 2,328,560 questionnaires sent out and 770,512 returned.

Table 7.1: Surveys sent, returned and response rates

	Number sent	Number returned	Response rate
Total	2,328,560	770,512	33.1%

Table 7.2: Response rates by gender

	Year 13
Women	37.4%
Men	28.8%

Table 7.3: Response rates by age

	Year 13
16-17	19.2%
18-24	13.2%
25-34	15.4%
35-44	22.2%
45-54	31.2%
55-64	47.4%
65-74	65.5%
75-84	65.2%
85+	57.3%

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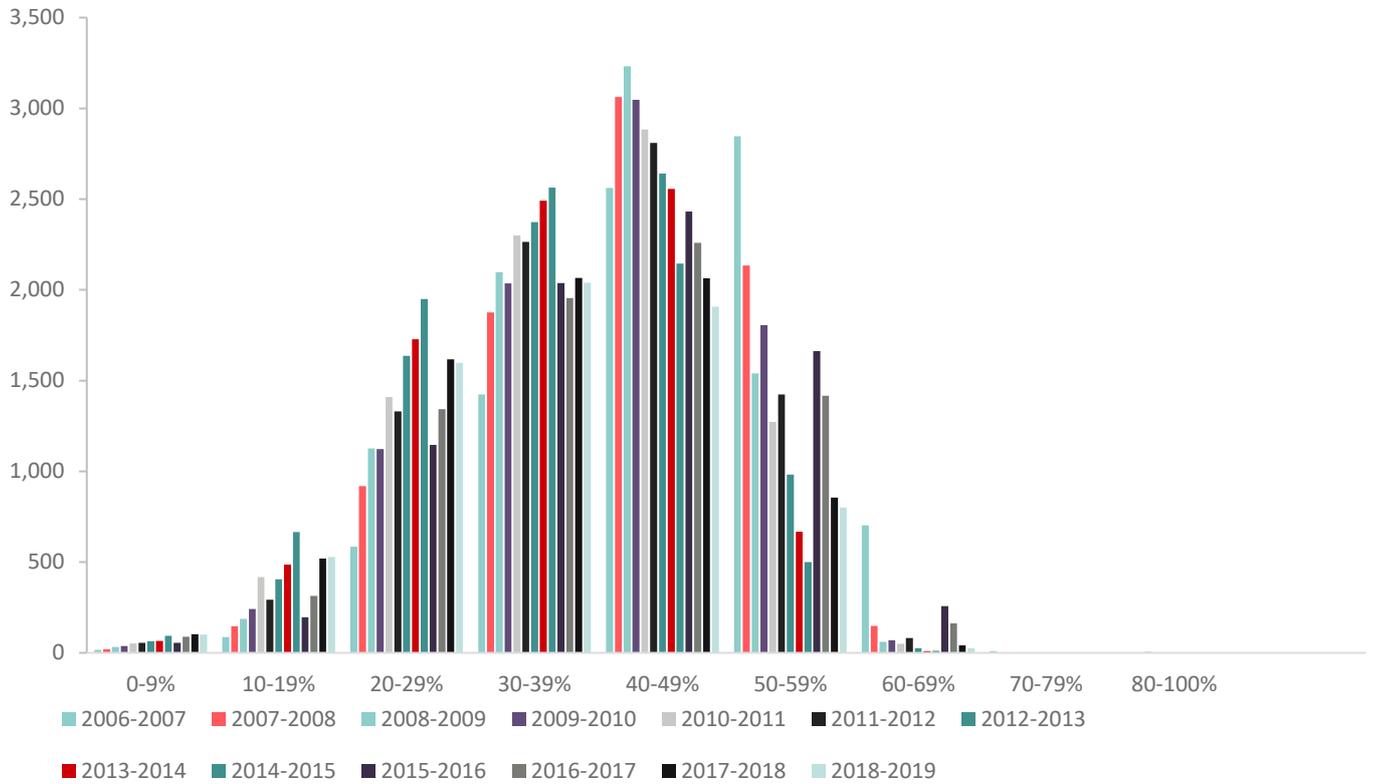
Table 7.4: Number and proportion of practices within each response rate band

For response rates prior to 2010, please see the 2017 technical annex.

	Practices in 18/19		Practices in 17/18		Practices in 16/17		Practices in 15/16		Practices in 14/15		Practices in 13/14		Practices in 12/13		Practices in 11/12		Practices in 10/11	
	No	%	No	%	No	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
0-9%	101	1%	103	1%	89	1%	56	1%	94	1%	66	1%	64	1%	56	1%	52	1%
10-19%	529	8%	519	7%	314	4%	196	3%	665	8%	487	6%	406	5%	292	4%	417	5%
20-29%	1,597	23%	1,617	22%	1,343	18%	1,146	15%	1,949	25%	1,727	22%	1,636	20%	1,331	16%	1,410	17%
30-39%	2,039	29%	2,065	28%	1,954	26%	2,037	26%	2,563	32%	2,492	31%	2,374	29%	2.265	27%	2,299	27%
40-49%	1907	27%	2,064	28%	2,259	30%	2,431	31%	2,144	27%	2,556	32%	2,641	32%	2,809	34%	2,884	34%
50-59%	801	11%	856	12%	1,416	19%	1,662	21%	501	6%	667	8%	982	12%	1,424	17%	1,273	15%
60-69%	25	*	41	1%	162	2%	258	3%	12	*	10	*	25	*	81	1%	50	1%
70-79%	0	0	0	0%	0	0%	1	*	0	0%	0	0%	0	0%	0	0%	0	0%
80-100%	0	0	0	0%	0	0%	0	0%	0	0%	0	0%	1	*	0	0%	1	*
Total	6,999	100%	7,265	100%	7,537	100%	7,787	100%	7,928	100%	8,005	100%	8,129	100%	8,258	100%	8,386	100%

7.2   Adjustments to response rate

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

7.2.1 Weighted response rate

As described in Chapter 3, the issued samples in GP practices with lower response rates are boosted in order 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 probabilities.*'[2]

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 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, those who did not receive a questionnaire pack. This is referred to as an **adjusted response rate**.

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)
2019	33.1%	36.8%	35.5%

Reporting

8 Reporting

8.1 Presentation of results

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 the respondent is allowed to select multiple response options. An example of this is Question 3: 'In the past 12 months, have you booked general practice appointments in any of the following ways?'

8.1.1 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 Q1 as an example below*, 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. 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%

* Dummy data

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

- Q6: Haven't tried' – How easy do you find your GP practice's website to use?

- Q8: 'Don't know' – How satisfied are you with the appointment times available to you?

If you have any questions about the presentation of the results, please email the research team.

8.1.2 Trend data for 2018 and 2019

GPPS is an important source of trend data on patient experience, and the following outputs present trends from 2018:

- National results and trends

- National summary report

- National infographic

- GP Patient website: analysis tool

Note that if manually comparing data for 2018 and 2019 using the Excel /csv reports, the percentages are based on different presentations: the 2019 outputs exclude the non-specific response options in the percentage calculations for most questions. Care should be taken to ensure that comparisons are based on the same presentation. Please see the 'Presentation of Statistics' document for further information (available here).

Also note that for Q35 there was a change to the response code 'A developmental condition such as autism or ADHD' to 'Autism or autism spectrum condition'. As a result, this response option is not comparable with 2018.

8.1.3 Previous trend data

In most outputs, trends from previous publications are not presented alongside this data as a result of significant changes to the survey in 2018; the questionnaire was significantly redeveloped and 16-17 year olds were included for the first time. Analysis showed that, in most cases, context effects impacted the survey estimates, even where question wording remained similar. It also found that including these younger patients had an impact on results for the youngest age group (16-24 year olds). See the 2018 Technical Annex for more information.

A small number of questions were unaffected by these changes; where this is the case, trend data is reported from 2012 onwards in the 2019 national results and trends document and the national summary report. This includes the following questions:

- **Your local GP services**: Q1 (ease of getting through to practice on the phone), Q2 (helpfulness of receptionists)

- **When your GP practice is closed**: Q45 (what happened when contacted service when GP practice is closed), Q46 (speed of care and advice received), Q47 (confidence and trust), Q48 (overall experience)

- **NHS dentistry**: Q51 (success in getting an NHS dental appointment), Q52 (overall experience of NHS dentistry), Q53 (why not tried to get NHS dental appointment in last two years)

- **Some questions about you**: Q56 (ethnicity), Q58 (parent or guardian), Q59 (caring responsibilities), Q60 (deaf/sign language), Q62 (sexuality), Q63 (religion)

The full data is available for all survey years on the GP Patient Survey website.

As a further reminder, when looking at trend data, it is important to note that analysis in Year 11 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 trend data at national level, 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 'Assessing the impact of change to an annual GP Patient Survey' which can be accessed here.

8.2   Deliverables

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

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

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

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

	Detail / purpose
National report	National headline results presented in a PowerPoint report
National results and trends	National results and trends
National data (.csv)	One file in CSV (Comma-separated value) format that contains all the national-level data within the Excel based reports
CCG results (Excel)	One Excel report containing survey results for every CCG and the national results
CCG data (.csv)	One file in CSV format that contains all the CCG-level data within the Excel based reports
Practice results (Excel)	One Excel report containing survey results for every practice and the national results
Practice data (.csv)	One file in CSV format that contains all the practice-level data within the Excel based reports
CCG slide packs	191 PowerPoint reports containing results for a selection of key questions for individual CCGs (and variation by practice within CCG)

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

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

Table 8.3: Unweighted reports (published via the website)

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

Table 8.4: Annual reports (published via the website)

	Detail / purpose
Technical annex	Communicate operational details of survey

8.3 The GPPS 'Surveys and reports' link

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

Figure 8.1: Survey and reports link on the GPPS website

All current reports for national, CCG 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 January 2016, reports are available for Regions and Area Teams; these are no longer provided following the integration of Area Teams into the four existing Regional Teams.

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

Figure 8.2: CCG slide packs page

8.4   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 has been added for 2019.

Figure 8.3: Website analysis tool home page

From the main Analysis Tool homepage users first select whether to look at 2019 data (current data) or trends:

8.4.1 2019 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 additional practice results or CCG 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 (Q15) analysed by level of concern about the health of the person the appointment was for (Q13). 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.

  A new function has been added to the cross-tabulations this year, to allow up to three comparator questions to be included in the analysis. This allows a user to quickly access comparison data for specific questions, as shown in the example below (overall experience of the GP practice (Q31) by all age groups within gender).

CCG results: after selecting a CCG, 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 additional CCG or 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, by men or women only. This presents national data by default, but results can also be filtered by CCG and practice.

8.4.2 Trends

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

Figure 8.4: Website analysis tool – Trends 2019 and 2018
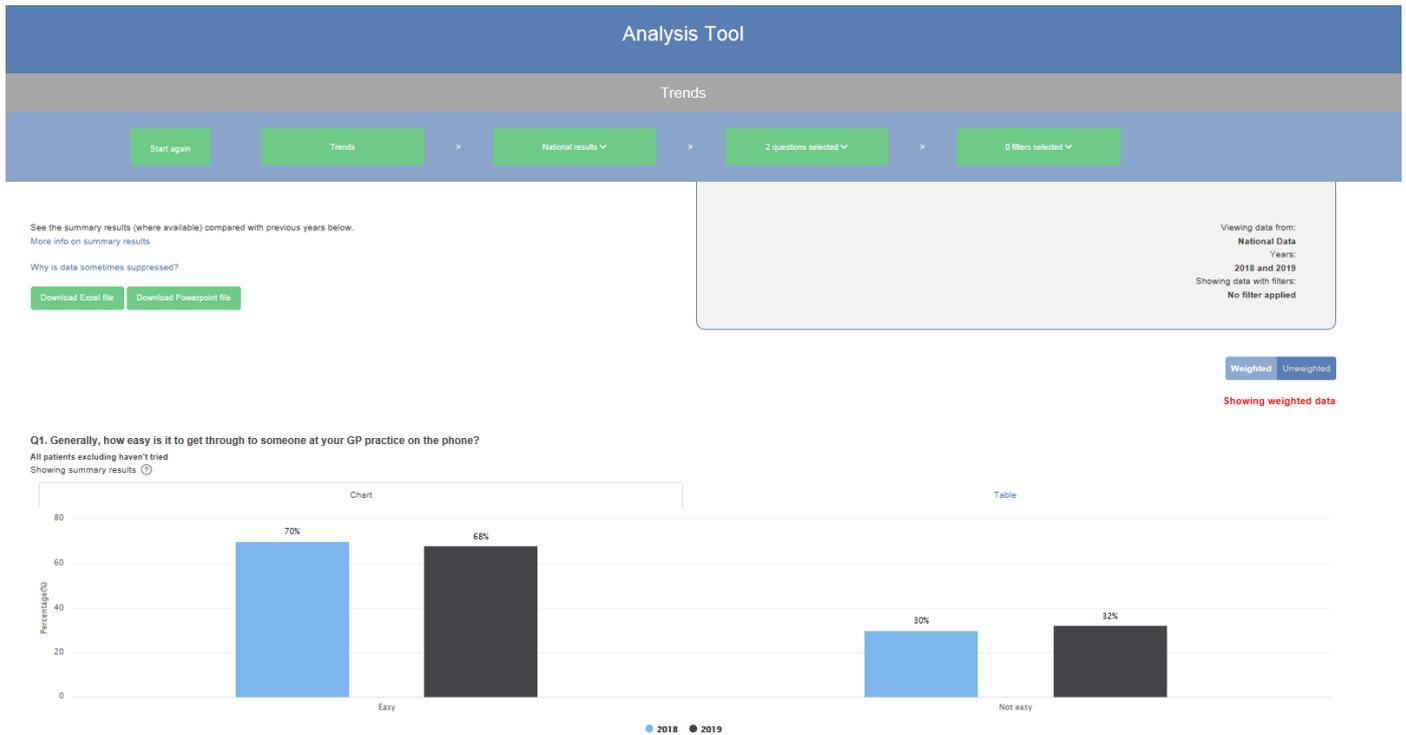
8.4.3 Practice comparison tool

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

The practice comparison tool allows users to:

- view the results for a particular practice, and compare these results to the local CCG and national results;

- compare results to another local practice (within a 5-mile radius); and

- compare results to any other practice in the country.

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

Appendix

9 Appendix

9.1 Questionnaire

Ipsos MORI

NHS

GP PATIENT SURVEY

Please answer the questions below by putting an *x* in <u>one box</u> 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

Survey number:

Online password:

BSL

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 In the past 12 months, have you booked general practice appointments in <u>any</u> of the following ways?

Please put an *x* in <u>all</u> the boxes that apply to you.

- ☐ In person
- ☐ By phone
- ☐ By automated telephone booking
- ☐ Online including on an app
- ☐ Via another route, such as NHS 111
- ☐ Doesn't apply / none of these

Q4 As far as you know, which of the following online services does your GP practice offer?

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

Please put an *x* in <u>all</u> the boxes that apply to you.

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

Q5 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 <u>all</u> the boxes that apply to you.

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

Q6 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

Q7 As far as you are aware, what general practice appointment times are available to you?

Please put an *x* in <u>all</u> the boxes that apply to you.

- ☐ 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

Please turn over

Q8 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

Q9 Is there a particular GP you usually prefer to see or speak to?

☐ Yes, for all appointments
☐ Yes, for some appointments but not others
☐ No ....Go to Q11
☐ There is usually only one GP in my GP practice ....Go to Q11

Q10 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

Q11 When did you last try to make a general practice appointment, either for yourself or for someone else?

Please include general practice appointments with different healthcare professionals. This could be 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 practice ....Go to Q23

If you tried to make more than one appointment, please think about just one of these when answering the next questions.

Q12 Who was this appointment for?

☐ Me
☐ A child under 16
☐ An adult aged 16 or over who I am a carer for
☐ Another adult aged 16 or over (including family members)

Q13 How concerned were you at the time about your health, or the health of the person you were making this appointment for?

☐ Very concerned
☐ Fairly concerned
☐ Not very concerned
☐ Not at all concerned
☐ Can't remember

Q14 Before you tried to get this appointment, did you do any of the following?

Please put an *x* in all the boxes that apply to you.

☐ I looked for information online
☐ 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
☐ Went to or contacted 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

Q15 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

Q16 On this occasion, were you offered a choice of appointment?

This could be a choice of place, time or healthcare professional.

Please put an *x* in all the boxes that apply to you.

☐ Yes, a choice of place
☐ Yes, a choice of time or day
☐ Yes, a choice of healthcare professional
☐ No, I was not offered a choice of appointment
☐ Can't remember
☐ Doesn't apply

Q17 Were you satisfied with the type of appointment (or appointments) you were offered?

☐ Yes, and I accepted an appointment

☐ No, but I still took an appointment

PLEASE GO TO Q20

☐ No, and I did not take an appointment

Q18 If you did not take any appointments you were offered, why was that?

Please put an *x* in all the boxes that apply to you.

☐ 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

☐ Another reason

Q19 What did you do when you did not take the appointment you were offered?

Please put an *x* in all the boxes that apply to you.

☐ Got an appointment for a different day.................Go to Q20

☐ Called an NHS helpline, such as NHS 111

☐ Went to A&E

☐ Spoke to a pharmacist

☐ Went to or contacted another NHS service

☐ Decided to contact my practice another time

☐ Looked for information online

☐ Spoke to a friend or family member

☐ Didn't see or speak to anyone

PLEASE GO TO Q22

Q20 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

Q21 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

Q22 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.

Q23 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

PLEASE GO TO Q24

☐ I haven't had an appointment since being registered with my current GP practice.................................Go to Q31

Please turn over ☞

Q24 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

Q25 How long after your appointment time did you wait to see or speak to the healthcare professional?

- [ ] 5 minutes or less
- [ ] Between 5 and 15 minutes
- [ ] 15 to 30 minutes
- [ ] More than 30 minutes
- [ ] I didn't have an appointment at a set time
- [ ] Can't remember

Q26 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

Q27 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

Q28 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

Q29 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

Q30 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

Q31 Overall, how would you describe your experience of your GP practice?

- [ ] Very good
- [ ] Fairly good
- [ ] Neither good nor poor
- [ ] Fairly poor
- [ ] Very poor

YOUR HEALTH

Q32 Have you experienced any of the following over the last 12 months?
Please put an x in all the boxes that apply to you.

- [ ] 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

Q33 Do you take 5 or more medications on a regular basis?

Please think about prescribed medications as well as those bought over the counter.

☐ Yes
☐ No

Q34 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 say ....Go to Q44

Q35 Which, if any, of the following long-term conditions do you have?

Please put an x in all the boxes that apply to you.

☐ 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

PLEASE GO TO Q36

☐ I do not have any long-term conditions.................................Go to Q44

Q36 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

Q37 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

Q38 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

Q39 In the last 12 months have you had any unexpected stays in hospital because of your condition (or conditions)?

☐ Yes
☐ No

Please turn over ☞

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

Q40 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
☐ No...Go to Q44
☐ Don't know......................................Go 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.

Q41 Have you agreed a plan with a healthcare professional from your GP practice to manage your condition (or conditions)?

☐ Yes
☐ No...Go to Q44
☐ Don't know......................................Go to Q44

Q42 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

Q43 Have you been given (or offered) a written or printed copy of this plan?

☐ Yes
☐ No
☐ 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
☐ No ....Go to Q49

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 to you.

☐ I contacted an NHS service by telephone
☐ A healthcare professional called me back
☐ A healthcare professional visited me at home
☐ I went to A&E
☐ I saw a pharmacist

☐ I went to another general practice service
☐ I went to another 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 Considering all of the people that you saw or spoke to on that occasion, did you have confidence and trust in them?

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

Q48 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

Q49 When did you last try to get an NHS dental appointment for yourself?

- [ ] In the last 3 months
- [ ] Between 3 and 6 months ago
- [ ] Between 6 months and a year ago
- [ ] Between 1 and 2 years ago
- [ ] More than 2 years ago ....Go to Q53
- [ ] I have never tried to get an NHS dental appointment ....Go to Q53

Q50 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

Q51 Were you successful in getting an NHS dental appointment?

- [ ] Yes
- [ ] No
- [ ] Can't remember

Q52 Overall, how would you describe your experience of NHS dental services?

- [ ] Very good
- [ ] Fairly good
- [ ] Neither good nor poor
- [ ] Fairly poor
- [ ] Very poor

PLEASE GO TO Q54

Q53 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 no longer have any natural teeth
- [ ] I haven't had time to visit a dentist
- [ ] I don't like going to the dentist
- [ ] I didn't think I could get an NHS dentist
- [ ] I'm on a waiting list for an NHS dentist
- [ ] I stayed with my dentist when they changed from NHS to private
- [ ] I prefer to go to a private dentist
- [ ] NHS dental care is too expensive
- [ ] Another reason

SOME QUESTIONS ABOUT YOU

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

Q54 Are you male or female?

- [ ] Male
- [ ] Female

Q55 How old are you?

- [ ] Under 16
- [ ] 16 to 17
- [ ] 18 to 24
- [ ] 25 to 34
- [ ] 35 to 44
- [ ] 45 to 54
- [ ] 55 to 64
- [ ] 65 to 74
- [ ] 75 to 84
- [ ] 85 or over

Q56 What is your ethnic group?

A. White
- [ ] English / Welsh / Scottish / Northern Irish / British
- [ ] Irish
- [ ] Gypsy or Irish Traveller
- [ ] Any other White background

B. Mixed / multiple ethnic groups
- [ ] White and Black Caribbean
- [ ] White and Black African
- [ ] White and Asian
- [ ] Any other Mixed / multiple ethnic background

C. Asian / Asian British
- [ ] Indian
- [ ] Pakistani
- [ ] Bangladeshi
- [ ] Chinese
- [ ] Any other Asian background

D. Black / African / Caribbean / Black British
- [ ] African
- [ ] Caribbean
- [ ] Any other Black / African / Caribbean background

E. Other ethnic group
- [ ] Arab
- [ ] Any other ethnic group

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.

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

Q58 Are you a parent or a legal guardian for any children aged under 16 living in your home?

☐ Yes
☐ No

Q59 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

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).

Originally developed with   UNIVERSITY OF EXETER | MEDICAL SCHOOL   UNIVERSITY OF CAMBRIDGE

Crystal Mark 22590 Clarity approved by Plain English Campaign

page 8

9.2   Initial letter

GP PATIENT SURVEY

NHS England

Survey number:
Online password:

2 January 2019

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

Please take part in the survey by filling in the enclosed questionnaire. It 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. Even if you haven't visited your GP practice recently, or you have filled in a questionnaire before, it's still really important that we hear from you.

It should take you **less than 15 minutes** to fill in the questionnaire, and you can return it in the enclosed envelope. You do not need a stamp. If you prefer, you can complete the survey online at **www.gpsurvey.net/login**, using the login details at the top of the letter.

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 **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 the NHS.

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 name and address?

Your name was chosen at random from the NHS list of patients registered with a GP. Under the 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 contact details confidential** and only use them to send you this survey. Ipsos MORI has not been given any information about your health. 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 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 survey number on the front of this letter used for?

Ipsos MORI use the survey number to identify who has responded to the survey (they only send reminders to people who haven't responded) and to link responses to GP practices. The survey number 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 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
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	

BSL
gp-patient.co.uk/bsl

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

9.3   Reminder postcard

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

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

9 January 2019

If you have already filled in and returned the questionnaire, thank you very much. If not, please could you do so as soon as possible. If you prefer, you can fill in the survey online at **www.gpsurvey.net/login**, using the login details sent with the questionnaire last week.

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

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

Thank you

Neil Churchill
Director of Patient Experience
NHS England

GP PATIENT SURVEY

Survey number: **1234567890**

9.4　First reminder letter

GP PATIENT SURVEY

NHS England

Survey number:
Online password:

4 February 2019

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 and returned the questionnaire, please do so to give us your views on local NHS services. 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 the area.

Please fill in the enclosed questionnaire and return it in the enclosed freepost envelope as soon as possible. You do not need a stamp. If you prefer, you can complete the survey online at **www.gpsurvey.net/login** using the login details at the top of this letter.

Your answers will be kept confidential

There is more information about the survey and confidentiality over the page. If you have any questions or need help filling in the questionnaire, go to the main website **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 name and address?

Your name was chosen at random from the NHS list of patients registered with a GP. Under the 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 contact details confidential** and only use them to send you this survey. Ipsos MORI has not been given any information about your health. 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 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 survey number on the front of this letter used for?

Ipsos MORI use the survey number to identify who has responded to the survey (they only send reminders to people who haven't responded) and to link responses to GP practices. The survey number 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 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	

BSL
gp-patient.co.uk/bsl

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

9.5 Second reminder letter

GP PATIENT SURVEY

NHS England

Survey number:
Online password:

4 March 2019

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.

Return the completed questionnaire by 31 March

Please fill in the enclosed questionnaire and return it in the enclosed freepost envelope by 31 March - you do not need a stamp. It should take less than 15 minutes to fill in the questionnaire. If you prefer, you can complete the survey online at www.gpsurvey.net/login, using the login details at the top of this letter.

Your answers will be kept confidential

There is more information about the survey and confidentiality over the page. If you have any questions or need help filling in the questionnaire, go to the main website 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 the NHS in your area.

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 name and address?

Your name was chosen at random from the NHS list of patients registered with a GP. Under the 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 contact details confidential** and only use them to send you this survey. Ipsos MORI has not been given any information about your health. 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 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 survey number on the front of this letter used for?

Ipsos MORI use the survey number to identify who has responded to the survey (they only send reminders to people who haven't responded) and to link responses to GP practices. The survey number 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 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
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	

BSL
gp-patient.co.uk/bsl

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

9.6 Response rate experiment

As part of GPPS fieldwork for January to March 2019, Ipsos MORI 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 an updated material and a separate positive impact from changing the timing 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:

- **Moving the timing of reminders one week closer together:** GPPS reminders are currently phased at monthly intervals. This is related to the scale of the survey to allow time for the returned questionnaires to be scanned and completes to be removed from each reminder mailing. However, best practice suggests shorter intervals between mailings if possible for greater impact. Following improvements in scanning speeds and an increase in patients going online early in the survey cycle, this experiment trialled the impact of a three-week gap between mailings.

- **Design changes to the postcard:** Following best practice advice from our Research Methods team and feedback from Royal Mail's Visual Attention Software (VAS) the postcard was redesigned.

- **Changes to the materials – which included:**

  - **Letter intervention A:** Revising the nudge-to-web lite messaging to make the message about going online more focused without reducing the overall response rate, such as making the online log-in details more prominent and explaining why a paper version is also included.

  - **Letter intervention B:** Improving the visual appeal, using bullet points and boxes to draw the eye to key pieces of information.

– **Letter intervention C:** Amending the materials to include messages designed to tap into motivations to participate. This used feedback from focus groups and behavioural scientists to highlight the impact of taking part in GPPS.

– **Letter interventions AB, AC, BC and ABC:** The above changes were also tested in combination and – as they may impact one another (for example, the visual changes to B may impact how effective the prominence of the online log-in details in A are) – these combined versions (e.g. AB) were all treated as individual letters for analysis purposes, rather than just evaluating the interventions. As a result, seven different letter variations overall were tested as detailed in table 9.1 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.

9.6.1 Allocation of sample to treatment groups

With the total sample of c.2.33 million cases, c.46,000 cases were systematically selected to take part in the various experiments (using the method of random start and fixed interval). The sample was stratified by CCG and by practice, with a '1 in n' random selection. The c.46,000 cases were randomly allocated to each of the 31 treatment groups.

9.6.2 Results

Table 9.1 details the 31 different treatment groups and the response rate for each.

Table 9.1: Details and response rates of each of the treatment groups for the response rate experiments

	Timing	Postcard	Mailing	Invited	Returned	Response rate	Percent of returned completed online
Control	Standard	Standard	Standard	2,282,270	755,407	33.1%	10.1%
1	Standard	Standard	A	1,498	517	34.5%	17.2%
2	Standard	Standard	B	1,492	494	33.1%	8.3%
3	Standard	Standard	C	1,492	472	31.6%	9.7%
4	Standard	Standard	AB	1,493	483	32.4%	13.0%
5	Standard	Standard	AC	1,491	497	33.3%	17.3%
6	Standard	Standard	BC	1,494	491	32.9%	12.0%

	Timing	Postcard	Mailing	Invited	Returned	Response rate	Percent of returned completed online
7	Standard	Standard	ABC	1,494	472	31.6%	16.1%
8	New	Standard	Standard	1,494	484	32.4%	10.1%
9	New	Standard	A	1,491	492	33.0%	17.5%
10	New	Standard	B	1,492	488	32.7%	12.7%
11	New	Standard	C	1,490	509	34.2%	12.4%
12	New	Standard	AB	1,492	516	34.6%	15.7%
13	New	Standard	AC	1,494	488	32.7%	16.8%
14	New	Standard	BC	1,495	500	33.4%	12.6%
15	New	Standard	ABC	1,495	508	34.0%	15.4%
16	Standard	New	Standard	1,498	509	34.0%	11.4%
17	Standard	New	A	1,493	493	33.0%	15.0%
18	Standard	New	B	1,494	458	30.7%	9.2%
19	Standard	New	C	1,495	479	32.0%	11.1%
20	Standard	New	AB	1,492	472	31.6%	16.1%
21	Standard	New	AC	1,496	458	30.6%	18.1%
22	Standard	New	BC	1,493	469	31.4%	10.9%
23	Standard	New	ABC	1,492	489	32.8%	14.3%
24	New	New	Standard	1,492	489	32.8%	10.2%
25	New	New	A	1,493	498	33.4%	15.5%
26	New	New	B	1,494	482	32.3%	8.1%
27	New	New	C	1,495	468	31.3%	12.8%
28	New	New	AB	1,487	501	33.7%	15.2%
29	New	New	AC	1,498	484	32.3%	15.5%
30	New	New	BC	1,489	484	32.5%	10.1%
31	New	New	ABC	1,492	461	30.9%	15.2%

Analysis was carried out looking at the interventions across the different treatment groups (for example, looking at all the groups that had the new timings) to look at the differences in response rates for each intervention. This concluded that that none of the interventions had a significant effect on the final GPPS response rate overall.

However, some of the changes to materials did increase the percentage taking part online, while not significantly impacting the overall response rate. In addition, reducing the time between reminders resulted in more responses earlier in the fieldwork period. Even though the final response rates were not significantly different, these interventions may have a cost benefit, for example, in reducing the cost of scanning and reducing the number of reminders that needed to be sent. Analysis is therefore being conducted to look at the cost effectiveness of these interventions.

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 no discernible or meaningful pattern in differences.

Responses to the experiment have therefore been included within published results for 2019; they equate to 2.0% of the total number of returned questionnaires.

For more information

About Ipsos MORI's Social Research Institute

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