# GP Patient Survey 2021

## Technical Annex

Ipsos MORI    Ipsos

**NHS**

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# 1
# Introduction

# 1. Introduction

This technical annex provides details of the 2021 GP Patient Survey (GPPS) conducted by Ipsos MORI. The survey was undertaken on behalf of NHS England.

This is the fifteenth 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, including an option for online completion. In January 2021, questionnaires were sent to around 2.4 million adult patients followed by an SMS reminder one week after the initial mailing, to all those with a valid mobile phone number. Two full reminder mailings (letters and questionnaires) were then sent to non-responders in February and March, with a second SMS reminder following the first reminder mailing. The contact strategy and fieldwork dates are reported in Chapter 5.

The questions included in the survey ask patients about their local GP services (including use of online services, awareness and satisfaction with opening times and preferred GPs), experience of making an appointment, the quality of care at their last appointment, overall experience of their GP practice, experience when their GP practice is closed and NHS dentistry, as well as their current health circumstances. Changes were made to the questionnaire in 2021 to reflect significant changes to the delivery of primary care services and how patients experience them in response to the COVID-19 pandemic. The questionnaire also includes revised questions covering sex, gender identity and gender reassignment, in order to provide additional data for equalities analysis and to ensure that NHS England is meeting its duties under the Equality Act (2010) in relation to the protected characteristics of sex and gender reassignment. More information on the questionnaire design process is available in Chapter 2.

The Personal Demographics Service (PDS) provided the sample frame for GPPS for the first time in 2021 because the previous sample frame, the National Health Applications and Infrastructure Service (NHAIS) database, has been decommissioned. This was piloted in 2020 to test for differences between the two sample sources and effects on the achieved survey responses. The pilot found no impact on key survey measures or demographics. For more details see the 2020 Technical Annex (opens in new window).

Copies of the questionnaire and materials sent are available in the appendices.

## 1.1  Survey governance

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

- Department of Health and Social Care

- Healthwatch England

- GP membership

- Patient Participation Group (PPG) representative

- Patient representative

- Primary Care Network (PCN) professional representative

# 2

# Questionnaire and material design

# 2. Questionnaire and material design

## 2.1 Questionnaire development for the 2021 survey

The 2021 GP Patient Survey (GPPS) questionnaire was redeveloped to reflect changes to primary care services as a result of the COVID-19 pandemic. The questionnaire also includes revised questions covering sex, gender identity and gender reassignment. The reviewing process further identified opportunities to make other minor improvements to the questionnaire, including changes to question wording based on previous patient feedback along with changes to the formatting and language used. This work was undertaken in several stages, including consultation via general public omnibus, cognitive testing and review by the Plain English campaign.

The COVID-19 pandemic has resulted in significant changes to the delivery of primary care services and how patients experience them. As a result, it was necessary to ensure that the content of the questionnaire remained relevant and accurately reflected patient experience. Following consultation with the GPPS Steering Group, development began with general public Omnibus testing, to establish what the public understood by the term 'appointment' and which types of interaction with general practice this included. For example, did it include triage, did it have to be an interaction with a specific type of healthcare professional, by a particular method (e.g. face-to-face, phone or online) and did it need to be at a fixed time.

It was also recommended that new questions on COVID-19 were added to measure the impact of shielding behaviour on patient experience, and to understand whether patients avoided making an appointment for any reason as a result of the pandemic.

Up to and including 2020, GPPS has collected self-reported data covering the protected characteristic sex but has not collected data covering the protected characteristic of gender reassignment, nor considered gender identity. Collecting this data is necessary to inform work to address health inequalities for transgender and non-binary people, and to ensure that NHS England is meeting its duties under the Equality Act (2010) in relation to the protected characteristics of sex and gender reassignment. In consultation with NHS England and stakeholders the team therefore reviewed and amended the question covering sex and included an additional question to understand gender identity and gender reassignment to meet these objectives.

Together this work led to a series of recommendations for changes to the questionnaire which were tested with patients by cognitive interviewing; a method used to critically evaluate materials and help understand how survey participants process and respond to materials. A total of 41 cognitive interviews were conducted in two separate phases between 7 and 25 September 2020. Participant feedback was used to ensure that the response options and terminology used were well understood by a range of patients.

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

Throughout the development process the need for change was balanced with recognition of the importance of retaining consistency for questions that continue to be widely used. Chapter 8 (Reporting) contains more information on interpretation of trend data. A full list of questions and availability of trends is included in the appendices.

## 2.2   The final questionnaire

Below is a list of the topics covered in the 2021 questionnaire. The full questionnaire is available in the appendices.

- Your local GP services

- Making an appointment

- Last general practice appointment

- Overall experience

- Your health

- When your GP practice is closed

- NHS dentistry

- COVID-19

- Demographics

## 2.3   Materials development for the 2021 survey

During 2020 fieldwork Ipsos MORI and NHS England trialled a number of experiments on a sub-sample of GPPS respondents. These experiments tested alternative mailing strategies, designed to safeguard the overall response rate and increase the proportion of online completes. The most successful change involved replacing the postcard reminder with an SMS one week after the initial invitation, and with a second SMS one week after the first reminder. This resulted in more patients taking part online, with a similar overall response rate, and was significantly cheaper without impacting key survey measures or demographics. As a result of these findings, this change was implemented for the 2021 survey.

In addition, because of the context that the surveys were taking place in, a line was added to each of the letters explaining the importance of continuing to take part during the COVID-19 pandemic.

The full set of letters and SMS wording used are available in the appendices.

# 3

# Sampling

# 3.  Sampling

## 3.1   Sample overview

For GPPS 2021, 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 Q30 answer that their overall experience of their GP practice is "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 2.4 million patients who were sent a questionnaire.

Patient information was obtained for each practice using registration records held on the Personal Demographics Service (PDS) database maintained by NHS Digital. This was the first time that PDS has been used as the GPPS sample frame, following a successful pilot in 2020 to understand the impact of the move from National Health Applications and Infrastructure Service (NHAIS) database. More information on the pilot can be found in the 2020 Technical Annex (opens in new window).

The sampling procedure was unchanged and involved two distinct stages. Firstly, NHS Digital provided an anonymised list of patients for sample size determination and individual patient selection. The selected anonymous records were returned to NHS Digital, and a second file containing the contact details of the selected patients was provided.

## 3.2   NHS Digital population extraction procedure

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

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

## 3.3   Patients eligible for the survey

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

## 3.4   Practices included in the survey

The list of practices to be included was taken from the NHS Digital system, and comprised all practices that had eligible patients as defined above, where the practice had not opted out of the survey as they felt it was inappropriate to their patient population. The number of practices with eligible patients for the 2021 survey was 6,710, but between sample selection and mail-out, some practices became ineligible for the survey. In total, patients in 6,694 different practices were sent questionnaires, and at least one completed questionnaire was received from patients in 6,658 practices.

## 3.5   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.2.4 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:

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

The above figure shows the calculation for the issued sample: the number required to deliver the required confidence interval is divided by the proportion of the 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 2020 GPPS, and was set at 30% for practices new to the survey or to whom fewer than 100 surveys were issued in the 2020 GPPS. This is to prevent unrealistically high or low response rates being used for new and very small practices.

## 3.6   Adjustments to response rate estimates

To prevent issuing very large numbers of questionnaires in practices which had very low response rates in 2020, a minimum response rate of 23% was assumed. This meant that no practice had more than 528 questionnaires issued. The mean mailout size per practice was 364. 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 45.2% was set.

## 3.7   Patient sample selection

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

## 3.8   Personal data extractions

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

## 3.9   Sample cleaning and exclusions

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

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

- duplicates within practices;

- incorrect mobile numbers (not starting with 07 and/or not 11 digits long); and,

- non-address details or other inappropriate information contained in the address. These could include:

  - key safe numbers, telephone numbers and other numerics not related to the address;

  - unexpected words or phrases in the name or address (including "unknown", "homeless", "deceased", "test", etc.); and

  - incomplete addresses.

The final selected sample was also checked against the Ipsos MORI "Do Not Contact" list, to ensure that those who have previously expressed a wish not to be contacted by Ipsos MORI are not included.

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

All sampled patients from all practices were then randomly sorted before being allocated 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.

## 3.10 Final mailed sample after cleaning and exclusions

The final number of patients to whom questionnaires were sent after all sample cleaning had been finished was 2,408,303.

# 4

# Communications with patients and practices

# 4. Communications with patients and practices

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

## 4.1 Survey website

A dedicated survey website is maintained and hosted by Ipsos 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. This page includes links to information in British Sign Language (BSL) and 14 additional languages which explain the survey, provide responses to a selection of FAQs, and link to online translated versions of the questionnaire.

- **'Received a survey?'** provides information about the online version 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.

- **'Past surveys'** allows users to download past and present survey reports and survey materials.

- **'Promote the survey'** provides tips to GP practices for promoting the survey and contains the poster in English and 14 other languages.

- **'What do you think about the website?'** is a link to a form allowing users to rate the site, provide comments and leave contact details.

- **'Search for a practice'** takes users to the practice reporting tool, which allows them to view results for a specific practice.

- **'Compare a practice'** allows users to compare the results of different practices.

- **'Analysis tool'** is a link to the analysis tool which allows users to interrogate the GPPS data further (see section 8.8).

- **'Latest results'** 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 and is continually updated.

- **'Privacy notice'** provides information about how the information collected on the GPPS website is used.

- **'Sitemap'** lists out all of the pages on the website.

- **'Site feedback'** contains contact details for users to provide feedback on the website, and includes another link to the user feedback form.

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

## 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 additional language lines. In total, 14,677 calls were handled by the helpline team over the course of 2021 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 2021. 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 300 FAQs. These are updated annually to address any new or emerging queries patients may have. Where the call handlers cannot answer a query, the details are passed on to the GPPS research team who will respond directly.

During quieter periods (generally 10 days after each mailing) the helpline may switch to a voicemail message which briefly explains the purpose of the survey and asks the caller to leave a message and telephone number if they wish to be called back. 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 sampled patients to complete the survey over the telephone.

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

### 4.2.3 Additional language telephone helpline

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

### 4.2.4 Email helpline

As well as using the telephone helpline, patients are also able to email the GPPS team at Ipsos MORI with any queries. In total, approximately 765 email queries were received during fieldwork in 2021.

### 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 2021 fieldwork, around 312 letters 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 2021 fieldwork, the Ethics Board were required to review three safeguarding queries.

### 4.2.7 Information for display in GP practices

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

# 5

# Data collection

# 5. Data collection

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

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

## 5.1  Contact strategy

Initial letters and questionnaires were sent to all patients in the final sample on the dates in Table 5.1. This was followed one week later by an SMS reminder to all those in the sample with a valid mobile phone number. Two additional full reminder mailings (letters and questionnaires) were then sent to patients for whom no recorded response was received by the printing deadline, with a second SMS reminder following the first reminder mailing.

Copies of all letters and SMS reminders can be found in the Appendix.

**Table 5.1: Survey mailout and SMS reminder dates**

|  | Dates |
|---|---|
| **Initial survey mailing sent** | January 4 – 6 2021 |
| **First SMS reminder sent** | January 11 – 16 2021 |
| **First reminder mailing sent** | February 1 – 5 2021 |
| **Second SMS reminder sent** | February 8 – 13 2021 |
| **Second reminder mailing sent** | March 1 – 5 2021 |

## 5.2  Postal survey

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

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

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

## 5.3   Text messages

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

To manage the volume of text messages being issued into the mobile network at any time, an automated system schedules a set number of messages in batches, every 10 minutes from 9am to 9pm over a six-day period. In addition, a private channel is used to reduce any bottlenecks, particularly during peak periods of busy mobile network traffic.
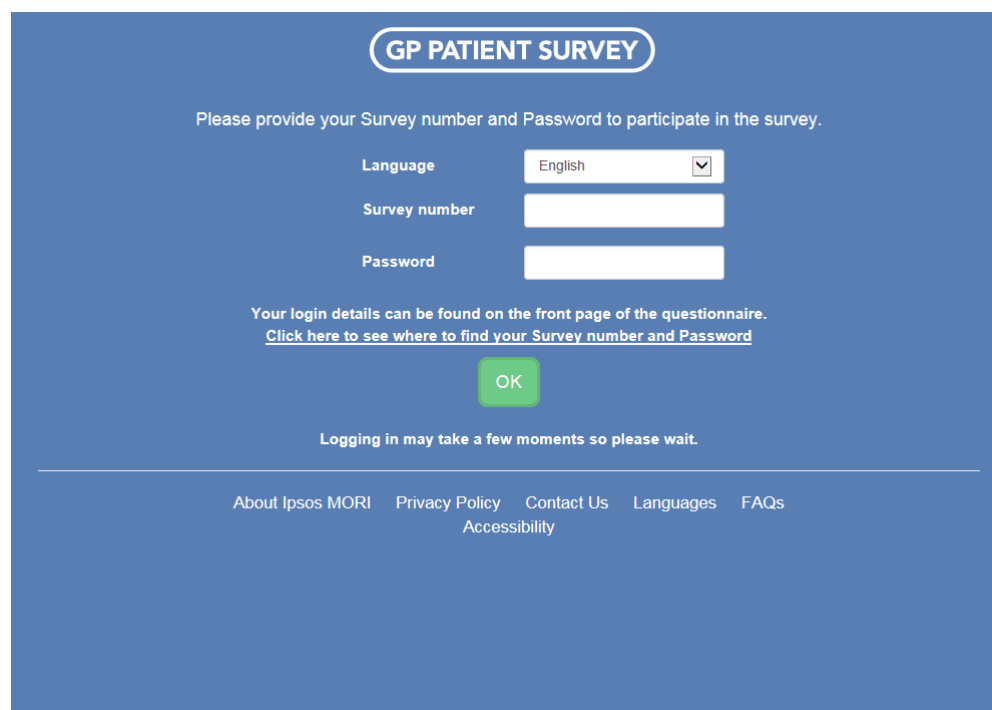
## 5.4   Handling reminders

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

- those who returned their 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.
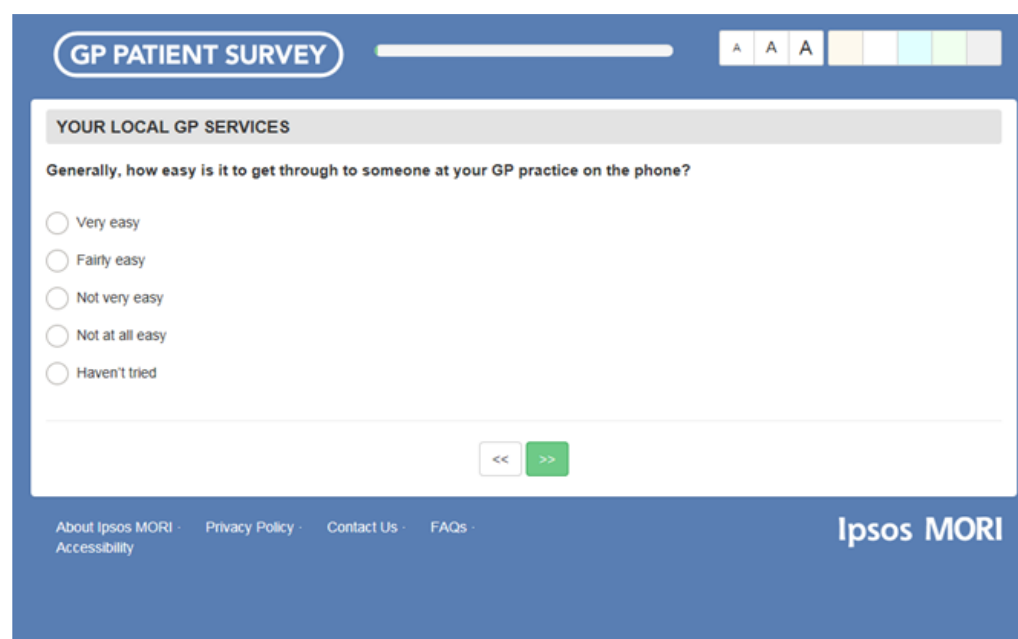
## 5.5   Online completion

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

**Figure 5.1: Login screen for online survey**



The questions in the online survey are identical to those on the paper questionnaire in terms of wording and design.

**Figure 5.2: Question from the online survey**



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.

### 5.5.1 Total number of online returns

314,508 patients completed the survey online during fieldwork in 2021. The number of patients completing the survey online has increased over time as shown in Table 5.2. The larger increase between 2020 and 2021 is due to the introduction of SMS reminders including a direct unique link to the survey. The previous increase, between 2019 and 2020, was a result of changes to the mailing letters designed to nudge more to take part online.

**Table 5.2: Number and proportion of online returns**

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

### 5.5.2 Alternative online formats

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

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

**Figure 5.3: Introduction page for SMS route to online survey with language selection option**
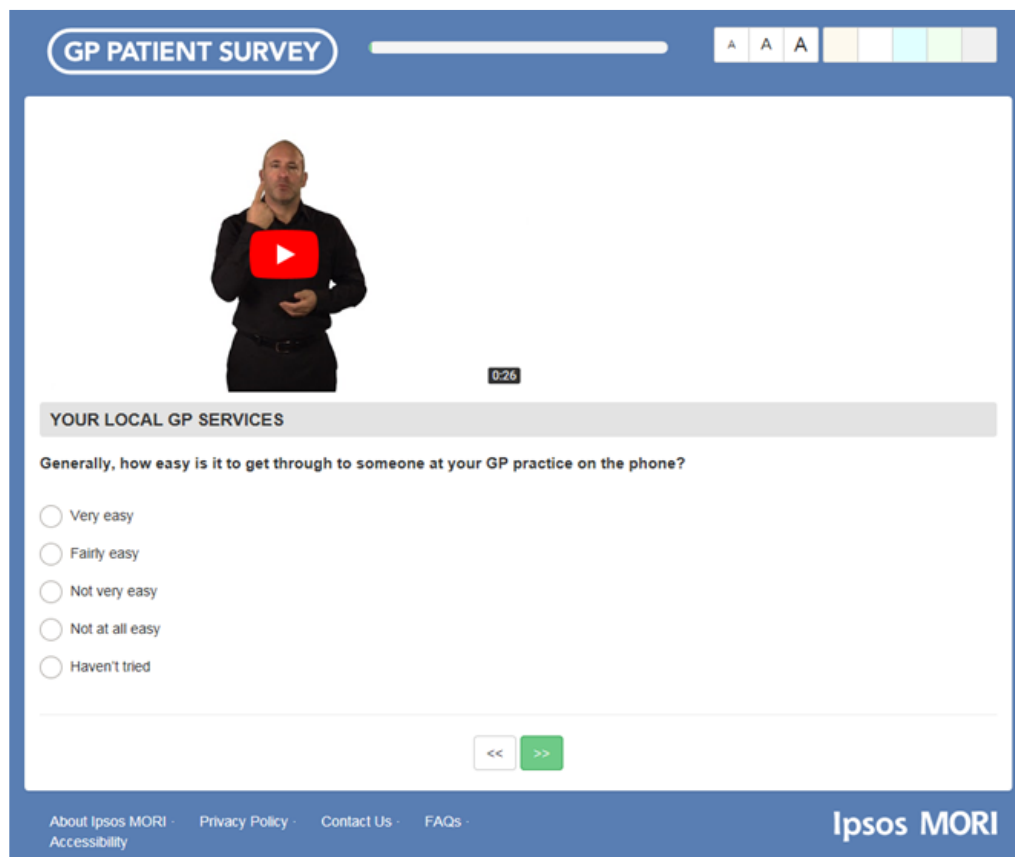
Likewise, the option for patients to access the BSL version is via the page dedicated to supporting BSL users. This involves showing video clips of a BSL user signing the instructions, questions, and options available (see Figure 5.4).

**Figure 5.4: Viewing the questionnaire in BSL**

Table 5.3 details how many patients completed the survey in each available additional language and BSL. There were also increases in the number completing online in another language (5,261 in 2021 compared with 2,486 in 2020) and using BSL (187 in 2021 compared with 72 in 2020).

**Table 5.3: Completes per language and BSL**

|  | Completes |
|---|---|
| Arabic | 504 |
| Bengali | 209 |
| Czech | 57 |
| French | 119 |
| Gujarati | 115 |
| Chinese | 455 |
| Polish | 2,119 |
| Portuguese | 516 |
| Punjabi | 182 |
| Slovak | 98 |
| Somali | 50 |
| Spanish | 469 |
| Turkish | 283 |
| Urdu | 85 |
| Total | 5,261 |
| BSL | 187 |

## 5.6   Telephone completion

Patients are also able to complete the GPPS questionnaire on the telephone (including in the 14 additional languages) by calling the Freephone helplines. Patients are asked for their 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 417 patients in completing the survey, mostly because they needed help to understand the questions, but some also had a visual impairment or physical disability.

## 5.7   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 23 requests for a large print survey, of which 4 were returned, and 4 requests for a Braille version, of which one was returned.

## 5.8   Respondent burden

Respondent burden provides information on the burden of those taking part in the survey. It is calculated using the Compliance Cost Model[1] formula shown below:

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

burden = '$n_{resp,main\_surv}$' multiplied by med($t_{main\_surv}$).

'$n_{resp,main\_surv}$' is the number of responses to the survey, including full and partial responses.

'med($t_{main\_surv}$)' is the median time taken to complete the survey.

For the GPPS 2021 the total compliance cost is 10,386,926 minutes. This is based on 850,206 full completes and 102,723 partial completes to the survey, with a median online completion time of 10.93 minutes.

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

# 6

# Data analysis

# 6. Data analysis

## 6.1 Questionnaire processing

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

Envelopes are guillotined and questionnaires collated and prepared for scanning. Any other items of correspondence are set aside for review and response by Ipsos 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 6 April 2021.

## 6.2 Inclusions and exclusions

The rules and protocols used for delivering the data for the 2021 reports are as follows:

- All questionnaires received with identifiable reference numbers allowing linkage to a GP practice, along with all completed online responses, are eligible for inclusion.

- Returned questionnaire figures are based only on those qualifying for inclusion in the dataset as described in this document.

- The published response rates are based on all completed, valid questionnaires returned and all questionnaires sent. They have not been adjusted to exclude questionnaires which did not reach the patient, e.g. where envelopes have been returned undelivered etc. However, weighted and adjusted response rates have also been included in Chapter 7, which takes into account the selection likelihood and undelivered questionnaires. The following are excluded from the reports:

  - All questionnaires marked as completed by under-16s;

  - All questionnaires where there is only data for a limited number of questions (e.g. only the first page was completed).

  - All questionnaires where the barcode number was not in the valid range for the live wave of the survey.

  - All questionnaires without a valid practice code.

  - All blank questionnaires.

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

## 6.3 Quality assurance

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

## 6.4 Editing the data

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

- If a patient ticks more than one box where only one answer is required, then their reply for that question is excluded.

- Where patients are allowed to select more than one box for a particular question, the reply for that question is excluded if they select two conflicting answers – for example, at Q3 ('Which of the following general practice online services have you used in the past 12 months?'), if a patient ticks any of the first four options as well as 'None of these', then their response for that question is excluded. The following list shows the questions this applies to, as well as the response options that are treated as single code only:

  - Q3 'Which of the following general practice online services have you used in the past 12 months?' – 'None of these'

  - Q5 'As far as you are aware, what general practice appointment times are available to you?' – 'Don't know'

  - Q10 'Before you tried to get this appointment, did you do any of the following?' – 'I did not try to get information or advice'

  - Q13 'Were you asked for any information about your reasons for making the appointment?' – 'I was not asked for information' and 'Don't know / can't remember'

  - Q14 'On this occasion, were you offered any of the following choices of appointment?' – 'None of these', 'Can't remember' and 'I did not need a choice'

  - Q31 'Have you experienced any of the following over the last 12 months?' – 'None of these'

  - Q33 'Which, if any, of the following long-term conditions do you have?' – 'I do not have any long-term conditions'

- Q41 'Considering all of the services you contacted, which of the following happened on that occasion?' – 'Can't remember'

- Q50 'Have you, at any time in the last 12 months, avoided making a general practice appointment for any reason?' – 'No' and 'I haven't needed an appointment'

- If all boxes are left blank the reply for that question is excluded.

- If a patient fails to tick the relevant answer for a filter question any responses are excluded from the subsequent questions relating to the filter question. For example, if a patient responds to Q8 ('How often do you see or speak to your preferred GP when you would like to?') without having first responded 'Yes, for all appointments' or 'Yes, for some appointments and not others' at Q7 ('Is there a particular GP you usually prefer to see or speak to?'), their response to Q8 is removed.

- For the question on whether they have a long-standing health condition (Q32), patients who initially answer other than 'Yes' have their answer recoded to 'Yes' if they went on to select any long-term conditions, disabilities or illness at Q33.

- Where the ethnicity question (Q53) is multi-coded, patients are included in the 'White English, Welsh, Scottish, Northern Irish or British' group if this was selected alongside any other response. If someone selects more than one response under any of the ethnic groups ('Mixed or Multiple ethnic groups', 'Asian or Asian British', 'Black, Black British, Caribbean or African', and 'Other ethnic group') then they are recoded into the 'other' response within that grouping; for example, a patient selecting Indian and Pakistani is coded into 'Any other Asian background'. The same rule applies to multiple responses in the 'White' section in cases where 'White English, Welsh, Scottish, Northern Irish or British' is not selected. If someone selected two or more responses which are not in the same section, they would be coded into the 'Any other ethnic group' category (again, with the exception of cases where 'White English, Welsh, Scottish, Northern Irish or British' was selected).

## 6.5   Weighting strategy

The GPPS 2021 weighting scheme followed the same strategy as in 2020. 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 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.

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.

## 6.6   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 which 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 | 850,206 | 0.09 | 0.14 | 0.15 |
| CCG | 8,021 | 0.92 | 1.41 | 1.54 |
| Practice | 128 | 6.07 | 9.27 | 10.12 |

For example, in a CCG where 8,021 people responded (the average size for a CCG) and where 30% give a particular answer, the confidence interval is +/-1.41 percentage points from that survey estimate (i.e. between 28.59% and 31.41%).

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 on the Surveys and Reports page of the website (opens in new window).

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)[2].

Power calculations are carried out to estimate the size of a real effect that would be required in order to be likely to find a statistical difference in the statistical test performed. This level of likelihood is called "power" and the acceptable level is usually set at 80%, i.e. the difference would be significant for 80% of the tests on average if the survey was repeated. The following table shows the size of the real percentage point (pp) difference in the population between a pair of average sized CCGs, and also for a pair of average sized practices, that would be detected with 80% power in the survey data[3].

**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% |
| | | +/- (percentage points) | +/- (percentage points) | +/- (percentage points) |
| CCG | 8,021 | 2.0 | 2.9 | 3.1 |
| Practice | 128 | 15.7 | 20.0 | 20.1 |

Using an example, comparing two practices with the same number of responses (128), if the result for the first practice said that 10% of patients had booked an appointment online, then the percentage in the second practice would need to be at least 25.7% for a statistical difference to be identified with an acceptable level of statistical power (80%) i.e. 15.7 percentage points higher, as outlined in the table above.

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[2] Standard confidence interval testing uses the Wald method.

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

# 7
# Response rates

# 7. Response rates

## 7.1 Unadjusted response rates (published)

The overall response rate for England was 35.3%, based on 2,408,303 questionnaires sent out and 850,206 returned.

**Table 7.1: Surveys sent, returned and response rates**

|  | Number sent | Number returned | Response rate |
|---|---|---|---|
| **Total** | 2,408,303 | 850,206 | 35.3% |

**Table 7.2: Response rates by gender**

|  | 2021 |
|---|---|
| **Women** | 39.9% |
| **Men** | 30.8% |

**Table 7.3: Response rates by age**

|  | 2021 |
|---|---|
| **16-17** | 22.9% |
| **18-24** | 15.1% |
| **25-34** | 17.0% |
| **35-44** | 24.4% |
| **45-54** | 34.9% |
| **55-64** | 50.0% |
| **65-74** | 66.3% |
| **75-84** | 65.1% |
| **85+** | 50.6% |

**Figure 7.1: Number or practices within each response rate band over time**

For response rates prior to 2012, please see the 2017 technical annex (opens in new window) .
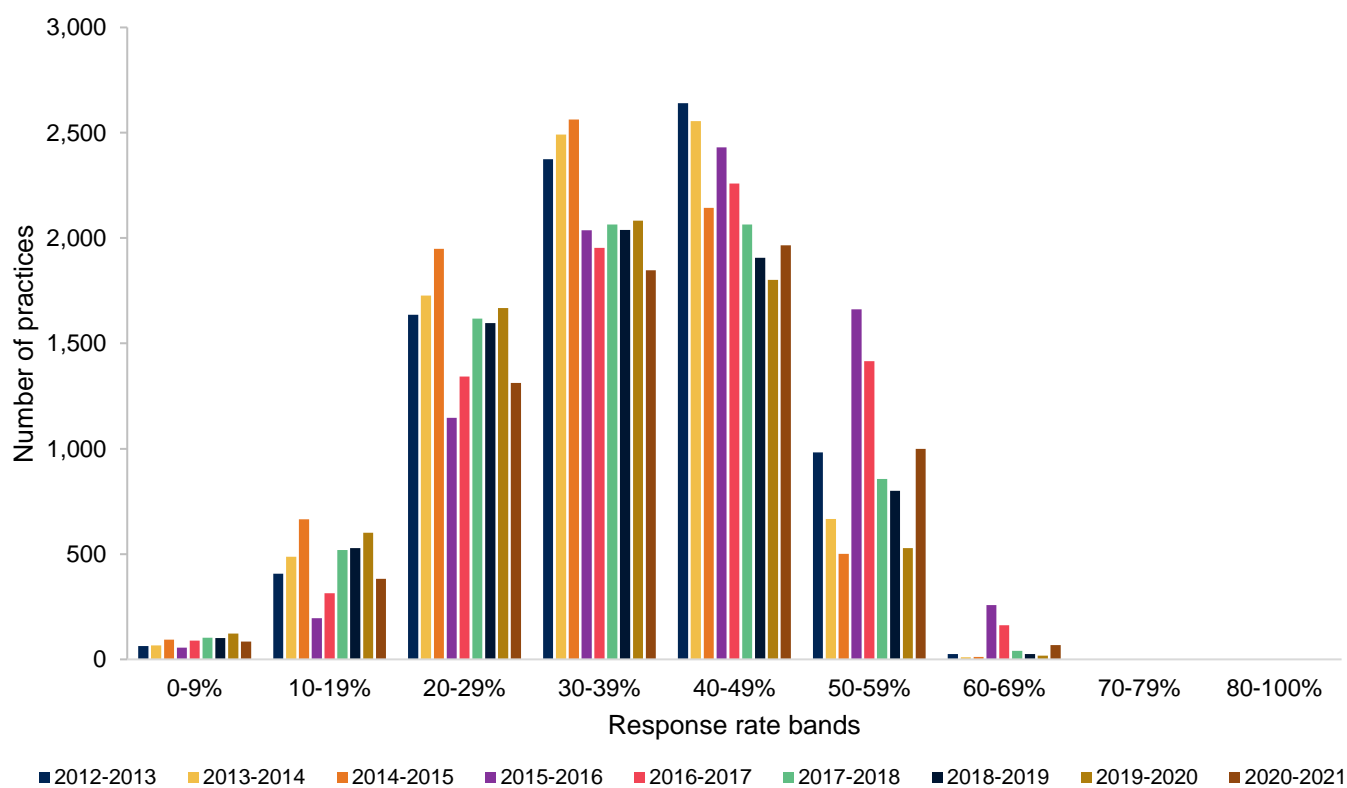
## Table 7.4: Number and proportion of practices within each response rate band[4]

For response rates prior to 2012, please see the 2017 technical annex (opens in new window)f.

| | Practices in 20/21 | | Practices in 19/20 | | 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 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % |
| 0-9% | 84 | 1% | 122 | 2% | 101 | 1% | 103 | 1% | 89 | 1% | 56 | 1% | 94 | 1% | 66 | 1% | 64 | 1% |
| 10-19% | 382 | 6% | 601 | 9% | 529 | 8% | 519 | 7% | 314 | 4% | 196 | 3% | 665 | 8% | 487 | 6% | 406 | 5% |
| 20-29% | 1,313 | 20% | 1,668 | 24% | 1,597 | 23% | 1,617 | 22% | 1,343 | 18% | 1,146 | 15% | 1,949 | 25% | 1,727 | 22% | 1,636 | 20% |
| 30-39% | 1,847 | 28% | 2,083 | 31% | 2,039 | 29% | 2,065 | 28% | 1,954 | 26% | 2,037 | 26% | 2,563 | 32% | 2,492 | 31% | -2,374 | 29% |
| 40-49% | 1,965 | 30% | 1,802 | 26% | 1907 | 27% | 2,064 | 28% | 2,259 | 30% | 2,431 | 31% | 2,144 | 27% | 2,556 | 32% | 2,641 | 32% |
| 50-59% | 999 | 15% | 528 | 8% | 801 | 11% | 856 | 12% | 1,416 | 19% | 1,662 | 21% | 501 | 6% | 667 | 8% | 982 | 12% |
| 60-69% | 68 | 1% | 17 | * | 25 | * | 41 | 1% | 162 | 2% | 258 | 3% | 12 | * | 10 | * | 25 | * |
| 70-79% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 1 | * | 0 | 0% | 0 | 0% | 0 | 0% |
| 80-100% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 1 | * |
| Total | 6,658 | 100 | 6,821 | 100 | 6,999 | 100% | 7,265 | 100% | 7,537 | 100% | 7,787 | 100% | 7,928 | 100% | 8,005 | 100% | 8,129 | 100% |

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[4] Please note that * indicates a percentage less than 0.5%.

**Figure 7.2: National response rates to the survey over time**
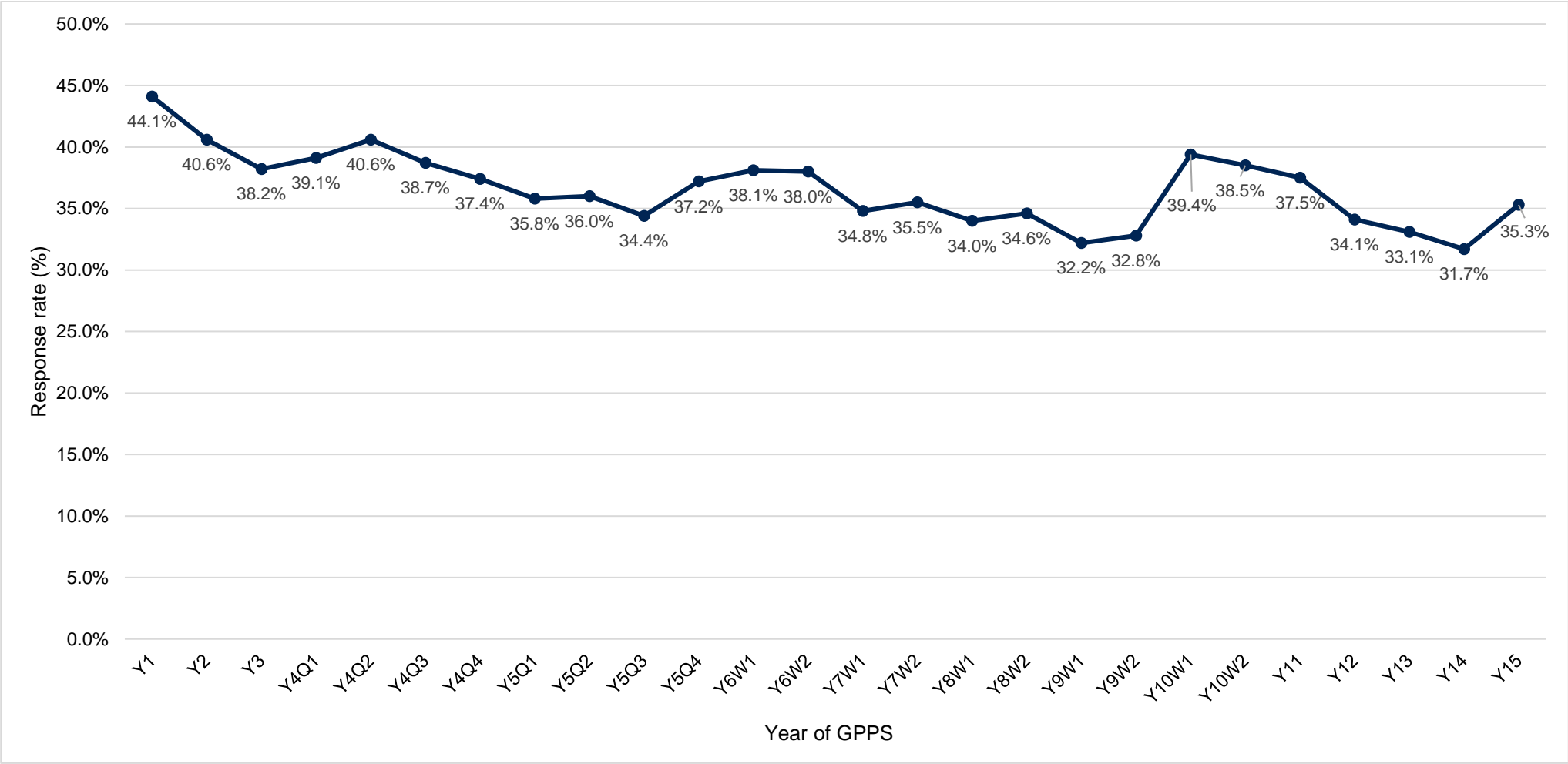
## 7.2   Adjustments to response rate

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[5].'**
Lynn et al.

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

### 7.2.2 Adjusted response rate

It is also standard practice on many surveys to adjust the response rate to take into account 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.

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

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

**Table 7.5: Unweighted, weighted and adjusted response rates**

|  | Unweighted/unadjusted response rate (published) | Weighted response rate (unadjusted) | Adjusted response rate (unweighted)* |
|---|---|---|---|
| **2021** | 35.3% | 38.8% | 36.8% |

# 8
# Reporting

# 8. Reporting

## 8.1 Presentation of statistics

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

For some questions it is not appropriate to present a summary result; for instance, where the respondent is allowed to select multiple responses for one question. An example of this is Question 3: 'Which of the following general practice online services have you used in the past 12 months?' which includes the response options 'booking appointments online', 'ordering repeat prescriptions online' 'accessing my medical records online', 'had an online consultation or appointment (for example completed an online form or had a video call' and 'none of these'.

## 8.2 Calculation of results / percentages

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

Using Question 1 as an example below[6], 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% |

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

- Q4: 'Haven't tried' – How easy is it to use your GP practice's website to look for information or access services?

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[6] Example uses dummy data.

- Q6: 'I'm not sure when I can get an appointment' – How satisfied are you with the general practice appointment times that are available to you?

- Q15: 'I was not offered an appointment' – Were you satisfied with the appointment (or appointments) you were offered?

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

## 8.3   Changes to note

As discussed in chapter 2, changes were made to the questionnaire in 2021 in order to more accurately capture patients' experiences of access and type of appointment given recent changes in the delivery of primary care services as a result of the COVID-19 pandemic:

- Seven new questions have been added

- Ten questions have been amended

- Eight questions have been removed.

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

A full list of questions and availability of trends is included in the appendices.

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

In 2021, note that at Q17 'What did you do when you did not get an appointment?', the response option 'Looked for information online' was replaced to distinguish between NHS and non-NHS online services ('Used an online NHS service (including NHS 111 online)' and 'Used a non-NHS online service, or looked for information online'). However, this response option was not removed from the online version of the survey, i.e. 'Looked for information online' was available in addition to the revised responses. Therefore respondents were able to select this response option (which was not available in the paper version of the questionnaire). As a result, the proportion of respondents who selected 'Looked for information online' is presented separately using a base which includes online respondents only. In addition, a summary statistic is provided, 'Used an online service or looked for information online', which is a combination of respondents who selected one of the following: 'Looked for information online', 'Used an online NHS Service (including NHS 111 online)' and 'Used a non-NHS online service, or looked for information online'.

## 8.4   Presentation of trend data

Where trends have been presented they are mostly available back to 2018, due to previous significant changes to the questionnaire and the inclusion of 16-17 year olds, which resulted in a break in trends for almost all questions for the 2018 publication. Trends for 2018 – 2021 are displayed in the following outputs:

- National summary report

- National results and trends

- Analysis tool

- CCG slide packs

In most outputs, trends from previous publications are not presented alongside this data as a result of significant changes to the survey in 2018. Analysis showed that, in most cases, context effects impacted the survey estimates, even where question wording remained similar. It also found that including 16-17 year olds had an impact on results for the youngest age group overall (16-24 year olds). See the 2018 Technical Annex (opens in new window) for more information.

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

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

- **When your GP practice is closed**: Q42 (speed of care and advice received), Q43 (overall experience)

- **NHS dentistry**: Q46 (success in getting an NHS dental appointment), Q47 (overall experience of NHS dentistry), Q48 (why not tried to get NHS dental appointment in last two years)

- **Some questions about you**: Q53 (ethnicity), Q54 (age), Q56 (caring responsibilities), Q57 (parent or guardian), Q58 (deaf/sign language), Q60 (sexuality), Q61 (religion)

In addition, Q33 (long-term condition), Q53 (ethnicity) and Q54 (age) have had changes to their answer codes but trends are reported for these questions from 2012 onwards. Where these trends are shown, changes in the answer codes are clearly signposted.

The full data is available for all survey years on the GP Patient Survey website (opens in new window).

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 national level trends, comparisons between data after 2017 and data from between 2016 and 2011 should use Wave 2 data only. For full details of this analysis please see the note Technical note on fieldwork timing effect (opens in new window).

## 8.5   Deliverables

The survey reporting specifications were created by Ipsos 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.

In the published reports, where fewer than 10 people have answered the question (unweighted or weighted), the data has been suppressed. This is to prevent individuals and their responses being identifiable in the data.

Note that all GP practices are allocated to the CCG assigned by the NHS Digital EPRACUR mapping file, published on the 8 April 2021. This may not reflect where patients live. For example, 'GP at Hand' is assigned to NHS North West London CCG and has registered practices in London and Birmingham.

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

|  | Detail / purpose |
|---|---|
| **National report** | National results presented in a PowerPoint report |
| **National results and trends** | National results and trends for all questions, presented in table format |
| **National infographic** | Selected national headline results in a visual format |
| **CCG slide packs** | 106 PowerPoint reports containing results for a selection of key questions for individual CCGs (and variation by practice within CCG) |
| **Patient experiences and compare tool** <br><br> **(gp-patientsurvey.co.uk)** | Results for a selection of key questions for individual practices (alongside CCG and national averages) <br><br> Compare practices with other local practices <br><br> Filter results by key demographics (gender, age, ethnicity, long-term conditions) |

| | Detail / purpose |
|---|---|
| **Analysis tool (gp-patientsurvey.co.uk/analysistool)** | Use the analysis tool to look at the survey results (at national, CCG and practice level) across years, and to analyse and compare results for specific groups of patients (e.g. by age, ethnicity and more) |
| **National data (.csv)** | One file in CSV (Comma-separated value) format that contains all the national-level data within the Excel based reports |
| **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 8.2: Weighted and unweighted datasets provided to NHS England (not published)**

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

**Table 8.3: Unweighted reports (published via the website)**

|  | Detail / purpose |
| --- | --- |
| **National data (.csv)** | One file in CSV format that contains all the national-level data within the Excel based reports |
| **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 |

## 8.6   The GPPS 'Surveys and Reports' link

The Surveys and Reports page of the GPPS website allows users to access and download the published surveys and reports, 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 (opens in new window) is available on the GPPS website.

**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 Regional Teams which existed at that time.

Under the CCG heading, there is a link to the CCG slide packs page (opens in new window) 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**
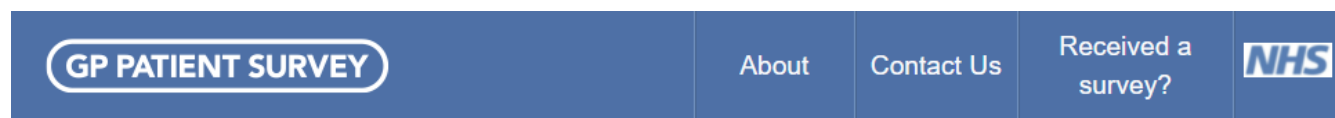


## CCG slide packs (2021)

Download your CCG slide pack for 2021 to view the results for key questions with comparative 2018 data, where available. In many cases these results exclude the non-specific response options (e.g. 'Don't know', 'Haven't tried', 'Can't say' / 'Doesn't Apply') to provide a more accurate reflection of how those using a service evaluate it. For more detail see the Presentation of Statistics document on the main Surveys and Reports page.

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

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

T  V  W

### A

### B

NHS BARNSLEY CCG
NHS BASILDON AND BRENTWOOD CCG
NHS BASSETLAW CCG
NHS BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE CCG
NHS BEDFORDSHIRE, LUTON AND MILTON KEYNES CCG
NHS BERKSHIRE WEST CCG
NHS BIRMINGHAM AND SOLIHULL CCG

## 8.7  The GPPS analysis tool

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

**Figure 8.3: Website analysis tool home page**

From the main Analysis Tool homepage users first select whether to look at 2021 results (current data) or trends:

### 8.7.1 2021 results

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

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

- **View Results**: this section of the website allows the user to select a question or series of questions for a practice and view the results as a table or chart. These findings can be filtered based on patient sub-groups, for example, by gender, age or long-term condition. It is also possible to add up to two additional practice results, results for the relevant 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 (Q11) analysed by satisfaction with the appointment offered (Q15). This can also be filtered based on patient sub-groups, for example, by gender, age or working status, and are available to view weighted or unweighted and available to download in Excel formats.

  In 2019, a new function was added to the cross-tabulations to allow up to three comparator questions to be included in the analysis. 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).

**Figure 8.4: Analysis tool cross-tabulation function**
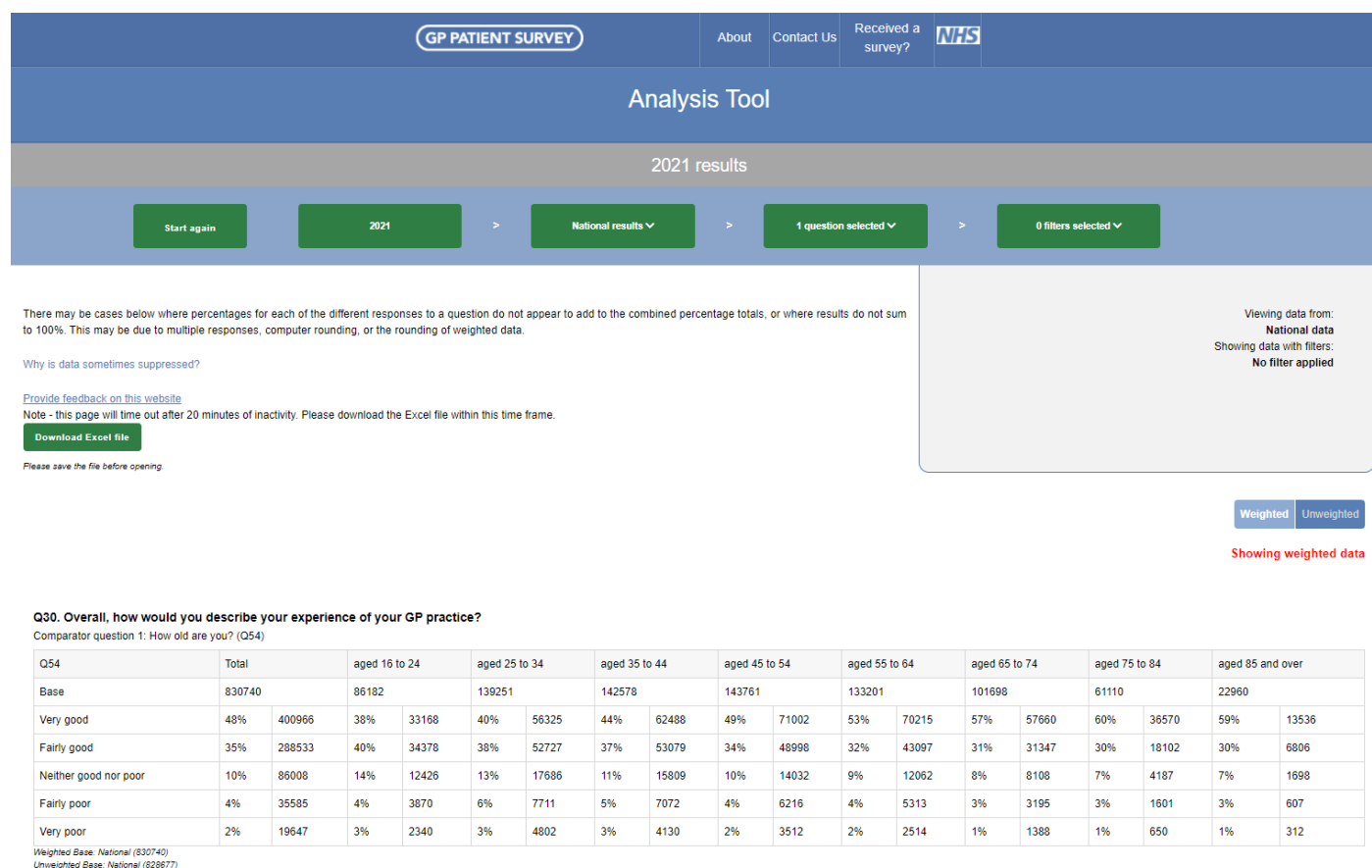


**CCG results:** after selecting a CCG, there are two options: charts and tables or comparison tables. These work in the same way as the practice results, with the ability to add up to two additional CCGs and national results for comparison.

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

**Select subgroups:** this option allows users to interrogate the data further by examining the responses collected from different respondent groups, for example, by men or women only. This presents national data by default, but results can also be filtered by a CCG or practice.

## 8.7.2 Trends

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

**Figure 8.5: Website analysis tool – Trends 2018, 2019, 2020 and 2021**
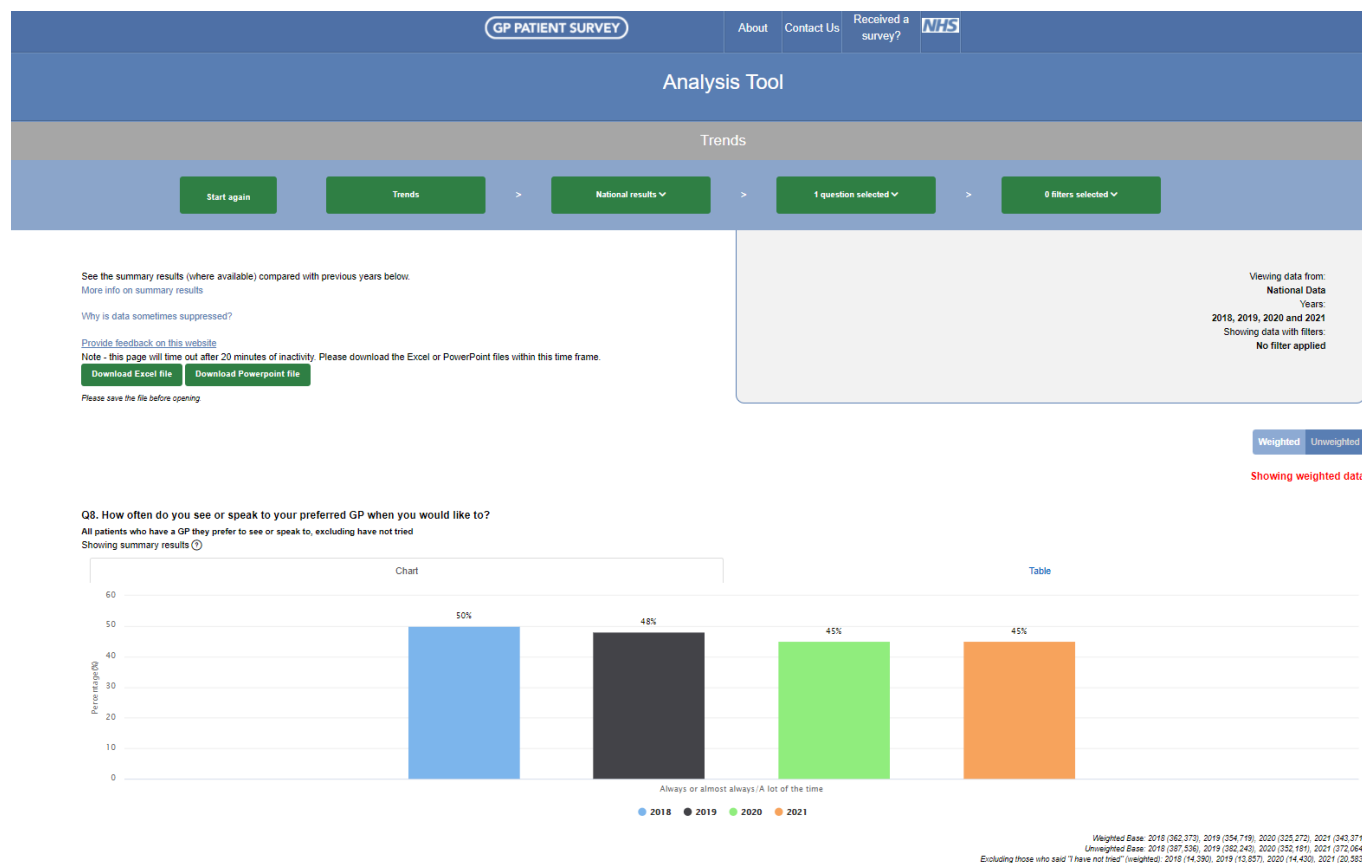


## 8.8 Practice comparison tool

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 practice search function on the home page or via the 'Search for a practice' and 'Compare a practice' links on the home page.

The practice comparison tool allows users to:

- view the results for a particular practice, 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.

# 9
# Appendix

# 9 Appendix

**Table 9.1: Full list of 2021 questions, including changes and existence of trend data**

| 2020 question numbers | 2021 question numbers | 2021 question wording | Change to question | Data trend maintained |
|---|---|---|---|---|
| **Q1** | Q1 | Generally, how easy is it to get through to someone at your GP practice on the phone? | No change | Yes |
| **Q2** | Q2 | How helpful do you find the receptionists at your GP practice? | No change | Yes |
| **Q5** | Q3 | Which of the following general practice online services have you used in the past 12 months? | Question revised | No |
| **Q6** | Q4 | How easy is it to use your GP practice's website to look for information or access services? | No change | Yes |
| **Q7** | Q5 | As far as you are aware, what general practice appointment times are available to you? | No change | Yes |
| **Q8** | Q6 | How satisfied are you with the general practice appointment times that are available to you? | No change | Yes |
| **Q9** | Q7 | Is there a particular GP you usually prefer to see or speak to? | No change | Yes |
| **Q10** | Q8 | How often do you see or speak to your preferred GP when you would like to? | No change | Yes |
| **Q11** | Q9 | When did you last try to make a general practice appointment, either for yourself or for someone else? | Explanatory text revised | Yes |
| **Q14** | Q10 | Before you tried to get this appointment, did you do any of the following? | Question revised | No |
| **Q15** | Q11 | When would you have liked this appointment to be? | No change | Yes |
| **N/A** | Q12 | How did you try to book the appointment? | New question | No |
| **N/A** | Q13 | Were you asked for any information about your reasons for making the appointment? | New question | No |
| **Q16** | Q14 | On this occasion, were you offered any of the following choices of appointment? | Question revised | No |

| 2020 question numbers | 2021 question numbers | 2021 question wording | Change to question | Data trend maintained |
|---|---|---|---|---|
| **Q17** | Q15 | Were you satisfied with the appointment (or appointments) you were offered? | Question revised | No |
| **Q18** | Q16 | If you did not get an appointment, why was that? | Question revised | No |
| **Q19** | Q17 | What did you do when you did not get an appointment? | Question revised | No |
| **Q20** | Q18 | What type of appointment did you get? | Comma replaced with brackets | Yes |
| **Q21** | Q19 | How long after initially trying to book the appointment did the appointment take place? | No change | Yes |
| **Q22** | Q20 | Overall, how would you describe your experience of making an appointment? | No change | Yes |
| **Q23** | Q21 | When was your last general practice appointment? | No change | Yes |
| **N/A** | Q22 | What type of appointment was your last general practice appointment? | New question | No |
| **N/A** | Q23 | Were you given a time for the appointment? | New question | No |
| **Q24** | Q24 | Who was your last general practice appointment with? | Underlining removed | Yes |
| **Q26** | Q25 | Last time you had a general practice appointment, how good was the healthcare professional at each of the following? Giving you enough time | No change | Yes |
| **Q26** | Q25 | Last time you had a general practice appointment, how good was the healthcare professional at each of the following? Listening to you | No change | Yes |
| **Q26** | Q25 | Last time you had a general practice appointment, how good was the healthcare professional at each of the following? Treating you with care and concern | No change | Yes |
| **Q27** | Q26 | During your last general practice appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had? | No change | Yes |

| 2020 question numbers | 2021 question numbers | 2021 question wording | Change to question | Data trend maintained |
|---|---|---|---|---|
| Q28 | Q27 | During your last general practice appointment, were you involved as much as you wanted to be in decisions about your care and treatment? | No change | Yes |
| Q29 | Q28 | During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to? | No change | Yes |
| Q30 | Q29 | Thinking about the reason for your last general practice appointment, were your needs met? | No change | Yes |
| Q31 | Q30 | Overall, how would you describe your experience of your GP practice? | No change | Yes |
| Q32 | Q31 | Have you experienced any of the following over the last 12 months? | No change | Yes |
| Q34 | Q32 | Do you have any long-term physical or mental health conditions, disabilities or illnesses? | No change | Yes |
| Q35 | Q33 | Which, if any, of the following long-term conditions do you have? | No change | Yes |
| Q36 | Q34 | Do any of these conditions reduce your ability to carry out your day-to-day activities? | No change | Yes |
| Q37 | Q35 | How confident are you that you can manage any issues arising from your condition (or conditions)? | No change | Yes |
| Q38 | Q36 | In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)? | No change | Yes |
| Q40 | Q37 | Have you had a conversation with a healthcare professional from your GP practice to discuss what is important to you when managing your condition (or conditions)? | No change | Yes |
| Q41 | Q38 | Have you agreed a plan with a healthcare professional from your GP practice to manage your condition (or conditions)? | No change | Yes |
| Q42 | Q39 | How helpful have you found this plan in managing your condition (or conditions)? | No change | Yes |

| 2020 question numbers | 2021 question numbers | 2021 question wording | Change to question | Data trend maintained |
|---|---|---|---|---|
| Q44 | Q40 | In the past 12 months, have you contacted an NHS service when you wanted to see a GP but your GP practice was closed? | No change | Yes |
| Q45 | Q41 | Considering all of the services you contacted, which of the following happened on that occasion? | Question revised | No |
| Q46 | Q42 | How do you feel about how quickly you received care or advice on that occasion? | No change | Yes |
| Q48 | Q43 | Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed? | No change | Yes |
| Q49 | Q44 | When did you last try to get an NHS dental appointment for yourself? | No change | Yes |
| Q50 | Q45 | Last time you tried to get an NHS dental appointment, was it with a dental practice you had been to before for NHS dental care? | No change | Yes |
| Q51 | Q46 | Were you successful in getting an NHS dental appointment? | No change | Yes |
| Q52 | Q47 | Overall, how would you describe your experience of NHS dental services? | No change | Yes |
| Q53 | Q48 | Why haven't you tried to get an NHS dental appointment in the last two years? | No change | Yes |
| N/A | Q49 | At any time over the last 12 months, have you or someone you live with shielded at home due to being vulnerable to COVID-19 because of pre-existing health issues? | New question | No |
| N/A | Q50 | Have you, at any time in the last 12 months, avoided making a general practice appointment for any reason? | New question | No |
| Q54 | Q51 | Which of the following best describes you? | Question revised | No |
| N/A | Q52 | Is your gender identity the same as the sex you were registered at birth? | New question | No |
| Q56 | Q53 | What is your ethnic group? | Question revised | Yes |
| Q55 | Q54 | How old are you? | No change | Yes |
| Q57 | Q55 | Which of these best describes what you are doing at present? | Question revised | Yes |

| 2020 question numbers | 2021 question numbers | 2021 question wording | Change to question | Data trend maintained |
|---|---|---|---|---|
| **Q59** | Q56 | Do you look after, or give any help or support to, family members, friends, neighbours or others because of either:<br>• long-term physical or mental ill health / disability, or<br>• problems related to old age? | No change | Yes |
| **Q60** | Q58 | Are you a deaf person who uses sign language? | No change | Yes |
| **Q61** | Q59 | Which of the following best describes your smoking habits? | No change | Yes |
| **Q58** | Q57 | Are you a parent or a legal guardian for any children aged under 16 living in your home? | No change | Yes |
| **Q62** | Q60 | Which of the following best describes how you think of yourself? | No change | Yes |
| **Q63** | Q61 | Which, if any, of the following best describes your religion? | No change | Yes |

## Questionnaire

**Ipsos MORI**        **NHS**

### GP PATIENT SURVEY

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

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

Survey number: ☐

Online password: ☐

**BSL**

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## Your local GP services

**Q1** Generally, how easy is it to get through to someone at your GP practice on the phone?
- ☐ Very easy
- ☐ Fairly easy
- ☐ Not very easy
- ☐ Not at all easy
- ☐ Haven't tried

**Q2** How helpful do you find the receptionists at your GP practice?
- ☐ Very helpful
- ☐ Fairly helpful
- ☐ Not very helpful
- ☐ Not at all helpful
- ☐ Don't know

**Q3** Which of the following general practice online services have you used in the past 12 months?
By 'online' we mean on a website or smartphone app.
Please put an ✗ in all the boxes that apply.
- ☐ Booking appointments online
- ☐ Ordering repeat prescriptions online
- ☐ Accessing my medical records online
- ☐ Had an online consultation or appointment (for example completed an online form or had a video call)
- ☐ None of these

**Q4** How easy is it to use your GP practice's website to look for information or access services?
- ☐ Very easy
- ☐ Fairly easy
- ☐ Not very easy
- ☐ Not at all easy
- ☐ Haven't tried

**Q5** As far as you are aware, what general practice appointment times are available to you?
Please put an ✗ in all the boxes that apply.
- ☐ Before 8am on at least one weekday
- ☐ Weekdays between 8am and 6.30pm
- ☐ After 6.30pm on a weekday
- ☐ On a Saturday
- ☐ On a Sunday
- ☐ Don't know

**Q6** How satisfied are you with the general practice appointment times that are available to you?
- ☐ Very satisfied
- ☐ Fairly satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Fairly dissatisfied
- ☐ Very dissatisfied
- ☐ I'm not sure when I can get an appointment

**Q7** Is there a particular GP you usually prefer to see or speak to?
- ☐ Yes, for all appointments
- ☐ Yes, for some appointments but not others
- ☐ No .................................................Go to Q9
- ☐ There is usually only one GP in my GP practice .................................Go to Q9

**Q8** How often do you see or speak to your preferred GP when you would like to?
- ☐ Always or almost always
- ☐ A lot of the time
- ☐ Some of the time
- ☐ Never or almost never
- ☐ I have not tried

## Making an appointment

**Q9** When did you last try to make a general practice appointment, either for yourself or for someone else?

This could be in person, on the phone, by video call or online messaging, and with a GP, nurse or other healthcare professional.

☐ In the past 3 months
☐ Between 3 and 6 months ago
☐ Between 6 and 12 months ago
☐ More than 12 months ago
☐ Don't know
☐ I haven't tried to make an appointment since being registered with my current GP practice ...........................................Go to Q21

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

**Q10** Before you tried to get this appointment, did you do any of the following?

Please put an ✗ in all the boxes that apply.

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

**Q11** When would you have liked this appointment to be?

Please choose one option only.

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

**Q12** How did you try to book the appointment?

Please put an ✗ in all the boxes that apply.

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

**Q13** Were you asked for any information about your reasons for making the appointment?

Please put an ✗ in all the boxes that apply.

☐ Yes, during a phone call with a receptionist
☐ Yes, during a phone call with a healthcare professional
☐ Yes, in an online form
☐ Yes, by email
☐ Yes, during a phone call with someone else / not sure who I spoke to
☐ I was not asked for information
☐ Don't know / can't remember

**Q14** On this occasion, were you offered any of the following choices of appointment?

Please put an ✗ in all the boxes that apply.

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

**Q15** Were you satisfied with the appointment (or appointments) you were offered?

☐ Yes, and I accepted an appointment
☐ No, but I still took an appointment
　　　　　Go to Q18

☐ No, and I did not take an appointment
☐ I was not offered an appointment
　　　　　Go to Q16

**Q16** If you did not get an appointment, why was that?

Please put an ✗ in all the boxes that apply.

☐ There weren't any appointments available for the time or day I wanted

☐ The appointment was at too short notice

☐ The appointment wasn't soon enough

☐ I couldn't book ahead at my GP practice

☐ There weren't any appointments at the place I wanted

☐ The appointment was too far away / too difficult to get to

☐ I couldn't see my preferred GP

☐ There weren't any appointments with the healthcare professional I wanted

☐ The type of appointment I wanted was not available

☐ I was not offered an appointment

☐ My practice helped in another way

☐ Another reason

**Q17** What did you do when you did not get an appointment?

Please put an ✗ in all the boxes that apply.

☐ Got an appointment for a different day.................................Go to Q18

☐ Called an NHS helpline, such as NHS 111

☐ Used an online NHS service (including NHS 111 online)

☐ Used a non-NHS online service, or looked online for information

☐ Went to A&E

☐ Spoke to a pharmacist

☐ Contacted or used another NHS service

☐ Contacted or used another non-NHS service

☐ Decided to contact my practice another time

☐ Spoke to a friend or family member

☐ My practice helped in another way

☐ Didn't see or speak to anyone

Go to Q20

**Q18** 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

**Q19** 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

**Q20** 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.

**Q21** 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

Go to Q22

☐ I haven't had an appointment since being registered with my current GP practice.................................Go to Q30

**Q22** What type of appointment was your last general practice appointment?
An appointment …
Please choose one option only.

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

**Q23** Were you given a time for the appointment?

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

**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** 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

**Q26** 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

**Q27** 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

**Q28** 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

**Q29** 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

**Q30** 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

**Q31** Have you experienced any of the following over the last 12 months?

Please put an ✗ in all the boxes that apply.

☐ Problems with your physical mobility, for example, difficulty getting about your home

☐ Two or more falls that have needed medical attention

☐ Feeling isolated from others

☐ None of these

**Q32** 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 Q40

**Q33** Which, if any, of the following long-term conditions do you have?

Please put an ✗ in all the boxes that apply.

☐ Alzheimer's disease or other cause of dementia

☐ Arthritis or ongoing problem with back or joints

☐ Autism or autism spectrum condition

☐ Blindness or partial sight

☐ A breathing condition such as asthma or COPD

☐ Cancer (diagnosis or treatment in the last 5 years)

☐ Deafness or hearing loss

☐ Diabetes

☐ A heart condition, such as angina or atrial fibrillation

Go to Q34

☐ High blood pressure

☐ Kidney or liver disease

☐ A learning disability

☐ A mental health condition

☐ A neurological condition, such as epilepsy

☐ A stroke (which affects your day-to-day life)

☐ Another long-term condition or disability

☐ I do not have any long-term conditions.................................Go to Q40

**Q34** 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

**Q35** 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

**Q36** In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?

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

☐ Yes, definitely

☐ Yes, to some extent

☐ No

☐ I haven't needed support

☐ Don't know / can't say

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

**Q37** 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 Q40

☐ Don't know.................................. Go to Q40

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.

**Q38** Have you agreed a plan with a healthcare professional from your GP practice to manage your condition (or conditions)?

☐ Yes.......................................... Go to Q39

☐ No ............................................ Go to Q40

☐ Don't know.............................. Go to Q40

Please turn over ☞

**Q39** How helpful have you found this plan in managing your condition (or conditions)?

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

## When your GP practice is closed

**Q40** 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 Q44

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.

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

Please put an ✗ in all the boxes that apply.

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

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

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

**Q43** 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

**Q44** 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 Q48
- ☐ I have never tried to get an NHS dental appointment .. Go to Q48

**Q45** 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

**Q46** Were you successful in getting an NHS dental appointment?

- ☐ Yes
- ☐ No
- ☐ Can't remember

**Q47** Overall, how would you describe your experience of NHS dental services?

- ☐ Very good
- ☐ Fairly good
- ☐ Neither good nor poor    } Go to Q49
- ☐ Fairly poor
- ☐ Very poor

**Q48 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 ✗ 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

## COVID-19

**Q49 At any time over the last 12 months, have you or someone you live with shielded at home due to being vulnerable to COVID-19 because of pre-existing health issues?**

Please put an ✗ in all the boxes that apply.

- ☐ Yes, I have shielded
- ☐ Yes, someone else in my household has shielded
- ☐ No

**Q50 Have you, at any time in the last 12 months, avoided making a general practice appointment for any reason?**

Please put an ✗ in all the boxes that apply.

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

## Some questions about you

The following questions will help us to see how experiences vary between different groups of the population. We will keep your answers completely confidential and they will not be linked to your medical records.

**Q51 Which of the following best describes you?**

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Prefer to self-describe

[blank box]

- ☐ Prefer not to say

**Q52 Is your gender identity the same as the sex you were registered at birth?**

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

**Q53 What is your ethnic group?**

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

### B. Mixed or Multiple ethnic groups
- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other Mixed or Multiple ethnic background

### C. Asian or Asian British
- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background

### D. Black, Black British, Caribbean or African
- ☐ Caribbean
- ☐ African
- ☐ Any other Black, Black British, Caribbean or African background

### E. Other ethnic group
- ☐ Arab
- ☐ Any other ethnic group

**Q54 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

**Q55 Which of these best describes what you are doing at present?**

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

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

**Q56 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

**Q57 Are you a parent or a legal guardian for any children aged under 16 living in your home?**

☐ Yes
☐ No

**Q58 Are you a deaf person who uses sign language?**

☐ Yes
☐ No

**Q59 Which of the following best describes your smoking habits?**

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

**Q60 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

**Q61 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   EXETER | MEDICAL SCHOOL   UNIVERSITY OF CAMBRIDGE

## Initial letter

**GP PATIENT SURVEY**

**NHS**

4 January 2021

### Your chance to help the NHS

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

### Improving GP and health services in your area

The survey asks about your experiences of your GP practice and other local NHS services, and includes questions about you and your general health. The answers we get help the NHS to improve local health services for people like you and your family. Over the last twelve months GP practices have had to make a number of changes in response to the COVID-19 pandemic. As a result, it is more important than ever that we hear about your experiences of your local NHS services even if you haven't visited your GP practice recently, or you have filled in a questionnaire before.

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

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

It should take **less than 15 minutes**.

**You can help us at NHS England by filling in the survey as soon as possible.** That way we won't need to send you any reminders.

### Your information will be kept confidential

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

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

Yours sincerely

Neil Churchill
Director of Patient Experience
NHS England

**Please turn over** ☞

M1

## Why are you carrying out this survey?

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

## How did you get my contact details?

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

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

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

## What happens to my answers?

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

## What is the 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 own experiences.

| | | |
|---|---|---|
| العربية<br>gp-patient.co.uk/arabic<br>0800 819 9136 | 简体中文<br>gp-patient.co.uk/chinese<br>0800 819 9141 | **Soomaali**<br>gp-patient.co.uk/somali<br>0800 819 9146 |
| বাংলা<br>gp-patient.co.uk/bengali<br>0800 819 9137 | **Polski**<br>gp-patient.co.uk/polish<br>0800 819 9142 | **Español**<br>gp-patient.co.uk/spanish<br>0800 819 9147 |
| **Čeština**<br>gp-patient.co.uk/czech<br>0800 819 9138 | **Português**<br>gp-patient.co.uk/portuguese<br>0800 819 9143 | **Türkçe**<br>gp-patient.co.uk/turkish<br>0800 819 9148 |
| **Français**<br>gp-patient.co.uk/french<br>0800 819 9139 | ਪੰਜਾਬੀ<br>gp-patient.co.uk/punjabi<br>0800 819 9144 | اردو<br>gp-patient.co.uk/urdu<br>0800 819 9149 |
| ગુજરાતી<br>gp-patient.co.uk/gujarati<br>0800 819 9140 | **slovenčina**<br>gp-patient.co.uk/slovak<br>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.**

M1

## Initial SMS reminder

**1st SMS reminder**

We recently sent you a letter about your experience of your GP practice. Please click on the link to give feedback via the NHS GP Patient Survey: https://tr.vx/r/1527h/X7rLr/7TZGWWi. You don't need to enter your log-in details. Any questions? Please call Freephone 0800 819 9135. Thank you.

## Second SMS reminder

**2nd SMS reminder**

The NHS would welcome your feedback - there's still time to have your say about your GP practice. Please take part in the NHS GP Patient Survey: https://tr.vx/r/1527h/X7rLr/7TZGWWi. Any questions? Please call Freephone 0800 819 9135. Thank you.

## First reminder letter

**GP PATIENT SURVEY**

**NHS**

Survey number:
Online password:

1 February 2021

Dear

### Taking part will help you, your family and your community

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

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

If you have not filled in the enclosed questionnaire or gone online, please do so to give us your views on local NHS services. Taking part online is cheaper for the NHS.

Even if you haven't visited your GP practice recently, your answers are still really important to us. It is only by hearing from as many people as possible that we can be sure that our results represent the views of everyone in your area. Gathering feedback has become even more important over the last 12 months as GP practices have had to make changes in response to the COVID-19 pandemic.

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

**Survey number:**          **Online password:**

### 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 at **www.gp-patient.co.uk**. Or you can call Ipsos MORI on **Freephone 0800 819 9135** (8am to 9pm Monday to Friday, 10am to 5pm on Saturdays).

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

Yours sincerely

Neil Churchill
Director of Patient Experience
NHS England

**Please turn over** 👉

M2

## Why are you carrying out this survey?

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

## How did you get my contact details?

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

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## What happens to my answers?

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

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Taking part in the survey is voluntary. If you do not want to receive any reminders, please send us the blank questionnaire in the envelope provided or call Ipsos MORI on **Freephone 0800 819 9135**.

## Can someone help me fill in the questionnaire?

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

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| ગુજરાતી<br>gp-patient.co.uk/gujarati<br>0800 819 9140 | **slovenčina**<br>gp-patient.co.uk/slovak<br>0800 819 9145 | |

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gp-patient.oo.uk/bsl

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

M2

## Second reminder letter

**GP PATIENT SURVEY**

**NHS**

Survey number:
Online password:

1 March 2021

Dear

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

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

If you have not already filled in the questionnaire, please do so to give us your views. This will help to make sure the NHS delivers the healthcare services that you and your family need, for example, in response to changes GP practices are having to make because of the COVID-19 pandemic.

### Return the completed questionnaire by 31 March

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

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

**Survey number:**                    **Online password:**

It should take **less than 15 minutes**.

### 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 at **www.gp-patient.co.uk**. Or you can call Ipsos MORI on **Freephone 0800 819 9135** (8am to 9pm Monday to Friday, 10am to 5pm on Saturdays).

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

Yours sincerely

Neil Churchill
Director of Patient Experience
NHS England

**Please turn over** ☞

M3

## Why are you carrying out this survey?

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## How did you get my contact details?

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

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## Can someone help me fill in the questionnaire?

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

| العربية | 简体中文 | **Soomaali** |
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| 0800 819 9136 | 0800 819 9141 | 0800 819 9146 |
| বাংলা | **Polski** | **Español** |
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| 0800 819 9137 | 0800 819 9142 | 0800 819 9147 |
| **Čeština** | **Português** | **Türkçe** |
| gp-patient.co.uk/czech | gp-patient.co.uk/portuguese | gp-patient.co.uk/turkish |
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| **Français** | ਪੰਜਾਬੀ | اردو |
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| 0800 819 9139 | 0800 819 9144 | 0800 819 9149 |
| ગુજરાતી | **slovenčina** | |
| gp-patient.co.uk/gujarati | gp-patient.co.uk/slovak | |
| 0800 819 9140 | 0800 819 9145 | |

**BSL**
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**If you want a copy of the questionnaire in large print or Braille, call Freephone 0800 819 9135.** M3

# Our standards and accreditations

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

### ISO 20252

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

### Market Research Society (MRS) Company Partnership

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

### ISO 9001

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

### ISO 27001

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

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

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

### HMG Cyber Essentials

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

### Fair Data

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

# For more information

**About Ipsos MORI Public Affairs**
Ipsos MORI Public Affairs 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. Combined with our methods and communications expertise, this helps ensure that our research makes a difference for decision makers and communities.

**Ipsos MORI**  Ipsos