

Technical Annex for the GP Patient Survey

2011-2012 Annual Report

14 June 2012

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Introduction

Introduction

This technical report provides details of the 2011-2012 GP Patient Survey (GPPS), conducted by Ipsos MORI on behalf of the Department of Health.

This is the sixth year the Department of Health (DH) has conducted GPPS in England. The 2011-2012 survey is the first time that the survey has been undertaken twice in a year, having previously been conducted on a quarterly basis from April 2009 – March 2011. Prior to this, the survey was conducted annually.

The survey uses a quantitative postal methodology with questionnaires sent to almost 2.8 million patients across two waves, from July – September and January – March. In the first month of fieldwork in July 2011, around 1.4 million adult patients registered with a GP in England were sent a questionnaire, with reminder mailings to non-responders sent in each of the two months following the initial mailing. In the first month of the January – March fieldwork, 1.36 million adult patients were sent the questionnaire, with reminders again being sent following the initial mailing.

A different coloured questionnaire was sent out each wave to different patients registered with a GP in order to easily distinguish between the waves.

Table 1: Survey mailout and publication dates

Wave	1	2
Initial mailing sent	4 July 2011	3 January 2012
First reminder mailing sent	8 August 2011	6 February 2012
Second reminder mailing sent	5 September 2011	5 March 2012
Colour	Teal	Blue
Results published	15 December 2011	14 June 2012

The same version of the questionnaire was sent out in wave 1 and 2. Questions covered when patients last saw a GP or nurse at their practice, how easy or difficult it is for patients to make an appointment at their surgery, waiting times, satisfaction with opening hours, the quality of care received from their GP and practice nurses, out-of-hours care, and NHS dentistry, as well as their current health circumstances.

Please see the Appendix for copies of the questionnaires sent in 2011-12.

Survey Governance

The governance of the survey continued with quarterly input from three review groups – the Academic Review Group (ARG), Joint Review Group (JRG) and Stakeholder Review Group (SRG). These groups consisted of representatives from the following organisations:

- The Academic Review Group (ARG) was set up to act in collaboration with the project team at Ipsos MORI, jointly working on the development of the survey instruments, as well as undertaking more detailed analysis of the results. It is made up of individuals from:
 - Ipsos MORI
 - Peninsula Medical School
 - General Practice and Primary Care Research Unit at the University of Cambridge
- The Joint Review Group (JRG) is chaired by Ipsos MORI and was set up to coordinate the work undertaken by Ipsos MORI and its academic partners. Its remit is to oversee

the development of the GPPS questionnaire, and provide a clear steer on the focus, format and types of questions to be included in the questionnaire, to ensure the resulting questionnaire is fit for purpose. It is made up of representatives from:

- Department of Health
 - Ipsos MORI
 - Peninsula Medical School
 - General Practice and Primary Care Research Unit at the University of Cambridge
-
- The Stakeholder Review Group (SRG) was set up to provide a forum in which stakeholders of GPPS could be kept informed of the progress of the survey; provide advice to the research team and debate key issues such as questionnaire content, inclusion of practices, analysis and reporting; review and debate the findings of the survey programme 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, their academic partners and the Department of Health.
 - Department of Health;
 - Ipsos MORI;
 - Peninsula Medical School;
 - General Practice and Primary Care Research Unit at the University of Cambridge;
 - General Practitioners Committee, British Medical Association;
 - Care Quality Commission;
 - National Association for Patient Participation;
 - NHS Employers;
 - Royal College of General Practitioners;
 - Royal College of Nursing;
 - Primary Care Trust representative;
 - Strategic Health Authority representative;
 - GP Commissioning representative;
 - NHS Commissioning Board; and
 - Patient Representative to the Quality Board.

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

Questionnaire design

Questionnaire design

Questionnaire development process for 2011-2012 survey

Following the 2010 general election, the emphasis of the 2011-2012 GPPS questionnaire changed to focus more on patient outcome measures. The GPPS team at the Department of Health (DH) provided an initial outline on the expected content of the survey and an initial draft questionnaire was devised based on this. When developing the new sections and questions, existing (already tested or standardised) questions were used wherever possible. Where this was not possible, new questions were developed purposively for inclusion in the survey.

The questionnaire was then cognitively tested in a number of waves and interim feedback from the cognitive interviews was fed back to DH together with suggested revisions to the questions. Interim feedback was also discussed with the ARG. In addition, regular meetings with the SRG served to get feedback on the findings and amend the questionnaire following their input.

Initial questionnaire outline from the Department of Health

The initial guidance provided by Department of Health stated that the survey is to cover a wide range of issues relevant to primary care including:

- The patient journey in accessing care within their practice (from making appointments through to the clinical consultation) for Domain 4 of the NHS Outcomes Framework on patient experience;
- PROMs (Patient Reported Outcome Measures) for patients, including case-mix adjustment for those with long-term conditions; and
- Services provided outside general practice, such as NHS dentistry and out of hours provision.

Commitments under the NHS Outcomes Framework

The survey has to fulfil a number of commitments under the NHS Outcomes Framework in Domains 2 and 4 as follows:

- Domain 2 – Overarching indicator: enhancing quality of life for patients with long term conditions.
 - Health-related quality of life for those with long-term conditions (EQ-5D) to be measured via questions in GPPS (Q34 and Q35 in 2011-2012 survey).
- Domain 2 – Improvement areas:
 - Feeling supported to manage their condition – measured by the proportion of patients who feel supported to manage their condition (Q32);
 - Health-related quality of life for carers – via EQ-5D (Q34-Q35) and carers question (Q56).

- Domain 4 - Overarching indicator: Patient experience of primary care.
 - Highlighting the importance of direct feedback on the quality of their experience. GPPS will be used to measure the experience patients have of primary care, including GP services (Q28) and dental services (Q45) that determine their overall view of the NHS. This will also include out-of-hours services (Q41).
- Domain 4 - Improvement areas:
 - Improving access to GP services;
 - Improving access to dental services.

The questionnaire was designed to allow for calculation of indicators around the aforementioned areas. In addition, a number of standardised indicator questions were included that ask about patients' overall experience of the following areas:

- Making a GP appointment;
- The GP surgery;
- Out-of-hours services;
- NHS dental services.

Cognitive interviews conducted

A total of 50 cognitive interviews were conducted between February and May 2011 to test and develop the 2011-2012 questionnaire. Where possible, the whole questionnaire was tested, however the primary focus of the cognitive interviews was on new sections and questions, namely:

- 'Making an appointment',
- 'Managing your health',
- 'Your state of health today', and
- The standardised indicator questions.

As outlined in the following table, a range of patients were interviewed in each round of cognitive testing. Interviews were carried out with a range across gender, age groups and social classes, as well as a spread across different GP surgeries. A total of 18 interviews were carried out with patients who had long-term health conditions, as well as interviews with professional carers. A summary of each round of cognitive testing can be seen in the following table:

Table 2: Overview of cognitive interviews conducted

Round	Aim of the interview	Target population
Round 1 – 15 & 17 Feb 2011	Preliminary testing of the new questionnaire with a particular focus on: <ul style="list-style-type: none"> • The new section 'Making an Appointment'; • The new section 'Managing Your Health'; • The new long-term condition questions (Q30 and Q31). 	12 interviews in total including: <ul style="list-style-type: none"> • 8 with patients with a long-term condition. • 2 with patients who received a recent telephone consultation, • 2 with patients who had a home visit by a GP, and • 8 with patients who had seen their GP at the surgery.
Round 2 15 & 17 March 2011	To test the entire questionnaire, with a particular focus on the following sections: <ul style="list-style-type: none"> • Making an Appointment • Overall Experience • Managing Your Health And the following questions: <ul style="list-style-type: none"> • Q4 – helpfulness of receptionists • Q36 – how to contact an out of hours service • Q56 – carers question 	10 interviews in total including: <ul style="list-style-type: none"> • 4 with patients with a long-term condition, and • 2 with professional carers.
Round 3 12, 14 & 19 April 2011	To test 'Making an Appointment' section.	16 interviews in total including: <ul style="list-style-type: none"> • 6 with those with a long-term condition, • 5 interviews with participants who were unhappy with their last appointment, and • 2 patients who wanted to book ahead for their last appointment.
Round 4 18 & 20 May 2011	To test how the questionnaire worked as a whole. The questionnaire was presented to participants along with the draft letter. Participants were asked to comment on the letter as well as the questionnaire.	12 interviews in total , including: <ul style="list-style-type: none"> • 3 with full-time employees, • 2 with patients whose most recent appointment was not very/not at all convenient.
TOTAL		50 interviews

The final questionnaire

The question wording, content and layout of the questionnaire, along with the accompanying letter, were signed off by the Department of Health team. Copies of the final questionnaires used over the course of the year can be found on the website at www.gp-patient.co.uk, and are also appended here.

A number of changes were made across the questionnaire to make the terminology consistent and in line with current service delivery. These changes are listed in this section.

The following were removed from the questionnaire:

- Reference to 'or health centre' has been removed from questions that included reference to '...your GP surgery or health centre';
- Reference to 'the past 6 months' was removed from a number of questions. While the 6-month timeframe was part of the indicator measurement in previous years and therefore used across old versions of the questionnaire to ensure consistency, reference to this timeframe was less important for 2011-2012 and therefore removed;
- Letters denoting section order (A, B, C etc.) were removed from the section headings throughout. Section headings 'A. Appointments at your GP Surgery of Health Centre' and 'B. Getting Through on the Phone' from 2010-2011 were replaced by the combined first section 'Accessing your GP Services', for example.

The following has been added to the questionnaire:

- Overall experience questions have been added to ask about:
 - Experience of making an appointment (Q18)
 - Experience of the GP surgery (Q28)
 - Experience of out-of-hours GP services (Q41); and
 - Experience of NHS dental services (Q45).
- The words 'or speak to' has been added to questions that ask about *seeing* your GP, to ensure that the questions remain relevant for those patients whose last experience with their GP surgery was over the telephone.

The following additional changes have also been made:

- The term 'doctor' has been replaced with the term 'GP' throughout following suggestions from SRG/JRG meetings to simplify the wording.
- In the 2010-2011 questionnaire, a number of questions were presented in grids. Due to space constraints, and in line with reorganising the questionnaire in column format, the grid format was removed from the 2011-2012 questionnaire. With the exception of Q34 (the EQ5D question for which the presentation is prescribed as part of the copyright) and Q35 all questions are presented in two columns in the 2011-2012 questionnaire.

Below is a complete list of all the topics covered in the 2011-2012 questionnaire.

Accessing your GP Services (replaces section 'Appointments at your GP surgery or health centre' from the 2010-2011 questionnaire)

- When patients last saw a GP
- When patients last saw a nurse
- How easy patients find it to get through to someone at their surgery on the phone
- Helpfulness of receptionists
- Being overheard when talking to the receptionist
- How patients normally book an appointment
- How patients would prefer to book an appointment
- Having and seeing a preferred GP
- How often patients see or speak to the GP they prefer

Making an appointment (section largely replaces 'Seeing a Doctor' from the 2010-2011 questionnaire)

- Last time patients wanted to see or speak to a GP or nurse from their GP surgery what did they want to do
- When they wanted to see or speak to them
- Able to get an appointment to see or speak to someone
- What type of appointment they got
- Time between initially contacting the surgery and seeing and speaking to someone
- Convenience of the appointment they were able to get
- Reasons for not being able to get an appointment or the appointment offered wasn't convenient
- What they did on that occasion (if unable to get an appointment/appointment not convenient)
- Overall experience of making an appointment

Waiting times

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

Last GP appointment (section replaces 'Seeing a Doctor' from the 2010-2011 questionnaire)

- How good was the GP at giving enough time, listening, explaining test results and treatments, involving the patient in decisions about their care, treating patients with care and concern
- Confidence and trust in GP

Last nurse appointment (section replaces 'Seeing a practice nurse in the GP surgery or health centre' from the 2010-2011 questionnaire)

- How good was the nurse at giving enough time, listening, explaining test results and treatments, involving the patient in decisions about their care, treating patients with care and concern
- Confidence and trust in nurse

Opening hours

- Satisfaction with opening hours
- Is the GP surgery open at times that are convenient to patients
- Opening at additional times

Overall experience

- How patients describe their overall experience of their GP surgery
- Recommending your GP surgery or health centre to someone who has just moved into the area

Managing your health (section replaced 'Planning your care' from 2010-2011 questionnaire)

- Long-standing health condition
- Medical condition (if any)
- Enough support from local services or organisations to help you manage long-term health condition(s)
- Confidence in managing own health

State of health today (new section)

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

Out of hours

- Knowing how to contact out of hours services
- Past experience with out of hours service including: ease of contacting, speed of care, confidence and trust in clinician; overall rating of care received by out-of-hours service

NHS Dentistry

- When last tried to make an NHS dental appointment
- Whether or not the patient had visited the dental practice before
- Whether or not the patient was successful in getting an appointment
- If had an appointment: Overall experience of NHS Dental services
- If haven't tried to make an appointment in last two years: why

Demographics

- Gender, age, ethnicity
- Work status, journey time to work, seeing a GP during working hours
- Parent or legal guardian
- Deaf and sign language user
- Smoking habits
- Carer responsibilities
- Sexual orientation
- Religion

Sampling

Sampling

Sample overview

The issued sample size was initially set to 1,400,000 cases every six months. The sample has been designed to ensure that, as far as possible, these cases are distributed across practices such that the confidence intervals will be of the same magnitude for each practice for any one question – calculations have been based on the assumption that the estimate will be the same across all practices and based on a 50/50 question (a 'worst case scenario'). This method will ensure that confidence intervals vary as little from practice to practice and avoid having practices with particularly wide intervals.

Patient samples are obtained for each practice using PCT registration records held on the NHAIS (National Health Application and Infrastructure Services) database. The data provided from NHAIS databases consists of patient name, address, NHS ID number, month/year of birth, and gender.

The sampling procedure is split into two distinct stages. Initially, NHAIS provides an anonymous list of patients for sample size determination and selection. After the selected anonymous records are returned to NHAIS a second file containing the contact details of the selected patients is provided.

Patients are eligible for inclusion in the survey if they have a valid NHS number, have been registered continuously for at least six months before receipt of the questionnaire, and are 18 years of age or older six months before receipt of the questionnaire.

An additional eligibility criterion was added in 2009-2010 and continues to be in place for the 2011-2012 survey; patients cannot receive more than one GPPS questionnaire in any 12 month period. This selection rule was put in place in order to minimise survey fatigue.

NHAIS population extraction procedure

As in previous years, NHAIS provides a file of anonymous patient data for all eligible patients who reside in England (as defined above). The file contains a unique reference number, practice code, patient gender, patient coded age band, and patient postcode.

This data is then analysed at practice level and a sample drawn (see below for method).

Practices included in the survey

The list of practices to be included was provided from the NHAIS system, and comprised all practices that had eligible patients as defined above. The list of potential practices was reviewed each wave with the following number taking part over the course of the year:

Table 3: Number of practices with eligible patients per wave

Wave	Number of practices with eligible patients
1	8,262
2	8,207

In total, patients in 8,271 practices were sent questionnaires over the course of the year. At least one completed questionnaire was received from patients in 8,258 practices. A total of 8,199 practices took part in both waves of the survey.

Sample size calculation

The sample size is determined for each practice to deliver a likely confidence interval of ± 8.7 percentage points (two-tailed, at the 95% level) in the majority of practices on a question where it is assumed that 50% of the respondents will respond one way and 50% will respond another. This confidence interval was determined iteratively to ensure a total issued sample size of 2.76 million (1.4 million in wave 1, 1.36 million in wave 2). While this confidence interval can never be achieved in all practices, every effort is made to ensure that it is achieved in the majority of practices.

The sample design is relatively simple: a proportionately stratified, unclustered sample is drawn from each practice. There are, however, some complications around the calculation of the practice sample sizes required to deliver set confidence intervals because account has to be taken of:

- 1) Practice population sizes because these are relatively small (through the finite population correction);
- 2) Newly eligible patients and those who were eligible for the last wave of the survey; and
- 3) The effect of the eligibility criterion introduced in 2009-2010 (patients cannot have received a GPPS questionnaire in the past 12 months).

These three factors affect sample size and therefore confidence intervals, and inform the calculations used.

The size of the patient sample to be initially selected for inclusion (the *issued* sample) in the sample for each practice is therefore determined by the following components:

- The number of cases required in order to deliver 95% confidence intervals of $\pm 8.7\%$ on a 50/50 question; and
- The proportion of patients included in the issued sample who respond to the survey (taking into account both the number of sampled members found to be ineligible for the survey and the number who are eligible but do not respond).

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

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

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

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

- 1) The number of cases in the population - practice size counts are used to give an estimate of the practice population and an estimate of the newly eligible / eligible patient split;
- 2) 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
- 3) The magnitude of the required confidence interval – which is known to be $\pm 8.7\%$.

The sample size required to deliver a confidence interval of $\pm 8.7\%$ is estimated using the actual response rate for those practices who took part in the 2010-2011 GP Patient Survey and is estimated using a response rate of 30% for practices new to the survey or to whom fewer than 100 surveys were issued in the 2010-2011 GP Patient Survey. This is to prevent unrealistically high or low response rates being used for small and very small practices.

Adjustments to response rate estimates

To prevent issuing very large numbers of questionnaires in practices which had very low response rates in 2010-2011, a minimum response rate of 27.6% was assumed. This meant that no practice had more than 239 questionnaires issued in any given wave. The mean mailout size per practice was 169 in wave 1 and 166 in wave 2. In order to ensure that a reasonable number of questionnaires were sent to practices with very high response rates, on the other hand, a maximum assumed response rate of 49.2% was set.

Splitting the selection between newly eligible and eligible patients

The new eligibility criterion introduced in 2009-2010 means patients are suppressed if they have been selected in the previous 12 months. This is to reduce respondent fatigue and to prevent patients in small practices receiving a survey every wave. However this suppression affects the probability of selection of new patients. For sampling purposes, eligible patients are then defined as those who were eligible for the survey in the previous wave and that are still eligible now. Newly eligible patients are those that have become eligible for the survey since the previous wave so are ‘new’ to the anonymous population.

Because the final issued sample must be drawn from patients who are not suppressed, this gives a greater chance of selection to newly eligible patients. As an example:

Practice X has a population of 897 patients.

- 256 of them were registered last wave and 73 have already received a survey in the last 12 months so are not eligible for this wave. This leaves 183 eligible patients.
- 641 of them are newly eligible.
- This means that of the 897 registered patients at the practice, there are 824 patients to draw our sample from.

If randomly selecting patients from the total, they would be drawn in proportion to the total of 824. So, if wanting 100 patients from this surgery to receive surveys,

- 22 of them would come from the list of eligible patients (because 183 eligible patients make up 22% of the total); and
- 78 of them would be newly eligible (because 641 makes up 78% of the total)

When drawing patients this way the resulting sample is representative of the population that is eligible for the survey, but *not* representative of the population of the practice.

The actual method used takes this into account, and instead draws the sample from each group in proportion to their true presence in the practice. So, if wanting 100 patients from this surgery to receive surveys,

- 29 of them would be eligible (256 is 29% of the total number of patients in the surgery – 897); and
- 71 of them would be newly eligible (641 is 71% of the total number of patients in the surgery – 897).

This means that in almost all cases the number of newly eligible patients selected is proportionate to the actual population. The exceptions are very small practices (pop <10) where the eligible patients have already all (or nearly all) received a survey and are therefore suppressed.

Total Sample Size

A total sample size of 2,760,000 was issued across both waves of the 2011-2012 survey. This breaks down as follows:

Table 4: Sample size per wave

Wave	Sample size
1	1,400,000
2	1,360,000
Total	2,760,000

Patient sample selection

Within each practice, patients were sorted by gender then age band. The required number of patients was then selected on a '1 in n' basis and the unique reference numbers returned to NHAIS via a secure FTP (File Transfer Protocol) site.

Personal Data Extraction

On receipt of the selected records, NHAIS then extracted the contact details for each of the sampled patients. The extracted file contained Name, Address, Month and Year of Birth, Gender, and NHS ID number. This file was encrypted by NHAIS and collected by a member of the Ipsos MORI project team. The password to access the data was then delivered separately to another member of the team.

Sample Cleaning and Exclusions

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

- Invalid NHS ID numbers
- Duplicates between practices (identified by NHS ID number. Both duplicates were removed as it could not be certain which practice they should belong to)
- Duplicates within practice
- Non-address details or other inappropriate information contained in address. These included:
 - Key safe numbers, telephone numbers and other numeric codes
 - Unexpected words or phrases in the name or address (including "unknown", "homeless", "deceased", cartoon characters, "test", etc.)

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.

Additionally, lists of deceased patients were supplied by NHAIS in advance of the two reminder mailings to allow their removal from the reminders. The scanning house also provided daily lists of patients who had their questionnaires returned indicating they had recently died.

Communications with patients and practices

Communications with patients and practices

In order to raise the profile of GPPS and provide patients and practices with information about the survey, we undertook a series of communication activities, such as providing posters for practice staff, hosting a survey website, and providing a survey helpline that could respond to frequently asked questions, all of which are described in more detail below.

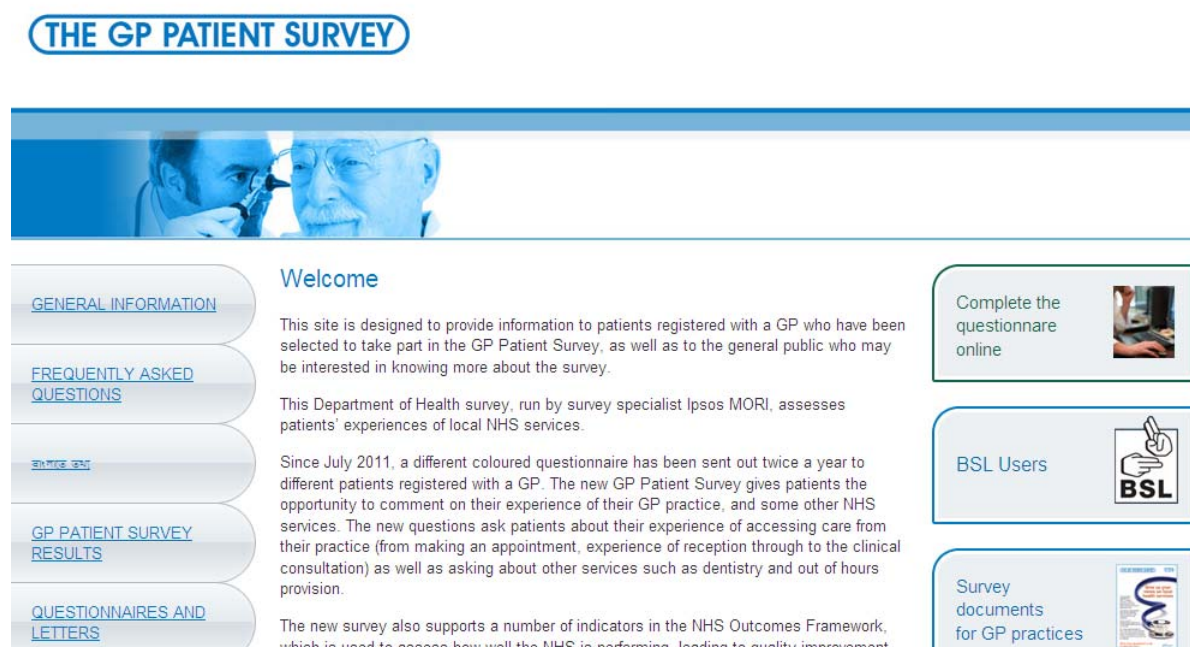
Information for GP practices

Ipsos MORI designed a poster for practice staff to display in their surgeries. A copy of the poster is available at <http://www.gp-patient.co.uk/practiceinfo/>.

Survey website

A dedicated survey website was designed and hosted by Ipsos MORI. The advertised web address was www.gp-patient.co.uk, although the site can also be accessed at www.gp-patient.com. The site was designed to reflect the branding of the questionnaire and all other related material, such as the current practice poster (see Figure 1 for the website home page).

Figure 1: the www.gp-patient.co.uk home page



The website is updated on the first day of each wave, as the first questionnaires are delivered to patients.

The website is arranged around the following headings.

- **General Information**, which covered the aims of the survey, ways in which to take part and information about accessibility;
- **Frequently Asked Questions (FAQs)**, which included information about how patients were chosen, help with completing the survey, and data protection;
- **Other Languages**, information was provided in the 13 most commonly used languages by NHS Direct. These are Arabic, Bengali, Czech, French, Gujarati, Mandarin, Polish, Portuguese, Punjabi, Slovak, Somali, Turkish and Urdu. The FAQs, questionnaire and advanced letter were all translated into these languages in order to make the survey as widely accessible as possible;
- **GP Patient Survey Results**, a series of pages designed to help view the results of the surveys and find additional information about the GPPS reports;
- **Questionnaires and letters**, an archive of all previous questionnaires and letters which were sent out;
- **Contact Us**, contact details for the GPPS team at the Department of Health and the Ipsos MORI telephone and email helplines;
- **Complete the questionnaire online**, information about the online version and links to complete it in either English or one of the other languages;
- **BSL users**, takes users to a page containing a series of videos explaining the survey, the top 10 FAQs translated into BSL, and a link to an online BSL version of the questionnaire; and
- **Survey documents for GP practices**, a page that contains the 2011-2012 poster in English and in 13 other languages, and a GP Handbook developed by our academic partners giving practices advice on how to use their survey results to improve patient care.

Telephone helplines

Ipsos MORI set up freephone helplines for patients who wanted more information about the survey. Separate numbers were set up for the English and foreign language helplines. In total, almost 14,000 calls were handled by the helplines over the course of the year.

English Language Helpline

The English helpline was staffed by fully trained staff Ipsos MORI telephonists between 9am and 9pm on weekdays and 10am to 5pm on Saturdays from 4 July to 6 October 2011 and 3 January to 5 April 2012, and a voicemail system was used during quieter periods (see details below). In order for call handlers to answer patients' queries, they were all provided with a manual containing a complete list of FAQs. These were updated regularly to ensure that an answer could be provided for any questions which were not originally included. Where the call handlers could not answer a caller's query, the details were passed on to the GPPS research team, a member of which then responded to the query.

During quieter periods (generally 10 days after an initial mailing was sent), a voicemail message briefly explained the purpose of the survey and asked the caller to leave a message and telephone number if they wished to be called back. Interviewers then tried to return the calls within two working days. Up to eight attempts were made to return the call.

As well as being a source of information for patients, the helpline also enabled patients with valid reference numbers to complete the survey on the telephone, via CATI (Computer Assisted Telephone Interviewing). This was particularly useful for patients who had difficulty completing the questionnaire on paper or online.

Patients could also provide their reference number if they wished to opt out of the survey.

Foreign Language Helpline

In order to make the survey as accessible as possible, there were separate helplines for the 13 foreign languages. Each language had its own freephone number which was connected to a voicemail message in the different languages. As with the English language voicemail, a message briefly explained the purpose of the survey and asked the caller to leave a message and telephone number if they wished to be called back. Interviewers in Ipsos MORI's International CATI Centre (ICC) then tried to return the calls within two working days. Up to eight attempts were made to return the call. As with the English language helpline, patients were able to complete the survey on CATI, or opt out of the survey.

Data collection

Data collection

The GP Patient Survey is predominantly a postal survey. However, patients also had the opportunity to complete the survey online or by telephone via CATI (Computer Assisted Telephone Interviewing). These are discussed in greater detail below.

Postal survey

Processing the sample

Each wave, the sample was delivered in person, encrypted, on DVD to the printing house where it was cleaned using the Postcode Address File (PAF) to ensure that the questionnaires were sent to the correct address and to ensure that the mailing was eligible for any postal discounts. A downstream access provider was used for processing the sample after it was determined that a move away from Royal Mail to a different postage indicia afforded a substantial cost savings and did not have a detrimental impact on response rates. Items were then handed over to Royal Mail for final mile delivery.

Printing

All questionnaires, letterhead, C5 reply paid envelopes and C5 outer envelopes were printed in advance of the survey. Once the sample was available, the questionnaires were then each personalised with a unique reference number and online password. The letters were also personalised with name, address and the same reference number as appears on the questionnaire.

A single questionnaire, letter, and reply paid envelope were packed into an outer envelope by machine, and sorted into Walksort batches, ready for collection by the downstream access provider.

Posting the questionnaires

Initial letters and questionnaires were sent to patients on the dates in the following table, and then followed by up to two reminder letters and additional copies of the questionnaires. These additional mailings were only sent to patients for whom we had no recorded response by the printing deadline. Patients who were not sent a reminder included:

- those who had returned their questionnaire to Ipsos MORI and it was processed before the deadline;
- those who had completed the questionnaire online;
- those who had completed the survey via the helpline;
- those who had telephoned or emailed the helpline and opted out of the survey;
- those who replied via letter indicating they wished to opt out of the survey;
- those who had opted out via the Department of Health;
- those whose questionnaires were returned to sender; and
- those recorded as deceased on the NHAIS databases.

Table 5: Survey mailout dates per wave

Wave	1	2
Initial mailing sent	4 July 2011	3 January 2012
First reminder mailing sent	8 August 2011	6 February 2012
Second reminder mailing sent	5 September 2011	5 March 2012

Copies of all letters can be found in the Appendix.

Alternative methods of completion

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

Online Completion

Patients were offered the option to complete the survey online via the GPPS website. A unique password, consisting of a random selection of numbers and letters, was created for every patient in the sample, and printed on the front page of the paper questionnaire. In order to complete the survey online, patients were required to enter their unique user name (their reference number) and password.

Figure 2: Login screen for online survey

THE GP PATIENT SURVEY

Please provide your Reference and Password to participate in the survey.

Reference

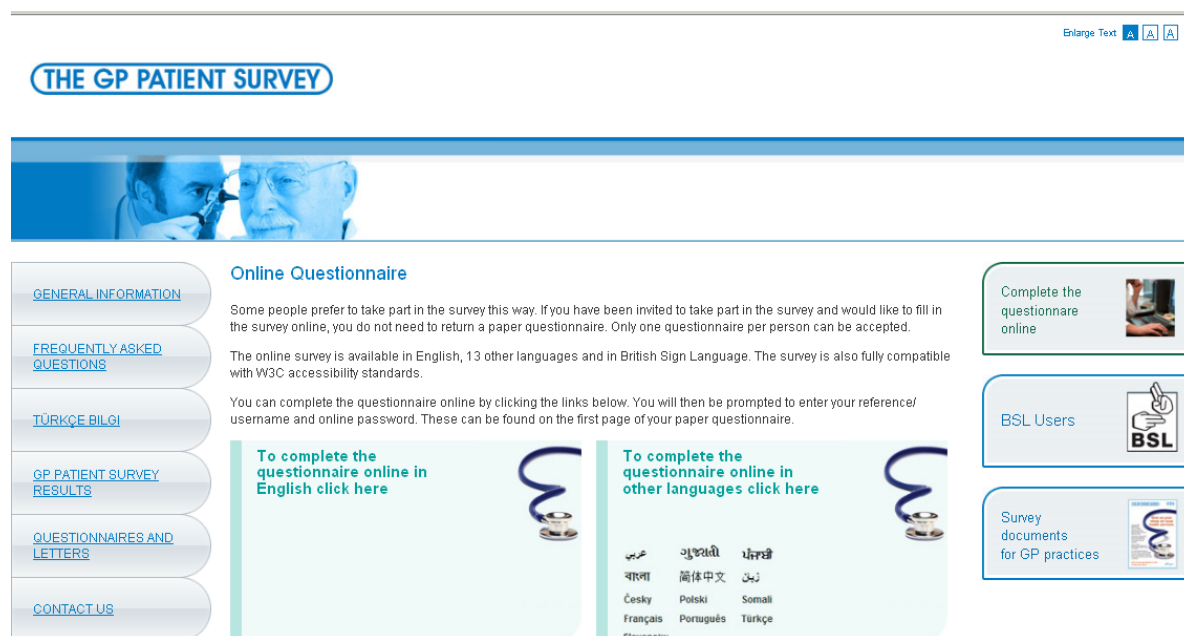
Password

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

Logging in may take a few moments so please wait.

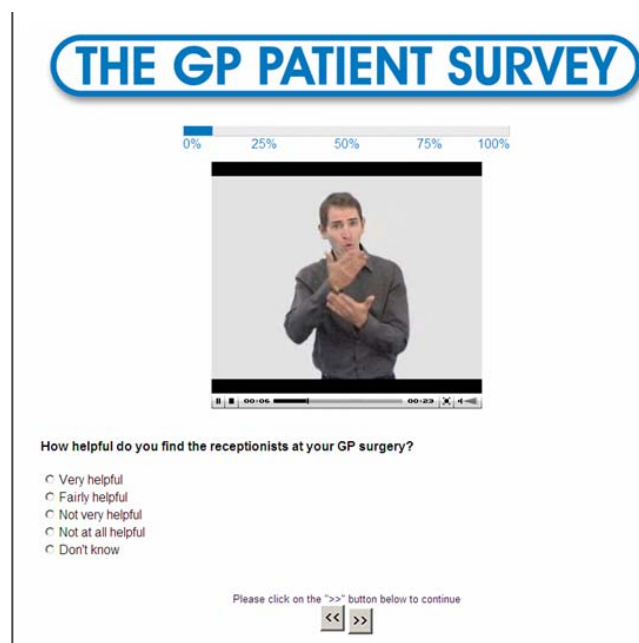
They were also offered the opportunity to choose the language in which they wished to complete the survey (English, Arabic, Bengali, French, Czech, Gujarati, Mandarin, Polish, Portuguese, Punjabi, Slovak, Somali, Turkish or Urdu). The page introducing the online survey can be seen in Figure 3 overleaf.

Figure 3: Choosing your preferred language



As in the 2009-2010 and 2010-2011 survey, there was also the option for patients who use British Sign Language (BSL) to complete the questionnaire in BSL on the GPPS website. This involved showing video clips of a BSL user signing all the instructions, questions, and options available. Users could then complete the survey online with the video clips for assistance (see Figure 4 below).

Figure 4: Viewing the question in BSL



For all versions of the online survey, the questions were identical to those on the paper questionnaire.

Figure 5: Question from the online version

THE GP PATIENT SURVEY

0% 25% 50% 75% 100%

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

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

Please click on the ">>" button below to continue

<< >>

Only one online response per patient was accepted. If patients tried to complete it more than once online, a message appeared letting them know they had already completed the survey. If they failed to complete the survey in one sitting, their user name and password returned them to where they had left off.

Telephone Completion

Patients were also able to complete the GPPS questionnaire on the telephone (including in the 13 foreign English languages) by calling the freephone helplines. Patients were asked for their reference number before they could complete the survey and there was an automatic check on the reference number to ensure that it was valid for the live survey, and not related to a previous wave/quarter. They were then taken through the survey with the interviewer entering the participants' answers into the CATI system.

Braille and Large Print Versions

Braille users were offered the opportunity to receive the questionnaire and letter in Braille, and large print was again made available for those who requested a copy of the letter and questionnaire in this format.

Total number of alternative returns

The annual survey results include 44,808 survey questionnaires completed online, and 64 completed over the telephone by patients calling the survey helpline.

Table 6: Number of online and telephone completes per quarter

Wave	Number completed online	Number completed over the telephone
1	23,503	30
2	21,305	34
Total	44,808	64

Table 7 details how many patients completed the survey in each available foreign language and British Sign Language in each wave.

Table 7: Number of online and telephone completes per language

Language	Wave 1	Wave 2	Total
Arabic	47	37	88
Bengali	18	12	30
Czech	22	15	37
French	15	12	27
Gujarati	21	23	44
Mandarin	97	52	149
Polish	709	663	1,372
Portuguese	48	35	83
Punjabi	2	19	21
Slovak	49	51	100
Somali	13	9	22
Turkish	35	32	67
Urdu	28	32	60
Total	1,104	1,082	2,186
British Sign Language	34	38	72

Data analysis

Data analysis

Questionnaire processing

As in previous years, questionnaires were returned in supplied freepost Business Reply Envelopes (2nd class) to RR Donnelley in Eastbourne.

Envelopes were sliced open and questionnaires collated and prepared for scanning. Any other items of correspondence were set aside for review and response by Ipsos MORI or the Department of Health, as appropriate.

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

Questionnaire data collected online or by CATI were 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 each wave if they were received by the following dates:

Table 8: Cut off dates for returns per wave

Wave	Cut off for returns
1	6 October 2011
2	10 April 2012

Inclusions and exclusions

The rules and protocols used for delivering the data for the 2011-2012 reports are as follows:

To be included:

- All questionnaires received with identifiable reference numbers allowing linkage to GP practice; plus all completed either online or by telephone.
- Returned questionnaire figures are based only on those qualifying for inclusion in the dataset as described in this document.
- The calculated response rates are based on all completed questionnaires returned (based on the rules below) and all questionnaires sent. They have not been adjusted to exclude questionnaires which never reached the patient, e.g. where envelopes have been returned undelivered etc.

To be excluded:

- All questionnaires marked as completed by under-18s;
- All questionnaires where there is only data for the first page of the paper questionnaire (i.e. questions 1-9).

- All questionnaires where only the demographic questions have been completed. However, please note that questionnaires where the front page (i.e. questions 1-9) and the demographic questions have been completed are included.
- All questionnaires where the barcode number is not in the valid range for the live quarter of the survey.
- All questionnaires without a valid practice code.
- All blank questionnaires.

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

Editing the data

As the majority of the completed questionnaires were on paper, this means that there was a degree of completion error that occurred, for example ticking more than one box when only one response was required, answering a question not relevant to them, or missing questions out altogether. Therefore it was necessary to undertake a certain amount of editing of the data to ensure the data was logical. For example:

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

- Q37 (except for 'No', which was treated as a single code only)
- If all boxes were left blank the reply for that question was excluded.
- If a patient failed to tick the relevant answer for a filter question then any responses were excluded from the subsequent questions relating to the filter question.
- For the question on whether they were able to get an appointment to see or speak to someone (Q12), any patients who selected 'Yes' and 'Yes, but I had to call back closer to or on the day I wanted the appointment' had their answer edited to 'Yes, but I had to call back closer to or on the day I wanted the appointment'.
- For the question on whether they have a long-standing health condition (Q30), patients who initially answered other than 'Yes' had their answer recoded to 'Yes' if they went on to list themselves as having any medical conditions at Q31.
- Where the ethnicity question (Q49) was multi-coded, patients were included in the 'White English / Welsh / Scottish / Northern Irish / British' group if this was selected alongside any other response. If someone selected more than one response under any of the ethnic groups ('Mixed / multiple ethnic groups', 'Asian / Asian British', 'Black / African / Caribbean / Black British', and 'Other ethnic group') then they would be recoded into the 'other' response within that grouping; for example, a patient selecting Indian and Pakistani would be coded into 'Any other Asian background'. The same rule applied to multiple responses in the 'White' section in cases where 'White English / Welsh / Scottish / Northern Irish / British' was not selected. If someone selected two or more responses which were not in the same section, they would be coded into the 'Any other ethnic group' category (again with the exception of cases where 'White English / Welsh / Scottish / Northern Irish / British' was selected).

Weighting strategy for wave 1

The weighting scheme for wave 1 incorporates a weight to account for the unequal probability of selection by practice with a weight to account for differential response patterns.

The weight can be broken down into three parts:

- 1) A design weight to account for the unequal probability of selection;
- 2) A non-response weight to account for differences in the characteristics of responders and non-responders; and
- 3) A post-stratification weight by practice to ensure that the weighted responding sample within each practice resembles the population of eligible patients within the practice.

Design weights were computed to account for the design of the survey (e.g. disproportionate stratified random sample by practice). Design weights were calculated for each practice as the inverse of the probability of selection. The probability of selection was calculated by dividing the number of selected patients over the total number of eligible patients in the practice (excluding those patients who had been issued a questionnaire in the last 6 months). This weight corresponds to the number of patients in a practice that is represented by each patient in the sample of that practice.

Non-response weights were constructed using a model based approach to estimate propensity scores. This model estimates the probability of responding based on socio-economic and demographic characteristics of the patient and the neighbourhood the patient

lives in. This strategy aims to reduce demographic and socio-economic differences between respondents and non-respondents.

Data from the GPPS sampling frame (patient's age, gender and GOR) was linked to external data using the postcode of the patients. External data was obtained from the Office of National Statistics (ONS) aggregated at the Output Area (OA), and the Classification Of Residential Neighbourhoods (ACORN) system. Output Area (OA) variables included: deprivation, crime scores, ethnicity, marital status, overcrowding, household tenure and employment status. The OA variables are based on the 2001 Census data, except for the Index of Multiple Deprivation (IMD) which is based on the 2010 mid-year estimates. The Classification Of Residential Neighbourhoods (ACORN) system categorizes all postcodes in UK into various types based on Census data and lifestyle surveys.

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

The probability of response p was estimated using a logistic regression model. Standardised design weights were applied when running the model to obtain unbiased estimates for the coefficients. The model showed that non-response was higher among younger patients and males. Furthermore, there was a significant interaction between age and gender that showed that younger males were less likely to respond than younger females; but after age 70, males were slightly more likely to respond than females. Response was lower in the North West and West Midlands than in London and it also decreased in OAs with higher deprivation and crime scores; with an increasing proportion of non-white people; with an increasing proportion of single, separated or divorced people; with an increasing proportion of households with three or more people; and with an increasing proportion of privately rented households. In contrast, response increased with an increasing proportion of employees.

The non-response pre-weights pw were calculated as the reciprocal of the predicted probability of response p . The pre-weights were capped after using standardised weighting to determine this level. Capping will introduce some bias into the survey estimates; however in this case it will be minimal given the number of respondents with capped weights represented less than 1% of the total respondent sample. The pre-weights were multiplied by the design weight to obtain the non-response weight nw .

A post-stratification factor was computed to make the weighted sample of respondents resemble the eligible population by practice. The practice level post-stratification factor is simply calculated as the proportion of the population in the practice divided by the proportion of responding patients (weighted by nw) in the practice. Post stratification can lead to very variable weights if applied to small cells, so the smallest practices (those with fewer than 100 patients) were given an average post stratification factor (this effectively means they were not included in the post stratification). These changes will not affect the results of any practice-level analysis, and since they were done on few practices they will have minimal effects on national results. The non-response weight was multiplied by the post-stratification factor and standardized to obtain the final weight.

Weighting strategy for wave 2

In wave 2, separate weights were calculated for reporting NHS dentistry results (which were based on wave 2 data only) and for all other questions (which were reported based on combined wave 1 and wave 2 data).

The calculation of weights for wave 2 only followed the same procedure as outlined above in the weighting strategy for wave 1.

The weights for the combined first and second waves of the 2011-2012 GPPS followed the same procedure as in the separate weights for wave 1 and wave 2. Design weights and non-response weights were calculated separately within each wave. Within each wave, the non-response weights were standardised by practice. Then, the standardised non-response weights were combined in a single dataset. A post-stratification factor was applied to the combined dataset. The practice population totals used for the post-stratification were based on the average practice population from both waves. As in wave 2, the post-stratification factor was modified to take small practices into account and to ensure weights were not very variable. The non-response weight was multiplied by the post-stratification factor and standardized to obtain the final weight.

Response rates

Response rates

The overall response rate for England over both waves was 38%, based on 2,742,373 questionnaires sent out and 1,037,946 returned. This is based on the following figures for each individual wave:

Table 9: Surveys sent, returned and response rates per wave

Wave	Number sent	Number returned	Response rate
1	1,390,080	530,174	38.1%
2	1,356,433	507,772	37.4%
Total	2,742,373	1,037,946	37.8%

Table 10: Response rates by gender and age group in each wave

	Wave 1	Wave 2
Gender		
Women	43.1%	41.8%
Men	32.1%	31.6%
Age		
18-24	16.6%	12.8%
25-34	20.6%	19.2%
35-44	27.8%	26.2%
45-54	36.6%	36.2%
55-64	53.8%	52.9%
65-74	65.3%	68.7%
75-84	67.1%	69.4%
85+	55.4%	61.4%

Adjusted response rate

Over the course of the year, questionnaires sent to approximately 60,000 patients (2.1% of the annual sample) were returned undelivered. 57,788 deaths were also reported by the NHAIS system (also 2.1% of the annual sample).

If both of these are removed from the total number of questionnaires sent out, the adjusted response rate is 39.5% based on 2,624,585 questionnaires sent out and 1,037,946 returned.

Figure 6: Number and proportion of practices within each unadjusted response rate band over time

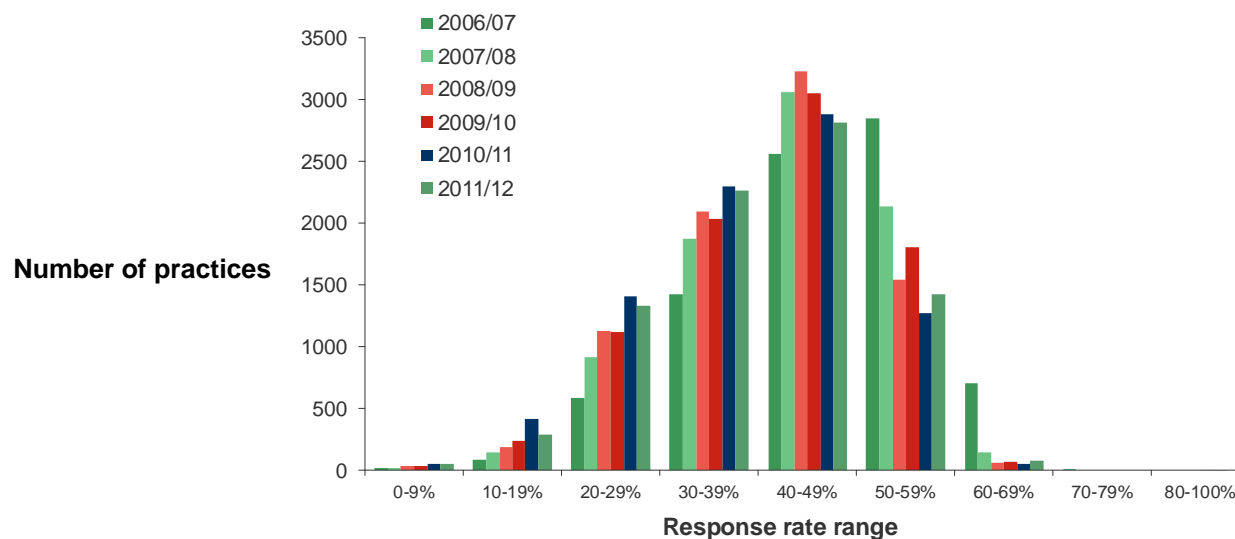


Table 11: Number and proportion of practices within each unadjusted response rate band

Response rate range	No. of practices 11/12	% of practices 11/12	No. of practices 10/11	% of practices 10/11	No. of practices 09/10	% of practices 09/10	No. of practices 08/09	% of practices 08/09	No. of practices 07/08	% of practices 07/08	No. of practices 06/07	% of practices 06/07
0-9%	56	1%	52	1%	37	*	32	*	20	*	17	*
10-19%	292	4%	417	5%	241	3%	187	2%	147	2%	87	1%
20-29%	1,331	16%	1,410	17%	1,122	13%	1,126	14%	918	11%	584	7%
30-39%	2,265	27%	2,299	27%	2,036	24%	2,097	25%	1,875	23%	1,423	17%
40-49%	2,809	34%	2,884	34%	3,047	36%	3,231	39%	3,063	37%	2,561	31%
50-59%	1,424	17%	1,273	15%	1,806	22%	1,540	19%	2,135	26%	2,847	35%
60-69%	81	1%	50	1%	69	1%	60	1%	149	2%	703	9%
70-79%	0	0%	0	0%	0	0%	0	0%	0	0%	10	*
80-100%	0	0%	1	*	4	*	0	0%	0	0%	0	0%
Total	8,258	100	8,386	100	8,362	100	8,273	100	8,307	100	8,232	100

* indicates less than 0.5%

Reporting

Reporting

Deliverables

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

All data and reports were encrypted and supplied to the Department of Health via a secure FTP (File Transfer Protocol) site.

Table 12 below describes the weighted reports produced.

Table 12: Weighted reports supplied to the Department of Health

Table 12: Weighted reports supplied to the Department of Health		
Product title	Detail / purpose	Date provided/published
Reports produced in both wave 1 and wave 2 – published on www.gp-patient.co.uk/surveyresults		
PCT-level report	One Excel report containing survey results for every PCT and the national results	Wave 1: 15 December 2011 Wave 2: 14 June 2012
National-level CSV file	One file in CSV (Comma-separated value) format that contains all the national-level data within the Excel based reports	
PCT-level CSV file	One file in CSV (Comma-separated value) format that contains all the PCT-level data within the Excel based reports	
National Summary report	National headline results of the survey	
Reports produced in wave 2 only – published on www.gp-patient.co.uk/surveyresults		
Practice-level report	One Excel report containing survey results for every practice and the national results	14 June 2012
Practice-level CSV file	One file in CSV (Comma-separated value) format that contains all the practice-level data within the Excel based reports	
Annual reports – published on www.gp-patient.co.uk/surveyresults		
Technical annex	Communicate operational details of survey	14 June 2012

Table 13 describes the unweighted reports produced.

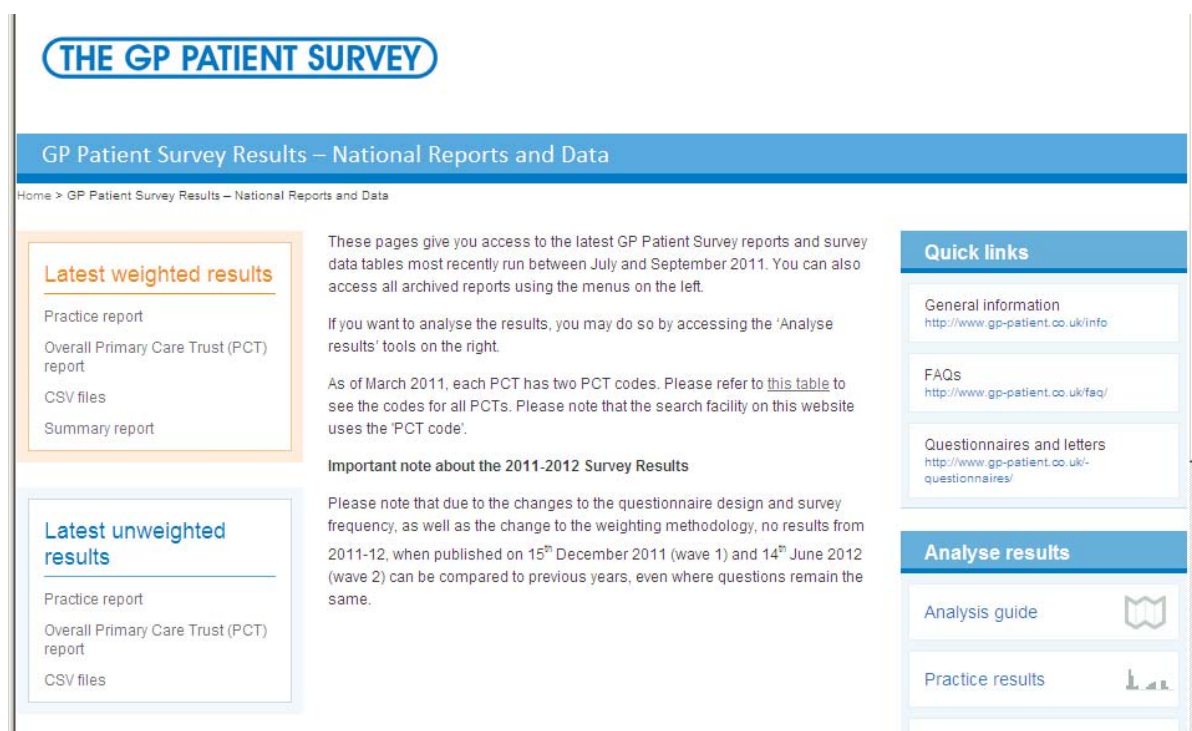
Table 13: Unweighted reports supplied to the Department of Health

Table 16: Unweighted reports supplied to the Department of Health		
Product title	Detail / purpose	Date provided/published
Reports produced in both wave 1 and wave 2 – published on www.gp-patient.co.uk/surveyresults		
PCT-level report	One Excel report containing survey results for every PCT and the national results	Wave 1: 15 December 2011 Wave 2: 14 June 2012
National-level CSV file	One file in CSV (Comma-separated value) format that contains all the national-level data within the Excel based reports	
PCT-level CSV file	One file in CSV (Comma-separated value) format that contains all the PCT-level data within the Excel based reports	
Reports produced in wave 2 only – published on www.gp-patient.co.uk/surveyresults		
Practice-level report	One Excel report containing survey results for every practice and the national results	14 June 2012
Practice-level CSV file	One file in CSV (Comma-separated value) format that contains all the practice-level data within the Excel based reports	
Reports produced in both wave 1 and wave 2 – to DH only		
Person dataset	Person level dataset (SPSS) allowing DH to carry out a range of ad hoc analyses	Wave 1: 4 November 2011 Wave 2: 4 May 2012
Practice dataset	Practice level dataset (SPSS) allowing DH to carry out a range of ad hoc analyses	
Dentistry person dataset	Person level dataset (SPSS) allowing DH to carry out a range of ad hoc analyses around the dentistry questions	

The GP Patient Survey results website

The GP Patient Survey results website was designed to allow users to view and analyse the results of the survey in a user-friendly and accessible way. The main page of the results website allows visitors to access every report produced and published and links to another site where users can analyse the results, compare them to the results for every other practice in England and analyse any trend data which is available.

Figure 7: Main results page on the GP Patient Survey website



The links along the left hand side of the page provide access to the current and archived reports.

All current reports for practices and PCTs can be accessed via these links; weighted reports in the 'Latest weighted results' section, and unweighted reports in the 'Latest unweighted results' section. National, PCT, and practice-level CSV files can also be found here, along with the summary report of the national-headline results of the survey.

All previous GP survey reports can be accessed in the archive section (both weighted and unweighted). This includes previous PCT-level and practice-level reports, practice factsheets, NHS dentistry reports and care planning report.

- 1) **Latest weighted results:** these links provide access to the most recent weighted reports via the appropriate headings.
 - a. **Practice report:** this link takes you to the latest weighted Excel practice report (described in the previous section).
 - b. **Overall Primary Care Trust (PCT) report:** this link takes you to the latest weighted Excel PCT report (described in the previous section).

- c. **CSV files:** this link takes you to the latest weighted National, PCT, and practice CSV (Comma-separated values) files, as well as a list of reporting variables.
 - d. **Summary report:** this link takes the user to the latest summary topline results of the survey.
- 2) Latest unweighted results:** these links provide access to the most recent unweighted reports, via the appropriate headings.
- a. **Practice report:** this link takes you to the latest unweighted Excel practice report (described in the previous section).
 - b. **Overall Primary Care Trust (PCT) report:** this link takes you to the latest unweighted Excel PCT report (described in the previous section).
 - c. **CSV files:** this link takes you to the latest unweighted National, PCT, and practice CSV files, as well as a list of reporting variables.
- 3) Archive weighted results:** these links take you to weighted reports from previous surveys carried out since 2009, via the appropriate headings.
- a. **Practice report:** this link takes you to archive weighted Excel practice reports.
 - b. **Overall Primary Care Trust (PCT) report:** this link takes you to archive weighted Excel PCT reports.
 - c. **Individual Primary Care Trust (PCT) report:** this link takes you to a search box and A-Z to allow easy access to archive weighted Excel reports for individual PCTs. Use the search function to find the PCT, click on the PCT name and all available reports for that PCT will appear.
 - d. **Care planning report:** this link takes you to archive weighted care planning reports.
 - e. **Out of hours report:** this link takes you to archive weighted Excel out-of-hours reports.
 - f. **NHS dentistry report:** this link takes you to archive weighted Excel NHS dentistry reports.
- 4) Archive unweighted results:** these links take you to unweighted reports from previous surveys carried out since 2009, via the appropriate headings.
- a. **Practice factsheets:** this link takes the user to a search box and A-Z to allow easy access to archive practice factsheets for individual practices. Use the search function to find the practice, click on the practice name and all available practice factsheets from previous surveys for that practice will appear.
 - b. **Practice report:** this link takes you to archive unweighted Excel practice reports.
 - c. **Overall Primary Care Trust (PCT) report:** this link takes you to archive unweighted Excel PCT reports.
 - d. **Individual Primary Care Trust (PCT) report:** this link takes you to a search box and A-Z to allow easy access to archive unweighted Excel reports for individual PCTs. Use the search function to find the PCT, click on the PCT name and all available reports for that PCT will appear.

- e. **Care planning report:** this link takes you to archive unweighted Excel care planning reports.
 - f. **Out of hours report:** this link takes you to archive unweighted Excel out-of-hours reports.
 - g. **NHS dentistry report:** this link takes you to archive unweighted Excel NHS dentistry reports.
 - h. **Summary report:** this link takes the user to archive summary topline results of the survey.
 - i. **Commentary report:** this link takes you to archive reports of the national findings and highlights differences between demographic groups.
- 5) **Annual reports:** Here you can access the Technical report, detailing the technical details of how the survey is administered.

As in previous years, the website also provides users with the opportunity to analyse their results in more detail. This tool is accessible via the 'analyse results' links along the right hand side of the pages:

- 1) **Practice report building tool:** this new website allows users to view the results for a particular practice, and compare these results to PCT and national results, another local practice within a 5 mile radius, or any other practice in the country. Results can be viewed either weighted or unweighted.
- 2) **Practice results:** after selecting a practice, this section of the website allows the user to download an Excel spreadsheet of the results for that practice or view the results of each question on a chart. Primary Care Trust (PCT), Strategic Health Authority (SHA) and the national results are also available to add to the chart for comparison. These charts are available to view weighted or unweighted.
- 3) **Profile analysis:** the profile analysis tool allows users to interrogate the data further by examining the responses collected from different respondent groups. These profile groups can contain any required combination of Strategic Health Authority (SHA), Primary Care Trust (PCT), GP practice or demographic information.
- 4) **Cross tabulation:** the cross tabulation tool allows visitors to examine the results by looking at the responses to specific questions as answered by specific groups. This tool allows the survey data to be broken down by patient demographics, as well as by all of the survey questions in up to three different levels to produce detailed tabular results.
- 5) **Trend analysis:** Where a question has been asked in more than one 12-month period, visitors can see how responses from different groups of individuals and at different levels (practice, PCT, SHA or national) have changed over time. The trend data for surveys from January 2009 to March 2011 are available separately to the 2011-2012 survey data.

Appendix

Appendix

Wave 1 questionnaire



THE GP PATIENT SURVEY

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

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



Reference:

1234567890



Online password:

ABCDE



ACCESSING YOUR GP SERVICES

Q1

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

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

Q2

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

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

Q3

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

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

Q4

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

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

Q5

In the reception area, can other patients overhear what you say to the receptionist?

- ☐ Yes, but I don't mind
- ☐ Yes, and I'm not happy about it
- ☐ No, other patients can't overhear
- ☐ Don't know

Q6

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

Please X all the boxes that apply to you

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

Q7

Which of the following methods would you prefer to use to book appointments at your GP surgery?

Please X all the boxes that apply to you

- ☐ In person
- ☐ By phone
- ☐ By fax machine
- ☐ Online
- ☐ No preference

Q8

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

- ☐ Yes
- ☐ No **Go to Q10**
- ☐ There is usually only one GP in my GP surgery **Go to Q10**

Q9

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

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



MAKING AN APPOINTMENT

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

What did you want to do?

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

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

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

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

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

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

- ☐ ...to see a GP at the surgery
- ☐ ...to see a nurse at the surgery
- ☐ ...to speak to a GP on the phone
- ☐ ...to speak to a nurse on the phone
- ☐ ...for someone to visit me at my home

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

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

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

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

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

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

Q17 What did you do on that occasion?

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

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

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

WAITING TIMES

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

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

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

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

LAST GP APPOINTMENT

Q21

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

Giving you enough time

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

Listening to you

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

Explaining tests and treatments

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

Involving you in decisions about your care

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

Treating you with care and concern

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

Q22

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

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

LAST NURSE APPOINTMENT

Q23

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

Giving you enough time

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

Listening to you

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

Explaining tests and treatments

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

Involving you in decisions about your care

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

Treating you with care and concern

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

Q24

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

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

OPENING HOURS

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

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

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

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

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

Please X all the boxes that apply to you

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

OVERALL EXPERIENCE

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

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

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

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

MANAGING YOUR HEALTH

Q30 Do you have a long-standing health condition?

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

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

Please X all the boxes that apply to you

- ☐ Alzheimer's disease or dementia
- ☐ Angina or long-term heart problem
- ☐ Arthritis or long-term joint problem
- ☐ Asthma or long-term chest problem
- ☐ Blindness or severe visual impairment
- ☐ Cancer in the last 5 years
- ☐ Deafness or severe hearing impairment
- ☐ Diabetes
- ☐ Epilepsy
- ☐ High blood pressure
- ☐ Kidney or liver disease
- ☐ Learning difficulty
- ☐ Long-term back problem
- ☐ Long-term mental health problem
- ☐ Long-term neurological problem

- ☐ Another long-term condition
- ☐ None of these conditionsGo to Q33
- ☐ I would prefer not to sayGo to Q33

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

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

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

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

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

YOUR STATE OF HEALTH TODAY

Q34 By placing an **X** in one box in each group below, please indicate which statements best describe your own health state today.

Mobility

- ☐ I have no problems in walking about
- ☐ I have some problems in walking about
- ☐ I am confined to bed

Self-Care

- ☐ I have no problems with self-care
- ☐ I have some problems washing or dressing myself
- ☐ I am unable to wash or dress myself

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

- ☐ I have no problems with performing my usual activities
- ☐ I have some problems with performing my usual activities
- ☐ I am unable to perform my usual activities

Pain / Discomfort

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

Anxiety / Depression

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

Q35 Have your activities been limited today because you have recently become unwell or been injured?

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

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

OUT OF HOURS

These questions are about contacting an out-of-hours GP service when your GP surgery is closed.

Don't include NHS Direct, NHS walk-in centres or A&E.

Q36 Do you know how to contact an out-of-hours GP service when the surgery is closed?

- ☐ Yes
☐ No

Q37 In the past 6 months, have you tried to call an out-of-hours GP service when the surgery was closed?

- ☐ Yes, for myself
☐ Yes, for someone else
☐ NoGo to Q42

Q38 How easy was it to contact the out-of-hours GP service by telephone?

- ☐ Very easy
☐ Fairly easy
☐ Not very easy
☐ Not at all easy
☐ Don't know / didn't make contact

Q39 How do you feel about how quickly you received care from the out-of-hours GP service?

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

Q40 Did you have confidence and trust in the out-of-hours clinician you saw or spoke to?

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

Q41 Overall, how would you describe your experience of out-of-hours GP services?

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

NHS DENTISTRY

Q42 When did you last try to get an NHS dental appointment for yourself?

- ☐ In the last 3 months
☐ Between 3 and 6 months ago
☐ Between 6 months and a year ago
☐ Between 1 and 2 years ago
☐ More than 2 years agoGo to Q46
☐ I have never tried to get an NHS dental appointment.....Go to Q46

Q43 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

Q44 Were you successful in getting an NHS dental appointment?

- ☐ Yes
☐ No
☐ Can't remember

Q45 Overall, how would you describe your experience of NHS dental services?

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

Please go to the next page

Q46 Why haven't you tried to get an NHS dental appointment in the last two years?

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

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

SOME QUESTIONS ABOUT YOU

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

Q47 Are you male or female?

- ☐ Male
☐ Female

Q48 How old are you?

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

Q49 What is your ethnic group?

A. White

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

→ Please write in

B. Mixed / multiple ethnic groups

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

→ Please write in

C. Asian / Asian British

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

→ Please write in

D. Black / African / Caribbean / Black British

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

→ Please write in

E. Other ethnic group

- ☐ Arab
☐ Any other ethnic group

→ Please write in

Q50 Which of these best describes what you are doing at present?

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

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

Please go to Q53

Q51 In general, how long does your journey take from home to work (door to door)?

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

Q52 If you need to see a GP at your GP surgery during your typical working hours, can you take time away from your work to do this?

- ☐ Yes
☐ No

Q53 Are you a parent or a legal guardian for any children aged under 16 living in your home?

- ☐ Yes
☐ No

Q54 Are you a deaf person who uses sign language?

- ☐ Yes
☐ No

Q55 Which of the following best describes your smoking habits?

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

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, 1-9 hours a week
- ☐ Yes, 10-19 hours a week
- ☐ Yes, 20-34 hours a week
- ☐ Yes, 35-49 hours a week
- ☐ Yes, 50+ hours a week

Q57

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

- ☐ Heterosexual / straight
- ☐ Gay / Lesbian
- ☐ Bisexual
- ☐ Other
- ☐ I would prefer not to say

Q58

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

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

Thank you for your time.

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

This questionnaire has been developed in conjunction with the Peninsula Medical School and the General Practice and Primary Care Research Unit at the University of Cambridge.



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Wave 2 questionnaire

THE GP PATIENT SURVEY

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

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



Reference:

1234567890



Online password:

ABCDE



ACCESSING YOUR GP SERVICES

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

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

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

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

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

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

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

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

Q5 In the reception area, can other patients overhear what you say to the receptionist?

- ☐ Yes, but I don't mind
- ☐ Yes, and I'm not happy about it
- ☐ No, other patients can't overhear
- ☐ Don't know

Q6 How do you normally book your appointments to see a GP or nurse at your GP surgery?

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

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

Q7 Which of the following methods would you prefer to use to book appointments at your GP surgery?

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

- ☐ In person
- ☐ By phone
- ☐ By fax machine
- ☐ Online
- ☐ No preference

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

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

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

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

MAKING AN APPOINTMENT

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

What did you want to do?

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

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

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

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

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

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

- ☐ ...to see a GP at the surgery
- ☐ ...to see a nurse at the surgery
- ☐ ...to speak to a GP on the phone
- ☐ ...to speak to a nurse on the phone
- ☐ ...for someone to visit me at my home

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

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

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

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

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

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

Q17 What did you do on that occasion?

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

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

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

WAITING TIMES

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

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

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

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

LAST GP APPOINTMENT

Q21 Last time you saw or spoke to a GP from your GP surgery, how good was that GP at each of the following?

Giving you enough time

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

Listening to you

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

Explaining tests and treatments

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

Involving you in decisions about your care

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

Treating you with care and concern

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

Q22 Did you have confidence and trust in the GP you saw or spoke to?

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

LAST NURSE APPOINTMENT

Q23 Last time you saw or spoke to a nurse from your GP surgery, how good was that nurse at each of the following?

Giving you enough time

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

Listening to you

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

Explaining tests and treatments

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor
- ☐ Very poor
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- ☐ Very good
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Treating you with care and concern

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

Q24 Did you have confidence and trust in the nurse you saw or spoke to?

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

OPENING HOURS

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

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

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

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

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

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

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

OVERALL EXPERIENCE

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

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

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

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

MANAGING YOUR HEALTH

Q30 Do you have a long-standing health condition?

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

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

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

- ☐ Alzheimer's disease or dementia
- ☐ Angina or long-term heart problem
- ☐ Arthritis or long-term joint problem
- ☐ Asthma or long-term chest problem
- ☐ Blindness or severe visual impairment
- ☐ Cancer in the last 5 years
- ☐ Deafness or severe hearing impairment
- ☐ Diabetes
- ☐ Epilepsy
- ☐ High blood pressure
- ☐ Kidney or liver disease
- ☐ Learning difficulty
- ☐ Long-term back problem
- ☐ Long-term mental health problem
- ☐ Long-term neurological problem

- ☐ Another long-term condition
- ☐ None of these conditionsGo to Q33
- ☐ I would prefer not to sayGo to Q33

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

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

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

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

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

YOUR STATE OF HEALTH TODAY

Q34

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

Mobility

- ☐ I have no problems in walking about
- ☐ I have some problems in walking about
- ☐ I am confined to bed

Self-Care

- ☐ I have no problems with self-care
- ☐ I have some problems washing or dressing myself
- ☐ I am unable to wash or dress myself

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

- ☐ I have no problems with performing my usual activities
- ☐ I have some problems with performing my usual activities
- ☐ I am unable to perform my usual activities

Pain / Discomfort

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

Anxiety / Depression

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

Q35

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

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

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

OUT OF HOURS

These questions are about contacting an out-of-hours GP service when your GP surgery is closed.

Don't include NHS Direct, NHS walk-in centres or A&E.

Q36 Do you know how to contact an out-of-hours GP service when the surgery is closed?

- ☐ Yes
☐ No

Q37 In the past 6 months, have you tried to call an out-of-hours GP service when the surgery was closed?

- ☐ Yes, for myself
☐ Yes, for someone else
☐ NoGo to Q42

Q38 How easy was it to contact the out-of-hours GP service by telephone?

- ☐ Very easy
☐ Fairly easy
☐ Not very easy
☐ Not at all easy
☐ Don't know / didn't make contact

Q39 How do you feel about how quickly you received care from the out-of-hours GP service?

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

Q40 Did you have confidence and trust in the out-of-hours clinician you saw or spoke to?

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

Q41 Overall, how would you describe your experience of out-of-hours GP services?

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

NHS DENTISTRY

Q42 When did you last try to get an NHS dental appointment for yourself?

- ☐ In the last 3 months
☐ Between 3 and 6 months ago
☐ Between 6 months and a year ago
☐ Between 1 and 2 years ago
☐ More than 2 years agoGo to Q46
☐ I have never tried to get an NHS dental appointment.....Go to Q46

Q43 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

Q44 Were you successful in getting an NHS dental appointment?

- ☐ Yes
☐ No
☐ Can't remember

Q45 Overall, how would you describe your experience of NHS dental services?

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

Please go to the next page

Q46 Why haven't you tried to get an NHS dental appointment in the last two years?

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

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

SOME QUESTIONS ABOUT YOU

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

Q47 Are you male or female?

- ☐ Male
☐ Female

Q48 How old are you?

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

Q49 What is your ethnic group?

A. White

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

→ Please write in

B. Mixed / multiple ethnic groups

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

→ Please write in

C. Asian / Asian British

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

→ Please write in

D. Black / African / Caribbean / Black British

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

→ Please write in

E. Other ethnic group

- ☐ Arab
☐ Any other ethnic group

→ Please write in

Q50 Which of these best describes what you are doing at present?

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

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

Please go to Q53

Q51 In general, how long does your journey take from home to work (door to door)?

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

Q52 If you need to see a GP at your GP surgery during your typical working hours, can you take time away from your work to do this?

- ☐ Yes
☐ No

Q53 Are you a parent or a legal guardian for any children aged under 16 living in your home?

- ☐ Yes
☐ No

Q54 Are you a deaf person who uses sign language?

- ☐ Yes
☐ No

Q55 Which of the following best describes your smoking habits?

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

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, 1-9 hours a week
- ☐ Yes, 10-19 hours a week
- ☐ Yes, 20-34 hours a week
- ☐ Yes, 35-49 hours a week
- ☐ Yes, 50+ hours a week

Q57

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

- ☐ Heterosexual / straight
- ☐ Gay / Lesbian
- ☐ Bisexual
- ☐ Other
- ☐ I would prefer not to say

Q58

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

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

Thank you for your time.

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

This questionnaire has been developed in conjunction with the Peninsula Medical School and the General Practice and Primary Care Research Unit at the University of Cambridge.



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Initial letter

Reference:

1234567890



THE GP PATIENT SURVEY

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

January 2012

Dear <<Title>> <<Surname>>

Your opportunity to shape local GP and dental services

I am writing to you to ask for feedback to help improve local healthcare and services. The enclosed survey asks about your experiences of your local GP surgery and other local NHS services, and includes questions about your general health.

To take part in this survey please fill in the enclosed questionnaire and return it in the envelope provided. You do not need a stamp. You can help cut costs by completing and **sending back the questionnaire as soon as possible** as we'll send a reminder if people don't reply to this initial letter.

Even if you have filled in a questionnaire before, or you haven't visited your GP surgery recently, your views are still important to us.

Your answers will be kept completely confidential. Only anonymous overall results will be passed to the NHS and they will not see any individual patient views or information.

There is more information about the survey over the page. If you have more questions or need help filling in the questionnaire, please visit **www.gp-patient.co.uk** where you can also fill in the survey online, or call Ipsos MORI on freephone **0808 238 5385** (Monday to Friday, 9am to 9pm; Saturday 10am to 5pm).

Thank you very much for your time.

Yours sincerely

Richard Armstrong
Head of Primary Medical Care
Department of Health



Please turn over

The GP Patient Survey

Some questions & answers

Why are we carrying out this survey?

The NHS is working to improve patient experiences of GP surgeries and access to NHS dental services. The GP Patient Survey will measure this to influence how services are delivered so they can better meet your needs.

Will you be able to see my individual results?

We will not see your individual answers - only anonymous aggregated results will be passed to the NHS. If you would prefer not to answer individual questions please leave them blank but complete the rest of the questionnaire. Completing the questionnaire is voluntary but we do hope you take part.

How did we get your name and address?

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First reminder letter

Reference:

1234567890



THE GP PATIENT SURVEY

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

February 2012

Dear <<Title>> <<Surname>>

Your opportunity to shape local GP and dental services: we need your views

I recently sent you a letter asking for your feedback to help improve local healthcare and services. If you have already responded, thank you very much for your time; there is no need to do anything further.

If you have not already responded, I would be grateful if you could take the time to give us your views about your experiences of your GP surgery and other local NHS services – **we want to hear from as many people as possible**. Even if you have filled in a questionnaire before, or you haven't visited your GP surgery recently, your views are very important to us.

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Yours sincerely

Richard Armstrong
Head of Primary Medical Care
Department of Health



Please turn over

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Some questions & answers

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Second reminder letter

Reference:

1234567890



THE GP PATIENT SURVEY

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

March 2012

Dear <<Title>> <<Surname>>

Your opportunity to shape local GP and dental services: we need your views

I recently sent you a letter asking for your feedback to help improve local healthcare and services. If you have already responded, thank you very much for your time, there is no need to do anything further.

If you have not already responded, I would be grateful if you could take the time to give us your views about your experiences of your GP surgery and other local NHS services – **we want to hear from as many people as possible**. Even if you have filled in a questionnaire before, or you haven't visited your GP surgery recently, your views are very important to us.

Please fill in the enclosed questionnaire and return it in the freepost envelope provided **by 31 March – you do not need a stamp**.

Please note that this is your final opportunity to take part in the survey – there will be no further reminders.

Your answers will be kept completely confidential. Only anonymous overall results will be passed to the NHS and they will not see any individual patient views or information. There is more information about the survey over the page. If you have any questions or need help filling in the questionnaire, please visit **www.gp-patient.co.uk** where you can also fill in the survey online, or call Ipsos MORI on freephone **0808 238 5385** (Monday to Friday, 9am to 9pm; Saturday 10am to 5pm).

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Yours sincerely

Richard Armstrong
Head of Primary Medical Care
Department of Health



Please turn over

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Some questions & answers

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