

# Technical Annex for the GP Patient Survey

**2012-2013 Annual Report**

13 June 2013

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# Introduction



# Introduction

This technical report provides details of the 2012-2013 GP Patient Survey (GPPS) conducted by Ipsos MORI. The survey was conducted by Ipsos MORI on behalf of the Department of Health. Following transition to new NHS organisational structures on April 1st 2013, the publication of the results has been coordinated by NHS England.

This is the seventh year that has been conducted in England. Since 2011 the survey has been undertaken twice a year, having previously been conducted on a quarterly basis (April 2009-March 2011) and annually (January 2007-March 2009).

The survey uses a quantitative postal methodology with questionnaires sent to nearly 2.75 million patients across two waves, from July to September and January to March. In July 2012, around 1.36 million adult patients registered with a GP in England were sent a questionnaire, with reminder mailings to non-responders sent in August and September. In January 2013, 1.39 million adult patients were sent the questionnaire, with reminders again being sent in the two months 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	2 July 2012	2 January 2013
First reminder mailing sent	6 August 2012	4 February 2013
Second reminder mailing sent	3 September 2012	4 March 2013
Colour	Teal	Blue
Results published	13 December 2012	13 June 2013

The questionnaire was the same in both waves and asked about when patients last saw a GP or nurse at their practice, how easy or difficult it is to make an appointment at their surgery, waiting times, satisfaction with opening hours, the quality of care received from their GP and practice nurses, out-of-hours care, and NHS dentistry; as well as their current health circumstances.

Please see the Appendix for copies of the questionnaires sent in 2012-13.

## Survey Governance

The governance of the survey continued with quarterly input from the Stakeholder Review Group (SRG). The 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 Department of Health.

The group consisted of representatives from the following organisations:

- Department of Health;
- Ipsos MORI;
- Exeter 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;
- Patient Representative to the Quality Board; and
- NHS England (from April 2013).

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 for the 2012-2013 survey

As it had been decided that the questionnaire would not be amended for the 2012-2013 survey, no further testing or development work was conducted.

The EQ-5D question (Q34) was, however, changed in wave 1 to reflect an updated version of the question released by the EuroQol group. In investigating methods to improve the instrument's sensitivity and to reduce ceiling effects, the EuroQol Group further developed the EQ-5D question by expanding the number of levels of severity in each dimension from three to five. They state that previous work showed a significant increase in reliability and sensitivity where five response levels were provided for each of the dimensions (mobility, self-care, usual activities, pain/discomfort, anxiety/depression).<sup>1</sup>

## The final questionnaire

Below is a complete list of all the topics covered in the 2012-2013 questionnaire.

### Accessing your GP Services

- When patients last saw a GP
- When patients last saw a nurse
- How easy patients find it to get through to someone at their surgery on the phone
- Helpfulness of receptionists
- 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

- 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

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<sup>1</sup> For further information on the development work conducted by the EuroQol group please see: <http://www.euroqol.org/about-eq-5d/how-to-use-eq-5d.html>

- 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**

- 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**

- 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**

- 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**

- 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 set to try and ensure that questionnaires were sent out to 1,380,000 patients 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 are as consistent as possible between practices 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 with a GP practice continuously for at least six months before being selected, and are 18 years of age or older six months before being selected.

An additional eligibility criterion was added in 2009-2010 and continues to be in place for the 2012-2013 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 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 2: Number of practices with eligible patients per wave**

Wave	Number of practices with eligible patients
1	8,161
2	8,089

In total, patients in 8,169 practices were sent questionnaires over the course of the year. At least one completed questionnaire was received from patients in 8,129 practices. A total of 8,081 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  $\pm 8.5$  (W1) or  $\pm 8.6$  (W2) percentage points (two-tailed, at the 95% level) in the majority of practices on a question where it is assumed that 50% of the respondents will respond one way and 50% will respond another. This confidence interval was determined iteratively to ensure a total annual issued sample size of c.2.75 million (1.36 million in wave 1, 1.39 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  $\pm 8.5\%$  (W1) or  $\pm 8.6\%$  (W2) 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  $\pm 8.5\%$  or  $\pm 8.6\%$  depending on the wave.

The sample size required to deliver the target confidence interval is estimated using the actual response rate for those practices who took part in the 2011-2012 GPPS 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 2011-2012 GPPS. This is to prevent unrealistically high or low response rates being used for new 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 2011-2012, a minimum response rate of 26.7% was assumed. This meant that no practice had more than 245 questionnaires issued in any given wave. The mean mailout size per practice was 169 in wave 1 and 174 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 48.3% was set.

## **Patient sample selection**

### **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 when it comes to length of registration.

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 in the last 12 months and are therefore suppressed.

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 in-person 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 can include:
  - 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.

### **Total number of questionnaires sent per wave**

Table 3 shows the final number of patients which questionnaires were sent out to after all sample cleaning had been finished.

**Table 3: Number of questionnaires sent per wave**

<b>Wave</b>	<b>Number sent</b>
<b>1</b>	1,364,837
<b>2</b>	1,396,286
<b>Total</b>	<b>2,761,123</b>

# 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 undertake a series of communication activities, such as hosting a survey website, and providing a survey helpline that could respond to frequently asked questions, described in more detail below.

## Information for display in GP practices

A poster is made available for GP practices to display in their surgeries in English and 13 other languages. Copies of the poster are available for download and printing at <http://www.gp-patient.co.uk/practiceinfo/>. A version for electronic notice boards is also available for download.

## Survey website

A dedicated survey website was designed and hosted by Ipsos MORI. The advertised web address is [www.gp-patient.co.uk](http://www.gp-patient.co.uk), although the site can also be accessed at [www.gp-patient.com](http://www.gp-patient.com) as well. The site is 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](http://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 covers the aims of the survey, ways to take part and information about accessibility;
- **Frequently Asked Questions (FAQs)**, which includes information about how patients are chosen, help with completing the survey, and data protection;
- **Other Languages**, information is 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 are 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**, telephone and email details for the GPPS team at Ipsos MORI;
- **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;
- **Survey documents for GP practices**, a page that contains the 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; and
- **Compare all practices in your local area**, takes users to the practice report tool, which allows users to view practice results and compare them to results of other practices.

## Telephone helplines

Ipsos MORI set up freephone helplines for patients who want more information about the survey. Separate numbers are set up for the English and foreign language helplines. In total, over 8,000 calls were handled by the helplines over the course of the year.

### English Language Helpline

The English helpline is staffed by a fully trained Ipsos MORI team between 9am and 9pm on weekdays and 10am to 5pm on Saturdays from 3 July to 1 October 2012 and 3 January to 1 April 2013. A voicemail system is used during quieter periods (see details below). In order for call handlers to answer patients' queries, they are provided with a manual containing a complete list of over 200 FAQs. These are updated regularly to ensure that an answer could be provided for any questions which were not originally included. Where the call handlers cannot answer a caller's query, the details are passed on to the GPPS research team, a member of which then responds to the query.

During quieter periods (generally 10 days after each mailing), a voicemail message briefly explains the purpose of the survey and asks the caller to leave a message and telephone

number if they wish to be called back. Interviewers then try to return the calls within two working days. Up to eight attempts are made to return the call.

As well as being a source of information for patients, the helpline also enables patients with valid reference numbers to complete the survey on the telephone, through the online survey facility. This is particularly useful for patients who have difficulty completing the questionnaire on paper or online.

Patients can also provide their reference number if they wish to opt out of the survey.

### **Foreign Language Helpline**

In order to make the survey as accessible as possible, there are separate helplines for the 13 foreign languages. Each language has its own freephone number which is connected to a voicemail message in the different languages. As with the English language voicemail, a message briefly explains the purpose of the survey and asks the caller to leave a message and telephone number if they wish to be called back. Interviewers in Ipsos MORI's International CATI Centre (ICC) then return the calls within two working days. Up to eight attempts are made to return the call. As with the English language helpline, patients are 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 have the opportunity to complete the survey online or by telephone. These options 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). This process ensures that the questionnaires are sent to the correct address and that the mailing is eligible for postal discounts. A downstream access provider was used for processing the sample. Items were then handed over to Royal Mail for 'final mile' delivery.

### Printing

All questionnaires, letterhead, C5 Business Return 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 Business Return 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 Table 4, and then followed by up to two reminder letters and additional copies of the questionnaire. 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 database.

**Table 4: Survey mailout dates per wave**

Wave	1	2
Initial mailing sent	2 July 2012	2 January 2013
First reminder mailing sent	6 August 2012	4 February 2013
Second reminder mailing sent	3 September 2012	4 March 2013

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 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


Enlarge Text   

## THE GP PATIENT SURVEY

- General Information
- Frequently Asked Questions
- المعلومات باللغة العربية
- GP Patient Survey Results
- Questionnaires and Letters
- Contact Us

**Latest news:** we cannot accept any more blue-coloured questionnaires as this survey has now closed. The results of this survey will be published in June 2013.

### Online Questionnaire



Some people prefer to take part in the survey this way. If you have been invited to take part in the survey and would like to fill in the survey online, you do not need to return a paper questionnaire. Only one questionnaire per person can be accepted.


The online survey is available in English, 13 other languages and in British Sign Language. The survey is also fully compatible with W3C accessibility standards.


You can complete the questionnaire online by clicking the links below. You will then be prompted to enter your reference/ username and online password. These can be found on the first page of your paper questionnaire.


To complete the questionnaire online in English click here


To complete the questionnaire online in other languages click here

عربي	ગુજરાતી	ਪੰਜਾਬੀ
বাংলা	简体中文	زبان
Česky	Polski	Somali
Français	Português	Türkçe
Slovensky		

Complete the questionnaire online 

BSL Users 

Survey documents for GP practices 


Compare all practices in your local area 

As included in the survey since 2009-2010, there was also the option for patients who use British Sign Language (BSL) to complete the questionnaire in BSL on the GPPS website. This involves showing video clips of a BSL user signing the instructions, questions, and options available (see Figure 4 below).

Figure 4: Viewing the question in BSL

## 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

<< >>

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 reference number 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. In wave 1 of the 2012-2013 survey, interviewers entered the participants' answers into a CATI (Computer Assisted Telephone Interviewing) system.

In wave 2 the way in which patients' responses were recorded changed, so that when a patient called the helpline to complete the survey, interviewers entered their answers directly into the online version of the survey instead of into the separate CATI system. This means that we no longer collect exact numbers of individuals who complete the survey over the phone.

### **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

Given the change in the way telephone interview responses were recorded between wave 1 and wave 2, data on the total number of telephone completions is only available for wave 1. Table 5 shows that the annual survey results include 40,070 survey questionnaires completed online, as well as 34 telephone interviews in wave 1.

**Table 5: Number of online and CATI completes per wave**

Wave	Number completed online	Number completed over the telephone via CATI
1	18,928	34
2	21,142	N/A
<b>Total</b>	<b>40,070</b>	<b>34</b>

Table 6 details how many patients completed the survey in each available foreign language and British Sign Language in each wave.

**Table 6: Number of online and telephone completes per language**

Language	Wave 1	Wave 2	Total
Arabic	44	36	80
Bengali	16	10	26
Czech	15	22	37
French	15	6	21
Gujarati	16	12	28
Mandarin	58	58	116
Polish	555	614	1,169
Portuguese	39	53	92
Punjabi	15	20	35
Slovak	50	38	88
Somali	9	4	13
Turkish	21	31	52
Urdu	33	31	64
<b>Total</b>	<b>886</b>	<b>935</b>	<b>1,821</b>
British Sign Language	20	37	57

# Data analysis

# Data analysis

## Questionnaire processing

As in previous years, questionnaires were returned in supplied Business Reply Envelopes (2nd class) to TNT.

Envelopes were guillotined 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 TNT 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 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 7: Cut off dates for returns per wave**

Wave	Cut off for returns
1	8 October 2012
2	8 April 2013

## Inclusions and exclusions

The rules and protocols used for delivering the data for the 2012-2013 reports are as follows:

- All questionnaires received with identifiable reference numbers allowing linkage to GP practice; plus all completed online are included.
- Returned questionnaire figures are based only on those qualifying for inclusion in the dataset as described in this document.
- The calculated response rates are based on all completed questionnaires returned and all questionnaires sent. They have not been adjusted to exclude questionnaires which never reached the patient, e.g. where envelopes have been returned undelivered etc.
- The following were excluded from the reports:
  - 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 wave of the survey.
- All questionnaires without a valid practice code.
- All blank questionnaires.

Questionnaire data were combined from scanned, online, and (for wave 1) CATI data 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 their 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 following list shows the questions that this applied to, as well as the response options that were treated as single code only:
  - Q6 – 'Doesn't apply'
  - Q7 – '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 example, if a patient responds to Q9 without having first responded 'Yes' at Q8, their response to Q9 is removed.
- For the question on whether they were able to get an appointment to see or speak to someone (Q12), any patients who 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 just 'Yes, but I had to call back closer to or on the day I wanted the appointment'.
- For the question on whether they have a long-standing health condition (Q30), patients who initially answered other than 'Yes' had their answer recoded to 'Yes' if they went on to select 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

The weighting scheme for 2012-2013 followed the same weighting strategy used in the 2011-2012 survey, when an adjustment was made to take into account local factors (such as deprivation, crime levels, ethnicity, household tenure, employment status, marital status, and overcrowding in households).

The weighting strategy incorporated the following three elements:

- 1) A design weight to account for the unequal probability of selection;
- 2) A non-response weight to account for differences in the characteristics of responders and non-responders; and
- 3) A 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 patient. 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. 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 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 which 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  $nw$ .

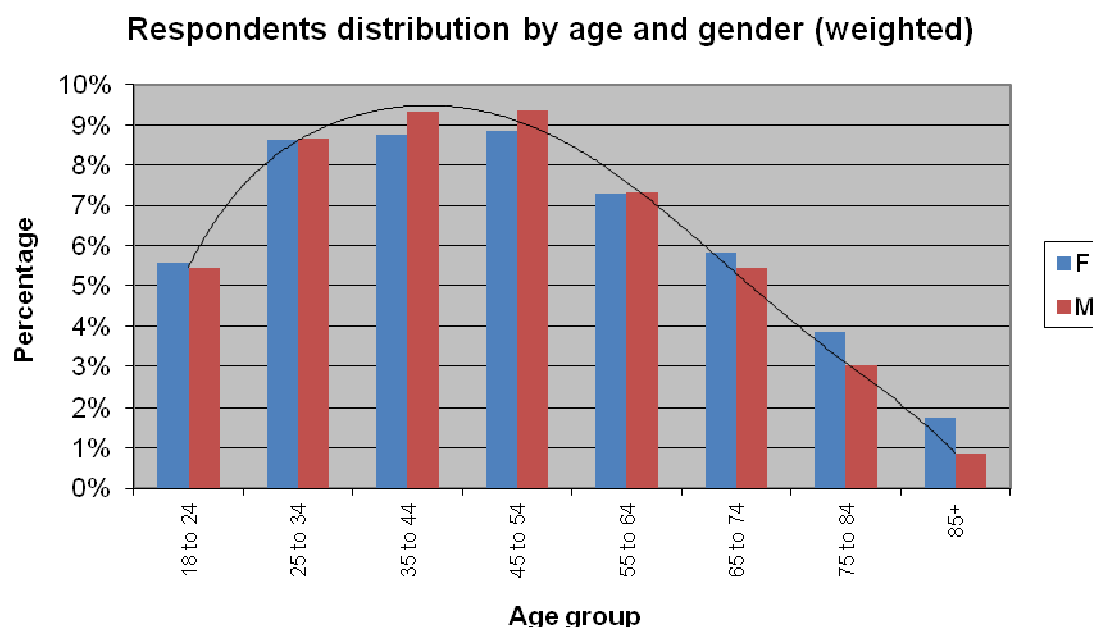
A post-stratification factor was computed to make the weighted sample of respondents resemble the eligible population by practice. The practice level post-stratification factor is simply calculated as the proportion of the population in the practice divided by the proportion of responding patients (weighted 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.

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. The post-stratification factor was modified to take small practices into account and to ensure weights

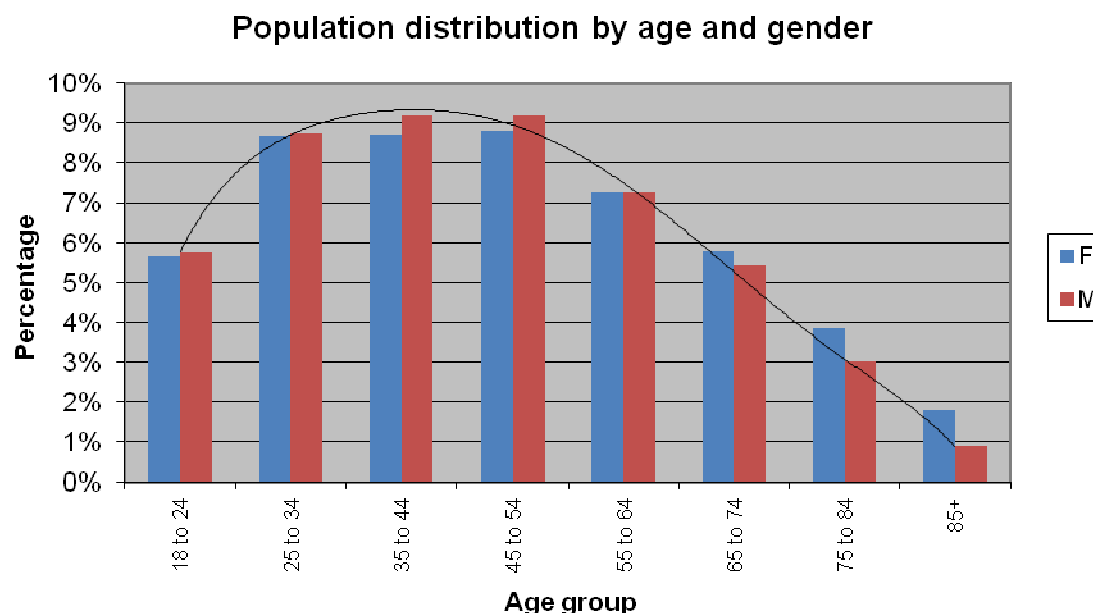
were not very variable. The non-response weight was multiplied by the post-stratification factor and standardized to obtain the final weight.

At the national level, the distribution of the respondents by age and gender using the final weight was very similar to the distribution in the population, as shown in figures 6 and 7.

**Figure 6: Weighted age and gender distribution of respondents (national, wave 1 and 2 combined)**



**Figure 7: Age and gender distribution of eligible patients (national, wave 1 and 2 combined)**

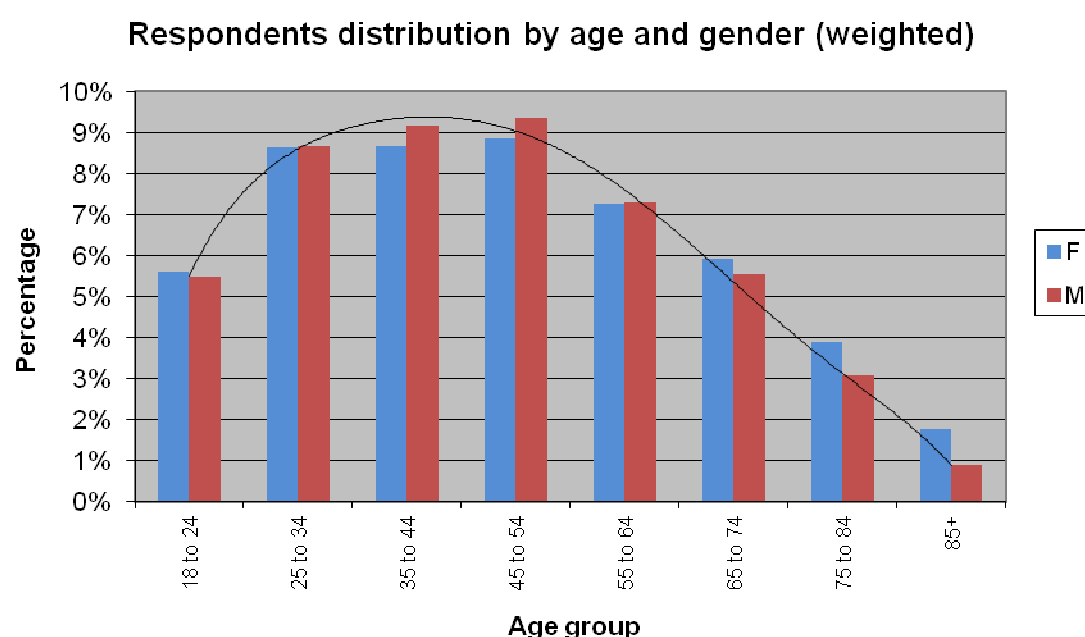


## Weighting strategy for wave 2 dentistry data

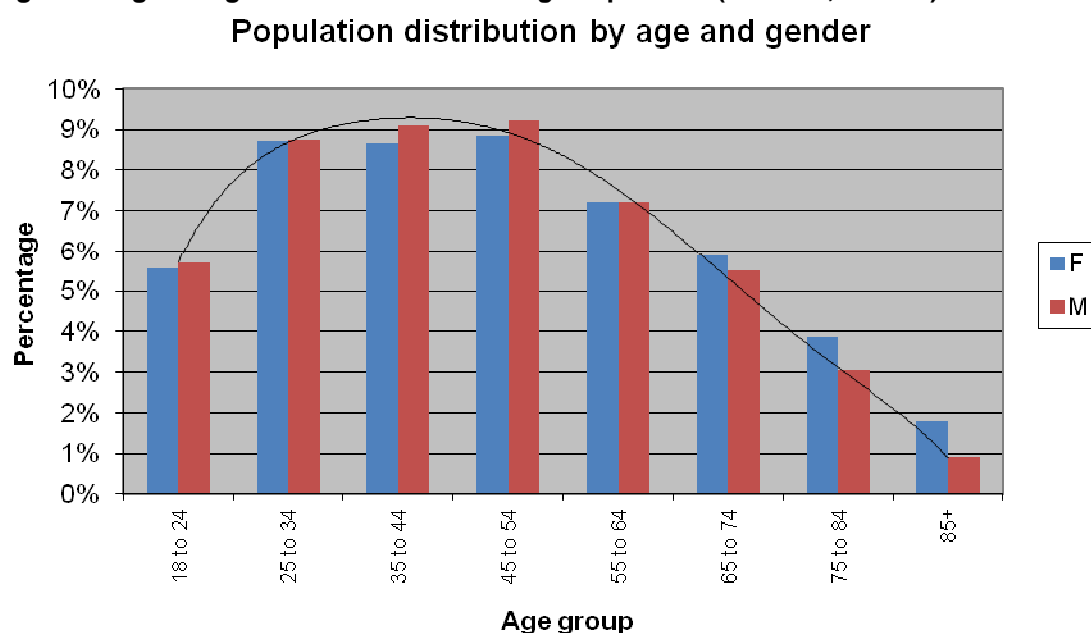
Separate weights were calculated for reporting NHS dentistry results (which were based on one wave of data only), while all other questions were reported based on combined wave 1 and wave 2 data. The calculation of weights for wave 2 dentistry data followed the same procedure as outlined above in the weighting strategy for the two waves combined.

At the national level, the distribution of the respondents by age and gender using the final weight (Figure 8) was very similar to the distribution in the population (Figure 9).

**Figure 8: Weighted age and gender distribution of respondents (national, wave 2 only)**



**Figure 9: Age and gender distribution of eligible patients (national, wave 2)**



# Response rates

# Response rates

The overall response rate for England over both waves was 35%, based on 2,761,123 questionnaires sent out and 971,232 returned. This is based on the following figures for each individual wave:

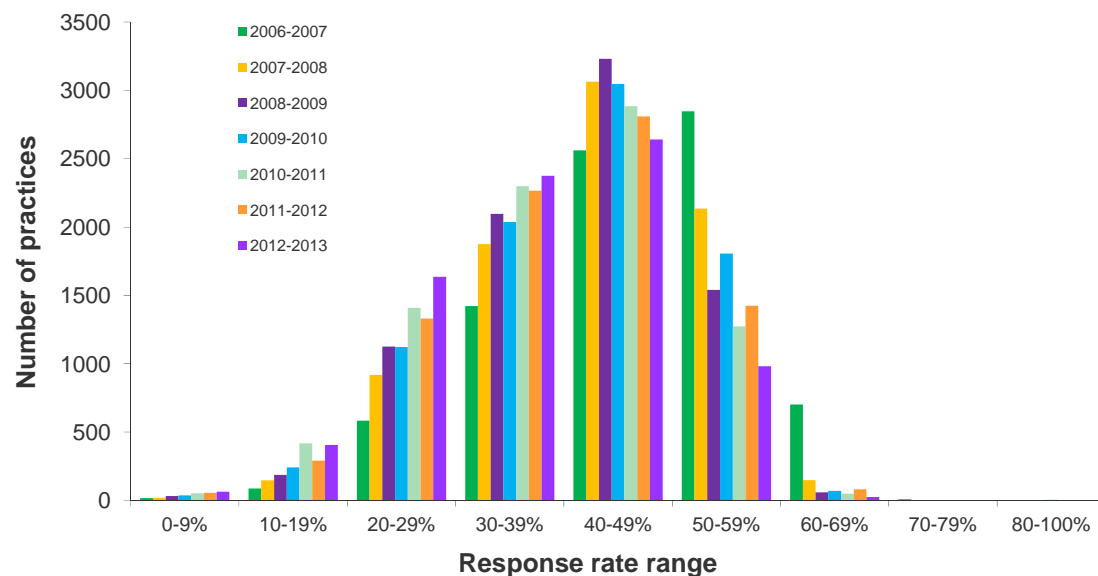
**Table 8: Surveys sent, returned and response rates per wave**

Wave	Number sent	Number returned	Response rate
1	1,364,837	475,227	34.8%
2	1,396,286	496,005	35.5%
Total	2,761,123	971,232	35.2%

**Table 9: Response rates by gender and age group in each wave**

	Wave 1	Wave 2
<b>Gender</b>		
Women	39.5%	39.7%
Men	29.2%	30.3%
<b>Age</b>		
18-24	13.3%	15.9%
25-34	17.2%	17.4%
35-44	24.0%	25.0%
45-54	32.8%	33.1%
55-64	49.7%	49.8%
65-74	65.0%	62.6%
75-84	65.6%	61.0%
85+	53.1%	44.3%

**Figure 10: Number and proportion of practices within each response rate band over time**



**Table 10: Number and proportion of practices within each response rate band**

Response rate range	No. of practices 12/13	% of practices 12/13	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%	64	1%	56	1%	52	1%	37	*	32	*	20	*	17	*
10-19%	406	5%	292	4%	417	5%	241	3%	187	2%	147	2%	87	1%
20-29%	1,636	20%	1,331	16%	1,410	17%	1,122	13%	1,126	14%	918	11%	584	7%
30-39%	2,374	29%	2,265	27%	2,299	27%	2,036	24%	2,097	25%	1,875	23%	1,423	17%
40-49%	2,641	32%	2,809	34%	2,884	34%	3,047	36%	3,231	39%	3,063	37%	2,561	31%
50-59%	982	12%	1,424	17%	1,273	15%	1,806	22%	1,540	19%	2,135	26%	2,847	35%
60-69%	25	*	81	1%	50	1%	69	1%	60	1%	149	2%	703	9%
70-79%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	10	*
80-100%	1	*	0	0%	1	*	4	*	0	0%	0	0%	0	0%
<b>Total</b>	<b>8,129</b>	<b>100</b>	<b>8,258</b>	<b>100</b>	<b>8,386</b>	<b>100</b>	<b>8,362</b>	<b>100</b>	<b>8,273</b>	<b>100</b>	<b>8,307</b>	<b>100</b>	<b>8,232</b>	<b>100</b>

\* 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 via a secure FTP (File Transfer Protocol) site.

Table 11 describes the weighted reports produced and Table 12 describes the unweighted reports produced.

**Table 11: Weighted reports supplied**

Table 11: Weighted reports supplied		
Product title	Detail / purpose	Date provided/published
Reports produced in both wave 1 and wave 2 – published on <a href="http://www.gp-patient.co.uk/results">www.gp-patient.co.uk/results</a>		
National Summary report	National headline results of the survey	Wave 1: 13 December 2012 Wave 2: 13 June 2013
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 report	One Excel report containing survey results for every PCT and the national results	
PCT-level CSV file	One file in CSV (Comma-separated value) format that contains all the PCT-level data within the Excel based reports	
Practice-level report	One Excel report containing survey results for every practice and the national results	
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 wave 2 only – published on <a href="http://www.gp-patient.co.uk/results">www.gp-patient.co.uk/results</a>		
CCG-level report	One Excel report containing survey results for every CCG and the national results	13 June 2013
CCG-Level CSV file	One file in CSV (Comma-separated value) format that contains all the CCG-level data within the Excel based reports	
Annual reports – published on <a href="http://www.gp-patient.co.uk/results">www.gp-patient.co.uk/results</a>		
Technical annex	Communicate operational details of survey	13 June 2013
Weighted datasets provided in wave 2 only		
Person dataset	Person level dataset (SPSS) allows for a range of ad hoc analyses	Wave 1: 9 November 2012 Wave 2: 10 May 2013
Practice dataset	Practice level dataset (SPSS) allows for a range of ad hoc analyses	
Dentistry person dataset	Person level dataset (SPSS) allows for a range of ad hoc analyses around the dentistry questions	

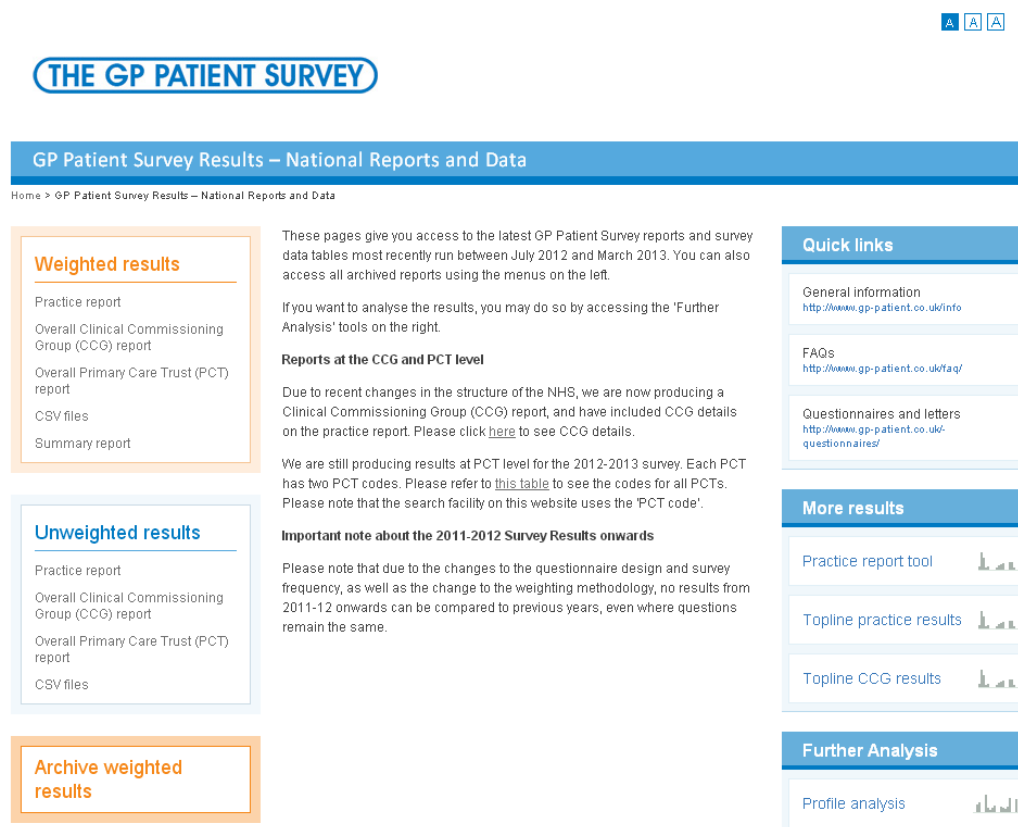
**Table 12: Unweighted reports supplied**

Table 12: Unweighted reports supplied		
Product title	Detail / purpose	Date provided/published
Reports produced in both wave 1 and wave 2 – published on <a href="http://www.gp-patient.co.uk/results">www.gp-patient.co.uk/results</a>		
National-level CSV file	One file in CSV (Comma-separated value) format that contains all the national-level data within the Excel based reports	Wave 1: 13 December 2012 Wave 2: 13 June 2013
PCT-level report	One Excel report containing survey results for every PCT and the national results	
PCT-level CSV file	One file in CSV (Comma-separated value) format that contains all the PCT-level data within the Excel based reports	
Practice-level report	One Excel report containing survey results for every practice and the national results	
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 wave 2 only – published on <a href="http://www.gp-patient.co.uk/results">www.gp-patient.co.uk/results</a>		
CCG-level report	One Excel report containing survey results for every CCG and the national results	13 June 2013
CCG-level CSV file	One file in CSV (Comma-separated value) format that contains all the CCG-level data within the Excel based reports	

## 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 11: 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, PCTs, and CCGs 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, CCG and practice-level CSV (Comma-separated values) files can also be found here, along with the summary report of the national-level 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, care planning reports, out of hours reports, summary reports, and commentary reports.

- 1) **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 Clinical Commissioning Group (CCG) report:** this link takes you to the latest weighted Excel CCG report (described in the previous section).
  - c. **Overall Primary Care Trust (PCT) report:** this link takes you to the latest weighted Excel PCT report (described in the previous section).
  - d. **CSV files:** this link takes you to the latest weighted National, PCT, CCG and practice CSV files, as well as a list of reporting variables.
  - e. **Summary report:** this link takes the user to the latest summary topline results of the survey.
- 2) 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 Clinical Commissioning Group (CCG) report:** this link takes you to the latest unweighted Excel CCG report (described in the previous section).
  - c. **Overall Primary Care Trust (PCT) report:** this link takes you to the latest unweighted Excel PCT report (described in the previous section).
  - d. **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 'More results' and 'Further Analysis' links along the right hand side of the pages:

- 1) **Practice report tool:** this website allows users to view the results for a particular practice, and compare these results to Clinical Commissioning Group (CCG) 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) **Topline practice results:** after selecting a practice, this section of the website allows the user to download an Excel spreadsheet of the results for that practice or view the results of each question on a chart. Commissioning Region (CR), Area Team (AT), CCG and the national results are also available to add to the chart for comparison. These charts are available to view weighted or unweighted.
- 3) **Topline CCG results:** after selecting a CCG, this section of the website allows the user to download an Excel spreadsheet of the results for that CCG or view the results of each question on a chart. Commissioning Region (CR), Area Team (AT) and the national results are also available to add to the chart for comparison. These charts are available to view weighted or unweighted.
- 4) **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 CR, AT, CCG, GP practice or demographic information.

- 5) **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.
- 6) **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, CCG, AT, CR, or national) have changed over time. The trend data for surveys from January 2009 to March 2012 are available separately to the 2012-2013 survey data.



# Appendix

# Appendix

## 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
- ☐ No .....Go to Q16
- ☐ Can't remember .....Go 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 convenient .....Go to Q18
- ☐ Fairly convenient .....Go 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?

- ☐ Yes .....Go 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 conditions .....Go to Q33
- ☐ I would prefer not to say .....Go to Q33

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

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

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

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

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

## YOUR STATE OF HEALTH TODAY

Q34

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

### Mobility

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

### Self-Care

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

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

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

### Pain / Discomfort

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

### Anxiety / Depression

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

Q35

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

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

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

## 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  
☐ No .....Go 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 ago .....Go 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 University of Exeter Medical School and the General Practice and Primary Care Research Unit at the University of Cambridge.



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## Initial letter

Initial letter is the first letter of a word. It is often written in a larger, more decorative font than the rest of the word.

Initial letters are often used to mark the beginning of a new section or chapter in a book.

Initial letters are also used in many other contexts, such as in the design of logos and in the writing of letters.

Initial letters are an important part of the visual language of writing and design.

Initial letters are often used to create a sense of hierarchy and structure in a document.

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Reference:

1234567890



# THE GP PATIENT SURVEY

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

January 2013

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 statistical 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 statistical 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?

Ipsos MORI is sending you this questionnaire on behalf of the Department of Health. Your name was selected randomly from the NHS list of patients registered with a GP. Ipsos MORI will keep your contact details confidential and only use them to send you this questionnaire. Once the survey is finished, Ipsos MORI will destroy your personal contact details. Ipsos MORI has not been given any information about your health.

Arabic	لطلب المساعدة باللغة العربية، يمكنكم زيارة موقعنا على شبكة الإنترنت على العنوان التالي: www.gp-patient.co.uk، أو الإتصال مجاناً على رقم: 0808 238 5383
Bengali	বাংলা ভাষায় সাহায্যের জন্য অনুগ্রহ করে জনমত যাচাইর জরিপের (সার্ভের) ওয়েবসাইট <a href="http://www.gp-patient.co.uk">www.gp-patient.co.uk</a> – তে যান অথবা 0808 238 5382 ফ্রিফোন নাম্বারে ফোন করুন।
Czech	Pro asistenci v češtině navštivte webovou stránku průzkumu na adrese <a href="http://www.gp-patient.co.uk">www.gp-patient.co.uk</a> nebo zavolejte zdarma na telefonní číslo 0808 238 5477
French	Pour toute assistance en français, consultez le site internet de l'enquête à l'adresse suivante: <a href="http://www.gp-patient.co.uk">www.gp-patient.co.uk</a> ou appelez gratuitement le 0808 238 5384
Gujarati	ગુજરાતી ભાષામાં મદદ માટે અમારી મોજીની ની વેબ સાઇટની મુલાકાત લો અથવા વિનામૂલ્યે ફોન થી સંપર્ક કરો વેબસાઇટ નું સરનામું – <a href="http://www.gp-patient.co.uk">www.gp-patient.co.uk</a> ફોન નંબર – 0808 238 5386
Mandarin	欲获得中文协助，请访问调查网站 <a href="http://www.gp-patient.co.uk">www.gp-patient.co.uk</a> 或拨打免费电话 0808 238 5475
Polish	Pomoc w języku polskim można znaleźć na stronie internetowej badania pod adresem: <a href="http://www.gp-patient.co.uk">www.gp-patient.co.uk</a> lub uzyskać pod numerem telefonu 0808 238 5381 (połączenia bezpłatne)
Portuguese	Para assistência em Português, visite o site da sondagem na Internet em <a href="http://www.gp-patient.co.uk">www.gp-patient.co.uk</a> ou ligue para o número grátis 0808 238 5389
Punjabi	ਪੰਜਾਬੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਲਈ ਵਿਰਧਾ ਕਰਕੇ ਸਰਵੇਖਣ ਦੇ ਵੈਬਸਾਈਟ <a href="http://www.gp-patient.co.uk">www.gp-patient.co.uk</a> ਤੇ ਜਾਓ ਜਾਂ 0808 238 5380 ਤੇ ਮੁਫਤ ਫੋਨ ਕਰੋ।
Slovak	Pri asistencii v slovenskom jazyku prosím navštívte webovú stránku dotazníka <a href="http://www.gp-patient.co.uk">www.gp-patient.co.uk</a> alebo volajte bezplatne na číslo 0808 238 5476
Somali	Caawimo ku baxaysa Af- Soomaali, booqo barta daraasadda internetka <a href="http://www.gp-patient.co.uk">www.gp-patient.co.uk</a> ama wac telefoonka bilaashka 0808 238 5388
Turkish	Türkçe yardım için, anket web sitesi <a href="http://www.gp-patient.co.uk">www.gp-patient.co.uk</a> adresini ziyaret edebilir ya da ücretsiz telefon hattı 0808 238 5387'i arayabilirsiniz
Urdu	اردو زبان میں مدد کے لیے سروے کی ویب سائٹ <a href="http://www.gp-patient.co.uk">www.gp-patient.co.uk</a> ملاحظہ کریں یا 0808 238 5379 پر مفت فون کریں۔

**If you are having problems filling in the questionnaire, or  
would like to request it in Braille or large print call freephone  
0808 238 5385 or visit the website at [www.gp-patient.co.uk](http://www.gp-patient.co.uk)**



## 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 2013

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 **as soon as possible – you do not need a stamp**.

**Your answers will be kept completely confidential.** Only anonymous statistical 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

# 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.

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### How did we get your name and address?

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Bengali	বাংলা ভাষায় সাহায্যের জন্য অনুগ্রহ করে জনমত যাচাইর জরিপের (সার্ভের) ওয়েবসাইট <a href="http://www.gp-patient.co.uk">www.gp-patient.co.uk</a> – তে যান অথবা 0808 238 5382 ফ্রিফোন নাম্বারে ফোন করুন।
Czech	Pro asistenci v češtině navštivte webovou stránku průzkumu na adrese <a href="http://www.gp-patient.co.uk">www.gp-patient.co.uk</a> nebo zavolejte zdarma na telefonní číslo 0808 238 5477
French	Pour toute assistance en français, consultez le site internet de l'enquête à l'adresse suivante: <a href="http://www.gp-patient.co.uk">www.gp-patient.co.uk</a> ou appelez gratuitement le 0808 238 5384
Gujarati	ગુજરાતી ભાષામાં મદદ માટે અમારી મોજીની ની વેબ સાઇટની મુલાકાત લો અથવા વિનામૂલ્યે ફોન થી સંપર્ક કરો વેબસાઇટ નું સરનામું – <a href="http://www.gp-patient.co.uk">www.gp-patient.co.uk</a> ફોન નંબર – 0808 238 5386
Mandarin	欲获得中文协助，请访问调查网站 <a href="http://www.gp-patient.co.uk">www.gp-patient.co.uk</a> 或拨打免费电话 0808 238 5475
Polish	Pomoc w języku polskim można znaleźć na stronie internetowej badania pod adresem: <a href="http://www.gp-patient.co.uk">www.gp-patient.co.uk</a> lub uzyskać pod numerem telefonu 0808 238 5381 (połączenia bezpłatne)
Portuguese	Para assistência em Português, visite o site da sondagem na Internet em <a href="http://www.gp-patient.co.uk">www.gp-patient.co.uk</a> ou ligue para o número grátis 0808 238 5389
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Somali	Caawimo ku baxaysa Af- Soomaali, booqo barta daraasadda internetka <a href="http://www.gp-patient.co.uk">www.gp-patient.co.uk</a> ama wac telefoonka bilaashka 0808 238 5388
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Urdu	اردو زبان میں مدد کے لیے سروے کی ویب سائٹ <a href="http://www.gp-patient.co.uk">www.gp-patient.co.uk</a> ملاحظہ کریں یا 0808 238 5379 پر مفت فون کریں۔

If you are having problems filling in the questionnaire, or would like to request it in Braille or large print call freephone 0808 238 5385 or visit the website at [www.gp-patient.co.uk](http://www.gp-patient.co.uk)





## 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 2013

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 30<sup>th</sup> 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 statistical 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).

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 statistical 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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