

Ipsos MORI



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



R6 JFP

Reference: **4409827443**

Online password:

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

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

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

- 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?

- 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
- There is usually only one GP in my GP surgery

Q9 How often do you see or speak to your GP?

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

Please turn over

3 July 2014

GP Patient Survey – Technical annex

2013-2014 annual report



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Introduction

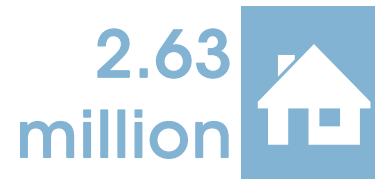
1 Introduction

This technical report provides details of the 2013-2014 GP Patient Survey (GPPS) conducted by Ipsos MORI. The survey was conducted on behalf of NHS England.

This is the eighth year that the GPPS 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 roughly 2.6 million patients across two waves, from July to October and January to April. In July 2013, around 1.31 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 2014, 1.32 million adult patients were sent the questionnaire, with reminders again sent in the two months following the initial mailing.

A purple-coloured questionnaire was sent out in the July-Sept 2013 wave and a blue questionnaire was sent in the January-March 2014 wave in order to easily distinguish between the two unique sets of patients invited to take part.



Number of patients who were sent the survey over the last year.

Table 1.1 – Survey mailout and publication dates

	Wave 1	Wave 2
Initial survey sent	1 July 2013	2 January 2014
First reminder sent	5 August 2013	3 February 2014
Second reminder sent	2 September 2013	3 March 2014
Colour	Purple	Blue
Results published	12 December 2013	3 July 2014

The questions were the same in both waves and asked patients about when they 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. This year of the GPPS also included four questions around ‘planning your care’ which about use of written care plans.

Please see the Appendix for copies of the questionnaires sent in 2013-14.

1.1 Survey Governance

Since February 2014, the governance of the survey has involved input from a steering group, meeting regularly to provide a forum in which stakeholders of the GPPS could be kept informed of the progress of the survey. The group 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 and NHS England.

The group consists of representatives from the following:

- Ipsos MORI
- NHS England
- Care Quality Commission
- Healthwatch England
- National Association for Patient Participation
- General Practitioners Committee
- British Medical Association
- Local Medical Committee
- Community, Primary & Integrated Care, Nursing Directorate
- Patient Representative to the Quality Board
- System Policy
- Social Care, Local Government and Care Partnerships Directorate
- Royal College of General Practitioner's Patient Partnership Group
- Department of Health

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

Questionnaire design

2 Questionnaire design

2.1 Questionnaire development for the 2013-2014 survey

For the most part, the questionnaire in 2013-2014 remained the same as the one used for the 2012-2013 survey. The one difference was that an additional section – called ‘Planning your care’ – was added; this consisted of four questions on written care plans, namely whether or not patients:

- have a written care plan;
- helped to put their written care plan together;
- use their written care plan to manage their health day-to-day; and
- review their written care plan with their GP or health professional.

These new questions were developed purposively for inclusion in the GPPS; they were cognitively tested in a number of rounds, with interim feedback provided by Ipsos MORI to NHS England together with suggested revisions to the questions. A total of 12 cognitive interviews were conducted across three rounds of interviewing in May 2013 to test and develop these four questions. Where possible, the whole questionnaire was tested, however the primary focus of the cognitive interviews was on these new questions. Interviews were carried out with a range of patients with respect to gender, age, social class, and GP surgery. At least two people had a long-term health condition in each round of testing.

2.2 The final questionnaire

Below is a complete list of all the topics covered in the 2013-2014 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 the GP/ nurse
- Able to get an appointment to see or speak to someone
- What type of appointment they got
- Time between initially contacting the surgery and seeing and speaking to someone
- Convenience of the appointment they were able to get
- Reasons for not being able to get an appointment or the appointment offered wasn't convenient
- What they did on that occasion (if unable to get an appointment/appointment not convenient)
- Overall experience of making an appointment

Waiting times

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

Last GP appointment

- 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

62

Number of questions
in the current survey.

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 the 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 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

Planning your care

- Whether patients have a written care plan
- Whether they helped to put their written care plan together
- Using their written care plan to manage their health day-to-day
- Reviewing their written care plan with their GP or health professional

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
- Overall experience of NHS Dental services
- Reason for not making an appointment in last two years, if applicable

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

3 Sampling

3.1 Sample overview

Every year, an issued sample size is set to try and ensure that questionnaires are sent out to 1,320,000 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 ensures that confidence intervals are as consistent as possible between practices and that none have particularly wide intervals.

Patient samples are obtained for each practice using registration records held on the HSCIC (Health and Social Care Information Centre, formerly NHAIS) database. The data provided from HSCIC 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, HSCIC provides an anonymous list of patients for final sample size determination and individual patient selection. After the selected anonymous records are returned to HSCIC, 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.

An additional eligibility criterion was added in 2009-2010 and continues to be in place for the 2013-2014 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.

3.1.1 HSCIC population extraction procedure

As in previous years, HSCIC provides a file of anonymous patient data for all eligible patients who reside in England or Wales and are registered with a practice in England. 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 is drawn (see below for method).



Valid NHS number

Registered with GP practice for 6 months or more

Aged 18 and over

3.1.2 Practices included in the survey

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

Table 3.1 – Number of practices with eligible patients per wave

	Number of practices with eligible patients
Wave 1	8,011
Wave 2	7,976

In total, patients in 8,017 different practices were sent questionnaires over the course of the year. At least one completed questionnaire was received from patients in 8,005 practices. A total of 7,952 practices were included in both waves of the survey.

3.2 Sample size calculation

The sample size is determined for each practice to deliver a likely confidence interval of ± 8.6 (W1) or ± 8.8 (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.2.64 million (1.32 million in wave 1, 1.32 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.



A total of **7,952** practices were included in both waves of the survey.



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. These complications arise because account has to be taken of:

- 1** Practice population sizes as these are relatively small (accounted for 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 number of patients 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 ±8.6% (W1) or ±8.8% (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 patients found to be ineligible for the survey (i.e. those who were sampled in the previous wave of the survey or are newly registered with the practice 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 responses required to deliver set confidence intervals around the estimate of a proportion.

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

- 1** The number of eligible patients 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 $\pm 8.6\%$ or $\pm 8.8\%$ 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 2012-2013 GPPS, and is set at 30% for practices new to the survey or to whom fewer than 100 surveys were issued in the 2012-2013 GPPS. This is to prevent unrealistically high or low response rates being used for new and very small practices.

3.2.1 Adjustments to response rate estimates

To prevent issuing very large numbers of questionnaires in practices which had very low response rates in 2012-2013, a minimum response rate of 26.4% was assumed. This meant that no practice had more than 242 questionnaires issued in any given wave. The mean mailout size per practice was 172 in wave 1 and 167 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 47.7% was set.

3.3 Patient sample selection

3.3.1 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 are new to the practice; they 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 we want 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 we want 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 is then selected on a '1 in n' basis and the unique reference numbers returned to HSCIC via a secure FTP (File Transfer Protocol) site.

3.3.2 Personal Data Extraction

On receipt of the selected records, HSCIC then extracted the contact details for each of the sampled patients. The extracted file contained each patient’s name, address, month and year of birth, gender, and NHS ID number. This file was encrypted by HSCIC 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.

3.3.3 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). Where duplicates existed, both were removed as we could not confirm which practice they 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.

3.3.4 Total number of questionnaires sent per wave

Table 3.2 shows the final number of patients to whom questionnaires were sent after all sample cleaning had been finished.

Table 3.2 – Number of questionnaires sent per wave

	Number sent
Wave 1	1,313,496
Wave 2	1,317,713
Total	2,631,209

Communications with patients and practices

4 Communications with patients and practices

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

4.1 Information for display in GP practices

A poster was made available for GP practices to display in their surgeries in English and 13 other languages. Copies of the poster were available on the GPPS website for download and printing. A version for electronic notice boards was also available for download.

4.2 2013-2014 survey website

A dedicated survey website was maintained and hosted by Ipsos MORI. The advertised web address is www.gp-patient.co.uk, although the site can also be accessed at www.gp-patient.com. The 2013-2014 site was designed to reflect the branding of the questionnaire and all other related material (see Figure 1 for the website home page).

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Other languages the survey is translated into (apart from English)

Figure 4.1 – The www.gp-patient.co.uk homepage



The 2013-2014 website was updated on the first day of each wave, as the first questionnaires are delivered to patients, and was arranged around the following headings.

- **General Information**, covering the aims of the survey, ways to take part and information about accessibility;
- **Frequently Asked Questions (FAQs)**, including information about how patients are chosen, help with completing the survey, and data protection;
- **Other Languages**, providing information 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 covering 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**, a page of videos that welcome BSL users to the website, explain the survey, provide responses to a selection of FAQs, 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.

7,000 

Calls to the GPPS
helpline over the year.

4.3 Helplines

Ipsos MORI set up freephone helplines for patients who wanted more information about the survey. Separate numbers are set up for the English and foreign language helplines. In total, almost 7,000 calls were handled by the helplines over the course of the year.

4.3.1 English language telephone 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 2 July to 30 September 2013 and 3 January to 31 March 2014. 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.

Patients can also opt out of the survey by providing their reference number to helpline staff or in a voicemail message.

4.3.2 Foreign language telephone helpline

In order to make the survey as accessible as possible, there are separate helplines for each of 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.

4.3.3 Email helpline

As well as using the telephone helpline, patients are also able to email the GPPS team at Ipsos MORI with any queries about completing the survey or accessing the survey online. In total, approximately 350 email queries were received across both waves of the 2013-2014 survey.

Data collection

5 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.



Patients can complete the survey by **post**, **online** or by **telephone**.

5.1 Postal survey

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

5.1.2 Printing

All questionnaires, letterhead, C5 Business Return envelopes, and C5 outer envelopes were printed in advance of the survey. Once the sample was made available, the questionnaires were then 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 then packed into an outer envelope by machine, and sorted into Walksort batches, ready for collection by the downstream access provider.

5.1.3 Posting the questionnaires

Initial letters and questionnaires were sent to patients on the dates in Table 5.1, and then followed up with 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 NHS England;
- those whose questionnaires were returned to sender; and
- those recorded as deceased on the HSCIC database.

Table 5.1 – Survey mailout dates by wave

	Wave 1	Wave 2
Initial mailing sent	1 July 2013	2 January 2014
1st reminder mailing sent	5 August 2013	3 February 2014
2nd reminder mailing sent	2 September 2013	3 March 2014

Copies of all letters can be found in the Appendix.

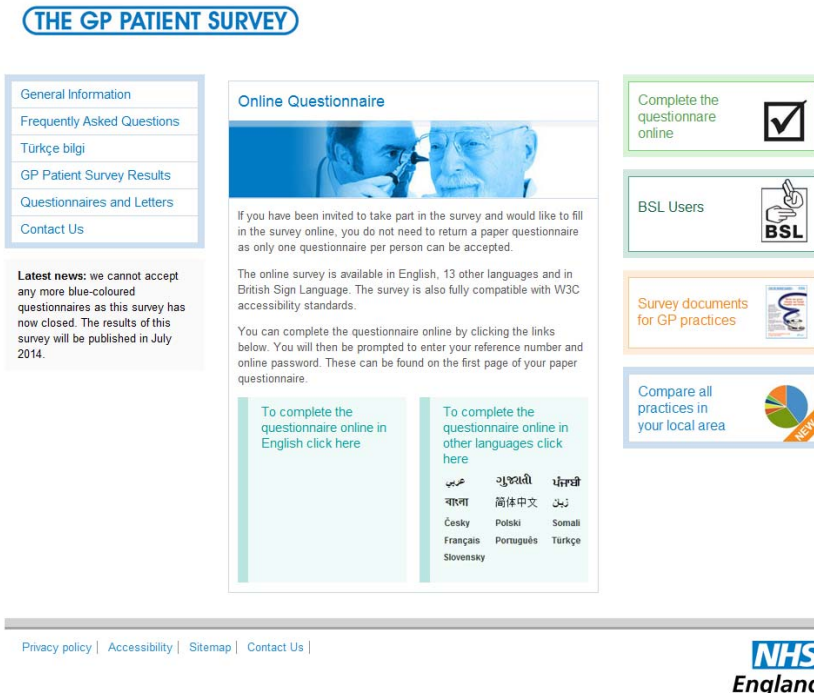
5.2 Alternative methods of completion

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

5.2.1 Online Completion

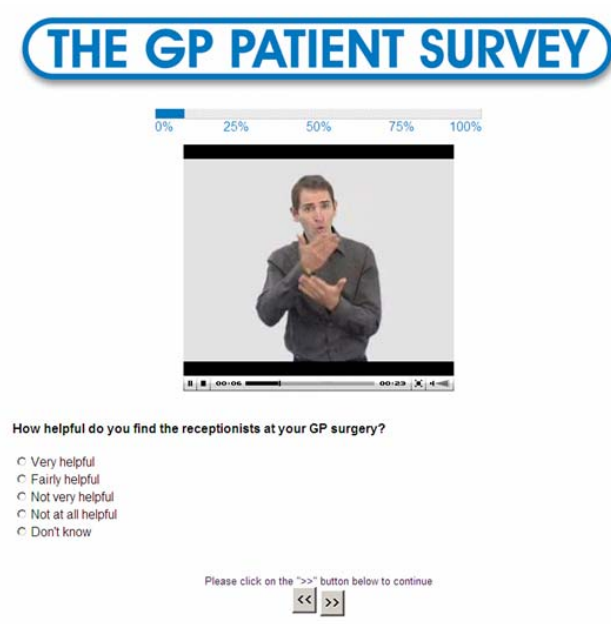
Patients were offered the option to complete the survey online via the GPPS website in English, one of the 13 other languages offered, or in British Sign Language (BSL). These different versions of the survey were accessible from different pages on the website. The Online Survey page of the website gave those invited to take part 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 5.1.

Figure 5.1 – Choosing your preferred language



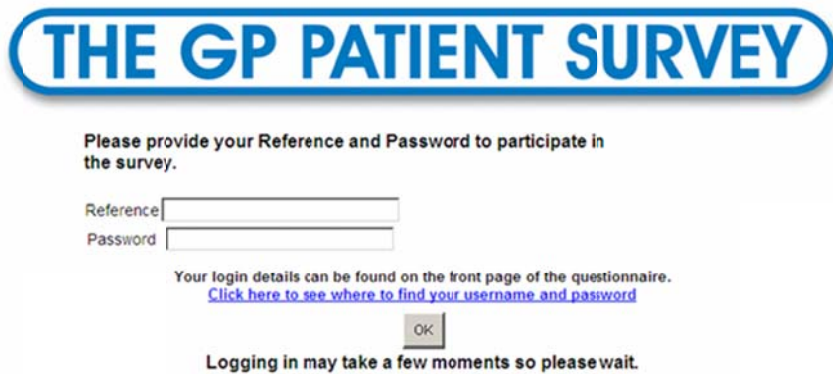
Likewise, there was also the option for patients who access a BSL version via the pages dedicated to supporting BSL users. This involved showing video clips of a BSL user signing the instructions, questions, and options available (see Figure 5.2).

Figure 5.2 – Viewing the questionnaire in BSL



Regardless of the language chosen, each patient in the sample was assigned a unique reference number and password (printed on the front page of the paper questionnaire) that would allow them to access the online versions of the questionnaire. In order to complete the survey online, patients were required to enter these details on a first login screen (see Figure 5.3 below).

Figure 5.3 – Login screen for online survey



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

Figure 5.4 – Question from the online survey



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.

5.2.2 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. Helpline staff entered callers' answers to the survey questions directly into the online version of the survey.

5.2.3 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.

5.2.4 Total number of online returns

Table 5.2 shows that the annual survey results include 36,586 survey questionnaires completed online.

Table 5.2 – Number of online completes per wave

	Number completed online
Wave 1	16,668
Wave 2	19,918
Total	36,586

Of these 36,586 online completes, table 5.3 details how many patients completed the survey in each available foreign language and British Sign Language.

Table 5.3 – Completes per language

	Wave 1	Wave 2	Total
Arabic	28	20	48
Bengali	13	15	28
Czech	16	15	31
French	14	5	19
Gujarati	10	14	24
Mandarin	48	43	91
Polish	522	433	955
Portuguese	37	37	74
Punjabi	48	15	63
Slovak	31	31	62
Somali	6	2	8
Turkish	21	17	38
Urdu	19	17	36
Total	813	664	1,477
BSL	41	62	103

Data analysis

6 Data analysis

6.1 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 NHS England, 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 6.1 – Cut off dates for returns

	Cut off for returns
Wave 1	7 October 2013
Wave 2	4 April 2014

6.2 Inclusions and exclusions

The rules and protocols used for delivering the data for the 2013-2014 reports were as follows:

- All questionnaires received with identifiable reference numbers allowing linkage to GP practice; plus all completed online were included.
- Returned questionnaire figures were based only on those qualifying for inclusion in the dataset as described in this document.
- The calculated response rates were 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 were included.
 - All questionnaires where the barcode number was not in the valid range for the live wave of the survey.
 - All questionnaires without a valid practice code.
 - All blank questionnaires.

Questionnaire data were combined from scanned and online 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. Where duplicates existed within a completion mode, the earliest return was included.

6.3 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 (e.g. 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 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)
 - Q41 (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 (Q53) 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).

6.4 Weighting strategy

The weighting scheme for 2013-2014 followed the same weighting strategy used in the 2012-2013 survey. 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 calibration weight by practice to ensure that:
 - o the weighted responding sample within each practice resembles the population of eligible patients within the practice; and
 - o The age and gender distribution within each CCG resembles the population of eligible patients within the CCG.

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 at the time of sampling for wave two (excluding those patients who had been issued a questionnaire in the previous wave of the survey). This weight gives you the number of patients from the practice that are represented by each individual who is sampled for GPPS from said practice.

Non-response weights were constructed using a model based approach to estimate the probability of responding. 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 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 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 London and West Midlands than other regions and it decreased in the following:

- OAs with higher deprivation and crime scores;
- OAs with an increasing proportion of non-white people;
- OAs with an increasing proportion of single, separated or divorced people;
- OAs with an increasing proportion of households with three or more people;
- OAs with an increasing proportion of privately rented households.

In contrast, response increased with an increasing proportion of employees.

The non-response pre-weights were calculated as the reciprocal of the predicted probability of response. The pre-weights were capped after using standardised weighting to determine this level. Capping can 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.

Calibration was computed to make the weighted sample of respondents resemble the eligible population by practice and age/gender within CCG. Calibration can lead to very variable weights if applied to small cells. In GPPS, small cells can typically arise in any CCG which has only a small number of responders in a particular age-sex band, or in practices with a low response rate. To overcome these issues, the age-sex bands were combined into six categories, and a small amount of additional capping was performed. In particular, practices with fewer than ten respondents had their weights capped. Finally, the weights were standardised to sum to the sample size.

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. The calibration factor (as described above) was applied to the combined dataset. The practice population totals used for the calibration were based on the average practice population from both waves. The resulting weight was standardised to obtain the final weight.

6.5 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.

Response rates

7 Response rates

The overall response rate for England over both waves was 34.3%, based on 2,631,209 questionnaires sent out and 903,357 returned. This is based on the following figures for each individual wave:

Table 7.1 – Surveys sent, returned and response rates

	Number sent	Number returned	Response rate
Wave 1	1,313,496	447,133	34.0%
Wave 2	1,317,713	456,224	34.6%
Total	2,631,209	903,357	34.3%

Table 7.2 – Response rates by gender

	Wave 1	Wave 2
Women	38.9%	39.5%
Men	29.2%	30.0%

Table 7.3 – Response rates by age

	Wave 1	Wave 2
18-24	15.7%	14.2%
25-34	16.6%	17.0%
35-44	23.9%	24.6%
45-54	32.2%	33.3%
55-64	49.5%	50.4%
65-74	62.1%	64.1%
75-84	66.1%	62.7%
85+	44.6%	47.5%

Figure 7.1 – Number of practices within each response rate band over time

Number of practices within each response rate band over time

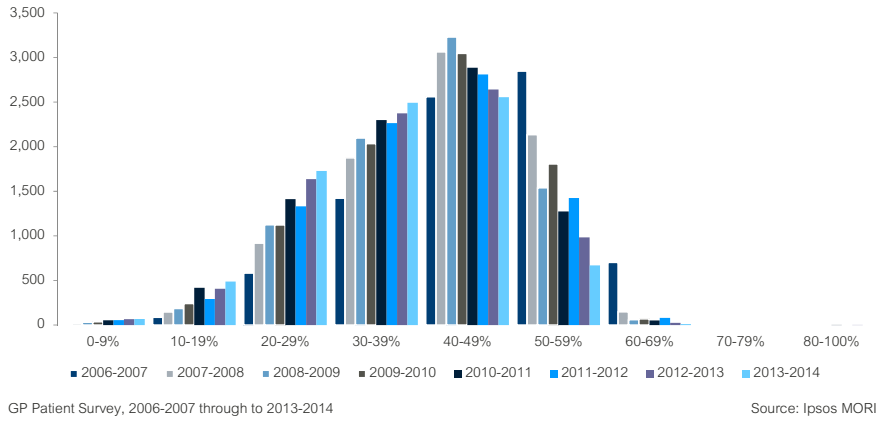


Table 7.4 – Number and proportion of practices within each response rate band

	Practices in 13/14		Practices in 12/13		Practices in 11/12		Practices in 10/11		Practices in 09/10		Practices in 08/09		Practices in 07/08		Practices in 06/07	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
0-9%	66	1	64	1%	56	1%	52	1%	37	*	32	*	20	*	17	*
10-19%	487	6	406	5%	292	4%	417	5%	241	3%	187	2%	147	2%	87	1%
20-29%	1727	22	1,636	20%	1,331	16%	1,410	17%	1,122	13%	1,126	14%	918	11%	584	7%
30-39%	2492	31	2,374	29%	2,265	27%	2,299	27%	2,036	24%	2,097	25%	1,875	23%	1,423	17%
40-49%	2556	32	2,641	32%	2,809	34%	2,884	34%	3,047	36%	3,231	39%	3,063	37%	2,561	31%
50-59%	667	8	982	12%	1,424	17%	1,273	15%	1,806	22%	1,540	19%	2,135	26%	2,847	35%
60-69%	10	*	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%	0	0%	10	*
80-100%	0	0	1	*	0	0%	1	*	4	*	0	0%	0	0%	0	0%
Total	8,005	100	8,129	100	8,258	100	8,386	100	8,362	100	8,273	100	8,307	100	8,232	100

*indicates less than 0.5%

Reporting

8 Reporting

8.1 Deliverables

The survey reporting specifications were created by Ipsos MORI in collaboration with NHS England. The specifications 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.

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

Table 8.1 – Weighted reports (wave 1 and 2 – published via the website)

	Detail/purpose	Date published
National Summary report	National headline results of the survey	
National-level CSV file	One file in CSV (Comma-separated value) format that contains all the national-level data within the Excel based reports	
Area Team-level report	One Excel report containing survey results for every Area Team and the national results	
Area Team-level CSV file	One file in CSV (Comma-separated value) format that contains all the Area Team-level data within the Excel based reports	
CCG-level report	One Excel report containing survey results for every CCG and the national results	Wave 1: 13 December 2013 Wave 2: 3 July 2014
CCG-level CSV file	One file in CSV (Comma-separated value) format that contains all the CCG-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	

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

	Detail/purpose	Date provided
Person dataset	Person level dataset (SPSS) to allow for a range of ad hoc analyses	
Practice dataset	Practice level dataset (SPSS) to allow for a range of ad hoc analyses	Wave 1: 8 November 2013
Dentistry person dataset	Person level dataset (SPSS) to allow for a range of ad hoc analyses around the dentistry questions	Wave 2: 30 May 2014

Table 8.3 – Unweighted reports (wave 1 and 2 – published via the website)

	Detail/purpose	Date published
National-level CSV file	One file in CSV (Comma-separated value) format that contains all the national-level data within the Excel based reports	
Area Team-level report	One Excel report containing survey results for every Area Team and the national results	
Area Team-level CSV file	One file in CSV (Comma-separated value) format that contains all the Area Team-level data within the Excel based reports	
CCG-level report	One Excel report containing survey results for every CCG and the national results	Wave 1: 13 December 2013 Wave 2: 3 July 2014
CCG-level CSV file	One file in CSV (Comma-separated value) format that contains all the CCG-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	

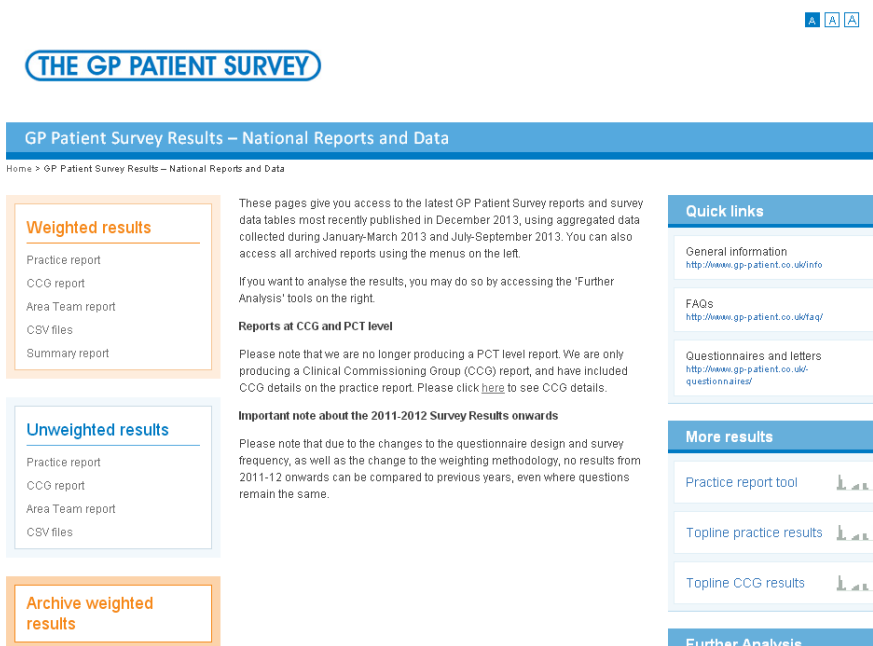
Table 8.4 – Annual reports (published via the website)

	Detail/purpose	Date published
Technical annex	Communicate operational details of survey	3 July 2014

8.2 The GPPS 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 allowed visitors to access every report produced and published and links to another site where users could analyse the results, compare them to the results for every other practice in England and analyse any trend data which is available.

Figure 8.1 – Main results page on the GPPS website



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

All current reports for practices, CCGs and Area Teams were accessed via these links; weighted reports in the ‘Weighted results’ section, and unweighted reports in the ‘Unweighted results’ section. National, Area Team, CCG and practice-level CSV (Comma-separated values) files were also found here, along with the summary report of the national-level headline results of the survey.

All previous GP survey reports could be accessed in the archive section (both weighted and unweighted). This included 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 provided access to the most recent weighted reports via the appropriate headings.
 - **Practice report:** this link took users to the latest weighted Excel practice report (described in the previous section).
 - **CCG report:** latest weighted Excel CCG report (described in the previous section).
 - **Area Team report:** latest weighted Excel Area Team report (described in the previous section).
 - **CSV files:** latest weighted National, Area Team, CCG and practice CSV files, as well as a list of reporting variables.
 - **Summary report:** latest summary topline results of the survey.

- 2 Unweighted results:** these links provided access to the most recent unweighted reports, via the appropriate headings.
 - **Practice report:** this link took users to the latest unweighted Excel practice report (described in the previous section).
 - **CCG report:** latest unweighted Excel CCG report (described in the previous section).
 - **Area Team report:** latest unweighted Excel Area Team report (described in the previous section).
 - **CSV files:** latest unweighted National, Area Team, CCG, and practice CSV files, as well as a list of reporting variables.

- 3 Archive weighted results:** these links took users to weighted reports from previous surveys carried out since 2009, via the appropriate headings.
 - **Practice report:** archive weighted Excel practice reports.
 - **Overall PCT report:** archive weighted Excel PCT reports.
 - **Individual PCT report:** this link took users to a search box and A-Z to allow easy access to archive weighted Excel reports for individual PCTs.
 - **Care planning report:** archive weighted care planning reports.
 - **Out of hours report:** archive weighted Excel out-of-hours reports.
 - **NHS dentistry report:** archive weighted Excel NHS dentistry reports.

- 4 Archive unweighted results:** these links took users to unweighted reports from previous surveys carried out since 2009, via the appropriate headings.
- **Practice factsheets:** this link took users to a search box and A-Z to allow easy access to archive practice factsheets for individual practices.
 - **Practice report:** archive unweighted Excel practice reports.
 - **Overall PCT report:** archive unweighted Excel PCT reports.
 - **Individual PCT report:** this link took users to a search box and A-Z to allow easy access to archive unweighted Excel reports for individual PCTs.
 - **Care planning report:** archive unweighted Excel care planning reports.
 - **Out of hours report:** archive unweighted Excel out-of-hours reports.
 - **NHS dentistry report:** archive unweighted Excel NHS dentistry reports.
 - **Summary report:** archive summary topline results of the survey.
 - **Commentary report:** this link takes you to archive reports of the national findings, in which differences between demographic groups were summarised.
- 5 Annual reports:** Here users could 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:

- 1 Practice report tool:** this website allows users to view the results for a particular practice, and compare these results to 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, Area Team, 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, Area Team and the national results are again 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 Commissioning Region, Area Team, 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, Area Team, Commissioning Region, or national) have changed over time. The trend data for surveys from January 2009 to March 2011 are available separately to data from July 2011 onwards.

Appendix

9 Appendix

9.1 Questionnaire

THE GP PATIENT SURVEY

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

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



Reference:

1234567890



Online password:

ABCDE



ACCESSING YOUR GP SERVICES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MAKING AN APPOINTMENT

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

What did you want to do?

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

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

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

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

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

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

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

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

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

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

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

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

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

Q17 What did you do on that occasion?

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

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

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

WAITING TIMES

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

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

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

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

LAST GP APPOINTMENT

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

Giving you enough time

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

Listening to you

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

Explaining tests and treatments

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

Involving you in decisions about your care

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

Treating you with care and concern

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

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

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

LAST NURSE APPOINTMENT

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

Giving you enough time

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

Listening to you

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

Explaining tests and treatments

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

Involving you in decisions about your care

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

Treating you with care and concern

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

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

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

OPENING HOURS

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

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

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

- YesGo to Q28
- No
- Don't know

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

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

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

OVERALL EXPERIENCE

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

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

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

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

MANAGING YOUR HEALTH

Q30 Do you have a long-standing health condition?

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

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

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

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

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

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

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

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

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

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

YOUR STATE OF HEALTH TODAY

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

Mobility

- I have no problems in walking about
- I have 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

PLANNING YOUR CARE

The next few questions are about care plans.

A care plan is an agreement between you and your health professional(s) to help you manage your health day-to-day.

It is usually a written document you carry with you to appointments and use at home. It can include information about your medicine, an eating or exercise plan, or goals you want to work toward, like returning to work.

Q36 Do you have a written care plan?

- Yes
 No **Go to Q40**
 Don't know **Go to Q40**

Q37 Did you help put your written care plan together?

By 'helping' we mean setting goals for yourself or choosing how you want to manage your health

- Yes
 No

Q38 Do you use your written care plan to help you manage your health day-to-day?

- Yes
 No

Q39 Does your GP, nurse or other health professional review your written care plan with you regularly?

- Yes
 No
 Don't know

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.

Q40 Do you know how to contact an out-of-hours GP service when the surgery is closed?

- Yes
 No

Q41 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 Q46**

Q42 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

Q43 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

Q44 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

Q45 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

Q46 When did you last try to get an NHS dental appointment for yourself?

- In the last 3 months
- Between 3 and 6 months ago
- Between 6 months and a year ago
- Between 1 and 2 years ago
- More than 2 years agoGo to Q50
- I have never tried to get an NHS dental appointment.....Go to Q50

Q47 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

Q48 Were you successful in getting an NHS dental appointment?

- Yes
- No
- Can't remember

Q49 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 Q51

Q50 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.

Q51 Are you male or female?

- Male
- Female

Q52 How old are you?

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

Q53 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

Q54

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 Q57

Q55

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

Q56

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

Q57

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

- Yes
- No

Q58

Are you a deaf person who uses sign language?

- Yes
- No

Q59

Which of the following best describes your smoking habits?

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

Q60

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

Q61

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

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

Q62

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).

9.2 Initial letter

Reference:

1234567890



THE GP PATIENT SURVEY

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

January 2014

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 other 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. NHS England will only see anonymous statistical results. We 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

Tim Kelsey
National Director for Patients and Information
NHS England



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 we be able to see your individual results?

We will not see your individual answers. NHS England will only see anonymous statistical results. We will not see any individual patient views or information. 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 NHS England. 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 www.gp-patient.co.uk – তে যান অথবা 0808 238 5382 ফ্রিফোন নাম্বারে ফোন করুন।
Czech	Pro asistenci v češtině navštivte webovou stránku průzkumu na adrese www.gp-patient.co.uk 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: www.gp-patient.co.uk ou appelez gratuitement le 0808 238 5384
Gujarati	ગુજરાતી ભાષામાં મદદ માટે અમારી મોજ્જી ની વેબ સાઇટની મુલાકાત લો અથવા વિનામૂલ્યે ફોન થી સંપર્ક કરો વેબસાઇટ નું સરનામું – www.gp-patient.co.uk ફોન નંબર – 0808 238 5386
Mandarin	欲获得中文协助，请访问调查网站 www.gp-patient.co.uk 或拨打免费电话 0808 238 5475
Polish	Pomoc w języku polskim można znaleźć na stronie internetowej badania pod adresem: www.gp-patient.co.uk lub uzyskać pod numerem telefonu 0808 238 5381 (połączenia bezpłatne)
Portuguese	Para assistência em Português, visite o site da sondagem na Internet em www.gp-patient.co.uk ou ligue para o número grátis 0808 238 5389
Punjabi	ਪੰਜਾਬੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਲਈ ਵਿਰਧਾ ਕਰਕੇ ਸਰਵੇਖਣ ਦੇ ਵੈਬਸਾਈਟ www.gp-patient.co.uk ਤੇ ਜਾਓ ਜਾਂ 0808 238 5380 ਤੇ ਮੁਫਤ ਫੋਨ ਕਰੋ।
Slovak	Pri asistencii v slovenskom jazyku prosím navštívte webovú stránku dotazníka www.gp-patient.co.uk alebo volajte bezplatne na číslo 0808 238 5476
Somali	Caawimo ku baxaysa Af- Soomaali, booqo barta daraasadda internetka www.gp-patient.co.uk ama wac telefoonka bilaashka 0808 238 5388
Turkish	Türkçe yardım için, anket web sitesi www.gp-patient.co.uk adresini ziyaret edebilir ya da ücretsiz telefon hattı 0808 238 5387'i arayabilirsiniz
Urdu	اردو زبان میں مدد کے لیے سروے کی ویب سائٹ www.gp-patient.co.uk ملاحظہ کریں یا 0808 238 5379 پرمفت 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



9.3 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 2014

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 other 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. NHS England will only see anonymous statistical results. We 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

Tim Kelsey
National Director for Patients and Information
NHS England



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 we be able to see your individual results?

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How did we get your name and address?

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9.4 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 2014

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 other 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 30th 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. NHS England will only see anonymous statistical results. We 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

Tim Kelsey
National Director for Patients and Information
NHS England



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 we be able to see your individual results?

We will not see your individual answers. NHS England will only see anonymous statistical results. We will not see any individual patient views or information. 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 NHS England. 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 www.gp-patient.co.uk – তে যান অথবা 0808 238 5382 ফ্রিফোন নাম্বারে ফোন করুন।
Czech	Pro asistenci v češtině navštivte webovou stránku průzkumu na adrese www.gp-patient.co.uk 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: www.gp-patient.co.uk ou appelez gratuitement le 0808 238 5384
Gujarati	ગુજરાતી ભાષામાં મદદ માટે અમારી મોજ્જી ની વેબ સાઇટની મુલાકાત લો અથવા વિનામૂલ્યે ફોન થી સંપર્ક કરો વેબસાઇટ નું સરનામું – www.gp-patient.co.uk ફોન નંબર – 0808 238 5386
Mandarin	欲获得中文协助，请访问调查网站 www.gp-patient.co.uk 或拨打免费电话 0808 238 5475
Polish	Pomoc w języku polskim można znaleźć na stronie internetowej badania pod adresem: www.gp-patient.co.uk lub uzyskać pod numerem telefonu 0808 238 5381 (połączenia bezpłatne)
Portuguese	Para assistência em Português, visite o site da sondagem na Internet em www.gp-patient.co.uk ou ligue para o número grátis 0808 238 5389
Punjabi	ਪੰਜਾਬੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਲਈ ਵਿਰਧਾ ਕਰਕੇ ਸਰਵੇਖਣ ਦੇ ਵੈਬਸਾਈਟ www.gp-patient.co.uk ਤੇ ਜਾਣ ਨਾ 0808 238 5380 ਤੇ ਮੁਫਤ ਫੋਨ ਕਰੋ।
Slovak	Pri asistencii v slovenskom jazyku prosím navštívte webovú stránku dotazníka www.gp-patient.co.uk alebo volajte bezplatne na číslo 0808 238 5476
Somali	Caawimo ku baxaysa Af- Soomaali, booqo barta daraasadda internetka www.gp-patient.co.uk ama wac telefoonka bilaashka 0808 238 5388
Turkish	Türkçe yardım için, anket web sitesi www.gp-patient.co.uk adresini ziyaret edebilir ya da ücretsiz telefon hattı 0808 238 5387'i arayabilirsiniz
Urdu	اردو زبان میں مدد کے لیے سروے کی ویب سائٹ www.gp-patient.co.uk ملاحظہ کریں یا 0808 238 5379 پرمفت 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



For more information

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About Ipsos MORI's Social Research Institute

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