

**Patient survey from BACKWELL + NAILSEA MEDICAL GROUP
using the General Practice Assessment Questionnaire (GPAQ)**

Standard report and analysis for GPAQ Consultation Version 2.0a

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Date: 22 March 2013

How the survey was carried out

Initially 50 questionnaires for each individual doctor were handed to random selection of patients attending the surgery and consulting with the doctor week commencing 14th January 2013. The practice appointed a temporary administrator to distribute and collect the questionnaires.

The questionnaires were numbered and matched to the individual doctor so that individual doctor reports could be produced where required. Patients were encouraged to complete the questionnaire directly after their consultation and, to aid this process; a specific area within the practice was designated where the patient could to complete the form and place in a box.

Summary of results

GPAQ evaluation questions

The following table summarises the individual scores for the evaluation questions in GPAQ, i.e. the ones where patients made a judgment about how good that aspect of care was. Each score is expressed as an average (mean) for all patients who completed the individual question. They are represented as a percentage of the maximum possible score, so the best possible score in each case is 100. You will be able to see the areas where your practice scores well and where improvement may be needed, both comparing aspects of care in your own practice and comparing yourself with others.

The figures in the right hand column contain current national GPAQ benchmarks for that question. Once again, these figures are expressed as percentages of the maximum possible score in this table. These are regularly updated on the GPAQ website. Details of how many patients completed each of the individual responses for each of these questions for your practice are given in full in appendix 3.

	Mean score	GPAQ benchmark
Q2. Satisfaction with receptionists	78	77
Q3a. Satisfaction with opening hours	70	67

Q4b. Satisfaction with availability of particular doctor	68	60
Q5b. Satisfaction with availability of any doctor	75	69
Q7b. Satisfaction with waiting times at practice	58	57
Q8a. Satisfaction with phoning through to practice	61	59
Q8b. Satisfaction with phoning through to doctor for advice	72	61
Q9b. Satisfaction with continuity of care	66	69
Q10a. Satisfaction with doctor's questioning	85	81
Q10b. Satisfaction with how well doctor listens	87	84
Q10c. Satisfaction with how well doctor puts patient at ease	87	84
Q10d. Satisfaction with how much doctor involves patient	84	81
Q10e. Satisfaction with doctor's explanations	86	83
Q10f. Satisfaction with time doctor spends	83	80
Q10g. Satisfaction with doctor's patience	86	84
Q10h. Satisfaction with doctor's caring and concern	87	84
Q11a. Ability to understand problem after visiting doctor	68	69
Q11b. Ability to cope with problem after visiting doctor	67	66
Q11c. Ability to keep healthy after visiting doctor	62	62

Table 1. Mean scores of evaluation questions (as percentages) compared to the GPAQ benchmarks

These benchmark figures are based on data from 232,908 respondents to both the postal and post-consultation versions of GPAQ (combined) collected during the 2004/2005 contract year. Separate benchmarks for the two different versions of GPAQ will be posted in due course if on-going analyses show that mode of administration produces significantly different GPAQ

scores after controlling for social and demographic factors known to influence patient evaluations.

Please check our website <http://www.gpaq.info/benchmarks.htm> for further information.

GPAQ report questions

Some GPAQ questions ask about specific experiences, or ask the patient for specific information. The responses to these questions are summarised here.

Q3b. Additional hours requested	Number of responses
Mornings	30
Lunchtime	24
Evenings	97
Weekends	157
None	251

Q4a. Availability of particular doctor	Number of responses
Same day	162
Next working day	111
Within 2 working days	84
Within 3 working days	46

Within 4 working days	15
5 or more working days	25
Does not apply	55

Q5a. Availability of any doctor	Number of responses
Same day	311
Next working day	111
Within 2 working days	34
Within 3 working days	14
Within 4 working days	4
5 or more working days	3
Does not apply	22

Q6. Same day urgent availability of doctor	Number of responses
Yes	316
No	28
Don't know/never needed to	153

Q7a. Waiting time at practice	Number of responses
5 minutes or less	46
6-10 minutes	221
11-20 minutes	189

21-30 minutes	30
More than 30 minutes	13

Q9a. Continuity for seeing same doctor	Number of responses
Always	50
Almost always	180
A lot of the time	85
Some of the time	107
Almost never	30
Never	6

Demographics

The following tables display the demographic data collected in GPAQ.

Q12. Sex	Number of responses
Male	214
Female	283

Q13. Age	Number of responses
Up to 44 years old	148
45 years old and above	319
<i>Mean</i>	53

Q14. Long standing illness, disability or infirmity	Number of responses
Yes	222
No	270

Q15. Ethnic group	Number of responses
White	483
Black or Black British	2
Asian or Asian British	3
Mixed	3
Chinese	1
Other ethnic group	4

Q16. Accommodation status	Number of responses
Owner-occupied/ mortgaged	418
Rented or other arrangements	66

Q17. Employment status	Number of responses
Employed (full/part time, self-employed)	241
Unemployed	6
School or full time education	27

Long term sickness	18
Looking after home/family	29
Retired	170
Other	6

For all other frequency distribution tables that have not been included in the report so far, please refer to appendix 3.

Appendix 1

Notes about how the General Practice Assessment Questionnaire (GPAQ) was developed

Some aspects of quality are best assessed by asking patients. We reviewed the literature to identify aspects of GP care which are most highly valued by patients. These include:

Availability and accessibility, including: availability of appointments, waiting times, physical access and telephone access.

Technical competence, including: the doctor's knowledge and skills, and the effectiveness of his or her treatments.

Communication skills, including: providing time, exploring patients' needs, listening, explaining, giving information and sharing decisions.

Inter-personal attributes, including: humaneness, caring, supporting and trust.

Organisation of care, including: continuity of care, and, the range of services available.

In order to assess these aspects of care we started from what we regarded as the best currently available questionnaire, the Primary Care Assessment Survey (PCAS)^{i, ii, iii, iv}, which had been extensively validated in the United States. In collaboration with the Health Institute in Boston, we modified PCAS for use in British general practice. The modified questionnaire was called the General Practice Assessment Survey (GPAS). We have used GPAS in large studies in the UK: and detailed research data on GPAS have been published^{v, vi, vii, viii, ix}.

For the new GP contract, we were asked to modify our original GPAS questionnaire, and have produced GPAQ. The main differences are that the new questionnaire is shorter. We have also produced two versions, one designed to be sent by post, and one designed to be given to patients after consultations in the surgery.

GPAQ focuses mainly on questions about access, inter-personal aspects of care, and continuity of care. The version designed to be completed after the consultation asks about are given by an individual doctor. These scores will be able to be used by GPs for their appraisals and revalidation folders. The postal version of GPAQ does not allow scores to be calculated for individual doctors. However, it does include questions about the practice nurses.

GPAQ is described in more detail in the manual which can be downloaded from the GPAQ website, www.gpaq.info.

Appendix 2

Guidance on how to use the results of the questionnaire to improve care in your practice – taking action on GPAQ scores

There is little purpose in doing a survey unless you are prepared to act on the results. In this section, we discuss briefly how you might do this.

GPAQ has been designed so that it is as easy as possible to know how you can use your scores to improve care in your practice. All the questions can be linked directly to some action which you could take. For example, in the communication questions, we have included questions on listening and explaining rather than important but rather nebulous concepts like trust. So for every question in GPAQ, there is some behaviour which you could think about improving.

Some of the work of deciding how to use the results can be done with the practice staff. So, for example, some of the access questions throw up issues which can be addressed through the practice management – e.g. managing the appointment system, phone answering, etc. The access questions form the largest single group of questions.

The next largest group is about communication. This is more difficult to address, but there are well tested methods of improving doctors' communication skills in consultations. These generally rely on critical analysis of videotaped surgeries, usually with a partner or friendly mentor. This is something which all training practices will have had experience of in recent years, as consultation skills training forms an important part of vocational training.

In thinking about who to discuss your survey results with, you should think about:

- Your partners and other doctors working in the practice
- Nurses working in the practice
- Your practice managers and receptionist / admin staff.

Some issues, e.g. scores on the access scale, will need to be discussed with all your staff.

To get level 2 and level 3 payments for the new contract, you will need to do more than this, and will have to have discussed the results of your survey with patients (e.g. a 'critical friends' group, or a patient participation group), and shown that you have done something about the results.

We are aware that most practices have little experience of how to use questionnaires to help them improve care. So, the National Primary Care Research and Development Centre, with the University of Exeter and CFEP have written a practical handbook on this subject. This handbook is freely available to download from NPCRDC's website (<http://www.npcrdc.man.ac.uk/PublicationDetail.cfm?ID=111>).

Appendix 3

Frequency distribution tables not included in the main body of the report

Q1. Number of visits to doctor in last 12 months	Number of responses
None	38
Once or twice	126
Three or four times	166
Five or six times	104
Seven times or more	62

Q2. Satisfaction with receptionists	Number of responses
Very poor	1
Poor	2
Fair	22
Good	137
Very good	201
Excellent	137

Q3a. Satisfaction with opening hours	Number of responses
Very poor	0
Poor	12
Fair	44
Good	194
Very good	194
Excellent	56

Q4b. Satisfaction with availability of particular doctor	Number of responses
Very poor	3
Poor	13
Fair	92
Good	128
Very good	114
Excellent	90
Does not apply	57

Q5b. Satisfaction with availability of any doctor	Number of responses
Very poor	1
Poor	10
Fair	43
Good	142
Very good	146
Excellent	132
Does not apply	21

Q7b. Satisfaction with waiting times at practice	Number of responses
Very poor	5
Poor	29
Fair	148
Good	179
Very good	104
Excellent	33

Q8a. Satisfaction with phoning through to practice	Number of responses
Very poor	6
Poor	22
Fair	109
Good	199
Very good	112
Excellent	38
Don't know/ never tried	13

Q8b. Satisfaction with phoning through to doctor for advice	Number of responses
Very poor	3
Poor	8
Fair	27
Good	92
Very good	92
Excellent	62
Don't know/ never tried	214

Q9b. Satisfaction with continuity of care	Number of responses
Very poor	5
Poor	18
Fair	70
Good	171
Very good	131
Excellent	61

Q10a. Satisfaction with doctor's questioning	Number of responses
Very poor	0
Poor	1
Fair	6
Good	98
Very good	157
Excellent	228
Does not apply	9

Q10b. Satisfaction with how well doctor listens	Number of responses
Very poor	1
Poor	0
Fair	5
Good	79
Very good	155
Excellent	257
Does not apply	3

Q10c. Satisfaction with how well doctor puts patient at ease	Number of responses
Very poor	0
Poor	0
Fair	6
Good	67
Very good	131
Excellent	217
Does not apply	76

Q10d. Satisfaction with how much doctor involves patient	Number of responses
Very poor	0
Poor	1
Fair	9
Good	86
Very good	165
Excellent	211
Does not apply	28

Q10e. Satisfaction with doctor's explanations	Number of responses
Very poor	1
Poor	1
Fair	10
Good	79
Very good	152
Excellent	240
Does not apply	15

Q10f. Satisfaction with time doctor spends	Number of responses
Very poor	0
Poor	1
Fair	18
Good	105
Very good	145
Excellent	229
Does not apply	1

Q10g. Satisfaction with doctor's patience	Number of responses
Very poor	0
Poor	1
Fair	10
Good	81
Very good	148
Excellent	255
Does not apply	5

Q10h. Satisfaction with doctor's caring and concern	Number of responses
Very poor	1
Poor	0
Fair	10
Good	77
Very good	143
Excellent	268
Does not apply	1

Q11a. Ability to understand problem after visiting doctor	Number of responses
Much more than before the visit	225
A little more than before the visit	173
The same or less than before the visit	57
Does not apply	43

Q11b. Ability to cope with problem after visiting doctor	Number of responses
Much more than before the visit	223
A little more than before the visit	157
The same or less than before the visit	72
Does not apply	45

Q11c. Ability to keep healthy after visiting doctor	Number of responses
Much more than before the visit	180
A little more than before the visit	125
The same or less than before the visit	87
Does not apply	104

References

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