

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

Standard report and analysis for GPAQ Consultation Version 2.0a

Contents:

How the survey was carried out

Summary of results

GPAQ evaluation questions

GPAQ report questions

Demographics

Appendix 1. Background to the GPAQ questionnaire

**Appendix 2. Guidance on how to use the results of the questionnaire to improve care
in your practice**

**Appendix 3. Frequency distribution tables for all GPAQ questions not included in the
main body of the report**

References

Date: 28 March 2012

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 9th January 2012. Surveys were also sent to PRG members as their numbers increased. PPG standing committee members assisted the practice in the distribution and collection of these 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	80	77
Q3a. Satisfaction with opening hours	73	67
Q4b. Satisfaction with availability of particular doctor	72	60
Q5b. Satisfaction with availability of any doctor	79	69
Q7b. Satisfaction with waiting times at practice	58	57
Q8a. Satisfaction with phoning through to practice	58	59
Q8b. Satisfaction with phoning through to doctor for advice	67	61
Q9b. Satisfaction with continuity of care	71	69
Q10a. Satisfaction with doctor's questioning	88	81
Q10b. Satisfaction with how well doctor listens	90	84
Q10c. Satisfaction with how well doctor puts patient at ease	89	84
Q10d. Satisfaction with how much doctor involves patient	88	81
Q10e. Satisfaction with doctor's explanations	89	83
Q10f. Satisfaction with time doctor spends	86	80
Q10g. Satisfaction with doctor's patience	89	84
Q10h. Satisfaction with doctor's caring and concern	90	84
Q11a. Ability to understand problem after visiting doctor	73	69
Q11b. Ability to cope with problem after visiting doctor	70	66
Q11c. Ability to keep healthy after visiting doctor	65	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	29
Lunchtime	21
Evenings	92
Weekends	130
None	207

Q4a. Availability of particular doctor	Number of responses
Same day	197
Next working day	59
Within 2 working days	64
Within 3 working days	42
Within 4 working days	21
5 or more working days	24
Does not apply	39

Q5a. Availability of any doctor	Number of responses
Same day	329
Next working day	61
Within 2 working days	12
Within 3 working days	11
Within 4 working days	3
5 or more working days	2
Does not apply	22

Q6. Same day urgent availability of doctor	Number of responses
Yes	318
No	21
Don't know/never needed to	107

Q7a. Waiting time at practice	Number of responses
5 minutes or less	35
6-10 minutes	185
11-20 minutes	168
21-30 minutes	41
More than 30 minutes	11

Q9a. Continuity for seeing same doctor	Number of responses
Always	50
Almost always	192
A lot of the time	78
Some of the time	80
Almost never	23
Never	4

Demographics

The following tables display the demographic data collected in GPAQ.

Q12. Sex	Number of responses
Male	163
Female	287

Q13. Age	Number of responses
Up to 44 years old	129
45 years old and above	304
<i>Mean</i>	<i>55</i>

Q14. Long standing illness, disability or infirmity	Number of responses
Yes	212
No	223

Q15. Ethnic group	Number of responses
White	437
Black or Black British	2
Asian or Asian British	1
Mixed	2
Chinese	1
Other ethnic group	3

Q16. Accommodation status	Number of responses
Owner-occupied/ mortgaged	376
Rented or other arrangements	61

Q17. Employment status	Number of responses
Employed (full/part time, self-employed)	196
Unemployed	5
School or full time education	17
Long term sickness	13
Looking after home/family	27
Retired	186
Other	4

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	16
Once or twice	105
Three or four times	164
Five or six times	89
Seven times or more	76

Q2. Satisfaction with receptionists	Number of responses
Very poor	0
Poor	1
Fair	23
Good	91
Very good	183
Excellent	150

Q3a. Satisfaction with opening hours	Number of responses
Very poor	0
Poor	4
Fair	38
Good	142
Very good	188
Excellent	70

Q4b. Satisfaction with availability of particular doctor	Number of responses
Very poor	2
Poor	15
Fair	73
Good	82
Very good	108
Excellent	127
Does not apply	35

Q5b. Satisfaction with availability of any doctor	Number of responses
Very poor	4
Poor	4
Fair	30
Good	80
Very good	128
Excellent	155
Does not apply	20

Q7b. Satisfaction with waiting times at practice	Number of responses
Very poor	2
Poor	23
Fair	137
Good	156
Very good	82
Excellent	33

Q8a. Satisfaction with phoning through to practice	Number of responses
Very poor	8
Poor	47
Fair	95
Good	150
Very good	97
Excellent	41
Don't know/ never tried	12

Q8b. Satisfaction with phoning through to doctor for advice	Number of responses
Very poor	4
Poor	12
Fair	39
Good	94
Very good	78
Excellent	44
Don't know/ never tried	167

Q9b. Satisfaction with continuity of care	Number of responses
Very poor	5
Poor	11
Fair	53
Good	121
Very good	146
Excellent	88

Q10a. Satisfaction with doctor's questioning	Number of responses
Very poor	1
Poor	1
Fair	11
Good	45
Very good	135
Excellent	250
Does not apply	6

Q10b. Satisfaction with how well doctor listens	Number of responses
Very poor	1
Poor	2
Fair	6
Good	43
Very good	115
Excellent	281
Does not apply	2

Q10c. Satisfaction with how well doctor puts patient at ease	Number of responses
Very poor	1
Poor	1
Fair	5
Good	44
Very good	94
Excellent	242
Does not apply	58

Q10d. Satisfaction with how much doctor involves patient	Number of responses
Very poor	1
Poor	1
Fair	8
Good	48
Very good	124
Excellent	239
Does not apply	26

Q10e. Satisfaction with doctor's explanations	Number of responses
Very poor	2
Poor	0
Fair	5
Good	47
Very good	111
Excellent	272
Does not apply	12

Q10f. Satisfaction with time doctor spends	Number of responses
Very poor	1
Poor	4
Fair	14
Good	62
Very good	128
Excellent	232
Does not apply	3

Q10g. Satisfaction with doctor's patience	Number of responses
Very poor	2
Poor	1
Fair	10
Good	40
Very good	111
Excellent	272
Does not apply	12

Q10h. Satisfaction with doctor's caring and concern	Number of responses
Very poor	1
Poor	2
Fair	11
Good	45
Very good	94
Excellent	290
Does not apply	7

Q11a. Ability to understand problem after visiting doctor	Number of responses
Much more than before the visit	226
A little more than before the visit	120
The same or less than before the visit	48
Does not apply	49

Q11b. Ability to cope with problem after visiting doctor	Number of responses
Much more than before the visit	210
A little more than before the visit	124
The same or less than before the visit	56
Does not apply	52

Q11c. Ability to keep healthy after visiting doctor	Number of responses
Much more than before the visit	169
A little more than before the visit	84
The same or less than before the visit	70
Does not apply	113

References

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