

**Patient survey from *Sunday Practice*
using the General Practice Assessment Questionnaire (GPAQ)**

Standard report and analysis for GPAQ Postal Version 2.0

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Date: 14 August 2006

How the survey was carried out

All patients over 16 approached; 375 questionnaires sent, 146 returned..

Response was 39%.

Because only one doctor is present on the island, the question about availability of own doctor was left out.

Instead a question about maybe a possibility to consult another doctor and a question about satisfaction with the care for children was added.

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	87	75
Q3a. Satisfaction with opening hours	75	67
Q4b. Satisfaction with availability of particular doctor	85	58
Q5b. Satisfaction with availability of any doctor	No valid cases	68
Q7b. Satisfaction with waiting times at practice	83	56
Q8a. Satisfaction with phoning through to practice	83	59
Q8b. Satisfaction with phoning through to doctor for advice	80	59
Q9b. Satisfaction with continuity of care	No valid cases	68
Q10a. Satisfaction with doctor's questioning	84	79
Q10b. Satisfaction with how well doctor listens	83	81
Q10c. Satisfaction with how well doctor puts patient at ease	84	82
Q10d. Satisfaction with how much doctor involves patient	82	79
Q10e. Satisfaction with doctor's explanations	84	81
Q10f. Satisfaction with time doctor spends	83	78
Q10g. Satisfaction with doctor's patience	84	81
Q10h. Satisfaction with doctor's caring and concern	86	82
Q12a. How well nurse listens to what you say	77	76
Q12b. Quality of care nurse provides	81	78
Q12c. How well nurse explain problems/treatments	77	77

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 refer to <http://www.gpaq.info/benchmarks.htm> for further information.

2 additional questions

1. Is it a good idea to have another doctor visiting once every fortnight to have some choice.

Urgently needed	2
Needed	20
Not needed	98
No opinion	20
No answer	6

2. 32 respondents had children registered with the practice

Appreciation of the service for children: 1 poor- 6 excellent

Fair	1
Good	4
Very good	14
Excellent	13

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	0
Lunchtime	0
Evenings	10
Weekends	17
None	100

Q4a. Availability of particular doctor	Number of responses
Same day	89
Next working day	35
Within 2 working days	3
Within 3 working days	0
Within 4 working days	0
5 or more working days	0
Does not apply	15

Q6. Same day urgent availability of doctor	Number of responses
Yes	88
No	0
Don't know/never needed to	55

Q7a. Waiting time at practice	Number of responses
5 minutes or less	83
6-10 minutes	32
11-20 minutes	9
21-30 minutes	0
More than 30 minutes	1

Demographics

The following tables display the demographic data collected in GPAQ.

Q13. Sex	Number of responses
Male	70
Female	76

Q14. Age	Number of responses
Up to 44 years old	28
45 years old and above	118
<i>Mean</i>	<i>60</i>

Q15. Long standing illness, disability or infirmity	Number of responses
Yes	65
No	77

Q16. Ethnic group	Number of responses
White	139
Black or Black British	0
Asian or Asian British	2
Mixed	0
Chinese	0
Other ethnic group	0

Q17. Accommodation status	Number of responses
Owner-occupied/ mortgaged	113
Rented or other arrangements	25

Q18. Employment status	Number of responses
Employed (full/part time, self-employed)	45
Unemployed	1
School or full time education	3
Long term sickness	5
Looking after home/family	18
Retired	61
Other	9

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

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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	12
Once or twice	42
Three or four times	34
Five or six times	27
Seven times or more	30

Q2. Satisfaction with receptionists	Number of responses
Very poor	0
Poor	0
Fair	4
Good	13
Very good	55
Excellent	70

Q3a. Satisfaction with opening hours	Number of responses
Very poor	0
Poor	0
Fair	8
Good	48
Very good	55
Excellent	29

Q4b. Satisfaction with availability of particular doctor	Number of responses
Very poor	0
Poor	0
Fair	5
Good	14
Very good	46
Excellent	53
Does not apply	14

Q7b. Satisfaction with waiting times at practice	Number of responses
Very poor	0
Poor	0
Fair	5
Good	21
Very good	45
Excellent	48

Q8a. Satisfaction with phoning through to practice	Number of responses
Very poor	0
Poor	1
Fair	3
Good	21
Very good	48
Excellent	48
Don't know/ never tried	21

Q8b. Satisfaction with phoning through to doctor for advice	Number of responses
Very poor	0
Poor	0
Fair	3
Good	13
Very good	20
Excellent	18
Don't know/ never tried	75

Q10a. Satisfaction with doctor's questioning	Number of responses
Very poor	0
Poor	0
Fair	5
Good	21
Very good	49
Excellent	55
Does not apply	11

Q10b. Satisfaction with how well doctor listens	Number of responses
Very poor	0
Poor	1
Fair	6
Good	18
Very good	51
Excellent	55
Does not apply	10

Q10c. Satisfaction with how well doctor puts patient at ease	Number of responses
Very poor	0
Poor	0
Fair	2
Good	20
Very good	40
Excellent	47
Does not apply	28

Q10d. Satisfaction with how much doctor involves patient	Number of responses
Very poor	1
Poor	1
Fair	5
Good	17
Very good	43
Excellent	48
Does not apply	19

Q10e. Satisfaction with doctor's explanations	Number of responses
Very poor	1
Poor	0
Fair	4
Good	19
Very good	43
Excellent	58
Does not apply	14

Q10f. Satisfaction with time doctor spends	Number of responses
Very poor	0
Poor	0
Fair	3
Good	21
Very good	54
Excellent	47
Does not apply	11

Q10g. Satisfaction with doctor's patience	Number of responses
Very poor	0
Poor	0
Fair	5
Good	20
Very good	46
Excellent	53
Does not apply	12

Q10h. Satisfaction with doctor's caring and concern	Number of responses
Very poor	0
Poor	1
Fair	2
Good	20
Very good	41
Excellent	62
Does not apply	12

Q11. Seen nurse from practice in past 12 months	Number of responses
Yes	53
No	92

Q12a. How well nurse listens to what you say	Number of responses
Very poor	2
Poor	2
Fair	1
Good	9
Very good	22
Excellent	17

Q12b. Quality of care nurse provides	Number of responses
Very poor	1
Poor	0
Fair	2
Good	10
Very good	18
Excellent	21

Q12c. How well nurse explain problems/treatments	Number of responses
Very poor	2
Poor	2
Fair	0
Good	10
Very good	22
Excellent	16

References

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