

**Patient survey from Dr Hanspaul & Partners,
Using the General Practice Assessment Questionnaire (GPAQ)
Practice K83024**

Standard report and analysis for GPAQ Consultation Version 2.0a

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Date: 16 February 2009

How the survey was carried out

Background

The General Practice Assessment Questionnaire (GPAQ) is a patient questionnaire that has been developed by the National Primary Care Research and Development Centre at The University of Manchester for the new GP contract. Building on several years of development and testing, GPAQ helps practices find out what patients think about their care. It specifically focuses on aspects of general practice that are not covered elsewhere in the Quality and Outcomes Framework – for example access, inter-personal aspects of care, and continuity of care. Further details about the survey can be obtained by visiting the official GPAQ website at www.gpaq.info

Introduction

The results of this report relate to:

Dr Findlay
Dr Hanspaul
Dr PB Athota
Dr Purdy
Dr Williams

Undertaking the GPAQ Survey

The GPAQ survey was carried out by Dr Hanspaul & Partners during the months of October and November of 2008 a total of 339 responses were received. Questionnaires were distributed to all patients and completed surveys were collected by the practice. Questionnaires were subsequently sent for independent analysis using the approved PCAG software. The Practice can confidently certify that the survey data has been processed without any interference and that is therefore a true and accurate reflection of the patient returns submitted.

All practices were advised by PCAG to achieve a minimum response of 50 questionnaires per GP. Statistically this number is calculated to give scores within 4 points of these results at the 95% significance level. In other words if a practice scores 70 in any one category, one can assume that if the survey was repeated on similar patients, the score would fall between 66 and 74 on 95% of occasions.

Analysis

All questionnaires were printed and data was extracted using independent staff. Data was transferred from the individual questionnaires to Microsoft Excel and analyzed in Excel using in-house VBA tools.

This report provides full details of the results achieved for the entire practice. Results for each of the Scale Scores have been calculated. Scales Scores are marked from 0 to 100 and PCAG in conjunction with the NPCRDC have provided national benchmarks for comparison. In addition, we have analyzed all the questions that appear in the survey and results are provided in a variety of different formats.

Results

Scale Scores – explanation

The Scale Scores are a key part of the GPAQ survey. Scale scores rate how good or bad patients think services at the practice are and are based on an evaluation of the patients' experiences.

The GPAQ survey comprises six scales. These are Access, Receptionists, Continuity of Care, Communication, Enablement and Overall Satisfaction. In each case a number of individual questions are used in order to determine the scale score (See Appendix A.)

Scale Scores range from 0 to 100 (the higher score the better.) As part of this report, PCAG have provided comparative data from the National Primary Care Research and Development Centre that practices can use in order to compare their performances. When comparing scale scores with national benchmarks, GPs should note that a score of 10 or more points away from the national benchmarks is considered unusually high or low, while a score of 15 or more points away is deemed exceptionally high or low.

In addition to providing comparative data from the NPCRDC, PCAG will also provide practices with the opportunity to compare their Scale Scores with other local practices. Aggregated data from each PCT will be calculated and made available to practices as soon as all practices in each PCT have completed and returned results to PCAG.

Summary of results

GPAQ evaluation questions

The following table summarizes 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 our practice scores well and where improvement may be needed, both comparing aspects of care in your own practice and comparing yourself with others. For comparison purposes the data for last GPAQ survey is shown in the 1st column labelled "Last Year". Current year data is shown in the middle column. 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.

As can be seen from the table the survey results show that the practice has either improved on or maintained it's scores in relation to the previous years. The most striking improvement being in the area of the Practice opening times up from 58 to 68 and access to GP appointment up from 63 to 72. Continuity of care with regard to patients desire to see a specific doctor also improved from 53 to 61. The only area to show a decline was the question's relating to the patients ability to cope with their condition after the appointment.

With regard to the Practices performance against the GPAQ national benchmark this has also improved. Although as can be seen we are still below in a number of areas. We should still note that this position is not uncommon in larger Practices like our own as the bench mark scores are skewed in favour of smaller practices, due to the weighting methodology used by GPAQ in calculating the score each year. It should also be noted that in all areas we have now moved to within 10 points of the National Bench mark, thus our scores are not statistically abnormally high or low. We are now considered to fall within the normal statistical range.

	Last Year	Current year Mean score	GPAQ benchmark
Q2. Satisfaction with receptionists	72	76	77
Q3a. Satisfaction with opening hours	58	68	67
Q4b. Satisfaction with availability of particular doctor	53	61	60
Q5b. Satisfaction with availability of any doctor	63	72	69
Q7b. Satisfaction with waiting times at practice	46	56	57
Q8a. Satisfaction with phoning through to practice	52	58	59
Q8b. Satisfaction with phoning through to doctor for advice	53	62	61
Q9b. Satisfaction with continuity of care	57	61	69
Q10a. Satisfaction with doctor's questioning	76	78	81
Q10b. Satisfaction with how well doctor listens	79	80	84
Q10c. Satisfaction with how well doctor puts patient at ease	78	80	84
Q10d. Satisfaction with how much doctor involves patient	76	78	81
Q10e. Satisfaction with doctor's explanations	79	79	83
Q10f. Satisfaction with time doctor spends	74	75	80
Q10g. Satisfaction with doctor's patience	78	79	84
Q10h. Satisfaction with doctor's caring and concern	79	79	84
Q11a. Ability to understand problem after visiting doctor	65	64	69
Q11b. Ability to cope with problem after visiting doctor	58	58	66
Q11c. Ability to keep healthy after visiting doctor	56	54	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.

Appendix 3

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	23
Lunchtime	26
Evenings	88
Weekends	95
None	171

Q4a. Availability of particular doctor	Number of responses
Same day	99
Next working day	53
Within 2 working days	47
Within 3 working days	38

Within 4 working days	23
5 or more working days	38
Does not apply	41

Q5a. Availability of any doctor	Number of responses
Same day	192
Next working day	63
Within 2 working days	37
Within 3 working days	11
Within 4 working days	6
5 or more working days	9
Does not apply	21

Q6. Same day urgent availability of doctor	Number of responses
Yes	218
No	28
Don't know/never needed to	93

Q7a. Waiting time at practice	Number of responses
5 minutes or less	28
6-10 minutes	154
11-20 minutes	117
21-30 minutes	27
More than 30 minutes	13

Q9a. Continuity for seeing same doctor	Number of responses
Always	29
Almost always	84
A lot of the time	66
Some of the time	93
Almost never	33
Never	6

Demographics

The following tables display the demographic data collected in GPAQ.

Q12. Sex	Number of responses
Male	115
Female	224

Q13. Age	Number of responses
Up to 44 years old	163
45 years old and above	176
<i>Mean</i>	<i>47</i>

Q14. Long standing illness, disability or infirmity	Number of responses
Yes	142
No	197

Q15. Ethnic group	Number of responses
White	327
Black or Black British	3
Asian or Asian British	3
Mixed	6
Chinese	0
Other ethnic group	0

Q16. Accommodation status	Number of responses
Owner-occupied/ mortgaged	252
Rented or other arrangements	87

Q17. Employment status	Number of responses
Employed (full/part time, self-employed)	188
Unemployed	14
School or full time education	12
Long term sickness	13
Looking after home/family	38
Retired	72
Other	2

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

Patient Comments

Is there anything good about your health care?

You can ask for help and you get it.

The automated check in service.

I was impressed at the speed I was seen, had relevant tests and diagnosed.

The care from everyone I have been in contact with is excellent.

One particular GP brilliant at this practice, good support at local CMHT (Gables).

Evening opening and Saturday opening for employed working out of town.

My asthma and diabetes are regularly monitored. Annual check-up is reassuring.

Dr Findlay is very good.

Dr Findlay is a very good Doctor, very caring and explains everything.

Very pleased with the practice and surroundings.

I have always been treated with respect and find the service excellent.

Excellent Doctor.

Very helpful and friendly reception staff, Doctors and nurses.

Could not wish for a better Doctor.
Help and response in an emergency.
Able to see doctor quickly.
Much better now that open access gone.
All staff show concern and have always been treated with kindness and understanding.
Service excellent.
Receptionists first rate.
Dr Athota is always incredibly understanding and patient.
Polite and helpful.
Midwife and health visitors are great.
Good access and availability.
Being seen on the same day.
Phone consultations- GPs always take time to listen and advice.
Dr Findlay is exceptional.
Staff friendly and helpful.
Doctor's very patient and understanding.
Receptionists are always very pleasant and helpful.
We always get an appointment on the day we ring.
Staff approachable, kind, patient and caring.
Doctors spend a lot of time with patients and put themselves out.
I like my doctor and don't want to change.
I'm very pleased with the way the practice is run.
All good.
Excellent, seen very quickly and doctor was spot on.
Very well treated.
Tests are carried out when needed.
I felt very relaxed and at ease with both the environment and the doctors attitude.
The doctors are all usually friendly and approachable.
All the ladies at reception are brilliant and very helpful.
I have always been able to see a doctor on the day if it is urgent.
This practice gives an excellent service.
Dr Williams always gives me 100% care, advice etc.
Friendly and quite helpful.
Usually prompt treatment, well explained.
The doctors/ nurses/ staff are excellent and are a great benefit to the NHS.

The amount of information in the waiting room on other illnesses like meningitis.

The doctors at this surgery are of a high standard. Sometimes it is hard to get in, but with a busy practice it's understandable.

This practice is the best I have ever had.

If urgent you can be seen on the same day.

Excellent surgery, friendly and always ready to help.

Consistently good about reminder for the flu jab.

Doctors are always willing to encourage follow up appointments for health problems.

Doctors usually interested, attentive and clear and very caring.

I feel that I am listened to and that my thoughts and concerns are generally taken into account.

I am very impressed with the way Dr Hanspaul has dealt with me, thank you.

Clean, friendly and organized, just the way I like it.

Is there anything that could be improved?

It would be very good if health care would open Saturdays up to 4pm.

More GPs taking an interest in patients who have mental health needs, this would help me and others to not burden one GP alone for requests for appointments.

Long gaps between hospital tests and being informed of results.

Coffee and biscuits.

Ring back from doctor did not happen.

Appointments on phone poor.

Sometimes hard to see your own GP on day want to.

Appointment system in morning.

Recorded telephone message poor and often inaccurate.

Emergency appointment provision.

Advanced appointment booking.

TV in waiting room or relaxing music.

Reception staff can come across as harassed and stressed on the phone, which does not fill you with confidence.

Parking can be difficult at times.

Opening times and clarity as to pre booking of appointments.

Prescriptions being cut by letter and not by consultation in person.

As I work office hours I would like to be able to make an advance appointment rather than taking time off.

Some Doctors always seem to be totally full.

Waiting times.

Every evening appointments.

Start at 7am. More up to 8pm appointments. Longer weekend hours.

Go back to the old appointment system.

It would be nice to have a lady doctor in the practice, and that is meant as no detriment to the males in the practice at all.

Prescriptions that are longer than a month for continual treatment.

Appointment system is both baffling and difficult to work, often fully booked etc when get through, perhaps earlier releases for appointments for the next day.

I would like to be able to make an appointment in advance e.g. Within a week.

To be able to see the same doctor on each visit.

Some of the receptionists can be off hand and abrupt, whilst others are very friendly and helpful. It would be lovely if they could all be the same.

Some doctors could listen better.

More funding, in order for more doctors.

To be available to talk to doctors/ nurses on the phone.

Communication during long waiting times.

More annual checks on men over 60 like the women's annual check.

Funding for a full time councillor.

Phone system, human interface would be nice.

Less time spent concentrating on using the PC while in the consultation is going on. Could notes be written between patients' appointments?

Longer or combined appointments for occasions when a patient has a range of problems.

Phone on day appointment system is frustrating; would a 24 hour system or 7 days work better?

Waiting room could be more welcoming i.e. TV, radio etc.

I feel that the doctors are so busy that they don't take the time to listen.

Any other comments?

We are very pleased with our Doctor's. When we lived in London you were just a number, but we have been here 9 years and are able to be much honoured to have a GP as you. Well done.

Appointment system could be improved.

My granddaughter who was staying with me was seen straight away with ear ache.

Drop in clinic a big loss.

I'd rather not be asked what is wrong when booking.

Appointment system confusing, it seems to change repeatedly.

A good practice all round.

Pharmacy within practice is a very good idea and works well.

Waiting room needs a good clean, particularly chairs and carpet.

Repeat prescriptions for more than one month.

Have always found everybody at the practice helpful and obliging, thank you.

A very well organized practice.

Receptionists being informed as to when doctors are away and the duration of their leave.

Overall great practice, especially Dr Williams and Dr Findlay/ all great with children.

Very happy, problems always get sorted, so very happy.

Receptionists should not be asking about reasons for an appointment, it is private and confidential, only to be discussed with the doctor.

Can't stand the phone message, system annoying and costly.

Self check in is a great idea.

Drop in and wait system (open access) for appointments better than current system, could the local NHS authority arrange for it to be brought back.

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.

Organization 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	29
Once or twice	113
Three or four times	97
Five or six times	54
Seven times or more	46

Q2. Satisfaction with receptionists	Number of responses
Very poor	0
Poor	1
Fair	17
Good	111
Very good	127
Excellent	83

Q3a. Satisfaction with opening hours	Number of responses
Very poor	1
Poor	8
Fair	47
Good	126
Very good	112
Excellent	44

Q4b. Satisfaction with availability of particular doctor	Number of responses
Very poor	7
Poor	25
Fair	73
Good	86
Very good	65
Excellent	46
Does not apply	37

Q5b. Satisfaction with availability of any doctor	Number of responses
Very poor	1
Poor	10
Fair	50
Good	84
Very good	90
Excellent	86
Does not apply	18

Q7b. Satisfaction with waiting times at practice	Number of responses
Very poor	4
Poor	21
Fair	108
Good	124
Very good	62
Excellent	20

Q8a. Satisfaction with phoning through to practice	Number of responses
Very poor	9
Poor	33
Fair	76
Good	106
Very good	77
Excellent	30
Don't know/ never tried	8

Q8b. Satisfaction with phoning through to doctor for advice	Number of responses
Very poor	6
Poor	11
Fair	25
Good	69
Very good	32
Excellent	23
Don't know/ never tried	173

Q9b. Satisfaction with continuity of care	Number of responses
Very poor	1
Poor	21
Fair	74
Good	108
Very good	77
Excellent	31

Q10a. Satisfaction with doctor's questioning	Number of responses
Very poor	1
Poor	0
Fair	24
Good	79
Very good	134
Excellent	98
Does not apply	3

Q10b. Satisfaction with how well doctor listens	Number of responses
Very poor	1
Poor	1
Fair	18
Good	71
Very good	128
Excellent	118
Does not apply	1

Q10c. Satisfaction with how well doctor puts patient at ease	Number of responses
Very poor	1
Poor	0
Fair	17
Good	70
Very good	104
Excellent	109
Does not apply	38

Q10d. Satisfaction with how much doctor involves patient	Number of responses
Very poor	1
Poor	2
Fair	28
Good	63
Very good	110
Excellent	94
Does not apply	41

Q10e. Satisfaction with doctor's explanations	Number of responses
Very poor	1
Poor	3
Fair	22
Good	72
Very good	110
Excellent	113
Does not apply	18

Q10f. Satisfaction with time doctor spends	Number of responses
Very poor	1
Poor	0
Fair	46
Good	84
Very good	108
Excellent	96
Does not apply	4

Q10g. Satisfaction with doctor's patience	Number of responses
Very poor	1
Poor	0
Fair	28
Good	68
Very good	108
Excellent	117
Does not apply	17

Q10h. Satisfaction with doctor's caring and concern	Number of responses
Very poor	1
Poor	2
Fair	30
Good	73
Very good	103
Excellent	120
Does not apply	10

Q11a. Ability to understand problem after visiting doctor	Number of responses
Much more than before the visit	132
A little more than before the visit	102
The same or less than before the visit	52
Does not apply	53

Q11b. Ability to cope with problem after visiting doctor	Number of responses
Much more than before the visit	111
A little more than before the visit	94
The same or less than before the visit	68
Does not apply	66

Q11c. Ability to keep healthy after visiting doctor	Number of responses
Much more than before the visit	96
A little more than before the visit	76
The same or less than before the visit	77
Does not apply	90

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