GP Patient Survey
Summary of Weighting Strategy for year 2011-2012

Important note – 2011-2012 Survey

Please note that due to the changes to the questionnaire design and survey frequency, as well as the change to the weighting methodology this year, no results from the 2011-12 survey can be compared to previous years, even where questions remain the same.

The Weighting Strategy

The survey estimates need to be weighted to ensure that the survey results from the sample of patients are representative of the population as a whole. If this standard procedure was not followed, then there is a high chance that some demographic groups would be over-represented in the final responding sample than others. For example, older patients would be over-represented as they are more likely to take part in a survey such as this, whilst younger respondents would be under-represented (particularly young men) as they are less likely to respond to self-completion surveys. The application of weighting is standard practice in surveys such as the GP Patient Survey.

The method of weighting on the GPPS has always included a *design weight* to adjust for an unequal probability of selection and then a further *non-response weight* to adjust for any differential non-response by **age, gender and practice**. The design weight is applied because the number of patients sampled in each practice is not reflective of the practice population. This is so that we obtain a minimum number of responses in each practice. Therefore patients in smaller practices will have a higher chance of being selected to take part in the survey than patients in larger practices. A non-response weight is applied because different groups of the population are known to be less or more likely to respond to a postal survey. To a degree, weighting corrects for these differential response rates.

Changes to the Weighting Scheme for Year 2011-2012

In Summer 2011, Ipsos MORI undertook a **weighting investigation** to find out if any refinements to the weighting scheme could be made to help improve the accuracy of the survey estimates produced. The investigation was conducted on the previous years' data (fieldwork conducted between 5 April 2010 to 7 April 2011).

The results from the investigation showed that response was associated with the patient's age, gender, geo-demographical classification (ACORN), Government Office Region and a number of area level characteristics including: deprivation, crime levels, ethnicity, marital status, overcrowding in households, household tenure and employment status. Ipsos MORI found that by including these characteristics (over and above age and gender) in the weighting scheme, survey results would be more accurate.