

July 2022

GP PATIENT SURVEY

Changes to the GP Patient Survey

2017 - 2022



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Introduction

This document details changes to the design of the GP Patient Survey relating to the questionnaire content, survey methodology, and associated data treatment, as well as organisational structures.

Organisational changes reference changes to NHS organisational structures as well as detailing known changes in GP practice management. Published data will be presented under the organisation name that was current at the time of the relevant survey.

Changes are grouped by survey year, starting with the latest (2022) survey. Please note, this document covers the survey changes from 2017, when the survey moved to an annual format. For notes on changes to the survey prior to 2017, please see the 2016 summary of changes report on the [July 2016 Surveys and Reports page](#) of the GP Patient Survey website (opens in new window).

2022 survey

2022 survey

Questionnaire changes

Minor changes were made to the questionnaire in 2022 to ensure that it continued to reflect how primary care services are delivered and how patients experience them. This followed more substantial changes in 2021. The changes were all cognitively tested with patients.

New questions:

- Q14 “Who asked you for information about your reasons for making an appointment?”
- Q25 “Did your appointment happen at the time, or during the slot, you were given?”
- Q37 “Would you describe yourself as having “long COVID”, that is, you are still experiencing symptoms more than 12 weeks after you first had COVID-19, that are not explained by something else?”

Minor changes were made to the following questions (trend data remains):

- an additional code about looking for information online was removed – included in error in 2021 in the online survey only, Q18 (“What did you do when you did not get an appointment?”)
- question remains unchanged but its position in the questionnaire has shifted (trend data remains), Q33 “Have you, at any time in the last 12 months, avoided making a general practice appointment for any reason?”
- routing now includes those who selected that they had “long COVID” at Q37, as well as a long-term condition at Q36 (analysis has confirmed trend data remains), for the following questions:
 - Q38 (“Do any of these conditions reduce your ability to carry out your day-to-day activities?”)
 - Q39 (“How confident are you that you can manage any issues arising from your condition (or conditions)?”)
 - Q40 (“In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?”)
 - Q41 (“Have you had a conversation with a healthcare professional from your GP practice to discuss what is important to you when managing your condition (or conditions)?”)
 - Q42 (“Have you agreed a plan with a healthcare professional from your GP practice to manage your condition (or conditions)?”)

- Q43 (“How helpful have you found this plan in managing your condition (or conditions)?”)

More significant changes were made to the following questions (because of these changes results for these questions are not comparable with results from 2021 or prior, even where question wording remains similar):

- changes to responses at Q13 “Were you asked for any information about your reasons for making the appointment?”

2021 question wording	2022 question wording
<p>Q. Were you asked for any information about your reasons for making the appointment?</p> <p><i>Please put an x in <u>all</u> the boxes that apply.</i></p> <ul style="list-style-type: none"> • Yes, during a phone or video call with a receptionist • Yes, during a phone call with a healthcare professional • Yes, during a face-to-face conversation • Yes, in an online form • Yes, by email • I was not asked for information • Don't know / can't remember 	<p>Q. Were you asked for any information about your reasons for making the appointment?</p> <p><i>Please put an x in <u>all</u> the boxes that apply.</i></p> <ul style="list-style-type: none"> • Yes, during a phone call • Yes, during a face-to-face conversation • Yes, in an online form • Yes, by email • Yes, during a video call • I was not asked for information • Don't know / can't remember

- additional response options at Q50 “Were you successful in getting an NHS dental appointment?” and updated to allow selection of multiple responses.

2021 question wording	2022 question wording
<p>Q. Were you successful in getting an NHS dental appointment?</p> <ul style="list-style-type: none"> • Yes • No, no appointments were available • No, the dentist was not taking new patients • No, I got a private appointment instead • No, for another reason • Can't remember 	<p>Q. Were you successful in getting an NHS dental appointment?</p> <p><i>Please put an x in <u>all</u> the boxes that apply.</i></p> <ul style="list-style-type: none"> • Yes • No, no appointments were available • No, the dentist was not taking new patients • No, for another reason • Can't remember

- response options removed at Q52 “Why haven’t you tried to get an NHS dental appointment in the last two years?”

2021 question wording	2022 question wording
<p>Q. Why haven’t you tried to get an NHS dental appointment in the last two years? <i>If more than one of these applies to you, please put an x in the box next to the main one only.</i></p> <ul style="list-style-type: none"> • I haven’t needed to visit a dentist • I no longer have any natural teeth • I haven’t had time to visit the dentist • I don’t like going to the dentist • I didn’t think I could get an NHS dentist • I’m on a waiting list for an NHS dentist • I stayed with my dentist when they changed from NHS to private • I prefer to go to a private dentist • NHS dental care is too expensive • Another reason 	<p>Q. Why haven’t you tried to get an NHS dental appointment in the last two years? <i>If more than one of these applies to you, please put an x in the box next to the main one only.</i></p> <ul style="list-style-type: none"> • I haven’t needed to visit a dentist • I don’t like going to the dentist • I didn’t think I could get an NHS dentist • I’m on a waiting list for an NHS dentist • I prefer to go to a private dentist • NHS dental care is too expensive • Another reason

The following question was removed:

- “At any time over the last 12 months, have you or someone you live with shielded at home due to being vulnerable to COVID-19 because of pre-existing health issues?”

Methodology changes

Change to sampling strategy

In previous years, the practice sample size was based on aiming for a set confidence interval for each practice. This year, the sample size was determined to deliver at least 100 responses in each practice and 200 responses in each Primary Care Network (PCN), where possible, and 720,000 responses overall. This resulted in a similar number of target responses for each practice as the previous approach of achieving a certain width of confidence interval. In addition, any differences in terms of oversampling certain PCNs has been corrected by the selection weights, so this change in sampling approach will not impact trends.

Changes to mailing strategy

There were two major changes to the mailing strategy in 2022, compared with the 2021 survey. Due to a traffic accident involving the first mailing, fieldwork was delayed by one week (starting on the second Monday in January (10 January 2022), rather than the first Monday in January as in 2021.

The other change was an additional SMS reminder to all non-respondents sent a week after the second reminder mailing. This was intended to minimise the drop in response rate, compared with the previous year.

This year, Ipsos and NHSE also trialled several experiments on a sub-sample of GPPS respondents. These experiments tested methods for moving more respondents online and reducing outward and return postage.

More details of these experiments, and copies of the updated materials used for 2022 fieldwork, can be found in the [2022 technical annex](#) (opens in new window).

Change to weighting

Due to the scheduled abolition of CCGs in 2022, the weighting calibration has moved from CCG level to ICS level. For more details, please see the [2022 technical annex](#) (opens in new window).

Organisational changes

Due to the abolition of CCGs, data are provided at ICS and PCN level, in addition to practice and national level from this year onwards.

Practice level ICS changes

This year, the following practices (that are represented in the 2022 survey) moved between ICSs (using practice codes):

- C84001, C84008, C84013, C84024, C84035, C84094, C84101, C84692 and Y05346 moved from QF7 (South Yorkshire ICS) to QT1 (Nottingham and Nottinghamshire ICS);
- C83653 moved from QJM (Better Lives Lincolnshire) to QK1 (Leicester, Leicestershire and Rutland ICS);
- M85002, M85009, M85019, M85020, M85069, M85082, M85098, M85124, M85145, M85164, M85176, M85178, M85634, M85676, M85684, M85697, M85715, M85721, M85757, M85778, M85797, Y00412, Y00471, Y00492, Y01057 and Y06378 moved from QUA (Black Country ICS) to QHL (Birmingham and Solihull ICS);
- C81077, C81081, C81106, C81615 and C81640 moved from QOP (Greater Manchester Integrated Care Partnership) to QJ2 (Joined Up Care Derbyshire);
- K83023 moved from QUE (Cambridgeshire & Peterborough ICS) to QPM (Northamptonshire ICS); and,
- M88006 moved from QHL (Birmingham and Solihull ICS) to QUA (Black Country ICS).

Practice information is taken from the [NHS Digital Organisation Data Service](#) “epracur” reference file. In some cases, the file maps practices to CCGs, ICSs or regions that no longer exist where practices have closed before the implementation of higher geography changes. Where this is the case, the ICS and region for these practices were updated to reflect the current NHS commissioning structures, as of April 2022.

ICS level changes

This year, there were no whole mergers or splits of ICSs (there continue to be 42 areas and all have retained the same NHS organisation code). Specific boundary changes of the ICSs have been reflected in the ‘Practice level ICS changes’ above and outlined by NHS Digital on the following page [‘Integrated Care Boards - NHS Digital’](#).

2021 survey

2021 survey

Questionnaire changes

The GPPS questionnaire was redeveloped ahead of 2021 fieldwork; the majority of the changes were made in order to more accurately capture patients' experiences of access and type of appointment given recent changes in primary care due to the COVID-19 pandemic.

New questions:

- Q12 "How did you try to book the appointment?"
- Q13 "Were you asked for any information about your reasons for making the appointment?"
- Q22 "What type of appointment was your last general practice appointment?"
- Q23 "Were you given a time for the appointment?"
- Q49 "At any time over the last 12 months, have you or someone you live with shielded at home due to being vulnerable to COVID-19 because of pre-existing health issues?"
- Q50 "Have you, at any time in the last 12 months, avoided making a general practice appointment for any reason?"
- Q52 "Is your gender identity the same as the sex you were registered at birth?"

Minor changes were made to the following questions (trend data remains):

- amendment of response at Q18 ("What type of appointment did you get?")
- amendment of responses and additional response at Q53 ("What is your ethnic group?")

More significant changes were made to the following questions (because of these changes results for these questions are not comparable with results from 2020, even where question wording remains similar):

- additional response at Q3 ("Which of the following general practice online services have you used in the past 12 months?")
- changes to responses, including additional responses at Q10 ("Before you tried to get this appointment, did you do any of the following?")
- changes to question wording and responses, including additional responses at Q14 ("On this occasion, were you offered any of the following choices of appointment?")
- changes to question wording and additional response at Q15 ("Were you satisfied with the appointment (or appointments) you were offered?")
- changes to question wording and additional responses at Q16 ("If you did not get an appointment, why was that?")

- changes to question wording and responses, including additional responses at Q17 ("What did you do when you did not get an appointment?")
- changes to responses, including additional responses at Q41 ("Considering all of the services you contacted, which of the following happened on that occasion?")
- changes to question wording and additional responses at Q51 ("Which of the following best describes you?")

The following questions were removed:

- "In the past 12 months, have you booked general practice appointments in any of the following ways?"
- "As far as you know, which of the following online services does your GP practice offer?"
- "Who was the appointment for?"
- "How concerned were you at the time about your health, or the health of the person you were making this appointment for?"
- "How long after your appointment time did you wait to see or speak to the healthcare professional?"
- "Do you take 5 or more medications on a regular basis?"
- "In the last 12 months have you had any unexpected stays in hospital because of your condition (or conditions)?"
- "Have you been given (or offered) a written or printed copy of this plan?"
- "Considering all of the people that you saw or spoke to on that occasion, did you have confidence and trust in them?"

Methodology changes

During January to March fieldwork in 2020 Ipsos MORI and NHS England trialled several experiments on a sub-sample of GPPS respondents. These experiments were designed to test the impact of the move to a new sample frame and the effect of including multi-mode contact with patients by letter, email and text message in order to increase the proportion taking part online and reduce survey costs. The findings from these experiments led to the following changes to the survey methodology for fieldwork in 2021:

Change to sample frame

In 2021 the GPPS sample frame transitioned to the Personal Demographics Service (PDS); the national electronic database of NHS patient details. Previously, this had been provided by the National Health Application and Infrastructure Services (NHAIS) database, which was due for decommission. In 2020, Ipsos MORI and NHS England conducted a pilot to understand the impact of this change on survey measures and trend data. The analysis concluded that the anonymised populations and survey results

obtained from the two sources were similar enough that future trend data will not be impacted by this change.

Changes to mailing strategy

The change in sample frame to PDS provided access to patient mobile telephone numbers for the first time, and experiments in 2020 found that SMS reminders were an effective replacement for the postcard reminder, maintaining response rates with no notable impact on demographics or survey measures but at lower cost. As a result of these findings, the mailing strategy for GPPS was changed in 2021 and the reminder postcard was replaced with an SMS, with a further SMS sent to all non-responders after the second full mailing. More details of these changes (and other experiments tested) can be found in the technical annex.

Changes to questionnaire and impact of COVID-19

The questionnaire was redeveloped in 2021 to reflect changes to primary care services as a result of the COVID-19 pandemic, the effect of which should be taken into account when looking at results over time. For more details, see the [2021 technical annex \(opens in new window\)](#).

Organisational changes

Practice level CCG changes

This year, there were no changes in CCG parent for practices sampled in the survey.

Note: Practice information is from the NHS Digital epracur file. Where CCGs had merged, the CCG parent of practices was updated to reflect the new merged CCG, and any historical regions were updated to reflect the most current NHS commissioning regions, as of April 2020.

CCG level changes

As of 1 April 2021, the following CCG merges occurred:

- NHS Bedfordshire CCG (06F), NHS Luton CCG (06P) and NHS Milton Keynes CCG (04F) – to form NHS Bedfordshire, Luton and Milton Keynes CCG (M1J4Y).
- NHS Dudley CCG (05C), NHS Sandwell and West Birmingham CCG (05L), NHS Walsall CCG (05Y) and NHS Wolverhampton CCG (06A) – to form NHS Black Country and West Birmingham CCG (D2P2L).
- NHS Coventry and Rugby CCG (05A), NHS South Warwickshire CCG (05R) and NHS Warwickshire North CCG (05H) – to form NHS Coventry and Warwickshire CCG (B2M3M).
- NHS East Berkshire CCG (15D), NHS North East Hampshire and Farnham CCG (99M) and NHS Surrey Heath CCG (10C) – to form NHS Frimley CCG (D4U1Y).
- NHS Fareham and Gosport CCG (10K), NHS Isle of Wight CCG (10L), NHS North Hampshire CCG (10J), NHS South Eastern Hampshire CCG (10V), NHS Southampton CCG (10X) and NHS West Hampshire CCG (11A) – to form NHS Hampshire, Southampton and Isle of Wight CCG (D9Y0V).
- NHS Greater Huddersfield CCG (03A) and NHS North Kirklees CCG (03J) – to form NHS Kirklees CCG (X2C4Y).

- NHS Barking and Dagenham CCG (07L), NHS City and Hackney CCG (07T), NHS Havering CCG (08F), NHS Newham CCG (08M), NHS Redbridge CCG (08N), NHS Tower Hamlets CCG (08V) and NHS Waltham Forest CCG (08W) – to form NHS North East London CCG (A3A8R).
- NHS Brent CCG (07P), NHS Central London (Westminster) CCG (09A), NHS Ealing CCG (07W), NHS Hammersmith and Fulham CCG (08C), NHS Harrow CCG (08E), NHS Hillingdon CCG (08G), NHS Hounslow CCG (07Y) and NHS West London CCG (08Y) – to form NHS North West London CCG (W2U3Z).
- NHS Shropshire CCG (05N) and NHS Telford and Wrekin CCG (05X) – to form NHS Shropshire, Telford and Wrekin CCG (M2L0M).

2020 survey

2020 survey

Questionnaire changes

No changes were made to the GPPS questionnaire ahead of the 2020 fieldwork.

Methodology changes

The 2020 survey adopted the same methodology and sampling approach as the 2019 and 2018 survey.

During January to March 2019 fieldwork Ipsos MORI and NHS England trialled a number of experiments on a sub-sample of GPPS respondents. These experiments tested alternative materials and mailing strategies, designed to increase the overall response rate and/or encourage more people to take part online. The most consistently successful change was improved 'nudge-to-web-lite' messaging in the letters, which increased the percentage going online without negatively impacting the response rate or affecting the demographics of those responding or how they responded. This improved letter design involved: updating the wording on taking part to mention the online option; adding a note about taking part online being cheaper for the NHS; and adding the online log-in details to the centre of the letter.

As a result of these findings, mailing letters for fieldwork in 2020 were changed to the improved 'nudge-to-web-lite' messaging, without any impact on trends between 2019 and 2020.

This year, Ipsos MORI and NHS England again trialled a number of experiments on a sub-sample of GPPS respondents. These experiments tested methods for moving more respondents online and reducing outward and return postage.

More details of these experiments, and copies of the updated letters used for 2020 fieldwork, can be found in the [2020 technical annex \(opens in new window\)](#).

Organisational changes

Practice level CCG changes

Moss Grove Surgery (M83041) changed its CCG parent from NHS South East Staffordshire and Seisdon Peninsula CCG (05Q) to NHS Dudley CCG (05C).

Note: Practice information is from the NHS Digital epracur file. Where CCGs had merged, the CCG parent of practices was updated to reflect the new merged CCG, and any historical regions were updated to reflect the most current NHS commissioning regions, as of April 2020.

CCG level changes

As of 1 April 2020, the following CCG merges occurred:

- NHS Darlington CCG (00C), NHS Hartlepool and Stockton-on-Tees CCG (00K) and NHS South Tees CCG (00M) merged to form NHS Tees Valley CCG (16C).
- NHS Herefordshire CCG (05F), NHS Redditch and Bromsgrove CCG (05J), NHS South Worcestershire CCG (05T) and NHS Wyre Forest CCG (06D) merged to form NHS Herefordshire and Worcestershire CCG (18C).

- NHS Great Yarmouth and Waveney CCG (06M), NHS North Norfolk CCG (06V), NHS West Norfolk (07J), NHS South Norfolk CCG (06Y), and NHS Norwich CCG (06W) merged to form NHS Norfolk and Waveney CCG (26A).
- NHS Eastern Cheshire CCG (01C), NHS South Cheshire CCG (01R), NHS Vale Royal CCG (02D) and NHS West Cheshire CCG (02F) merged to form NHS Cheshire CCG (27D).
- NHS Airedale, Wharfedale and Craven CCG (02N), NHS Bradford City CCG (02W) and NHS Bradford Districts CCG (02R) merged to form NHS Bradford District and Craven CCG (36J).
- NHS Croydon CCG (07V), NHS Kingston CCG (08J), NHS Richmond CCG (08P), NHS Merton CCG (08R), NHS Sutton CCG (08T) and NHS Wandsworth CCG (08X) merged to form NHS South West London CCG (36L)
- NHS Hambleton, Richmondshire and Whitby CCG (03D), NHS Scarborough and Ryedale CCG (03M) and NHS Harrogate and Rural District CCG (03E) merged to form NHS North Yorkshire CCG (42D)
- NHS Mansfield and Ashfield CCG (04E), NHS Newark and Sherwood CCG (04H), NHS Nottingham City CCG (04K), NHS Nottingham North and East CCG (04L), NHS Nottingham West CCG (04M) and NHS Rushcliffe CCG (04N) merged to form NHS Nottingham and Nottinghamshire CCG (52R)
- NHS Coastal West Sussex CCG (09G), NHS Crawley CCG (09H) and NHS Horsham and Mid Sussex CCG (09X) merged to form NHS West Sussex CCG (70F)
- NHS Lincolnshire East CCG (03T), NHS Lincolnshire West CCG (04D), NHS South Lincolnshire CCG (99D) and NHS South West Lincolnshire CCG (04Q) merged to form NHS Lincolnshire CCG (71E)
- NHS Bexley CCG (07N), NHS Bromley CCG (07Q), NHS Greenwich CCG (08A), NHS Lambeth CCG (08K), NHS Lewisham CCG (08L) and NHS Southwark CCG (08Q) merged to form NHS South East London CCG (72Q).
- NHS Corby CCG (03V) and NHS Nene CCG (04G) merged to form NHS Northamptonshire CCG (78H).
- NHS Durham Dales, Easington and Sedgefield CCG (00D) and NHS North Durham CCG (00J) merged to form NHS County Durham CCG (84H)
- NHS Ashford CCG (09C), NHS Canterbury and Coastal CCG (09E), NHS Dartford, Gravesham and Swanley CCG (09J), NHS Medway CCG (09W), NHS South Kent Coast CCG (10A), NHS Swale CCG (10D), NHS Thanet CCG (10E) and NHS West Kent CCG (99J) merged to form NHS Kent and Medway CCG (91Q)
- NHS Guildford and Waverley CCG (09N), NHS North West Surrey CCG (09Y), NHS Surrey Downs CCG (99H) and NHS East Surrey (09L) merged to form NHS Surrey Heartlands CCG (92A)

- NHS Bath and North East Somerset CCG (11E), NHS Swindon CCG (12D) and NHS Wiltshire CCG (99N) merged to form NHS Bath and North East Somerset, Swindon and Wiltshire CCG (92G)
- NHS Barnet CCG (07M), NHS Camden CCG (07R), NHS Enfield CCG (07X), NHS Haringey CCG (08D) and NHS Islington CCG (08H) merged to form NHS North Central London CCG (93C).
- NHS Hastings and Rother CCG (09P), NHS High Weald Lewes Havens CCG (99K) and NHS Eastbourne Hailsham and Seaford CCG (09F) merged to form NHS East Sussex CCG (97R).

Region and STP level changes

As the Higher-Level Health Authority, Direct Commissioning Offices (DCO), are being replaced by 42 Sustainability Transformation Partnerships (STP), Commissioning Region and STP information are now presented in the CCG level CSV and Excel reports instead of DCO information.

2019 survey

2019 survey

Questionnaire changes

Minimal changes were made to the GPPS questionnaire ahead of the 2019 fieldwork.

These amendments were:

- Changes to the responses at Q35 (change of response 'A developmental condition such as autism or ADHD' to 'Autism or autism spectrum condition'. As a result, this response is not comparable with 2018. However, all other responses for Q35 are comparable with 2018.
- Small formatting changes (emboldening of the routing arrows and minor changes to the routing wording)

These changes have not impacted the data and therefore results for each question are comparable with 2018. For more information on the questionnaire development for the 2019 survey, please refer to the [2019 technical annex \(opens in new window\)](#).

Methodology changes

The 2019 survey adopted the same methodology and sampling approach (including 16 - 17 year olds) as the 2018 survey. Because of this, trends from 2018 will be reported this year, as the results are comparable.

Changes to reporting outputs: In many cases, the non-specific response options (e.g. Don't know, Haven't tried, Can't say / Doesn't Apply) are excluded from all percentage calculations across all the main reporting outputs. The counts for all responses are still available for manipulation of the full data.

For more detail about how results are presented, see the ['Presentation of statistics' document \(opens in new window\)](#).

This year, Ipsos MORI and NHS England trialled a number of experiments on a sub-sample of GPPS respondents. These experiments tested alternative materials and mailing strategies, designed to increase the overall response rate. More details of these experiments can be found in the [2019 technical annex \(opens in new window\)](#).

Organisational changes

Practice level CCG changes

Woodroyd Medical Practice (B83011) changed its CCG parent from NHS Bradford Districts CCG (02R) to NHS Bradford City CCG (02W).

Bradford Moor Practice (B83032) changed its CCG parent from NHS Bradford Districts CCG (02R) to NHS Bradford City CCG (02W).

Narborough Road Surgery (formerly Narborough Health Centre, practice code C82119) changed its CCG parent from NHS East Leicestershire and Rutland CCG (03W) to NHS Leicester City CCG (04C).

Newthorpe Medical Practice (C84131), changed its CCG parent from NHS Nottingham North and East CCG (04L) to NHS Nottingham West CCG (04M).

Giltbrook surgery (C84667) changed its CCG parent from NHS Nottingham North and East CCG (04L) to NHS Nottingham West CCG (04M).

CCG level changes

As of 1 April 2019, the following CCG merges occurred:

- NHS Northern, Eastern and Western Devon CCG (99P) and NHS South Devon and Torbay CCG (99Q) merged to form NHS Devon CCG (15N).
- NHS Erewash CCG (03X), NHS Hardwick CCG (03Y), NHS North Derbyshire CCG (04J) and NHS Southern Derbyshire CCG (04R) merged to form NHS Derby and Derbyshire CCG (15M).

2018 survey

2018 survey

Questionnaire changes

The GPPS questionnaire was redeveloped ahead of the 2018 survey to reflect changes in the delivery of general practice services. These changes were extensive. The questionnaire redevelopment process is fully documented in a report available on the GPPS website, along with the revised questionnaire, found on the [survey and reports page \(opens in new window\)](#).

Because these changes impacted not just individual questions but the questions around them ('context effects'), and due to the inclusion of 16-17 year olds, trends were not presented for 2018, even where question wording remained similar. For more information on the impact of these changes, please refer to the [2018 technical annex \(opens in new window\)](#).

Methodology changes

As part of a commitment to continually review the survey with the intention of improving survey quality and providing value for money, during January to March 2017 fieldwork, Ipsos MORI and NHS England trialled a number of experiments on a sub-sample of GPPS respondents. This tested the impact of using the following within the survey mailout strategy: a second postcard reminder, a pressure-sealed document (in place of the postcard), amending the materials to include a nudge to web (QR code and clear invitation to go online) alongside a lighter touch nudge to web (survey number and password placed at the top of the letter).

The findings from these experiments led to the adoption of the lighter touch nudge to web approach for fieldwork in 2018. This increased the proportion responding online while returning a response rate in line with the main survey. Further, analysis of the weighted results showed that there were no changes in the weighted profile of participants as a result of these changes.

The revised survey materials are available on the website, on the [surveys and reports page \(opens in new window\)](#).

For the first time the sample was extended to include 16 and 17 year olds to make the survey more inclusive. As a result of this, and changes to the questionnaire, no trends are being reported this year, even where question wording remains similar.

Further details of the 2018 methodology and the impact of these changes can be found in the [2018 technical annex \(opens in new window\)](#).

Some of our reporting outputs - such as the national summary report - this year present the results and summary results for the survey. In many cases these results exclude the non-specific response options (e.g. 'Don't know', 'Haven't tried', 'Can't say' / 'Doesn't Apply') to provide a more accurate reflection of how those using a service evaluate it. Where this is the case, these have been highlighted. For more detail see the [presentation of results document on the main surveys and reports page \(opens in new window\)](#).

Organisational changes

Practice level CCG changes

Garstang Medical Practice (formerly Windsor Surgery, practice code P81006) changed its CCG parent from NHS Morecambe Bay CCG (01K) to NHS Fylde and Wyre CCG (02M).

Great Eccleston HLTH CTR (P81059) changed its CCG parent from NHS Greater Preston CCG (01E) to NHSE Fylde and Wyre CCG (02M).

Thornbury Medical Practice (B83005) changed its CCG parent from NHS Bradford Districts CCG (02R) to NHS Bradford City CCG (02W).

Bellevue Medical Centre (M85124) changed its CCG parent from NHS Birmingham South and Central CCG (04X) to NHS Sandwell and West Birmingham CCG (05L).

CCG level changes

As of 1 April 2018, the following CCG mergers occurred:

- NHS Birmingham CrossCity CCG (13P), NHS Birmingham South and Central CCG (04X), NHS Sandwell and West Birmingham CCG (05L) and NHS Solihull CCG (05P) merged to form NHS Birmingham and Solihull CCG (15E).
- NHS Leeds North CCG (02V), NHS Leeds South and East CCG (03G) and NHS Leeds West CCG (03C) merged to form NHS Leeds CCG (15F).
- NHS Bristol CCG (11H), NHS North Somerset CCG (11T) and NHS South Gloucestershire CCG (12A) merged to form NHS Bristol, North Somerset and South Gloucestershire CCG (15C).
- NHS Aylesbury Vale CCG (10Y) and NHS Chiltern CCG (10H) merged to form NHS Buckinghamshire CCG (14Y).
- NHS Bracknell and Ascot CCG (10G), NHS Slough CCG (10T) and NHS Windsor, Ascot and Maidenhead CCG (11C) merged to form NHS East Berkshire CCG (15D).
- NHS Newbury and District CCG (10M), NHS North & West Reading CCG (10N), NHS South Reading CCG (10W) and NHS Wokingham CCG (11D) merged to form NHS Berkshire West CCG (15A).

2017 survey

2017 survey

Questionnaire changes

No changes were made to the GP Patient Survey questionnaire prior to January-March 2017 fieldwork.

Methodology changes

The GP Patient Survey (GPPS) has, for the past 10 years, provided information for patients, GP practices and other organisations, about patient experiences of local GP and other health services. Over this time the frequency with which the survey has been administered has fluctuated between annual, quarterly and bi-annual iterations. For the first three years of the survey (January 2007 – March 2009), the survey was conducted on an annual basis. In April 2009 (Year 4) the GPPS was conducted four times a year and then in July 2011 (Year 6) it moved to twice a year. From 2011 (Year 6) survey results were published every six months, comprising the two most recent waves of data (Wave 1: July-September and Wave 2: January-March).

In 2017 (Year 11) the survey reverted to an annual formation (an annual publication of one wave of fieldwork), in order to reduce survey costs and rationalise the data collection process. The fieldwork took place in January-March 2017 which aligns with the fieldwork dates for Wave 2 in earlier years.

Measuring changes in survey data

In this context, NHS England and Ipsos MORI carried out a detailed analysis on Year 6 to 11 (2011-2017) of the survey to assess whether there are any systematic differences in the data collected between the Wave 1 (July-September) and Wave 2 (January-March) fieldwork periods, as these differences could impact upon comparisons of survey estimates on trend. Such systematic differences are referred to here as a 'fieldwork timing effect'; in simple terms, this is where evidence indicates that differences between data collected in Wave 1 and Wave 2 may be a result of the different times of year that fieldwork was conducted in. If the analysis found consistent differences between results from Wave 1 and 2 fieldwork periods, then it would not be appropriate to compare trend data from Year 11 to full-year trend data from previous years (that is, data comprising of two waves of fieldwork, July to September and January to March). Instead, Year 11 data would need to be compared to the corresponding Wave 2 fieldwork period in earlier years (that is, data from January to March fieldwork only).

Key findings

The analyses conducted suggest that there is evidence of a small difference in the data collected between waves (with Wave 2 slightly more positive), which is more strongly observed at the national level. However, it is impossible to know what is causing this and these differences are unlikely to be solely due to fieldwork timing with other factors, such as sampling variance (i.e. statistical differences due to chance) and genuine local change, also contributing.

Based on the analyses there is insufficient evidence that switching from two waves of fieldwork to a single period will make any substantial difference to the survey estimates. However, because the sample sizes for GPPS are so large at national level, we suggest taking a conservative approach to any future trend analysis, comparing Year 11 data against Wave 2 only data from previous years of the survey. This will ensure that any observed differences cannot possibly be a result of an underlying 'fieldwork timing effect'. Where national-level trends are reported on the website, they have been updated to reflect this approach.

For categories with smaller sample sizes such as CCGs and GP practices this approach is not considered necessary. This is based on caveats around evidence of a ‘fieldwork timing effect’ and the fact the observed effect is inconsistent across CCGs, in both degree and direction. CCGs can vary notably in size; although some CCGs may comprise a large number of cases, there are others which are relatively small. Despite these differences, a consistent approach must be used when reporting results at this level in order to facilitate comparisons across CCGs. Therefore, our recommended approach takes into account best practice for those CCGs with a smaller sample size. This means comparing Year 11 data to a full year of data from previous years of the survey (both at CCG and practice level).

For full details of this analysis please see [‘Assessing the impact of change to an annual GP Patient Survey’ \(opens in new window\)](#).

Summary guidance for time series data at national, CCG and practice level

Data level Approach for analysis on trend	
National	Compare Year 11 estimates to historical estimates from Wave 2 only (Jan-March data)
CCG	Compare Year 11 estimates to historical estimates from both waves (a full year of data)
Practice	Compare Year 11 estimates to historical estimates from both waves (a full year of data)

Further details on the [2017 methodology can be found here \(opens in new window\)](#).

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