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**GP Patient Survey –  
Technical Annex  
2018 annual report**



**Ipsos MORI**  
Social Research Institute





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# Introduction

# 1 Introduction

This technical annex provides details of the 2018 GP Patient Survey (GPPS) conducted by Ipsos MORI. The survey was conducted on behalf of NHS England.

This is the twelfth year that the GPPS has been conducted in England. Between 2011 and 2016 the survey took place twice a year, having previously been conducted on a quarterly basis (April 2009 - March 2011) and annually (January 2007 - March 2009). Since 2017 the survey has returned to an annual format.

The survey uses a quantitative postal methodology. In January 2018, questionnaires were sent to around 2.22 million adult patients followed by a postcard reminder one week after the initial mailing. Two full reminder mailings were then sent to non-responders in February and March. Fieldwork dates are reported in Chapter 5.

The questionnaire was redeveloped ahead of fieldwork this year to reflect changes to delivery of primary care services as a result of the [General Practice \(GP\) Forward View](#). It asks patients about their local GP services (including hours general practice services are available and awareness and use of GP practice online services), how easy or difficult it is to make a general practice appointment, experience of last general practice appointment, overall experience of GP practice, current health circumstances, care received when the GP practice is closed, and NHS dentistry. More information on the questionnaire design process is available in Chapter 2.

In addition, for the first time this year, the eligible survey population included those who were aged 16 and 17 years old during the sampling period. Previously the survey had only been open to those aged 18 and over. For details on this, please see Chapter 3.

As a result of these changes to the questionnaire and the survey population, analysis was conducted to identify whether trend data could continue to be reported where questions remained the same or similar. More information on this analysis is presented in Chapter 6.

Copies of the questionnaire and materials sent in 2018 are available in the appendices.

## 1.1 Survey governance

Since February 2014, the governance of the survey has involved input from a steering group, which meets regularly to provide a forum in which GPPS stakeholders can be kept informed of survey progress. The group provide advice to the research team and debate key issues such as questionnaire content, inclusion of practices, analysis and reporting; review the findings of the survey as they emerge; consider the need for any further research and analysis to be undertaken; and raise any questions about the GPPS project with Ipsos MORI and NHS England.

In addition to NHS England and Ipsos MORI, the group consists of representatives from a range of stakeholders, including the following:

- Academics
- British Medical Association
- Care Quality Commission
- Clinical Commissioning Group (CCG) membership
- Clinical Commissioning Group (CCG) lay membership
- Department of Health and Social Care
- Healthwatch England
- GP membership
- General Practitioners Committee
- National Association for Patient Participation
- Members of Patient Participation Groups (PPGs)
- Patient representatives
- Royal College of General Practitioners



# Questionnaire and material design

## 2 Questionnaire and material design

### 2.1 Questionnaire development for the 2018 survey

Extensive work was undertaken to redesign the questionnaire for the 2018 survey in order to ensure the content remained relevant considering the changes taking place to primary care services under the [General Practice \(GP\) Forward View](#). These include: extended access to appointments, including at weekends and evenings; introducing new ways for people to contact their GP practice and make appointments; and, new services available across practices and other locations, such as general practice pharmacists and mental health professionals. This process also identified the opportunity to improve other areas of the questionnaire, in order to provide a better understanding of how local care services are supporting patients to live well, particularly patients with long-term care needs.

In order to ensure the survey was redesigned appropriately and effectively, the team at NHS England developed a framework for the questionnaire redevelopment process which included a number of elements:

- **Analysis of 2016 GPPS data** (the most recent available at the time): an initial stage which looked at how well the existing questions “worked,” including: identification of those with very high or low percentages responding (ceiling or floor effects); questions with high levels of non-response or a high proportion responding “don’t know/can’t say/doesn’t apply” or “neither;”; and, correlations between questions. This stage also involved a review of cognitive testing in previous waves to provide insight into potential issues with existing questions as well as changes that had already been tested;
- **Establishing a governance framework:** while the overall questionnaire development process was managed by the NHS England Insight & Feedback team with support from the Medical and Nursing Analytical Unit, it required additional governance to provide direction and leadership throughout. This involved establishing an advisory group of senior policy leads within NHS England to ensure the newly designed questionnaire effectively met users’ needs. This group worked alongside the already established GPPS steering group to advise on priority data requirements and discuss and approve proposals;
- **Stakeholder engagement:** wider engagement with over 200 stakeholders including clinical and policy specialists from across the NHS, as well as from academia, the voluntary and community sectors and think tanks. This involved individual interviews and meetings as well as a larger stakeholder workshop;

- **Engagement and research with patients:** a broad programme of engagement including an online feedback exercise hosted on the GPPS website that invited wider views from the public, qualitative research with patients focusing on experience of extended hours access, and further service user testing of specific questions and concepts; and,
- **Cognitive testing:** the final stage in the process involved cognitive testing of the draft questionnaire, involving 40 interviews over three rounds, to check detailed understanding among patients.

In order to ensure the survey was accessible to as wide an audience as possible, the questionnaire was also then reviewed by the Plain English Campaign<sup>1</sup>. The Plain English approach removes complicated words and complex sentences which may not be easily understood by those with low literacy levels, and simplifies language so that the key messages are more clearly identifiable. Ipsos MORI worked with the Plain English Campaign to review the questionnaire and ensure it followed the Plain English approach. The questionnaire was awarded a Crystal Mark accreditation, which was included in the final design.

Together these stages resulted in a revised questionnaire for fieldwork in 2018. The [Questionnaire Redevelopment report](#) contains more details on this process.

## 2.2 The final questionnaire

Below is a complete list of all the topics covered in the 2018 questionnaire.

### Your local GP services:

- how easy patients find it to get through to someone at their surgery on the phone;
- helpfulness of receptionists;
- how patients have booked an appointment in the past 12 months;
- awareness of online services offered by GP practice;
- use of online services at GP practice in past 12 months;
- ease of use of GP practice website;
- awareness of available general practice appointment times;

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<sup>1</sup> <http://www.plainenglish.co.uk/>

- satisfaction with available general practice appointment times; and
- having and seeing a preferred GP.

#### Making an appointment:

- when patients last tried to make a general practice appointment, for themselves or someone else;
- who that appointment was for;
- how concerned patients were about their health or the health of the person they were making the appointment for, when making an appointment;
- what patients did before making the appointment;
- when patients wanted to have the appointment;
- whether patients were offered a choice of appointment;
- whether patients were satisfied with and/or accepted the appointment;
- what type of appointment patients got;
- time between initially trying to book the appointment and the appointment taking place;
- reasons for not taking the appointment;
- why patients did not take the appointment they were offered;
- what patients did instead of taking the appointment; and
- overall experience of making an appointment.

#### Last general practice appointment:

- when patients last had a general practice appointment;
- who that appointment was with;
- how long after the appointment time did patients wait to see or speak to the healthcare professional;

- how good was the healthcare professional was at giving patients enough time, listening, and treating patients with care and concern;
- whether patients felt the healthcare professional recognised and/or understood any mental health needs they might have had;
- whether patients felt they were involved as much as they wanted to be in decisions about their care and treatment;
- confidence and trust in the healthcare professional; and
- whether patients' needs were met.

#### Overall experience:

- how patients describe their overall experience of their GP practice.

#### Your health:

- whether patients had experienced problems with physical mobility, falls or feeling isolated from others over the past 12 months;
- whether patients regularly take 5 or more medications;
- whether patients have any long-term physical or mental health conditions, disabilities or illnesses;
- which specific long-term physical or mental health conditions, disabilities or illnesses patients have (if any);
- impact of any long-term condition(s) on day-to-day activities;
- confidence in managing issues arising from long-term condition(s);
- enough support from local services or organisations to help manage long term condition(s);
- unexpected stays in hospital due to long-term condition(s) in past 12 months;
- whether patients have had a conversation with a healthcare professional from their GP practice about managing their long-term condition(s);
- whether patients agreed a plan with their healthcare professional to manage their long-term condition(s);
- how helpful (if at all) this plan was; and

- whether patients were given or offered a printed copy of this plan.

#### When your GP practice is closed

- whether contacted NHS services when GP surgery was closed in the last 12 months;
- what happened on that occasion;
- timeliness of care received;
- confidence and trust in all those seen or spoken to; and
- overall experience of care received.

#### NHS dentistry:

- when last tried to make an NHS dental appointment;
- whether or not the patient had visited the dental practice before;
- whether or not the patient was successful in getting an appointment;
- overall experience of NHS Dental services; and
- reason for not making an appointment in last two years, if applicable.

#### Demographics:

- gender;
- age;
- ethnicity;
- work status;
- parent or legal guardian;
- carer responsibilities;
- deaf and sign language user;
- smoking habits;
- sexual orientation; and
- religion.

### 2.3 Materials development for the 2018 survey

During fieldwork in 2017, experiments were conducted to look at redesigning the materials sent to participants during the survey to encourage more people to take part online. As a result of these experiments, the decision was made to use a set of materials with a softer encouragement towards online completion. During the experiment these materials led to an increased proportion of online responses (which reduce costs associated with return postage, scanning and storage) maintaining the overall response rate for the survey without affecting response rates from sub-groups within the sample or having a significant impact on key GPPS survey measures. However, materials containing a stronger message about online completion increased the proportion of online responses but resulted in a lower response rate overall.

For more details on this research, please see the technical annex for the 2017 survey, available here: [www.gp-patient.co.uk/surveysandreports/2017-Technical-Annex](http://www.gp-patient.co.uk/surveysandreports/2017-Technical-Annex).

# Sampling



## 3 Sampling

### 3.1 Sample overview

For GPPS 2018, the sample was designed to ensure that, as far as possible, confidence intervals would be of the same magnitude for each practice for any one question – calculations were based on the assumption that the estimate would be the same across all practices and based on a 50/50 question (a 'worst case' scenario in terms of the magnitude of the confidence interval, for example where 50% of respondents at Q31 answer "good"). This method was used to ensure that confidence intervals were as consistent as possible between practices and that none would have particularly wide intervals, resulting in an issued sample size of around 2.22 million patients who were sent a questionnaire.

Patient information was obtained for each practice using registration records held on the National Health Applications and Infrastructure Service (NHAIS) database maintained by NHS Digital. The sampling procedure was split into two distinct stages. Firstly, NHS Digital provided an anonymised list of patients for sample size determination and individual patient selection. The selected anonymous records were returned to NHS Digital, and a second file containing the contact details of the selected patients was provided.

### 3.2 NHS Digital population extraction procedure

As in previous years, NHS Digital provided a file of anonymous patient data for all eligible patients who reside in England or Wales and were registered with a practice in England. The file contained a unique reference number, practice code, patient gender, patient age band, and patient postcode.

A sample of patients was then drawn at practice level, as detailed below.

#### 3.2.1 Patients eligible for the survey

Patients were eligible for inclusion in the survey if they had a valid NHS number, had been registered with a GP practice continuously for at least six months before being selected, and were 16 years of age or over. Previously the survey had only been open to those aged 18 or over.

In previous versions of the survey, a further eligibility criterion was enforced to ensure patients would not receive more than one GPPS questionnaire in any 12-month period. As the 2018 GPPS was an annual survey conducted a full 12 months after sampling for the 2017 survey, this rule was not required.

### 3.2.2 Practices included in the survey

The list of practices to be included was taken from the NHS Digital system, and comprised all practices that had eligible patients as defined above, where the practice had not opted out of the survey as they felt it was inappropriate to their patient population. The number of practices with eligible patients for the 2018 survey was 7,300, but between sample selection and mail-out, some practices became ineligible for the survey. In total, patients in 7,265 different practices were sent questionnaires, and least one completed questionnaire was received from patient(s) in 7,254 practices

### 3.3 Sample size calculation

The sample size was determined for each practice to deliver a likely confidence interval of  $\pm 9.0$  percentage points (two-tailed, at the 95% level) in the majority of practices on a question where it was assumed that 50% of the respondents will respond one way and 50% will respond another. This confidence interval was determined iteratively to ensure a total annual issued sample size of c.2.22 million<sup>2</sup>. While this confidence interval can never be achieved in all practices, every effort was made to ensure that it was achieved in the majority.

The sample design involved a proportionately stratified, unclustered sample, which was drawn for each practice. However, where practice population sizes are relatively small and need to be accounted for through the finite population correction, this does have impact on the sample size needed to deliver set confidence intervals. Therefore, the sample size and confidence intervals, as well as calculations used, must be adjusted accordingly.

The number of patients initially selected for inclusion in the sample for each practice (the 'issued sample') was therefore determined by the following components:

- the number of cases required in order to deliver 95% confidence intervals of  $\pm 9.0$  on a 50/50 question; and
- the proportion of patients included in the issued sample who are predicted to respond to the survey – taking into account the number who are eligible but do not respond.

These components were combined to determine the issued sample size in each practice as follows:

$$\text{Issued sample} = \frac{\text{number required to deliver required confidence interval}}{\text{proportion of issued sample predicted to respond}}$$

<sup>2</sup> For more information regarding confidence intervals, see section 6.5.

Both of the components involved in the above calculation needed to be estimated for each practice. It was assumed that simple random sampling will be applied in each practice. On this basis, an estimate was arrived at for the number of responses required to deliver set confidence intervals, taking into account the proportion predicted to respond to a particular question.

It should be noted that the required issued sample size depended upon:

- the number of eligible patients in the population - practice size counts are used to give an estimate of the practice population;
- the proportion being estimated - assuming a “worst case scenario” of 50% for the proportion to be estimated, that is, 50% of respondents answering a given question “yes”; and
- the magnitude of the required confidence interval – which is known to be  $\pm 9.0\%$ .

The sample size required to deliver the target confidence interval was estimated using the actual response rate for those practices who took part in the 2017 GPPS, and was set at 30% for practices new to the survey or to whom fewer than 100 surveys were issued in the 2017 GPPS. This is to prevent unrealistically high or low response rates being used for new and very small practices.

### 3.3.1 Adjustments to response rate estimates

To prevent issuing very large numbers of questionnaires in practices which had very low response rates in 2016-2017, a minimum response rate of 27.8% was assumed. This meant that no practice had more than 433 questionnaires issued. The mean mailout size per practice was 306. In order to ensure that a reasonable number of questionnaires were sent to practices with very high response rates, on the other hand, a maximum assumed response rate of 51.3% was set.

## 3.4 Patient sample selection

The anonymous patient data sent by NHS Digital was sorted within each practice by gender then age band. The required number of patients per practice was then selected on a '1 in n' basis, and the unique survey reference numbers returned to NHS Digital.

### 3.4.1 Personal data extractions

On receipt of the selected records, NHS Digital then extracted the contact details for each of the sampled patients. The extracted file contained, for each patient, the unique survey serial number, patient name, practice code, address, month and year of birth, gender, and NHS ID number. Where a selected patient had become ineligible since the provision of the anonymous data, an "exclusion" record was sent instead, containing the unique survey serial number and reason for the exclusion.

### 3.4.2 Sample cleaning and exclusions

A number of checks were made on the supplied names and addresses to remove inappropriate records. These checks included:

- duplicates between practices (identified by NHS ID number). Where duplicates existed, both were removed as we could not confirm which practice they belong to;
- duplicates within practices; and
- non-address details or other inappropriate information contained in the address. These could include:
  - key safe numbers, telephone numbers and other numerics not related to the address;
  - unexpected words or phrases in the name or address (including "unknown", "homeless", "deceased", "test", etc.); and
  - incomplete addresses.

All sampled patients from all practices were then randomly sorted before being allocated sequential reference numbers (to ensure there was no link between reference numbers and practices). A "mod-10" check digit was added to the end of the reference numbers to ensure processing integrity during data capture.

The final number of patients to whom questionnaires were sent after all sample cleaning had been finished was 2,221,082.

# Communications with patients and practices

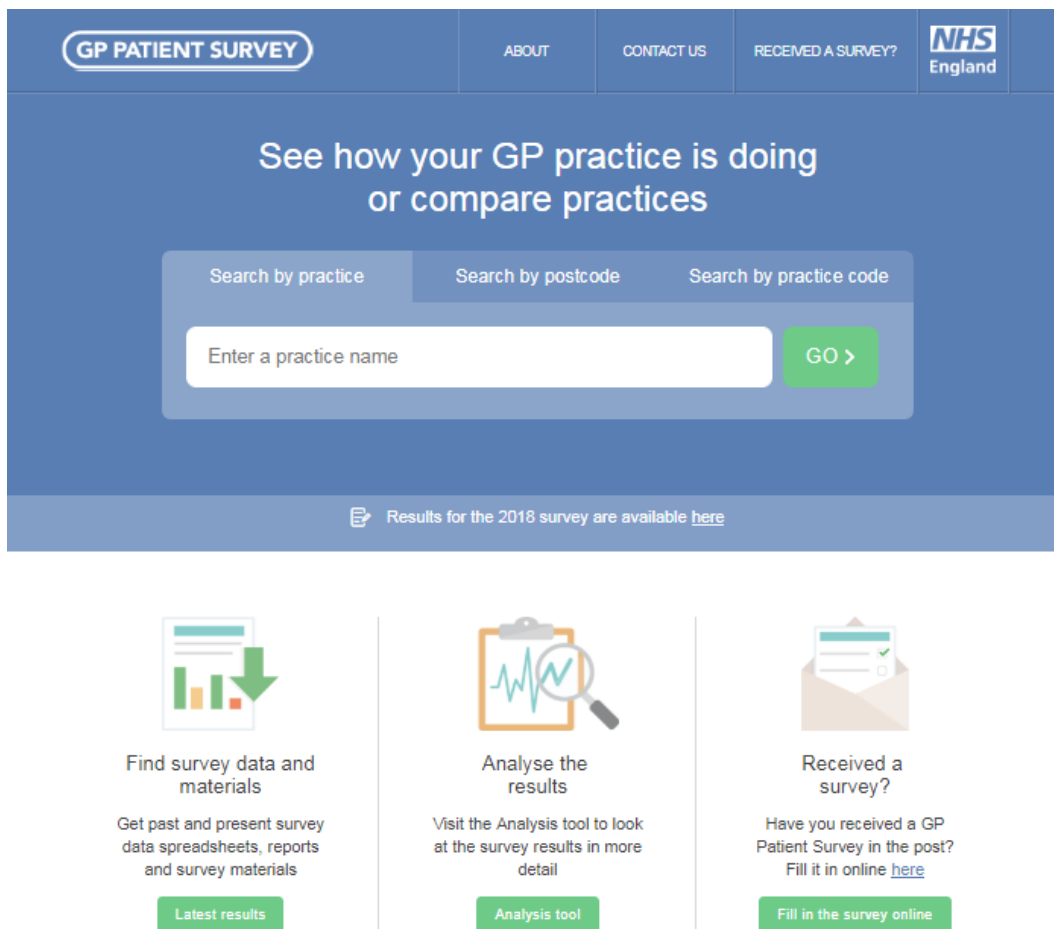
## 4 Communications with patients and practices

In order to raise the profile of GPPS and provide patients and practices with information about the survey, a series of communication activities are undertaken, such as hosting a survey website, and providing a survey helpline to respond to frequently asked questions. These are described in more detail below.

### 4.1 Survey website

A dedicated survey website is maintained and hosted by Ipsos MORI. The advertised web address is [www.gp-patient.co.uk](http://www.gp-patient.co.uk). The site is designed to reflect the branding of the questionnaire and all other related materials (see Figure 4.1 for website home page).

**Figure 4.1: The [www.gp-patient.co.uk](http://www.gp-patient.co.uk) homepage**



The website was updated on the first day of fieldwork, as the first questionnaires are delivered to patients, to indicate that the survey is open. It is arranged around the following headings:

- **'About'**, covering the aims of the survey, ways to take part and information about accessibility. Also included within this link are videos that welcome British Sign Language (BSL) users to the website, explain the survey, and provide responses to a selection of FAQs. The page also links to an online BSL version of the questionnaire.;
- **'Received a survey?'** providing information about the online version and links to complete it in either English, BSL or another language. Also provided is a link to previous survey results;
- **'Frequently Asked Questions (FAQs)'**, including information about how patients are selected, help with completing the survey, data protection and accessing the results;
- **'Languages'**, providing information in the 14 languages, including Arabic, Bengali, Czech, French, Gujarati, Mandarin, Polish, Portuguese, Punjabi, Slovak, Somali, Spanish, Turkish and Urdu. The FAQs, questionnaire, and covering letter are all translated into these languages in order to make the survey as widely accessible as possible;
- **'Promote the survey'**, a page that contains the poster in English and other languages;
- **'What do you think about the website?'** a link to a form allowing users to rate the site, provide comments and leave contact details;
- **'Search for a practice'**, takes users to the practice report tool, which allows users to view practice results;
- **'Compare a practice'**, takes users to the practice report where they can compare the results of different practices;
- **'Analysis tool'**, a link which sends the user through to the analysis tool website which allows them to interrogate the GPPS data further;
- **'Latest results'**, an archive of all previous datasets, reports, questionnaires and letters;
- **'For GP staff'**, a page that contains information for GPs about the benefits of the survey;
- **'Why use the GP Patient Survey data?'** providing information about the GP Patient Survey, what information can be found in the survey results, and how the website can help the user. It also includes a GP Handbook developed by academic partners giving practices advice on how to use their survey results to improve patient care; and

- ‘How do I...?’ providing guidance on how to complete the survey, how to find practice and CCG data, and how to use the website and analysis tool to conduct further analysis on the data.
- ‘Contact us’, telephone and email details for the GPPS team at Ipsos MORI.
- ‘Accessibility’: this page gives information on how the website can be adapted or used by people with different accessibility requirements, such as by changing the text size, background colours, keyboard navigation or using with a screen reader. It was included for the first time in 2018.

## 4.2 Support for participants

### 4.2.1 Telephone helplines

Ipsos MORI offer a freephone helpline for patients who would like more information about the survey, with separate numbers for English and foreign language lines. In total, c.14,500 calls were handled by the helpline team over the course of fieldwork.

### 4.2.2 English language telephone helpline

The English language helpline was staffed by a fully trained Ipsos MORI team between 8am and 9pm on weekdays and 10am to 5pm on Saturdays from January to March 2017. A voicemail system is used during quieter periods (see details below). In order for call handlers to answer patients’ queries, they are provided with a manual containing a complete list of over 200 FAQs. These are updated regularly to address any new or emerging concerns patients may have. Where the call handlers cannot answer a query, the details are passed on to the GPPS research team who will respond directly.

During quieter periods (generally 10 days after each mailing), a voicemail message briefly explains the purpose of the survey and asks the caller to leave a message and telephone number if they wish to be called back. Interviewers then return the calls within two working days, making up to eight attempts to reach the caller.

As well as being a source of information for patients, the helpline also enables those with valid reference numbers to complete the survey on the telephone.

In addition, patients can opt out of the survey by providing their reference number to helpline staff or in a voicemail message.



### 4.2.3 Foreign language telephone helpline

In order to make the survey as accessible as possible, there are separate helplines for each of the 14 foreign languages that the survey is offered in. Each language has its own freephone number which is connected to a voicemail message in the corresponding language. As with the English language voicemail, a message briefly explains the purpose of the survey and asks the caller to leave a message and telephone number if they wish to be called back. Interviewers in Ipsos MORI's International CATI Centre then return the calls within two working days. Again, up to eight attempts are made to return the call. As with the English language helpline, patients are able to complete the survey over the phone or opt out of taking part.

### 4.2.4 Email helpline

As well as using the telephone helpline, patients are also able to email the GPPS team at Ipsos MORI with any queries about completing the survey or accessing the survey online. In total, approximately 750 email queries were received during fieldwork in 2018.

### 4.2.5 Whitemail

The survey also generates a large volume of whitemail returned to the freepost address, including letters and notes addressed to the survey team or NHS England. This is separated from the returned questionnaires and delivered to the helpline team on a weekly basis for review. Where a response is requested or deemed otherwise necessary, the patient will be written to. For 2018 fieldwork, around 750 letter responses were sent.

### 4.2.6 Safeguarding

The majority of calls and other correspondence received about the survey are relatively straightforward, and the helpline team are well briefed and experienced in engaging with respondents ethically and sensitively. However, where a cause for safeguarding concern occurred a formal protocol (agreed with NHS England) outlined the procedures that staff should follow. All potential safeguarding cases were reviewed by the research team and then escalated to the Ipsos MORI GPPS Ethics Board, a group with particular experience in safeguarding situations. If necessary, the circumstances were then shared with NHS England. This process ensured all instances were dealt with as sensitively and quickly as possible.

### 4.3 Information for display in GP practices

As well as these activities, a poster is made available for GP practices to display in their surgeries in English and 14 other languages. Copies of the poster are available on the GPPS website for download and printing. Versions for electronic notice boards are also available for download.

**Data collection**

## 5 Data collection

The GP Patient Survey is primarily a postal survey. However, patients also have the opportunity to complete the survey online or by telephone and it is also offered in a variety of accessible formats. These options are discussed in greater detail below.

### 5.1 Postal survey

#### 5.1.1 Processing the sample

The final survey sample is delivered to the printing house via secure file transfer protocol (SFTP), using high level encryption. Upon receipt it is cleaned using the Postcode Address File (PAF), a process which ensures that the questionnaires are sent to the correct postal address and that the mailing is eligible for postage discounts. A downstream access provider is used for processing the questionnaire packs, with items then handed over to Royal Mail for 'final mile' delivery.

#### 5.1.2 Printing

All questionnaires, letterheads, C5 Business Return envelopes, and C5 outer envelopes are printed in advance of the survey. Once the sample is made available, the questionnaires are then personalised with a unique reference number and online password. The letters are also personalised with name, address, and the same unique reference number as appears on the questionnaire.

A single questionnaire, letter, and Business Return envelope are then packed into an outer envelope by machine, and sorted into Walksort batches, ready for collection by the downstream access provider.

#### 5.1.3 Posting the questionnaire

Initial letters and questionnaires were sent to all patients in the final sample on the dates in Table 5.1, followed by a postcard reminder. Two additional full reminder mailings (letters and questionnaires) were then sent to patients for whom no recorded response was received by the printing deadline. Copies of all letters can be found in the Appendix.

Patients who were **not** sent a full reminder included those who met the following criteria at the point of the printing deadline:

- those who returned their questionnaire to Ipsos MORI and it was processed before the printing deadline;

- those who completed the questionnaire online;
- those who completed the survey via the helpline;
- those who telephoned or emailed the helpline and opted out of the survey;
- those who replied via letter indicating they wished to opt out of the survey or returned a blank copy of the questionnaire;
- those who opted out via NHS England;
- those whose questionnaires were returned to sender; and
- those recorded as deceased or no longer eligible on the NHS Digital database.

**Table 5.1: Survey mailout dates**

<b>Initial survey sent</b>	January 4 <sup>th</sup> 2018
<b>Postcard reminder sent</b>	January 11 <sup>th</sup> 2018
<b>First reminder sent</b>	February 6 <sup>th</sup> 2018
<b>Second reminder sent</b>	March 7 <sup>th</sup> 2018

## 5.2 Alternative methods of completion

Although patients are offered several methods of completion, only one response per patient is included in the final data.

### 5.2.1 Online completion

Patients are offered the option to complete the survey online via the GPPS website in English, one of the 14 other languages offered, or in BSL. These different versions of the survey are accessible from specific language pages on the website. The online survey page of the website gives those invited to take part the opportunity to choose the language in which they wish to complete the survey (English, Arabic, Bengali, French, Czech, Gujarati, Mandarin, Polish, Portuguese, Punjabi, Slovak, Somali, Spanish, Turkish or Urdu).

Likewise, the option for patients to access the BSL version is via the pages dedicated to supporting BSL users. This involves showing video clips of a BSL user signing the instructions, questions, and options available (see Figure 5.1).

**Figure 5.1: Viewing the questionnaire in BSL**

**GP PATIENT SURVEY**

A A A

0:26

**YOUR LOCAL GP SERVICES**

Generally, how easy is it to get through to someone at your GP practice on the phone?

Very easy

Fairly easy

Not very easy

Not at all easy

Haven't tried

<< >>

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Regardless of the language chosen, each patient in the sample is assigned a unique reference number and password (printed at the top of the letter and on the front page of the paper questionnaire) that allows them to access the online survey. In order to complete the survey online, patients are required to enter these details on a first login screen (see Figure 5.2).

**Figure 5.2: Login screen for online survey**

**GP PATIENT SURVEY**

Please provide your Survey number and Password to participate in the survey.

Language

Survey number

Password

Your login details can be found on the front page of the questionnaire.  
[Click here to see where to find your Survey number and Password](#)

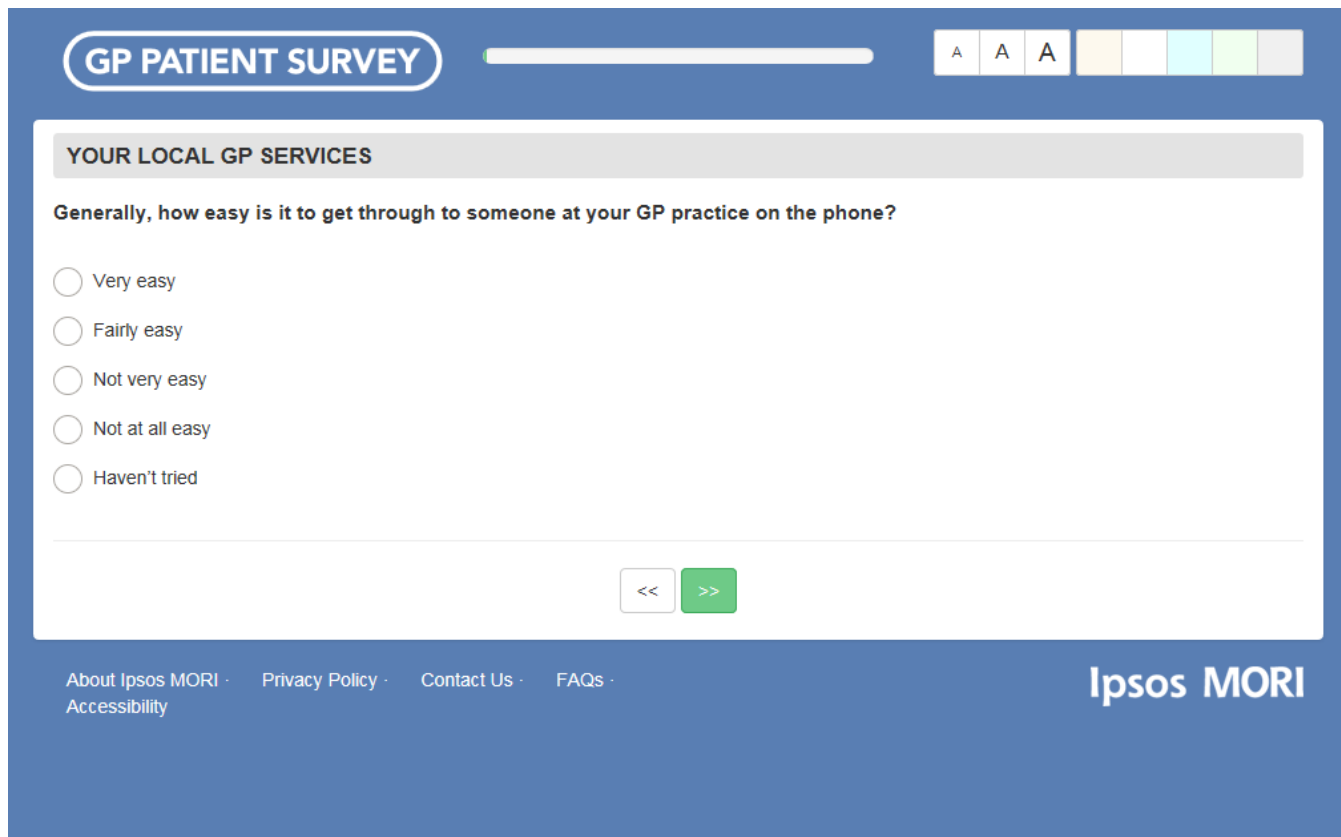
OK

Logging in may take a few moments so please wait.

---

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For all versions of the online survey, the questions are identical to those on the paper questionnaire in terms of wording and design.

**Figure 5.3: Question from the online survey**

**GP PATIENT SURVEY**

**YOUR LOCAL GP SERVICES**

**Generally, how easy is it to get through to someone at your GP practice on the phone?**

Very easy

Fairly easy

Not very easy

Not at all easy

Haven't tried

<< >>

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Only one online response per patient is accepted. If patients try to complete the survey more than once online, a message appears letting them know they have already completed it. If they fail to complete the survey in one sitting, their reference number and password will return them to where they had left off.

### 5.2.2 Changes to the online survey for 2018

Following good practice in administering online questionnaires and to improve the accessibility of the survey generally, the set up was reviewed in advance of fieldwork in 2018. From this, it was agreed that links should be added to the FAQ page and new Accessibility page on the GPPS website from the bottom of the log-in screen and throughout the survey.



### 5.2.3 Total number of online returns

69,512 patients completed the survey online during fieldwork in 2018.

Table 5.3 details how many patients completed the survey in each available foreign language and British Sign Language. While the number of patients completing the survey online has increased overall (from around 50,000 in 2017), the number completing in another language was unchanged (1,767 in 2017 and 1,765 in 2018). Twelve patients completed the BSL version of the questionnaire.

**Table 5.2: Completes per language and BSL**

	<i>Completes</i>
<b>Arabic</b>	54
<b>Bengali</b>	29
<b>Czech</b>	32
<b>French</b>	28
<b>Gujarati</b>	14
<b>Mandarin</b>	137
<b>Polish</b>	1,075
<b>Portuguese</b>	121
<b>Punjabi</b>	27
<b>Slovak</b>	55
<b>Somali</b>	6
<b>Spanish</b>	113
<b>Turkish</b>	53
<b>Urdu</b>	21
<b>Total</b>	1,765
<b>BSL</b>	12

### 5.2.4 Telephone completion

Patients are also able to complete the GPPS questionnaire on the telephone (including in the 14 foreign English languages) by calling the freephone helplines. Patients are asked for their reference number before they can complete the survey and there is an automatic check on the reference number to ensure that it is valid for the live survey. Helpline staff enter callers' answers directly into the online version of the survey. In total, the helpline team assisted 69 patients in completing the survey, mostly because they had a visual impairment or other physical disability, but some also needed help because of language or literacy issues.

### 5.2.5 Braille and large print versions

Braille users are offered the opportunity to receive the questionnaire and letter in Braille, and large print is made available for those who request a copy of the letter and questionnaire in this format. Braille users must complete the online survey. Returned large print questionnaires are entered manually by the helpline team, using the patient's unique login details. This year there were 48 requests for a large print survey, of which 29 were returned, and no requests for a Braille version.

**Data analysis**

## 6 Data analysis

### 6.1 Questionnaire processing

As in previous years, questionnaires are returned in supplied freepost Business Reply Envelopes (2nd class) to the scanning house.

Envelopes are guillotined and questionnaires collated and prepared for scanning. Any other items of correspondence are set aside for review and response by Ipsos MORI or NHS England, as appropriate.

Questionnaires are scanned and processed using barcode recognition and Optical Mark Recognition technology, with operator verification of uncertain entries. All marks on the forms are recognised at this stage, regardless of whether they are in accordance with the questionnaire instructions.

Questionnaire data collected online is logically prevented from containing data contrary to the questionnaire instructions (such as multiple responses to a question requiring a single answer).

Questionnaires were accepted and included if they were received by 6 April 2018.

### 6.2 Inclusions and exclusions

The rules and protocols used for delivering the data for the 2018 reports are as follows:

- All questionnaires received with identifiable reference numbers allowing linkage to a GP practice, along with all completed online responses, are eligible for inclusion.
- Returned questionnaire figures are based only on those qualifying for inclusion in the dataset as described in this document.
- The published response rates are based on all completed, valid questionnaires returned and all questionnaires sent. They have not been adjusted to exclude questionnaires which did not reach the patient, e.g. where envelopes have been returned undelivered etc. However, this year more information has been provided on adjusted and weighted response rates (see Chapter 7).

The following are excluded from the reports:

- All questionnaires marked as completed by under-16s;
- All questionnaires where there is only data for a limited number of questions (e.g. only the first page was completed).

- All questionnaires where the barcode number was not in the valid range for the live wave of the survey.
- All questionnaires without a valid practice code.
- All blank questionnaires.

Questionnaire data are combined from scanned and online data sources. Where duplicates between mode of completion exist, the data used are selected according to the case that is the most complete (i.e. with the fewest unanswered questions). If there is no difference in completeness, the data used are then selected according to a priority order with online data having precedence. Where duplicates exist within a completion mode, the earliest return is included.

### 6.3 Editing the data

As the majority of the completed questionnaires are on paper, there is a degree of completion error that occurs (e.g. ticking more than one box when only one response is required, answering a question that is not relevant, or missing questions out altogether). Therefore, it is necessary to undertake a certain amount of editing to ensure the data is logical. For example:

- If a patient ticks more than one box where only one answer is required, then their reply for that question is excluded.
- Where patients are allowed to select more than one box for a particular question, the reply for that question is excluded if they select two conflicting answers – for example, at Q3 ('In the past 12 months, have you booked general practice appointments in any of the following ways?'), if a patient ticks any of the first five options as well as 'Doesn't apply', then their response for that question is excluded. The following list shows the questions this applies to, as well as the response options that are treated as single code only:
  - Q4 – 'None of these' and 'Don't know'
  - Q5 – 'None of these'
  - Q7 – 'Don't know'
  - Q14 – 'I did not try to get information or advice'
  - Q16 – 'No, I was not offered a choice of appointment', 'Can't remember' and 'Doesn't apply'
  - Q32 – 'None of these'

- Q35 – ‘I do not have any long-term conditions’
- Q45 – ‘Can’t remember’
- If all boxes are left blank the reply for that question is excluded.
- If a patient fails to tick the relevant answer for a filter question then any responses are excluded from the subsequent questions relating to the filter question. For example, if a patient responds to Q10 without having first responded ‘Yes, for all appointments’ or ‘Yes, for some appointments and not others’ at Q9, their response to Q10 is removed.
- For the question on whether they have a long-standing health condition (Q34), patients who initially answer other than ‘Yes’ have their answer recoded to ‘Yes’ if they went on to select any medical conditions at Q35.
- Where the ethnicity question (Q56) is multi-coded, patients are included in the ‘White English / Welsh / Scottish / Northern Irish / British’ group if this was selected alongside any other response. If someone selects more than one response under any of the ethnic groups (‘Mixed / multiple ethnic groups’, ‘Asian / Asian British’, ‘Black / African / Caribbean / Black British’, and ‘Other ethnic group’) then they are recoded into the ‘other’ response within that grouping; for example, a patient selecting Indian and Pakistani is coded into ‘Any other Asian background’. The same rule applies to multiple responses in the ‘White’ section in cases where ‘White English / Welsh / Scottish / Northern Irish / British’ is not selected. If someone selected two or more responses which are not in the same section, they would be coded into the ‘Any other ethnic group’ category (again, with the exception of cases where ‘White English / Welsh / Scottish / Northern Irish / British’ was selected).

## 6.4 Weighting strategy

The GPPS 2018 weighting scheme followed the same strategy as in 2017. Weights were generated to correct for potential design effects and non-response bias. Unlike 2017, this year the survey was administered to a larger sample including respondents aged 16 and 17 years old. The weight was calculated using the procedure outlined below:

- Step 1: creation of a design weight to account for the unequal probability of selection;
- Step 2: generation of a non-response weight to account for differences in the characteristics of responders and non-responders;

- Step 3: generation of a calibration weight to ensure that the distribution of the weighted responding sample across practices resembles that of the population of eligible patients, and that the age and gender distribution within each Clinical Commissioning Group (CCG) matches the population of eligible patients within the CCG.

Design weights were computed to correct for potential biases introduced by the design of the survey (e.g. disproportionate stratified random sample by practice and length of time the patient has been registered with the practice) and to make the sample look the same as the reference population. Design weights were calculated for each patient as the inverse of the probability of selection. The probability of selection was calculated separately for newly registered / previously registered patients. For each group this was generated by dividing the number of selected patients over the total number of eligible patients in the practice at the time of sampling.

Non-response weights were constructed using a model-based approach to estimate the probability of responding. This model estimates the probability of responding based on socio-economic and demographic characteristics of the patient and the neighbourhood in which the patient lives. This strategy aims to reduce demographic and socio-economic differences between respondents and non-respondents.

Data from the GPPS sampling frame (patient's age, gender and Government Office Region) was linked to external data using the home postcode of the patient. This external data was obtained from the Office of National Statistics (ONS) aggregated at the Output Area (OA), and A Classification Of Residential Neighbourhoods (ACORN) system. OA variables included: deprivation indicators, ethnicity, marital status, overcrowding, household tenure and employment status. The OA variables are based on the 2011 Census data, except for the Index of Multiple Deprivation (IMD) which is from the 2015 deprivation indicators. The ACORN system categorises all postcodes in UK into various types based on Census data and lifestyle surveys.

There was complete information for most of the patients on all these metrics except for the IMD score, ethnicity and overcrowding; for these patients, missing values were imputed using the average score of the practice that they attended.

The probability of response was estimated using a logistic regression model. Standardised design weights were applied when running the model to obtain unbiased estimates for the coefficients. The model allows us to identify patterns in non-response behaviour: female patients were more likely to respond than male patients in all except the oldest age group, younger patients were less likely to respond than older patients. There were also some differences by region, with response tending to be lower in the North West. Response was also lower in ACORN groups J ('Starting out'), L ('Modest Means'), O ('Young Hardship'), P ('Struggling Estates') and Q ('Difficult Circumstances'). Response also decreased in the following:

- OAs with higher deprivation scores;
- OAs with an increasing proportion of non-white people;
- OAs with an increasing proportion of single, separated or divorced people;
- OAs with an increasing proportion of households with three or more people;
- OAs with an increasing proportion of privately rented households.
- In contrast, response increased with an increasing proportion of employees.

The non-response pre-weights were calculated as the reciprocal of the predicted probability of response. The pre-weights were capped after using standardised weighting to avoid very large weights. Capping can introduce some bias into the survey estimates; however, in this case it will be minimal given the number of respondents with capped weights represents less than 0.3% of the total respondent sample. The pre-weights were multiplied by the design weight to obtain the non-response weight.

The non-response weight was then calibrated to produce a final weight that makes the weighted sample of respondents resemble the eligible population by practice, and by age/gender within CCG. The practice population totals used for the calibration were taken from the sampling frame.

Calibration can lead to very variable weights if applied to small cells. In the GPPS, small cells can typically arise in any CCG which has only a small number of responders in a particular age-sex band or in practices with a low response rate. To overcome these issues, the age-sex bands were combined into six categories, and a small amount of additional capping was performed. In particular, practices with fewer than ten responding patients had their weights capped. Finally, the weights were standardised to sum to the sample size.



## 6.5 Confidence intervals

Participants in the GPPS represent a sample of the total population of interest – this means we cannot be certain that the results of a question are exactly the same as if everybody within that population had taken part (“true values”). However, we can predict the variation between the results of a question and the true value by using the size of the sample on which results are based and the number of times a particular answer is given.

The confidence with which we make this prediction is 95% – that is, the chances are 95 in 100 that the true value will fall within a specified range (the “95% confidence interval”).

The table below gives examples of what the confidence intervals look like for an ‘average’ practice and CCG, as well as the confidence intervals at the national level based on weighted data.

**Table 6.1: Confidence intervals for practices, CCGs and national data**

	Average sample size on which results are based	Approximate confidence intervals for percentages at or near these levels		
		Level 1: 10% or 90%	Level 2: 30% or 70%	Level 3: 50%
		+/- (%)	+/- (%)	+/- (%)
National	758,165	0.09	0.15	0.16
CCG	4,000	1.32	2.02	2.20
Practice	100	6.93	10.21	11.08

For example, taking a CCG where 4,000 people responded and where 30% give a particular answer, there is a 95% likelihood that the true value (which would have been obtained if the whole population had been interviewed) will fall within the range of +/-2.02 percentage points from that question’s result (i.e. between 27.98% and 32.02%).

In instances where the base size is small (e.g. practices where 100 patients or fewer responded to a question) confidence intervals will be wider. Findings for these questions should be regarded as indicative rather than robust.

Lower and upper limits for confidence intervals for a selection of questions are presented in the practice and CCG Excel reports (<https://gp-patient.co.uk/surveys-and-reports>).

Often statistical tests are based on simplified assumptions about how the underlying population is distributed. These assumptions hold for many real-life situations but can fail for extreme situations; such is the case with confidence intervals. Within the context of GPPS many satisfaction scores are around 99%, there is more scope for such an estimate to fall than there is for it to increase (this makes sense intuitively as well as probabilistically), hence we would expect the lower limit to be larger than the upper limit. As a result, we use Wilson’s method to calculate confidence intervals which accounts for this, and permits intervals to be asymmetric – the lower and upper limits can be unequal in size (unlike other confidence interval tests)<sup>3</sup>.

When results are compared between separate groups within a sample, the difference may be “real” or it may occur by chance (because not everyone in the population has been interviewed). A difference must be of at least a certain size to be statistically significant. The following table shows the size of the difference needed between two estimates, in order for this difference to be statistically significant at the 95% confidence level and assuming 80% power for an ‘average’ practice and CCG<sup>4</sup>.

**Table 6.2: Subgroup sampling tolerances within one year of data**

	Average sample size on which results are based	Amount of change needed between two estimates		
		Level 1: 10% or 90%	Level 2: 30% or 70%	Level 3: 50%
		+/- (%)	+/- (%)	+/- (%)
CCG	4,000	1.95	2.91	3.15
Practice	100	14.3	18.4	18.6

For example, taking a practice where 100 people responded and where 30% give a particular answer, the estimate from a second practice of a similar size would need to be +/-18.4 percentage points in order to be statistically significant (and not due to random chance).

<sup>3</sup> Standard confidence interval testing uses the Wald method.

<sup>4</sup> Power calculations apply a statistical test to protect against the risk of false negatives. False negatives occur when a difference that does exist is declared as not existing.

## 6.6 Analysis of trend data

In 2018, two key changes were made to the GP Patient Survey:

- the content of the GPPS questionnaire was changed significantly to reflect changes in the delivery of primary care services in England (see Chapter 2 for details of the questionnaire development process).
- the sample frame was extended to include 16-17 year olds for the first time to improve the inclusivity of the survey (see Chapter 3 for details of the sampling process).

These changes meant that it was necessary to consider the likely impact on comparisons of survey estimates when looking at trend data. This was assessed through a two-stage analysis, reflecting each of the changes:

**Analysis 1: questionnaire** - to identify whether context effects influenced response to questions that have remained unchanged or are only subject to minor change.

**Analysis 2: sample** - to identify whether the inclusion of 16-17 year olds impacted on the results for the youngest age group, now 16-24.

In order to ensure that GPPS data for 2018 could be published in a timely manner, analysis 1, looking at changes to the questionnaire, was conducted on interim data (data collected by the midpoint of fieldwork), as described below. Analysis 2, looking at the impact of including 16-17 year olds, was conducted during the data processing stage after fieldwork on the complete data set.

In combination, these analyses suggest that comparisons with previous years would be unreliable even where question wording remains similar, and have informed the decision not to present trend data in the GP Patient Survey outputs for the 2018 publication.

### 6.6.1 Analysis 1: impact of questionnaire changes

The questionnaire for 2018 has changed significantly; from a total of 63 questions, 14 are unchanged and nine have had very minor changes to wording (for example, changing GP practice to general practice). The majority of these changes relate to the first five sections of the questionnaire, with the final three sections mostly unchanged ('When your GP practice is closed' (previously 'Out of Hours'), 'Dentistry' and 'Some questions about you').

For the questions that have not changed, or have only had minor changes, it was necessary to consider whether any observed change over time was a result of a real shift in patient experience or whether the broader set of changes to the questionnaire affected the context in which these questions are now asked, impacting how participants answered. This is referred to as a 'context effect'. For example, the question on overall experience of making an appointment (Q22), was unchanged, which would suggest that results could be consistent. However, due to the changes in the nature and ordering of questions ahead of this and the impact on the participant's assessment of their experience, their response may still be affected.

Data for a selection of questions that had not changed or only had small changes (as well as some that had changed, to allow for comparison) was analysed at the national level, as well as for a random selection of ten CCGs and nine practices<sup>5</sup>. In order to provide guidance to NHS England in good time ahead of publication, this analysis was initially conducted on interim data, comparing differences between weighted Year 11 and Year 12 data (excluding 16-17 year olds) at the same point during fieldwork alongside differences between Year 10 (Wave 2 data at the national level and full Year 10 at CCG and practice level<sup>6</sup>) and Year 11 data.

The analysis focused on identifying where changes between the Year 11 and 12 data were relatively consistent with previous patterns of change. For each question a decision was taken on the form of the analysis:

- the majority compared a headline summary variable (e.g. Q1 how 'easy was it to get through to the practice on the phone, combining 'very' and 'fairly easy', excluding 'haven't tried');
- all answer codes were compared for multi-response questions (e.g. Q4 awareness of online services) and nominal variables (e.g. Q56 ethnicity, Q57 work status, Q59 carers).

At the national level, this found that there were context effects on several key variables, including the overall experience questions; Q22 overall experience of making an appointment and Q31 overall experience of GP practice. These findings were replicated at CCG level, but at practice level, with smaller sample sizes, the variation was too wide to draw conclusions.

The analysis was repeated on final Year 11 and Year 12 data at national level, further confirming these findings.

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<sup>5</sup> One of the ten practices originally selected had closed prior to the analysis being conducted.

<sup>6</sup> Based on the fieldwork timing effect analysis and recommendation, details of which can be [accessed here](#).

### 6.6.2 Analysis 2: Impact of including 16-17 year olds

As the survey sample included 16-17 year olds for the first time this year, it was important to review whether their responses were sufficiently different to affect the comparability of data across survey years, particularly in terms of the impact on the youngest age grouping (now 16-24 rather than 18-24 years).

To measure this, analysis was conducted on the final Year 12 data, comparing results for 16-24 and 18-24 year olds for the same set of questions, i.e. those that were similar enough to potentially provide trend data over time, but excluding any identified as exhibiting context effects, based on findings from the first stage analysis. The questions included in this analysis are listed in the appendices. Again, data was analysed at the national level, and for the same random selection CCGs<sup>7</sup>. Practices were not included in this analysis due to small base sizes for 16-17 year olds.

The analysis involved assessing the difference in responses to these questions between 16-24 year olds (with the final weighting) and 18-24 year olds (using weighting that excluded 16-17 year olds). This showed that the inclusion of 16-17 year olds had an impact on results for the youngest age group across a number of questions. The impact of including 16-17 year olds was greater at the CCG level, and included questions that appeared to be unaffected by this change at a national level. The smaller sample sizes mean that outlier cases can have a much larger impact on results, particularly if they have a large weight applied, which, due to lower response rates among young people, is more likely.

### 6.6.3 Implications for trend data

These analyses found that potential trend data was subject to both context effects as a result of changes to the questionnaire and the inclusion of 16-17 year olds<sup>8</sup>. The findings demonstrate that the observed variation in results between Year 12 and previous years could have been caused by these changes to the survey design, rather than reflecting a 'real' change in service delivery or patient experience. As a result, it was determined that no trend data should be presented in the GP Patient Survey outputs for the 2018 publication.<sup>9</sup>

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<sup>7</sup> Due to the merging of one CCG in the original random selection, this CCG was replaced by another randomly selected CCG.

<sup>8</sup> Note that although the 16-17 year old analysis looked at the impact of including 16-17 year olds on findings for the youngest age group, these differences also affected the results overall.

<sup>9</sup> Full details of the analysis results are available on request – please email [gppatientsurvey@ipsos.com](mailto:gppatientsurvey@ipsos.com).

The questions listed below were **not** subject to context effects and were **not** impacted by the inclusion of 16-17 year olds at a national level. Due to smaller sample sizes, all questions at CCG and practice level should be considered as affected by both changes, and therefore there is no trend data at these levels.

As a reminder, when looking at trend data, it is important to note that analysis in Year 11 identified a fieldwork timing effect, the impact of the survey moving from a bi-annual format (between 2011 and 2016) to annual in 2017. This found evidence of systematic differences in the data collected between the Wave 1 (July-September) and Wave 2 (January-March) fieldwork periods. As a result, where looking at trend data at national level, comparisons between data from 2018 or 2017 and data from between 2016 and 2011 should use Wave 2 data only for the data from between 2016 and 2011. For full details of this analysis please see the note 'Assessing the impact of change to an annual GP Patient Survey' which can be [accessed here](#).

## Your local GP services

The following two questions were not impacted by context effects or the inclusion of 16-17 year old at a national level (although as discussed above, all survey questions were impacted at a practice and CCG level):

- Q1: Generally, how easy is it to get through to someone at your GP practice on the phone?
- Q2: How helpful do you find the receptionists at your GP practice?

All other questions in this section have either changed or were found to have been affected by the context effects and/or inclusion of 16-17 year olds at a national level as well as at a CCG and practice level. As a result, these questions are not directly comparable with previous results, even where question wording remains similar.

## Making an appointment

All questions in this section have either changed or were found to have been affected by the context effects and/or inclusion of 16-17 year olds at a national level – as well as at a CCG and practice level. This includes the overall experience of making an appointment question (Q22). As a result, these questions are not directly comparable with previous results, even where question wording remains similar.

## Your last appointment

All questions in this section have changed, and none are comparable with previous years. As a result, these questions are not directly comparable with previous results, even where question wording remains similar.

## Overall experience of GP practice

This question is impacted by context effects and/or the inclusion of 16-17 year olds at a national level – as well as at a CCG and practice level. As a result, this question is not directly comparable with previous results, even though the question wording remains similar.

## Your health

All questions in this section have changed, and none are comparable with previous years. As a result, these questions are not directly comparable with previous results, even where question wording remains similar.

## When your GP practice is closed

The following four questions were not impacted by context effects or the inclusion of 16-17 year old at a national level (although as discussed above, all were impacted at a practice and CCG level):

- Q45: Considering all of the services you contacted, which of the following happened on that occasion?
- Q46: How do you feel about how quickly you received care or advice on that occasion?
- Q47: Considering all of the people that you saw or spoke to on that occasion, did you have confidence and trust in them?
- Q48: Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed?

The other question in this section (Q44) has changed – moving from referring to six months to twelve months. As a result, this question is not directly comparable with previous results, even though the question wording remains similar.

## NHS Dentistry

The following three questions were not impacted by context effects or the inclusion of 16-17 year old at a national level:

- Q51: Were you successful in getting an NHS dental appointment?
- Q52: Overall, how would you describe your experience of NHS dental services?
- Q53: Why haven't you tried to get an NHS dental appointment in the last two years?

The other questions in this section (Q49 and Q50) were found to have been affected by context effects and/or inclusion of 16-17 year olds at a national level – as well as at a CCG and practice level. As a result, these questions are not directly comparable with previous results, even where question wording remains similar.

### Some questions about you

As gender and age are included in the weighting scheme, Q54 and Q55 were not reviewed – although age breakdowns will be affected by the inclusion of 16-17 year olds and the expansion of the youngest age category. In addition, the question on religion (Q63) was not included in the analysis because it was unchanged and not expected to be affected by either the inclusion of 16-17 year olds or context effects.

Of the questions in this section that were reviewed, the following five were not impacted by context effects or the inclusion of 16-17 year olds at a national level (although as discussed above, were impacted at a practice and CCG level):

- Q56: What is your ethnic group?
- Q58: Are you a parent or legal guardian for any children aged under 16 living in your home?
- Q59: Do you look after, or give any help or support to family members, friends, neighbours or others because of either long-term physical or mental ill health / disability, or problems related to old age?
- Q60: Are you a deaf person who uses sign language?
- Q62: Which of the following best describes how you think of yourself?



All other questions in this section that were reviewed were found to have been affected by context effects and/or inclusion of 16-17 year olds. As a result, these questions are not directly comparable with previous results, even where question wording remains similar.

**Response rates**

# 7 Response rates

## 7.1 Unadjusted response rates (published)

The overall response rate for England was 34.1%, based on 2,221,068 questionnaires sent out and 758,165 returned.

**Table 7.1: Surveys sent, returned and response rates**

	Number sent	Number returned	Response rate
Total	2,221,068	758,165	34.1%

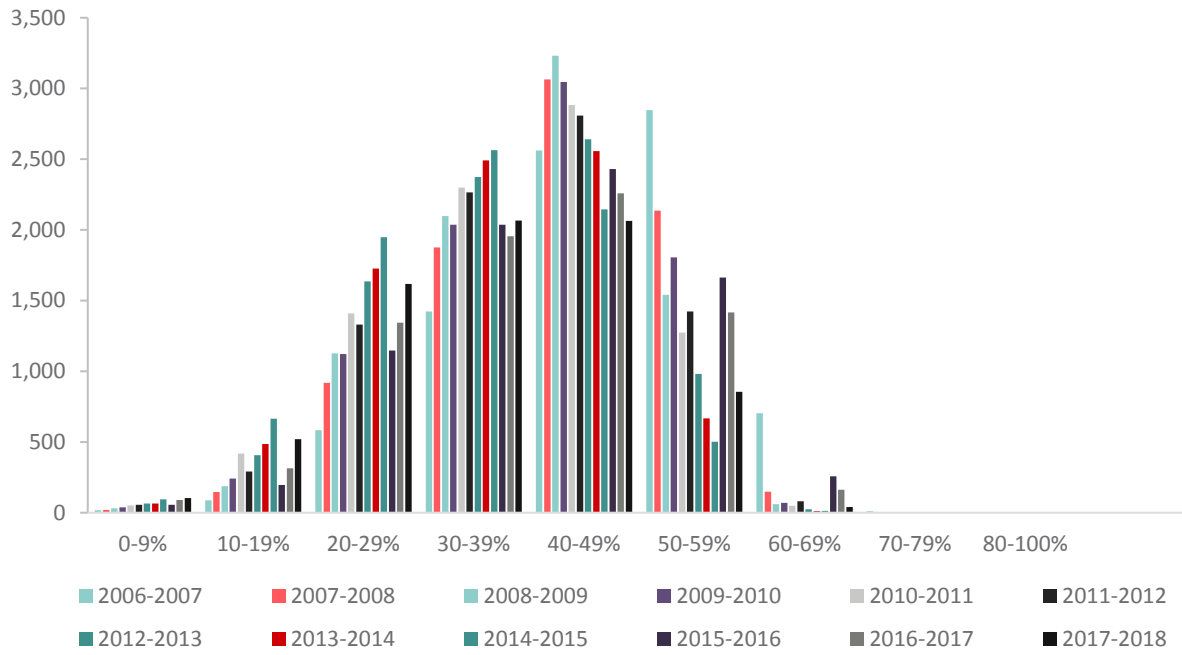
**Table 7.2: Response rates by gender**

	Y12
Women	38.6%
Men	29.8%

**Table 7.3: Response rates by age**

	Y12
16-17	20.2%
18-24	13.9%
25-34	16.3%
35-44	23.4%
45-54	32.4%
55-64	49.1%
65-74	66.5%
75-84	66.2%
85+	51.7%

**Figure 7.1: Number of practices within each response rate band over time**



**Table 7.4: Number and proportion of practices within each response rate band**

For response rates prior to 2010, please see the [2017 technical annex](#).

	Practices in 17/18		Practices in 16/17		Practices in 15/16		Practices in 14/15		Practices in 13/14		Practices in 12/13		Practices in 11/12		Practices in 10/11	
	No	%	No	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
0-9%	103	1%	89	1%	56	1%	94	1%	66	1%	64	1%	56	1%	52	1%
10-19%	519	7%	314	4%	196	3%	665	8%	487	6%	406	5%	292	4%	417	5%
20-29%	1,617	22%	1,343	18%	1,146	15%	1,949	25%	1,727	22%	1,636	20%	1,331	16%	1,410	17%
30-39%	2,065	28%	1,954	26%	2,037	26%	2,563	32%	2,492	31%	2,374	29%	2,265	27%	2,299	27%
40-49%	2,064	28%	2,259	30%	2,431	31%	2,144	27%	2,556	32%	2,641	32%	2,809	34%	2,884	34%
50-59%	856	12%	1,416	19%	1,662	21%	501	6%	667	8%	982	12%	1,424	17%	1,273	15%
60-69%	41	1%	162	2%	258	3%	12	*	10	*	25	*	81	1%	50	1%
70-79%	0	0%	0	0%	1	*	0	0%	0	0%	0	0%	0	0%	0	0%
80-100%	0	0%	0	0%	0	0%	0	0%	0	0%	1	*	0	0%	1	*
Total	7,265	100%	7,537	100%	7,787	100%	7,928	100%	8,005	100%	8,129	100%	8,258	100%	8,386	100%

## 7.2 Adjustments to response rate

Alternative presentations of response rates can aid by mitigating the effects that some elements of a survey's methodology might have on the response rate calculation. Two such presentations are discussed below.

### 7.2.1 Weighted response rate

As described in Chapter 3, the issued samples in GP practices with lower response rates are boosted in order to achieve a minimum sample size. One implication of this is that the issued sample is skewed towards GP practices where participation is likely to be lower. In other words, a patient registered at a practice with a low response rate has a higher chance of being selected for the GPPS than one at a same-sized practice with a high response rate. As a result, one would expect to observe a lower response rate overall compared with a design in which the sample was allocated to GP practices in proportion. Further, it means that comparisons of response rates between waves and with other surveys could be misleading as, by design, the GPPS over-samples patients who are less likely to participate, to ensure we get sufficient results from as many practices as possible.

To demonstrate the impact of this, it is recommended that both unweighted and weighted estimates of response rates are presented for samples with unequal selection weights. For example, Lynn et al. write that, 'The importance of weighted outcome rates stems from the possibility that response rates could differ across strata or other intermediate sampling units which have different inclusion probabilities.'<sup>10</sup>

For the GPPS sample, we know by design that the GP practices (the strata) in which patients have a higher inclusion probability are those with a lower response rate. A **weighted response rate** can therefore be calculated with the issued sample weighted by the original selection weight.

### 7.2.2 Adjusted response rate

It is also standard practice on many surveys to adjust the response rate to take into account ineligible sample, i.e. participants who could never have been contacted or received a survey during the fieldwork period. For a postal survey this is difficult to calculate, but taking a conservative approach, it is possible to exclude undeliverable post, those who did not receive a questionnaire pack. This is referred to as an **adjusted response rate**.

---

<sup>10</sup> Peter Lynn, Roeland Beerten, Johanna Laiho and Jean Martin (2001) Recommended Standard Final Outcome Categories and Standard Definitions of Response Rate for Social Surveys. ISER Working Papers Number 2001-23

Table 7.5 presents both the weighted and adjusted response rates alongside the published (unweighted and unadjusted) response rate.

**Table 7.5: Unweighted, weighted and adjusted response rates**

	Unweighted/unadjusted response rate (published)	Weighted response rate (unadjusted)	Adjusted response rate (unweighted)
2018	34.1%	37.9%	36.5%

# Reporting



## 8 Reporting

### 8.1 Presentation of statistics

The results for the GP Patient Survey are presented in three different ways across the various outputs:

- **Results** - exclude non-specific response options (e.g. haven't tried, can't remember, don't know) in order to provide a more accurate reflection of how those using a service evaluate it. Non-specific responses in general do not provide information about the patient's experience of GP services.
- **Summary results** - provide a quick way of viewing the result of a question, usually these are an aggregation of two individual responses (e.g. 'Easy' is a combination of 'Very easy' and 'Fairly easy') or it can be a single response. In many cases these also exclude the non-specific response options, as indicated alongside each result.
- **All responses** - full breakdown of all response options, including non-specific options to allow a complete picture of responses and manipulation of the full data.

Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?  
(using dummy data)

Base: all patients who answered the question

	Weighted responses	Results	All responses
Easy (very or fairly easy - excluding haven't tried)	45	<b>53%</b>	/
Very easy	15	<b>18%</b>	15%
Fairly easy	30	<b>35%</b>	30%
Not very easy	20	<b>24%</b>	20%
Not at all easy	20	<b>24%</b>	20%
Haven't tried	15	/	15%
Total	100	85	100

### 8.1.1 How are the different presentations calculated?

The example below demonstrates the calculation of the three presentations of results using dummy data:

Q1 Generally, how easy is it to get through to someone at your GP practice on the phone?								
Results			Summary results			All responses		
	N	%		n	%		n	%
Very easy	15	18%	Easy	45	53%	Very easy	15	15%
Fairly easy	30	35%				Fairly easy	30	30%
Not very easy	20	24%	Not Easy	40	47%	Not very easy	20	20%
Not at all easy	20	24%				Not at all easy	20	20%
/	/	/	/	/	/	Haven't tried	15	15%
<i>Base</i>	<i>85</i>	<i>100%</i>		<i>85</i>	<i>100%</i>	<i>Base</i>	<i>100</i>	<i>100%</i>

The explanation below describes the definition of each, the rationale for presenting them and how they relate to one another.

#### Results

**Results** refer to the detailed breakdown of responses for each question excluding any non-specific response options that do not describe the quality of service.

Many of the questions allow patients to say they have not tried to use a service, or that they don't know or can't remember the details of their experience. To provide a more accurate reflection of how those using a service have evaluated it, the results format removes those who selected a non-specific response when answering the question.

- Using Q1 as an example, removing those who 'haven't tried' to get through to their GP practice on the phone from the calculation provides a better reflection of the views of patients who had tried. Numbers and percentages are presented for the four response options 'Very easy', 'Fairly easy', 'Not very easy', and 'Not at all easy'.

## Summary results

In order to quickly understand the result of a question, a summary result is provided. In most cases this is an aggregation of two individual responses; in some cases it can just be an individual response.

- Using Q31 as an example, combining 'Very good' and 'Fairly good' responses would give you an overall 'Good' result.

Sometimes these summary results (as mentioned in the results section above) can exclude a non-specific response from the calculation of the summary result.

- Using Q1 as an example, combining 'Very easy' and 'Fairly easy' responses would give an overall 'Easy' result, removing those who have not tried to get through to their GP practice on the phone from the calculation.

The majority of outputs, designed to be used by patients, GP practices and CCGs, lead with the summary results because these provide a robust assessment of patient experience across organisations. These outputs are:

- National summary report
- National results
- Excel / csv practice and CCG level data
- Analysis tool

## All responses

To view a complete picture of all patients' answers to each question, the numbers and percentage for all responses are also included in some outputs. This allows manipulation of the full data for specific purposes. For example, there are occasions where the non-specific response options might be of interest, driven by a particular research question. Looking at Q6, are certain demographic groups more likely to say they 'Haven't tried' to use their GP practice's website? Analysis of the 'Haven't tried' option may help practices and CCGs to think about what they can do to engage these groups further.

Note that, where these non-specific response options are of interest, they have been included and discussed in the national summary report. This detail is also included in the national results document, alongside the summary results, to allow users to cross-reference.

The more detailed data outputs (Excel, csv, and analysis tool), present all responses to enable data users to view a complete picture of all patients' answers to each question.

### 8.1.2 Future publications and feedback

After the 2018 publication, NHS England will review the presentation of the survey results, including by speaking to data users, and consider whether a move to presenting all CCG and GP practice results with non-specific response options excluded would be preferable. Please [email](#) the research team with any comments.

### 8.1.3 A note on comparability

Together with the changes to the questionnaire and the sample, these changes to the presentation of results are an additional reason why results from the 2018 GP Patient Survey are not readily comparable with results from previous surveys; even in the cases where questions are comparable, care must be taken to ensure that equivalent figures are being used when drawing any comparisons.

## 8.2 Deliverables

The survey reporting specifications were created by Ipsos MORI in collaboration with NHS England. The specifications detail the content and layout of each of the Excel and PDF reports required, as well as the SPSS datasets.

All data and reports are encrypted and supplied to NHS England via a secure FTP (File Transfer Protocol) site.

Tables 8.1 to 8.4 describe the reports and datasets which are produced, including the presentation of statistics in each.

**Table 8.1: Weighted reports (published via the [www.gp-patient.com](http://www.gp-patient.com) website)**

	Detail / purpose	Presentation of statistics
National report	National headline results of the survey presented in a PowerPoint report	Results and summary results
National results	National results	Results, summary results and all responses
National data (.csv)	One file in CSV (Comma-separated value) format that contains all the national-level data within the Excel based reports	Results and summary results
CCG results (Excel)	One Excel report containing survey results for every CCG and the national results	Results and summary results
CCG data (.csv)	One file in CSV format that contains all the CCG-level data within the Excel based reports	Results and summary results
Practice results (Excel)	One Excel report containing survey results for every practice and the national results	Summary results and all responses
Practice data (.csv)	One file in CSV format that contains all the practice-level data within the Excel based reports	Summary results and all responses
CCG slide packs	195 PowerPoint reports containing results for a selection of key questions for individual CCGs	Summary results and all responses

**Table 8.2: Weighted datasets provided to NHS England (not published)**

	Detail / purpose	Presentation of statistics
Person dataset	Person level dataset (SPSS) to allow for a range of further analyses	All responses
Practice dataset	Practice level dataset (SPSS) to allow for a range of further analyses	All responses
Dentistry person dataset	Person level dataset (SPSS) to allow for a range of further analyses based on dentistry questions	All responses

**Table 8.3: Unweighted reports (published via the website)**

	Detail / purpose	Presentation of statistics
National data (.csv)	One file in CSV format that contains all the national-level data within the Excel based reports	Results and summary results
CCG results (Excel)	One Excel report containing survey results for every CCG and the national results	Results and summary results
CCG data (.csv)	One file in CSV format that contains all the CCG-level data within the Excel based reports	Results and summary results
Practice results (Excel)	One Excel report containing survey results for every practice and the national results	Summary results and all responses
Practice data (.csv)	One file in CSV format that contains all the practice-level data within the Excel based reports	Summary results and all responses

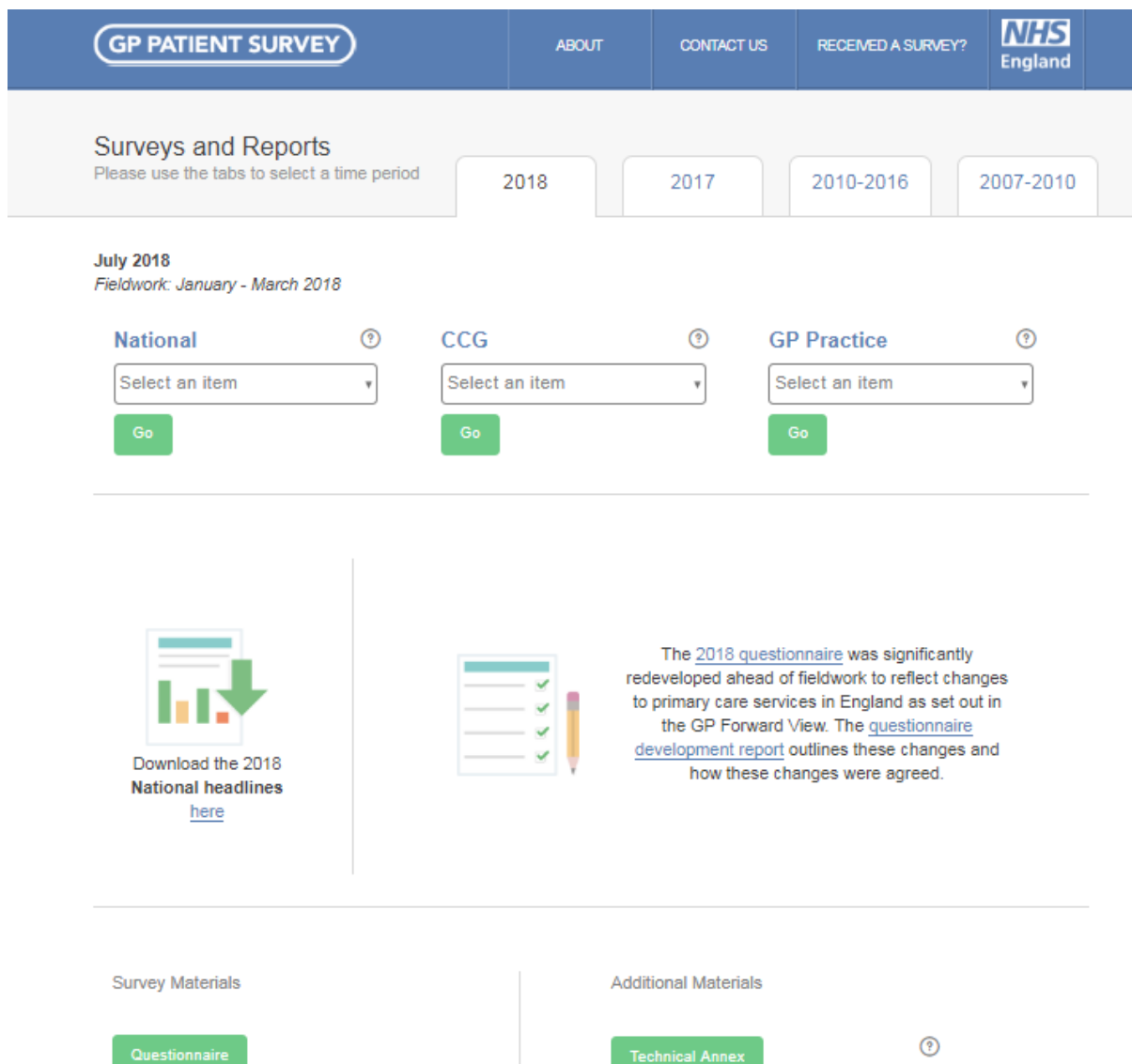
**Table 8.4: Annual reports (published via the website)**

	Detail / purpose
Technical annex	Communicate operational details of survey

### 8.3 The GPPS ‘Surveys and reports’ link

The surveys and reports page of the GPPS website allows users to access and download the published surveys and reports, CCG slide packs and infographics. Users select the date of publication and are presented with the materials relevant to that publication, organised at national, CCG and practice level. Users can access all published current and archived reports from 2007 onwards. The surveys and reports page is available at <http://www.gp-patient.co.uk/surveysandreports>.

**Figure 8.1: Survey and reports link on the GPPS website**



All current reports for national, practice and CCG level are accessible through this page (in weighted and unweighted data format), along with the other published reports as detailed in tables 8.1-8.4. Please note that prior to January 2016, reports are available for Regions and Area Teams; these are no longer provided following the integration of Area Teams into the four existing Regional Teams.

Under the CCG heading, there is a link to the [CCG slidepacks page](#) for each relevant publication. This link takes users to an A-Z tool bar which allows easy access to each of the weighted PowerPoint reports for individual CCGs (see figure 8.2). These slide packs are available for the January 2015 publication onwards.

**Figure 8.2: CCG slide packs page**

**GP PATIENT SURVEY** ABOUT CONTACT US RECEIVED A SURVEY? NHS England

## CCG Slidepacks (2018)

The CCG slidepacks 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. For more detail see the Presentation of results document on the main Surveys and reports page.

If you are having trouble opening the slidepacks, or if you would like them in a different format, please contact [gppatientsurvey@ipsos-mori.com](mailto:gppatientsurvey@ipsos-mori.com).

Some users are receiving an error message when downloading the CCG slide packs; this is a result of different versions of PowerPoint but you should be able to open the file if you save it first.

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A B C D E F G H I K L M N O P R  
S T V W

### A

NHS AIREDALE, WHARFEDALE AND CRAVEN CCG  
NHS ASHFORD CCG

### B

NHS BARKING AND DAGENHAM CCG  
NHS BARNET CCG  
NHS BARNSELEY CCG  
NHS BASILDON AND BRENTWOOD CCG  
NHS BASSETLAIN CCG



## 8.4 The GPPS analysis tool

The GPPS analysis tool is available for users to analyse the latest results, including comparing them to the results for every other practice and CCG in England. It has been redeveloped for publication in 2018 and is now part of the main GP Patient Survey site

**Figure 8.3: Website analysis tool home page**



From the main analysis tool page users can select the following to analyse results in more detail:

**Practice results:** after selecting a practice, there are two options: charts and tables or comparison tables.

- **View Results:** this section of the website allows the user to select a question or series of questions for a practice, and view the results as a table or chart. These findings can be filtered based on patient sub-groups, for example, by gender, age or long-term condition. It is also possible to add additional practice results or CCG and national results for comparison. These

charts are available to view weighted or unweighted, and are available for download in Excel and PowerPoint formats.

- Create a crosstab: this section of the website allows the user to create crosstabulations of the data, to look at the relationship between two questions in table format. For example, when the patient would have liked the appointment to be (Q15) analysed by level of concern about the health of the person the appointment was for (Q13). This can also be filtered based on patient sub-groups, for example, by gender, age or working status, and are available to view weighted or unweighted and available to download in Excel formats.

**CCG results:** after selecting a CCG, there are two options: charts and tables or comparison tables. These work in the same way as the practice results, with the ability to add additional CCG or national results for comparison.

**National results:** this allows users to view the national results only, again as charts and tables or comparison tables.

**Select subgroups:** this option allows users to interrogate the data further by examining the responses collected from different respondent groups, for example, by men or women only. This presents national data by default, but results can also be filtered by CCG and practice.

#### 8.4.1 Practice comparison tool

Since June 2015, the main GPPS website also allows users to compare results across practices, CCGs and at the national level. This tool is available either through the 'Compare a practice' link on the GP Patient Survey home page or via the practice search function.

The practice comparison tool allows users to:

- view the results for a particular practice, and compare these results to the local CCG and national results;
- compare results to another local practice (within a 5-mile radius); and
- compare results to any other practice in the country.

Results are available for either weighted or unweighted data, with weighted data shown by default.

# Appendix

# 9 Appendix

## 9.1 Questionnaire

+ Ipsos MORI

NHS +

### GP PATIENT SURVEY

Please answer the questions below by putting an **X** in one box for each question unless more than one answer is allowed (these questions are clearly marked). We will keep your answers completely confidential.

If you would prefer to fill in the survey online, please go to [www.gp-patient.co.uk](http://www.gp-patient.co.uk).



Survey number:

1234567890



Online password:

ABCDE



### YOUR LOCAL GP SERVICES

- Q1** Generally, how easy is it to get through to someone at your GP practice on the phone?
- Very easy  
 Fairly easy  
 Not very easy  
 Not at all easy  
 Haven't tried
- Q2** How helpful do you find the receptionists at your GP practice?
- Very helpful  
 Fairly helpful  
 Not very helpful  
 Not at all helpful  
 Don't know
- Q3** In the past 12 months, have you booked general practice appointments in any of the following ways?  
 Please put an **X** in all the boxes that apply to you.
- In person  
 By phone  
 By automated telephone booking  
 Online including on an app  
 Via another route, such as NHS 111  
 Doesn't apply / none of these
- Q4** As far as you know, which of the following online services does your GP practice offer?  
 By 'online' we mean on a website or smartphone app.  
 Please put an **X** in all the boxes that apply to you.
- Booking appointments online  
 Ordering repeat prescriptions online  
 Accessing my medical records online  
 None of these  
 Don't know
- Q5** Which of the following general practice online services have you used in the past 12 months?  
 By 'online' we mean on a website or smartphone app.  
 Please put an **X** in all the boxes that apply to you.
- Booking appointments online  
 Ordering repeat prescriptions online  
 Accessing my medical records online  
 None of these
- Q6** How easy is it to use your GP practice's website to look for information or access services?
- Very easy  
 Fairly easy  
 Not very easy  
 Not at all easy  
 Haven't tried
- Q7** As far as you are aware, what general practice appointment times are available to you?  
 Please put an **X** in all the boxes that apply to you.
- Before 8am on at least one weekday  
 Weekdays between 8am and 6.30pm  
 After 6.30pm on a weekday  
 On a Saturday  
 On a Sunday  
 Don't know

+

page 1

Please turn over

+



- Q8** How satisfied are you with the general practice appointment times that are available to you?
- Very satisfied
  - Fairly satisfied
  - Neither satisfied nor dissatisfied
  - Fairly dissatisfied
  - Very dissatisfied
  - I'm not sure when I can get an appointment

- Q9** Is there a particular GP you usually prefer to see or speak to?
- Yes, for all appointments
  - Yes, for some appointments but not others
  - No .....Go to Q11
  - There is usually only one GP in my GP practice .....Go to Q11

- Q10** How often do you see or speak to your preferred GP when you would like to?
- Always or almost always
  - A lot of the time
  - Some of the time
  - Never or almost never
  - I have not tried

**MAKING AN APPOINTMENT**

- Q11** When did you last try to make a general practice appointment, either for yourself or for someone else?
- Please include general practice appointments with different healthcare professionals. This could be with a GP, nurse or other healthcare professional.
- In the past 3 months
  - Between 3 and 6 months ago
  - Between 6 and 12 months ago
  - More than 12 months ago
  - Don't know
  - I haven't tried to make an appointment since being registered with my current GP practice .....Go to Q23

If you tried to make more than one appointment, please think about just one of these when answering the next questions.

- Q12** Who was this appointment for?
- Me
  - A child under 16
  - An adult aged 16 or over who I am a carer for
  - Another adult aged 16 or over (including family members)

- Q13** How concerned were you at the time about your health, or the health of the person you were making this appointment for?
- Very concerned
  - Fairly concerned
  - Not very concerned
  - Not at all concerned
  - Can't remember

- Q14** Before you tried to get this appointment, did you do any of the following?
- Please put an X in all the boxes that apply to you.
- I looked for information online
  - Spoke to a pharmacist
  - Tried to treat myself / the person I was making this appointment for (for example with medication)
  - Called an NHS helpline, such as NHS 111
  - Went to or contacted another NHS service
  - Asked for advice from a friend or family member
  - Tried to get information or advice elsewhere (from a non-NHS service)
  - I did not try to get information or advice

- Q15** When would you have liked this appointment to be?
- Please choose one option only.
- On the same day
  - On the next day
  - A few days later
  - A week or more later
  - I didn't have a specific day in mind
  - Can't remember

- Q16** On this occasion, were you offered a choice of appointment?
- This could be a choice of place, time or healthcare professional.
- Please put an X in all the boxes that apply to you.
- Yes, a choice of place
  - Yes, a choice of time or day
  - Yes, a choice of healthcare professional
  - No, I was not offered a choice of appointment
  - Can't remember
  - Doesn't apply





**Q17** Were you satisfied with the type of appointment (or appointments) you were offered?

- Yes, and I accepted an appointment
- No, but I still took an appointment
- No, and I did not take an appointment

PLEASE GO TO Q20

**Q18** If you did not take any appointments you were offered, why was that?

Please put an X in all the boxes that apply to you.

- There weren't any appointments available for the time or day I wanted
- The appointment was at too short notice
- The appointment wasn't soon enough
- I couldn't book ahead at my GP practice
- There weren't any appointments at the place I wanted
- The appointment was too far away / too difficult to get to
- I couldn't see my preferred GP
- There weren't any appointments with the healthcare professional I wanted
- The type of appointment I wanted was not available
- Another reason

**Q19** What did you do when you did not take the appointment you were offered?

Please put an X in all the boxes that apply to you.

- Got an appointment for a different day.....Go to Q20
- Called an NHS helpline, such as NHS 111
- Went to A&E
- Spoke to a pharmacist
- Went to or contacted another NHS service
- Decided to contact my practice another time
- Looked for information online
- Spoke to a friend or family member
- Didn't see or speak to anyone

PLEASE GO TO Q22



**Q20** What type of appointment did you get?

- I got an appointment...
- ...to speak to someone on the phone
  - ...to see someone at my GP practice
  - ...to see someone at another general practice location
  - ...to speak to someone online, for example on a video call
  - ...for a home visit

**Q21** How long after initially trying to book the appointment did the appointment take place?

- On the same day
- On the next day
- A few days later
- A week or more later
- Can't remember

**Q22** Overall, how would you describe your experience of making an appointment?

- Very good
- Fairly good
- Neither good nor poor
- Fairly poor
- Very poor

**YOUR LAST APPOINTMENT**

The next few questions are about the last time you personally had a general practice appointment.

**Q23** When was your last general practice appointment?

Please include appointments with different healthcare professionals, at different locations, as well as telephone and online appointments.

- In the past 3 months
- Between 3 and 6 months ago
- Between 6 and 12 months ago
- More than 12 months ago
- I haven't had an appointment since being registered with my current GP practice.....Go to Q31

PLEASE GO TO Q24







**Q24** Who was your last general practice appointment with?

Please choose one option only.

- A GP
- A nurse
- A general practice pharmacist
- A mental health professional
- Another healthcare professional
- Don't know / not sure who I saw

**Q25** How long after your appointment time did you wait to see or speak to the healthcare professional?

- 5 minutes or less
- Between 5 and 15 minutes
- 15 to 30 minutes
- More than 30 minutes
- I didn't have an appointment at a set time
- Can't remember

**Q26** Last time you had a general practice appointment, how good was the healthcare professional at each of the following?

**Giving you enough time**

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor
- Doesn't apply

**Listening to you**

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor
- Doesn't apply

**Treating you with care and concern**

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor
- Doesn't apply



**Q27** During your last general practice appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had?

- Yes, definitely
- Yes, to some extent
- No, not at all
- I did not have any mental health needs
- Did not apply to my last appointment

**Q28** During your last general practice appointment, were you involved as much as you wanted to be in decisions about your care and treatment?

- Yes, definitely
- Yes, to some extent
- No, not at all
- Don't know / doesn't apply

**Q29** During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to?

- Yes, definitely
- Yes, to some extent
- No, not at all
- Don't know / can't say

**Q30** Thinking about the reason for your last general practice appointment, were your needs met?

- Yes, definitely
- Yes, to some extent
- No, not at all
- Don't know / can't say

## OVERALL EXPERIENCE

**Q31** Overall, how would you describe your experience of your GP practice?

- Very good
- Fairly good
- Neither good nor poor
- Fairly poor
- Very poor

## YOUR HEALTH

**Q32** Have you experienced any of the following over the last 12 months?

Please put an **X** in all the boxes that apply to you.

- Problems with your physical mobility, for example, difficulty getting about your home
- Two or more falls that have needed medical attention
- Feeling isolated from others
- None of these





**Q33** Do you take 5 or more medications on a regular basis?  
 Please think about prescribed medications as well as those bought over the counter.

Yes  
 No

**Q34** Do you have any long-term physical or mental health conditions, disabilities or illnesses?  
 By long-term, we mean anything lasting or expected to last for 12 months or more. Please include issues related to old age.

Yes  
 No  
 Don't know / can't say  
 I would prefer not to say .....Go to Q44

**Q35** Which, if any, of the following long-term conditions do you have?  
 Please put an **x** in all the boxes that apply to you.

- Alzheimer's disease or other cause of dementia
- Arthritis or ongoing problem with back or joints
- Blindness or partial sight
- A breathing condition such as asthma or COPD
- Cancer (diagnosis or treatment in the last 5 years)
- Deafness or hearing loss
- A developmental disability, such as autism or ADHD
- Diabetes
- A heart condition, such as angina or atrial fibrillation
- High blood pressure
- Kidney or liver disease
- A learning disability
- A mental health condition
- A neurological condition, such as epilepsy
- A stroke (which affects your day-to-day life)
- Another long-term condition or disability
- I do not have any long-term conditions.....Go to Q44

PLEASE GO TO Q36



**Q36** Do any of these conditions reduce your ability to carry out your day-to-day activities?

Yes, a lot  
 Yes, a little  
 No, not at all

**Q37** How confident are you that you can manage any issues arising from your condition (or conditions)?

Very confident  
 Fairly confident  
 Not very confident  
 Not at all confident  
 Don't know

**Q38** In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?  
 Please think about all services and organisations, not just health services.

Yes, definitely  
 Yes, to some extent  
 No  
 I haven't needed support  
 Don't know / can't say

**Q39** In the last 12 months have you had any unexpected stays in hospital because of your condition (or conditions)?

Yes  
 No







The next few questions are about support you have had to plan and manage care relating to your long-term condition (or conditions).

- Q40** 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)?
- Yes
  - No.....Go to Q44
  - Don't know.....Go to Q44

A care plan is an agreement between you and healthcare professionals to help you manage your health day-to-day. It can include information about your medicine, an eating or exercise plan, or goals you want to achieve such as returning to work.

- Q41** Have you agreed a plan with a healthcare professional from your GP practice to manage your condition (or conditions)?
- Yes
  - No.....Go to Q44
  - Don't know.....Go to Q44

- Q42** How helpful have you found this plan in managing your condition (or conditions)?
- Very helpful
  - Fairly helpful
  - Not very helpful
  - Not at all helpful
  - Don't know

- Q43** Have you been given (or offered) a written or printed copy of this plan?
- Yes
  - No
  - Don't know



## WHEN YOUR GP PRACTICE IS CLOSED

- Q44** In the past 12 months, have you contacted an NHS service when you wanted to see a GP but your GP practice was closed?
- Yes, for myself
  - Yes, for someone else
  - No .....Go to Q49

Please think about the last time you contacted an NHS service (for yourself or for someone else) when you wanted to see a GP but your GP practice was closed.

- Q45** Considering all of the services you contacted, which of the following happened on that occasion?
- Please put an X in all the boxes that apply to you.
- I contacted an NHS service by telephone
  - A healthcare professional called me back
  - A healthcare professional visited me at home
  - I went to A&E
  - I saw a pharmacist
  - I went to another general practice service
  - I went to another NHS service
  - Can't remember

- Q46** How do you feel about how quickly you received care or advice on that occasion?
- It was about right
  - It took too long
  - Don't know / doesn't apply

- Q47** Considering all of the people that you saw or spoke to on that occasion, did you have confidence and trust in them?
- Yes, definitely
  - Yes, to some extent
  - No, not at all
  - Don't know / can't say

- Q48** Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed?
- Very good
  - Fairly good
  - Neither good nor poor
  - Fairly poor
  - Very poor
  - Don't know / can't say





## NHS DENTISTRY

**Q49** When did you last try to get an NHS dental appointment for yourself?

- In the last 3 months
- Between 3 and 6 months ago
- Between 6 months and a year ago
- Between 1 and 2 years ago
- More than 2 years ago .....Go to Q53
- I have never tried to get an NHS dental appointment .....Go to Q53

**Q50** Last time you tried to get an NHS dental appointment, was it with a dental practice you had been to before for NHS dental care?

- Yes
- No
- Can't remember

**Q51** Were you successful in getting an NHS dental appointment?

- Yes
- No
- Can't remember

**Q52** Overall, how would you describe your experience of NHS dental services?

- Very good
- Fairly good
- Neither good nor poor
- Fairly poor
- Very poor

PLEASE GO TO Q54

**Q53** Why haven't you tried to get an NHS dental appointment in the last two years?

If more than one of these applies to you, please put an **x** in the box next to the main one only.

- I haven't needed to visit a dentist
- I no longer have any natural teeth
- I haven't had time 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 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



## SOME QUESTIONS ABOUT YOU

The following questions will help us to see how experiences vary between different groups of the population. We will keep your answers completely confidential.

**Q54** Are you male or female?

- Male
- Female

**Q55** How old are you?

- Under 16
- 16 to 17
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 to 84
- 85 or over

**Q56** What is your ethnic group?

**A. White**

- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy or Irish Traveller
- Any other White background

**B. Mixed / multiple ethnic groups**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed / multiple ethnic background

**C. Asian / Asian British**

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

**D. Black / African / Caribbean / Black British**

- African
- Caribbean
- Any other Black / African / Caribbean background

**E. Other ethnic group**

- Arab
- Any other ethnic group





**Q57** Which of these best describes what you are doing at present?

If more than one of these applies to you, please put an **X** in the box next to the main one only.

- Full-time paid work (30 hours or more each week)
- Part-time paid work (under 30 hours each week)
- Full-time education at school, college or university
- Unemployed
- Permanently sick or disabled
- Fully retired from work
- Looking after the family or home
- Doing something else

**Q58** Are you a parent or a legal guardian for any children aged under 16 living in your home?

- Yes
- No

**Q59** Do you look after, or give any help or support to family members, friends, neighbours or others because of either:

- long-term physical or mental ill health / disability, or
- problems related to old age?

Don't count anything you do as part of your paid employment.

- No
- Yes, 1 to 9 hours a week
- Yes, 10 to 19 hours a week
- Yes, 20 to 34 hours a week
- Yes, 35 to 49 hours a week
- Yes, 50 or more hours a week



**Q60** Are you a deaf person who uses sign language?

- Yes
- No

**Q61** Which of the following best describes your smoking habits?

- Never smoked
- Former smoker
- Occasional smoker
- Regular smoker

**Q62** Which of the following best describes how you think of yourself?

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Other
- I would prefer not to say

**Q63** Which, if any, of the following best describes your religion?

- No religion
- Buddhist
- Christian (including Church of England, Catholic, Protestant, and other Christian denominations)
- Hindu
- Jewish
- Muslim
- Sikh
- Other
- I would prefer not to say

Thank you for your time.

Please return this questionnaire in the reply paid envelope provided or send it in an envelope marked **FREEPOST GP PATIENT SURVEY** (you do not need a stamp).

Originally developed with





## 9.2 Initial letter

**GP PATIENT SURVEY**



<<TITLE>> <<FIRST NAME>> <<SURNAME>  
 <<ADDRESS 1>>  
 <<ADDRESS 2>>  
 <<ADDRESS 3>>  
 <<ADDRESS 4>>  
 <<ADDRESS 5>>  
 <<POSTCODE>>

Survey number: **1234567890**  
 Online password: **AAAAA**

2 January 2018

Dear <<Title>> <<Surname>>

### Your chance to help the NHS

I am writing to ask you to take part in the GP Patient Survey. This survey is being carried out by Ipsos MORI on behalf of NHS England. About 1 million people a year help us by taking part in the survey.

### Improving GP and health services in your area

**Please take part in the survey by filling in the enclosed questionnaire.** It asks about your experiences of your GP practice and other local NHS services, and includes questions about you and your general health. The answers we get help the NHS to improve local health services for people like you and your family. Even if you haven't visited your GP practice recently, or you have filled in a questionnaire before, it's still really important that we hear from you.

It should take you **less than 15 minutes** to fill in the questionnaire, and you can return it in the enclosed envelope. You do not need a stamp. If you prefer, you can complete the survey online at **www.gpsurvey.net/login**, using the login details at the top of this letter.

**You can help us at NHS England by filling in the survey as soon as possible.** That way we won't need to send you any reminders.

### Your information will be kept confidential

There is more information about the survey and confidentiality over the page. If you have any questions or need help filling in the questionnaire, go to the main website at **www.gp-patient.co.uk**. Or you can call Ipsos MORI on **freephone 0800 819 9135** (8am to 9pm Monday to Friday, 10am to 5pm on Saturdays).

Thank you very much for giving some of your time to help the NHS.

Yours sincerely

Neil Churchill  
 Director of Patient Experience  
 NHS England

Please turn over

### Why are you carrying out this survey?

This survey will help the NHS to improve GP practices and other local NHS services so they better meet your needs. You can see all the results from previous surveys, including the results for your local GP practices, by visiting the website at [www.gp-patient.co.uk](http://www.gp-patient.co.uk).

### How did you get my name and address?

Your name was chosen at random from the NHS list of patients registered with a GP. Ipsos MORI is sending you this questionnaire on behalf of NHS England. Under the Data Protection Act 1998, NHS England is responsible for the information held about you.

Ipsos MORI will **keep your contact details confidential** and only use them to send you this questionnaire. Once the survey is finished, Ipsos MORI will destroy your contact details. Ipsos MORI has not been given any information about your health.

### What happens to my answers?

Your answers are put together with the answers from other people and are not linked to your name, address or NHS number. Your individual answers to the questions will be kept confidential by Ipsos MORI, and by approved NHS England staff and researchers. **Nobody will be able to identify you in any results that are published.** For more information go to [www.gp-patient.co.uk/faq/confidentiality](http://www.gp-patient.co.uk/faq/confidentiality).

### What is the survey number on the front of this letter used for?

Ipsos MORI use the survey number to identify who has responded to the survey (so they only send reminder letters to people who haven't responded) and to link responses to GP practices. The survey number is not linked to your NHS number. If you do not want to receive any reminders about this survey, please send back a blank questionnaire or contact Ipsos MORI on freephone **0800 819 9135**.

### Can someone help me fill in the questionnaire?

Yes, that's fine. You can contact our team or ask a friend or relative to help, but please make sure the answers are only about your experiences.

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বাংলা gp-patient.co.uk/bengali 0800 819 9137	Polski gp-patient.co.uk/polish 0800 819 9142	Español gp-patient.co.uk/spanish 0800 819 9147
Čeština gp-patient.co.uk/czech 0800 819 9138	Português gp-patient.co.uk/portuguese 0800 819 9143	Türkçe gp-patient.co.uk/turkish 0800 819 9148
Français gp-patient.co.uk/french 0800 819 9139	ਪੰਜਾਬੀ gp-patient.co.uk/punjabi 0800 819 9144	اردو gp-patient.co.uk/urdu 0800 819 9149
ગુજરાતી gp-patient.co.uk/gujarati 0800 819 9140	slovenčina gp-patient.co.uk/slovak 0800 819 9145	



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**If you want a copy of the questionnaire in large print or Braille, call freephone 0800 819 9135.**

### 9.3 Reminder postcard

**Last week Ipsos MORI sent you a questionnaire because you were chosen at random to take part in a survey and share your experiences of GP services and other local NHS services.**

**Your information will help NHS England improve services in your area.**

9 January 2018

If you have already filled in and returned the questionnaire, thank you very much. If not, please could you do so as soon as possible. If you prefer, you can fill in the survey online at [www.gpsurvey.net/login](http://www.gpsurvey.net/login), using the login details sent with the questionnaire last week.

You were chosen at random to take part in the survey because you are registered with a GP practice in England. Even if you haven't visited your GP practice recently, your answers are still really important to us.

If you have any questions, please call Ipsos MORI on freephone **0800 819 9135** (8am to 9pm Monday to Friday, 10am to 5pm on Saturdays). Or you can visit the main website at [www.gp-patient.co.uk](http://www.gp-patient.co.uk).

Thank you



Neil Churchill  
Director of Patient Experience  
NHS England

**GP PATIENT SURVEY**

Survey number: **1234567890**

## 9.4 First reminder letter

**GP PATIENT SURVEY**

**NHS**  
England

<<TITLE>> <<FIRST NAME>> <<SURNAME>  
<<ADDRESS 1>>  
<<ADDRESS 2>>  
<<ADDRESS 3>>  
<<ADDRESS 4>>  
<<ADDRESS 5>>  
<<POSTCODE>>

Survey number: **1234567890**  
Online password: **AAAAA**

5 February 2018

Dear <<Title>> <<Surname>>

### Taking part will help you, your family and your community

In early January I sent you a letter asking you to take part in a survey to help improve local NHS services. If you have already filled in the questionnaire online or returned it in the post, thank you for your time - you do not need to do anything else.

### We need to hear from as many people as possible, including you

If you have not filled in and returned the questionnaire, please do so to give us your views on local NHS services. Even if you haven't visited your GP practice recently, your answers are still really important to us. It is only by hearing from as many people as possible that we can be sure that our results represent the views of everyone in your area.

Please fill in the enclosed questionnaire and return it in the enclosed freepost envelope as soon as possible. You do not need a stamp. If you prefer, you can complete the survey online at [www.gpsurvey.net/login](http://www.gpsurvey.net/login) using the login details at the top of this letter.

### Your answers will be kept confidential

There is more information about the survey and confidentiality over the page. If you have any questions or need help filling in the questionnaire, go to the main website at [www.gp-patient.co.uk](http://www.gp-patient.co.uk). Or you can call Ipsos MORI on **freephone 0800 819 9135** (8am to 9pm Monday to Friday, 10am to 5pm on Saturdays).

Thank you very much for giving some of your time to help local NHS services.

Yours sincerely



Neil Churchill  
Director of Patient Experience  
NHS England

Please turn over 



### Why are you carrying out this survey?

This survey will help the NHS to improve GP practices and other local NHS services so they better meet your needs. You can see all the results from previous surveys, including the results for your local GP practices, by visiting the website at [www.gp-patient.co.uk](http://www.gp-patient.co.uk).

### How did you get my name and address?

Your name was chosen at random from the NHS list of patients registered with a GP. Ipsos MORI is sending you this questionnaire on behalf of NHS England. Under the Data Protection Act 1998, NHS England is responsible for the information held about you.

Ipsos MORI will **keep your contact details confidential** and only use them to send you this questionnaire. Once the survey is finished, Ipsos MORI will destroy your contact details. Ipsos MORI has not been given any information about your health.

### What happens to my answers?

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### What is the survey number on the front of this letter used for?

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### Can someone help me fill in the questionnaire?

Yes, that's fine. You can contact our team or ask a friend or relative to help, but please make sure the answers are only about your experiences.

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<p>বাংলা gp-patient.co.uk/bengali 0800 819 9137</p>	<p>Polski gp-patient.co.uk/polish 0800 819 9142</p>	<p>Español gp-patient.co.uk/spanish 0800 819 9147</p>
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<p>Français gp-patient.co.uk/french 0800 819 9139</p>	<p>ਪੰਜਾਬੀ gp-patient.co.uk/punjabi 0800 819 9144</p>	<p>اردو gp-patient.co.uk/urdu 0800 819 9149</p>
<p>ગુજરાતી gp-patient.co.uk/gujarati 0800 819 9140</p>	<p>slovenčina gp-patient.co.uk/slovak 0800 819 9145</p>	



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If you want a copy of the questionnaire in large print or Braille, call freephone **0800 819 9135**.



## 9.5 Second reminder letter

**GP PATIENT SURVEY**



<<TITLE>> <<FIRST NAME>> <<SURNAME>  
 <<ADDRESS 1>>  
 <<ADDRESS 2>>  
 <<ADDRESS 3>>  
 <<ADDRESS 4>>  
 <<ADDRESS 5>>  
 <<POSTCODE>>

Survey number: **1234567890**  
 Online password: **AAAAA**

5 March 2018

Dear <<Title>> <<Surname>>

In January and February I asked you to give us your feedback to help improve local NHS services. If you have already filled in the survey, thank you for your time - you do not need to do anything else.

### Your last chance to help shape the health services in your area

If you have not already filled in the questionnaire, please do so to give us your views. This will help to make sure the NHS delivers the healthcare services that you and your family need.

### Return the completed questionnaire by 31 March

**Please fill in the enclosed questionnaire and return it in the enclosed freepost envelope by 31 March - you do not need a stamp. It should take less than 15 minutes to fill in the questionnaire.** If you prefer, you can complete the survey online at [www.gpsurvey.net/login](http://www.gpsurvey.net/login), using the login details at the top of this letter.

### Your answers will be kept confidential

There is more information about the survey and confidentiality over the page. If you have any questions or need help filling in the questionnaire, go to the main website at [www.gp-patient.co.uk](http://www.gp-patient.co.uk). Or you can call Ipsos MORI on **freephone 0800 819 9135** (8am to 9pm Monday to Friday, 10am to 5pm on Saturdays).

Thank you very much for giving some of your time to help the NHS in your area.

Yours sincerely

Neil Churchill  
 Director of Patient Experience  
 NHS England

**Please turn over**

### Why are you carrying out this survey?

This survey will help the NHS to improve GP practices and other local NHS services so they better meet your needs. You can see all the results from previous surveys, including the results for your local GP practices, by visiting the website at [www.gp-patient.co.uk](http://www.gp-patient.co.uk).

### How did you get my name and address?

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### What happens to my answers?

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### Can someone help me fill in the questionnaire?

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british-sign-language

**If you want a copy of the questionnaire in large print or Braille, call freephone 0800 819 9135.**

## For more information

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t: +44 (0)20 3059 5000

[www.ipsos-mori.com](http://www.ipsos-mori.com)

<http://twitter.com/IpsosMORI>

### **About Ipsos MORI's Social Research Institute**

The Social Research Institute works closely with national governments, local public services and the not-for-profit sector. Its c.200 research staff focus on public service and policy issues. Each has expertise in a particular part of the public sector, ensuring we have a detailed understanding of specific sectors and policy challenges. This, combined with our methods and communications expertise, helps ensure that our research makes a difference for decision makers and communities.