GP Patient Survey: Questionnaire redevelopment report

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1 Introduction and background

This report details the re-development of the GP Patient Survey (GPPS) questionnaire ahead of fieldwork in 2024 (Year 18). It summarises the work that was completed in several stages, engaging a wide range of stakeholders and patients.

1.1 What is GPPS?

The GPPS is a large-scale England-wide survey funded by NHS England and currently administered by Ipsos. It provides practice-level data about patients' experiences of their GP practice, which is comparable across organisations (GP practices, Primary Care Networks (PCNs) and Integrated Care Systems (ICS)) and over time.

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). In 2017, the survey returned to an annual format.

The findings are published online (at www.gp-patient.co.uk) and can be used by GP practices and other organisations to inform decisions about local health services. The survey publishes results with Official Statistics status that feed into various indicators and metrics such as the NHS Outcomes Framework, NHS Oversight Framework, Mandate Metrics and is used by the Care Quality Commission in their Insight Model. More generally, the data are used to help understand how well GP services are serving patients. In this way, the survey provides invaluable insight, supporting improvement and accountability, and also gives patients information to help them make choices about which GP service they use.

1.2 Why the questionnaire needed to change

The GPPS was first published in June 2007, and over this time the questionnaire has developed from two to eight pages. Each year the content is reviewed to reflect the changing primary care context and priorities. In general, the approach is to limit the number of changes to minimise the loss in trend data (even where question wording remains similar, previous analysis has shown that context effects impact the presentation of trends). However, at key points more significant changes have been made, reflecting key changes in policy and primary care services:

- In 2011 (Year 6) following guidance from the Department of Health, who were then responsible for the survey, reflecting commitments within the NHS Outcomes Framework, covering the full patient journey (from making appointments to the consultation), as well as focusing on services outside general practice such as NHS Dentistry and out-of-hours provision.

- In 2018 (Year 12) as a result of changes to primary care services set out in the GP Forward View, including extended access to appointments (in the evenings and at weekends), the introduction of new ways for people to contact their GP surgery and make appointments, and the diversification of the general practice workforce.

- More minor changes were made in 2021 (Year 15) to reflect the increased use of triage and remote appointments, as a result of the COVID-19 pandemic.

- The questionnaire has been re-developed for 2024 (Year 18). Previous survey results show that services need to change to improve patient access and better align with patient priorities. The publication of the Fuller Stocktake and the Delivery Plan for Recovering Access to Primary Care

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set out key changes in response, including implementing modern general practice access alongside other key initiatives for making it easier for patients to get the help they need and expanding the role of pharmacy services. A summary can be found on the NHS England website.

These changes are expected to benefit patients and their experience of primary care services, and in order to ensure that the GPPS remains relevant in this context, it was essential to review and update the questions. This process also provided the opportunity to improve other areas of the questionnaire, for example, ensuring that where possible, demographic questions are aligned with other major NHS patient experience surveys and the ONS harmonised standards. In addition, all remaining existing questions were reviewed to ensure that they were understood and answered as expected by participants. This resulted in changes to question wording and response codes across the questionnaire as a whole. The majority of the questionnaire has been affected by these changes in some way.

1.3 Note on other changes to the survey in 2024

The GPPS methodology has historically used a simultaneous push-to-web approach, offering the option to take part online and a paper questionnaire in every mailing. From 2024 onwards, the contact strategy for GPPS is changing to a sequential push-to-web methodology. This was a result of a series of experiments conducted in 2022 and 2023 which demonstrated that it was possible to save a significant amount of money by removing a paper questionnaire from the first two mailings and, where a mobile phone number was available, to replace the second physical mailing with an e-letter. Analysis of these experiments showed that while there was no significant impact on the demographic profile of patients taking part in the survey, there were significant differences in answers to key survey questions. For example these patients reported poorer experiences, were more likely to have avoided making an appointment (because it was too difficult and overall) and were more likely to have used online services. This indicated that moving to a sequential push-to-web approach would result in a break in trends across the survey results as a whole.

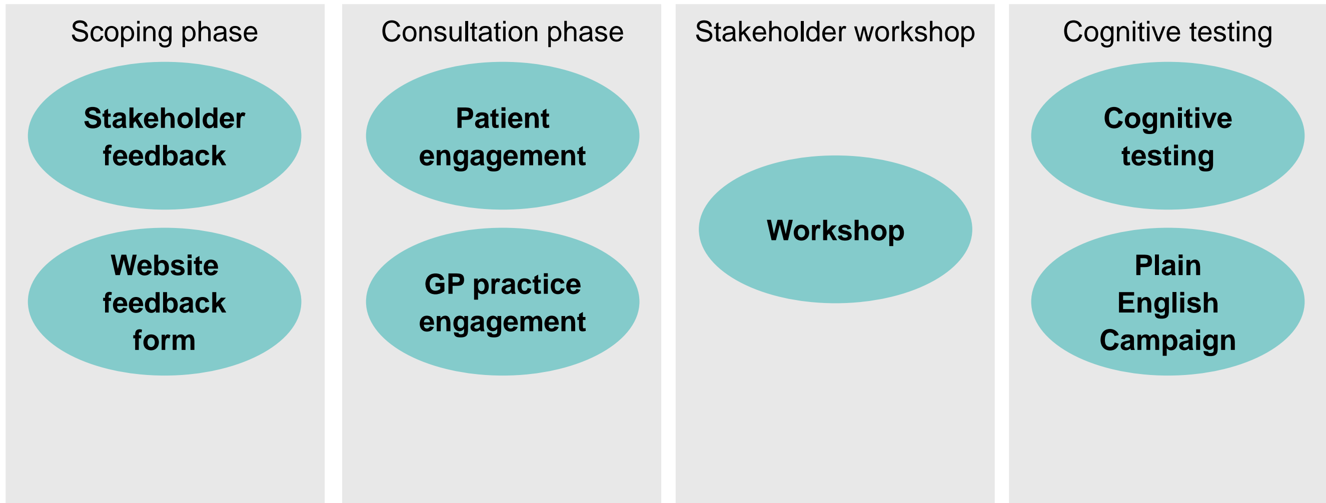
Together, with changes in primary care policy and practice, this provided a clear opportunity to review the questionnaire in order to ensure that the survey captures these key changes in patient experience.

1.4 A framework for redevelopment

NHS England and Ipsos developed a framework for the redevelopment of the 2024 (Year 18) GPPS which included a number of elements, to ensure that the changes were robust and based on evidence from stakeholders and patients. Figure 1.1 illustrates the four key phases of this framework, each of which is described below and then discussed in more detail in the individual chapters that follow.

GPPS Year 18 | Version 1 | Internal Use Only | This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252. © Ipsos 2023

Figure 1.1: Framework for redevelopment



Scoping phase

The scoping phase included various elements, and provided initial evidence about where stakeholders felt the questionnaire should change (or remain the same). Where possible this feedback was mapped onto the current questionnaire, and new suggestions were collated separately.

- **Stakeholder feedback** – from NHS England policy teams (including Primary Care Transformation, Community Pharmacy, Dental and Optometry, Clinical Policy Unit and Out of Hospital Urgent and Emergency Care Policy teams), Department of Health and Social Care, the GPPS steering group, feedback from the GPPS helpline and email inbox and the survey website feedback form, and an earlier stakeholder engagement exercise focused on generating greater impact from the survey.
- **Evidence from previous cognitive testing and review of the survey data** – to provide an understanding of how well some of the existing questions 'work', including analysis of floor and ceiling effects, high non-response or proportions saying 'don't know', along with other evidence from cognitive testing about how patients were interpreting certain questions. This review also collated information about questions which had been identified as key from previous analysis of GPPS data, alongside those used to feed into a range of NHS metrics.
- **Additional website feedback form** – an online feedback form was hosted on the GPPS website, inviting wider views from the public and data users about the questionnaire.

In addition, as part of the scoping exercise, the team collated examples from other primary care experience questionnaires to understand how questions are being adapted, for example, to capture the greater use of online services, in other national contexts.

Consultation phase

The consultation phase involved in-depth interviews with patients and GP practices to explore some of the findings from the scoping phase, including understanding the new pathways for patients in primary care and exploring the language that is being used to describe these. As a result of these interviews, patient journey maps were developed, demonstrating the wide variation in experience of accessing primary care services. These were used to support decisions on the overall structure and flow of the questionnaire.

Stakeholder workshop

The evidence from the scoping and consultation phases were used to develop a revised questionnaire, with significant changes to the first three sections covering:

- The range of methods people may use to contact their practice, including digital services.
- Detailed questions about experience the last time the participant needed to contact their practice for themselves or someone else, to measure progress against the Delivery Plan for Recovering Access to Primary Care.
- Detailed questions about patient experience during the last appointment.

Additionally suggestions had been made to make changes or develop new questions in other sections, including the addition of a Community Pharmacy section.

These changes were discussed with a range of stakeholders in a workshop, including clinical and policy specialists from across the NHS, as well as those from academia, the voluntary and community sector and think tanks.

Cognitive testing and Plain English Campaign review

Following the workshop, the final stage in the process involved the cognitive testing of a revised draft of the questionnaire, involving 40 interviews over three rounds, to check detailed understanding among a broad range of patients.

Alongside the cognitive testing, the questionnaire was reviewed by the Plain English Campaign to ensure that the language used was as clear and easy to understand as possible. The 2024 questionnaire has been awarded a Crystal Mark, the Campaign's seal of approval for the clarity of a document.

1.5 Timetable for redevelopment

Table 1.1 sets out the overall timing of the key phases of engagement and testing, demonstrating that while broadly sequential, there was some overlap between these phases. In particular, feedback from stakeholders, including policy teams and the GPPS steering group, was iterative and informed multiple stages of the redevelopment process. The timetable also demonstrates the expected timings for fieldwork and reporting for publication in 2024.

Table 1.1: Timetable for redevelopment

Activity	2023											2024						
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Scoping phase	■	■	■	■	■	■												
Consultation phase					■													
Stakeholder workshop					■													
Drafting questionnaire						■												
Cognitive testing							■	■										
Questionnaire sign off									■									
Printing commences										■								
Fieldwork preparation										■	■							
Fieldwork												■	■	■				
Reporting preparation															■	■	■	
Publication																		■

1.6 This report

This report explores the work completed at each stage in more detail.

The questionnaire developed for 2024 is available on the survey website.

2 Scoping phase

The GPPS questionnaire is reviewed every year to ensure it remains relevant. Changes are generally limited to minimise the loss of trend data. However, the change in survey methodology proposed for 2024 fieldwork, provided the opportunity for a more comprehensive review of the questionnaire. To guarantee that this redevelopment aligned with the evolving primary care landscape and considered the Delivery plan for Recovering Access to Primary Care, while meeting the requirements of data users, a scoping exercise was conducted. This involved collecting opinions and perspectives from a range of stakeholders, including representatives from the NHS England Primary Care Transformation team and other NHS England teams including Community Pharmacy, Dental and Optometry, Clinical Policy Unit and Out of Hospital UEC Policy teams. In addition, this included representatives from the Department of Health and Social Care, National Voices, CQC, Healthwatch, and the Patients' Association, as well as members of the GPPS steering group. Feedback was also collected from website users and survey respondents.

Feedback collected during this stage was collated, and organised into two categories:

- Feedback on current questions (such as changes to language or answer options) was overlaid against the current questionnaire. Current questions were also mapped against impact themes and current uses information (such as official NHS metrics which use data from GPPS, such as the Outcomes Framework).

- New suggestions were collated separately (and not mapped onto the current questionnaire) to enable unrestricted thinking about potential changes to overall structure, flow and themes.

This chapter describes the range of feedback that fed into the initial scoping phase.

2.1 Stakeholder feedback

The following sections review the different elements of stakeholder feedback collated as part of the scoping phase.

2.1.1 The GPPS impact review

Greater impact is one of the strategic objectives set by NHS England for the current GPPS contract, with an ambition to establish the survey as the go-to source of information about primary care. As a result, during 2022 Ipsos conducted a stakeholder review to understand more about how GPPS data is currently used and may potentially be used in future.

This exercise included an element of horizon-scanning, looking at stakeholder perceptions of key longer-term influences or policy decisions that will affect how patients experience primary care in future. A range of topics were raised in relation to the changing primary care landscape, some of which had implications for questionnaire design (such as new models of access and the changing workforce). This information fed into the scoping exercise.

2.1.2 GPPS Steering group

The GPPS steering group session in early February 2023 was used to discuss methodological changes for Y18 (fieldwork in 2024), and consider topic areas from the impact review that could feed into the development of the questionnaire. Following the session, stakeholders were encouraged to submit feedback on the Year 17 (fieldwork in 2023) questionnaire via email.

2.1.3 Existing feedback sources

Each year feedback about GPPS collected via the participant helpline and email inbox is collated alongside relevant feedback from the website feedback form to look for common themes and opportunities for improvement. Where this focused on the questionnaire, this was fed into an overall feedback log and considered alongside other stakeholder comments. For example:

> *"My practice has a daily phone-in time to book an urgent appointment but the survey does not distinguish between seeking a routine appointment and an urgent appointment."* **Website user feedback, January 2023**

2.1.4 Website public engagement

Ahead of finalising the questionnaire for cognitive testing, an additional public engagement form was made available via the GPPS website, inviting users' thoughts on the questionnaire. The form provided some background information about the survey and included two questions asking for feedback on anything that should not change as well as inviting ideas about potential improvements to the questionnaire:

1. Are there any sections or questions of the GPPS questionnaire that you think should not change? If so, why do you think they should not change?

2. Are there any sections or questions of the GPPS questionnaire that you think could be improved? If so, how do you think they could be improved?

The form was open from 23 June to 7 July 2023, and attracted six replies, which were incorporated into the general feedback received.

2.2 Analysis of existing GPPS data

Alongside the comments on the existing questionnaire, the Year 16 data (publication in 2022) was analysed to identify potential issues with the current questions. This analysis highlighted questions with evidence of floor / ceiling effects (questions with very high or low percentages responding), missing values (instances where non-response is high, or a high proportion respond "don't know/can't say/doesn't apply" or "neither"). This also involved drawing on evidence from previous rounds of cognitive testing to provide insight into potential issues with existing questions for further review.

For example, this showed that the existing questions on available appointment times were not interpreted in the way they were originally intended. There was a high level of non-response, and cognitive testing indicated that participants were interpreting these in relation to availability of appointments rather than when their practice was open.

This analysis also indicated that the questions on experience during the last appointment were highly correlated: particularly 'giving you enough time' and 'listening to you', suggesting a potential question for removal.

In addition, at this stage, questions previously identified as important in terms of measuring overall experience of the GP practice were flagged, through key driver analysis and structural equation modelling exercises.

2.3 Key findings

The information and feedback collected was logged and evaluated to identify both specific areas for improvement and wider conceptual suggestions about capturing patient expectations linked to outcomes.

The key themes which emerged, and how these suggestions or concepts were progressed, are summarised in Table 2.1. Table 2.2 then looks at the more detailed question-specific feedback about flow and terminology. Together they comprised the main challenges faced in terms of redeveloping the questionnaire, balancing the requirement for more questions to be asked within the overall constraints of an 8-page paper questionnaire.

Table 2.1: Key conceptual themes - summary

New suggestions / concepts	Outcome
Trade off continuity for immediacy or episodic care Based on the Fuller Stocktake report, it was suggested that it would be helpful to identify patients who access care episodically versus those who need continuity of care. This could potentially be captured in a ‘reason for appointment’ question.	Added new question to capture main reason for contacting GP practice, which included options to identify whether this was for a new or existing health issue.
Patient expectations versus outcome It was acknowledged that patient expectations may vary significantly from actual experience and, related to this, their satisfaction with the outcome. For example, a patient may have wanted a face-to-face appointment with a GP but had a telephone call with a pharmacist that quickly resolved the issue, resulting in a positive experience and satisfaction with the outcome. Stakeholders felt that particularly during this period of change in how primary care is delivered, it is crucial to measure outcome and satisfaction with outcome.	Questions were developed and tested, designed to capture outcome of appointment and satisfaction with outcome: (i). What was the outcome of the appointment on this occasion? (ii). Thinking about the reason for your last appointment, were your needs met?
Booking appointments Linked to patient expectations, one stakeholder suggested capturing whether the patient had a specific date / time in mind when booking an appointment, and whether this was met.	Indirectly addressed through questions on how long after first contacting the practice the appointment took place and an assessment of whether this was too long or about right.

New suggestions / concepts	Outcome
Best practice patient pathway/journey It was pointed out that while changes in primary care are still evolving, it is not always clear what 'good' looks like in terms of how a patient might progress through the pathway. There were gaps in knowledge about the types of different patient journeys, and how patients experience triage in the new delivery model.	This knowledge gap was addressed in the consultation phase interviews where different patient journeys were captured to build scenarios (see Section 3) to guide redevelopment of the questionnaire.
Referrals A few stakeholders mentioned the role primary care plays in making and managing referrals, and whether this should be addressed in the questionnaire (i.e. the 'grey area' after a referral has been made but the patient is waiting for a letter or appointment).	Referral included as a reason for contacting the practice, and outcomes leading to referral also captured.
Registration with GP practice Some mentioned wanting to understand more about the process of registration with a GP practice from a patient perspective, alongside the concept of choice.	This was not taken forward as it was recognized that registration would only be relevant to a very small proportion of those taking part, which would not provide actionable data as a result.
Concern about finances With the potential impact of the cost of living on health inequalities, there was a suggestion to add a question about concern with finances (this would be in addition to existing IMD analysis based on postcode).	Value of including a general question designed to capture concern about cost of living, or a specific question exploring social and economic barriers to managing a long-term health condition, in particular, was discussed at the stakeholder workshop.
Estates There was interest expressed in adding a facilities / estate component to the questionnaire, for example, to measure whether condition of the building / cleanliness is a driver of overall patient satisfaction with general practice.	Value of including a question about the practice environment was discussed at the stakeholder workshop.

New suggestions / concepts	Outcome
Choice of healthcare professional Two aspects were explored regarding choice of healthcare professional: (i). Whether or not a patient was offered a choice of healthcare professional when they were booked-in for an appointment. (ii). Providing a longer list of healthcare professionals that may have been seen at the GP practice, for example, Additional Roles Reimbursement Scheme (ARRS) roles.	Patients should be offered a choice of time or day and location (when seeing a healthcare professional in person). However, with appointments offered by multidisciplinary teams, patients will be directed to the most appropriate healthcare professional and may not be offered a choice. It remains difficult to ask about all ARRS roles as there are relatively low numbers and low recognition among patients (for example, previous cognitive testing demonstrated that patients start to think about experiences outside primary care).
Travel mode to appointment Previous discussions in relation to the NHS Net Zero ambition have suggested it would be helpful to understand more about patient travel patterns for health care (distance and modes, including parking) to help support and target interventions.	This was felt to be a lower priority, as possibly needing multiple questions to ask and not something GP practices can easily influence.
Patient experience and safety One stakeholder wanted to know whether patients know how to feed back if they have any concerns about their experience at their GP practice.	Value of including a question about patient experience and safety was discussed at the stakeholder workshop.
Community pharmacy The importance of community pharmacy in supporting access to health services is a key feature of the Delivery Plan for Recovering Access to Primary Care, and it will be important to measure the impact of the Pharmacy First model as it starts to roll out at the end of 2023.	Patients were asked about their use and understanding of community pharmacy services during the consultation phase interviews to help with the development of questions to take to cognitive testing.
Name of survey As the GPPS covers a wider range of services than offered by GP practices, and primary care is evolving, there was a suggestion to consider changing the name of the survey to reflect this.	Although the survey has evolved in nature, the survey name is widely recognized, and any change would need larger scale consultation.

Table 2.2: Specific questionnaire feedback received - summary

Questionnaire feedback Section 1 Your local GP services Section 2 Making an appointment	Outcome
Access Due to changing models of access, the majority of stakeholder comments focused on the first two sections of the existing questionnaire, including the need to understand patient journeys and how patients interact with their practice in order to support implementation of these changes. This required better understanding of online services (including practice websites and the NHS App) and digital telephony, as well as how patients are experiencing the care navigation process.	This knowledge gap was addressed in the consultation phase interviews where different patient journeys were captured to build scenarios (see Section 3) to guide redevelopment of the questionnaire. This also drew on the detail of the Delivery Plan for Recovering Access to Primary Care and work already completed by the Primary Care Transformation team, developing a set of key metrics to enable measurement.
Receptionists The label 'receptionists' was thought to be misleading as staff members who work on reception may have multiple roles, including as 'care coordinators'.	Amended wording to ask about helpfulness of 'reception and administrative team'. 'Care coordinators' is not a familiar term with patients.
Appointment times The existing questionnaire asked about awareness of and satisfaction with available appointment times. Findings from the analysis of previous GPPS data and cognitive testing, suggested that questions on available appointment times were not interpreted in the way intended.	Questions on appointment times removed.
Making an appointment The existing GPPS questionnaire was framed around the assumption that the majority of interactions with the practice were for the purpose of making an appointment, and would result in 'getting' one. However, the new contact model shows queries can triaged, dealt with and diverted without the need for an appointment.	Changed 'Making an appointment' section to 'Your last contact' to capture triage process, with some of the 'Making an appointment' questions moving to the 'Your last appointment' section.

Questionnaire feedback	Outcome
Section 3 - Your last appointment	
The definition of an 'appointment' needs to cover all interactions with a healthcare professional at a GP practice, including interactions by text, online messaging, telephone calls, etc.	Explored interpretation of 'appointment' and 'consultation' in the consultation phase interviews and whether a different terminology is needed to cover these modes. This was continued in the cognitive interviews.
Section 4 – Overall experience	
Suggestion that the question on overall experience of the GP practice was moved to the very start of the survey to ensure responses are unaffected by subsequent questions and potentially safeguard this question from future changes to the questionnaire which impact trends.	This is not the approach taken on other patient experience surveys, and it was decided to continue to allow the question to be influenced by the previous sections.
Section 5 – COVID-19	
Cognitive testing in 2022 suggested that, as the pandemic subsided, this question was interpreted differently, with some answering it was 'difficult' because of their general experience of accessing primary care.	Removed this question as no longer measuring the impact of COVID-19 on access.
Section 6 – Your health	
No changes were planned to this section. However, there was a suggestion to review the wording and answer codes for the long-term condition and long-COVID questions.	Reviewed questions with NHS England Insight & Feedback Team and Clinical Policy Unit ahead of cognitive testing.
Section 7 – When your GP practice is closed	
Minor review of question wording required to ensure options available to patients out of hours are up-to-date.	Reviewed with NHS England Insight & Feedback Team and Out of Hospital UEC Policy Team ahead of cognitive testing.
Section 8 – NHS dentistry	
No changes recommended.	The questions were reviewed by the Plain English Campaign, resulting in minor changes, which did not impact what the questions measure.

Questionnaire feedback Section 9 – Some questions about you	Outcome
Harmonisation Minor review of question wording and answer codes required to align with government harmonised standards and other NHS surveys.	Reviewed with NHS England Insight & Feedback Team ahead of cognitive testing.
Vaping Suggestion to add a new question to capture prevalence of vaping, alongside the smoking question.	Discussed at the stakeholder workshop, and cognitively tested (ultimately not included due to limitations of space).

3 Consultation phase

As a result of the feedback collated during the scoping phase, recommendations for changes to the questionnaire were further developed, all the time balancing the need for change against the constraints of an 8-page paper questionnaire and taking into account historical rounds of cognitive testing over previous years. This resulted in significant changes to the suggested flow of the first three sections, which were shared with the GPPS steering group at the end of May 2023. Simultaneously, discussion guides for the consultation phase were drafted, based on areas where the scoping had indicated that further insight was required into the patient journey into and through primary care as well as experience of community pharmacy services.

3.1 Approach

As many of the changes taking place in primary care were new, these consultation interviews with patients and GP practices were designed to produce a series of patient journey maps, which helped to ensure that the questionnaire could accurately reflect and capture the wide variation in patient pathways.

Ten patient interviews and four interviews with a mix of GPs and GP practice managers were conducted between 1 – 16 June 2023. The patient interviews investigated the variety of care journeys experienced. Similarly, the GP practice interviews aimed to identify the key stages of care journeys and understand how care is provided, including the related challenges. Both aimed to understand the language being used by patients and practices.

The patient interviews were conducted with people who had an appointment with their GP practice in the last six months, covering a broad range of demographics, including age, gender, social grade and ethnicity. These patients had experienced a variety of types of contact with their GP practice (for example, online and face-to-face) and had accessed a range of medical services (for example, online GP services and use of community pharmacy).

The interviews were conducted over Microsoft Teams and by telephone which allowed researchers to engage with participants across a wider geographical area.

3.2 Key findings

All feedback was considered, but the points below focus on the findings that were drawn upon to develop a draft of the questionnaire to take to the Stakeholder workshop for further discussion, ahead of cognitive testing.

Accessing primary care

The majority of patients interviewed were still using the telephone as their primary way to contact their GP practice, with many mentioning ‘the 8am rush’ to get an appointment on the same day. GPs corroborated this by saying that the majority of patients telephone the practice, with increasing numbers using an online request form when they want to see a healthcare professional.

GP practices reported that self-care is the start of the journey from their perspective; patients are encouraged to use NHS online for advice and signposting to the most appropriate service, for example, going to a pharmacy is encouraged.

Online services

Among those interviewed, there was relatively low adoption of online services. Some were using online forms, and had signed up to the NHS App, but these were most commonly used for repeat prescriptions, rather than contacting the practice for an appointment. For converts, who were in the minority, using the online form to submit a request was seen to be convenient and saved having to wait (in a queue) on the telephone. However, it was also reported that the online form can be seen to be cumbersome, repetitive and does not always have categories for all conditions.

Triage

Interviews with both patients and GP practices suggested that most of the time GPs do the initial call-back (after contact has been made with the practice) and decide on the next step. This could be (a) submitting a photo to the GP, (b) a referral to another service, (c) making a face-to-face appointment to examine the patient, (d) a referral to a nurse (or other healthcare professional) at the practice, or (e) advising how to self-care.

Some patients made the point that if they are not told when they will receive a call-back this method can be inconvenient, as they never know when the call will come through or whether they will be somewhere appropriate to take the call. One participant pointed out that this method can, in reality, be more difficult for the patient, although acknowledged that it is better for the healthcare professional.

Appointment type

Most participants reported being broadly satisfied with the outcome of their last appointment /contact with their GP practice even when they did not get their choice of appointment type, but some said they would have preferred an in-person appointment at the practice.

Patients also felt that telephone consultations, although convenient, can involve a lengthier process especially if multiple interactions are required to resolve an issue. This can feel more complicated than having one face-to-face ‘appointment’ with a healthcare professional at the practice.

Community pharmacy

Use of community pharmacy (medical) services was low amongst participants, with pharmacies primarily used for collecting prescriptions, vaccinations and minor ailments like a rash or hay fever. There was no awareness among participants of the possibility of being referred to a pharmacist by their GP, as they had not experienced this.

Terminology of ‘appointment’ versus ‘consultation’

GP practices felt that considering a move away from using the term ‘appointment’ in the GPPS questionnaire would be positive. This was because ‘appointment’ implies a time slot, and ‘consultation’ related directly to the actual care and advice being delivered. However, they also explained that it is difficult to know what language to use for a contact or consultation given that some are now delivered without speaking to a patient (via text or online message).

There was mixed feedback from patients about what these two terms meant to them, with some saying that ‘appointment’ implies a face-to-face interaction. Others felt that ‘consultation’ applied more to experiences in secondary care. However, there was no clear preference for either term when trying to

find the right language to represent the range of interactions a patient might have with their GP practice, whether it be online, by text, over the phone or in person.

Healthcare professionals

GP practices pointed out that patients can see a range of healthcare professionals, and that this needed to be captured in the questionnaire, while acknowledging that patient awareness of the different roles is low. GPs also queried whether patients are aware of the services offered by the wider primary care networks, such as self-referral to Musculoskeletal services or social prescribers.

People with long-term conditions

GP practices reported that the experience of patients with long-term conditions varies quite widely, for example, depending on whether it's an 'old' long-term condition (in which case it would be well documented in the patient record and would have regular checks in place) as opposed to a 'new' long-term condition, where the patient is still trying to get a diagnosis and 'into the system'. They pointed out that these experiences would be very different, with different challenges at different stages of the process.

General challenges faced by primary care

In the GP practice interviews, challenges to delivering care were explored. Some of the challenges raised were already covered in the questionnaire, while others reflected themes raised during the scoping phase. These included:

- GP practices felt that many patients do not know how to 'navigate the system', for example, where they would like or need a referral. They explained that the system is difficult to understand, and some new initiatives have not been fully set up yet, which leaves patients 'circling around' the system. As a result, practices were keen to know whether patients were confident about when and how to ask for help navigating their care.

- GP practices were keen to understand whether a patient's needs were met when they last contacted their GP practice, related to the issue of patient expectations versus outcomes raised in the scoping phase.

- Waiting lists for secondary care were also mentioned as a challenge by GP practices, in terms of the additional workload in primary care caring for these patients. Related to this, practices also mentioned referrals, wanting to understand whether patients they had referred were still waiting to be seen (for 12 months or more).

3.3 Patient journeys - scenarios

Based on the interviews in this phase, patient journey scenarios were developed. These were mapped out based on the access and triage pathways participants had taken when they had last contacted their GP practice for care or advice The scenarios were crucial in illustrating the variety in patient journeys, with single or multiple touchpoints. The scenarios were a key tool used to guide conversations in the stakeholder workshop, and to 'stress test' the questionnaire during the cognitive interviewing. They helped to ensure the questions were fit for purpose and could be broadly applied. The Figure below provides an example of one of these scenarios; the full set is available in the appendices.

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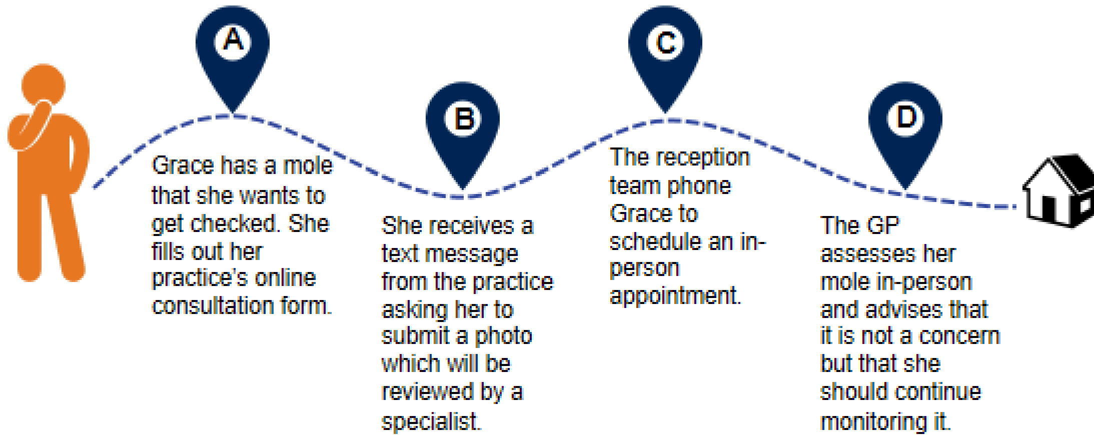
Figure 3.1: Example patient journey scenario



4 Stakeholder workshop

The evidence collected from the scoping and consultation interviews was used to produce a broad outline of proposed changes to the questionnaire. Following some discussion with NHS England teams, a framework was developed for a revised structure and flow for the first three sections of the questionnaire, designed to cover the diverse ways that patients may contact their GP practice and have their requests resolved.

To progress this further, and to discuss the changes with key stakeholders, a workshop was held on 29 June 2023. The workshop drew on the expertise of a wide range of stakeholders to design the redeveloped GPPS questionnaire in a way that future-proofed the content in light of current and planned changes to service provision. Attendees were invited based on their prior involvement in the survey or the survey redevelopment process specifically, as well as those with particular expertise in primary care.

Overall, 21 representatives from the following organisations attended:

- NHS England (for example, from Primary Care and Dentistry teams).
- Royal College of General Practitioners.
- British Medical Association.
- Academics and think tanks.
- National Voices.
- Department of Health and Social Care.
- Care Quality Commission.
- Patient Participation Groups (PPGs).

4.1 Workshop aims

The main focus of the workshop was to:

- Review the flow of the questionnaire.
- Ensure the questionnaire covers the right topics, including prioritising questions for inclusion.
- Test the right language to use, for example, does 'appointment' cover remote options at a non-specified time?

The patient journey scenarios were also used in the workshop as a reminder of the complexity and diversity of pathways into and through primary care.

Attendees were divided into breakout discussion groups to ensure all sections under review could be fully explored across the groups. To ensure a range of perspectives were presented on each of the topics, a mix of attendees were assigned to each group. Each group was facilitated by a member of the Ipsos GPPS team and supported by a member of the NHS England team. Discussions were recorded and supported by notes taken in real-time. Stakeholders were also invited to provide additional feedback by email.

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4.2 Key findings and recommendations

The key findings and recommendations from the workshop are provided below:

Terminology

- Some concern was expressed over wording relating to 'online consultation systems'. Although these covered a range of technologies and platforms, stakeholders felt that it would be better to use simpler language that might be more familiar with patients, such as ‘online form’.
- In terms of the terminology of ‘appointment’ versus ‘consultation’, stakeholders felt that ‘consultation’ might be more appropriate to describe the interaction between a healthcare professional and patient, with an ‘appointment’ being understood as an arrangement to meet someone at a particular time and place. However, attendees also acknowledged that ultimately the term used in the questionnaire would have to align with patients’ understanding and agreed that the ultimate decision would require evidence from cognitive testing.

Section 1 – Contacting the practice (Your GP practice services)

This was a general section, relevant to all patients, to understand the range of ways they may get in touch with their practice, their satisfaction with these methods, including digital services. Stakeholders raised a number of key points:

- In terms of online access, stakeholders agreed that it was necessary to ask about GP practice websites and the NHS App separately, as these are very different tools. In addition, there was significant interest in broadening use of the NHS App. For completeness, stakeholders also suggested that other apps used by GP practices should be included too.
- The addition of feedback on the ‘administrative team’ in addition to reception staff was welcomed.
- While stakeholders could see the value of some of the new questions, for example on estates and transport, ultimately they were regarded as lower priority. In addition, in relation to questions on patient experience and awareness on feedback mechanisms, stakeholders questioned the value of this, particularly in a questionnaire already designed to allow patients to feed back.

Section 2 – Your last contact

This section asks about the last time a patient contacted the practice and aimed to understand how well practices are working towards the ‘modern general practice access model’.

- Stakeholders reviewed the list of reasons for contacting the practice and suggested that ‘referrals’ could be included.
- Stakeholders were not keen on asking patients to comment on how urgent they felt their reason was for contacting their GP practice, as this should be based on a clinical assessment.
- The question about knowledge of next step was thought to confuse different aspects of the new models of care, mixing together triage/assessment, with first contact and care received.

- There was a suggestion to reconsider the flow of the questions in this section, to follow the experience of contact more sequentially, for example, asking whether the call was answered and then how was it dealt with.

Section 3 – Your last appointment or consultation

This section asks in more detail about the last time a patient had an appointment or consultation, to understand their experiences with the care and advice received, across the range of modes of appointment and healthcare professionals working in general practice.

- The majority of the questions in this section were based on existing GPPS questions, with some moving from the previous section about the last appointment a patient had booked (such as being offered a choice, and how long after contacting the practice did the appointment take place). Stakeholders felt that this worked well in terms of recall and understanding the wider context for the appointment.

- Mixed opinions were expressed over whether the healthcare professionals listed should include more or all ARRS roles. However, it was also noted that patients might have low awareness of many of the roles, and that including them would take up valuable space in the questionnaire.

Community pharmacy services

- The community pharmacy questions were broadly welcomed, with adjustments to language and purpose suggested.

Other questions reviewed

- The question about social and economic barriers to managing a health condition was thought to be low priority in a primary care survey.

- Stakeholders broadly supported a question on vaping, but not everyone thought the data collected from this would be as useful (or more useful) than other questions, so it was also marked as a lower priority.

- Stakeholders suggested that the long-term condition answer list could be reviewed, for example, with a view to splitting out mental health conditions into two categories (more and less severe) and adding long-COVID as a new answer code (rather than asking this separately).

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5 Cognitive testing

5.1 Aims and objectives

Following the scoping and consultation phases as well as the stakeholder workshop, a revised questionnaire was developed in collaboration with NHS England. This aimed to reflect the changes in service provision and patient journeys, to ensure that the questionnaire could continue to accurately measure experiences of primary care. However, the language, flow and concepts used needed to be further checked with patients for clarity and understanding.

This was achieved through cognitive testing, which is a method used to critically evaluate survey materials. Using specialist techniques, it helps researchers understand how participants engage with, and process, these materials. It aims to understand the processes used by a range of people to answer the survey questions: do they understand the questions in the way that they were intended to be understood, and do the questions produce accurate answers? Participants were asked to 'think aloud' as they completed questions or sections of the questionnaire, to enable a deeper understanding of their thought processes when answering. Their feedback was then used to clarify question meaning where necessary. Through this process it is possible to reduce the impact of measurement error, maximise comprehension and increase the validity and reliability of the data collected.

Due to the nature of the changes being made to the questionnaire, the specific objectives of the cognitive testing were to test:

- comprehension of new questions;
- comprehension of questions that had been adapted since the last wave of the survey;
- that the new sections of the questionnaire reflected the key stages of the range of pathways into, and through, primary care services; and
- the overall flow of the questionnaire.

This chapter outlines the approach and summarises the key findings from the cognitive testing. A separate report provides detailed feedback on individual questions and how they were changed in response to feedback from the testing (in combination with the Plain English Campaign review).

5.2 Methodology

A total of 40 interviews were conducted, split over three rounds of testing. Interviews took place between 22 August and 26 September 2023. The process involved a mix of virtual interviews, conducted over the phone or on Microsoft Teams, and in-person interviews at the Ipsos office in London. Participants were compensated for their time (£40 for virtual interviews and £60 for in-person interviews), with each interview lasting around one hour.

Given the nature of the interviews and the objectives outlined above, it was important to capture people with a range of different pathways into, and through, primary care services. Quotas were set to ensure a mix of experiences, including the mode of contact; mode of appointments; and use of digital services, pharmacy services and other NHS services. Quotas were set for participants who:

- Had a GP appointment in the last 6 months
- Had an in-person GP appointment in the last 6 months
- Had a remote GP appointment in the last 6 months
- Booked a GP appointment on the phone in the last 6 months

- Booked a GP appointment using a digital service (for example, online, web consult, app) in the last 6 months
- Booked a GP appointment in person in the last 6 months
- Received care or advice from a healthcare professional at their GP practice via online message or text message in the last 6 months
- Accessed an NHS service at a point when their GP practice was closed in the last 6 months
- Contacted or visited a community pharmacy in the last 6 months

Additionally, to ensure the questionnaire was accessible and worked for a diverse range of people, quotas were also set for the following demographics:

- Age
- Gender
- Ethnicity
- Socio-economic grade
- Long-term health condition
- First language not English
- Low digital literacy

A detailed discussion guide was developed in line with the research objectives. This was adapted for each round, to reflect the changing questionnaire and priorities. Due to the large number of questions that needed to be tested, the guide was accompanied by a plan detailing which questions were to be covered in each interview to ensure sufficient coverage. Between each of the three rounds of interviewing, the research team held internal analysis sessions, followed by debriefs with the NHS England team. This allowed improvements to be made ahead of each round of testing, and the focus of the testing and issues to resolve became more specific as general clarifications were implemented.

5.3 Key findings and recommendations

The summary below is based on the key findings and recommendations from the testing.

Testing use of the word 'appointment' or 'consultation'

In previous years, the word 'appointment' has been used to refer to the process of receiving care or advice from a healthcare professional. This year, there was a focus on testing whether 'consultation' would be more appropriate as a word that reflected all possible modes of engaging with a healthcare professional (in-person, telephone, video call, online message, text message) which may not be recognised as an 'appointment'; whilst also being well understood by the public. 'Consultation' also aligned with government communications (consultation' is used in the Department for Health and Social Care materials supporting practices to communicate with patients about new models of accessing general practice).

In early rounds of testing, both words were tested together ('appointment or consultation') and participants were probed around their interpretation of the two. Through this testing, it was apparent that having both words was redundant, and it would be preferable to choose just one. Each was interpreted slightly differently, with 'appointment' feeling more familiar and aligning with the language participants used themselves but, for some, was more likely to be associated with face-to-face interactions as these were more likely to happen at a specific time and place. On the other hand, 'consultation' was seen to cover the broader range of modes but was sometimes misinterpreted (for example, being linked to therapy or counselling).

In discussion with NHS England, the word ‘appointment’ was chosen as preferable, to maximise understanding and reduce the chance of confusion. After the first round, ‘appointment’ was tested on its own and worked well. In a later round, a description was added at the beginning of the ‘Your last appointment’ section (’Include appointments with different healthcare professionals, at different locations, whether online, by text, over the phone or in person’) to further emphasise the wide range of appointments that participants could consider, including online.

It should be noted that while participants did understand that ‘appointments’ could be by text or online message and some had experienced this, during the testing none talked about these when recalling their last experience.

Mode of contact

There are multiple ways that patients can contact their GP practice online to request help or advice. Some practices use forms on their website, others make use of apps, such as the NHS App or Patient Access. The testing showed that for patients it is often unclear which mode they are using, for example, some forms can be accessed via practice websites and the NHS App. As a result, and to future proof the questionnaire, in terms of mode of contact, the questionnaire included options for ‘online, via the practice website’, ‘using the NHS App’ specifically but also offered an option covering ‘different websites or apps’.

Designing questions that capture the triage process, and work for everybody regardless of their patient journey

A key aim of the development process was to ensure that the questionnaire captured the changing experiences of patients, both in response to the changes set out in the Delivery Plan for Recovering Access to Primary Care but also in light of changes in mode of contact as a result of the pandemic, with increasing use of online forms and remote appointments.

The patient journeys developed from the interviews with patients (see section 3.3) were used to map the variety of stages which patients can go through to have their request resolved. For example, the journey may be very simple for a patient who phones their GP practice, is booked an appointment for the next day and then sees their GP face-to-face. Alternatively, another may go through multiple stages, initially submitting an online form, having a triage call from a staff member at the practice, followed by a text message saying they will be contacted by a GP, and then having a call with the GP.

As a result, it was challenging to ensure the questionnaire worked for patients with different pathways into, and through, primary care services. The cognitive testing was used to provide evidence that the questions could capture this range of experience.

A new section ‘Your last contact’ was developed, with the aim of capturing what happens when patients initially contact their GP practice, and how that initial contact is dealt with. This was designed to provide evidence on ensuring patients know on the day how their request will be handled, for example. Multiple iterations were tested over the three rounds, with questions mapped against the different patient journeys before being tested with participants. The first iteration was framed in terms of the outcome of the initial request (‘Which of the following describes what happened to your request to begin with?’) The key challenge identified was that, for some, the first contact is exclusively about the triage, with a clear next step (such as an appointment with a healthcare professional) while for others there is a blurring, whereby the contact leads directly onto an outcome (such as filling in an online form and receiving a repeat prescription), and in other situations an issue can be resolved at the point of contact (for example,

administrative requests such as changing contact details or registering with a practice). The questions were redeveloped for the second iteration to ensure they focused more effectively on ‘contact’ and the patient’s understanding of the next step (‘once you had contacted your GP practice, did you know what the next step in dealing with your request would be?'). This was framed separately from the outcome of the initial contact, rather than in combination, and tested better, with the majority understanding that these questions were about the triage process rather than an appointment.

Other issues were checked and addressed during the process of testing. For example, to test the overall flow of this new section on the last contact, interviewers let participants answer the section as a whole, as they would do if they were completing a questionnaire by themselves, and then returned to probe around specific topics. This demonstrated that some were thinking about multiple experiences when answering, and later iterations included prompts to ensure people only considered a single experience, the last time they contacted their GP.

Developing a new section on community pharmacy services

An element of the Delivery Plan for Recovering Access to Primary Care involves developing services offered by community pharmacies. Pharmacy First involves plans enabling patients to go to their local community pharmacy to help them manage a number of common conditions, including blood pressure checks and contraceptive services. Other NHS services (NHS11, GP practices or A&E) may also refer patients to a pharmacy.

NHS England were keen to measure the implementation of the plan, using GPPS to understand variation in use and experience of these services between areas. The NHS England Community Pharmacy team have run their own national survey, which was used as a starting point for the development of this new section. However, due to the length of the GPPS, there were constraints around the number of questions that could be included on this topic.

There were a number of challenges with developing the questions, related to the fact that during the development of the questionnaire the scheme had not been fully launched, and awareness was low among those taking part in the testing. However, it was important to ensure that the questions were future-proofed as far as possible, including the services offered under the Pharmacy First scheme but describing them in a way that was meaningful to patients who may not have had have experience of using them. Therefore, the list of answer codes was iterated and developed based on participant feedback as well as areas of focus identified by the NHS England Community Pharmacy team (for example, both medical and non-medical pharmacy services were initially included but the scope was later narrowed to just medical services).

Key learnings from the cognitive testing were:

- The wording ‘community pharmacy’ was not well understood by participants and sometimes led to misinterpretations (for example, thinking this related only to local pharmacies within a community). As a result, the wording was changed to ‘pharmacy’ with a broad description of ‘high street pharmacy chains, chemists, and pharmacies in supermarkets’.
- The initial list of answer codes was seen by participants as too long and therefore took a while to read through. Participant feedback suggested some of the codes overlapped, and this was used to inform decisions about reducing the length of the list. ‘To get advice about medicines, a health problem or a minor injury’ and ‘To ask for advice about what health service I should use’ were

viewed as overlapping and therefore were combined into one code: ‘To get advice (for example, about prescription medicines, a health issue or other health services)’, which tested well.

- Initial testing showed participants a separate question on whether they had ever used a community pharmacy, followed by a wide-ranging list of potential uses for those who had. The list was refined to focus more explicitly on ‘services’ (as noted, removing shopping for non-medical items), which allowed the separate ‘use’ question to be removed. Participants also confirmed that they were happy with the general description of items in the list as ‘services’, while recognising that some may not technically be thought of in this way, such as buying medication. A benefit of this approach was that the overall experience question was clearly focused on the pharmacy services covered in the list, which will allow measurement of trends.

- The wording of some answer codes needed to be refined to ensure they accurately reflected the services NHS England wanted to focus on for example, determining which types of contraception were of most interest. Initially, this related to any contraception ‘To get contraception or emergency contraception’. However, through discussions with NHS England, the scope was narrowed to focus solely on over-the-counter contraception, distinguishing this from picking up prescription contraception from a pharmacy. The answer code was therefore amended to ‘To get contraception without a GP prescription’.

Questionnaire flow and structure

In addition to testing comprehension of specific question wording, interviewers observed how easily participants were able to follow routing guidance and checked the general flow of the questionnaire, for example, that questions were asked in a logical order.

This feedback was captured and some questions were tested in different positions across the various rounds to identify where they were best situated. For example, in the first iteration, a question about the mode of the participant’s last appointment came before questions relating to how long they waited after first contacting their practice and whether they were offered any choices in relation to the appointment. Participant feedback suggested this did not follow the flow of their patient journey, and it was decided to ask all questions about decisions and choices made ahead of the appointment first, before moving onto the detail of the appointment itself (mode and then questions about the interaction with the healthcare professional).

In addition, the testing confirmed other decisions and recommendations. For example, ‘I haven’t tried’ was placed at the start of the response codes for the first three questions on ease of contact with the practice by phone, website and NHS App. This was on the basis that some patients would not have attempted to contact the practice using these modes, and previous feedback about the importance of ensuring the opening questions feel relevant in terms of engagement with the rest of the questionnaire. The testing confirmed that this was not distracting for those who had used these modes and enabled those who had not to work out how to answer easily.

Demographic questions

In parallel to the cognitive testing, a number of the demographic questions were amended to align with the Government Statistical Service (GSS)’s harmonised standards. These changes were not tested as part of our cognitive interviews, as the questions had already been through a rigorous process of testing by the GSS.

6 Plain English Campaign

Aims and objectives

The Plain English Campaign (PEC) is an organisation specialising in applying the principles of plain English to ensure information is presented in a clear and concise format. In the context of the GPPS, applying these principles could effectively reduce existing barriers to participation for a range of patient groups, including those with language barriers, literacy issues and learning disabilities. Presenting information in this manner is common practice for communications within the NHS to ensure that patients are able to easily access the key messages.

At multiple stages throughout the questionnaire redevelopment process, PEC reviewed the language and formatting used. They provided feedback on the questionnaire before it was used for cognitive testing and then reviewed any changes suggested as a result of findings from cognitive testing or suggestions from NHS England teams ahead of subsequent rounds and final sign off. Where changes were not accepted this was agreed with the PEC, due to concern that they would alter the meaning of the question presented.

The key aim for the work with PEC was to ensure the questionnaire was clear and concise, working collaboratively with them to reach this goal. As a result, the Year 18 questionnaire was awarded their Crystal Mark, a seal of approval for the clarity of a document.

Recommendations for the questionnaire

PEC suggested a number of changes to the questionnaire. Where appropriate, these were incorporated into the iterations of the questionnaire being used for cognitive testing. Some additional minor recommendations were made after cognitive testing finished, which have been incorporated within the final questionnaire.

Broadly, the PEC feedback covered:

- **Cutting out unnecessary words,** for example, changing ‘how often do you get to see or speak to…’ to ‘how often do you see or speak to…’
- **Removing codes to simplify answer options,** for example, changing ‘yes, always’ and ‘yes, sometimes’ to ‘yes’.
- **Substituting words for those which would be more easily understood or are more commonly used,** for example, changing ‘contacted’ to ‘used’, or ‘digital’ to ‘online’.
- **Ensuring internal consistency within the questionnaire,** for example, updating references to ‘the GP practice’ to match the wording used in other parts of the questionnaire: ‘my GP practice’.
- **Following specific principles for clarity,** for example, replacing hyphens with ‘or’; changing numbers such as ‘3’ to ‘three’; and replacing ‘e.g.’ with ‘for example’.
- **Following specific principles to improve accessibility for all readers,** for example, not using italics or underlining to emphasise words.
- **Ensuring answer codes use full sentences,** for example, changing ‘don’t know’ to ‘I don’t know’

- **Using grammar to aid readability,** for example, splitting up longer sentences using commas or full stops

7 Next Steps

The questionnaire was signed off by NHS England on 1 November 2023 and was then adapted into a script for the online version of the questionnaire. This final questionnaire took into account all of the development from:

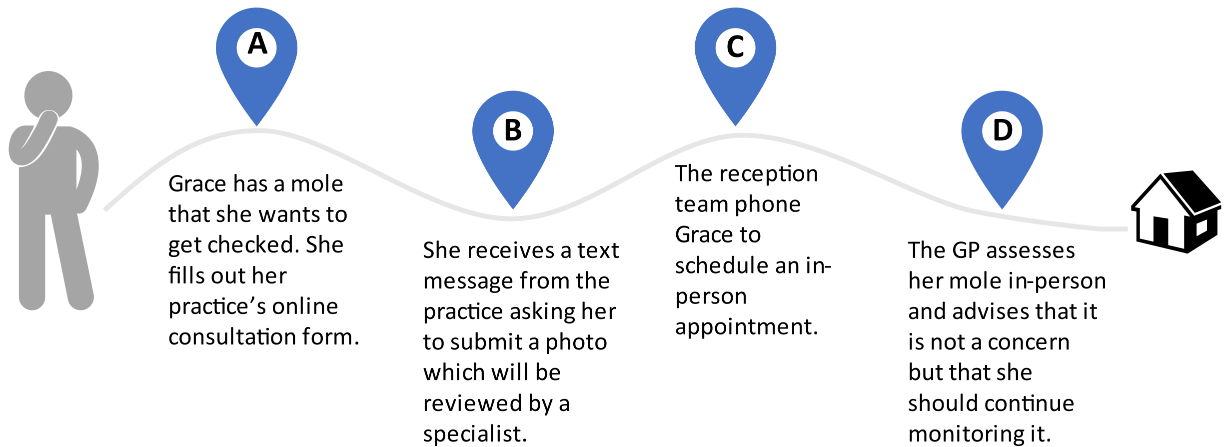
- Scoping work using stakeholder feedback and the website consultation form
- Patient interviews as well as GP and practice manager interviews
- The stakeholder workshop
- Cognitive testing with the public
- Suggestions from the Plain English Campaign

Fieldwork for Year 18 of the GP Patient Survey will run from 2 January 2024 to 25 March 2024 and the data is expected to be published in July 2024.

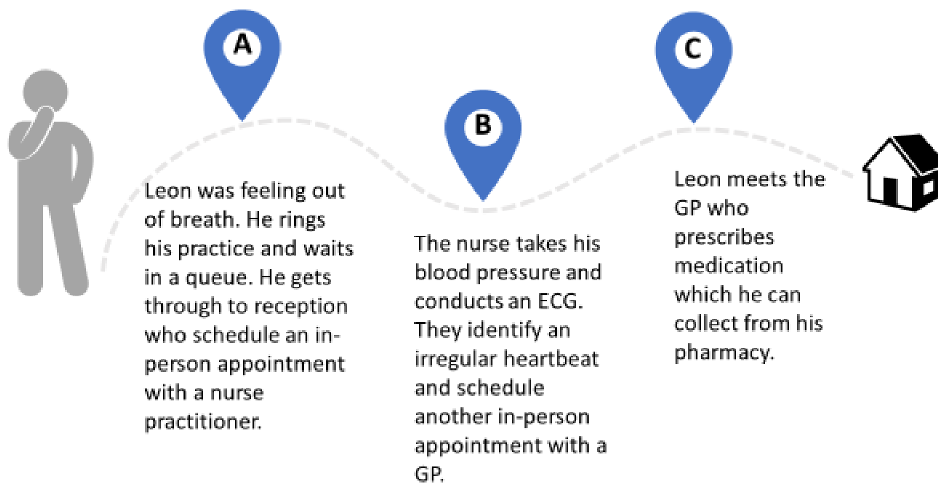
GPPS Year 18 | Version 1 | Internal Use Only | This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252. © Ipsos 2023

8 Appendices

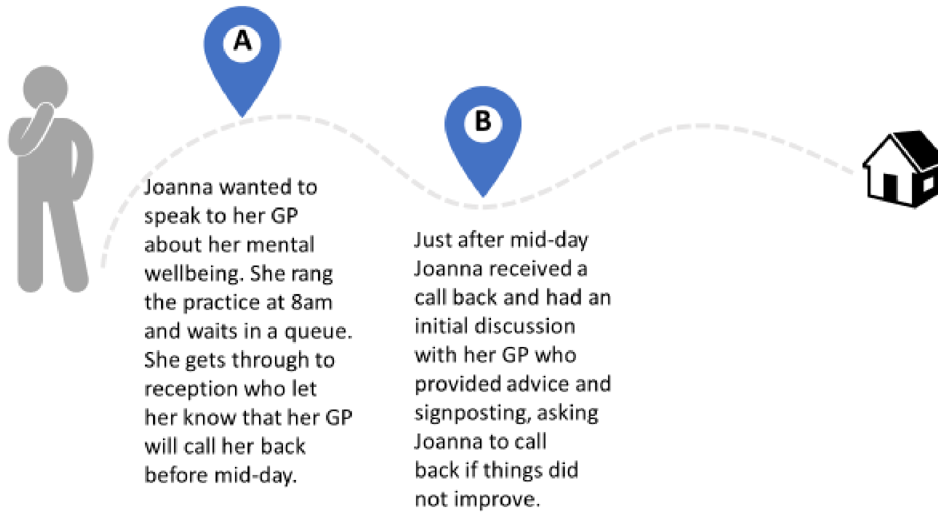
Journey 1: online form, text message leading to a face -to-face appointment



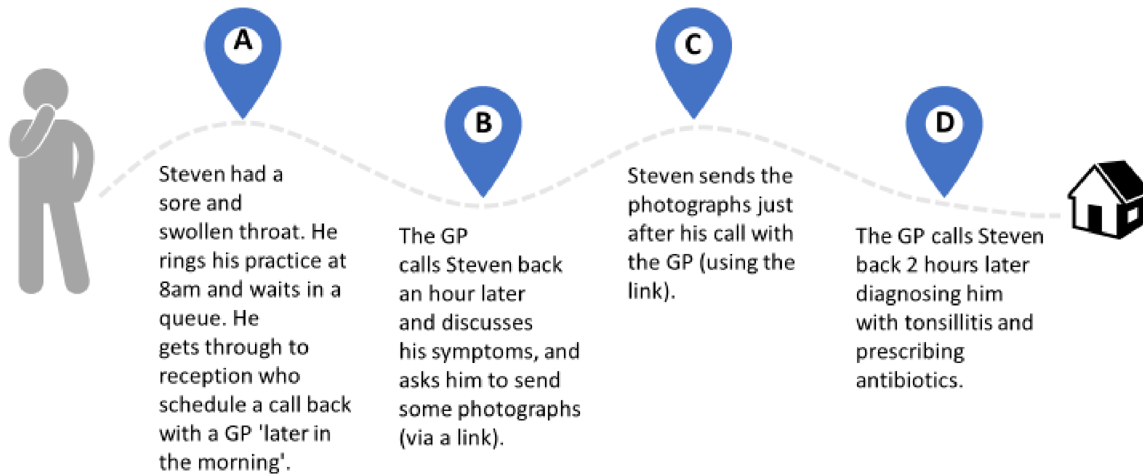
Journey 2: phone call, leading to face-to-face appointments with nurse and GP



Journey 3: phone call, leading to a phone call back later in the day



Journey 4: phone call, a call back requesting a photo, leading to a further call back



Journey 5: online form, text message

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