Ipsos MORI
Social Research Institute

July 2017

Technical note: Assessing the impact of change to an annual GP Patient Survey

Ipsos MORI Social Research Institute

Contents

Executive summary

1 Executive summary

The GP Patient Survey (GPPS) has, for the past 10 years, provided information for patients, GP practices and other organisations, about patient experiences of local GP and other health services. Over this time the frequency with which the survey has been administered has varied, utilising annual, quarterly and bi-annual fieldwork periods. From 2011 (Year 6) GPPS was published biannually, comprising two waves of fieldwork combined on a rolling basis (Wave 1: July-September and Wave 2: January-March).

In 2017 (Year 11) the survey reverted to an annual formation (an annual publication of one wave of fieldwork) in order to reduce survey costs and rationalise the data collection process. In this context, NHS England and Ipsos MORI carried out a detailed analysis to assess the comparability of survey estimates on trend.

In order to explore whether this change in data collection methodology may systematically affect the results, analysis of weighted data from GPPS Years 6 to 10 was carried out to test for a systematic effect by wave (fieldwork timing effect) at different levels of aggregation. This involved a two-part analysis:

- The first of these used regression analysis to compare estimates from Wave 1 only against estimates from Wave 2 only (see sections 3.1 and 3.2). It showed that there is a consistent observed effect between waves across most (but not all) survey measures tested, with those completing the questionnaire in Wave 2 (January-March) slightly more positive. However, this effect is small and the drivers of this difference are unknown; for example, it could be a result of small changes in sample profile or an underlying fieldwork timing effect but we cannot be sure of this.

- The second compared historical estimates from Wave 2 only (in keeping with fieldwork timings going forward from Year 11) against estimates based on *both waves* from previous years (in keeping with the current approach to data comparisons on trend) (see section 3,3). This analysis showed that though there are differences between the two sets of estimates across Year 6 to 10 there is no *consistency* in these differences; as such, there is insufficient evidence that a fieldwork timing effect is present.

Upon completion of Year 11 fieldwork, both of the above analyses were repeated on Years 6 to 11 of the GPPS to check for consistency in outcome (see section 3.4).

From these findings we can infer that a small effect between waves is present, however we have insufficient evidence to conclude that this effect is caused by fieldwork timing.

Because the sample sizes for GPPS are so large at national level we have taken a conservative approach of using estimates from Wave 2 only for comparisons on trend; in doing so we can ensure that any observed differences cannot possibly be a result of a fieldwork timing effect. In contrast, for categories with smaller sample sizes such as CCGs and GP practices this approach is not considered necessary. This is based on caveats around evidence of a fieldwork timing effect and the fact the observed effect is inconsistent across CCGs, in both degree and direction.

Table 1.1 summarises the guidance to users of GPPS data when approaching analysis on trend.

Table 1.1: Summary guidance for time series data at national, CCG and practice level

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

Introduction

2 Introduction

The GP Patient Survey, conducted by Ipsos MORI on behalf of NHS England, is now in its eleventh year. Since 2007 the GPPS has provided information for patients, GP practices and other organisations about patient experiences of local GP and other health services. Over this time the frequency with which the survey has been administered has fluctuated between annual, quarterly and bi-annual iterations.

For the first three years of the survey (January 2007 – March 2009), the survey was conducted on an annual basis. In April 2009 (Year 4) the GPPS became a quarterly survey and then in July 2011 (Year 6) it moved to being conducted on a bi-annual basis. In 2017 the survey reverted to an annual formation and in this context NHS England and Ipsos MORI carried out a detailed analysis to assess the comparability of survey estimates on trend.

From 2011-2016 published GPPS figures were based on a full year of survey data collected across two waves - Wave 1 (July-September) and Wave 2 (January-March) combined. From 2017 (Year 11) onwards fieldwork will be carried out in a single period (January-March), which corresponds to the Wave 2 period in earlier years. It is therefore prudent to assess whether there are any systematic differences in the data collected between the Wave 1 and Wave 2 fieldwork periods, as these differences could impact upon comparisons of survey estimates on trend. If the analysis found the results collected during Wave 2 fieldwork periods to be consistently and substantially different from those collected during Wave 1 periods, full-year trend data could not be considered appropriate for comparison going forward.

This memo provides details of analysis into the effects of moving from a biannual to annual GP Patient Survey (GPPS).

Extensive questionnaire redevelopment in Year 6 of the survey (December 2011) led to a break in the time series data, which means that the analysis within this technical note of the effects of moving to an annual survey is limited to Year 6 onwards. The first section (chapter 3) covers the analysis of trend data along with an examination of Year 11 survey estimates. The following section (chapter 4) then examines the implications of these findings, along with recommendations for the interpretation and analysis of time series data at various levels of aggregation.

Measuring and predicting changes in survey data

3 Measuring and predicting changes in survey data

This chapter provides an overview of the analysis that was carried out to measure changes in survey data over time and assess whether a systematic shift by wave was present.

Sections 3.1 and 3.2 look at the outcome of regression modelling on national and CCG level data respectively, while section 3.3 undertakes analysis of historical estimates, comparing trends based on Wave 2 data only alongside data from both waves in combination. The final section (3.4) repeats these analyses with Year 11 data included.

3.1 National level data

To test for a fieldwork timing effect, analysis was carried out on weighted data from Years 6 to 10 of the survey, comprising two waves in each year – this equated to ten data points. In sum, 37 key survey measures were analysed focusing on response to the top two answer options (with the exception of Q30 where the 'Yes' response was analysed) (see appendix 5.1).

The analysis tested the fit of both a linear regression model (as shown in figure 3.1) and a quadratic regression model (as shown in figure 3.2), with time represented by a regression curve. The quadratic line was found to apply a better fit to the data and so this was used for analysis of each survey measure.

Figure 3.1: Example of linear regression model for Q18

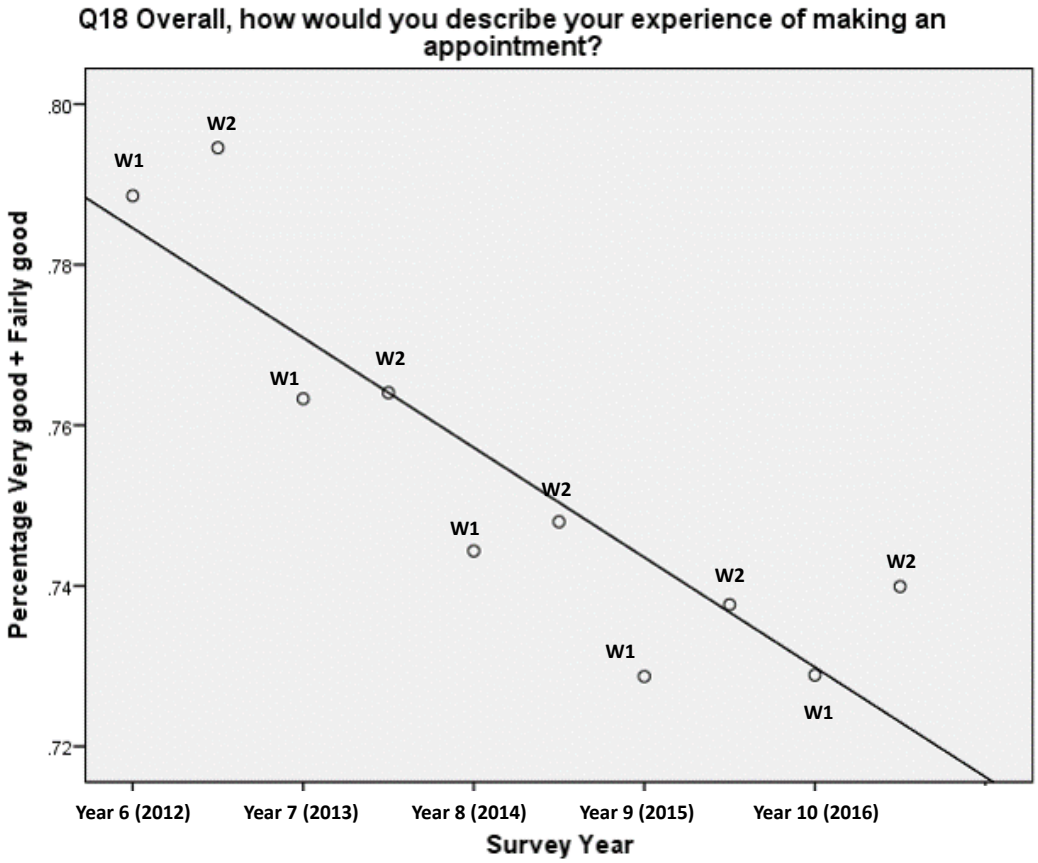
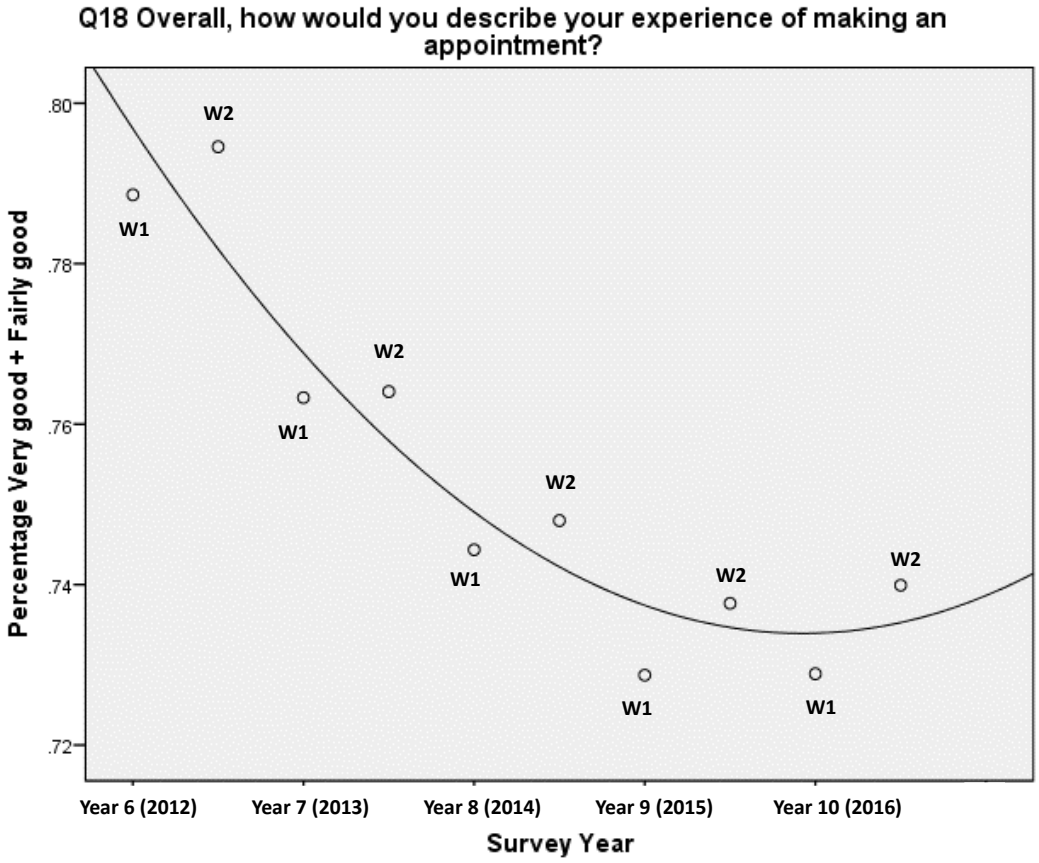


Figure 3.2: Example of quadratic regression model for Q18



In order to test for a fieldwork timing effect, a 'term'[1] was added; this 'term' tested any systematic shift for the (quadratic) line of best fit for the two waves (Wave 1 and Wave 2) – in other words, whether the quadratic line showed any deviation from the underlying trend, which may then be due to a fieldwork timing effect.

The analysis showed evidence of an effect for 25 of the 37 survey measures tested (with a significance level of 0.05). However, it should be noted that estimates of the effect were relatively small; in 22 cases the estimates of the effect were one percentage point or lower.

[1] In this context, a term is defined as a variable that is possibly predictive of the dependent variable. In this case, the term is the Wave and the dependent variable is the survey data.

The largest effects were evident in Q2, whether participants had seen or spoken to nurse within the past 6 months (2.4 percentage points) and Q35, whether activities had been limited due to recent illness or injury (3.3 percentage points) (see appendix 5.2). Taking the larger of the two examples (Q35), this essentially means that if one *could* collect the Wave 1 (July to September fieldwork) and Wave 2 (January to March fieldwork) samples for each survey measure at the same time, then the model predicts that Wave 2 would (on average) give an estimate that was 3.3 percentage points higher. If this estimate was completely stable between Year 10 and Year 11, it implies that we would expect the Year 11 estimate to be 1.65 percentage points higher (the effect would halve in size as Year 11 would consist of Wave 2 sample only, whereas Year 10 was half Wave 1 and half Wave 2 sample).

As the analysis was based on only ten data points, examination of a single survey measure should be avoided. However, given that there is evidence of an effect for most measures, this does suggest that the move to an annual survey will have an influence on the survey estimates, although the size of the effect is small.

It should be stressed that there are a number of limitations to this analysis which reduce the level of certainty with which we can draw conclusions. The most notable caveat is that it assumes the underlying model is correctly specified. For example, initial investigation showed that if we had fitted a linear relationship between time and the estimates then there would have been no evidence of a fieldwork timing effect in the models. It is only by fitting a quadratic term that we are able to identify such an effect.

If we assume the model *is* correctly specified, a further consideration is that there will almost certainly be errors and biases in the survey over time which it does not account for. An example of such bias could be that participants in Wave 2 may have seen their GP more (or less) recently on average than participants in Wave 1, resulting in differences in recall which impact their responses. Consequently, we should exercise caution in reaching conclusions about the main drivers of this apparent fieldwork timing effect, based on this analysis.

3.1.1 Excluding Year 10 data

To further assess the robustness of this analysis, the process was repeated excluding Year 10 data (using data for Years 6-9). It was noted that across several survey measures the data showed a small but marked increase in positive responses during Year 10 of the survey, and particularly in Year 10 Wave 2. By removing Year 10 data we could identify the extent to which this was impacting on the overall findings. The analysis showed possible evidence of a fieldwork timing effect remained for 9 of the 11 survey measures tested (with a significance level of 0.05) (see appendix 5.3); the same number as were identified when looking at the same key measures in the Year 6 to Year 10 analysis (see appendix 5.2 (figures in bold)).

3.2 CCG level data

This analysis was also repeated at the CCG level on weighted data from GPPS Years 6 to 10, comprising two waves per year (10 data points overall). The analysis was carried out on all 209 CCGs in England (as at the time of analysis), in order to examine whether the effect existed at this level, and if so, whether there was any variability by CCG size. Due to the scale of the analysis, 11 key survey measures were analysed, rather than the 37 analysed at the national level.

The process for this analysis was the same as that employed for the national level analysis - survey wave was recoded as a binary variable in SPSS, and a fieldwork timing term tested any systematic shift for the (quadratic) line of best fit for the two waves (Wave 1 and Wave 2).

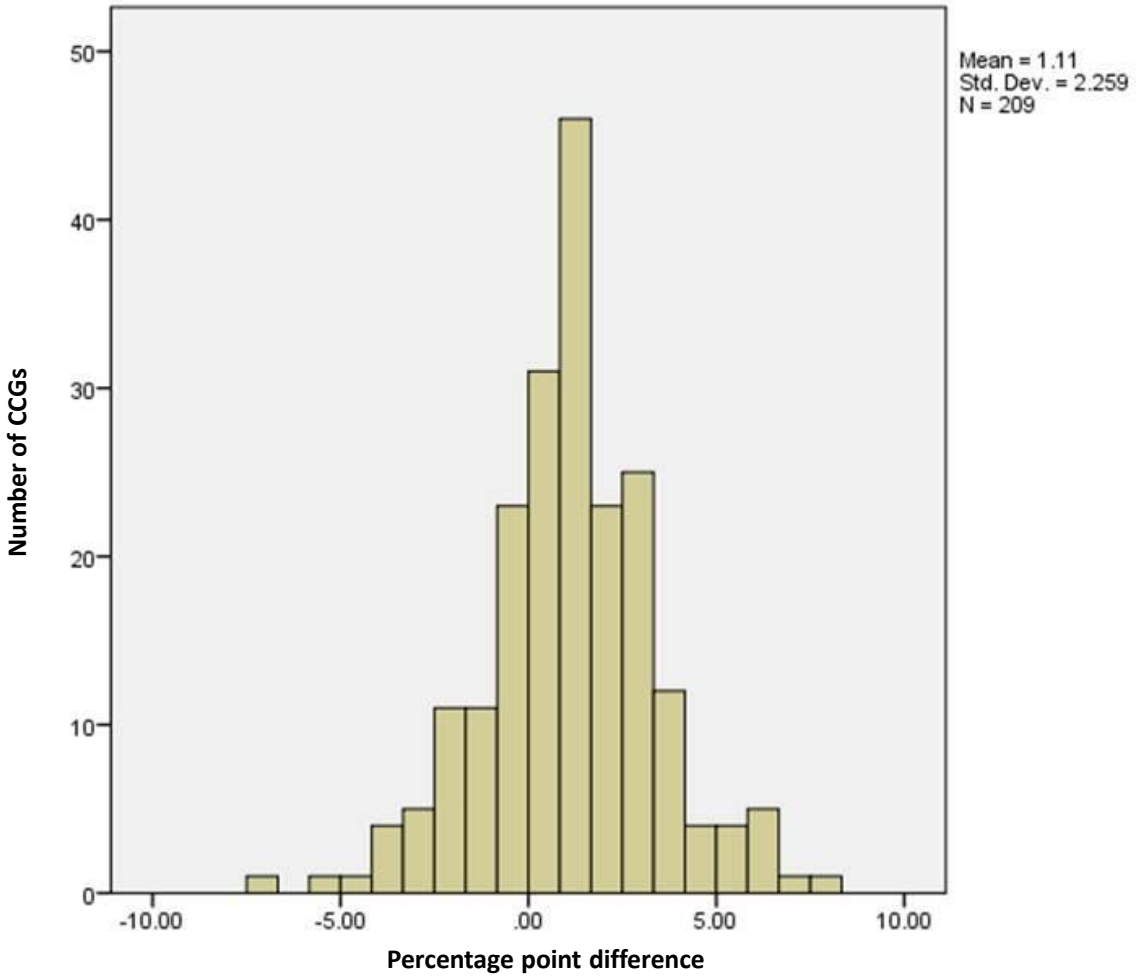
The analysis showed evidence of an effect across all key survey measures (with a significance level of 0.05) although this effect was not seen consistently across all CCGs. For example, looking at the proportion of CCGs affected, this ranged from 5.7% (Q45 overall experience of dental services) to 20.6% (Q25 satisfaction with opening hours).

Table 3.1: Proportion of CCGs displaying a fieldwork timing effect for each of the 11 key measures analysed

	% of CCGs presenting an effect
Q3	14.8%
Q4	11.0%
Q15	9.6%
Q18	10.5%
Q22	10.0%
Q24	9.6%
Q25	20.6%
Q28	10.0%
Q29	10%
Q48	5.7%

Furthermore, not only was the effect inconsistent across CCGs, for those where an effect was observed both the degree and the direction of this effect was also inconsistent. By example, for some CCGs, estimates from Wave 2 were more positive than those from Wave 1, but for other CCGs the inverse was true (see figure 3.3).

Figure 3.3: Histogram of percentage points difference between Wave 2 and Wave 1 data at CCG level for Q18



This suggests there are other factors beyond fieldwork timing that are likely to be contributing to these differences. For example, an observed difference may represent a genuine change occurring at a local level. Alternatively, it may be attributable to sampling variance i.e. the number of statistical differences that will be observed due to chance. Consequently, much like the national level analysis, these limitations reduce the level of certainty with which we can draw the conclusion that observed differences are solely accounted for by fieldwork timing.

3.3 Analysis of historical estimates for assessing approaches to presenting trend data

In the context of these findings consideration was given to the two approaches that could be employed when comparing Year 11 estimates against those from previous years:

- Comparing Year 11 estimates to historical estimates from Wave 2 only; or,
- Comparing Year 11 estimates to historical estimates from both waves.

Using estimates based on Wave 2 only would be a more conservative approach which gives consistent time periods for comparisons going forward, while estimates based on a full year would provide a comparison against the previously published estimates, and ensures sample sizes from previous years are maintained.

To assess the difference between these two approaches estimates were produced based on a full year (i.e. both waves) and Wave 2 only data for Years 6 to Year 10, for the same eleven key survey measures (see appendix 5.1).

It would be natural to expect some differences to occur over time due to genuine changes in survey estimates. However, this analysis shows that there is no consistency in the observed differences between the two sets of estimates across Years 6 to 10 (see appendix 5.5). For Years 6 to 8 there are small differences for a couple of measures each year; for Year 9 the number of differences is greater but they are mostly small - only two are larger than 0.3 percentage points. For Year 10 differences are more pronounced, with six larger than 0.3 percentage points. The relatively greater differences observed in Year 10 may have been caused by a fieldwork timing effect, but there is no evidence of this being the case; again, it is perfectly possible that it is due to some other completely unknown factor(s). In summary, the inconsistency of differences demonstrates there is insufficient evidence of the presence of a fieldwork timing effect.

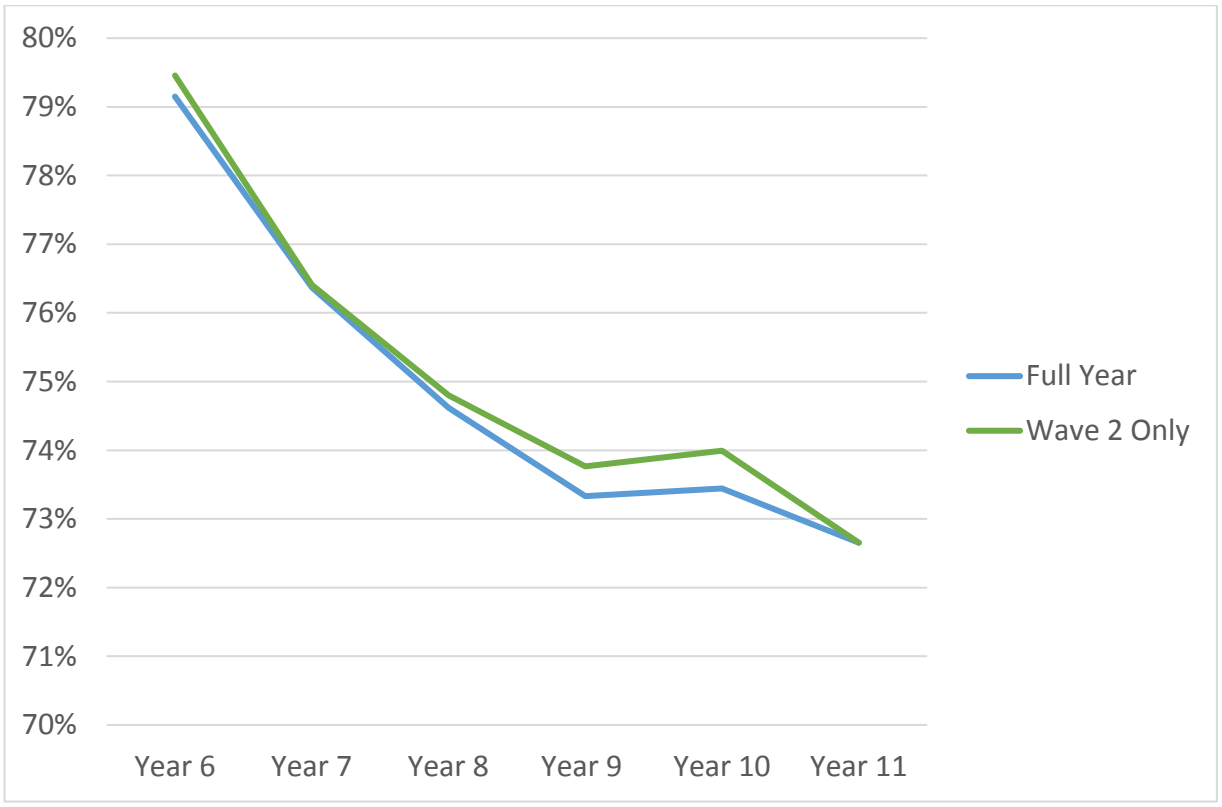
3.4 Comparisons of Year 11 data

Following the completion of Year 11 fieldwork the above analyses were repeated using survey estimates from Years 6 to 11. The associated findings were then reviewed for consistency with the analyses undertaken on data from Years 6 to 10 of the survey.

For the regression analysis eleven key survey measures were analysed and again the focus was on response to the top two answer options. Because the Year 11 fieldwork was carried out in the same time period as Wave 2 for previous years, the Year 11 data was coded as being collected at Wave 2. The parameter estimates were broadly consistent with those for Years 6 to 10, with similar sized effects for fieldwork timing (see appendix 5.4). There are some changes in the p-values, meaning that fewer effects are significant at the 0.05 level; however, most are still marginal (e.g. $p = 0.058$).

The analysis of historical estimates was also repeated to re-assess the suitability of the two approaches. Estimates for Year 11 were compared to estimates using the full year (i.e. both waves) and Wave 2 only data for Years 6 to Year 10, for the same eleven key survey measures (see appendix 5.5). The analysis shows data for Year 11 are generally consistent with those from previous years (see figure 3.4). However, our ability to draw a firm conclusion from this analysis is limited as the true difference between the estimates from Year 10 to Year 11 is not known.

Figure 3.4: Q18 full year and Wave 2 only data on trend for Year 6-11



Conclusions and implications for time series data

4 Conclusions and implications for time series data

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

Based on the five years of data analyses built into the regression model there is insufficient evidence that switching from two waves of fieldwork to a single period will make any substantial difference to the survey estimates. Further historical comparisons of Year 11 data to full year and Wave 2 only estimates serve to support this interpretation. However, because the sample sizes for GPPS are so large at national level, we suggest taking a conservative approach to any future trend analysis, which would mean comparing Year 11 data against Wave 2 only data from previous years of the survey. This will ensure that any observed differences cannot possibly be a result of an underlying 'fieldwork timing effect'. For categories with smaller sample sizes such as CCGs and GP practices this approach is not considered necessary. This is based on caveats around evidence of a fieldwork timing effect and the fact the observed effect is inconsistent across CCGs, in both degree and direction.

Note that although some CCGs may comprise a large number of cases, there are others which are relatively small with an effective sample size of fewer than 500 in each wave. Therefore, our recommended approach ensures consistency in comparisons across CCGs whilst considering best practice for those that are smaller in size. With demographics, given the wide variance in subgroup sizes depending on the area of interest, we would advise that users are made fully aware of the findings from this analysis so that they can factor this into consideration when viewing and interpreting results from the summary. Table 4.1 summarises the guidance to users of GPPS data when approaching analysis on trend.

Table 4.1: Summary guidance for time series data at national, CCG and practice level

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

Appendix

5 Appendix

5.1 List of key survey measures analysed

Below is a list of 37 key survey measures reviewed in the analysis. Within this the 11 key survey measures referred to in the analysis are denoted using bold text.

Q1	When did you last see or speak to a GP from your GP surgery?	In the past 6 months (codes 1 + 2)
Q2	When did you last see or speak to a nurse from your GP surgery?	In the past 6 months (codes 1 + 2)
Q3	**Generally, how easy is it to get through to someone at your GP surgery on the phone?**	**Very easy + fairly easy**
Q4	**How helpful do you find the receptionists at your GP surgery?**	**Very helpful + fairly helpful**
Q8	Is there a particular GP you usually prefer to see or speak to?	Yes
Q9	How often do you see or speak to the GP you prefer?	Always or almost always + a lot of the time
Q12	Were you able to get an appointment to see or speak to someone?	Yes
Q15	**How convenient was the appointment you were able to get?**	**Very convenient + fairly convenient**
Q18	**Overall, how would you describe your experience of making an appointment?**	**Very good + fairly good**
Q19	How long after your appointment time do you normally wait to be seen?	Less than 15 minutes (codes 2 + 3)
Q20	How do you feel about how long you normally have to wait to be seen?	I don't normally have to wait too long
Q21a	Last time you saw or spoke to a GP from your GP surgery, how good was that GP at each of the following? *Giving you enough time*	Very good + good
Q21b	Last time you saw or spoke to a GP from your GP surgery, how good was that GP at each of the following? *Listening to you*	Very good + good
Q21c	Last time you saw or spoke to a GP from your GP surgery, how good was that GP at each of the following? *Explaining tests and treatments*	Very good + good
Q21d	Last time you saw or spoke to a GP from your GP surgery, how good was that GP at each of the following? *Involving you in decisions about your care*	Very good + good
Q21e	Last time you saw or spoke to a GP from your GP surgery, how good was that GP at each of the following? *Treating you with care and concern*	Very good + good
Q22	**Did you have confidence and trust in the GP you saw or spoke to?**	**Yes, definitely + Yes, to some extent**
Q23a	Last time you saw or spoke to a nurse from your GP surgery, how good was that nurse at each of the following? *Giving you enough time*	Very good + good

Q23b	Last time you saw or spoke to a nurse from your GP surgery, how good was that nurse at each of the following? *Listening to you*	Very good + good
Q23c	Last time you saw or spoke to a nurse from your GP surgery, how good was that nurse at each of the following? *Explaining tests and treatments*	Very good + good
Q23d	Last time you saw or spoke to a nurse from your GP surgery, how good was that nurse at each of the following? *Involving you in decisions about your care*	Very good + good
Q23e	Last time you saw or spoke to a nurse from your GP surgery, how good was that nurse at each of the following? *Treating you with care and concern*	Very good + good
Q24	Did you have confidence and trust in the nurse you saw or spoke to?	Yes, definitely + Yes, to some extent
Q25	How satisfied are you with the hours that your GP surgery is open?	Very satisfied + fairly satisfied
Q26	Is your GP surgery currently open at times that are convenient for you?	Yes
Q28	Overall, how would you describe your experience of your GP surgery?	Very good + fairly good
Q29	Would you recommend your GP surgery to someone who have just moved to your local area?	Yes, would definitely recommend + Yes, would probably recommend
Q30	Do you have a long-standing health condition?	Yes
Q32	In the last 6 months, have you had enough support from local services or organisations to help you to manage you long-term health condition(s)	Yes, definitely + Yes, to some extent
Q33	How confident are you that you can manage your own health?	Very confident + fairly confident
Q35	Have your activities been limited today because you have recently become unwell or been injured?	Yes, limited a lot + Yes, limited a little
Q48	Overall, how would you describe your experience of NHS dental services?	Very good + fairly good
Q50	Are you male or female?	Male
Q55	If you need to see a GP at your GP surgery during your typical working hours, can you take time away from work to do this?	Yes
Q56	Are you the parent or legal guardian of any children under 16 living in your home?	Yes
Q57	Are you a deaf person who uses sign language?	Yes
Q60	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?	No

5.2 Analysis of 37 key measures, Year 6 to Year 10, national level data

Note: 11 key survey estimates are indicated in bold

	Percentage point difference between Wave 1 and Wave 2 data	P-value
Q1	0.1	0.611
Q2	2.4	0.000
Q3	**0.9**	**0.019**
Q4	**0.5**	**0.005**
Q8	0.2	0.468
Q9	0.8	0.025
Q12	0.8	0.001
Q15	**0.5**	**0.000**
Q18	**1.4**	**0.001**
Q19	0.1	0.200
Q20	1.3	0.001
Q21a	0.7	0.004
Q21b	0.6	0.002
Q21c	0.7	0.027
Q21d	0.8	0.017
Q21e	0.6	0.002
Q22	**0.2**	**0.018**
Q23a	0.9	0.010
Q23b	0.8	0.017
Q23c	0.9	0.034
Q23d	0.8	0.064
Q23e	0.8	0.015
Q24	**0.2**	**0.010**
Q25	**1.4**	**0.071**
Q26	1.1	0.093
Q28	**0.9**	**0.004**
Q29	**1.0**	**0.006**
Q30	**0.3**	**0.069**
Q32	1.0	0.000
Q33	0.0	0.883
Q35	3.3	0.000
Q48	**0.4**	**0.004**
Q50	0.1	0.435
Q55	0.6	0.057
Q56	0.2	0.043
Q57	0.0	0.607
Q58	0.3	0.001

5.3 Analysis of 11 key measures, Year 6 to Year 9, national level data

	Percentage point difference between Wave 1 and Wave 2 data	P-value
Q3	1.1	0.005
Q4	0.6	0.003
Q15	0.5	0.006
Q18	1.5	0.002
Q22	0.2	0.050
Q24	0.2	0.000
Q25	1.1	0.065
Q28	0.9	0.007
Q29	1.1	0.009
Q30	0.1	0.391
Q48	0.3	0.042

5.4 Analysis of 11 key measures, Year 6 to Year 11, national level data

	Percentage point difference between Wave 1 and Wave 2 data	P-value
Q3	0.8	0.058
Q4	0.4	0.098
Q15	0.5	0.014
Q18	1.3	0.006
Q22	0.2	0.047
Q24	0.2	0.012
Q25	1.3	0.057
Q28	0.8	0.013
Q29	0.9	0.028
Q30	0.2	0.345
Q48	0.3	0.058

5.5 Full year and Wave 2 only comparisons, national level data

		q3	q4	q15	q18	q22	q24	q25	q28	q29	q30	q48
Year 6	Full Year	80.89%	91.01%	93.31%	79.15%	95.88%	97.52%	84.06%	88.28%	83.35%	44.84%	n/a
	Wave 2	80.89%	91.05%	93.39%	79.46%	95.95%	97.56%	84.38%	88.60%	83.72%	45.18%	n/a
	Difference	0.00%	0.04%	0.08%	0.31%	0.07%	0.05%	0.33%	0.32%	0.36%	0.34%	n/a
Year 7	Full Year	77.73%	89.77%	92.49%	76.37%	95.47%	97.38%	82.67%	86.75%	81.29%	45.53%	56.49%
	Wave 2	77.45%	89.73%	92.48%	76.41%	95.49%	97.40%	82.73%	86.72%	81.23%	45.54%	56.72%
	Difference	-0.29%	-0.04%	-0.01%	0.04%	0.02%	0.02%	0.06%	-0.04%	-0.05%	0.01%	0.23%
	Year 7 vs 6	-3.16%	-1.24%	-0.81%	-2.78%	-0.41%	-0.14%	-1.38%	-1.52%	-2.06%	0.69%	n/a
Year 8	Full Year	75.54%	89.11%	91.89%	74.62%	95.43%	97.23%	79.92%	85.70%	79.98%	45.75%	56.95%
	Wave 2	75.50%	89.20%	91.97%	74.80%	95.46%	97.27%	79.51%	85.78%	80.09%	45.87%	57.19%
	Difference	-0.04%	0.08%	0.08%	0.18%	0.03%	0.04%	-0.42%	0.08%	0.11%	0.12%	0.24%
	Year 8 vs 7	-2.19%	-0.65%	-0.61%	-1.75%	-0.04%	-0.15%	-2.75%	-1.05%	-1.31%	0.22%	0.46%
Year 9	Full Year	73.35%	88.69%	91.82%	73.33%	95.21%	97.07%	78.56%	84.85%	79.00%	46.17%	57.55%
	Wave 2	73.38%	88.96%	92.08%	73.77%	95.27%	97.12%	78.72%	85.12%	79.27%	46.38%	57.93%
	Difference	0.02%	0.27%	0.26%	0.43%	0.07%	0.05%	0.16%	0.27%	0.28%	0.21%	0.39%
	Year 9 vs 8	-2.19%	-0.43%	-0.07%	-1.29%	-0.22%	-0.16%	-1.36%	-0.85%	-0.98%	0.42%	0.60%
Year 10	Full Year	72.96%	89.24%	92.05%	73.44%	95.46%	97.21%	79.50%	85.21%	79.52%	45.57%	58.37%
	Wave 2	72.83%	89.46%	92.46%	73.99%	95.67%	97.35%	81.00%	85.67%	80.00%	45.70%	58.88%
	Difference	-0.14%	0.23%	0.41%	0.55%	0.21%	0.14%	1.50%	0.47%	0.48%	0.13%	0.51%
	Year 10 vs 9	-0.39%	0.55%	0.23%	0.11%	0.26%	0.14%	0.94%	0.36%	0.52%	-0.60%	0.82%
Year 11	Full Year	70.90%	88.92%	92.13%	72.65%	95.49%	97.22%	80.00%	84.78%	78.86%	45.98%	59.05%
	Year 11 vs 10	-2.07%	-0.31%	0.08%	-0.79%	0.03%	0.00%	0.50%	-0.42%	-0.65%	0.42%	0.68%

Kevin Pickering
Head of Statistics
kevin.pickering@ipsos.com

Rachel Williams
Research Director
rachel.williams@ipsos.com

Will Scott
Associate Director
will.scott@ipsos.com

Alex Kong
Research Manager
alex.kong@ipsos.com

Josie Lloyd
Research Executive
josie.lloyd@ipsos.com

For more information

3 Thomas More Square
London
E1W 1YW

t: +44 (0)20 3059 5000

www.ipsos-mori.com
http://twitter.com/IpsosMORI

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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.