

**Patient survey from *Riverside Surgery 2007/08*  
using the General Practice Assessment Questionnaire (GPAQ)**

**Standard report and analysis for GPAQ Consultation Version 2.0a**

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**Date: 17 July 2008**

## **How the survey was carried out**

The survey was carried out from Jun 07 – Jan 08. The patients were selected at random by the reception team as they booked in for their Doctor appointment. Patients were encouraged to complete the questionnaire immediately following their appointment but if this were not possible they were provided with a stamped addressed envelope.

This year proved the most difficult yet to get patients to co-operate as receptionists were informed that patients did not wish to participate in 'yet another questionnaire'. The response rate was approximately 50% of the questionnaires provided.

## **Summary of results**

### GPAQ evaluation questions

The following table summarises the individual scores for the evaluation questions in GPAQ, i.e. the ones where patients made a judgment about how good that aspect of care was. Each score is expressed as an average (mean) for all patients who completed the individual question. They are represented as a percentage of the maximum possible score, so the best possible score in each case is 100. You will be able to see the areas where your practice scores well and where improvement may be needed, both comparing aspects of care in your own practice and comparing yourself with others.

The figures in the right hand column contain current national GPAQ benchmarks for that question. Once again, these figures are expressed as percentages of the maximum possible score in this table. These are regularly updated on the GPAQ website. Details of how many patients completed each of the individual responses for each of these questions for your practice are given in full in appendix 3.

	Mean score	GPAQ benchmark
Q2. Satisfaction with receptionists	78	77
Q3a. Satisfaction with opening hours	64	67
Q4b. Satisfaction with availability of particular doctor	55	60
Q5b. Satisfaction with availability of any doctor	65	69
Q7b. Satisfaction with waiting times at practice	55	57
Q8a. Satisfaction with phoning through to practice	63	59
Q8b. Satisfaction with phoning through to doctor for advice	58	61
Q9b. Satisfaction with continuity of care	72	69
Q10a. Satisfaction with doctor's questioning	82	81
Q10b. Satisfaction with how well doctor listens	83	84
Q10c. Satisfaction with how well doctor puts patient at ease	84	84
Q10d. Satisfaction with how much doctor involves patient	81	81
Q10e. Satisfaction with doctor's explanations	82	83
Q10f. Satisfaction with time doctor spends	80	80
Q10g. Satisfaction with doctor's patience	83	84
Q10h. Satisfaction with doctor's caring and concern	83	84
Q11a. Ability to understand problem after visiting doctor	69	69
Q11b. Ability to cope with problem after visiting doctor	64	66
Q11c. Ability to keep healthy after visiting doctor	63	62

Table 1. Mean scores of evaluation questions (as percentages) compared to the GPAQ benchmarks

These benchmark figures are based on data from 232,908 respondents to both the postal and post-consultation versions of GPAQ (combined) collected during the 2004/2005 contract year. Separate benchmarks for the two different versions of GPAQ will be posted in due course if on-going analyses show that mode of administration produces significantly different GPAQ scores after controlling for social and demographic factors known to influence patient evaluations.

Please check our website <http://www.gpaq.info/benchmarks.htm> for further information.

#### GPAQ report questions

Some GPAQ questions ask about specific experiences, or ask the patient for specific information. The responses to these questions are summarised here.

Q3b. Additional hours requested	Number of responses
Mornings	25
Lunchtime	10
Evenings	94
Weekends	123
None	148

Q4a. Availability of particular doctor	Number of responses
Same day	51
Next working day	44
Within 2 working days	45
Within 3 working days	37
Within 4 working days	33
5 or more working days	120
Does not apply	27

Q5a. Availability of any doctor	Number of responses
Same day	151
Next working day	51
Within 2 working days	32
Within 3 working days	16
Within 4 working days	11
5 or more working days	15
Does not apply	64

Q6. Same day urgent availability of doctor	Number of responses
Yes	263
No	35
Don't know/never needed to	47

Q7a. Waiting time at practice	Number of responses
5 minutes or less	27
6-10 minutes	126
11-20 minutes	142
21-30 minutes	32
More than 30 minutes	18

Q9a. Continuity for seeing same doctor	Number of responses
Always	102
Almost always	170
A lot of the time	27
Some of the time	28
Almost never	7
Never	2

### Demographics

The following tables display the demographic data collected in GPAQ.

Q12. Sex	Number of responses
Male	118
Female	234

Q13. Age	Number of responses
Up to 44 years old	79
45 years old and above	269
<i>Mean</i>	<i>58</i>

Q14. Long standing illness, disability or infirmity	Number of responses
Yes	196
No	153

Q15. Ethnic group	Number of responses
White	341
Black or Black British	5
Asian or Asian British	0
Mixed	6
Chinese	0
Other ethnic group	2

Q16. Accommodation status	Number of responses
Owner-occupied/ mortgaged	270
Rented or other arrangements	76

Q17. Employment status	Number of responses
Employed (full/part time, self-employed)	140
Unemployed	0
School or full time education	12
Long term sickness	14
Looking after home/family	25
Retired	155
Other	7

For all other frequency distribution tables that have not been included in the report so far, please refer to appendix 3.

## Appendix 1

### Notes about how the General Practice Assessment Questionnaire (GPAQ) was developed

Some aspects of quality are best assessed by asking patients. We reviewed the literature to identify aspects of GP care which are most highly valued by patients. These include:

Availability and accessibility, including: availability of appointments, waiting times, physical access and telephone access.

Technical competence, including: the doctor's knowledge and skills, and the effectiveness of his or her treatments.

Communication skills, including: providing time, exploring patients' needs, listening, explaining, giving information and sharing decisions.

Inter-personal attributes, including: humaneness, caring, supporting and trust.

Organisation of care, including: continuity of care, and, the range of services available.

In order to assess these aspects of care we started from what we regarded as the best currently available questionnaire, the Primary Care Assessment Survey (PCAS) <sup>i, ii, iii, iv</sup>, which had been extensively validated in the United States. In collaboration with the Health Institute in Boston, we modified PCAS for use in British general practice. The modified questionnaire was called the General Practice Assessment Survey (GPAS). We have used GPAS in large studies in the UK: and detailed research data on GPAS have been published <sup>v vi vii viii ix</sup>.

For the new GP contract, we were asked to modify our original GPAS questionnaire, and have produced GPAQ. The main differences are that the new questionnaire is shorter. We have also produced two versions, one designed to be sent by post, and one designed to be given to patients after consultations in the surgery.

GPAQ focuses mainly on questions about access, inter-personal aspects of care, and continuity of care. The version designed to be completed after the consultation asks about are given by an individual doctor. These scores will be able to be used by GPs for their appraisals and revalidation folders. The postal version of GPAQ does not allow scores to be calculated for individual doctors. However, it does include questions about the practice nurses.

GPAQ is described in more detail in the manual which can be downloaded from the GPAQ website, [www.gpaq.info](http://www.gpaq.info).

## Appendix 2

### **Guidance on how to use the results of the questionnaire to improve care in your practice – taking action on GPAQ scores**

There is little purpose in doing a survey unless you are prepared to act on the results. In this section, we discuss briefly how you might do this.

GPAQ has been designed so that it is as easy as possible to know how you can use your scores to improve care in your practice. All the questions can be linked directly to some action which you could take. For example, in the communication questions, we have included questions on listening and explaining rather than important but rather nebulous concepts like trust. So for every question in GPAQ, there is some behaviour which you could think about improving.

Some of the work of deciding how to use the results can be done with the practice staff. So, for example, some of the access questions throw up issues which can be addressed through the practice management – e.g. managing the appointment system, phone answering, etc. The access questions form the largest single group of questions.

The next largest group is about communication. This is more difficult to address, but there are well tested methods of improving doctors' communication skills in consultations. These generally rely on critical analysis of videotaped surgeries, usually with a partner or friendly mentor. This is something which all training practices will have had experience of in recent years, as consultation skills training forms an important part of vocational training.

In thinking about who to discuss your survey results with, you should think about:

- Your partners and other doctors working in the practice
- Nurses working in the practice
- Your practice managers and receptionist / admin staff.

Some issues, e.g. scores on the access scale, will need to be discussed with all your staff.

To get level 2 and level 3 payments for the new contract, you will need to do more than this, and will have to have discussed the results of your survey with patients (e.g. a 'critical friends' group, or a patient participation group), and shown that you have done something about the results.

We are aware that most practices have little experience of how to use questionnaires to help them improve care. So, the National Primary Care Research and Development Centre, with the University of Exeter and CFEP have written a practical handbook on this subject. This handbook is freely available to download from NPCRDC's website (<http://www.npcrdc.man.ac.uk/PublicationDetail.cfm?ID=111>).

### Appendix 3

#### Frequency distribution tables not included in the main body of the report

Q1. Number of visits to doctor in last 12 months	Number of responses
None	15
Once or twice	86
Three or four times	124
Five or six times	77
Seven times or more	59

Q2. Satisfaction with receptionists	Number of responses
Very poor	0
Poor	2
Fair	17
Good	87
Very good	159
Excellent	94

Q3a. Satisfaction with opening hours	Number of responses
Very poor	0
Poor	17
Fair	55
Good	155
Very good	91
Excellent	33

Q4b. Satisfaction with availability of particular doctor	Number of responses
Very poor	13
Poor	53
Fair	89
Good	84
Very good	60
Excellent	41
Does not apply	19

Q5b. Satisfaction with availability of any doctor	Number of responses
Very poor	6
Poor	12
Fair	50
Good	84
Very good	74
Excellent	44
Does not apply	51

Q7b. Satisfaction with waiting times at practice	Number of responses
Very poor	5
Poor	27
Fair	127
Good	92
Very good	67
Excellent	20

Q8a. Satisfaction with phoning through to practice	Number of responses
Very poor	1
Poor	13
Fair	73
Good	126
Very good	97
Excellent	32
Don't know/ never tried	7

Q8b. Satisfaction with phoning through to doctor for advice	Number of responses
Very poor	8
Poor	19
Fair	56
Good	69
Very good	48
Excellent	25
Don't know/ never tried	108

Q9b. Satisfaction with continuity of care	Number of responses
Very poor	0
Poor	8
Fair	33
Good	109
Very good	116
Excellent	71

Q10a. Satisfaction with doctor's questioning	Number of responses
Very poor	2
Poor	1
Fair	7
Good	72
Very good	118
Excellent	127
Does not apply	7

Q10b. Satisfaction with how well doctor listens	Number of responses
Very poor	1
Poor	0
Fair	12
Good	58
Very good	116
Excellent	140
Does not apply	8

Q10c. Satisfaction with how well doctor puts patient at ease	Number of responses
Very poor	1
Poor	0
Fair	12
Good	50
Very good	100
Excellent	135
Does not apply	33

Q10d. Satisfaction with how much doctor involves patient	Number of responses
Very poor	1
Poor	3
Fair	12
Good	62
Very good	100
Excellent	118
Does not apply	39

Q10e. Satisfaction with doctor's explanations	Number of responses
Very poor	1
Poor	2
Fair	15
Good	56
Very good	106
Excellent	132
Does not apply	24

Q10f. Satisfaction with time doctor spends	Number of responses
Very poor	1
Poor	3
Fair	16
Good	80
Very good	104
Excellent	126
Does not apply	5

Q10g. Satisfaction with doctor's patience	Number of responses
Very poor	1
Poor	1
Fair	12
Good	65
Very good	97
Excellent	144
Does not apply	15

Q10h. Satisfaction with doctor's caring and concern	Number of responses
Very poor	1
Poor	2
Fair	17
Good	57
Very good	100
Excellent	153
Does not apply	7

Q11a. Ability to understand problem after visiting doctor	Number of responses
Much more than before the visit	146
A little more than before the visit	79
The same or less than before the visit	42
Does not apply	54

Q11b. Ability to cope with problem after visiting doctor	Number of responses
Much more than before the visit	133
A little more than before the visit	82
The same or less than before the visit	58
Does not apply	52

Q11c. Ability to keep healthy after visiting doctor	Number of responses
Much more than before the visit	116
A little more than before the visit	77
The same or less than before the visit	54
Does not apply	75

## References

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- <sup>vii</sup> Bower P, Mead N, Roland M. What dimensions underlie patient responses to the General Practice Assessment Survey? A factor analytic study. *Fam Pract*. 2002 Oct;19(5):489-95.
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