

THE GP PATIENT SURVEY

**Guidance for strategic health authorities,
primary care trusts and GP practices: the
new expanded GP patient survey 2008/09**

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For Recipient's Use	

1 Introduction

- 1.1 The Department of Health (DH) is running the GP patient survey again this year to assess patients' experiences of their local NHS services. In line with commitments made in the NHS Next Stage Review (NSR) the survey has been developed to give patients a greater say, including whether practices are providing not just fast, convenient access but an all-round quality patient experience.
- 1.2 The new survey will help support delivery of NHS services that are more responsive to patients' needs and wishes. Around 5½ million registered patients in England will be invited to take part each year. Their responses will provide even more valuable information for Primary Care Trusts (PCTs), GP practices and other patients about patient's experiences when they access local services.
- 1.3 The survey underpins a range of actions to improve the patient experience. This includes supporting the assessment of practice achievement of the patient experience 'access' indicators in the Quality and Outcomes Framework (QOF) that cover 48-hour access and advance booking. PCTs will also be assessed on their record on patient experience across aspects of the survey data, thereby helping to improve services.
- 1.4 This guidance seeks to confirm details of the new survey arrangements being put in place, including how the data is used to assess payments to GP practices under the QOF and how that will need to be managed by PCTs and GP practices to ensure achievement payments are made in time.

2 Background

- 2.1 The GP patient survey was first established in 2006/07 to support PCT assessment of general practices' achievement against national standards set out in two Directed Enhanced Service agreements. These agreements linked results from the administered surveys with the rewards made to GP practices.
- 2.2 The GP patient survey also provided information to PCTs and practices on whether or not patients were satisfied with their practices' existing opening hours.
- 2.3 The 2007 and 2008 survey results have supported increases in access to GP appointments through investment in additional capacity and extended opening hours in every PCT area.

- 2.4 The GP patient survey has therefore proven to be of real benefit to patients, including those in the most deprived areas and is therefore good news for patients and the NHS. Its expansion reflects commitments to deliver services that are increasingly more responsive to the patients they serve.

3 What's new?

- 3.1 Independent survey specialist Ipsos MORI has been reappointed to deliver the new survey on behalf of DH following an open tender exercise. The tender requirements made clear this new survey would feature an expanded survey questionnaire in line with NSR commitments and would be administered more frequently to provide more timely feedback to the NHS.
- 3.2 Ipsos MORI have partnered with primary care academics from the National Primary Care Research and Development Centre (NPCRDC) at the University of Manchester and the Peninsular Medical School at the University of Exeter to develop the new survey.

Questionnaire content

- 3.3 The new survey questionnaire is covering a wider range of issues that are important to patients when they visit their GP practice. These include questions on:
- Aspects of the surgery environment and helpfulness of reception staff
 - Getting through on the phone including for consultations or test results
 - Accessing GP appointments (including questions supporting assessment of QOF achievement on 48 hour access and advance booking)
 - Waiting time in the surgery
 - Seeing a preferred doctor
 - Satisfaction with practice opening hours
 - Aspects of the consultation with doctors and nurses at the practice
 - Overall satisfaction with care received
- 3.4 Expanding the survey questions beyond fast and convenient access to GP appointments will provide a much richer assessment of patients' experiences when they access their local GP service. This addresses patients' concerns over the previous survey that it restricted their say to only narrow definitions of access. The new themes have been confirmed as matters that are important to patients and the public by the survey's academic partners in their review of research assessments in this area. The new survey will therefore help GP practices and PCTs to understand better their patients' needs and wishes by seeking views on access in its broadest sense.

- 3.5 The survey questionnaire will also provide valuable information on two other distinct areas through the inclusion of additional questions on:
- Planning of care for patients with long term conditions
 - Patient experiences of accessing local out of hours care
- 3.6 Again, this will provide valuable information for PCTs to ensure they are able to deliver better, more responsive services.
- 3.7 To assist with the analysis of patients' responses, including how responses differ between different groups of the population, the questionnaire continues to include a number of demographic questions that patients are asked to complete (eg age, ethnicity, employment status etc.)
- 3.8 All questions included in the survey have been subject to intensive cognitive testing and design by Ipsos-MORI working with their academic partners and with the close engagement of a Stakeholder Review Group which comprises the BMA, RCGP, RCN, NHS Employers as well as patient groups including The Patients Forum, National Association Patient Participation, SIGN Health.
- 3.9 As the survey begins to produce data a sophisticated programme of analytical and development work is also to be undertaken by the survey's academic partners. This will ensure an even better understanding of patients' experiences as well as testing and validating further the new questionnaire.

Survey frequency

- 3.10 The survey is being run for at least the next three years. During this period the survey will become more frequent, moving from an annual 'snapshot' of patient views to providing more frequent, quarterly feedback.
- 3.11 The survey will continue to run on an annual basis for 2008/09. This will see the survey issued to patients from January 2009. The survey moves to its quarterly cycle in 2009/10 with the first quarterly survey issued from April 2009.
- 3.12 The timetable for this year's annual survey is detailed in Table 1. The quarterly survey timetable and arrangements will be confirmed in more detail early next year. However, the indicative timetable provided in Table 2 provides a general outline over how the survey will proceed in its quarterly cycle.

Table 1. 2008/09 Annual Survey Timetable

2009	
January	Survey mailed to patients (week commencing 5 th)
February	Reminders sent to patients who do not respond (week commencing 9 th)
March	Final reminders sent to patients who do not respond (week commencing 9 th)
April	Final return date for questionnaires (6 th April)
May	2008/09 QOF results data available to PCTs and GP practices (from 8 th)
July	Full results publication

Table 2. Quarterly Survey Timetable (2009/10*)

* Survey repeats as per table in further surveys eg 2010/11 onwards.)

	Survey issued	First reminder	Final reminder	Fieldwork closes	Quarterly results	Annual results (aggregated survey data from all quarters)
Quarter 1	April 2009	May	June	30 June	Mid-August	May 2010 (QOF results data to PCTs) July 2010 (Full results publication)
Quarter 2	July	August	September	30 September	Mid-November	
Quarter 3	October	November	December	31 December	Mid-February 2010	
Quarter 4	January 2010	February	March	5 April	Mid-May	

4 Survey Methodology

- 4.1 The survey timetable confirms that the survey fieldwork continues to be run on the established methods of previous GP patient surveys, with the main changes being made to accommodate the move to a quarterly survey. Table 3 confirms the key components of the survey methodology.

Table 3. Survey Methodology

Component	2008/09	2009/10 onwards
Survey mode	Postal survey plus. Survey questionnaires issued by post to selected patients and will be predominately returned by post. However, people will also have the option to respond online or over the telephone.	No change
Postage	Second class postage is now being used for all outgoing and returned survey questionnaires.	No change
Response rates	Estimated at 35%, based on the expanded 8 side questionnaire.	Estimated at 35%, subject to length of the questionnaire and pilot survey findings.
Reminders	Two reminder questionnaires issued during the fieldwork period.	Two reminder questionnaires per quarter will be sent.
Initial mail out	January 2009	Beginning of each quarter during the financial year (e.g. April, July, September and January)
Survey population and eligibility	The sample will comprise all individuals aged 18+ at the time of sampling who have been registered with the same NHS practice for 6 months. The sample will be managed to exclude any patient opt-outs and notifications of deceased patients.	No change except that the sample will be managed so that no individual is eligible to be surveyed more than once per year.
Sample size	Approx 5.7 million patients will be asked to take part, in order to obtain 2 million responses (to meet agreed confidence intervals)	No change but divided into four quarters (i.e. approximately 1.4 million patients will be surveyed each quarter).
Sample source	The sample will be sourced from the National Health Application and Infrastructure Services (NHAIS) database.	No change

Patient Selection

- 4.2 The patient sample used for the survey continues to be drawn from the National Health Application and Infrastructure Services (NHAIS) database. The sample is used by Ipsos MORI on behalf of the Department, under the terms of a Data Processor Agreement (DPA) that the Department has

put in place with Ipsos MORI. This agreement stipulates the patient data which Ipsos MORI can receive, how they will use these data and explains how the Department of Health is meeting the requirements of the Data Protection Act 1998.

- 4.3 This arrangement has been approved by the NHS Connecting for Health Calidcott Guardian and a copy of the DPA is published on the GP patient survey pages of the DH website (see link under Further Information).
- 4.4 Ipsos MORI randomly select the patient sample from an anonymised list of all eligible patients provided by NHAIS. Once this sample has been selected NHAIS supply the mailout sample data. The following personal data is collected:
- Patients' NHS number: provides a unique identifier
 - Name: for personalised letters
 - Address: to conduct a postal survey
 - Date of birth: to exclude patients under 18 years of age
 - Gender: for data analysis and non-response bias analysis, e.g. to ascertain if certain groups are less likely to respond to the survey
- 4.5 **No other personal data is collected from the NHAIS system. Ipsos MORI has no access to any NHS systems, or any clinical information about patients' health or consultations. The sample data is used for survey administration purposes only.**

Accessibility

- 4.6 To assist patients who may find it difficult to complete the new questionnaire, Ipsos MORI have put in place a number of measures to help these respondents. These include:
- A website (www.gp-patient.co.uk) with a detailed Frequently Asked Questions section. These will be available in English and in the 13 other languages most commonly used by NHS Direct
 - The website will be fully compatible with W3C Standards meaning users will be able to use Screen Reader software or change font size of the text
 - The questionnaire will also be available on the website in British Sign Language (video translation)
 - Alternative versions of the questionnaire, such as large print and Braille will be available to any patient on request.
 - It will be possible to complete the questionnaire online or over the telephone, including in the 13 languages other than English most commonly used by NHS Direct
 - There will be a telephone helpline which will be able to answer respondents' queries and help with completing the questionnaire if necessary

Practice Exclusions

- 4.7 The previous GP patient survey was a part of the Directed Enhanced Services (DES) arrangements supporting national standards on Access and Choice. Practices who did not take part in the DES were able to opt out of the survey.
- 4.8 The survey now supports a number of national data requirements, which include assessment of achievement of the QOF patient experience access indicators. All GP practices are planned to be included in the survey to provide results data for this assessment (recognising the QOF is voluntary - in whole and in part - and practices may choose not to work towards the patient experience access indicators).
- 4.9 The only practices to be excluded from the survey will be those practices for whom it has not been possible to extract an eligible patient sample or who may have otherwise been excluded by their PCT.
- 4.10 In previous years some GP practices were excluded from the survey because they had too few patients (defined as less than 100 registered patients or had very low response rates to the survey previously (less than 10 per cent). DH has asked PCTs to confirm whether those practices should now be included in the new survey, noting however that those particular characteristics may be markers of 'untypical' practices for whom survey participation may be inappropriate or not needed.

Publicising the Survey

- 4.11 Ipsos MORI has issued information leaflets for GPs and practice staff to all GP practices to explain this year's survey. GP practices also received display posters from Ipsos MORI designed to inform patients that the survey is taking place. These were issued on 24 November and are available electronically from DH and NHS Primary Care Contracting websites.
- 4.12 PCTs may wish to liaise with GP practices to confirm that they have received these publication materials and are displaying them. PCTs may also wish to send copies of the posters to other public venues or include information articles on their websites to help raise public awareness that the survey is taking place. Liaison with patients through established networks and groups would also be appropriate.
- 4.13 DH is exploring further options to help raise public awareness of the survey.

5 Payments to practices

- 5.1 The Statement of Financial Entitlements (Amendment) (No 5) Directions 2008 (SFE) sets out the legal basis for payments related to survey under the QOF. (Part 2, Paragraph 4.18 onwards and Section 4 of Annex D refer).
- 5.2 The SFE confirms that practices will receive payment if it achieves the designated thresholds in the two patient experience access indicators (see Table 4).
- 5.3 GP practice performance against these standards is assessed using the percentage scores notified from the survey - i.e. the proportion of patients who indicate for their GP practice that they had tried and were able to obtain a consultation or book an appointment in the time limits required by the indicators. The higher the percentage score achieved within the designated thresholds the higher the points achieved and the greater the achievement payment to practices.

Table 4. QOF Patient experience access indicators

Indicator	Points	Threshold
PE 7 Patient Experience of Access (1) The percentage of patients who, in the national patient experience survey, indicate that they were able to obtain a consultation with a GP within 2 working days.	23.5	70-90%
PE 8 Patient Experience of Access (2) The percentage of patients who, in the national patient experience survey, indicate that they were able to book an appointment with a GP more than 2 days ahead.	35	60-90%

- 5.4 Table 5 details the particular questions asked in the survey for assessment of these indicators.

Table 5. GP patient survey questions on PE7 and PE8

<p><u>PE 7 Patient Experience of Access (1)</u></p> <p>Q6. In the past 6 months, have you tried to see a doctor fairly quickly? By 'fairly quickly' we mean on the same day or in the next 2 days the GP surgery or health centre was open. Yes Please go to Q7 No Please go to Q9 Can't remember Please go to Q9</p> <p>Q7. Think about the last time you tried to see a doctor fairly quickly. Were you</p>

able to see a doctor on the same day or in the next 2 days the GP surgery or health centre was open?

Yes Please go to Q9

No Please go to Q8

Can't remember Please go to Q9

PE 8 Patient Experience of Access (2)

Q9. In the past 6 months, have you tried to book ahead for an appointment with a doctor?

By 'booking ahead' we mean booking an appointment more than 2 full days in advance.

Yes Please go to Q10

No Please go to Q11

Can't remember Please go to Q11

Q10. Last time you tried to, were you able to get an appointment with a doctor more than 2 full days in advance?

Yes

No

Can't remember

- 5.5 If a survey result is not available for a GP practice on either PE7 or PE8 or if the result is below or equal to the minimum threshold practices will not be entitled to any points in respect of that indicator.
- 5.6 It is possible that some practices may give reasons for low scores or possible inappropriate exclusion from the survey. **The SFE provides no legal basis for PCTs to award QOF points/achievement to GP practices where the nationally agreed criteria is not met.**
- 5.7 PCTs and GP practices may enter into local agreements on 48 hour access or advance booking in lieu of either the availability of a survey result for PE7 or PE8 (e.g. arising from exclusion from the survey) or low results (e.g. perhaps due to serving a homeless population) if that was beneficial to the delivery of services.
- 5.8 Any awards that could be made in the event of practice closures, mergers or splits will be for the PCT to determine in accordance with the SFE.
- 5.9 PCTs will have access to the survey results data on PE7 and PE8 for their practices during May following year-end. PCTs should inform individual practices of their results as soon as possible after receiving the data. Following receipt PCTs will need to manually enter the percentage scores for PE7 and PE8 on QMAS to recalculate underlying QOF achievement and the QOF achievement payments for practices. PCTs should do this as soon as possible.

QOF/QMAS Implications

- 5.10 QMAS calculates at the end of the financial year the underlying achievement and the achievement payment for the whole of QOF, and reports this to practices and PCTs. Due to the survey data not being available until after QOF year end this calculation will exclude PE7 and PE8 achievement.
- 5.11 However, PCTs now have until the end of June following the year end before QOF achievement payments fall due (whether or not any amount is in dispute). The timing of the availability of achievement data from the survey for PE7 and PE8 is therefore permitted under QOF rules but has implications for year end processes.
- 5.12 PCTs will want to consider working in the following way to ensure achievement payments can be made before the end of June:
- i. **Pre-payment verification exercise:** this should be progressed for all other indicators (i.e. excluding PE7 and PE8) for all practices as far as possible before the survey results are due. This will minimise any outstanding work due when the survey results do become available for processing.
 - ii. **Year End Achievement Approval:** GP practices should **NOT** approve their Year End achievement (i.e. submit their end of year declaration) until the PCT has entered their survey results for PE7 and PE8 onto QMAS.
 - iii. **Approving payments on QMAS:** PCTs should **NOT** approve payments on QMAS until after they have entered the survey results for PE7 and PE8 and practices have submitted their end of year declaration.
- 5.13 PCTs have the freedom to make off-system payments to GP practices before the survey results are available, if they consider such an interim payment would be beneficial to patient services. This payment would be up to the maximum of any non-disputed amount (i.e. all QOF achievement except for PE7 and PE8). However, if PCTs do make such payment, these **MUST** be made off-system (i.e. not on QMAS but on the Exeter Payments system). PCTs are reminded however that payment for the whole of QOF is not due until the end of June and they will need to satisfy themselves that pre-payment verification has been carried out properly.
- 5.14 Once survey result scores have been entered on QMAS and both GP practices and PCTs have approved the year end declaration, details of the total achievement payment will be sent to Exeter. Provided the PCT made

any interim payments off-system (i.e. not on QMAS but on the Exeter payments system), then Exeter payment systems will:

- i. Recover any manual off-system payment amount automatically
- ii. Alter practice aspiration payments for 2009/10 automatically
- iii. Recover the aspiration payments made for 2009/10 at the Year End for 2009/10

- 5.15 Any GP practices not taking part in the survey or working towards PE7 or PE8 should have achievement set to zero. These GP practices can then submit their end of year declaration as usual and the PCT can authorise QOF payment via QMAS and Exeter in the usual way.

6 Survey results publication

Publication

- 6.1 The survey results data available to PCTs in May will be available in Excel spreadsheet format. This will be available to named contacts confirmed with each PCT. A primary and secondary contact will be confirmed to receive the data. Subject to the final agreed delivery mode the results data will be either e-mailed to nominated contacts or they will be able to download this from a secure website. The precise arrangements will be confirmed separately.
- 6.2 As the selected results data for QOF payments is provided ahead of official publication the data is to be treated as **Restricted Statistics** meaning access must be carefully controlled by PCTs and GP practices to ensure no release into the public domain.
- 6.3 The official results publication of the 2008/09 'annual' survey is scheduled to take place in July 2009. This will, again, make public all survey results data, presented through a series of spreadsheets (eg GP practice, OOH provider, PCT and SHA level results), data tools allowing more bespoke reporting and analysis of the survey data and national commentary reports covering the key findings. Survey data will continue to be included on NHS Choices to improve patient choice and information.

Communications

- 6.4 Due to the expanded scope of the survey it is likely that national publication will attract interest from the media on areas other than simply fast and convenient access to GP services - e.g. patient experience of access to Out-of-hours care, overall satisfaction with GP care etc.
- 6.5 SHAs and PCTs will wish to have their own communications plans in place, for example, maximising opportunities for positive media stories such as celebrating high patient satisfaction levels using specific

examples. GP practices will also want to consider or plan how they might respond to interest in their patient experiences scores.

- 6.6 The release of the survey results will mean comparisons will be able to be made between local results and the regional or national picture.
 - 6.7 It is also possible some will seek to make comparison on key GP access figures (48 hour access, advance booking, telephone access, choice of GP and opening hours satisfaction) and how these may have changed against previous GP patient surveys. Comparisons with past survey data will not be strictly appropriate or possible in some areas due to question changes made in the new survey. These changes have been made following testing and advice from the survey's academic partners to improve the accuracy of the survey.
- [Improving services](#)
- 6.8 As outlined previously, the survey has been expanded to provide a much richer assessment of patients' experiences when they access local NHS services.
 - 6.9 The published survey data will help PCTs, Out of Hours providers and GP practices understand better their patients' needs and wishes. This will help inform discussions over any future changes to local services to meet expressed demand or to address any concerns that have been raised.
 - 6.10 Practical guidance for PCTs on how to support improvements in the accessibility and responsiveness of GP services will be published early next year (2009) as part of the World Class Commissioning of Primary Care suite of documents. A key feature of the guide will be an Access Commissioning Tool, which will provide a simple RAG rating of survey results in PCTs areas to help pin point possible priority areas for action. The guide will suggest ways in which PCTs can support practices improve patient experience in these areas.
 - 6.11 Key survey data is also planned to be included on NHS Comparators which will allow peer or other selected comparisons to be made against the survey data at practice, PCT level or above. This will be a further valuable information resource for both PCTs and GP practices.
 - 6.12 DH is also working to provide guidance for GPs and practice staff on understanding and using the survey results and, in particular, how they can be used to improve all aspects of the services they deliver. This is scheduled for early 2009 ahead of results publication. Before this, practices may find existing published guidance helpful. The handbook produced jointly by the National Primary Care Research and Development Centre and the Client –Focused Evaluation Program on 'Improving your

practice with patient surveys' is recommended as it sets out the key principles of responsiveness to patient survey information. Details of this publication are provided in the Further Information section.

7 Frequently asked questions

[The Survey](#)

7.1 When will the questionnaire be available?

The new questionnaire will be published on the GP patient survey website when the survey fieldwork commences in January 2009.

7.2 Won't a longer questionnaire mean fewer patients responding, therefore less accurate results?

Some patients may decide not to respond to the survey because of the increased questionnaire length. This will be offset by an increase in the number of questionnaires issued to ensure the target 2 million responses is achieved which will deliver results to agreed confidence intervals.

As the new questionnaire now covers more of the issues that matter to patients we hope there will be no fall in response rates.

7.3 Who or what is Ipsos MORI?

Ipsos MORI is an independent survey organisation formed from the merger of Ipsos UK and MORI in 2005. They are the second largest research organisation in the UK and strictly adhere to the Market Research Society's ethical code of conduct.

7.4 Can GP Practices opt out of the survey?

No, the survey is a survey of all eligible registered general practice patients across England. Practices do not therefore opt out. Some practices may have been excluded from the survey by their PCT because they provide specialist services, for example, to ineligible patients.

7.5 Do patients have to take part?

No. Taking part is completely voluntary. However we hope as many people as possible will return their questionnaire – either by post, online or using the freephone number. The more people that respond the more accurate the picture of patients' experiences of local services.

7.6 Can patients opt out from receiving the survey?

Yes. Patients can opt out of the survey at anytime by informing their GP practice or PCT. PCTs or GP practices should notify DH of any patient opt outs to the GP patient survey mailbox: gppatientsurvey@dh.gsi.gov.uk. The names and NHS numbers of those patients wanting to opt out must be provided. We will seek to remove patients before the next survey mail out where possible.

7.7 What happens if patients complete and return the original questionnaire and the reminder/s or respond on line as well? Won't this skew the results?

Any and all duplicate responses will be identified by the unique reference/user name and removed from the system.

7.8 Why are children excluded from the Survey?

Children have always been excluded from the Survey. This followed advice from researchers that aiming the type of questions covered in the survey directly at children would be inappropriate. Ethics advice was that under 18 year olds should only be included in surveys where necessary and the Survey also raises confidentiality issues for patients within the 16-18 year age group.

7.9 How much is the Survey costing the Department?

The contract for the new survey was re-tendered earlier this year and as a consequence the delivery of an expanded questionnaire to more people this year is being delivered for reduced costs. We cannot share exact costing as that is commercially sensitive information however we have budgeted approximately £8m for the survey programme this year compared to approximately £10m last year.

QOF

7.10 How much are the QOF patient experience access indicators worth?

The combined value of the QOF patient experience access indicators is about £64m nationally. An average practice achieving the top thresholds will be able to earn around £8000.

7.11 Why are there more points for advance booking (PE8) than 48 hour access (PE7)?

The 2008 GP patient survey reported that only 77% of patients who wanted to book ahead were able to do so, whereas the equivalent figure for 48 hour access was 87%. We therefore want practices to improve access to advance

appointments for their patients and that is reflected in the higher points available this year.

7.12 Does the new GP patient survey mean that practices no longer have to do the QOF survey locally (PE2 and PE6)?

The indicators for the QOF survey remain in place for 2008/09. Practices wishing to receive payment for these indicators must continue to carry out the QOF survey. National agreements on QOF for 2009/10 have however removed these indicators.

The new GP patient survey will provide robust practice level data on the variety of themes covered by the QOF surveys and without the need for GP practices to separately administer these locally. GP practices are of course free to continue to use the QOF surveys or produce bespoke surveys to provide additional helpful information or research any particular areas in more depth, including practitioner level surveys. Surveys are of course just one method for obtaining patient feedback.

7.13 What if I receive complaints form my patients about this survey?

Hopefully this will not happen, and patients will welcome the chance to comment on services. The letter and questionnaire have been thoroughly tested on patients and patient group representatives have been involved in the development process for the survey.

If you do receive complaints please inform the patient of the following communication channels set up to support the survey:

- The website provides detailed information and frequently asked questions which may ease their concerns.
- There is a telephone helpline, which patients can find out more information. The telephone number will be on the survey when it is sent out in January.
- Patients can Email queries to gppatientsurvey@dh.gsi.gov.uk

7.14 Why can't practices have access to the list of their patients who will be surveyed?

We have made a commitment to patients that the survey will be conducted in confidence.

[New survey questions](#)

7.15 How will data on patient experience of access to out-of-hours services be used?

The survey will provide data about the current levels of patient understanding about how to access out-of-hours services as well as the experience of those patients who used the local service. This data will be aggregated by each PCT (as well as by Out of Hours provider) and it will therefore give both commissioners and providers of out-of-hours services access to headline data about their patient's experiences of those services.

7.16 How will data on patient experience of care planning be used?

The survey will provide data about the experience of patients with long-term conditions discussing and planning their care with healthcare professionals. This data will be aggregated to give headline information nationally as well as for commissioners and GP providers on support available to improve care for people with long-term conditions.

Other surveys

7.17 Is the PCT Local Health Services survey continuing this year?

No, PCTs have been informed by the Healthcare Commission that the 'PCT survey' conducted as part of their programme of surveys has been discontinued for 2008/09. This is to ensure that significant avoidable duplication did not take place from conducting the new GP patient survey and the PCT survey, at the same time and on similar themes.

8 Further Information and Support

For SHAs and PCTs

8.1 In addition to the information being posted on the DH website, SHAs and PCTs can also access further information from NHS Primary Care Contracting, such as FAQs and briefing sheets. Visit the Primary Care Contracting website at: www.primarycarecontracting.nhs.uk

8.2 NHS Primary Care Contracting also provide a dedicated e-mail helpdesk for SHA and PCTs queries on the survey including QOF related payments linked to the survey. E-mail the helpdesk at: gppatientsurvey@pcc.nhs.uk

For Practices

8.3 GP Practices should contact their local PCT with any further queries in the first instance.

For Patients

8.4 Information for patients about the survey is available online at www.gp-patient.co.uk. This website will be added to as the survey fieldwork progresses.

- 8.5 Any general enquiries that cannot be dealt with locally can be emailed to the DH GP patient survey mailbox: gppatientsurvey@dh.gsi.gov.uk

[Websites and further information](#)

Department of Health

- 1) GP patient survey pages:

www.dh.gov.uk/en/Publicationsandstatistics/PublishedSurvey/GPpatientsurvey2007/index.htm

- 2) Statement of Financial Entitlements:

www.dh.gov.uk/en/Healthcare/Primarycare/Primarycarecontracting/GMS/DH_4133079

- 3) Primary Medical Care Contracting section:

www.dh.gov.uk/en/Healthcare/Primarycare/Primarycarecontracting

NHS Primary Care Contracting

- 1) General:

www.pcc.nhs.uk

- 2) GP patient survey Helpdesk pages:

www.pcc.nhs.uk/gpps-helpdesk

Ipsos MORI

- 1) Survey website

www.gp-patient.co.uk

- 2) Corporate

www.ipsos-mori.com

National Primary Care Research and Development Centre

- 1) Practice handbook

www.npcrdc.ac.uk/h11