

# THE GP PATIENT SURVEY

Briefing for strategic health authorities, primary care trusts and  
GP practices on the GPPS 2009-10

# Briefing for strategic health authorities, primary care trusts and GP practices

## 1 Introduction

- 1.1 This guidance confirms details of the GP Patient Survey arrangements for 2009/10, including how the data is used to assess payments to GP practices under the Quality and Outcomes Framework (QOF) and how that will need to be managed by PCTs and GP practices to ensure achievement payments are made in time. It consolidates guidance on the QOF indicators previously published in 2009 (*Guidance for PCTs on QOF patient experience indicators*, Gateway no. 11933 and *Further guidance for PCTs on QOF patient experience indicators*, Gateway no. 12005).
- 1.2 2009-10 is the fourth year that Ipsos MORI, on behalf of the Department of Health has conducted the GP Patient Survey (GPPS) in England. The survey has changed to a quarterly exercise to enable practices to make in year changes where necessary.
- 1.3 Each quarter a different sample of 1.39 million adult patients registered with a GP in England is identified from the registered lists of patients via the National Health Infrastructure and Applications System (NHAIS) to receive a questionnaire.
- 1.4 Completion is voluntary; however, to ensure a high response rate, a reminder is sent out in the two months following each quarterly mailing. The overall response rate to the survey in 2009-10 was 39%, based on 2169,718 completed responses (in 2008-09, it was 38%, based on 2,163,456 responses).
- 1.5 The GPPS asks patients about a range of issues, such as how easy or difficult it is for patients to make an appointment at their surgery, satisfaction with opening hours, the quality of care received from their GP and practice nurses. In addition to questions on primary care, the survey asks questions about care planning, out of hours care (in two quarters each year) and, in subset of questionnaires, dentistry (beginning in the fourth quarter of 09-10).

## 2 Questionnaire content

- 2.1 The survey questionnaire covers a wide 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
- 2.2 The survey questions are intended to provide a broad assessment of patients' experiences when they access their local GP service. The 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.
- 2.3 The survey questionnaire also provides 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 (in quarters 1 and 2)
- 2.4 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.)
- 2.5 In quarter 4 of this year's survey for the first time questions were included on access to NHS dentistry. As this data is collected at PCT level, a smaller sample size is needed, so we did not include these questions in all surveys: a million patients received a survey with questions on care planning, while a sub-sample of 400,000 were sent a questionnaire with questions on dentistry substituted for those on care planning. Each version was sent to a different random selection of individuals registered with a practice in England.
- 2.6 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.

**Table 1. Quarterly Survey Timetable (2009-10)**

Q.	Survey issued	First reminder	Final reminder	Fieldwork closes	Quarterly results	Annual results (aggregated)
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						survey data from all quarters)
1	April 2009	May	June	30 June	Not published	17 June 2010 (Full results publication)
2	July 2009	August	September	30 September	17 December	
3	October 2009	November	December	31 December	18 March 2010	
4	January 2010	February	March	5 April	17 June National publication	

### 3 Survey Methodology

- 3.1 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	
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.
Postage	Second class postage used for all outgoing and returned survey questionnaires.
Response rates	Estimated at 35%, based on the expanded 8 side questionnaire.
Reminders	Two reminder questionnaires issued during the fieldwork period.
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.
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)
Sample source	The sample will be sourced from the National Health Application and Infrastructure Services (NHAIS) database.

#### Patient Selection

- 3.2 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.

- 3.3 This arrangement has been approved by the NHS Connecting for Health Caldicott Guardian and a copy of the DPA is published on the GP patient survey pages of the DH website (see link under Further Information).
- 3.4 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:
- NHS number: provides a unique identifier
  - Name: for personalised letters
  - Address: to conduct a postal survey
  - Month and year 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
- 3.5 **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

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

## Practice Exclusions

- 3.7 The survey supports a number of national data requirements, which include assessment of achievement of the QOF patient experience access indicators. All GP practices are included in the survey; however the QOF is voluntary - in whole or in part - and practices may choose not to work towards the patient experience access indicators.
- 3.8 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 (e.g. a practice which only opens mid-way through the year) or who may have otherwise been excluded by their PCT).

## 4 Confidence intervals

- 4.1 The methodology used for the 2009-10 survey builds on previous surveys and there is no evidence to suggest any significant difference in the statistical robustness of the GP patient survey results compared with previous years. As in previous years, the sampling approach used by Ipsos MORI, and agreed with the Stakeholder Review Group, was designed to provide a sample to a tolerance level previously agreed with the GPC when the survey was first introduced in 2006-07. This means that from a random sample, representative of the population from which the sample is drawn, we should be 95% confident for most practices that the average score for the whole practice population would be no more or less than 7 percentage points than the overall score. However, as in previous years, this approach recognised that inevitably some practices results might be outside this interval.
- 4.2 In order to achieve this confidence interval for the majority of practices and ensure that the actual number of responses was the same as in previous years, Ipsos MORI sent out a larger number of surveys than last year and targeted those practices that had a particularly large confidence interval last year. This means that most practices will have a smaller response rate than last year – however this does not affect the statistical robustness of the survey.
- 4.3 The methodology agreed with the Stakeholder Reference Group was designed to ensure that the vast majority of practices had confidence intervals of no more than 10% for PE7 (48 hour access). Even for the practices with higher levels of confidence interval, the average score for the whole practice population is more likely to be at the centre of the confidence interval (i.e. at or near the recorded score) than at the edges. Similarly, where the confidence interval is higher than 7%, the average

score for the whole practice population is more likely to be within the 7% range than outside it.

- 4.4 PCTs are responsible for determining the correct payment to be made to a practice in accordance with the SFE. Neither the Statement of Financial Entitlements (SFE) nor the QOF guidance contain stipulations or conditions about confidence intervals or sample sizes. The SFE notes that a single positive response will generate a payment. However, where there is no score, or a score below the threshold, practices receive no points in relation to that indicator.

## 5 Payments to practices

- 5.1 Part 2 of the Statement of Financial Entitlements sets out the legal basis for payments related to survey under the QOF. A consolidated text of the SFE can be found at: [www.dh.gov.uk/en/Healthcare/Primarycare/Primarycarecontracting/GMS/DH\\_4133079](http://www.dh.gov.uk/en/Healthcare/Primarycare/Primarycarecontracting/GMS/DH_4133079)
- 5.2 The SFE confirms that a practice 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
<b>PE 7 Patient Experience of Access (1)</b> 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%
<b>PE 8 Patient Experience of Access (2)</b> 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><b><u>PE 7 Patient Experience of Access (1)</u></b></p> <p>NB. due to the addition of new questions the question numbers changed in Q3.</p> <p><b>Q6(Q8 from Q3). In the past 6 months, have you <u>tried</u> to see a doctor fairly quickly?</b></p> <p>By 'fairly quickly' we mean on the same day or in the next 2 days the GP surgery or health centre was open.</p> <p>Yes ..... Please go to Q7</p> <p>No ..... Please go to Q9</p> <p>Can't remember .... Please go to Q9</p> <p><b>Q7(Q9 from Q3). Think about the last time you tried to see a doctor fairly quickly. <u>Were you able</u> to see a doctor on the same day or in the next 2 days the GP surgery or health centre was open?</b></p> <p>Yes ..... Please go to Q9</p> <p>No ..... Please go to Q8</p> <p>Can't remember .... Please go to Q9</p>
<p><b><u>PE 8 Patient Experience of Access (2)</u></b></p> <p><b>Q9 (Q11 from Q3). In the past 6 months, have you <u>tried</u> to book ahead for an appointment with a doctor?</b></p> <p>By 'booking ahead' we mean booking an appointment more than 2 full days in advance.</p> <p>Yes ..... Please go to Q10</p> <p>No ..... Please go to Q11</p> <p>Can't remember .... Please go to Q11</p> <p><b>Q10 (Q12 from Q3). Last time you tried to, were you able to get an appointment with a doctor <u>more than</u> 2 full days in advance?</b></p> <p>Yes</p> <p>No</p> <p>Can't remember</p>

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 Where practices merge within a survey year, the resulting practice will not be in possession of a full year's survey data for calculation of PE7 and PE8. Previous guidance has stated that if a survey result is not available for a GP practice or if the result is equal to or below the minimum threshold, the practice will not be entitled to any points in respect of that indicator (it would be impossible to remunerate the original practices, as they no longer exist as contractors etc, and they too would not have a full year's sample data.
- 5.9 However, a PCT can make a discretionary award. Any awards which can be made in the event of practice closures, mergers, or splits will be for the PCT to determine in accordance with the SFE.
- 5.10 There remains provision for PCTs to make discretionary local payments where this is beneficial to the delivery of services and there is an absence of a survey result or where the result is very low for an individual practice and the PCT can reasonably be assured by other evidence that achieved survey results may be 'unduly skewed' from the limited response an individual practice received. In these circumstances, PCTs will need to be satisfied that:
- The survey result is substantially lower and different than that of previous years, **and**
  - the practice can provide clear evidence that they routinely provide arrangements that consistently offer 48 hour and advanced booking access, backed up by evidence from patient participation groups or local surveys. This evidence must be clear and auditable to demonstrate that decisions reached are fair and justified.
- 5.11 The full year results of the GP Patient Survey will be published on 17 June 2010. PCTs will receive the results for their practices on this day (via an agreed e-mail address), and should manually enter on QMAS for each eligible practice the required denominator and numerator values for PE7 and PE8. PCTs should do this as soon as possible.
- 5.12 If this falls after your scheduled main monthly payment for June 2010 you will need to take preliminary action **BEFORE** the June Main Monthly to generate advance payments of the estimated Achievement amount to each eligible GP Practice as **ad-hoc variances**. PCTs will need to estimate the advance amount (suggest this is based on achievement totals for the rest of the QOF plus an estimate of PE 7&8 scores based on previous year). Advance amounts input need to use FIMS/Paycode 6060/QUACHG (GMS) or 6420/QUACHP (PMS) to be automatically picked up in your June Main Monthly to ensure payment in time.

This amount will then need to be clawed back from the July Main Monthly by applying equivalent negative ad-hoc variances prior to the July payment.

- 5.13 As part of the deal with GPs for the swine flu (H1N1) vaccination programme it was agreed that any GP practice that vaccinated more than 50.7% of its clinically at-risk patients aged under 65 would qualify for a lowering of the upper threshold for PE7 and PE8 by 10% and of the lower threshold by 20% for 2009/10. Guidance on calculating the easements to these thresholds was contained in a Gateway letter dated 24<sup>th</sup> February 2010 (Reference 13730).  
[www.dh.gov.uk/en/Publicationsandstatistics/.../DH\\_113081](http://www.dh.gov.uk/en/Publicationsandstatistics/.../DH_113081)

### QOF/QMAS Implications

- 5.14 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 the QOF year end this calculation will exclude PE7 and PE8 achievement.
- 5.15 Practices should not delay in signing off QMAS, as a PCT could withhold an achievement payment if QMAS has not been signed off. Early sign off will enable PCTs to complete pre-verification checks before payment is due.
- 5.16 In particular practices **do not** have to wait until they receive their patient survey results to sign off QMAS, as signing off QMAS does not prevent a practice from appealing their survey result or raising a dispute. The BMA have advised that practices should clearly state, when signing off QMAS (e.g. by e-mail to their PCT), that they reserve the right to raise a dispute or contest their survey results for PE7 and PE8.
- 5.17 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.
- 5.18 PCTs will want to consider **progressing pre-payment verification exercises** 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 are available for processing.

- 5.19 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.
- 5.20 Once GP practices and PCTs have approved the year end declaration (and PE7 and PE8 numerator and denominators entered by the PCT), details of the total achievement payment will be sent to Exeter. The Exeter payment systems will then adjust practice aspiration payments accordingly.

## 6 Survey results publication

### Publication

- 6.1 The survey payment data available to PCTs on 17 June will be available in Excel spreadsheet format. This will be available to named contacts which have been confirmed in advance with each PCT.
- 6.2 The results will be published on the same day, making available 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.

## 7 Frequently asked questions

### The Survey

#### **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.

#### **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.

### **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](mailto: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.

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

### **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.

### **How much is the Survey costing the Department?**

We cannot share exact costing as that is commercially sensitive information. However we budgeted approximately £8m for the survey programme for 2009-10, compared to approximately £10m in 2008/09.

## **QOF**

### **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%. Based on these results, the two payments were weighted to try to increase the availability of advanced booking.

### **What if I receive complaints from 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 document.
- Patients can Email queries to: [gppatientsurvey@dh.gsi.gov.uk](mailto:gppatientsurvey@dh.gsi.gov.uk)

### **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.

### **How do you calculate the confidence intervals for GPPS?**

In general, there is a 'margin of error' or a confidence interval around an estimate derived from a sample survey. If it is a random sample, representative of the population from which the sample is drawn, then statistically we can say that the true population measure would be within x percentage points of our estimate with 95% confidence.

The magnitude of a confidence interval for a particular proportion /percentage depends both on (i) how many respondents answer the relevant question and (ii) the magnitude of the proportion. Confidence intervals have therefore to be calculated for each question separately. Confidence intervals increase as the number of respondents answering a question decreases and as proportions approach the value of 0.5 (50%).

### **How do you calculate the number of surveys to be sent to each practice?**

To calculate the number of surveys sent to each practice Ipsos MORI first obtains patient samples from the NHAIS (National Health Application and Infrastructure Services) database. The size of the initial patient sample to be selected for each practice is determined by the following key components:

- (i) the number of cases required to deliver 95% confidence intervals of  $\pm 7\%$  for key pay and incentive questions;

- (ii) the proportion of all respondents who answer the key pay and incentive questions; and
- (iii) the proportion of patients included in the issued sample who respond to the survey (taking into account both the number of sampled individuals found to be ineligible for the survey and the number who are eligible but do not respond).

The first two components are estimated for each practice based on the average of the results from previous years of the survey; and actual response rates from the 2007/08 survey for each practice are used to determine the final number to be sent.

**Why have patients at practice X been sent twice as many surveys as practice Y given that their practice populations are not substantially different?**

There are three key components that make up the sample size calculation for each practice: the number of cases required to deliver 95% confidence intervals of  $\pm 7\%$  for key pay and incentive questions; the proportion of respondents who answer the key pay and incentive questions; and the overall response rate. These will be different for each practice and will result in a different issued sample size. For example, a practice that achieved a relatively low response rate in the previous year is likely to have a higher issued sample size this year compared with a practice that achieved a higher response rate last year.

If a practice was not included in the 2007/08 survey, the average response rate for all practices in 2007/08 was used.

**Can GP practices challenge the GP patient survey results?**

GP practices can appeal any payment made to them under the relevant provisions of the Statement of Financial Entitlements, but cannot appeal against the results of the GP patient survey.

**Can a practice appeal because of special circumstances relating to the demographics of the practice?**

There should be no appeal purely on the demographics of the practice as samples were drawn to be representative of the eligible patient population in each practice based on age and gender.

Survey results are not weighted for payment purposes, as specifically agreed with the GPC.

Patients were also given three opportunities to take part in the survey, via several different methods, including in 13 different languages, as well as in Braille and in

British Sign Language, to ensure the survey was accessible to as wide an audience as possible.

### **What if there are no results for a practice?**

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.

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.

### **Can the PCT input different figures into QMAS if the scores are below the threshold?**

No. PCTs must enter the results as provided to the named contacts by Ipsos MORI.

### **The figures provided by IPSOS Mori show a practice has achieved the minimum of the threshold, but QMAS has calculated the scores as below the minimum threshold**

PCTs should enter the absolute figures of patients responding and patients responding positively to the relevant question for each of the indicators. QMAS will calculate precise figures. The SFE specifies that practices will receive no payment if they achieve a figure that is exactly at the minimum of the threshold.

## **Survey topics**

### **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.

### **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.

## 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](http://www.primarycarecontracting.nhs.uk)

### [For Practices](#)

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

### [For Patients](#)

- 8.3 Information for patients about the survey is available online at [www.gp-patient.co.uk](http://www.gp-patient.co.uk). This website will be added to as the survey fieldwork progresses.
- 8.4 Any general enquiries that cannot be dealt with locally can be emailed to the DH GP patient survey mailbox: [gppatientsurvey@dh.gsi.gov.uk](mailto:gppatientsurvey@dh.gsi.gov.uk)

### [Websites and further information](#)

#### **Department of Health**

GP patient survey pages:

[www.dh.gov.uk/en/Publicationsandstatistics/PublishedSurvey/GPpatientsurvey2007/index.htm](http://www.dh.gov.uk/en/Publicationsandstatistics/PublishedSurvey/GPpatientsurvey2007/index.htm)

Statement of Financial Entitlements:

[www.dh.gov.uk/en/Healthcare/Primarycare/Primarycarecontracting/GMS/DH\\_4133079](http://www.dh.gov.uk/en/Healthcare/Primarycare/Primarycarecontracting/GMS/DH_4133079)

#### **NHS Primary Care Commissioning**

General:

[www.pcc.nhs.uk](http://www.pcc.nhs.uk)

#### **Ipsos MORI**

Survey website  
[www.gp-patient.co.uk](http://www.gp-patient.co.uk)

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

### **Some useful sources for using survey results at practice-level**

Mike Warburton and Wendy Evans, 'Assisting the Responsive Practice' (PowerPoint presentation, NHS Practice Management network, 2009)

[www.nhsalliance2009.co.uk/jozef%20Bartovic%20T14assisting%20the%20responsive%20practice.pdf](http://www.nhsalliance2009.co.uk/jozef%20Bartovic%20T14assisting%20the%20responsive%20practice.pdf)

*Improving access, responding to patients. A 'how-to' guide for GP practices* (NHS Practice Management Network, 2009)

[http://www.networks.nhs.uk/uploads/pmnetwork/090702\\_improving\\_access\\_responding\\_to\\_patients\\_final.pdf](http://www.networks.nhs.uk/uploads/pmnetwork/090702_improving_access_responding_to_patients_final.pdf)

*Primary care and community services: Improving GP access and responsiveness* (PCC / DH, 2009)

[wcc.networks.nhs.uk/uploads/dbfiles/gp\\_access\\_and\\_responsiveness.pdf](http://wcc.networks.nhs.uk/uploads/dbfiles/gp_access_and_responsiveness.pdf)

Mary Carter, Martin Roland, John Campbell, Sally Brearley, *Using the GP Patient Survey To Improve Patient Care: A Guide for General Practices* (National Primary Care Research and Development Centre, 2009)

[www.gppatient.co.uk/download/GP\\_Handbook.pdf](http://www.gppatient.co.uk/download/GP_Handbook.pdf)