

# GP Patient Survey

## Your doctor, your experience, your say

### Guidance 2008/09 for Health and Social Services Boards and GP practices

#### Introduction

1. This document provides guidance on this year's GP Patient Survey. This document should be read by Boards and GP practices as appropriate to their involvement in Quality Outcomes Framework (QOF) payments.
2. This document should be read alongside:
  - Section 4 of the Statement of Financial Entitlements (SFE), which sets out the legal basis for survey related payments
  - Letter to GP Practices and Boards Primary Care Leads dated 12 November 2008, link below:

<http://www.dhsspsni.gov.uk/index/hss/pc-primary-care.htm>

#### Background

3. The GP Patient Survey provides data on patients' experiences to help Boards assess general practices' achievement against standards set out in the QOF Patient Experience Domain.
4. The Quality Patient Experience Domain aims to reward good GP access based on percentage of patients reporting satisfaction through the survey of national access standards on:
  - consulting a GP within 2 working days
  - booking ahead for non-urgent appointments
5. The Patient Experience indicators are designed to ensure people are able to book an appointment with a doctor as quickly and as easily as possible. This year's survey will again provide information to Boards (and practices) on whether or not patients are satisfied with their practices' existing opening hours.
6. The questionnaire on access will be administered nationally as a postal survey, issued to recipients. DHSSPS appointed Ipsos MORI, an independent survey agency, to carry out the survey.

## 2008 Survey timetable

**January      February      March      April      May      June**

▲ Access survey sent to patients January 5th – 9th

▲ 1st reminder to patients in access survey February 9th – 13th

▲ 2nd reminder to patients in access survey March 9th – 13th

Final return date for Access questionnaires April 2nd ▲

Results available to Boards and practices May ▲

National results published June ▲

## Data extraction methodology

7. The selection of patients to participate in the access survey will rely on the CSA system only. Survey recipients' details, the "sample data" (Patients' Health and Social Care Number, Name, Address, sex and date of birth) will be extracted from the CSA database. The CSA system will collect a random selection from the practice list of registered patients. As the CSA system is maintained by Boards, practices do not need to take any action if they want to participate in the Survey.

## Data Protection

8. The sample database produced from the CSA system will be transferred to Ipsos MORI. Ipsos MORI will then process this data by using the patient name and address to send questionnaires to selected patients and will process the subsequent responses. DHSSPS does not hold or process any patient identifiable information.
9. To ensure this processing of the sample data for purposes of conducting the GP Patient Survey is lawful, the CSA has, in accordance with the Data Protection Act 1998, put in place a data processing agreement with Ipsos MORI to permit the use of these data, including sending out questionnaires on its behalf. The text of this data processing agreement can be found on the DHSSPS website at:

<http://www.dhsspsni.gov.uk/index/hss/pc-primary-care.htm>

10. This year, there is therefore no need for GP practices or Boards to put in place individual Data Processor Agreements. Practices that participate in QOF with their Boards need do nothing more to ensure they are included in the survey.

## Payments to practices

## Quality Outcomes Framework

11. Practices who choose to opt out of the survey or score less than the minimum levels will not receive payment. However, it is likely that some practices may give reasons for low scores or non-participation in the Survey. The SFE provides no power for Boards to make any payments where the normal criteria are not met.
12. Each Board will have access to the results for all of the participating practices in its area. Boards should inform individual practices of their results through the normal QOF payment process.
13. The minimum target levels for the Patient Experience indicators PE7 & PE8 are set out below.

	Indicator	Points	Payment Stages
PE 7	Patient experience of access (1) The percentage of patients who, in the appropriate national survey, indicate that they were able to obtain a consultation with a GP (in England) or appropriate health care professional (in Scotland, Wales and NI) within 2 working days (in Wales this will be within 24 hours)	23.5	70-90%
PE 8	Patient experience of access (2) The percentage of patients who, in the appropriate national survey, indicate that they were able to book an appointment with a GP more than 2 days ahead	35	60-90%

Practices scoring less than 70% in PE7 and 60% in PE8 will not receive a payment. Practices scoring 90% or above will receive full payment. If a contractor has achieved a percentage score in relation to a particular indicator that is between the minimum and the maximum set for that indicator, it achieves a proportion of the points available in relation to that indicator.

## Frequently asked questions

### 1. What are the data protection arrangements for the survey?

To ensure this processing of the sample data for purposes of conducting the GP Patient Survey is lawful, the DHSSPS has, in accordance with the Data Protection Act 1998, put in place a data processing agreement with Ipsos MORI to permit the use of this data, including sending out questionnaires on its behalf. The text of this data processing agreement can be found on the DHSSPS website at:

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### 2. Why are patients being asked about their ethnic group?

This is a standard question used in social surveys. The response will enable Ipsos MORI to check that results are representative of all groups registered with GP practices in Northern Ireland. The groupings are those used by the Office for National Statistics. People who do not feel they belong to any of the ethnic groups should write their group in the box marked "other". Section 75 of the Northern Ireland Act 1998 (the Act) places a statutory duty on public authorities, in carrying out their functions relating to Northern Ireland, to have due regard to the need to promote equality of opportunity between

persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation.

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

We have budgeted around £500k this year. This includes costs to conduct the Access components of the Survey.

### **4. Why is postage being used?**

Ipsos MORI has an arrangement with the Royal Mail. As the survey is being administered in a set period of time, a swift return of responses reduces the number of reminders sent.

### **5. Will patients who have not responded be sent a reminder?**

There will be two reminders, the first in February and the second in March. Efforts will be made to prevent reminders being sent to patients who have already returned a survey. However, processing times and postage times might mean that some patients will receive a reminder even though they have already responded. They should therefore ignore the reminder.

### **6. What happens if patients complete and return the original questionnaire and the reminder/s? Won't this skew the results?**

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

### **7. Some patients don't see their GP, only the practice nurse. Should they complete the Survey?**

Yes, the survey is about access to a consultation with a GP or another appropriate primary care professional (including nurses). We encourage everyone who has received a questionnaire to take part. Those who have not had a GP appointment recently may find that not all questions apply to them.

### **8. How should patients answer questions where no appointment system is available?**

Patients should attempt to answer all questions. Section C should be answered according to what the patient has *tried* or *wanted* to do, regardless of the system in place at their surgery. However, where it is impossible to answer, they should leave it blank.

### **9. What about patients who can't remember the number of appointments they have made in the last 12 months?**

Patients should estimate the number of appointments to give an idea of how frequently they visit their GP.

### **10. Why are children excluded from the Survey?**

Children are excluded from the Survey following advice from researchers that aiming this type of question directly at children would be inappropriate. Ethics advice was that those under 18 year of age should only be included in surveys where necessary.

### **11. What payment will be made to practices that are not participating in the Survey?**

Practices that do not participate in the Survey will not have any results for the Boards to pay against and therefore will not receive payment.

**12. What payment will be made to practices that close, split or merge during the 08/09 survey period?**

It will be up to the Board to decide with the practice what awards will be made in respect of the QOF period based on advice set out in the SFE. Directors of Finance should ensure that appropriate arrangements are in place to consider challenges.

**13. What happens if the GP Patient Survey results differ from the results in the QOF questionnaire?**

Other surveys may seem to be asking about similar things, but each one is looking at different aspects related to healthcare and will provide different results.

**14. Does the GP Patient Survey mean that practices no longer need to do the existing internal practice patient survey?**

The other indicators for the QOF survey remain in place. Practices wishing to receive payment for these indicators must continue to carry out the existing internal QOF survey.

**15. Does the Survey breach patient confidentiality?**

No, not at all. The Central Services Agency registration system selects patients at random from GP practices' registered lists so there are no such concerns over patient confidentiality.

**16. What is the Central Services Agency (CSA) system?**

Central Services Agency (CSA) System is a software suite used by all local health organizations in Northern Ireland and maintained by CSA.

## **Further Information**

Information for patients about the survey is available online at [www.gp-patient.hscni.net](http://www.gp-patient.hscni.net)  
Boards can access further information, including FAQs, via the DHSSPS Primary Care website:

<http://www.dhsspsni.gov.uk/index/hss/pc-primary-care.htm>

Practice and general public enquiries can be emailed to the DH mailbox:

<http://www.dhsspsni.gov.uk>

Department of Health website – “Primary Medical Care Contracting” section:

<http://www.dhsspsni.gov.uk/index/hss/pc-primary-care.htm>

Primary Care Contracting GP Patient Survey Helpdesk:

<http://www.dhsspsni.gov.uk>

Department of Health Mailbox:

<http://www.dhsspsni.gov.uk>

Ipsos MORI GP Patient Survey Website for Patients:

[www.gp-patient.hscni.net](http://www.gp-patient.hscni.net)

Ipsos MORI GP Patient Survey Helpline for Patients: (live January 8<sup>th</sup> – April 1<sup>st</sup> 2009).

Free phone 0808 2385 385 (Monday to Friday, 9am to 9pm; Saturday 10am to 5pm).