

Patient survey from
The Midway Medical and Walk in Centre,
using the General Practice Assessment Questionnaire (GPAQ)

Standard report and analysis for GPAQ Consultation Version 3.0a

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Date: 26 March 2013

How the survey was carried out

The Midway Medical and Walk in Centre carried out the General Practice Assessment Questionnaire (GPAQ) in surgery over a two weeks period from Sunday 13.01.13 to Sunday 27.01.13.

The survey was carried out during each day between 8.00am and 8.00pm to allow for an even spread across the two weeks. The Midway PPG reviewed and agreed the questionnaire prior the survey being undertaken. The receptionists explained the survey to registered patients attending the surgery and gave each one an opportunity to complete a questionnaire.

The Chairman of the Midway PPG suggested that we sampled 25 patients per 1000 registered population as this was the recommendation from GPAQ in the past. There were 3020 patients registered as at 13.01.13 and therefore 80 questionnaires were given out during the two weeks period.

Once the questionnaires had been distributed they were posted into a secure sealed post box located in the waiting area which was emptied on a daily basis by the Senior Administrator the completed forms were sent to the Practice Manager for analysis.

A total of 68 questionnaires were returned completed, 7 were returned but could not be counted as they were not completed and/or spoilt and 5 were not returned at all.

We ran this survey in addition the national GP patient survey in order to give an accurate picture of our performance. This is in key areas such as reception, appointments, access, communication, continuity and enablement. It also gives patients the opportunity to feedback on their personal experience whilst offering us suggestions to improve the delivery of our services.

Practice Introduction

The practice premises of The Midway Medical and Walk in Centre are located in Morston House in Newcastle-under-Lyme town centre and were purpose built in 2009 to accommodate a GP Led Health Centre in response to the Government's requirement for easy access to GP Led Services at a convenient location and during extended hours. The practice also has a range of appointments available for unregistered patients and a separate patient survey has been undertaken for those patients.

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 our practice

scores well and where improvement may be needed, both comparing aspects of care in our 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 our practice are given in full in appendix 3.

	Mean score	GPAQ benchmark
Q2. Satisfaction with receptionists	88	77
Q3a. Satisfaction with opening hours	88	67
Q4b. Satisfaction with availability of particular doctor	70	60
Q5b. Satisfaction with availability of any doctor	77	69
Q7b. Satisfaction with waiting times at practice	77	57
Q8a. Satisfaction with phoning through to practice	75	59
Q8b. Satisfaction with phoning through to doctor for advice	57	61
Q9b. Satisfaction with continuity of care	60	69
Q10a. Satisfaction with doctor's questioning	82	81
Q10b. Satisfaction with how well doctor listens	88	84
Q10c. Satisfaction with how well doctor puts patient at ease	91	84
Q10d. Satisfaction with how much doctor involves patient	89	81
Q10e. Satisfaction with doctor's explanations	85	83
Q10f. Satisfaction with time doctor spends	88	80
Q10g. Satisfaction with doctor's patience	94	84
Q10h. Satisfaction with doctor's caring and concern	86	84

Q11a. Ability to understand problem after visiting doctor	75	69
Q11b. Ability to cope with problem after visiting doctor	72	66
Q11c. Ability to keep healthy after visiting doctor	63	62
Q12. Overall, how would you describe your experience of your GP Surgery?	83	78
Q12a. Would you recommend your Gp surgery to someone who has just moved to your local area?	83	78

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

Taking Action on Results

GPAQ has been designed for scores to be used to improve care within the practice. The questions were not found to be vague or general but related to specific aspects of patient care, where there is clearly something that can be done if improvement is needed.

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	7
Lunchtime	13
Evenings	9
Weekends	5
None	34

Q4a. Availability of particular doctor	Number of responses
Same day	40
Next working day	15
Within 2 working days	6
Within 3 working days	2
Within 4 working days	5
5 or more working days	0
Does not apply	0

Q5a. Availability of any doctor	Number of responses
Same day	51
Next working day	11
Within 2 working days	1
Within 3 working days	1
Within 4 working days	4
5 or more working days	0
Does not apply	0

Q6. Same day urgent availability of doctor	Number of responses
Yes	48
No	12
Don't know/never needed to	8

Q7a. Waiting time at practice	Number of responses
5 minutes or less	22
6-10 minutes	23
11-20 minutes	13

21-30 minutes	5
More than 30 minutes	5

Q9a. Continuity for seeing same doctor	Number of responses
Always	17
Almost always	45
A lot of the time	3
Some of the time	2
Almost never	1
Never	0

Demographics

The following tables display the demographic data collected in GPAQ.

Q12. Sex	Number of responses
Male	22
Female	46

Q13. Age	Number of responses
Up to 44 years old	59
45 years old and above	9

Q14. Long standing illness, disability or infirmity	Number of responses
Yes	35
No	23

Q15. Ethnic group	Number of responses
White	64
Black or Black British	1
Asian or Asian British	1
Mixed	2
Chinese	0
Other ethnic group	0

Q16. Accommodation status	Number of responses
Owner-occupied/ mortgaged	37
Rented or other arrangements	56

Q17. Employment status	Number of responses
Employed (full/part time, self-employed)	30
Unemployed	3
School or full time education	8
Long term sickness	7
Looking after home/family	4
Retired	9
Other	5

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)^{i, ii, iii, iv}, 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^{v, vi, vii, viii, ix}.

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.

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	5
Once or twice	23
Three or four times	34
Five or six times	5
Seven times or more	1

Q2. Satisfaction with receptionists	Number of responses
Very poor	0
Poor	0
Fair	0
Good	2
Very good	6
Excellent	60

Q3a. Satisfaction with opening hours	Number of responses
Very poor	0
Poor	0
Fair	0
Good	4
Very good	4
Excellent	60

Q4b. Satisfaction with availability of particular doctor	Number of responses
Very poor	0
Poor	0
Fair	6
Good	6
Very good	21
Excellent	27
Does not apply	6

Q5b. Satisfaction with availability of any doctor	Number of responses
Very poor	0
Poor	0
Fair	7
Good	6
Very good	20
Excellent	33
Does not apply	2

Q7b. Satisfaction with waiting times at practice	Number of responses
Very poor	0
Poor	0
Fair	4
Good	11
Very good	15
Excellent	38

Q8a. Satisfaction with phoning through to practice	Number of responses
Very poor	0
Poor	2
Fair	9
Good	6
Very good	26
Excellent	25
Don't know/ never tried	0

Q8b. Satisfaction with phoning through to doctor for advice	Number of responses
Very poor	11
Poor	11
Fair	4
Good	3
Very good	4
Excellent	35
Don't know/ never tried	0

Q9b. Satisfaction with continuity of care	Number of responses
Very poor	0
Poor	4
Fair	13
Good	7
Very good	13
Excellent	28

Q10a. Satisfaction with doctor's questioning	Number of responses
Very poor	0
Poor	0
Fair	1
Good	11
Very good	24
Excellent	32
Does not apply	0

Q10b. Satisfaction with how well doctor listens	Number of responses
Very poor	0
Poor	0
Fair	7
Good	1
Very good	20
Excellent	40
Does not apply	0

Q10c. Satisfaction with how well doctor puts patient at ease	Number of responses
Very poor	0
Poor	0
Fair	1
Good	5
Very good	21
Excellent	41
Does not apply	0

Q10d. Satisfaction with how much doctor involves patient	Number of responses
Very poor	0
Poor	0
Fair	4
Good	3
Very good	25
Excellent	36
Does not apply	0

Q10e. Satisfaction with doctor's explanations	Number of responses
Very poor	0
Poor	0
Fair	2
Good	8
Very good	19
Excellent	39
Does not apply	0

Q10f. Satisfaction with time doctor spends	Number of responses
Very poor	0
Poor	0
Fair	1
Good	7
Very good	20
Excellent	40
Does not apply	0

Q10g. Satisfaction with doctor's patience	Number of responses
Very poor	0
Poor	0
Fair	1
Good	3
Very good	24
Excellent	40
Does not apply	0

Q10h. Satisfaction with doctor's caring and concern	Number of responses
Very poor	0
Poor	0
Fair	3
Good	6
Very good	23
Excellent	36
Does not apply	0

Q11a. Ability to understand problem after visiting doctor	Number of responses
Much more than before the visit	51
A little more than before the visit	13
The same or less than before the visit	0
Does not apply	3

Q11b. Ability to cope with problem after visiting doctor	Number of responses
Much more than before the visit	49
A little more than before the visit	11
The same or less than before the visit	0
Does not apply	7

Q11c. Ability to keep healthy after visiting doctor	Number of responses
Much more than before the visit	43
A little more than before the visit	15
The same or less than before the visit	2
Does not apply	7

Q12a Overall, how would you describe your experience of your GP Surgery?	Number of responses
Very poor	0
Poor	3
Fair	2
Good	8
Very good	21
Excellent	29

Q12b Would you recommend your GP surgery to someone who has just moved to your local area?	Number of responses
Yes , definitely	42
Yes probably	15
No, probably not	2
No, definitely not	3
Don't know	3

PATIENT COMMENTS

Listed below are some of the comments left in the open questions at the end of the Questionnaire.

“The practice is a very nice and clean, welcoming place. Although some patients came in sick it can't be helped”

“I have only been registered with this practice for 4 months, though I used it twice before as a walk in patient. Overall I have found all staff to be helpful and concerned. It is very helpful that the practice is open at weekends because of many health problems I have started to see just one doctor (Dr Rammohan) But he is only available at the weekends. I have noticed in the 8 times I have been I have notice that the receptionist spends a considerable length of Time on the phone. People have to wait until she is finished on the phone to be dealt with. It is quite disconcerting!!”

“Three and half years ago I came here with chest pains. The care and treatment was excellent and I was being attended to and in hospital within half and hour. I will always remember that. I think this practice is fantastic. To be able to be see on the same day as

phoning is great. I hope it continues”.

“The reception staff are the best I have ever come across”

“Excellent service – never had any problems getting into see a GP”

“Due to roadworks at one time I was 5 minutes late – GP would not see me and I had to rebook. I have had to wait for the 15 minutes in the past for my appointment time with no apologies from the doctor. I would like to be able to make a routine appointment either one or two weeks before but have to make these appointments on the day”

“I see only the male doctors because the one female doctor I saw had no idea what medicine is”

“Excellent treatment and standards”

“I like the practice but struggle to get through on the phone for appointments that day”

CONCLUSION

	PRACTICE	NATIONAL BENCH MARK
ACCESS	88	67
RECEPTIONISTS	88	77
CONTINUITY OF CARE	60	69
COMMUNICATION	88	84
ENABLEMENT	63	62
OVERALL SATISFACTION	83	78

GPAQ has been designed so that the practice can use the scores to improve patient care within the Midway Medical and Walk in Centre.

Each question asked has been scored in a way to see if improvement can be made.

ACCESS

The practice achieved 88% for access which is 21% above National Benchmark.

This is in part due to the fact that the practice is open from 8am – 8pm, 7 days per week, and 365 days per year. However there were still patients requesting lunch time opening and weekend opening so the practice is not entirely sure that patients understand the surgery time even though there are leaflets and posters detailing the hours in the waiting area.

RECEPTIONISTS

Practice reception staff achieved 88%, 11% over the National Benchmark.

To maintain this standard in future years, staff training through regular in house training and updates NVQs in Customer Service and monthly Practice Meetings should therefore continue highlighting any problems and ensuring good working practice.

Input from all team members will be encouraged to improve practice quality reducing the risk of practice complaints.

RECOMMENDATIONS

1. Continue Staff training and monthly Practice Meetings.
2. Practice vacancies will be filled as soon as possible.
3. Two receptionists to cover the reception area at all times wherever possible for security.
4. Maintain accessibility for Information leaflets.

Continuity of Care Scale

This practice score was marked at 70% and the National Benchmark at 60 % for how patients' rate being able to see their usual doctor on request.

Communication Scale

Patients' rated their communication with the General Practitioners' within the practice at 88% compared with the National Benchmark of 84%. (Q10b)

References

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