

THE GP PATIENT SURVEY

Guidance for PCTs on QOF patient experience indicators

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Summary

1. PCTs have the results from the GP patient survey on the two 'GP Contract payment' questions measuring achievement for the two QOF access indicators PE7 and PE8 (Patient Access to a consultation with a GP within 2 working days and Patient Access to book an appointment with a GP more than 2 days ahead). PCTs should have input this data into QMAS to calculate QOF achievement payments for practices, as set out in the guidance on the GP Patient Survey of 8 December 2008¹.
2. We are aware that some practices are questioning the validity of the results of the survey as they based on the perceived low response rate. We are aware GPC has suggested to their members who feel results of the survey are inaccurate to consider raising a dispute with the PCT. It is for each PCT to consider the relative merit of individual disputes raised.
3. The Department does not agree that the survey results are inaccurate or statistically invalid. The methodology for the survey, the population sampled, target response rate and basis for calculating achievement levels (i.e. only using responses from patients who had attended the practice within 6 months prior to completion of the survey) remain in accordance with previous contract agreements reached with the GPC on these 2 'contract payment questions'. We will, however, be discussing, with the GPC the concerns being raised. In the meantime, PCTs have until the end of June at the latest before QOF achievement payments are paid. **Therefore, both GP practices and PCTs need to authorise end year QOF payments as soon as possible. Consideration of individual disputes over payments in respect of PE7 and PE8 indicators should not delay this.**

Background

4. The 2008/09 GP patient survey is the third annual national patient survey. It was designed to assess patients' experience of their local GP services and to reward GP performance against key indicators of patient satisfaction with access. In line with commitments made in the NHS Next Stage Review (NSR), the new survey now covers a broader set of questions to help support delivery of NHS services that are more responsive to patients' needs and wishes. The survey also continues to act as the instrument to determine payments to practices covering patient's ability to access a GP appointment in their practice within 48 hours and to make advanced booking of appointments with the practice.
5. The Department of Health has worked closely with several key stakeholders to produce the survey. Ipsos MORI in conjunction with their

¹ Guidance for strategic health authorities, primary care trusts and GP practices: the new expanded GP patient survey 2008/09. Gateway ref: 11018

academic partners (the Peninsula Medical School and the National Primary Care Research and Development Centre at the University of Manchester) oversee the overall survey development, including the methodology and sampling. They have close engagement with a Stakeholder Review Group, which includes GPC and RCGP representation. Nevertheless, any changes proposed to the 2 GP contract payment questions, PE7 and PE8, are subject to consultation with the GPC.

Survey Methodology

6. The methodology for the 2008/09 survey follows previous GP patient access surveys i.e. a postal survey sent to a random proportion of patients drawn from a practices registered list of patients, with the sample size based on the characteristics of that practice in terms of the size of the list, past response rates achieved and patient characteristics e.g. age, sex but limited to adult only. Practice achievement levels for the PE7 and PE8 indicators are calculated based on responses received from patients who have attended the practice in the 6-months prior to completion of the questionnaire. These fundamental characteristics of the survey were agreed with the GPC when the survey was first introduced in 2006 and have remained the basis for continued surveys and there is no evidence to suggest any significant difference in the statistical robustness of the survey results compared with previous years.
7. As in previous years, the sampling approach used by Ipsos MORI for 2008/09, and agreed with the Stakeholder Review Group, was designed to produce a sample to a tolerance level previously agreed with the GPC when the survey was first introduced in 2006/07. That is, 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 than 7 percentage points different from the survey result. However, as in previous years, this approach recognised that inevitably some practices results might be outside this interval.
8. Due to the significantly increased size and scope of the survey in 2008/09, there was some concern that response rates achieved might be lower therefore reducing practice confidence intervals outside of reasonable levels on which to base payments to practices. In order to achieve this confidence interval 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, while most practices will have a smaller response rate than last year as a proportion of the questionnaires sent out, they will have a similar response rate as a proportion of the practice population. This preserves the statistical robustness of the survey.

9. 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 percentage points, the average score for the whole practice population is more likely to be within the 7% range than outside it. This is in-line with previous agreements reached with GPC for the original survey and the basis on which payments were made by PCTs in previous years.

Implications for payments to practices for 2008/09

10. PCTs are responsible for determining the correct payment to be made to a practice in accordance with the Statement of Financial Entitlements (SFE) and relevant guidance issued to PCTs. Neither the SFE nor the QOF guidance contain stipulations or conditions about confidence intervals or sample sizes to be achieved. The SFE notes that, where there is no score, or a score below the threshold, practices receive no points in relation to that indicator. The SFE does not require a minimum number of responses to generate a result; one response is sufficient. In determining payments to practices, PCTs should ensure they are consistent and fair in the approach taken and are able to demonstrate to their auditors the basis of decisions taken.
11. Where a dispute is raised by a practice over the achievement levels indicated through the GP Patient Survey, the PCT should not hold up making the payment they have determined but should authorise payment through QMAS as soon as possible so that QOF achievement payments are paid before the end of June. The PCT should then manage any dispute raised through the normal dispute resolution procedure.

Release of achievement results

12. Results of the GP Patient Survey forms part of national statistical data and The National Statistical Code of Practice binds management of the release of information. The survey results have been announced for publication by DH on 30 June 2009 at 09.30 am. PCTs were authorised to have pre-release access to practice achievement levels for PE7 and PE8 indicators for the defined management purpose of processing QOF achievement and payment.
13. PCTs are reminded they are bound by The National Statistics Code of Practice, which sets out the key principles and standards that recipients of official Government information are expected to hold, prior to release into the public domain. Communications with GP practices about their individual results should enforce the confidentiality of the data and the duty not to share the data with any other third party ahead of their official publication. Where a practice asks to share the results, PCTs should remind practices that they should not share any information from this dataset with anyone without the prior agreement of the Department of Health – this includes local professional representative bodies.

14. Any leak or comment before publication could result in a report being sent by the DH Statistics Head of Profession to the National Statistician, saying that a breach of the Code of Practice for Official Statistics has occurred. The latter would be entitled to further report to the UK Statistics Authority. Where the Authority chooses to publish a comment about the breach, this could result in reputation damage to individuals / bodies identified as involved with the breach of the code.

Frequently asked questions

Why have a national GP patient survey, when practices have been undertaking local patient surveys for several years? The GP Patient Survey is anonymous and independently administered by Ipsos MORI. It is our view that the GP patient survey will help support delivery of NHS services that are more responsive to patients' needs and wishes. Around 5½ million registered patients in England are invited to take part each year and their responses provide valuable information for PCTs, practices and other patients about patient's experiences when they access local services.

If the results are so different from local surveys, does this not suggest that the methodology is fundamentally flawed? The Department has worked closely with several key stakeholders to produce the questionnaire. These have included the GPC, the survey providers, Ipsos MORI and patient representatives. The core of the questionnaire was developed by Ipsos MORI in conjunction with the Peninsula Medical School and the National Primary Care Research and Development Centre at the University of Manchester. The two payment questions that form the basis of PE7 and PE8 were agreed with the GPC.

This year, the survey now asks a much broader range of questions about the patient experience of services. This should make it easier to see how far GP practices are getting the basics right – whether, for instance, patients find it simple to make an appointment, whether they have the option of telephone consultations, whether they can expect to be treated by helpful and courteous staff, and whether the GP or practice nurse listens to and understands their problems. This in turn will help recognise and reward those practices that respond best to patients' views.

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 was offset by an increase in the number of questionnaires issued to ensure the target 2 million responses to deliver results within the agreed confidence intervals.

The sample size mean the results of the survey are invalid? The questionnaire was sent to 5.7 million patients in England. The methodology for determining the sample and achieving the target 2 million responses was the same as the previous year of the survey, except that now all practices with an eligible patient list take part, rather than only those practices who took part in the previous Access DES².

When did the survey take place? The survey took place in January 2009, with two reminders sent out to non-respondents. The final return date for questionnaires was April 6th 2009.

² The Access Directed Enhanced Service (DES) rewarded results in the GP national survey for 48 hour access, advance booking and ease of telephone access in 2007/08. Over 99% of practices took part in the DES.

The survey results just show a snapshot in time? The GP Patient Survey is one of several means to capture the views, experiences, preferences and priorities of their patients and local communities that can directly support service improvement and complement national patient survey results. The Department of Health's GP Access Programme is developing a range of other projects to support the NHS in responding more effectively to patients' needs and preferences, including the development of World Class Commissioning guidance for PCTs and an 'Improvement Guide' for practices (developed and disseminated through national stakeholder organisations), and practical support through Patient Participation Groups.

From April 2009, the GP patient surveys will operate quarterly. This will mean that practices will be able to see over the course of the year results from the actions they have put in place to improve responsiveness to patients' views.

When will the rest of the survey results be available? The full results of the GP patient survey will be published on 30 June 2009. Results will be made available at <http://www.gp-patient.co.uk> and on the Department of Health website.

Why is there a delay between the payments results being made available and the national publication? The survey period closed early April 2009, since when Ipsos MORI has been collating responses, cleaning the data and preparing the reports. The initial priority is to ensure the selected information needed for payments is with PCTs in time for these payments to be made. The more detailed survey data and reports are then prepared in preparation for publication. This includes work on the national commentary reports and the preparation of press notices that are released on publication of the data. As the survey is issued to over five million patients this is a significant exercise.

Why must practice results remain confidential? The National Statistics Code of Practice sets out the key principles and standards which recipients of official Government information are expected to hold, prior to release into the public domain. The code is backed up by the Pre-release Access to Official Statistics Order 2008 made under Section 11 of the Statistics and Registration Services Act 2007. These arrangements are designed to ensure that such access is justified, limited, controlled and publicised and complies with statutory requirements. Their purpose is to maintain public confidence in the integrity of official statistics while also allowing Ministers to account immediately for the implications of statistics covering policy or operational areas for which they are responsible.

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

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.

Further Information and Support

For SHAs and PCTs

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

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

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

For Practices

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