

**Patient survey from Fairmore Medical Practice,  
using the General Practice Assessment Questionnaire (GPAQ)**

**Standard report and analysis for GPAQ Consultation Version 2.0a**

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**Date: 03.012.12**

## **How the survey was carried out**

The survey was handed out to patients as they attended the practice with queries or attended for an appointment over a two week period across all 3 sites.

Patients were selected randomly for compiling the questionnaires, over 150 questionnaires were handed out across the 3 sites and in return a poor proportion were returned completed.

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

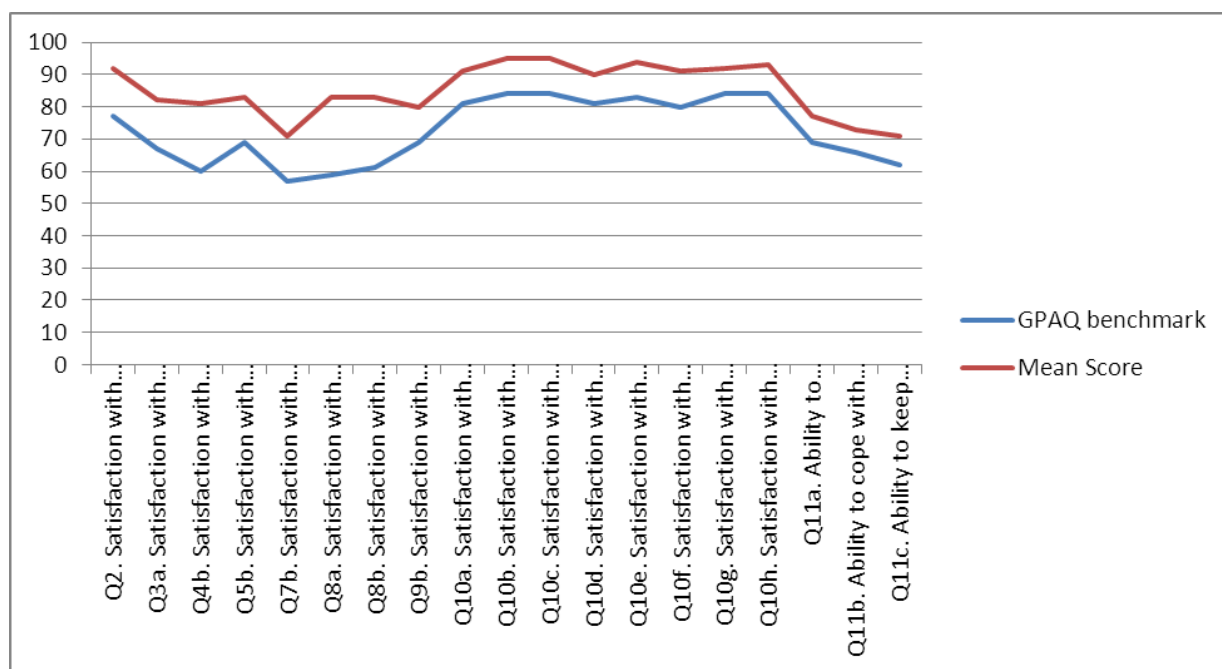
	Mean score	GPAQ benchmark
Q2. Satisfaction with receptionists	92	77
Q3a. Satisfaction with opening hours	82	67
Q4b. Satisfaction with availability of particular doctor	81	60
Q5b. Satisfaction with availability of any doctor	83	69
Q7b. Satisfaction with waiting times at practice	71	57
Q8a. Satisfaction with phoning through to practice	83	59
Q8b. Satisfaction with phoning through to doctor for advice	83	61
Q9b. Satisfaction with continuity of care	80	69
Q10a. Satisfaction with doctor's questioning	91	81
Q10b. Satisfaction with how well doctor listens	95	84
Q10c. Satisfaction with how well doctor puts patient at ease	95	84
Q10d. Satisfaction with how much doctor involves patient	90	81
Q10e. Satisfaction with doctor's explanations	94	83
Q10f. Satisfaction with time doctor spends	91	80
Q10g. Satisfaction with doctor's patience	92	84
Q10h. Satisfaction with doctor's caring and concern	93	84
Q11a. Ability to understand problem after visiting doctor	77	69
Q11b. Ability to cope with problem after visiting doctor	73	66
Q11c. Ability to keep healthy after visiting doctor	71	62

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

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	1
Lunchtime	0
Evenings	5
Weekends	8
None	21

Q4a. Availability of particular doctor	Number of responses
Same day	9
Next working day	9
Within 2 working days	11
Within 3 working days	3
Within 4 working days	1
5 or more working days	1
Does not apply	2

Q5a. Availability of any doctor	Number of responses
Same day	16
Next working day	10
Within 2 working days	5
Within 3 working days	0

Within 4 working days	1
5 or more working days	2
Does not apply	2

Q6. Same day urgent availability of doctor	Number of responses
Yes	26
No	3
Don't know/never needed to	7

Q7a. Waiting time at practice	Number of responses
5 minutes or less	7
6-10 minutes	19
11-20 minutes	6
21-30 minutes	1
More than 30 minutes	3

Q9a. Continuity for seeing same doctor	Number of responses
Always	7
Almost always	14
A lot of the time	4
Some of the time	7
Almost never	2

Never	0
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### Demographics

The following tables display the demographic data collected in GPAQ.

Q12. Sex	Number of responses
Male	9
Female	26

Q13. Age	Number of responses
Up to 44 years old	22
45 years old and above	13
<i>Mean</i>	<i>43</i>

Q14. Long standing illness, disability or infirmity	Number of responses
Yes	17
No	15

Q15. Ethnic group	Number of responses
White	27
Black or Black British	0
Asian or Asian British	7

Mixed	0
Chinese	0
Other ethnic group	1

Q16. Accommodation status	Number of responses
Owner-occupied/ mortgaged	13
Rented or other arrangements	20

Q17. Employment status	Number of responses
Employed (full/part time, self-employed)	13
Unemployed	2
School or full time education	3
Long term sickness	4
Looking after home/family	5
Retired	7
Other	0

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)<sup>i, ii, iii, iv</sup>, 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<sup>v vi vii viii ix</sup>.

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](http://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	0
Once or twice	7
Three or four times	10
Five or six times	8
Seven times or more	11

Q2. Satisfaction with receptionists	Number of responses
Very poor	0
Poor	0
Fair	1
Good	1
Very good	9
Excellent	25

Q3a. Satisfaction with opening hours	Number of responses
Very poor	0
Poor	0
Fair	2
Good	4
Very good	18
Excellent	12

Q4b. Satisfaction with availability of particular doctor	Number of responses
Very poor	0
Poor	1
Fair	2
Good	8
Very good	7
Excellent	17
Does not apply	0

Q5b. Satisfaction with availability of any doctor	Number of responses
Very poor	1
Poor	0
Fair	3
Good	5
Very good	4
Excellent	19
Does not apply	1

Q7b. Satisfaction with waiting times at practice	Number of responses
Very poor	2
Poor	1
Fair	3
Good	7
Very good	16
Excellent	7

Q8a. Satisfaction with phoning through to practice	Number of responses
Very poor	0
Poor	0
Fair	3
Good	3
Very good	16
Excellent	14
Don't know/ never tried	0

Q8b. Satisfaction with phoning through to doctor for advice	Number of responses
Very poor	1
Poor	0
Fair	0
Good	3
Very good	4
Excellent	10
Don't know/ never tried	16



Q9b. Satisfaction with continuity of care	Number of responses
Very poor	1
Poor	0
Fair	1
Good	7
Very good	12
Excellent	13

Q10a. Satisfaction with doctor's questioning	Number of responses
Very poor	0
Poor	0
Fair	0
Good	2
Very good	11
Excellent	20
Does not apply	0

Q10b. Satisfaction with how well doctor listens	Number of responses
Very poor	0
Poor	0
Fair	0
Good	1
Very good	6
Excellent	26
Does not apply	0

Q10c. Satisfaction with how well doctor puts patient at ease	Number of responses
Very poor	0
Poor	0
Fair	0
Good	1
Very good	5
Excellent	22
Does not apply	5

Q10d. Satisfaction with how much doctor involves patient	Number of responses
Very poor	0
Poor	0
Fair	0
Good	4
Very good	9
Excellent	20
Does not apply	0

Q10e. Satisfaction with doctor's explanations	Number of responses
Very poor	0
Poor	0
Fair	0
Good	1
Very good	8
Excellent	23
Does not apply	1

Q10f. Satisfaction with time doctor spends	Number of responses
Very poor	0
Poor	0
Fair	0
Good	2
Very good	11
Excellent	19
Does not apply	0

Q10g. Satisfaction with doctor's patience	Number of responses
Very poor	0
Poor	0
Fair	0
Good	2
Very good	10
Excellent	21
Does not apply	0

Q10h. Satisfaction with doctor's caring and concern	Number of responses
Very poor	0
Poor	0
Fair	0
Good	1
Very good	9
Excellent	23
Does not apply	0

Q11a. Ability to understand problem after visiting doctor	Number of responses
Much more than before the visit	18
A little more than before the visit	10
The same or less than before the visit	2
Does not apply	2

Q11b. Ability to cope with problem after visiting doctor	Number of responses
Much more than before the visit	14
A little more than before the visit	10
The same or less than before the visit	2
Does not apply	6

Q11c. Ability to keep healthy after visiting doctor	Number of responses
Much more than before the visit	15
A little more than before the visit	7
The same or less than before the visit	4
Does not apply	5

## References

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- <sup>iv</sup> Taira DA et al. Asian American patient ratings of physician primary care performance. *Journal of General Internal Medicine* 1997; 12: 237-242
- <sup>v</sup> Ramsay J, Campbell J, Schroter S, Green J, Roland M. The General Practice Assessment Survey (GPAS): tests of data quality and measurement properties. *Family Practice* 2000; 17: 372-379
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- <sup>vii</sup> Bower P, Mead N, Roland M. What dimensions underlie patient responses to the General Practice Assessment Survey? A factor analytic study. *Fam Pract*. 2002 Oct;19(5):489-95.
- <sup>viii</sup> Bower P, Roland M, Campbell J, Mead N. Setting standards based on patients' views on access and continuity: secondary analysis of data from the general practice assessment survey. *British Medical Journal* 2003; 236: 258-60.
- <sup>ix</sup> Bower P, Roland MO. Bias in patient assessments on general practice: General Practice Assessment Survey scores in surgery and postal responders. *British Journal of General Practice* 2003; 53: 126-128.