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Appendices
1. Introduction

This technical report provides details of the Access Element of the 2007/2008 GP Patient Survey (GPPS) conducted by Ipsos MORI on behalf of the Department of Health and published by the NHS Information Centre for health and social care.

The project itself comprised two separate surveys – Access and Choice. Ipsos MORI administered the surveys on the Department of Health’s behalf to a methodology previously agreed in negotiations between NHS Employers (representing the Department of Health) and The General Practitioners Council (GPC).

The technical details of the Access survey are contained in this volume, with all survey documentation provided in the appendices. The technical details of the Choice survey are available under separate cover.

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2. Questionnaire Development

Background to the Questionnaire

Background to Choice Questionnaire

Before the tender and proposal stage, five questions were agreed in negotiation with the BMA and NHS Employers to measure access to GP surgeries (Access survey) and the hospital choice offered by GPs to their patients (Choice survey) and to assess each practice’s level of achievement against the two Direct Enhanced Services (DES).

The agreed Access questions are in Table 2.1 below.

<table>
<thead>
<tr>
<th>Question number</th>
<th>Question wording</th>
<th>Response options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>When you last contacted the practice, were you able to consult with a GP within two working days?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>When you last contacted the practice to make an appointment for a problem which was not urgent could you book ahead?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>Are you satisfied with the ability to get through to your practice on the telephone?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>4</td>
<td>When you last contacted the practice with a problem that was not urgent were you able to make an appointment with a particular GP if you were prepared to wait?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

Cognitive Testing – Year 1

The original brief outlined that there was relatively little flexibility on these questions: there was limited scope to change some of the question wording, provided the spirit of the questions remained unchanged. And, even if modified, the questions had to use the existing dichotomous answer format (i.e. yes or no).

Ipsos MORI therefore undertook a series of face-to-face cognitive tests with registered patients to investigate how they understood the existing questions and whether this was the way they were intended to be
understood. The limitations discovered during each of these rounds informed the redesign of the questionnaire – taking into account the original constraints outlined by the proposal and during further discussions with the Department of Health.

The questions were revised internally after each round of testing, based on discussions with the Ipsos MORI Expert Team and the findings of the cognitive interviews re-tested.

Table 2.2 overleaf outlines further detail of the four rounds of cognitive testing conducted.
### Table 2.2: Overview of the Cognitive Interviews conducted in 2006/07

<table>
<thead>
<tr>
<th>Round</th>
<th>Aims</th>
<th>Target population</th>
<th>No. of interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Round 1</td>
<td>To test the original question wording as outlined in the GPPS tender document and to establish whether further testing was needed</td>
<td>General public (London)</td>
<td>5</td>
</tr>
<tr>
<td>Round 2</td>
<td>To test the revised question wording, with a focus on respondents where English was not their first language</td>
<td>General public (2x London, 5x Newham) 4 respondents where English was not their first language</td>
<td>7</td>
</tr>
<tr>
<td>Round 3</td>
<td>To test revised question wording, as well as the layout of the questionnaire across the general public, including a focus on rural areas</td>
<td>General public (8x London, 5x rural locations)</td>
<td>13</td>
</tr>
<tr>
<td>Round 4.1</td>
<td>To test additional changes to both wording and layout (round 4 mainly focused on specific aspects of the questionnaire)</td>
<td>General public (London)</td>
<td>4</td>
</tr>
<tr>
<td>Round 4.2</td>
<td>To test additional changes to both wording and layout (round 4 mainly focused on specific aspects of the questionnaire)</td>
<td>General public (London)</td>
<td>2</td>
</tr>
<tr>
<td>Round 4.3</td>
<td>To test additional changes to both wording and layout (round 4 mainly focused on specific aspects of the questionnaire)</td>
<td>General public (London)</td>
<td>4</td>
</tr>
<tr>
<td>Round 4.4</td>
<td>To test additional changes to both wording and layout (round 4 mainly focused on specific aspects of the questionnaire)</td>
<td>General public (London)</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>38</strong></td>
</tr>
</tbody>
</table>
Cognitive Testing – Year 2

Following year 1 of the GP Patient Survey, a number of recommendations were compiled by Ipsos MORI to suggest what could be done in order to improve the questionnaire for year two of the survey. A number of suggestions were put forward, the main ones being the inclusion of the Choice question in the Access questionnaire and the addition of new demographics which would allow for richer analysis, and address issues raised during additional discussion groups carried out just after year one of the survey. However, consistency of the DES questions was essential to allow for comparison with year 1 of the survey.

Throughout its development, the questionnaire for year 2 of the survey was reviewed by an Ipsos MORI internal team of methodology experts, who advised on question wording, layout and structure. Expert literature was also drawn on to devise both questions and layout.

In preparation for year 2 of the survey, a total of 29 cognitive interviews were conducted. As illustrated in table 2.3 overleaf, these consisted of three separate rounds of cognitive testing.

The first round was used in order to amend and develop the existing questions from year 1 of the survey as well as the new questions incorporated based on discussions between the Department of Health and Ipsos MORI. From round 2, the layout of the questionnaire was also examined to see how best to improve the new four page questionnaire layout. Later rounds continued to examine the whole questionnaire, but particularly focused on certain parts of it.

In addition to the three main rounds of cognitive testing, further quick turnaround testing was done, mostly on particular sections of the questionnaire, to establish how further changes to the question wording or layout were received by respondents (round 2.3-3). The limitations discovered during each of these testing rounds informed the redesign of the questionnaire - taking into account that it is essential to allow for comparison with year 1 of the survey, as well as the original constraints outlined by the proposal and during further discussion with the Project Board.

As outlined in the table below, a range of respondents were spoken to at each round of the cognitive interviewing process. The main demographics are summarised below. We spoke to:

- a range of patients across different age groups, gender and social class
- a total of 11 respondents from a BME background
- a total of 20 respondents who had a referral in the last 6 months (at least 4 of these had a non-choice referral)
- a total of 17 respondents who had long term health conditions
• at least 4 respondents who said that English was not their first language.
Table 2.3: Overview of the Cognitive Interviews conducted in 2007/08

<table>
<thead>
<tr>
<th>Round</th>
<th>Aim of the interview</th>
<th>Target population</th>
<th>No. of interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Round 1</td>
<td>Testing of the original question wording from year one of the questionnaire. In addition, new questions included in the recommendations report produced by Ipsos MORI after the first year’s questionnaire and agreed by the Department of Health were tested.</td>
<td>General public (5 x London, 3x Birmingham)</td>
<td>8</td>
</tr>
<tr>
<td>Round 2.1</td>
<td>Testing of revised question wording, as well as the graphical layout. The focus was on respondents who had had a referral with a GP in the last six months and those with a long term health problem, in order to test the additional Choice questions and the new long term health questions. This round also included respondents who said that English was not their first language.</td>
<td>General public (6 x Harrow, London)</td>
<td>6</td>
</tr>
<tr>
<td>Round 2.2</td>
<td>Testing of revised question wording (as well as the graphical layout). The focus was on respondents who had had a referral with a GP in the last six months and those with a long term health problem, in order to test the additional Choice questions and the new long term health questions.</td>
<td>General public (3 x London)</td>
<td>3</td>
</tr>
<tr>
<td>Round 3</td>
<td>Testing of revised question wording as well as the layout of the questionnaire across the general public, with a particular focus on those for who English is not their first language. This round involved more targeted testing of specific aspects of the questionnaire where additional changes to both wording and layout had been made.</td>
<td>General public (6x Harrow and 6x London)</td>
<td>12</td>
</tr>
<tr>
<td>Round 4</td>
<td>Quick turn-around interviews with respondents who don’t necessarily have one fixed place of work. These interviews focused on questions around work, travel to work etc.</td>
<td>General public – respondents in a job that involves travel, such as salesmen</td>
<td>3</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>29</td>
</tr>
</tbody>
</table>
The Final Questionnaire

The question wording, content and layout of the questionnaire, along with the accompanying letter and envelopes, were signed off by the Department of Health team. A copy of the final questionnaire can be found in Appendix 3.
3. Sampling

This section outlines the approach used to select patients to receive the questionnaires.

Sample Overview

The sample was designed to measure practice performance on the four DES measures.

Patient samples were obtained for each practice using Primary Care Trust (PCT) registration records held on the NHAIS (National Health Application and Infrastructure Services) database. The data provided from NHAIS databases consisted of patient name, address, NHS ID number, date of birth and gender.

Patients were eligible for inclusion in the survey if they:

- Were registered with the same practice continuously from 1st July 2007 to the date of the sample extraction by NHAIS on 18th/19th November 2007 (this is to ensure that responses can be given about consultations at the correct practice up to six months before receipt of the questionnaires in early January)
- Aged 18 or over on 1st July 2007
- Had a valid NHS Number
- Had not been selected for the HCC Patient Survey (this was selected at random before the GPPS patient selection and will have had no biasing effect on the GPPS samples available)

The total counts of patients supplied by NHAIS for all practices in England was 42,722,486, 41,317,391 of whom were eligible for the survey as at 23rd October 2007, (prior to excluding patients selected for the HCC Patient Survey). In the Year 1 survey the total eligible patient count was 41,184,037.

NHAIS Sample Extraction Procedure

NHAIS provided samples of 1,200 eligible patients (selected on a “1 in n” basis from lists ordered by gender and then date of birth) for each practice, or the total list of eligible patients if less than 1,200. This extraction was made on 18th/19th November 2007.

Practices Included in the Survey

The list of practices to be included was provided from the NHAIS system, and comprised all practices that had eligible patients at the 23rd October 2007. A total of 8,403 practices were identified in this
way. A further 89 practices were listed, but had no patients aged over 18.

Practices were removed from the survey sample if the Department of Health notified Ipsos MORI of a practice’s withdrawal from the DES and/or the survey. Table 3.1 shows the number of practices removed from the survey.

Table 3.1: The number of practices removed from the survey

<table>
<thead>
<tr>
<th>Total practices identified</th>
<th>8403</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practices with fewer than 50 qualifying patients</td>
<td>45</td>
</tr>
<tr>
<td>The Department of Health identified as inappropriate to survey or withdrawn from survey</td>
<td>39</td>
</tr>
<tr>
<td>No qualifying patients at date of final extraction</td>
<td>12</td>
</tr>
<tr>
<td><strong>Practices participating in survey</strong></td>
<td><strong>8,307</strong></td>
</tr>
</tbody>
</table>

Sample Size Calculation

The sample size was determined for each practice to deliver a likely confidence interval for questions asked of all patients who had had an appointment in the last six months (such as Q2) of ± 7 percentage points (two-tailed, at the 95% level). This took account of small practice sizes and was calculated using the eligible population figures provided by NHAIS\(^1\).

The required achieved sample size was calculated as:

\[
\text{Required achieved sample size} = \frac{196}{1+(196-1)/\text{relevant population size}}
\]

The issued sample size required can then be calculated as the number of responses required to Q2 divided by the estimated response rate for Q2.

Response rate estimation

For 2008 it was possible to base response rate estimates on the actual response rates for each practice in 2007. However, in 2007 some practice samples were selected using the Apollo Medical Systems software that included only patients who had had a recent appointment. The mean practice response rates recorded were 54.2% for Apollo practices and 43.7% for NHAIS practices.

\(^1\) The estimate of the “population” for the confidence interval calculation was calculated in the same way as in year 1, i.e. that 64% of the practice population will have had a consultation in the last 6 months.
In the 2007 survey there were 50 practices where both NHAIS and Apollo samples were issued which were used for more detailed modelling of differences in response rates. For these 50 practices, the mean response rates were 52.8% and 45.3% respectively. This suggests that part of the reason for the higher general response rate was that NHAIS sourced-samples were more likely to be for practices which would have lower response rates because of their area, or patient profile (e.g. those with large student populations).

To better model the likely number of usable responses, consideration was given to the proportion who met the sampling criteria of being able to answer Q2, which should be all patients with an appointment in the last 6 months. In 2007 Apollo practices (where patients were selected on the basis of having had a recent appointment) generated 47.7% usable responses to Q2 out of the total distributed. For NHAIS practices the equivalent proportion was 32.5%. For the 50 dual-sample practices the figures were 46.9% and 34.7% respectively. It was therefore estimated that an NHAIS sample would produce a usable response rate 0.74 times the size of the Apollo response rate.

For 225 practices which did not participate in 2007, we used the same modelling as was used in 2007 to estimate response rates. Practices were assigned response rate groups according to region and population age profile, with an estimated 64% having had an appointment in the last 6 months.

**Adjustments to response rate estimates**

To protect sample sizes from random variations in the response rate, we considered the 95% confidence interval around the response rates achieved in 2007 and based 2008 response rate estimates on the lower end of the 95% confidence interval around the Q2 response rate. This reduced the mean expected Q2 response rate for practices participating in Year 2 from 33.2% to 30.2%.

This was regarded as a sufficient adjustment to accommodate the likely fall in response rates due to the change from a 2-page to a 4-page questionnaire, and the fact that for 1 in 8 patients this would be the second GP Patient Survey questionnaire that they had received.

**Sample size calculations**

To prevent excessive costs in issuing very large numbers of questionnaires in practices with very low response rates in 2007 a minimum assumed Q2 response rate of 20% was set, and no practice had more than 930 questionnaires issued.

**Total Access Sample Size**

A total sample size of 4,922,080 was issued for the 8,307 practices.
Following the initial mailing of questionnaires, a total of nine records were deleted from all sample files. These relate to respondents who asked for their personal records to be deleted and therefore reports show an initial sample size of 4,922,071.

Patient Selection
Within each practice, patients were sorted by gender then date of birth. The required number of patients were then selected on a ‘1 in n’ basis.

All sampled patients from all practices were then randomly sorted before being allocated sequential reference numbers (to ensure there was no link between reference numbers and practices). A mod-10 check digit was added to the end of the reference numbers to ensure processing integrity during data capture.

Sample Cleaning and Exclusions
A number of checks were made on the supplied names and addresses to remove inappropriate records. These checks included

- Invalid NHS ID numbers (these suggested test records)
- Duplicates between practices (identified by NHS ID number, both duplicates were removed as we could not be certain which practice they should belong to)
- Duplicates within practice (one copy was removed)
- Invalid postcodes that could not be corrected by matching addresses to the Postcode Address File. Non-address details or other inappropriate information contained in address. These included:
  - Key safe numbers, telephone numbers and other numeric codes
  - Unexpected words or phrases in the name or address (including “unknown”, “homeless”, “deceased”, cartoon characters, “test” etc)

Additionally, lists of deceased patients were supplied in advance of the two reminder mailings to allow their removal from the reminders.

Patients were also excluded from the survey if they, or their practice, had notified the Department of Health of an opt-out requirement by 3 December 2007. A total of 3,609 patients were notified in this way, although 95% of these were from one practice.
4. Data Collection

The GP Patient Survey is essentially a quantitative postal survey with questionnaires being sent to just above 4.9 million patients in January 2008. However, patients also had the opportunity to complete the survey online or by telephone via CATI (Computer Assisted Telephone Interviewing). These are discussed in greater detail below.

Postal Survey

Processing the Sample

The sample was delivered, encrypted, on DVD to the printing house, where it was cleaned using the Postcode Address File (PAF), to ensure that the questionnaires were sent to the correct address, and that they were eligible for Walksort\(^2\). The sample was then sorted into Walksort order. This means that the questionnaires were batched together by postcode into “postal walks”, starting with the most northerly postcodes. They were then sent directly to the local Delivery Office, thereby avoiding a Sorting Office, and were ready to be delivered by the postman.

Printing

All questionnaires, letterhead, C5 reply paid envelopes and C5 outer envelopes were printed in advance of the survey. Once the sample was available, the questionnaires were then personalised with reference number and online password. At the same time, the letters were personalised.

A single questionnaire, letter and reply paid envelope were then packed into an outer envelope by machine, and sorted into Walksort batches, ready for collection by the Royal Mail (see above).

Initial Questionnaire

Questionnaires were sent to patients the week commencing 7 January 2008. The batches of questionnaires were staggered so that around one million questionnaires were sent each day, starting on Monday 7 January, with the final batch mailed on Friday 11 January. A copy of the initial letter can be found in Appendix 4.

Reminder Questionnaires

A reminder letter and further questionnaire were sent to patients between 11 and 15 February 2008, again in batches throughout the

\(^2\) For more information about Walksort see: www.royalmail.com/portal/rm/jump2?catId=400047&mediaId=600102

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week. Reminders were only sent to people for whom we had no recorded response by the printing deadline. People who were not sent a reminder include:

- those who had returned their questionnaire to Ipsos MORI and it was processed before the deadline,
- those who had completed the questionnaire online,
- those who had completed the survey via the helpline,
- those who had telephoned the helpline and opted out for whatever reason,
- those who had opted out via the Department of Health,
- those whose questionnaires were returned to sender,
- those recorded as deceased on the NHAIS databases.

A further reminder letter and questionnaire were sent between 3 and 7 March 2008. Again, these were only sent to patients for whom we had no record of any response or other reason for exclusion (see list above). Both reminder letters can be found in Appendix 5 and 6.

**Alternative Methods of Completion**

Although patients were offered several methods of completion, only one response was included in the final data (see Section 8 for more details).

**Online Completion**

Patients were also offered the option to complete the survey online, instead of on paper, via the GPPS website (see Section 5 for more details). A unique password, consisting of a random selection of numbers and letters, was created for every patient in the sample, and printed on the front page of the questionnaire.

In order to complete the survey online, patients were required to enter their unique username (their reference number) and password. They were also offered the opportunity to choose the language in which they wished to complete the survey (English, Arabic, Bengali, French, Gujarati, Polish, Portuguese, Punjabi, Somali, Turkish or Urdu3). Figure 4.1 below shows the login page.

---

3 These were the same as in year 1 of the survey when they were chosen based on the ten most commonly used non-English languages by people contacting NHS Direct.
The questions were identical to those on the paper questionnaire. Figure 4.2 below shows how question 1 looked.

**Figure 4.1: Login screen for online survey**

![Login screen](image)

Please provide your User Name and Password to participate in the survey.

- User Name
- Password

Preferred language:
- Arabic
- English
- Spanish
- Urdu
- Other

Your login details can be found on the front page of the questionnaire.
[Click here to see where to find your username and password]

Logging in may take a few moments so please wait.

**Figure 4.2: Question 1 on online survey**

![Question 1](image)

When was the last time you saw a doctor at your GP surgery?

- Less than 3 months ago
- Between 3 and 6 months ago
- More than 6 months ago

Only one online response per patient was accepted. If patients tried to complete it more than once, an error message appeared.
Telephone Completion

Patients were also able to complete the GPPS questionnaire on the telephone (including in the 10 non-English languages) by calling the freephone helplines. Patients were asked for their reference number before they could complete the survey on CATI; there was an automatic check on the number to ensure that it was valid for this survey. They were then taken through the survey with the interviewer entering the respondent's answers into the CATI system.
5. Communication with Patients & Practices

In order to raise the profile of the GPPS and to provide patients and practices with information, we undertook a series of communication activities, such as providing posters and leaflets for practices, hosting a survey website and providing a survey helpline, all of which are described in more detail below.

Practice Posters
In mid November 2007 all practices included in the GPPS were sent two posters for them to put up on their notice boards in their waiting rooms. The poster informed people that a selection of patients registered with the practice would be sent a questionnaire in January 2008. The poster also gave the GPPS website address for more information. A copy of the poster appears in Appendix 1.

Practice Leaflets
As well as providing posters for practices, Ipsos MORI designed a leaflet for practice staff, so that they had information should patients ask them about the survey. Along with the posters, each participating practice was sent 10 copies of the leaflet aimed at GPs and Practice Managers which explained the purpose of the survey and what was to happen next. A copy of the leaflet is contained in Appendix 2.

GPPS Website
A dedicated survey website was designed and hosted by Ipsos MORI. The advertised web address was www.gp-patient.co.uk, although the site could also be accessed at www.gp-patient.com, www.gppatient.co.uk and www.gppatient.com. The site was designed to reflect the branding of the questionnaire and all other related material, such as the practice poster and leaflet.
The website was initially launched in November, coinciding with the delivery of posters to practices. At this time the website contained only a small amount of information about the survey.

The full website was launched on 8 January 2008, as the first questionnaires were delivered to patients. The same website was used for both Access and Choice; visitors to the site could select which part of the survey they wanted to information on the welcome page. Figure 5.2 below shows this page.
Figure 5.2: The GPPS website welcome page

The website was arranged around the following headings.

- **General Information**, such as the aims of the survey, ways in which to take part and information about accessibility.

- **Frequently Asked Questions (FAQs)**, which included information about how people were chosen, help for completing the survey and data protection.

- **Contact Us**, contact details for the GPPS team at the Department of Health and the Ipsos MORI telephone helpline.

- **Online Questionnaire**.

- **Other Languages**, information was provided in the ten most commonly used languages by NHS Direct. These are Arabic, Bengali, French, Gujarati, Polish, Portuguese, Punjabi, Somali, Turkish and Urdu. The FAQs, questionnaire and advanced
letter were all translated into these languages in order to make the survey as widely accessible as possible.

GPPS Telephone Helpline

Ipsos MORI set up freephone helplines for people who wanted more information about the survey. Separate numbers were set up for Access and Choice, as well as for the foreign language helplines. These are discussed in greater detail below.

English Access Helpline

Both parts of the survey had a separate freephone number, and were both manned by fully trained staff between 9am and 9pm on weekdays and 10am to 5pm on Saturdays from 8 January to 1 April 2008. In order for call handlers to answer patients’ queries, they were all provided with a manual containing a complete list of FAQs. These were updated regularly to ensure that an answer could be provided for any questions which were not originally included. Where the call handlers could not answer a caller’s query, the details were passed on to the GPPS research team, a member of which then responded to the query.

As well as being a source of information for patients, the Access helpline also enabled patients with valid reference numbers to complete the survey on the telephone, via CATI (Computer Assisted Telephone Interviewing). This was particularly useful for patients who had difficulty completing the questionnaire on paper or online.

Patients could also give their reference number if they wished to opt out of the survey.

Foreign Language Access Helplines

In order to make the survey accessible there were separate helplines for the non-English languages. Each language had its own freephone number which was connected to a voicemail message in the different languages. The message briefly explained the purpose of the survey and asked them to leave a message and telephone number if they wished to be called back. Interviewers in Ipsos MORI’s International CATI Centre (ICC) then tried to return the calls within two working days. Up to eight attempts were made to return the call. As with the English Access helpline, patients were able to complete the survey on CATI, and opt out of the survey.
6. Data Analysis

Questionnaire Processing

Questionnaires were returned in supplied Business Reply Envelopes (1st class) to RR Donnelley in Eastbourne.

Envelopes were sliced open and questionnaires collated for scanning. Any other items of correspondence were set aside for review and response by Ipsos MORI or the Department of Health, as appropriate.

Questionnaires were scanned by RR Donnelley and processed using barcode recognition and Optical Mark Recognition technology, with operator verification of uncertain entries. All marks on the forms were recognised at this stage, regardless of whether they were in accordance with the questionnaire instructions.

Questionnaire data collected online or by CATI were logically prevented from containing data contrary to the questionnaire instructions (such as multiple responses to a question requiring a single answer).

Questionnaires were accepted and included in the survey data if they were received by 2 April 2008.

Merging Data

Questionnaire data was combined from all sources. Where duplicates existed, the data used was selected according to a priority order with online data having precedence, followed by CATI data, then scanned data. Where duplicates existed within scanned data, the earliest return was included.

Weighting

Following agreement between the Department of Health/NHS Employers and the BMA, year 1 of the survey data were unweighted. The GPPS Survey Board also agreed that year 2 of the survey data should remain unweighted.

Without weighting the survey results, groups of patients who are more likely to respond to surveys (including women and older people) may make up a larger proportion of the survey findings than they do in the population as a whole. Because of the way that sample sizes varied with practice sizes, although practices are fairly equally represented in the survey findings, patients attending larger practices form a smaller part of the survey sample than they would in the population as a whole.
7. Response Rates

The overall response rate for England to the access survey was 41%, based on 1,999,523 completed responses.

Questionnaires for 272,132 patients (5.5% of the full sample) were returned undelivered by 21 May. The adjusted response rate excluding these is therefore 43.0%. The response rate varied significantly between practices. The mean practice response rate (i.e. the response rate that would have resulted if an identical number of patients were sampled in each practice) on this adjusted basis is 44.3%.

The table below shows the number and proportion of practices within each response rate band on a non-adjusted basis.

### Table 8: Response rate to Access survey

<table>
<thead>
<tr>
<th>GP practices in England, Jan-March 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Response Rate</strong></td>
</tr>
<tr>
<td>-------------------</td>
</tr>
<tr>
<td>0-9%</td>
</tr>
<tr>
<td>10-19%</td>
</tr>
<tr>
<td>20-29%</td>
</tr>
<tr>
<td>30-39%</td>
</tr>
<tr>
<td>40-49%</td>
</tr>
<tr>
<td>50-59%</td>
</tr>
<tr>
<td>60-69%</td>
</tr>
<tr>
<td>70-79%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

* indicates less than 0.5%

Response rates

The following Table 7.3 shows how response rates varied by gender, age group and region.
### Table 7.3: Response rates by gender, age group and region

<table>
<thead>
<tr>
<th></th>
<th>Mean % response rate all individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>46.7%</td>
</tr>
<tr>
<td>Male</td>
<td>34.7%</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
</tr>
<tr>
<td>18-34</td>
<td>21.6%</td>
</tr>
<tr>
<td>35-44</td>
<td>31.6%</td>
</tr>
<tr>
<td>45-54</td>
<td>42.5%</td>
</tr>
<tr>
<td>55-64</td>
<td>57.8%</td>
</tr>
<tr>
<td>65+</td>
<td>65.9%</td>
</tr>
<tr>
<td><strong>Government Office Region</strong></td>
<td></td>
</tr>
<tr>
<td>East Midlands</td>
<td>44.8%</td>
</tr>
<tr>
<td>East of England</td>
<td>44.8%</td>
</tr>
<tr>
<td>London</td>
<td>32.1%</td>
</tr>
<tr>
<td>North East</td>
<td>44.7%</td>
</tr>
<tr>
<td>North West</td>
<td>39.6%</td>
</tr>
<tr>
<td>South East</td>
<td>44.5%</td>
</tr>
<tr>
<td>South West</td>
<td>48.7%</td>
</tr>
<tr>
<td>West Midlands</td>
<td>39.5%</td>
</tr>
<tr>
<td>Yorkshire and The Humber</td>
<td>42.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>40.6%</td>
</tr>
</tbody>
</table>
8. Reporting

Specification

For year 1 of the survey reporting specifications were provided by the Department of Health, detailing the content and layout of each of the reports required. These were revised in collaboration between the Department of Health, the NHS Information Centre for health and social care and Ipsos MORI for year 2 of the survey. Table 8.1 below shows the reports supplied to the NHS Information Centre for health and social care, the Department of Health and Apollo for both Access and Choice.
### Table 8.1: Access and Choice reports required in year 2

<table>
<thead>
<tr>
<th>Product title</th>
<th>Detail / purpose</th>
<th>Date required</th>
<th>Recipient</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PCT access payment report</td>
<td>To enable PCTs to make payment</td>
<td>16 May 08</td>
<td>IC, DH</td>
</tr>
<tr>
<td>2. PCT choice payment report</td>
<td>To enable PCTs to make payment</td>
<td>16 May 08</td>
<td>IC, DH</td>
</tr>
<tr>
<td>3a. National access summary report</td>
<td>Give the Department of Health national results &amp; distribution of practices</td>
<td>16 May 08</td>
<td>IC, DH</td>
</tr>
<tr>
<td>3b. National choice summary report</td>
<td>Give the Department of Health national results &amp; distribution of practices</td>
<td>16 May 08</td>
<td>IC, DH</td>
</tr>
<tr>
<td>4. PCT full access report (reports 4+5 provided jointly)</td>
<td>Info on DES indicators, opening hours, choice (access qnre), demogs and selected additional analysis x practice (incl comparison with 06/07 for selected Qs)</td>
<td>16 May 08</td>
<td>IC, DH</td>
</tr>
<tr>
<td>5. PCT full choice report</td>
<td>Info on choice DES indicator and demographics x practices</td>
<td>16 May 08</td>
<td>IC, DH</td>
</tr>
<tr>
<td>6. PCT National report (access) (reports 6+7 provided jointly)</td>
<td>Info on DES indicators, opening hours, choice (access qnre), demogs and selected additional analysis x practice (incl comparison with 06/07 for selected Qs)</td>
<td>16 May 08</td>
<td>IC, DH</td>
</tr>
<tr>
<td>7. PCT National report (choice)</td>
<td>Info on choice DES indicator and demographics x practices</td>
<td>16 May 08</td>
<td>IC, DH</td>
</tr>
<tr>
<td>8. SHA full access report (reports 8+9 provided jointly)</td>
<td>Info on DES indicators, opening hours, choice (access qnre), demogs and selected additional analysis x PCTs (incl comparison with 06/07 for selected Qs)</td>
<td>16 May 08</td>
<td>IC, DH</td>
</tr>
<tr>
<td>9. SHA full choice report</td>
<td>Info on choice DES indicator and demographics x PCTs</td>
<td>16 May 08</td>
<td>IC, DH</td>
</tr>
<tr>
<td>10. SHA National report (access) (reports 10+11 provided jointly)</td>
<td>Info on DES indicators, opening hours, choice (access qnre), demogs and selected additional analysis x PCTs (incl comparison with 06/07 for selected Qs)</td>
<td>23 May 08</td>
<td>IC, DH</td>
</tr>
<tr>
<td>11. SHA National report (choice)</td>
<td>Info on choice DES indicator and demographics x PCTs</td>
<td>23 May 08</td>
<td>IC, DH</td>
</tr>
<tr>
<td>12. Person access dataset</td>
<td>Person level dataset (SPSS) allowing the Department of Health to carry out range of ad hoc analyses</td>
<td>16 May 08</td>
<td>DH only</td>
</tr>
<tr>
<td>13. Person choice dataset</td>
<td>Person level dataset (SPSS) allowing the Department of Health to carry out range of ad hoc analyses</td>
<td>16 May 08</td>
<td>DH only</td>
</tr>
<tr>
<td>14. Practice dataset (access)</td>
<td>Practice level dataset (SPSS) allowing the Department of Health to carry out range of ad hoc analyses</td>
<td>16 May 08</td>
<td>DH only</td>
</tr>
<tr>
<td>15. Practice dataset (choice)</td>
<td>Practice level dataset (SPSS) allowing the Department of Health to carry out range of ad hoc analyses</td>
<td>16 May 08</td>
<td>DH only</td>
</tr>
<tr>
<td>16. National commentary (access)</td>
<td>Communicate results of access survey to wider audience</td>
<td>17 June 08 (draft)</td>
<td>IC only</td>
</tr>
<tr>
<td>17. National commentary (choice)</td>
<td>Communicate results of access survey to wider audience</td>
<td>17 June 08 (draft)</td>
<td>IC only</td>
</tr>
<tr>
<td>18. Technical annex: access</td>
<td>Communicate set up of access surveys</td>
<td>23 May 08</td>
<td>IC, DH</td>
</tr>
<tr>
<td>19. Technical annex: choice</td>
<td>Communicate set up of choice surveys</td>
<td>23 May 08</td>
<td>IC, DH</td>
</tr>
<tr>
<td>----------------------------</td>
<td>--------------------------------------</td>
<td>-----------</td>
<td>--------</td>
</tr>
<tr>
<td>20. Person access dataset</td>
<td>Person level (delimited) dataset allowing Apollo Medical Systems to provide bespoke report generator to IC</td>
<td>23 May 08</td>
<td>Apollo</td>
</tr>
</tbody>
</table>
Exclusions

The following were excluding from the final data:

- all questionnaires marked as completed by people aged under 18
- duplicate responses (i.e. where patients completed the survey multiple times)
- all questionnaires with fewer than four questions answered
- questionnaires without a valid reference number.

Editing the Data

As the majority of the completed questionnaires were on paper, this means that there was a degree of completion error that occurred, for example ticking more than one box when only one was required, answering a question not relevant to them, or missing questions out altogether. Therefore it was necessary to undertake a certain amount of editing of the data, following the rule sets devised by the Department of Health for each payment question, as set out in Table 8.2 below.

<table>
<thead>
<tr>
<th>DES</th>
<th>Who to include</th>
<th>Calculation for each column (A-C)</th>
<th>Exclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Telephone Access</td>
<td>Only those who had an appointment within 6 months (codes 1 or 2 at Q1) and who completed Q2</td>
<td>1A - Total of those replying &quot;yes&quot; to Q2 &lt;br&gt;1B - Total of those replying &quot;yes&quot; or &quot;no&quot; to Q2 &lt;br&gt;1C - Indicator is 1A as a percentage of 1B</td>
<td>Those who had an appointment more than 6 months ago (code 3 at Q1)</td>
</tr>
<tr>
<td>2. 48 hour access to GP</td>
<td>Only those who had an appointment within 6 months (codes 1 or 2 at Q1) and who tried to make an appointment fairly quickly (code 1 at Q3), and who completed Q4</td>
<td>2A - Total of those replying &quot;yes&quot; to Q3 &lt;br&gt;2B - Total of those replying &quot;yes&quot; to Q4 &lt;br&gt;2C - Indicator is 2B as a percentage of 2A</td>
<td>Those who had an appointment more than 6 months ago (code 3 at Q1), and those who had not tried to make an appointment fairly quickly (code 2 at Q3)</td>
</tr>
</tbody>
</table>
3. Advanced booking

| Only those who had an appointment within 6 months (codes 1 or 2 at Q1), and who tried to book ahead (code 1 at Q5), and who completed Q6 | 3A - Total of those replying "yes" to Q5  
3B - Total of those replying "yes" to Q6  
3C - Indicator is 3B as a percentage of 3A | Those who had an appointment more than 6 months ago (code 3 at Q1), and those who had not tried to book ahead (code 2 at Q5) |

4. Particular GP appointment

| Only those who had an appointment within 6 months (codes 1 or 2 at Q1), and who wanted to book an appointment with a particular GP (code 1 at Q7), and who completed Q8 | 4A - Total of those replying "yes" to Q7  
4B - Total of those replying "yes" to Q8  
4C - Indicator is 4B as a percentage of 4A | Those who had an appointment more than 6 months ago (code 3 at Q1), and those who had not wanted to book an appointment with a particular GP (code 2 at Q7) |

Further editing of the data was required to ensure the data was logical. For example:

- If a patient ticked both “yes” and “no” boxes, or if both boxes were left blank for one or more of questions 2, 4, 6 or 8, the reply for that question was excluded.

- If a patient failed to tick “yes” for a filter question (Q1, 3, 5 or 7), then they were excluded from the next relevant question (Q2, 4, 6 or 8).

- Where the ethnicity question (Q13) was multi-coded, patients were included in the “White British” or “Other” groups according to whether “White: British” has been ticked, without regard to any other categories also marked.
Delivery

All data and reports were supplied via a secure FTP (File Transfer Protocol) site.
In January 2008, some patients registered with this practice will receive a short questionnaire about their appointments with the doctor or doctors at this surgery. This will help the NHS and the Department of Health find out what patients think about making appointments at GP surgeries across the country.

2008 sees the survey entering its second year. The views people gave last year were extremely helpful. You can find the results on the website at www.gp-patient.co.uk.

Even if you completed a questionnaire last year it is important to hear about your more recent experiences.

The questionnaire will be sent by the independent survey organisation Ipsos MORI. If you are asked to take part please return it as soon as possible. Your views will help improve the service you and other patients receive. We really do want to know what you think.

Like to know more? Visit www.gp-patient.co.uk

People selected to take part in the survey will also be able to use a telephone helpline to get more information.
THE GP PATIENT SURVEY 2008

Your Doctor
Your Experience
YOUR SAY

Information for GPs and Practice Staff
The Department of Health (DH) has again commissioned a survey to assess patients' experiences of accessing their GP services.

Survey specialists Ipsos MORI are conducting the Survey on behalf of DH. Around five million patients will be asked about their experiences.

Why is this happening?
The GP Patient Survey has been developed as part of the 2007/08 "Directed Enhanced Services" (DESs) entitled the "Improved Access Scheme" and the "Choice and Booking Scheme". The Survey will measure how well GP surgeries are meeting the standards defined in the DESs through two questionnaires; one for Access and one for Choice. The findings of the GP Patient Survey will allow PCTs to reward the good service provided by the majority of practices by measuring performance against these standards.

How patients have been selected
For the Access questionnaire, a random sample of patients registered at your practice has been drawn from the NHAIS (Exeter) Registration systems by the Department of Health. The sample is being used by Ipsos MORI on behalf of the Department, under the terms of a Data Processor Agreement the Department has put in place with Ipsos MORI.

The sample is being used for survey administration purposes only. Once Ipsos MORI has completed its analysis of the responses, all sample data will be securely destroyed.

The following personal data are being collected:

- Patients' NHS number: provides a unique identifier
- Name: for personalised letters
- Address: to conduct a postal survey
- Date of birth: to exclude patients under 18 years of age
- Gender: for data analysis and non-bias response analysis, e.g. to ascertain if certain groups are less likely to respond to the Survey
No other personal data will be collected from the NHAIS system. Ipsos MORI has not been given access to any NHS systems, nor has it been provided with any clinical information about patients’ health or consultations. The choice questionnaire asks patients whether they had a discussion about choice with their GP upon referral to secondary care, measured against standards set out in the Choice and Booking DES. As last year, GPs will hand a questionnaire to all patients who should be offered a choice at referral. This year, practices also have the opportunity to issue the questionnaire to patients who have been the subject of a prior choice referral from 1 September onwards, i.e. those patients identified by the choice Read Codes in their records.

**What happens next?**

- Patients selected to take part in the Access part of the Survey will be sent a questionnaire in the week commencing 7 January 2008.
- Reminder questionnaires will be sent out in February and March to people who do not return the Survey, unless they have opted out following the initial questionnaire (see below).
- Packs containing copies of the Choice questionnaire and guidelines will be delivered to practices in January 2008 by Ipsos MORI. Practice staff will need to sign for the packs.
- The Choice Survey period will begin on 21 January 2008 and will run for 10 weeks.
- Analysis and reporting will be undertaken in April and May 2008.
- Payments will be made to practices who participate in the GP Patient Survey by the end of the first quarter of the 2008/09 financial year.

Completing the Survey is voluntary. If patients do not wish to take part, they do not need to return their questionnaire and can disregard the reminders. If there are patients who should not receive mailings to their address or those who have registered an objection with their GP to receiving mailings, practices should email the names and NHS numbers of these patients to GPPatientSurvey@dh.gsi.gov.uk by 30th November.

As there is a possibility that some patients could receive a questionnaire at an inappropriate time, please note that it might still be possible for Ipsos MORI to withdraw those patients from the February and March reminders. To do so, please send the details to the above mailbox by 23 January 2008 (cut-off for February mailout) or 21 February 2008 (cut-off for March mailout).
Confidentiality

We are aware that the confidentiality of patient details will be a major concern for GPs. This has been taken very seriously and the administration of the Survey will ensure that the Survey is conducted within the law, that the requirements under the Data Protection Act 1998 are upheld, and that the Caldicott Principles are adhered to. For more information about this please see the website address below.

Accessibility

To assist patients who may find it difficult to complete the questionnaire, Ipsos MORI are putting in place various measures to help these respondents. These include:

- A website (www.gp-patient.co.uk) with a detailed Frequently Asked Questions section. These will be available in English and in the 10 other languages most commonly used by NHS Direct

- The website will be fully compatible with W3C Standards which means that users will be able to use Screen Reader software and it will be possible to change the font size of the text

- It will be possible to complete the questionnaire online or over the telephone, including in the 10 languages most commonly used by NHS Direct

- There will be a telephone helpline which will be able to answer respondents' queries

For more information

Please visit the following webpages for more information about the Survey, including a detailed Frequently Asked Questions section:
www.pcc.nhs.uk/201.php
www.dh.gov.uk

NHS
Thank you for taking the time to answer these questions. Please answer the questions below by placing a ✓ in ONE BOX for each question. Your answers will be completely confidential. Please return this form as soon as possible.

If you would prefer to complete the survey online, please go to www.gp-patient.co.uk and follow the instructions.

Reference/Username: 123456789

Online password: ABCDE

SECTION A: Getting to see a doctor

The following questions are about making appointments with a doctor at your GP surgery.

By appointments we mean either seeing a doctor at your GP surgery or speaking to a doctor on the phone.

Please only include appointments you have made for yourself, not for children or other people.

Q1 When was the last time you saw a doctor at your GP surgery?
☐ Less than 3 months ago
☐ Between 3 and 6 months ago
☐ More than 6 months ago

Q2 In general, are you satisfied with how easy it is to get through to someone on the phone at your doctor’s surgery?
☐ Yes ☐ No

Q3 In the last 6 months, have you tried to get an appointment with a doctor fairly quickly about any matter? By ‘fairly quickly’ we mean on the same day or on the next 2 days the surgery was open.
☐ Yes ............. Please answer Q4
☐ No ............. Please go to Q5

Q4 Think about the last time you tried to get an appointment with a doctor fairly quickly. Were you able to get the appointment on the same day or on the next 2 days the surgery was open?
☐ Yes ☐ No
Thinking about less urgent appointments...

In the last 6 months, have you **wanted** to book ahead for an appointment with a doctor?
*By 'booking ahead' we mean booking an appointment more than 2 full days in advance.*

☐ Yes .............. Please answer Q6
☐ No .............. Please go to Q7

**Q6**
Last time you wanted to, were you **able** to get an appointment with a doctor more than 2 full days in advance?

☐ Yes ☐ No

**Q7**
In the last 6 months, have you **ever wanted** to make an appointment with a particular doctor at your GP surgery?

☐ Yes .............. Please answer Q8
☐ No .............. Please go to Q9

**Q8**
Last time you wanted to, were you **able** to make an appointment with a particular doctor - even if it meant waiting longer?

☐ Yes ☐ No

**Q9**
Over the last 6 months or so, were you **satisfied** with the hours your GP surgery was open?

☐ Yes, I was satisfied with the opening hours .......... Please go to Section B
☐ No, I was dissatisfied with the opening hours .......... Please answer Q10

**Q10**
I was dissatisfied because...
*Please tick the ONE box closest to your views.*

☐ ...the surgery was not open early enough in the morning
☐ ...the surgery was not open around lunchtime
☐ ...the surgery was not open late enough in the evening
☐ ...the surgery was not open on a Saturday
☐ ...the surgery was not open on a Sunday
☐ ...of some other reason

---

**SECTION B:**
Referrals to hospital

We are also interested in your experiences when your doctor refers you to see certain types of specialists at a hospital. The next few questions are about this.

When answering questions 11 and 12 please do **not** include referrals for cancer, urgent heart conditions, stroke, mental health or maternity services.

**Q11**
In the last 6 months, has your doctor referred you to see a specialist?
*By specialist we mean someone like a hospital doctor who you would see for treatment or further examination.*

☐ Yes .............. Please answer Q12
☐ No .............. Please go to Section C

**Q12**
Think about the last time your doctor referred you to see a specialist. Did your doctor talk with you about a choice of hospital for your appointment?

☐ Yes ☐ No

---

Thinking about less urgent appointments...
SECTION C: Some questions about you

The following questions will help us to see how experiences vary between different groups of the population.

Q13 Are you male or female?
- Male
- Female

Q14 How old are you?
- Under 18
- 18-19
- 20-24
- 25-34
- 35-44
- 45-54
- 55-59
- 60-64
- 65-74
- 75-84
- 85 or over

Q15 How many appointments have you made with a doctor at your GP surgery in the last 12 months?
- None
- 1
- 2
- 3
- 4
- 5
- 6
- 7-10
- 11-15
- 16-25
- 26 or more

Q16 Are you a parent or a legal guardian for any children aged under 16 currently living in your household?
- Yes
- No

Q17 Which of these best describes what you are doing at present?
- Full-time paid work (30 hours plus per week)
- Part-time paid work (under 30 hours per week)
- Full-time education at school, college or university
- Unemployed
- Permanently sick/disabled
- Fully retired from work
- Looking after the home
- Doing something else

Q18 In general, how long does your journey take from home to work (door to door)?
- Less than 10 minutes
- 10-30 minutes
- 31 minutes - 1 hour
- More than 1 hour
- Live on site

Q19 Which of the following most reflects your typical working hours?
- Weekday office hours (we mean starting around 8 or 9am and finishing around 5 or 6pm)
- Weekday mornings
- Weekday afternoons/evenings
- Overnights
- Weekends
- Other work pattern
- Working hours vary

Q20 If you need to see a doctor at your GP surgery during your typical working hours, can you take time away from your work to do this?
- Yes
- No
The following questions will help us to see how experiences vary between different groups of the population.

**Q21 Do you have any of the following long-standing conditions?**
*Include problems which are due to old age. Please tick all boxes which apply.*

- [ ] Deafness or severe hearing impairment
- [ ] Blindness or severe visual impairment
- [ ] A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying
- [ ] A learning difficulty
- [ ] A long-standing psychological or emotional condition
- [ ] Other, including any long-standing illness
- [ ] No, I do not have a long-standing condition

Please go to Q23 if you have answered “No”.

Please answer Q22 if you have answered “Yes”.

**Q22 Does your long-standing health problem or disability mean you have substantial difficulties doing day-to-day activities?**
*Include problems which are due to old age.*

- [ ] Yes
- [ ] No

Please answer Q22 if you have answered “Yes”.

**Q23 Do you have carer responsibilities for anyone in your household with a long-standing health problem or disability?**

- [ ] Yes
- [ ] No

Please return the questionnaire in the envelope provided or send it in an envelope marked only FREEPOST GP PATIENT SURVEY (No stamp is needed).

Thank you for taking the time to answer these questions.
Can you spare ten minutes to help the NHS improve the service it offers?

I am writing to ask you to take part in the GP Patient Survey. This is part of the Department of Health’s work to improve services across the NHS. Seeking patient views is part of the contracts the Department of Health put in place with GPs, and will give us a better picture of people’s experiences when they visit or call their doctor.

This is now the second year of this survey and last year people’s views on services from their GP proved really helpful. Even if you filled in a questionnaire last year it is important to hear about your more recent experiences.

The Department of Health has asked Ipsos MORI, an independent survey agency, to carry out this survey. To take part, **please fill in the enclosed questionnaire and send it back in the envelope provided** as soon as possible. No stamp is needed. If it is easier for you, please ask a friend or family member to help you fill in the questionnaire, but please make sure the answers given are about your experience, not theirs.

**Your answers will be completely confidential.** Ipsos MORI will analyse all the responses but no one else will see your individual answers. Ipsos MORI will then report the overall results to the NHS.

There is more information about the survey overleaf and on the survey website at www.gp-patient.co.uk. You can also complete the survey online at this address. If you have any more questions or need help filling in the questionnaire, please contact Ipsos MORI on freephone 0808 238 5385 (Monday to Friday, 9am to 9pm; Saturday, 10am to 5pm).

Thank you very much for your time.

Yours sincerely

Richard Armstrong
Head of Primary Medical Care
Department of Health
Why are we carrying out this survey?
The Department of Health has set some standards for how easy it should be for people to book an appointment with their doctor. They have also set standards around whether doctors have talked with patients about a choice of hospital for certain types of referrals. Your doctor has chosen to work to these standards. The survey will measure how well GP surgeries are meeting these standards and help Primary Care Trusts put in place targeted actions to improve those standards.

How did we get your name and address?
Ipsos MORI is sending this questionnaire to you on behalf of the Department of Health. The Department of Health selected your name randomly from the NHS list of patients registered with a GP. Ipsos MORI will keep your contact details confidential and, once the survey has been completed, they will destroy them. Ipsos MORI has not been provided with any information about your health.

Do you have to take part?
Taking part is completely voluntary, so you don't have to. But we hope you will take part, as this will give us the best possible picture of people's experiences when they visit or call their doctor.

Do you have to answer every question?
Responding to these questions is completely voluntary, so you don't have to answer every question. But we hope you will, as complete questionnaires will give us the best possible picture of people's experiences. There are also some questions we may ask you to skip, depending on your answers.

What happens to the results?
The overall results will be published and you will be able to find the results by going to the website address www.gp-patient.co.uk. These results will be available from summer 2008. You can currently find last year's survey results available at this address.
Dear <<Title>> <<Surname>>

Can you spare ten minutes to help the NHS improve the service it offers?

A few weeks ago we sent you a letter asking you to take part in the GP Patient Survey. We would be very grateful if you could take the time to give your views. For the results to give an accurate picture of the services delivered by GPs it is important that we get views from a wide range of people.

If you have already sent back your completed questionnaire in the last few weeks, thank you for doing this and please accept my apologies for sending you this reminder - you need do nothing more.

The survey is part of the Department of Health's work to improve services across the NHS, and will give us a better picture of people's experiences when they visit or call their doctor. The Department of Health has asked Ipsos MORI, an independent survey agency, to carry out this survey.

To take part, please fill in the enclosed questionnaire and send it back in the envelope provided as soon as possible. No stamp is needed. If it is easier for you, please ask a friend or family member to help you fill in the questionnaire, but please make sure the answers given are about your experience, not theirs.

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The Department of Health has set some standards for how easy it should be for people to book an appointment with their doctor. They have also set standards around whether doctors have talked with patients about a choice of hospital for certain types of referrals. Your doctor has chosen to work to these standards. The survey will measure how well GP surgeries are meeting these standards and help Primary Care Trusts put in place targeted actions to improve those standards.

How did we get your name and address?
Ipsos MORI is sending this questionnaire to you on behalf of the Department of Health. The Department of Health selected your name randomly from the NHS list of patients registered with a GP. Ipsos MORI will keep your contact details confidential and, once the survey has been completed, they will destroy them. Ipsos MORI has not been provided with any information about your health.

Do you have to take part?
Taking part is completely voluntary, so you don’t have to. But we hope you will take part, as this will give us the best possible picture of people’s experiences when they visit or call their doctor.

Do you have to answer every question?
Responding to these questions is completely voluntary, so you don’t have to answer every question. But we hope you will, as complete questionnaires will give us the best possible picture of people’s experiences. There are also some questions we may ask you to skip, depending on your answers.

What happens to the results?
The overall results will be published and you will be able to find the results by going to the website address www.gp-patient.co.uk. These results will be available from summer 2008. You can currently find last year’s survey results available at this address.
March 2008

Dear <<Title>> <<Surname>>

Please spare ten minutes to help the NHS improve the service it offers

In January we sent you a questionnaire about an important survey we are carrying out to improve GP services across the NHS. We are writing again because it is important that we hear your views. We would therefore be very grateful if you could take the time to fill in a questionnaire.

The survey is coming to an end so this is the last chance you have to take part. To give your views, please fill in the enclosed questionnaire and send it back in the envelope provided by the end of March. No stamp is needed. If it is easier for you, please ask a friend or family member to help you fill in the questionnaire, but please make sure the answers given are about your experience, not theirs.

The Department of Health has asked Ipsos MORI, an independent survey agency, to carry out this survey. Your answers will be completely confidential. Ipsos MORI is sending this questionnaire to you on behalf of the Department of Health. Ipsos MORI will analyse all the responses but no one else will see your individual answers. They will then report the overall results to the NHS.

If you have already sent back your completed questionnaire, thank you for doing this and please accept my apologies for sending this reminder to you – this is the last contact we will make so you need do nothing more.

Thank you very much for your time.

Yours sincerely

Richard Armstrong
Head of Primary Medical Care
Department of Health

There is more information about the survey overleaf and at www.gp-patient.co.uk. If you have any questions or need help filling in the questionnaire, contact Ipsos MORI on freephone 0808 238 5385 (Monday to Friday, 9am to 9pm; Saturday, 10am to 5pm)

Please return your questionnaire by 31 March 2008
Why are we carrying out this survey?
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