
Survey conducted for the Department of Health by Ipsos Mori January-March 2008 and published by the NHS Information Centre

Ipsos MORI
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1. Introduction

This technical report provides details of the Choice element of the 2007/2008 GP Patient Survey (GPPS) conducted by Ipsos MORI on behalf of the Department of Health (DH) 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. The technical details of the Choice survey are contained in this report, with all survey documentation provided in the appendices.
2. Questionnaire Development

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 question relating to the Choice is below.

Table 2.1 Question relating to the Directed Enhanced Service for Choice

<table>
<thead>
<tr>
<th>Question number</th>
<th>Question wording</th>
<th>Response options</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Do you recall a conversation with your GP about choice when you were referred for your first consultant outpatient appointment?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

Cognitive Testing

The original brief outlined that there was relatively little flexibility on these questions: there was 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 yes/no format.

In year 1 Ipsos MORI therefore undertook a series of cognitive tests with registered patients to investigate how they understood the questions and establish whether this was the way they were intended to be understood.

Ipsos MORI developed a semi-structured questionnaire which was used in conjunction with the main questionnaire. This contained a series of questions with prompts and probes for the interviewer.

Participants were asked to complete questionnaires in person by an experienced interviewer who observed and recorded the respondent's reactions, and followed up answers with a series of open-ended and structured questions.

As illustrated in table 2.3 below, three main rounds of cognitive testing were carried out to develop the questionnaire (rounds 1-3). In addition, 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 4.1 - 4.4). 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 GPPS Board.

Based on discussions with the Ipsos MORI Expert Team, the questions were revised internally after each round of testing, and the findings of the cognitive interviews re-tested (round 2) and were then submitted to the board.

Table 2.3 below outlines further detail of the four rounds of cognitive testing conducted.
Table 2.3: Overview of the Cognitive Interviews conducted in Year 1

<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)</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 respondents where English was not their first language</td>
<td></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>
</tbody>
</table>
Choice Questionnaire

The question wording, content and layout of the Choice questionnaire, and envelopes, were signed off by the Department of Health team. A copy of the final questionnaire can be found in Appendix 2.
3. Data Collection

Packs of Choice questionnaires were delivered to participating practices at the beginning of January 2008. GP Practices were instructed to distribute questionnaires to patients who received a first outpatient referral, where choice applied, between 21 January 2008 and 28 March 2008.

Questionnaires were printed with the practice codes. These, together with reply-paid envelopes for return of completed questionnaires, were inserted into outer envelopes printed “GP Patient Survey – Hospital Choice Questionnaire Enclosed” in such a way that the practice code was visible through a window in the envelope.

Packs of questionnaires were dispatched to all practices which had been identified as having eligible patients for the Access survey. A total of 2 million questionnaires were printed and distributed across practices according to practice size. This meant that practices were given enough questionnaires for 4.19% of their adult population, rounded up to the nearest 10 questionnaires. Practices with less than 3,500 patients received 150 questionnaires. Overall, a mean number of 239 questionnaires for the 8,319 practices for which questionnaires were printed were distributed. The remaining 10,000 were provided blank of practice identifiers to SHAs for further distribution to practices if required.

Completed questionnaires were returned directly to Ipsos MORI in reply paid envelopes for data processing.

All questionnaires received up to and including 8th April were included in the survey analysis.
4. 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, hosting a survey website and providing a survey helpline, all of which are described in more detail below.

Practice Posters

All practices included in the GPPS were sent two posters for them to put up on their notice boards in their waiting rooms in November 2007, explaining that the GPPS was to take place in January. The poster also gave the GPPS website address for more information. A copy of the poster appears in Appendix 1.

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.

Figure 4.1: the www.gp-patient.co.uk front page
The website was initially launched in November, coinciding with the delivery of posters to practices. At this time the website contained basic information about the survey including a link to the findings from year 1 of the survey.

The full website was launched on 8 January 2008 in parallel with the Access survey going live. The same website was used for both Access and Choice; visitors to the site could select the part of the survey they wanted to visit on the welcome page. Figure 4.2 below shows this page.

**Figure 4.2: The GPPS website welcome page**

The website was arranged around the following headings.

- **General Information**, such as the aims of the survey and information about accessibility.

- **Frequently Asked Questions (FAQs)**, which included help for completing the survey.
- **Contact Us**, contact details for the GPPS team at the Department of Health and the Ipsos MORI telephone helpline.

- **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 and questionnaire were translated into these languages.

**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 foreign language helplines. These are discussed in greater detail below.

**English Choice Helplines**

The English Choice helpline had its own freephone number and was 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.

**Foreign Language Choice 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 aimed to return the calls within two working days.
4. Data Analysis

Questionnaire Processing

Questionnaires were returned in supplied Business Reply Envelopes (1st class) to Ipsos MORI in Harrow, Middlesex.

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 and processed by Ipsos MORI using ‘Eyes and Hands Forms’ software from Readsoft. Ticked or crossed boxes were recognised using 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.

Weighting

It was not possible to weight the survey data due to the lack of accurate and comprehensive information about the eligible population for the survey. The survey data are, therefore, unweighted.
5. Response Rates

Choice questionnaires were distributed directly to patients by GP practices at the time that they had a choice relevant referral to secondary care. Therefore no independent controls were available to monitor whether all patients with relevant referrals were given a questionnaire, nor how many were given out in total, or per practice. Therefore, it is not possible to calculate a meaningful response rate for the Choice Survey.

In total, 283,400 completed questionnaires were returned to Ipsos MORI, relating to 6,925 practices.
6. Reporting

Specification

A reporting specification was provided by DH and detailed the content and layout of each of the reports required. Table 6.1 below shows the reports supplied to the NHS Information Centre for health and social care, the Department of Health and Apollo for Access and Choice.
# Table 6.1: 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 DH 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 DH 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)</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)</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 DH 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 DH 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 DH 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 DH 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</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</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>20. Person access dataset</td>
<td>Person level (delimited) dataset allowing Apollo Medical Systems to provide bespoke</td>
<td>23 May 08</td>
<td>Apollo</td>
</tr>
</tbody>
</table>
Exclusions

The following were excluded from the final data:

- all questionnaires marked as completed by people aged under 18
- questionnaires without a valid practice code
- if a patient ticked both “yes” and “no” boxes at Q1, or if both boxes were left blank, the reply for that question was excluded from numerator and denominator.

Editing the Data

As the majority of the completed questionnaires were on paper, there was a degree of completion error that occurred, for example ticking more than one box when only one was required, 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 6.2 below.

Table 6.2: Rule sets for reporting of payment questions

<table>
<thead>
<tr>
<th>DES</th>
<th>Who to include</th>
<th>Calculation for each column (A-C)</th>
</tr>
</thead>
</table>
| 1. Choice discussed | Those who completed Q1 | 1A - Total count of respondents replying "yes" to Q1  
1B - Total count of respondents replying “yes” or “no” to Q1  
1C - Indicator is 1A as a percentage of 1B |

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.
Hospital Choice

Think about when your doctor referred you to see a specialist. Did your doctor talk with you about a choice of hospital for your appointment?

☐ Yes
☐ No

Are you male or female?

☐ Male
☐ Female

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

Thank you for taking the time to answer these questions. Please return the questionnaire in the envelope provided or in an envelope marked only FREEPOST CHOICE SURVEY.
Some questions & answers

Why are we carrying out this survey?
It is part of the Department of Health's work to improve services across the NHS by offering more choice to patients about their medical treatment. We are carrying out this survey to find out if your GP talked with you about a choice of hospital at the time of your referral.

Do you have to take part?
Taking part is completely voluntary, so you don't have to. But we do hope you will take part, as this will give us the best possible picture of how people are referred to a specialist for treatment by their GP.

What happens if you have received another questionnaire which includes questions on referral to hospital?
You may have received another questionnaire asking you about referrals to hospital. This is because different methods were used to select people to take part. Both surveys together will give us the best possible picture of people's experiences with their doctor so we do hope you will complete and return both.