

GP Patient Survey – update April 2010

This update aims to explain the results process for the 2009/10 GP Patient Survey, directing local medical committees (LMCs) and practices to sources of information and helping to prepare for the release of final survey data for this year. This update applies to England only and the timetable and process will vary in Scotland, Wales and N Ireland. The PE7 and PE8 easements referred to below however do apply the UK as a whole.

Background

The patient survey is now being undertaken on a quarterly basis rather than annually as has been the case before. In terms of payment, the quarterly results will be amalgamated and the latest information is that final results will be made public on or around 15 June 2010. In previous years, practices have been made aware of their results in advance of this by primary care organisations (PCOs), but it is important to note that there have been severe restrictions on making public these results until the government embargo has passed.

How to access existing results

All the results of the patient survey are published in detail on a special website. This currently includes results for the first three quarters of 2009/10, the most recent results being published in March 2010. Within this there is a specific page on which all these results are available, including results at practice level. There is a handbook to help explain the process to practices, together with a model powerpoint presentation which may also be useful.

The relevant links are as follows:

www.gp-patient.co.uk

www.gp-patient.co.uk/surveyresults/

www.gp-patient.co.uk/practiceinfo/

Signing off QMAS

Last year the results were issued very close to the deadline for signing off QMAS. While there may be a little more time this year, this is a reminder of our advice from last year that **all practices should sign off QMAS (or its equivalent) by the deadline regardless of whether any appeal or dispute is likely to be raised over the results of the patient survey. However, all practices should in signing this off clearly state that they reserve the right to raise a dispute regarding the accuracy of any of the sections.** If a practice does not sign off QMAS, the PCO could withhold part or all of an achievement payment and it is possible that this might also affect aspiration payments next year.

You may wish to look again at the further guidance issued by the GPC last year, which includes information about confidence intervals and a template letter in case practices wish to launch disputes following the survey results. We are aware that some disputes are still ongoing from the 2009 survey results, and that the outcomes have been disappointing in some areas.

www.bma.org.uk/employmentandcontracts/independent_contractors/quality_outcomes_framework/updateonpatientsurvey.jsp?page=1

PE7 and PE8 easements

Separate FAQs are available on the specific issue of the PE7 and PE8 easements agreed as part of the swine flu negotiations in autumn 2009.

www.nhsemployers.org/SiteCollectionDocuments/Swine_flu_vaccination_FAQs%20fb_29_10_09.pdf

The future of the survey

The GPC has consistently said that it is vital to gather the views of patients on the service their GP practice provides. However, we continue to believe that a national patient survey is not the best or most appropriate way to achieve this, particularly when key questions are linked to GP pay. We have strongly advocated a return to local patient surveys which we believe are more responsive to what patients want and allow more genuine dialogue between patients and their practices. The GPC has produced guidance on how practices could be more responsive to patients and this is available at the following link:

www.bma.org.uk/employmentandcontracts/independent_contractors/managing_your_practice/istenpatient.jsp

We have emphasised that the outcome of the survey in 2009 led to many GPs losing confidence in it and that as a result the survey has lost credibility among GPs and practices. As the survey has considerably expanded from the original version, we also believe that its purpose in relation to GP pay has been diluted and we have recommended that the two payment questions be removed and another way found to establish the views of patients on these areas. We recognise however that the survey is likely to continue in its current form in the foreseeable future and that academic research is increasingly concluding that the survey as a whole is statistically sound, irrespective of the ongoing problems we continue to raise. We have in particular continued to raise our concern that the outcome of the current process is often to remove resources from the very practices that most need to invest in improving their services.

Given the current situation, as previously advised we recommend that practices do everything possible to encourage patients to complete the survey to maximise response rates. Once the final outcomes of the 2009/10 survey become clear, we will issue further guidance as necessary to help LMCs and practices.