

THE GP PATIENT SURVEY

**The GP Patient Survey. Further Guidance for PCTs on QOF
patient experience indicators**

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1. This guidance follows the interim guidance sent to PCTs week commencing 1 June 2009¹ regarding practice disputes in relation to the GP Patient Survey.
2. PCTs have received the results from the GP patient survey on the two 'GP Contract payment' questions measuring achievement for the two QOF access indicators PE7 and PE8 (Patient Access to a consultation with a GP within 2 working days and Patient Access to book an appointment with a GP more than 2 days ahead). We advised PCTs and their GP practices to authorise end year QOF payments as soon as possible, even where there is a dispute in relation to the PE7 and PE8 indicators.
3. We understand that the GPC has advised practices, where they believe that the number of respondents to the survey is too small to be statistically valid, to appeal against the proposed payment decisions to be made by a PCT under the Statement of Financial Entitlements. We have subsequently met the GPC to discuss these concerns.
4. The Department remains of the view that the methodology for the 2008/09 survey is in accordance with previous contract agreements reached with the GPC on these 'contract payment questions'. The sampling approach was designed to produce a sample to a tolerance level for which we could be 95% confident that the average score for the sampled practice population would be no more than 7 percentage points different from the survey result. This approach recognised that inevitably some practices results might be outside this interval. This is similar to previous years upon which payments to practices were made and accepted. GPC had agreed the sampling and survey methodology.
5. We have clarified in previous guidance² that there remains provision for PCTs to make discretionary local payments where this is beneficial to the delivery of services and there is an absence of a survey result or where the result is very low for an individual practice and the PCT can reasonably be assured by other evidence that achieved survey results may be 'unduly skewed' from the limited response an individual practice received. In these circumstances, PCTs will need to be satisfied that -
 - The survey result is substantially lower and different than that of previous years, **and**

¹ The GP Patient Survey. Interim guidance for primary care trusts for QOF patient experience indicators. Gateway ref: 11933

² Guidance for strategic health authorities, primary care trusts and GP practices: the new expanded GP patient survey 2008/09. Gateway ref: 11018

- The practice can provide clear evidence that they routinely provide arrangements that consistently offer 48 hour and advanced booking access, backed up by evidence from patient participation groups or local surveys. This evidence must be clear and auditable to demonstrate that decisions reached are fair and justified.
6. Any payments should be in line with the thresholds agreed with the GPC for 2008/09.
 7. To facilitate this, PCTs are advised to provide practices with information on their individual confidence intervals for the results. This information is subject to the same principles of pre-release access and is restricted until full national publication of the data on 30 June 2009. Communications with GP practices on their data should enforce the duty not to share the data with any other third party ahead of official publication.

Frequently Asked Questions

Why has the Government changed its position?

The Government has not changed its position on the survey. The survey methodology was carefully designed to ensure that practice-level results are comparable to those from previous years' surveys and was agreed by the Stakeholder Board in full consultation with the GPC.

Why has the DH not agreed a national solution?

It is right for PCTs to determine individual circumstances for practices according to their result, or lack of result. A DH imposed solution that applies to all practices would not be possible as this would inevitably be unfair to certain practices.

Where can I find previous guidance related to the GP Patient Survey?

All DH guidance relating to the GP Patient Survey can be found at:
http://www.dh.gov.uk/en/Publicationsandstatistics/PublishedSurvey/GPpatient_survey2007/index.htm

What is the appeals process?

PCTs should use their own locally agreed dispute handling process. If this is exhausted, the appeal may be referred to the NHS LA as part of the dispute resolution procedure in the normal way.

Where can I find the results from last year?

Results from the 2007/08 survey can be found on the following page:
<http://www.ic.nhs.uk/pubs/gpps08>

What significance do the thresholds have for considering appeals?

GPC agreed minimum thresholds of 70% for PE7 and 60% for PE8, which is higher than for the DES in 2007/08. PCTs will need to consider that practices will need to have achieved above the minimum to be eligible for payment.

What does the DH believe to be a "limited response"?

DH and Ipsos Mori agreed in consultation with the Survey Stakeholder Board that a confidence interval of $\pm 7\%$ for the key payment questions offered the best balance in terms of statistical robustness and the cost of administering the survey. However, as in previous years, this approach recognised that inevitably some practices results might be outside this interval. Even for the practices with higher levels of confidence interval, the average score for the whole practice population is more likely to be at the centre of the confidence interval (i.e. at or near the recorded score) than at the edges. Similarly, where the confidence interval is higher than 7 percentage points, the average score for the whole practice population is more likely to be within the 7% range than outside it. Therefore, it is only in the circumstances where the practice result is significantly outside this level, that we consider survey results could be unduly skewed by the limited response.

What does N/A mean in terms of the confidence intervals?

For a very small number of practices it is not possible to determine a confidence interval because of the very small number of responses received. PCTs should consider appeals from these practices that meet the other criteria.

Why are you sending the payment reports again?

Named contacts in PCTs received payment reports in May 2009 in order to make payment for the PE7 and PE8 QOF indicators. We are now resubmitting updated reports with slightly revised confidence intervals which affects some, but not all, practices. In most circumstances this is a very minor change of less than 1%. The revisions in the confidence interval do not in any way affect the practice results.

How do you calculate the confidence intervals for GPPS?

In general, there is a 'margin of error' or a confidence interval around an estimate derived from a sample survey. If it is a random sample, representative of the population from which the sample is drawn, then statistically we can say that the true population measure would be within x percentage points of our estimate with 95% confidence.

The magnitude of a confidence interval for a particular proportion /percentage depends both on (i) how many respondents answer the relevant question and (ii) the magnitude of the proportion. Confidence intervals have therefore to be calculated for each question separately. Confidence intervals increase as the number of respondents answering a question decreases and as proportions approach the value of 0.5 (50%).

Why have the confidence intervals been revised?

In some cases it is necessary to include a filter in the confidence interval calculation so that only the people who should have been answering that question are included. This is the case in questions related to PE7 and PE8. In the initial report the filtering was not fully in place. This means that for some practices the confidence intervals have changed to a very small degree. The results however, are not affected in any way by this.

How does the change in confidence interval affect the survey score?

The confidence interval has no effect on the survey score.

How do you calculate the number of surveys to be sent to each practice?

To calculate the number of surveys sent to each practice Ipsos MORI first obtains patient samples from the NHAIS (National Health Application and Infrastructure Services) database.

The size of the initial patient sample to be selected for each practice is determined by the following key components:

- (i) the number of cases required to deliver 95% confidence intervals of $\pm 7\%$ for key pay and incentive questions;

- (ii) the proportion of all respondents who answer the key pay and incentive questions; and
- (iii) the proportion of patients included in the issued sample who respond to the survey (taking into account both the number of sampled individuals found to be ineligible for the survey and the number who are eligible but do not respond).

The first two components are estimated for each practice based on the average of the results from previous years of the survey; and actual response rates from the 2007/08 survey for each practice are used to determine the final number to be sent.

Why have patients at practice X been sent twice as many surveys as practice Y given that their practice populations are not substantially different?

There are three key components that make up the sample size calculation for each practice: the number of cases required to deliver 95% confidence intervals of $\pm 7\%$ for key pay and incentive questions; the proportion of respondents who answer the key pay and incentive questions; and the overall response rate. These will be different for each practice and will result in a different issued sample size. For example, a practice that achieved a relatively low response rate in the previous year is likely to have a higher issued sample size this year compared with a practice that achieved a higher response rate last year.

If a practice was not included in the 2007/08 survey, the average response rate for all practices in 2007/08 was used.

Can a practice appeal because of special circumstances relating to the demographics of the practice?

There should be no appeal purely on the demographics of the practice as samples were drawn to be representative of the eligible patient population in each practice based on age and gender.

Survey results are not weighted for payment purposes, as specifically agreed with the GPC.

Patients were also given three opportunities to take part in the survey, via several different methods, including in 13 different languages, as well as in Braille and in British Sign Language, to ensure the survey was accessible to as wide an audience as possible.

Further Information and Support

For SHAs and PCTs

In addition to the information being posted on the DH website, SHAs and PCTs can also access further information from NHS Primary Care Contracting, such as FAQs and briefing sheets. Visit the Primary Care Contracting website at: www.primarycarecontracting.nhs.uk

NHS Primary Care Contracting also provide a dedicated e-mail helpdesk for SHA and PCTs queries on the survey including QOF related payments linked to the survey. E-mail the helpdesk at: gppatientsurvey@pcc.nhs.uk

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

For Practices

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