Patient survey from Streatham High Practice, using the General Practice Assessment Questionnaire (GPAQ)

Standard report and analysis for GPAQ Consultation Version 2.0a

Contents:

Date: 30 March 2012

How the survey was carried out

The Survey was carried out over a three week period to ensure all GPs Consultations were reflected in the Survey. Fourty Questionnaires were issued per GP. Where the full quota was not returned per individual GP additional questionnaires were issued to ensure sufficient responses were received for individual GP evaluation and collective evaluation for the practice.

This is the collective Survey Response for Streatham High Practice.

Summary of results

GPAQ evaluation questions

The following table summarises the individual scores for the evaluation questions in GPAQ, i.e. the ones where patients made a judgment about how good that aspect of care was. Each score is expressed as an average (mean) for all patients who completed the individual question. They are represented as a percentage of the maximum possible score, so the best possible score in each case is 100. You will be able to see the areas where your practice scores well and where improvement may be needed, both comparing aspects of care in your own practice and comparing yourself with others.

The figures in the right hand column contain current national GPAQ benchmarks for that question. Once again, these figures are expressed as percentages of the maximum possible score in this table. These are regularly updated on the GPAQ website. Details of how many patients completed each of the individual responses for each of these questions for your practice are given in full in appendix 3.

	Mean score	GPAQ benchmark
Q2. Satisfaction with receptionists	82	77
Q3a. Satisfaction with opening hours	85	67
Q4b. Satisfaction with availability of particular doctor	79	60
Q5b. Satisfaction with availability of any doctor	83	69
Q7b. Satisfaction with waiting times at practice	65	57
Q8a. Satisfaction with phoning through to practice	74	59
Q8b. Satisfaction with phoning through to doctor for advice	70	61
Q9b. Satisfaction with continuity of care	70	69
Q10a. Satisfaction with doctor's questioning	82	81
Q10b. Satisfaction with how well doctor listens	86	84
Q10c. Satisfaction with how well doctor puts patient at ease	85	84
Q10d. Satisfaction with how much doctor involves patient	82	81
Q10e. Satisfaction with doctor's explanations	86	83
Q10f. Satisfaction with time doctor spends	81	80
Q10g. Satisfaction with doctor's patience	85	84
Q10h. Satisfaction with doctor's caring and concern	85	84
Q11a. Ability to understand problem after visiting doctor	66	69
Q11b. Ability to cope with problem after visiting doctor	65	66
Q11c. Ability to keep healthy after visiting doctor	65	62

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

These benchmark figures are based on data from 232,908 respondents to both the postal and post-consultation versions of GPAQ (combined) collected during the 2004/2005 contract year. Separate benchmarks for the two different versions of GPAQ will be posted in due course if on-going analyses show that mode of administration produces significantly different GPAQ scores after controlling for social and demographic factors known to influence patient evaluations.

Please check our website http://www.gpaq.info/benchmarks.htm for further information.

GPAQ report questions

Some GPAQ questions ask about specific experiences, or ask the patient for specific information. The responses to these questions are summarised here.

Q3b. Additional hours requested	Number of responses
Mornings	9
Lunchtime	2
Evenings	9
Weekends	39
None	114

Q4a. Availability of particular doctor	Number of responses
Same day	90
Next working day	20
Within 2 working days	24

Within 3 working days	13
Within 4 working days	2
5 or more working days	5
Does not apply	30

Q5a. Availability of any doctor	Number of responses
Same day	130
Next working day	24
Within 2 working days	8
Within 3 working days	5
Within 4 working days	3
5 or more working days	2
Does not apply	7

Q6. Same day urgent availability of doctor	Number of responses
Yes	138
No	5
Don't know/never needed to	41

Q7a. Waiting time at practice	Number of responses
5 minutes or less	49
6-10 minutes	75

11-20 minutes	42
21-30 minutes	13
More than 30 minutes	2

Q9a. Continuity for seeing same doctor	Number of responses
Always	22
Almost always	33
A lot of the time	24
Some of the time	47
Almost never	10
Never	6

Demographics

The following tables display the demographic data collected in GPAQ.

Q12. Sex	Number of responses
Male	65
Female	110

Q13. Age	Number of responses
Up to 44 years old	117
45 years old and above	55

Mean	*39*

Q14. Long standing illness, disability or infirmity	Number of responses
Yes	66
No	105

Q15. Ethnic group	Number of responses
White	103
Black or Black British	32
Asian or Asian British	15
Mixed	9
Chinese	0
Other ethnic group	12

Q16. Accommodation status	Number of responses
Owner-occupied/ mortgaged	45
Rented or other arrangements	123

Q17. Employment status	Number of responses
Employed (full/part time, self-employed)	86
Unemployed	17

School or full time education	15
Long term sickness	14
Looking after home/family	16
Retired	22
Other	4

For all other frequency distribution tables that have not been included in the report so far, please refer to appendix 3.

Appendix 1

Notes about how the General Practice Assessment Questionnaire (GPAQ) was developed

Some aspects of quality are best assessed by asking patients. We reviewed the literature to identify aspects of GP care which are most highly valued by patients. These include:

Availability and accessibility, including: availability of appointments, waiting times, physical access and telephone access.

Technical competence, including: the doctor's knowledge and skills, and the effectiveness of his or her treatments.

Communication skills, including: providing time, exploring patients' needs, listening, explaining, giving information and sharing decisions.

Inter-personal attributes, including: humaneness, caring, supporting and trust.

Organisation of care, including: continuity of care, and, the range of services available.

In order to assess these aspects of care we started from what we regarded as the best currently available questionnaire, the Primary Care Assessment Survey (PCAS) [i, ii, iii, iv], which had been extensively validated in the United States. In collaboration with the Health Institute in Boston, we modified PCAS for use in British general practice. The modified questionnaire was called the General Practice Assessment Survey (GPAS). We have used GPAS in large studies in the UK: and detailed research data on GPAS have been published [v vi vii viii ix].

For the new GP contract, we were asked to modify our original GPAS questionnaire, and have produced GPAQ. The main differences are that the new questionnaire is shorter. We have also produced two versions, one designed to be sent by post, and one designed to be given to patients after consultations in the surgery.

GPAQ focuses mainly on questions about access, inter-personal aspects of care, and continuity of care. The version designed to be completed after the consultation asks about are given by an individual doctor. These scores will be able to be used by GPs for their appraisals and revalidation folders. The postal version of GPAQ does not allow scores to be calculated for individual doctors. However, it does include questions about the practice nurses.

GPAQ is described in more detail in the manual which can be downloaded from the GPAQ website, www.gpaq.info.

Appendix 2

Guidance on how to use the results of the questionnaire to improve care in your practice – taking action on GPAQ scores

There is little purpose in doing a survey unless you are prepared to act on the results. In this section, we discuss briefly how you might do this.

GPAQ has been designed so that it is as easy as possible to know how you can use your scores to improve care in your practice. All the questions can be linked directly to some action which you could take. For example, in the communication questions, we have included questions on listening and explaining rather than important but rather nebulous concepts like trust. So for every question in GPAQ, there is some behaviour which you could think about improving.

Some of the work of deciding how to use the results can be done with the practice staff. So, for example, some of the access questions throw up issues which can be addressed through the practice management – e.g. managing the appointment system, phone answering, etc. The access questions form the largest single group of questions.

The next largest group is about communication. This is more difficult to address, but there are well tested methods of improving doctors' communication skills in consultations. These generally rely on critical analysis of videotaped surgeries, usually with a partner or friendly mentor. This is something which all training practices will have had experience of in recent years, as consultation skills training forms an important part of vocational training.

In thinking about who to discuss your survey results with, you should think about:

- Your partners and other doctors working in the practice
- Nurses working in the practice
- Your practice managers and receptionist / admin staff.

Some issues, e.g. scores on the access scale, will need to be discussed with all your staff.

To get level 2 and level 3 payments for the new contract, you will need to do more than this, and will have to have discussed the results of your survey with patients (e.g. a 'critical friends' group, or a patient participation group), and shown that you have done something about the results.

We are aware that most practices have little experience of how to use questionnaires to help them improve care. So, the National Primary Care Research and Development Centre, with the University of Exeter and CFEP have written a practical handbook on this subject. This handbook is freely available to download from NPCRDC's website (http://www.npcrdc.man.ac.uk/PublicationDetail.cfm?ID=111).

Appendix 3

Frequency distribution tables not included in the main body of the report

Q1. Number of visits to doctor in last 12 months	Number of responses
None	12
Once or twice	39
Three or four times	47
Five or six times	39
Seven times or more	48

Q2. Satisfaction with receptionists	Number of responses
Very poor	0
Poor	1
Fair	9
Good	34
Very good	71
Excellent	72

Q3a. Satisfaction with opening hours	Number of responses
Very poor	1
Poor	0
Fair	5
Good	29
Very good	64
Excellent	88

Q4b. Satisfaction with availability of particular doctor	Number of responses
Very poor	2
Poor	4
Fair	14
Good	27
Very good	43
Excellent	70
Does not apply	23

Q5b. Satisfaction with availability of any doctor	Number of responses
Very poor	2
Poor	1
Fair	7
Good	33
Very good	44
Excellent	79
Does not apply	5

Q7b. Satisfaction with waiting times at practice	Number of responses
Very poor	4
Poor	7
Fair	36
Good	54
Very good	47
Excellent	29

Q8a. Satisfaction with phoning through to practice	Number of responses
Very poor	1
Poor	2
Fair	16
Good	50
Very good	69
Excellent	42
Don't know/ never tried	6

Q8b. Satisfaction with phoning through to doctor for advice	Number of responses
Very poor	4
Poor	2
Fair	9
Good	18
Very good	10
Excellent	24
Don't know/ never tried	110

Q9b. Satisfaction with continuity of care	Number of responses
Very poor	1
Poor	8
Fair	19
Good	38
Very good	36
Excellent	35

Q10a. Satisfaction with doctor's questioning	Number of responses
Very poor	0
Poor	2
Fair	7
Good	30
Very good	64
Excellent	68
Does not apply	3

Q10b. Satisfaction with how well doctor listens	Number of responses
Very poor	0
Poor	0
Fair	4
Good	27
Very good	55
Excellent	89
Does not apply	0

Q10c. Satisfaction with how well doctor puts patient at ease	Number of responses
Very poor	0
Poor	0
Fair	5
Good	26
Very good	53
Excellent	74
Does not apply	14

Q10d. Satisfaction with how much doctor involves patient	Number of responses
Very poor	0
Poor	2
Fair	8
Good	27
Very good	56
Excellent	68
Does not apply	9

Q10e. Satisfaction with doctor's explanations	Number of responses
Very poor	0
Poor	0
Fair	5
Good	24
Very good	52
Excellent	88
Does not apply	6

Q10f. Satisfaction with time doctor spends	Number of responses
Very poor	0
Poor	3
Fair	9
Good	37
Very good	52
Excellent	70
Does not apply	2

Q10g. Satisfaction with doctor's patience	Number of responses
Very poor	0
Poor	1
Fair	8
Good	21
Very good	56
Excellent	87
Does not apply	2

Q10h. Satisfaction with doctor's caring and concern	Number of responses
Very poor	0
Poor	1
Fair	7
Good	31
Very good	45
Excellent	89
Does not apply	1

Q11a. Ability to understand problem after visiting doctor	Number of responses
Much more than before the visit	73
A little more than before the visit	43
The same or less than before the visit	28
Does not apply	25

Q11b. Ability to cope with problem after visiting doctor	Number of responses
Much more than before the visit	71
A little more than before the visit	45
The same or less than before the visit	28
Does not apply	26

Q11c. Ability to keep healthy after visiting doctor	Number of responses
Much more than before the visit	65
A little more than before the visit	38
The same or less than before the visit	26
Does not apply	41

References

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