

**Patient survey from Shires Heath Centre
using the General Practice Assessment Questionnaire (GPAQ)**

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References

Date: 20 March 2009

How the survey was carried out

We distributed the approved GPAQ questionnaire in the surgery to patients waiting for their appointment. We therefore obtained a random selection of patients and were able to collect each questionnaire from the patients before their appointment. We collected at least 25 questionnaires for every 1000 patients in order to fulfill the nGMS requirements. (approx 450 questionnaires completed).

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.

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

*The above national benchmark figures are based on data from 232,908 respondents to both the postal and post-consultation versions of GPAQ (combined).

Please note that scores for 'overall satisfaction' (Q12 in the post-consultation version of GPAQ, and Q13 in the postal version) cannot be reliably reported as analyses suggest that a small but significant proportion of patients misinterpreted the response options for this item (which are scored in reverse to other items in GPAQ). Please refer to <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.

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Demographics

The following tables display the demographic data collected in GPAQ.

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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 care 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 are writing a practical handbook on this subject. We expect that it will be published in early 2004, when it will be freely available. Details will be on NPCRDC's website (www.npcrdc.man.ac.uk)

Appendix 3

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

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Q9b. Satisfaction with continuity of care	Number of responses
Very poor	9
Poor	38
Fair	107
Good	125
Very good	65
Excellent	27

Q10a. Satisfaction with doctor's questioning	Number of responses
Very poor	1
Poor	1
Fair	21
Good	91
Very good	116
Excellent	138
Does not apply	19

Q10b. Satisfaction with how well doctor listens	Number of responses
Very poor	1
Poor	0
Fair	15
Good	87
Very good	103
Excellent	161
Does not apply	16

Q10c. Satisfaction with how well doctor puts patient at ease	Number of responses
Very poor	0
Poor	3
Fair	16
Good	77
Very good	93
Excellent	150
Does not apply	39

Q10d. Satisfaction with how much doctor involves patient	Number of responses
Very poor	0
Poor	1
Fair	21
Good	85
Very good	109
Excellent	129
Does not apply	32

Q10e. Satisfaction with doctor's explanations	Number of responses
Very poor	0
Poor	3
Fair	17
Good	80
Very good	101
Excellent	157
Does not apply	21

Q10f. Satisfaction with time doctor spends	Number of responses
Very poor	1
Poor	3
Fair	17
Good	95
Very good	102
Excellent	145
Does not apply	16

Q10g. Satisfaction with doctor's patience	Number of responses
Very poor	0
Poor	1
Fair	17
Good	82
Very good	101
Excellent	159
Does not apply	20

Q10h. Satisfaction with doctor's caring and concern	Number of responses
Very poor	0
Poor	1
Fair	18
Good	81
Very good	92
Excellent	174
Does not apply	16

Q11a Ability to understand problem after visiting doctor	Number of responses
Much more than before the visit	165
A little more than before the visit	105
The same or less than before the visit	44
Does not apply	60

Q11b Ability to cope with problem after visiting doctor	Number of responses
Much more than before the visit	143
A little more than before the visit	118
The same or less than before the visit	49
Does not apply	58

Q11c Ability to keep healthy after visiting doctor	Number of responses
Much more than before the visit	121
A little more than before the visit	102
The same or less than before the visit	60
Does not apply	83

References

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