



General Practice Assessment Questionnaire

**MANUAL**  
**for**  
**GENERAL PRACTICE ASSESSMENT QUESTIONNAIRE**

**GPAQ V3**

**December 2011**

**This questionnaire has been developed by the Cambridge Centre for Health Services Research at the University of Cambridge in collaboration with Peninsula Medical School. GPAQ was originally developed from the PCAS survey with permission of Dr Dana Gelb Safran**



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## **6. Analysis**

### **6.1 Options for analysis**

The National Primary Care Research and Development Unit (NPCRDC), Manchester (which closed in December 2010), produced an analysis tool to produce a simple summary report for GPAQ V2, and made this available free of charge from their website. This tool is still available for V2 on the GPAQ website. Since the closure of the NPCRDC in 2009, there is no longer a research post, with someone administrating GPAQ, nor is there the funding to produce or support a free analysis tool.

If you do not have the expertise to summarise the results of your survey yourselves, please contact one of the companies licensed by Cambridge University to offer an analysis service. There are brief details of the service offered by each of these companies on our website [www.gpaq.info](http://www.gpaq.info). Please contact them for further details.

You may not offer a commercial service using GPAQ, its analysis or reporting without agreement from us

### **6.2 Why are there no longer “scales” as there were in earlier versions of GPAQ?**

The six scales in GPAQ V2 grouped questions within categories, and gave a summary in these main areas so that practices could benchmark themselves against a national average.

In time, it has become more usual to present the scores for individual questions. For example, if you benchmark against the national GP Patient Survey (GPPS), this will be against scores for individual questions. So we are no longer recommending using scales.

### **6.3 Should GPAQ scores be calculated for a practice or for individual doctors?**

Some practices wish to collect GPAQ scores for individual doctors. GPAQ V3 can be used for this purpose. Information collected for each of the doctors in your practice separately can be combined to give an overall practice score. The easiest way will be to collect information on each doctor for (a minimum of) 35 consultations, and combine them in the same Excel spreadsheet.

## 6.4 Balancing results for the practice where doctors work different hours?

If you want combine individual GP scores to give a practice score and you want to make allowances for some doctors working more than others in the practice, then you can do so. You need to take the mean scores for each doctor, and weight them according to the amount that each doctor works in the practice. Here is a worked example of weighting the scores to give an average practice score for doctors who work different amounts in the practice:

Suppose there are 3 doctors in the practice. Doctor A works twice as much as his part time partners, Dr B and Dr C. Each collects information on 50 patients following consultation.

Suppose Doctor A's score on the communication scale is 70, Dr B's is 60, and Dr C's is 50.

The unweighted average or mean is 60 ( $70 + 60 + 50 / 3 = 60$ ).

If we weight by amount of work done, we double doctor A's score, add doctor B and C, then divide by 4 instead of 3 ( $140 + 60 + 50 / 4 = 62.5$ ).

## 6.5 Dealing with the Results

When the survey is complete, you should inform your Patient Reference Group (PRG) of the findings to comply with the requirements of the DES. You should then provide the PRG with an opportunity to comment on it, and discuss the findings of the survey along with other relevant information. Following discussions an action plan could be agreed with the PRG. To be eligible for full DES payments, practices must publish a Local Patient Participation Report on their website. Further details can be found at:

<http://www.nhsemployers.org/Aboutus/Publications/Documents/Patient-participation-directed-enhanced-service.pdf>

## 6.6 Benchmarking GPAQ scores

We have designed GPAQ v3 so that a number of the questions are identical to questions in the government run GP Patient Survey (GPPS). These are questions 1, 2, 3, 7, 8, 13, 17, 18, 19-24 and 35 in GPAQ. You can find national and local benchmarks for these at [www.gp-patient.co.uk](http://www.gp-patient.co.uk). The reason that there is so much overlap between GPAQ and GPPS is that Professor Martin Roland and Professor John Campbell were involved in the development of GPPS because of their previous involvement in GPAQ.