



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



Contents

1. Background

- 1.1 Introduction
- 1.2 How was the General Practice Assessment Questionnaire (GPAQ) developed?
- 1.3 Why are there no longer two versions of GPAQ?
- 1.4 How does the new version of GPAQ help practices meet the new DES?

2. Permission to use GPAQ

- 2.1 GPAQ: terms for use
- 2.2 Copyright
- 2.3 Commercial services for analysing GPAQ

3. Choosing a sample for the survey

- 3.1 Sample Size: How many questionnaires do you need to collect for GPAQ surveys?
- 3.2 Sample Quality
 - 3.2.1 Take time to make sure the sample is correct
 - 3.2.2 Patients who don't speak English

4. Running a Survey

- 4.1 By Post or In Surgery?
- 4.2 Running a survey by post
- 4.3 Running a survey in the surgery
- 4.4 Mixing methods
- 4.5 Running the survey by e-mail or via the practice website
- 4.6 Using GPAQ with children and ethnic minority groups

5. More about the questions

6. Analysis

- 6.1 Options for analysis
- 6.2 Why are there no longer "scales" as there were in earlier versions of GPAQ?
- 6.3 Should GPAQ scores be calculated for a practice or for individual doctors?
- 6.4 Balancing results for the practice where doctors work different hours
- 6.5 Dealing with the results
- 6.6 Benchmarking GPAQ scores

Appendix 1 Taking action on GPAQ scores

Appendix 2 Contributors to the development of GPAQ

References

1. Background

1.1 Introduction

This manual for the General Practice Assessment Questionnaire (GPAQ) explains how the questionnaire was developed, how it should be used, and the options for analysis.

Under the new Patient Participation DES, practices need to undertake a local practice survey at least once a year. The new version 3 of GPAQ was developed to be suitable for the new DES. The questionnaire is available to download from the GPAQ website at www.gpaq.info.

As the number of questions asked in the local practice survey are a matter for the practice and its Patient Reference Group (PRG) to agree based on the priorities identified by the PRG and the practice, GPAQ V3 may be adapted as needed, subject to observation of copyright (see section 2)

In appendix 1, we outline how you might use GPAQ scores to improve care in your practice.

1.2 How was the General Practice Assessment Questionnaire (GPAQ) 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.

GPAQ addresses aspects of care highly valued by patients with questions focussing mainly on access, inter-personal aspects of care and continuity of care. In order to assess these aspects

of care we originally started from what we regarded as the best available questionnaire at the time, the Primary Care Assessment Survey (PCAS) ^{1, 2, 3, 4} 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).

For the 2004 GP contract, we were asked to modify our original GPAS questionnaire, and produced GPAQ. The main difference was that the new questionnaire was shorter. There were also two versions, one designed to be sent by post, and one designed to be given to patients after consultations in the surgery. There were minor differences between the two, both in the questions asked, and in resulting scores. Subsequently, we were asked to help design the national GP Patient Survey (GPPS) which replaced GPAQ in the GP contract from 2009 to 2011.

A new version of GPAQ is now available designed to help practices meet local survey requirements for the Directed Enhanced Service (DES) for Patient Participation introduced in 2011. GPAQ has since been widely used in the UK and validated over a number of years, and we have published a range of studies using GPAS, GPAQ and GPPS, ^{5,6,7,8,9,10,11,12,13,14,15}.

A small number of questions in GPAQ are designed to be identical to the 2011/2012 version of the national GP Patient Survey (GPPS) which will continue to be run. This will enable practices to benchmark themselves against national and local scores. See section 6.6.

1.3 Why are there no longer two versions of GPAQ?

When we developed GPAQ for the 2004 GP contract, GPs us that they would like the option of giving it to patients in the surgery after consultations or sending it by post. There are pros and cons of the two methods:

- 1) Giving questionnaires out in surgery is cheaper because it avoids postal costs
- 2) The responses can more easily be related to individual doctors and not just to practices. This means that you can use the results for your own personal appraisal, or in your revalidation folder.

The disadvantages of giving GPAQ out in the surgery are:

- 1) You don't get the views of patients who can't get to the surgery
- 2) It's sometimes hard to ensure that all patients in a surgery get a questionnaire.

We therefore developed two versions of GPAQ in 2004 – one for use in surgery and one for use after consultations. In GPAQ V3 we have changed the design so there is a single version that can be used either in surgery or by post, so here is no longer any need for two versions.

See Section 4 on Running a Survey

1.4 How does the new version of GPAQ help practices meet the new DES?

The questions in GPAQ are designed to encompass the breadth of criteria important to patients which practices will want to cover for the DES. GPAQ V3 is available on the GPAQ website as a PDF file (to preserve print margins). If you would like a WORD version, so it can be adapted for your own needs – e.g. by adding questions which are important to your own practice, please e-mail us gpaqadmin@dsl.pipex.com. See Section 2.2 for observing copyright requirements.

2. Permission to use GPAQ

2.1 GPAQ: Terms for Use

GPAQ V3 is available to download from the GPAQ website: www.gpaq.info. You are free to photocopy GPAQ for use in your practice. There is no royalty fee to pay for individual practices using GPAQ for their own survey. You can also adapt or add your own questions to GPAQ for the DES, subject to acknowledgement. See section 2.2.

2.2 GPAQ: Copyright

All versions of GPAQ are copyright University of Cambridge and University of Manchester. The copyright statement and acknowledgement is printed on each questionnaire.

Please include the following statement if you incorporate questions from GPAQ into your own questionnaire:

“Questions are included from GPAQ which is copyright University of Cambridge/University of Manchester. GPAQ was originally developed from the PCAS survey with permission of Dr Dana Gelb Safran.”

2.3 GPAQ: Commercial Services

You may not offer a commercial service using GPAQ, its analysis or reporting without a licence from us. Cambridge University has a licensing agreement with five companies who offer analysis and reporting services. There are brief details of the service offered by each of these companies on our website www.gpaq.info.

Since the closure of the National Primary Care Research and Development Unit (NPCRDC) in Manchester at the end of 2010, the GPAQ administration no longer has funding to develop free analysis tools or offer support for the analysis of GPAQ.

If you would like to use the services of one of the licensed companies for analysis, please contact them for further details.

3. Choosing a sample for the survey

Under the DES for patient surveys, it is the responsibility of the practice to demonstrate to its PRG that the proposed survey or method it chooses as the vehicle for undertaking the local practice survey is credible. Guidance on the DES from the BMA and NHS Employers states that:

Neither is the DES prescriptive on the methodology used to carry out the survey or the number of questions or areas covered. The local practice survey questions can be asked by paper or electronically, in the surgery or by mail depending on what is considered the best way locally to canvas the particular population.

It is the responsibility of the practice to demonstrate to its PRG that the proposed survey or methodology it chooses as the vehicle for undertaking the local practice survey is credible. Criteria for assessing credibility include an assessment by the practice that the processes used for sampling and analysing are sufficient to provide "the reasonable person" with confidence that the reported outcomes are valid.

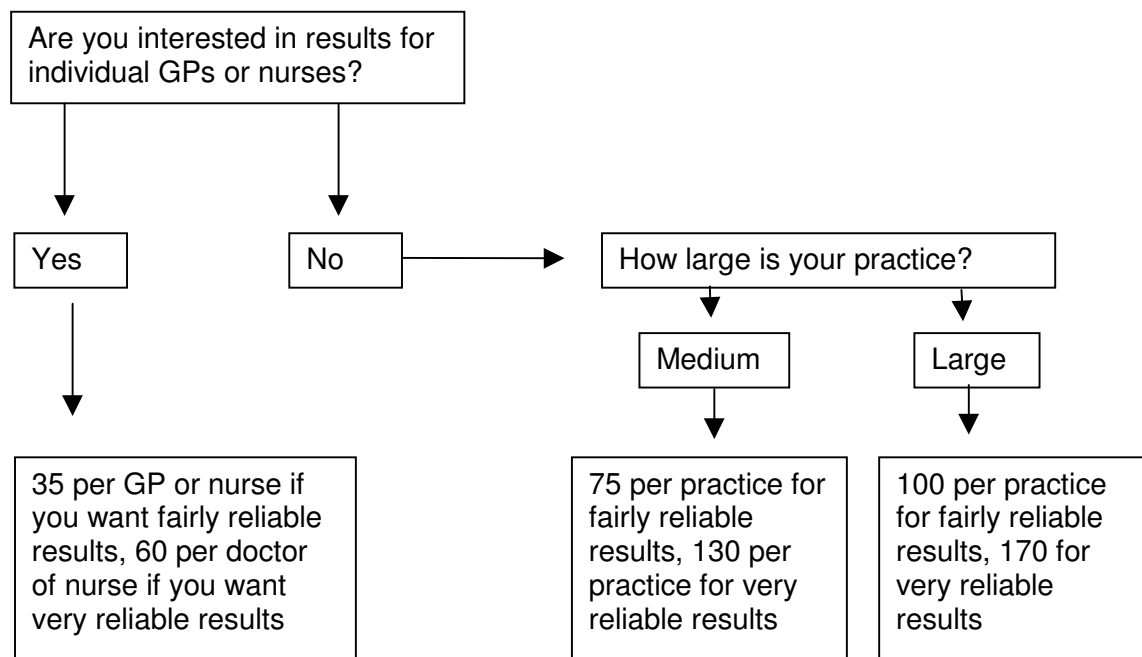
3.1 Sample Size: How many questionnaires do you need to collect for GPAQ surveys?

Based on our research on the reliability of GPAQ questions when they were used in the national GP Patient Survey^{10,11}, we recommend that you should aim to get 35 returned questionnaires per GP to get a reliable result for each GP. This calculation is based on the questions which relate to communication in the consultation, questions about getting through on the phone and getting appointments, and questions about continuity of care. If you want individual level results for your nurses, then you'll need 35 returned questionnaires from nurse consultations as well.

The suggested number of 35 is based on a moderate level of reliability (e.g. reliability coefficient of 0.7). If you want more reliable results (e.g. reliability coefficient 0.8), you need to increase to around 65 returned questionnaires per GP or nurse.

If you're only interested in results at practice level and not scores for individual doctors or nurses then it's slightly more complicated. In theory, you need the same number (i.e. 35 per practice). But if you did that, you might be getting a very small number from some surgeries (e.g. only two of three per GP in a 10 doctor practice). This increases the chance of unusual patients being selected and biasing the results. For this reason, we recommend more questionnaires for larger practices, say 75 for medium sized practices and 100 for large practices.

So in summary:



3.2 Sample Quality

3.2.1 Take time to make sure the sample is correct

It is a requirement for the DES that you choose your sample carefully. Make sure the sampling strategy you use is clear. For example, make sure patients you give or send the questionnaire to are chosen randomly, or that they represent all patients attending a particular surgery, and that they are in the correct age range (16 or older).

For postal or e-mail surveys you may wish to select your random sample of registered patients or patients who have visited the surgery within the last 6 months. Before you send postal surveys, you should check the list before you send out questionnaires in case any patients have died.

3.2.2 Patients who don't speak English

GPAQ is currently only available in English. It is expensive and time-consuming to translate questionnaires or provide interpreters, and if you have a very high proportion of non-English speakers in your practice, you might want to use other methods to get their views of the care you provide (e.g. by using your Patient Reference Group). The national GP Patient Survey can be completed online in 13 languages (www.gp-patient.co.uk), but the individual language versions can't be downloaded.

GPAQ V2 was translated into a number of other languages, but GPAQ V3 is currently only available in English. Translation of the questionnaire into another language is not straightforward. If you plan to do this, there are some translation guidelines for health questionnaires (e.g. see <http://www.rmdq.org/downloads/Translation%20process.doc>)

If you produce a version of GPAQ in another language, we would be very interested in including it on our website. Please get in touch with us.

4. Running a survey

Administering the survey is the hardest and most time consuming part of the exercise. To get the best results for the considerable investment by your practice and your patients, please read this section carefully when planning your survey.

4.1 By Post or in Surgery?

GPAQ V3 has been designed to be used for both doctors and nurses and administered either by post, or in the surgery. Although we initially thought there were differences in postal and surgery scores for GPAQ, as we got more questionnaires in, the differences largely disappeared.

4.2 Running a survey by post

If you send GPAQ by post, you may have a larger problem of non-responders. If you are prepared to send reminders to non-responders to get a response rate in the order of 60%, then this is may be the best way to get an overall assessment of the practice. This has been the method used for GPPS. However, GPPS is sent to a random sample of the practice population, and some people who get the questionnaire may not have consulted recently. If you decide to do a postal survey, you have the ability to select patients who have recently consulted.

The following are some useful points to consider before you administer a GPAQ survey by post.

- **Take time to make sure the sample is correct**

This will pay dividends in the end and improve your response rate. Make sure the sample is legitimate and up-to-date and that the sampling strategy you use is clear. For example, make sure patients you send the questionnaire to are in the correct age range (16 years or older) and that they are still registered with the practice. It also pays to check if any patients on the sample list have died.

- **Get the sample size right**

See section 3.1 above.

- **Write a short covering letter**

Make sure it is clear that the practice and your Patient Reference Group have given full support of the survey and that doctors and nurses will not be able to identify individual patients from the responses. Also make it clear that whatever views the patient expresses, these will not affect their future care. Give the phone number of someone in the practice to phone if patients have questions.

- **Use postal reminders**

After around two weeks, send out reminder notices to patients who have not yet returned the questionnaire. You should ideally aim for a response rate of 60%, and you will almost certainly need at least one reminder to achieve this. In order to know which patients have responded, you will have to put a patient identification number on the top of each questionnaire, linked to a list of patients you have sent the questionnaire to.

- **Don't underestimate how long it will take**

It takes a significant amount of time to administer the survey (including sending reminders) and to enter the data, unless this is being done by professional data entry company.

Postal administration has a substantial disadvantage in that it is difficult to get scores for individual doctors. You can try and get round this by asking patients to identify the doctor they are responding about on the questionnaire, but many patients do not know the name of the doctor they have seen. Of course this is less of a problem for small or single handed practices. If you are selecting patients who have recently consulted, you may be able to specify the doctor you are asking about, or mark the questionnaire to indicate the surgery to which it relates.

4.3 Running a survey in the surgery

If you want assessments for individual doctors or nurses (e.g. for appraisals or to include in revalidation folders) it is easier to use the survey in the surgery. In some ways, it seems easier to carry out a survey by giving consulting patients a questionnaire to complete after their consultation. However, it can be difficult to ensure that all patients seeing a particular doctor or nurse get a questionnaire. Especially in large practices, you may need to have someone specifically delegated to look after the survey while you are doing it.

Experience from piloting GPAQ V3 has shown that not all patients complete the name of the doctor or nurse they saw at the bottom of page 3. For doctors or nurses needing individual reports, it may be helpful to code questionnaires beforehand, and hand the questionnaire directly to the patient at the end of the consultation.

Here are some useful points to remember when you administer a GPAQ survey after consultations in the surgery.

Preparation

- Ensure you have plenty of pens and clipboards available for patients to use
- Photocopy around 150 questionnaires if you want 100 returns (i.e. 50% extra)
- Number the questionnaires beforehand, and add the name of the doctor whose session you are including
- Display posters/notices informing patients that the survey is being carried out
- Provide a suitable box in which patients can confidentially return their questionnaires

The sample

- Tell patients about the survey when they book in at reception. Ask them if they could stay behind for a few minutes to complete the questionnaire after they have seen the doctor
- It is sometimes better to survey one doctor's surgery at a time, rather than trying to survey all the patients attending the practice that day. Then you can make sure that the questionnaires are marked up in advance with the doctor's name, so that you can identify them later.

- Make sure that respondents are patients of the practice. Don't include temporary residents.
- Make sure they are there to see a doctor or nurse, not, for example, just there to collect a prescription
- Make sure the patient is at least 16 years old
- If a patient does not speak English well enough to understand the questionnaire, they will only complete it if there is a relative or friend with them who is able to translate and help them fill it out
- It is very important that you give a questionnaire to every patient on the list who is able to complete one. Leaving some patients out will give biased results.
- Explain that the questionnaire asks about patients' views of the practice and the quality of care they receive from their GP
- Patients can look at the questionnaire before they go in to see the doctor, but they should not fill it in until they come out
- Receptionists may be able to remind people on their way out. If patients can't wait, they should be given a stamped addressed envelope to return the questionnaire in.
- It is very important to try and get as many back as possible. If you can have one member of staff responsible for running your survey on a particular day, this will make it easier.

4.4 Mixing methods

It is possible to mix methods, and do a survey in the surgery as well as sending some by post. You may want to do this if you're mainly doing a survey in the surgery but want to include some patients who don't normally get to the surgery. Although we haven't formally tested it for GPAQ v3, our previous experience with GPAQ suggests that the differences in responses from surveys administered by post or in the surgery are small.

4.5 Running a GPAQ survey by e-mail, or on the practice website

Many of the considerations mentioned above apply to any method you choose to conduct the survey. As email and websites are relatively new method for conducting surveys in general practice, we would welcome feedback on your experience with internet surveys. One of the suppliers we have chosen to use specialises in on-line surveys (www.gpaq.info).

We also supply a self-complete PDF for computer use, downloadable from the GPAQ website: www.gpaq.info for you to incorporate into your own website if you wish.

4.6 Using GPAQ with children and ethnic minority groups

GPAQ is designed for adults aged at least 16 years. There is no upper age limit for its use. We are aware that following the 2004 contract, some practices used the GPAQ to feedback on consultations with their children.

Where GPAQ is administered in the surgery waiting room, patients who cannot speak English may be accompanied by an English-speaking friend or relative. Under these circumstances we generally encourage the friend or relative to help the patient complete the questionnaire. We believe that the potential bias that this may produce is less than excluding the non-English speaking patient from the survey all together.

5. More about the Questions

GPAQ V3 includes questions about access to the surgery, receptionists, continuity of care, communication by doctors and nurses, enablement and overall satisfaction with the practice. Questions are designed to encompass the breadth of questions important to patients which practices will want to cover for the DES.

The socio-demographic questions (e.g. age, gender, ethnicity) and questions on longstanding illness put the survey results in context and can help to identify subgroups of your patients with particular problems for e.g. access to the surgery. We imagine that users of GPAQ will most often use information from these questions when they want to see how their respondents compare with others in the wider population of their practice or PCT.

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. 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. 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.

Appendix 1. Taking action on GPAQ scores

There is little point 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. 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. Access is an important concern for patients.

Many 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 as well as important but rather more nebulous concepts like trust. So for many questions in GPAQ, there is some specific behaviour which you could think about improving. Communication is 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.

Some issues (e.g. scores on the access) will need to be discussed with all your staff. In thinking about who else 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
- As well as your Patient Reference Group (PRG)

You will also need to show that you have not only published the results, but done something about them.

Being aware that most practices have little experience of how to use questionnaires to help them improve care, the National Primary Care Research and Development Centre, with the University of Exeter and CFEP wrote a practical handbook on this subject. This is freely downloadable from the GPAQ website: www.gpaq.info/patientsurveyhandbook.pdf

Appendix 2. Contributors to the development of GPAQ

GPAQ was developed from the GPAS questionnaire which has been used in research at the former National Primary Care Research and Development Centre (NPCRDC) at Manchester University over many years. The original GPAS questionnaire was developed from the Primary Care Assessment Survey (PCAS) with the assistance of Dr Dana Gelb Safran and the New England Medical Center Hospitals, who shares the copyright of GPAQ.

Martin Roland, Director of NPCRDC led the team that developed GPAQ. Nicki Mead, Pete Bower, Sophie Jerrim and Stephen Campbell, all research staff at NPCRDC in Manchester, were all involved in the development and validation of the questionnaires. Professor Roland moved to Cambridge in 2009, from where GPAQ is now administered.

Professor John Campbell of Peninsular Medical School has also contributed to the research we have done on patient questionnaires. Professor Campbell and Professor Roland also act as academic advisers to the Department of Health and IPSOS MORI on the development of the national GP Patient Survey (www.gp-patient.co.uk)

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