



General Practice Assessment Questionnaire

MANUAL
for
GENERAL PRACTICE ASSESSMENT QUESTIONNAIRE

GPAQ V3

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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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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.