

Improving your practice with patient surveys



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CLIENT-FOCUSED EVALUATIONS PROGRAM
Focused Evaluations Program Pty. Ltd. C.N. FC022205 B.N. BR005280

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Feedback

We would be very pleased to receive any feedback on how useful this handbook is to people working in primary care, or suggestions for future handbooks.

Please send your comments to [Mary Carter](#), Client Focused Evaluations Program, PO Box 51, Exeter, EX4 4WT

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Introduction

The new GP contract offers rewards for carrying out regular patient surveys. Then there are additional payments for acting on the results of the surveys, and involving patients in these discussions.

Few GPs will have much experience of using surveys in this way. If they already have survey results for their practice, it will usually have been done by an outside organisation e.g. the PCT or CHAI.

We have written this handbook as a practical guide to GPs and their staff to help them use patient surveys to develop their practices. We also hope to help GP practices engage patients in that process. This can be particularly valuable, and is specifically rewarded in the new GP contract. We have included brief guidance in Appendix 1 on how to carry out a survey, but the main focus of the handbook is what to do with the results.

The authors have developed the two questionnaires, which have been approved for use in the contract (GPAQ and IPQ). They have a great deal of experience of using them in practices. We have not however used the handbook to compare or contrast GPAQ and IPQ, and you will find the handbook useful whichever questionnaire you use. Other questionnaires may be approved for use in the contract in due course, and you should find the handbook just as useful for them.

We will be very pleased to receive feedback on the handbook, and any ideas you think would be helpful to include in a future second edition.



Here's a brief guide to the things you may wish to do in your practice, and where you will find help in this handbook

Step	Who is involved within the practice	Where can I find help in this handbook?
1. Gather information about patient surveys	1 or 2 key individuals	All sections
2. Make decisions about which survey to use and whether to use a practice-based or postal survey	1 or 2 key individuals	All sections
3. Discuss what you plan to do with your practice team	Whole practice team	Section 1.4
4. Make detailed plans for carrying out the survey, including agreeing about how to deal with results	Whole practice team, especially the practice manager	Sections 1.5, 1.6, 1.7 Appendix 1
5. Ensure all staff are well briefed	<ul style="list-style-type: none"> • Reception staff • Staff with responsibility for sending out postal survey • GPs/nurses who will be assessed 	Section 1.8 Appendix 1
6. Carry out the survey	Whole practice team	All sections
7. Analyse the data (optional for GPAQ only)	Key individuals within practice	Appendix 1
8. Receive individual results	Individual GPs/nurses (or other professionals) who have been assessed	Section 2.1
9. Receive results for the practice	Whole practice team	Sections 2.1, 2.2, 2.5
10. Act on the results	Whole practice team	Sections 2.3, 2.4, 3.1, 3.2, Appendix 3
11. Measure the impact of what you have done	Whole practice team	Sections 3.3, 3.4

1. Undertaking Patient Surveys

1.1 Patient surveys in the new GP contract

Why are there big rewards for carrying out patient surveys in the new GP contract?

The main part of the Quality and Outcomes framework rewards chronic disease management. While this is an important part of general practice, it's far from being all, or even the most important part of what GPs do for many of their patients.

GPs' ability to communicate effectively with patients is a key part of what they do, and the importance of good communication has been recognised by including patient questionnaires in the new contract.

Questionnaires are not the only way of finding out about communication skills, but they are a good start. Questionnaires can be used to find out about other important aspects of care as well - such as access to general practice and how your staff deal with patients.

Questionnaire surveys have been included in the new GP contract to make sure that these important aspects of care are not overlooked in favour of indicators focussed on disease.



PMS practices are also eligible for quality and outcomes payments. These need to be negotiated with your PCT, and you can choose to use surveys in exactly the same way as GMS practices. However, there is more flexibility for PMS practices, and guidance given by the Department of Health in December 2003 (Sustaining Innovation through new PMS arrangements, para 4.8) suggests that patient questionnaires could be "replaced with a patient involvement group sponsored by the practice - providing the group was set up as part of a recognised authoritative approach". Our view is that a questionnaire may well be a useful introduction to developing discussion in such a group. In any case, you will find the guidance given in section 2.3 relevant if you want to set up such a group, whether or not you do a survey.

1.2 Linking to appraisal and revalidation

GPs now have to have an annual appraisal, and this includes an opportunity to reflect on their consulting skills. Medical Practice for General Practitioners, published by the RCGP in conjunction with the GPC describes what is expected of GPs in detail, and provides the standards for revalidation. It can be found at (www.rcgp.org.uk/rcgp/corporate/position/good_med_prac/GMP06.pdf)

Good Medical Practice for GPs includes a description of the excellent GP as a doctor who:

1. Takes time to listen to patients and allows them to express their concerns
2. Uses clear language appropriate to the patient
3. Treats patients politely and with consideration
4. Takes care of the patient's privacy and dignity

GPs' appraisal forms include space to comment on relationships with patients. You can get information about these and related aspects of care from patient surveys. You can therefore use the results of patient questionnaires to provide information for your appraisal about what patients think of your attitude and care.

Extract from a GP Appraisal form

Box 1 - Relationships with patients

Commentary – what do you think are the main strengths and weaknesses of your relationships with patients? Examples of documentation you might refer to and supply: appreciative feedback, survey material, information for patients about services in the practice.

I carried out a survey of 50 patients who consulted with me in July this year, as part of a survey, which we arranged for IPQ to do for our practice. This showed that patients thought highly of the way in which I came across to them, and my scores for communication were well above the quoted national averages. I was pleased with this, as it's always an aspect of care I thought I was good at. I would hope to repeat this in a year or two.

Individual level feedback is really important in preparing for appraisal and revalidation as the results are specific to you! Scores between doctors in practices often vary widely and may explain "the popular doctor" who always books up early. It is likely the GMC will look for this level of feedback in future.

1.3 Areas that are covered in patient surveys

The main part of the Quality and Outcomes Framework deals with bio-medical indicators relating to ischaemic heart disease, diabetes etc. This information is easiest to get from the medical records. Surveys concentrate on the areas where it is more appropriate to ask the patient what his or her experience was. The main aspects of care covered by the currently approved questionnaires include the following:

- Access, including getting through on the phone, opening hours and waiting times;
- Continuity of care;
- Inter-personal communication – perhaps the most important reason for surveying patients Care from reception staff.

Both IPQ and GPAQ are available in a form to use with nurses. They also both contain information on the demographic characteristics of responding patients. This is important if you want to look at the way in which particular groups of patients experience your services.

“I’ve been videoing my consultations and then looking back at my body language, how I handle people, and how I phrase things. I don’t think you ever stop learning. You should never feel that you’re at a point where you can’t stop and critically look at yourself. So I think the questionnaires are a really good idea, and I think that they should be used regularly.”

Beth Ferguson, Practice Nurse, large urban practice, Devon

1.4 Introducing the concept of patient questionnaires to your practice

The new GMS contractual framework now rewards practices for implementing patient surveys and acting on results; this amounts to 70 quality points in total, which is broken down as follows:

- 40 points: the practice will have undertaken an approved patient survey each year;
- 15 points: will then have reflected on the results and have proposed changes, if appropriate;
- 15 points: will then have discussed the results as a team and with either a patient group or Non-Executive Director of the PCT, and appropriate changes will have been enacted.

A broadly similar quality framework will apply to PMS (see section 1.1) and it seems unlikely any PCT will allow a practice to opt out of a measure of patient experience as part of their local quality contract. This means that most practices will be looking at implementing a survey as part of their day to day business over the coming year if they have not already done so.

There is an important task remaining for one individual in the practice - usually a GP principal or practice manager: the task of bringing up the idea of a survey with the practice team. This individual will need to know something of the available formats, questionnaires and the implications this will have for the practice. Details are available on the following Web sites:

Improving Practice Questionnaire (IPQ):

<http://www.cfep.net> or
<http://www.ex.ac.uk/cfep>

General Practice Assessment Questionnaire (GPAQ):

<http://www.gpaq.info/>

There are several possible reactions they may encounter:

- Enthusiasm to know what patients think about the practice;
- Worry about what patients may say (particularly about individual doctors or nurses);
- Dread of the extra work it may mean;
- Uncertainty over how to implement the process;
- Cynicism over whether the measures are valid;
- Fear that the results may be published publicly;
- Worry that the survey may be used as a way of complaining about the practice.

In most cases the notion of implementing a questionnaire should be introduced first in a partners' meeting to gain approval, and then shared rapidly with all the staff at a later meeting. Blocks and barriers to successful implementation should be explored and team members encouraged to voice their fears.

The potential benefits to the practice and to individuals, such as preparation for appraisal and revalidation need to be clearly explained. Sharing feedback from practices that have previously used a survey and found it helpful can be powerful. You can approach the PCT, the survey organisation you are using or your LMC for local contacts.

The whole practice team should be involved in the decision about which questionnaire to use and in discussions about how to run the survey. Different models will suit different practices. It really is worth spending some time at this initial stage and ensuring that everyone buys-in to the process. It may be useful, therefore, to prepare some notes beforehand, as to how patient surveys will benefit the practice.



1.5 Communicating best practice to staff

Once you have got commitment to carry out a survey, careful consideration about how and when to do it is needed. This should involve the whole practice team and any pre-existing patient group.

Timing of the survey is really important. If you are conducting a surgery-based survey, to aid collection of a broad range of results, choose a time when most partners will be present. This is vital for individual level feedback for your doctors, to help prepare them for appraisal and revalidation.

Avoid pressured times, such as around bank holidays or immediately after a computer upgrade, or installation of a new phone system. It is better to get honest feedback after any changes have settled down than in the immediate aftermath of untypical events. If you are considering postal surveys, avoid times when lots of people will be away. Also avoid periods when several members of staff will be on leave, such as school holidays.

Inevitably practice staff and individual doctors and nurses will know that they are being assessed and they may behave differently during the time of the survey period. Participants should be aware of this temptation, and be encouraged to try to behave normally.

1.6 Collecting the data

Staff will need to be briefed about how to distribute practice-based surveys and on best practice for postal surveys (if this approach is chosen). Guidance is available from the survey organisations. Again, take advice from local practices that have used surveys already. There is no substitute for experience here.

Common considerations include:

- Preparing receptionists to hand out questionnaires and providing clip boards, pencils etc;
- Which patients to hand questionnaires to and which not. This does not mean selecting patients whom you think will answer more favourably - it doesn't work!
- How to analyse results, if you are doing this yourself;
- Ensuring enough completed questionnaires are received back for the practice and for individual doctors or nurses;
- Giving someone in the practice overall responsibility for supervising and completing the process.

“It started off with the support officer for clinical governance being here for the first morning. But then she really felt that we could manage it ourselves and that’s how it worked. I don’t think we had a problem with it really; well I’m sure we didn’t. It worked quite smoothly.”

Susan May, Practice Manager, small rural practice, Devon

1.7 Agreeing how to share data

Staff are often very concerned about this, and it's advisable to discuss in advance how data will best be shared. At practice level, results can and should be discussed at a practice-wide staff meeting, having been reviewed by the practice manager and a partner in advance. This preliminary look is important for spotting likely sensitive issues or any key areas of satisfaction or concern.

Individual level data on clinicians, however, are highly sensitive and can arouse strong emotions. Individual data should not therefore be initially discussed in an open meeting. It's best for each clinician to nominate a trusted individual (e.g. partner, colleague, spouse, mentor, appraiser) with whom to discuss the results in confidence shortly after receiving them. Feedback is usually positive, but when it is less so, it can be challenging. The process needs to support the individual in accepting the results and helping him or her to act on them. The LMC, survey organisation or local clinical tutor can all also help here. Individuals will often want to share this data more widely after this early stage (especially if they can later demonstrate improvement), but confidentiality and sensitivity are of paramount importance initially.

"The results show areas of below average performance which I really wasn't aware of. While making me uncomfortable, it's certainly been helpful in showing me things I'll have to think about how to improve."

Robert Scholes, GP, large urban practice, West Midlands

1.8 Frequently Asked Questions (FAQs) from staff

Q1 How long does it take to complete the survey?

A. Usually all the forms for all the clinicians and staff can be collected for combined individual and practice level feedback within one month. Exceptions for individual illness and holidays are the main reasons for delay.

Q2 Under GMS2 how much will the practice receive for completing the survey?

A. In the first year (2004-2005):

- Around £1000 per doctor for completing the survey
- For showing evidence of an action plan on the results, another £350 per doctor
- For discussing the results with a patient group or a Non-Executive director of the local PCT, and showing evidence of change, another £350 per doctor.

These figures all rise by around 50% from April 2005.

Q3 What questions are asked in the surveys?

- A. Both IPQ and GPAQ ask about the patient's experience in the consultation, as well as questions about the organisation of the practice, e.g. how easy it is to get appointments. Both questionnaires are reproduced in full in Appendix 2.

Q4 How will the survey results be presented?

- A. The survey results can either be presented for the practice as a whole, or for individual doctors (this option is not available for the postal version of GPAQ). Doctors who wish to use the results of surveys in their revalidation folders will want to know about their own scores.

Q5 How are the questionnaires analysed?

- A. If you use IPQ, analyses and reports are all part of the service. If you use GPAQ, you can get the surveys analysed by approved GPAQ providers, whose details are given on the GPAQ website. Or you can analyse the questionnaires yourself using software that can be downloaded from the GPAQ website.

Q6 Can we change the questions?

- A. Both IPQ and GPAQ are both best used in their original form. For GPAQ, you can modify the questions, but we strongly advise you to retain or drop whole groups of questions (i.e. those within a box on the questionnaire form), and not to alter individual items. You can add items to GPAQ, for example if you want to ask more detailed questions about the receptionists (see question 7 below). Similarly for IPQ, questions can be modified and items may be added. It is always best, however, to discuss these changes with the survey organisation (CFEP) staff.

Q7 Can I design my own questionnaire?

- A. You can use your own questionnaire, but it will not attract payment under the GMS contract. If there are particular things that you want to ask your patients about that are not in GPAQ or IPQ, you could consider adding in the questions you want to ask (see above). However, do bear in mind that good items for questionnaires are not easy to design. Both IPQ and GPAQ have several years of development behind them, along with extensive work validating the individual items. That is why they have been approved for use in the contract.

Q8 Are the results confidential to the practice, and to me?

- A. Yes, unless the practice agrees to share their practice level data with the PCT. In some PCTs, with the practices' consent, anonymised scores of the practices are made available to the PCT, so that practices can benchmark themselves against others in their local area.

Individual results should always be in confidence to the individual.

Q9 Can clinicians other than doctors receive individual feedback?

A. Yes this has already happened widely with nurses and nurse practitioners.

Q10 Will the practice results be available to the public?

A. Not unless you choose to share them, but it might be possible for a patient to claim access under the Freedom of Information Act. Under the new GMS contract, points are awarded for undertaking the process, and are not related to the actual results, only to producing an action plan and showing improvements.

Q11 Are postal surveys better than practice exit surveys?

A. Postal surveys may be better at harnessing the views of patients who attend the surgery infrequently, or are housebound. However, it is much easier to get a high response rate if a questionnaire is used after consultations in the surgery. In addition, if questionnaires are used after consultations, it is easier to get scores for individual doctors. Generally, questionnaires completed in the surgery tend to show higher scores than those sent by post (Bower et al Br J Gen Practice 2003; 53: 126- 8), but the difference is small. For this reason, GPAQ (which is the only questionnaire available which can use both methods) no longer reports separate benchmarks for the two approaches.

Q12 Can you get better results by giving the questionnaires to “pet” patients?

A. Interestingly, the evidence suggests that this is not the case. Recent research from the USA shows that handing out questionnaires to your favourite patients, or those patients you think will rate you favourably, makes no difference to practice scores. This research indicates that practice staff aren't very good at predicting how patients will rate them. So it's best not to try.

Q13 How often should you conduct a patient survey?

A. An annual interval seems appropriate for monitoring progress and allowing time for any changes made as a result of a previous survey to impact.

Q14 Can we compare our performance with other practices?

A. Yes both the GPAQ and IPQ surveys have national and local benchmarks for practices that they can share with you.

Q15 Is there a charge for using the questionnaires?

A. This varies:

- GPAQ is freely available, but the practice incurs the costs of printing or photocopying the questionnaires and then analysing the data, or using one of

the contractors identified on the GPAQ website;

- IPQ costs £60 + VAT per individual clinician, or on a sliding scale for practice level data. The charge covers the cost of all the questionnaires, analysis, product support and feedback.

Q16 How many surveys are approved for use for the new GMS Contract?

A. At present only two: IPQ and GPAQ. Other questionnaires may be approved in future.

Q17 How do you set about discussing the results with patients?

A. Read on!

Q18 Will doctors need to present patient feedback data for revalidation and appraisal in future?

A. Surveys can make a useful contribution to appraisal and revalidation now (see section 1.2) and they will probably be necessary for revalidation in future. Either the GPAQ or IPQ will satisfy that requirement.

2. Understanding results of patient surveys

2.1 Discussing survey results in your practice

This needs to be planned carefully, and it is always wise to have agreed the process well in advance.

Individual level data

We mentioned earlier that individual data for doctors or nurses should never be discussed initially in an open practice meeting. Individuals need to have a chance to assimilate and reflect on the data first. Experienced and functional teams may then be able to share this data, probably in a single profession group. Then they can discuss individual and team learning needs. More commonly however, these issues will be discussed in one-to-one meetings with appraisers, mentors and supervisors.

“I was quite surprised at how threatened I was. I was actually quite depressed by my results. I think the one thing I can do well is sit with someone in a room and talk to them, but I came out actually lowest in the partnership at about 60 something per cent, where some of us got 90s. And that didn’t make me feel very good. We actually had a very useful session on it. We all met as a partnership and I felt better having shared it. We came to a decision about what we’d do about it, looking at each other’s work. It bothered me more than I thought it would.”

Steve Edwards, GP, large urban practice, West Midlands

Practice level data

This is everybody's business and everyone should be involved. In most cases the ideal situation is an open discussion of the results with the entire practice team. Some practices choose to use an away day or a time when the practice is closed.

The practice manager or lead partner should lead the presentation of the survey results and it is helpful if they have broken this down into an easily digestible format. Surveys such as the IPQ provide this service. If possible, it is useful to share benchmarks against local and national averages.

Everyone should be asked to contribute their own reflections on the data. Whoever is responsible for leading the meeting should be careful to stop people rushing to conclusions or blaming individuals or groups for shortcomings. Shortcomings are rarely the fault of one person or group of staff. Receptionists, in particular, are easily and wrongly blamed by patients for problems. The meeting may be a valuable opportunity for practice staff and clinicians to improve their understanding of the pressures faced by each group, and their appreciation of the important role played by each member of the team in the smooth running of the practice. It's a good idea to record contributions in a summary of the meeting.

Multi-disciplinary group meetings are always best for this type of discussion. The meeting chair must be seen to be impartial, and should be empowered to challenge doctors, who tend to dominate meetings and suppress useful debate! Chairing the meeting is often the practice manager's role.

- Steer the meeting to look for the "low hanging fruit" - problems for which it is easy to find consensus about cause and agree remedial action. These problems may be very simple, and not the major issues, but they will help in building confidence within the team for addressing larger concerns;
- Try and identify a small number of manageable interventions and delegate a small team to produce an action plan to bring back to a future meeting;
- Address immediate and serious concerns immediately;
- Identify major challenges that you cannot address immediately, and decide whether or not these can be addressed at a following meeting. Maybe you need help from the PCT or other agencies in solving these problems, such as unfilled GP vacancies and long waiting times. Don't be afraid to ask for help from the LMC or PCT;
- Once priority areas are agreed with your staff, stop and reflect - consider how you can get consumer views on this. Patients really are the experts and can often help find the solution. At this point, look at how to engage with your consumers and discuss your results and proposals.

“What we then decided to do, was that we wanted to meet to discuss the results, as a team. We found getting the time to do that difficult to organise, and we eventually did it by an away morning. And it proved to be very useful we actually had a really good discussion”.

Helen O’Shea, Practice Manager, small rural practice, Devon

2.2 Discussing results with patients

We know a lot about how patients want to receive information about their medical care. From our experience and our research work, we have found that:

- Patients like to see survey information about their practice. They want to know what people like them think about their practice. They find survey information more useful than information on clinical indicators;
- Patients like to know that the data have been collected reliably, and that the practice has been involved in some way in the data collection;
- It is easy to engage patients in discussion about care in practices;
- Patients are positive and constructive and want to help practices get better;
- Patients like histograms and bar charts. They don’t like lots of tables of raw data;
- Patients also like narrative description of problems, and like to understand the context in which the practice is working (especially if comparing with other practices).

Introducing patient surveys into the new contract therefore presents a good opportunity to engage positively with patients in thinking about improving the care in your practice. One way of doing this is to form a Critical Friends’ Group.

2.3 Critical Friends’ Groups

One way of achieving ongoing communication with patients is the establishment of a Critical Friends’ Group attached to a particular general practice. It is the responsibility of the practice to select a small group of patients for participation in discussions with practice staff. Practitioners are encouraged to select patients with whom they feel comfortable, and who, they believe, will make a constructive contribution to quality improvement.

Are patient representatives really representative?

This is a question often asked about patient groups of all kinds. Critical Friends’ Groups have been developed with this question in mind. Critical Friends are not invited so they can bring their own concerns to the meeting. The agreed agenda for discussion is based purely upon the result of the systematic feedback provided by the 40-50 patients per practitioner who have responded to your survey. The Critical Friends are there simply to discuss the results presented to them. It makes sense to encourage practice staff to select patients with whom they can work with. The Critical Friends’ partnership has to be based on mutual trust, and that trust has to be positively nurtured by all the participants.

Practices can find selecting patients to participate quite difficult, and it is important that this responsibility is shared among practice staff. If possible, the group needs to contain a mix of men and women, different ages and people with and without chronic problems. There are usually between three and five patients in a Critical Friends' Group.

It is also important for a cross-section of practice staff to be involved in discussions with patients, including practice manager, GP, receptionist and practice nurse. Some patients have remarked that they would prefer the group to include more than one GP, as evidence that involving them is not simply seen as one individual's responsibility, but is embraced by the entire practice.



A pre-meeting with patients should be held about two weeks prior to the first full meeting of the Critical Friends' Group. This meeting should be run by a trained facilitator who is familiar with the concept of a Critical Friends' Group, and with the format of the patient feedback results received by the practice. This person could be a non-executive director of the local PCT (one of the suggestions in the GP contract). The group should be encouraged to introduce themselves, to be open about their feelings about joining the group and to say what they hope to get out of it.

Having given every patient sufficient time to introduce themselves, the facilitator next explains the process of gaining patient feedback, and then distributes the practice results for the patients to look at. Participants are given the results to take away with them for further perusal. The facilitator needs to make sure that all participants know the agenda for the full meeting, i.e. discussing the practice results, and he or she needs to caution against individuals raising their own particular concerns or hobby horses – that's not what the Critical Friends' Group is for.

Although it is very important for an individual within the practice to be a key contact for the group, it is equally important for everyone involved to be well-informed and prepared for sharing and discussing results with the patients. Some staff may be unfamiliar with the feedback process and the format of results, and this pre-meeting is a useful opportunity to ensure that all practice participants feel comfortable with the process. This session should take no more than one hour.

The trained facilitator mentioned above, may chair the first meeting of the Critical Friends' Group. Alternatively, the Practice Manager or other key practice contact may feel comfortable with adopting this role. First, each member of the new group introduces him/herself. Each member of practice staff takes the opportunity to describe his or her role within the practice, as this is not always clear to patients. Participants are encouraged to give their view of the Critical Friends' Group's role and objectives. Then the group looks at the practice's survey results, and identifies areas of concern. The group discusses the issues, each bringing their own perspective on the issues discussed. Practice staff need to have an opportunity to explain various aspects of the surgery and what its restrictions and constraints may be. The patients have a chance to describe the patient perspective and clarify scores and comments contained within the results.

"It would have been better if one of the other GPs had been there as well. Just so they could talk to each other about what the results showed. I did rather get the feeling that Dr Kay was just fronting for the others. She'd got the dogsbody job, in a way. The receptionists gave really good insights of the pressures they were under, and the tension, and almost abuse that they can get when people shout at them. That was very interesting."

Lucy Neville, patient, large city practice, Devon

The group then identifies a number of remedial strategies (if needed). These are usually small-scale, but with the potential to make a real difference to patients' experience of the practice. The date of the second meeting is usually set for approximately 8-10 weeks later, and the agenda agreed – review of action that has been taken along with progress.

The basis of the second meeting of the Critical Friends' Group is a review of the strategies discussed and agreed at the first meeting. By this time the group may well wish to clarify its remit, and draw up more specific terms of reference – participants sometimes decide to review and extend membership. Members may also address the issue of disseminating the results of the group's discussions to a broader constituency of practice patients, and to identify the most effective means of communicating information. These methods will vary from practice to practice, and include leaflets/newsletters available within the surgery or sent to patients, a group notice board, or possibly a regular time at which a group member is present in the surgery to answer queries.

In many cases, practices that use Critical Friends' Groups decide to hold meetings on a quarterly basis. This gives the practice sufficient time to implement some of the strategies agreed at the initial meetings. Groups may decide that they need some mechanism so that participants do not have to wait for months to report back, or share a concern, which arises.

“From my own perspective I did find it useful, and I think the practice did as well. It did help us think about how we’re seen; because it’s easy just to bowl along and assume that people will understand where we’re coming from, what we’re doing and why. When we sort of put their shoes on, and maybe look from the other side, you think, “Oh maybe that is ambiguous, we do need to give more information”. So I think that was helpful, to make us think about being more careful about every angle of things.”

Liz Keane, Practice Administrator, large town practice, Devon

Box 2 - What do Critical Friends’ Group members discuss?

Top 10 topics

- Methods of communicating key information to patients
- Telephone systems
- Reception arrangements
- Waiting room arrangements
- The role of practice nurses (e.g. nurse-led clinics)
- Appointment systems (including “advanced access”)
- Systems for repeat prescriptions
- Seeing the doctor of your choice
- Waiting times (in the surgery)
- Out-of-hours’ systems.

Experience of North & East Devon Healthcare Community, Active Patient Involvement in Primary Care project, 2001-03

Box 3 - What actions are agreed? A selection of outcomes of Critical Friends’ Groups

Information for patients:

- Clear information about all services offered at practice;
- Improved use of notice boards;
- Production of newsletter & leaflets;
- Reception and other practice staff reinforcing written information with word-of-mouth messages to patients.

Appointments systems

- Changes to balance between book-able & same-day appointments

Telephone systems

- Clear answer-phone messages

Waiting room arrangements

- Improved safety for elderly patients (e.g. sensible storage of children’s toys)

Practice nurse roles

- Renaming of nurse-led clinic to reflect patients’ perceptions & concerns from “Minor Illness” to “Urgent Access”;

- Group members (patients) taking responsibility for spreading the word among fellow patients about the extended role of nurses within the practice.

2.4 Meetings with Primary Care Trusts

Your PCT will be meeting with you annually to discuss your progress against the quality framework as part of its routine performance management. In this meeting, discussion about the patient survey may be confined to assuring the practice has completed the various levels to qualify for payment. There is no actual obligation for a practice to share its data with the PCT, but this can help the PCT offer support to practices where it is needed.

A practice might choose to invite a representative of its patient group to this part of the meeting, or convene a separate meeting with the PCT to discuss issues arising from the survey. Here is an example where it might be in the practice's interest to share more detailed data with the PCT:

“Take the privacy issue. I sit on the premises group in the PCT and I can influence priorities for the limited funds we have, if I can identify that we have privacy issues, and practices are making bids to do work to provide privacy. Then I am in a position to influence priorities. So I do think there's something we can do about it.”

Gill Charlton, PCT primary care lead, Devon

PCT Patient Forum members will also be keen to help promote and understand patient issues in their new roles. They will have powers to visit practices, but not necessarily access all the data from the surveys. After 1st January 2005, however, Freedom of Information legislation is likely to allow this.

In many cases it will be wise for the practice to share proactively the key themes from its survey with representatives of the PCT, and seek its support in addressing the issues that come up. Inviting someone from the PCT patient forum, or a primary care lead to an informal meeting with a few members of the practice team is probably the least threatening. For practices with mature patient groups, the invitation could come from and be to a meeting of that group.

2.5 Comparing yourself to other practices – using benchmarks

When you have completed your survey, you may want to compare yourself to other practices. If your PCT has either carried out a survey of all practices, or collected details from all local practices, you may be able to compare your scores with your colleagues.

- If your scores are lower than other practices, does it matter?
- How big a difference is important?

There is no simple answer to this – it is a matter of professional judgement.

On the whole, you should be more concerned if your scores across a whole range of questions are low, than if just one or two score low.

For GPAQ, you can compare your scores to national benchmarks. These can be found on the web at <http://www.gpaq.info/benchmarks.htm>. In general, we suggest that a difference of 10 percentage points should be taken as being significant. We don't advise concentrating on differences smaller than this.

IPQ results (which are sent to individual practitioners and practices) also give national average figures for individual GPs and nurses, as well as for practices and PCTs. Like GPAQ, these are percentages of the maximum score for each question, and also include an overall score for a quick comparison. We would generally recommend that you don't concentrate too heavily on small differences.

"I can certainly help you establish a patient group to share your results and help improve your practice. One of the things I could do would be to ask the Chair of another practice group to come and talk to you about what they do."

David Brown, PCT Patient Advice and Liaison Service coordinator, Devon

There is growing evidence that a score below 60% is cause for concern with regard to the ratings given for interpersonal skills of individual doctors and nurses. This is based on work with the National Clinical Assessment Authority, and also work done by the Cognitive Institute, (<http://www.cognitiveinstitute.com.au/>), a leading organisation on communications skills training). But of course anything less than 100% suggests room for improvement!

It is worth mentioning that there are 12 core questions within the IPQ and eight in GPAQ, which relate primarily to interpersonal skills. Locums can use these if they want to assess their interpersonal skills.

Comparing your own individual or practice results to benchmark scores is one form of comparison when you are trying to focus attention on areas needing improvement. However, practices may also wish to strive for "excellence" and try to achieve a score of 100%. This approach to improving one's performance is synonymous with the principles of Clinical Governance where improving quality is more about continually trying to improve, and not just being average.

3. Acting on results of patient surveys

3.1. Making change happen

Introduction

The questions in surveys like IPQ and GPAQ have been designed to help practices improve their care. They are not vague or general. They relate to specific aspects of care, where there is clearly something to be done, if the practice judges that improvement is needed (see Box 4).

Box 4 - Examples of items from IPQ and GPAQ, designed to relate to specific aspects of care that can be improved:

- Ease of contacting the practice on the telephone;
- How you are treated by the receptionists;
- Length of time waiting in the practice to see the doctor;
- The doctor's explanation of your problem;
- The amount of time your doctor spent with you today.

The surveys focus on two main areas of care:

- The patient's experience of the practice – waiting times, ease of getting appointments, continuity of care etc;
- The patient's experience of the doctor, in particular communication skills, and inter-personal aspects of care.

Here, we focus on what practices can actually do to improve care in these areas.

There are also questions about practice staff, including nurses (in the postal version of GPAQ only). But both IPQ and GPAQ are also available in versions to be used specifically by nurses. If you are mainly interested in obtaining feedback about nurses, you should use one of these.

Care given by receptionists (GPAQ item 2, IPQ item 21)



Caring receptionists?
Some people may say
there's no such thing!

Receptionists get a bad press in general practice. Yet they are the first point of contact with the practice – whether on the phone or at the reception desk. And it's usually not the fault of the receptionists. They are caught between the patients who want to be seen and the doctors who need their time to be protected. So, if there are problems in how your patients see receptionists, perhaps the first, rather uncomfortable, thought should be how much they present an unfriendly barrier that is – consciously or unconsciously – quite deliberate on your part. Are you embarrassed but secretly pleased when you are very busy and you hear a receptionist giving a patient wanting an appointment a hard time at the desk?

So the first step is for the practice to discuss what sort of front they want to present to patients. This means a meeting between doctors and reception staff. They may want to think about:

- What messages does the practice want receptionists to give out?
- What types of phrasing and language should be used?
- What types of language should be avoided?
- How should receptionists handle patients whose problem can't be resolved – e.g. when there just is no appointment at the time the patient wants?

Receptionists and doctors may benefit from training designed to defuse conflict. Patients often feel stressed and anxious when they are ill. Receptionists need to know how to deal with stressed patients without increasing the risk of conflict or an angry response. In some inner city areas, receptionists are frequent subjects of verbal, and even physical, abuse by patients, and training and discussion are essential for receptionists to handle such situations .

Box 5 - Verbal techniques for defusing angry patients

- I shall do my best ...
- I understand what you are saying but ...
- I'm glad you checked up with me as ...
- Thank you for bringing this to my attention ...
- What is it you would like me to do?
- I am here to help you....
- Can I ring you back about this?

Courses for receptionists

Courses for receptionists are widely available. Speak to your PCT or contact AMSPAR.

Box 6 - During the past year the following AMSPAR qualifications have been accredited by the Qualifications and Curriculum Authority (QCA) and are included in the National Qualifications Framework (NQF).

Diploma in Primary Care Management NQF Level 4
(replacing Diploma in Practice Management)

Advanced Diploma for Medical Secretaries NQF Level 3
(replacing Diploma in Medical Secretarial Studies)

Intermediate Diploma in Medical Reception NQF Level 2
(replacing Diploma in Health Service Reception)

AMSPAR courses. See www.amspar.co.uk

The Medical Defence Societies also run training because they know that a good front desk in a practice reduces the risk of complaints against doctors. The primary care development programme from the MDU, is focused on risk management, and offers training for GPs, nurses, practice managers and receptionists.

http://www.the-mdu.com/gp/services/training_and_education/primary_care_development_programme/index.asp

MDDUS (MDDUS Risk Management Advisory Services 0141 228 1213) also has a receptionist development programme, with two parts:

- Part 1: Why Does Risk Matter? Communication, Working As A Team, Ethics, Reception and Risk and Patients' Rights;
- Part 2: First Aid, Health and Safety Awareness, Managing and Understanding Results, Customer Care and Accessibility, Looking at Quality and Protecting Yourself.

Privacy and confidentiality (IPQ item 22)

IPQ asks about privacy and confidentiality. It is not always easy, but practices may want to think how they could provide some area where patients could talk to a receptionist in private if they wished. Partly because reception areas can often be overheard, responses to this question may indicate that more care needs to be taken

in discussing patients within the reception area.

Waiting times to see the doctor (GPAQ items 4, 5 and 6, IPQ items 3 and 4)

Waiting times are important to patients, and form an important part of government targets for PCTs. Both IPQ and GPAQ ask about patients' experiences of getting appointments, and how they judge the ease of getting appointments.

These aspects of patient questionnaires link also to the access target in the quality and outcomes' framework. The Fellowship by Assessment and Quality Practice Award of the RCGP (www.rcgp.org.uk/rcgp/external/standards) expect practices to have a system in place for monitoring appointments. So there may be a number of reasons why practices wish to improve waits for their appointments.

The promotion of 'Advanced Access' by the National Primary Care Development Team has provided a lot of support to practices wishing to reduce waiting time.

The principles behind Advanced Access are:

- Understanding the pattern of demand for appointments in the practice;
- Matching the capacity of the practice to that demand;
- Providing alternatives to seeing the doctor;
- Dealing with 'today's work' today;
- Getting rid of the waiting list for appointments.

Advanced Access is not a panacea. Flexibility is needed to provide for the different needs of different patients – for example, some people will find it quite inconvenient only to be offered an appointment 'on the day'. However, the principles behind Advanced Access, and the practice support and advice offered by the NPDT should certainly be considered by practices wanting to improve access.

Box 7 - Comments on introducing 'Advanced Access' – from the National Primary Care Development Team website (www.npdt.nhs.uk)

- I've worked here for 15 years: the two weeks since we introduced advanced access have been the best of my working life. Receptionist
- I feel much less stressed, much less hassled. GP
- Can I say how much better the new staff are than the old ones. I don't have to fight to see you. It's so reassuring. Patient, commenting on an unchanged staff team

The National Primary Care Development Team suggests alternatives to consultations as a way of meeting demand such as:

- Moving tasks done by doctors to other health professionals;
- Increasing booked telephone consultations (both for minor illness and follow up of chronic disease);

- Providing self help materials for patients or directing patients to NHS Direct online, e.g. see www.manorhousesurgery.co.uk, www.marplecottage.co.uk;
- Using e-mail consultations. Doctors, practice nurses, health visitors and receptionists can all have separate e-mail addresses;
- Not asking patients to come back on busy days. Patients who come on Monday and need follow up in a week can be asked to come back on Tuesday or Wednesday.

How to monitor waiting times for appointments.

The Advanced Access team recommend using the time to the third next available appointment as a standard method for monitoring progress. Other ways of measuring availability of appointments have been reviewed by researchers from Swansea University (Jones et al. Measuring access to primary care appointments: a review of methods. BMC Family Practice 2003; 4: 8, available at: www.biomedcentral.com/1471-2296/4/8)

Opening hours (GPAQ item 3, IPQ item 1)

Both IPQ and GPAQ ask about patients' rating of the practice's opening hours, with GPAQ asking also about specific additional hours when patients would like the practice to be open.

These can be valuable questions to use if you are thinking about a change in opening hours. For example, a number of practices no longer open on Saturdays, providing care instead in an out of hours centre. Comparing the results of questionnaires between years would give you evidence of whether this had caused problems for patients. Clear explanations of the arrangements for out-of-hours provisions are important in reducing patients' anxiety about this issue.

Waiting time in the surgery (GPAQ item 7, IPQ item 8)

Both surveys ask about patients' experiences of waiting in the surgery. Demand fluctuates, as does the type of problem seen in each surgery. So you will not be able to avoid some times when patients wait a long time. Under those circumstances, patients find it very helpful if they are told that there is likely to be a delay – and the reason if, for example, a doctor has been called out on an urgent visit.

If your patients always wait a long time, then you might want to think about how to reduce the waits; not least because it will reduce the stress on doctors and other staff if they are not always running late, in addition to providing a better service for patients. If your patients always have to wait a long time, you could think about the following:

- Increase booking interval. If you book at five minute intervals, and your doctors in practice always spend 7 minutes with patients, then a two hour booked surgery will always run over three quarters of an hour late. Acknowledge reality!
- Break up long surgeries with administrative / coffee time. For example, a three hour surgery session may be better booked as two one and a half hour surgeries with a half hour break in the middle. That admin or coffee time is going to be taken sometime anyway, and if the break is there, it allows the doctor to catch



up, greatly reducing his or her stress when running behind.

- Provide different length appointment times, where the patient can decide on the duration required.

Getting through to the practice on the phone (GPAQ item 8, IPQ item 2)

If your survey has been done during a surgery session, be sure to note when it was done. Answers to this question are likely to be worse, for example, on Monday morning. This may have influenced when you did your survey if you wanted to show yourself up in a good light. If so, think about what it is like for patients on Monday morning. Do you need more phone lines? Or is this a time you might choose to have a nurse available for a telephone triage surgery. Some practices (quoted in www.npdt.nhs.uk) have found that up to 40% of requests for same day assistance can be dealt with by nurse telephone triage.

Speaking to a doctor on the phone (GPAQ item 8b, IPQ item 6)

Both questionnaires ask about being able to speak to a doctor on the phone. Not all practices provide this facility, even though it is highly valued by patients, and can reduce workload for doctors. Phone consultations should be booked into regular surgeries like other consultations (though shorter), and the patient given an approximate time when the doctor will ring. This makes the workload from phone consultations predictable for doctors, and patients know when to be available. Practices not offering phone appointments are missing a good opportunity to reduce the demand for surgery appointments.

Continuity of care (GPAQ item 9, IPQ item 5)

Continuity of care is a core value of general practice, and is highly valued by patients. Continuity of care can have various meanings, but in the context of these surveys, it's about being able to build up a relationship with a doctor of the patient's choice. Patients expect very high standards of access, as well as very high standards of continuity of care, and it's hard to provide the two at the same time. Nevertheless, with all the emphasis there is in the NHS on access targets, it's very important that continuity of care doesn't get swept aside. Many people believe that, at a time when primary care risks getting fragmented with new types of care (e.g. walk in centres etc), it is all the more important that patients are able to engage in a long term relationship with their GP.

So both GPAQ and IPQ have questions about how easy it is for patients to get to see their 'usual doctor', or the doctor of their choice. These are not quite the same, and patients will not always want to see the same doctor. Or there may be times when they do not mind who they see.

If you want to monitor progress in providing continuity of care, you can do this by repeating a survey, or by measuring continuity directly from the notes. The easiest way to do this is to take a sample of notes and measure the proportion of consultations that occur with the doctor seen most frequently (this can be usually be done on handwritten notes on the basis of recognising the handwriting of different doctors). The only catch here is that you need to make sure that the average number of times that your sample of patients has seen the doctor is roughly the same in any two periods you are comparing.

3.2 Communicating with patients

A large part of the questionnaires is to do with how you communicate with patients. This is a key part of general practice, and this is the only place in the contract it is specifically assessed and rewarded.

Look at the results from your questionnaire that refer to the quality of your consultations - with either the GP or the nurse. Both IPQ and GPAQ have versions that deal specifically with nurse consultations. While this is not specifically part of the contract, there are many practices in which nurses will be interested to survey patients about their own care.

Think about these aspects of communication:

How do you open the consultation?(IPQ items 10 and 16)

How you begin a consultation has an impact on what happens afterwards. What do you say to the patient? Do you address him or her by name? How appropriate is your form of greeting?

How well have you explored the patient's symptoms and how they are feeling? (GPAQ item 10a, IPQ item 15)

How well have you clarified the patient's problem? We know from research into the consultation that doctors and patients often don't agree what the presenting problem actually is, but where they do achieve agreement this can significantly contribute to patient satisfaction.



In order to clarify problems effectively you need to be able to pick up on verbal cues and non-verbal cues (see Box 8). Cues are clues to what the patient's problems are - use of particular words, change in tone of voice or

posture. Being able to recognize and respond to cues is particularly important in detecting emotional problems, and emotional reactions to physical problems.

Box 8 - Responding to cues – e.g. after a patient has mentioned feeling tired and fed up

Ways of using verbal cues:

Repeating the patient's own words: 'Completely tired and fed-up'

Asking an open question: 'Can you tell me a bit more about feeling fed up?'

Seeking clarification: 'What do you mean by completely tired and fed-up?'

Asking for an example: 'Tell me about the last time this happened...'

Responding to non-verbal cues:

Commenting on what you observe: 'You do look pretty exhausted'

Asking a question too: 'You look exhausted - how has all this been affecting you?'

How well have you listened to what the patient has to say? (GPAQ item 10b, IPQ item 10)

Box 9 - Using active listening skills

Open ended questions: questions that cannot be answered in one word:
e.g. How is your appetite?

Checking: repeating back to the patient to make sure that you have understood:
e.g. So you didn't vomit at all yesterday?

Facilitation: encouraging patient both verbally ('go on...') and non-verbally (nodding)

Legitimizing patient's feelings:
e.g. by saying: 'this must worry you a great deal.'

Surveying the field: indicating you would like to hear more:
e.g. by saying 'Is there anything else?'

Empathic or supportive comments:
e.g. 'It must have been tough for you lately'

Offering support:
e.g. 'I'm trying to work out what we can do to help'

Negotiating priorities: if there are several problems ask which one needs to be addressed first.

Summarizing: summarize what you have been told so far. This indicates that you are listening and can help to control the flow of the interview if there is too much information. It also gives you a chance to get your thoughts together.

How do you put the patient at ease during your physical examination? (GPAQ item 10c, IPQ item 16)

Think about what you say to a patient to prepare them for the examination. Do you explain what you're going to do? How you arrange for a chaperone to be present if this is indicated? This can be an important time for picking up on what the patient is really worried about and sometimes the most important topics are raised during a physical examination.

How much do you involve patients in decisions about their care? (GPAQ item 10d. IPQ item 18)

Patients vary considerably in how much they want to be involved in decisions. At one end of the spectrum is the person who wants the doctor to advise them what to do. At the other end is the person who wants to be fully informed about the options and come to their own decision.

You have to use your consulting skills to work out the extent to which each patient wants to be actively involved in decision-making. Are you getting the balance right?

Look at how individual patient responses to this question compare with other ratings in order to try and work out where you are going wrong. Difficulties here may be related to how thoroughly you assess the problem, your listening skills, how well you explain problems, and your patience in dealing with questions or worries.

How good are you at explaining the nature of problems and their treatment? (GPAQ item 10e. IPQ items 13 and 14)

When you provide information you have to consider the three key questions:

- What does the patient already know?
- What does the patient want to know?
- What does the patient need to know?

The first question emphasizes the importance of building on the patient's existing understanding, adding to what he or she already knows, and correcting inaccuracies. The second and third reflect the need to address two often quite different agendas, the patient's and doctor's. You cannot provide effective reassurance unless you have first explored what the patient's worries and concerns actually are. For the patient, reassurance is often more about the doctor being on their side or having their best interests at heart, rather than assuring the patient that all will be OK.

How do your patients feel about the amount of time that you spend with them? (GPAQ item 10f. IPQ item 17)

Time is always a controversial topic. Some doctors are naturally 'slow consulters' and always run over time. Others are the opposite. But there is actually quite a lot that you can do in a short consultation, and long length is not necessarily synonymous with efficiency or greater patient satisfaction. What matters for the patient is that they feel that they have had good value. Nevertheless it's difficult to achieve very much in less than seven-and-a-half minutes.

The new contract offers an additional incentive to practices, which book routine appointments at ten minute intervals.

How patient are you with your patient? (GPAQ item 10g. IPQ items 15, 16 and 19)

How good are you at really addressing the patient's agenda? Do you give patients an opportunity to ask questions or express their worries and fears when you have given them information or advice? When people come to the doctor they often have ideas about their problems, anxieties and concerns that reflect these ideas. They are also likely to have hopes and expectations concerning the care that they will receive. Do you give them space to express these?



Do you demonstrate caring and concern? (GPAQ item 10h. IPQ item 19)

We demonstrate our concern using the skills discussed above but also by saying things to patients that show we understand, or think we understand, how they're feeling. How often do you make empathetic or supportive comments? How do you respond when people demonstrate strong emotions such as anger or fear? You may feel concerned - but unless you find ways of showing this to the patient you may come over as cold or uncaring.

What can you do to improve your consulting skills?

The most effective way to change the way that you consult is to record your consultations and review them. However a briefer alternative, at least to introduce the topic of improving communication skills, is to take an on-line course (see www.healthcareskills.nhs.uk for a course that will take you 2-3 hours). A video, with an accompanying workbook, entitled "Doctors Advancing Interpersonal Skills" is available from Client Focused Evaluations' Programme. Visit the IPQ Web site (www.cfep.net) and click on the Follow-up Activities link for more details about this.

Setting up the surgery to record consultations:

You can either use audiotape or videotape. Training practices will be used to videotaping consultations, as submission of a videotape is part of the MRCGP exam. Having good sound is most important. It also helps if you can see both doctor and patient, though in a small room it isn't always easy to get both in the shot. If you can't get both you and the patient in, ensure that you can see yourself so that you can observe your own behaviour in the consultation when you come to look at the recording.

You need to get patients' consent before you record their consultations. The box overleaf shows a standard consent form.

A word about video cameras:

Many people now own digital video cameras (camcorders) for home videoing. If you are not technically minded: most digital camcorders record on to a small digital video tape (around £2.50 a tape), which lasts for about 2 hours on long play (but we would recommend that you always use short play = 1 h).

PATIENT CONSENT TO VIDEO RECORDING FOR ASSESSMENT PURPOSES

Date.....
Patient's name.....
Name(s) of person(s) accompanying patient.....

Dr, whom you are seeing today, is hoping to make video recordings of some consultations. The videos are being used to help the doctor improve the way that he or she consults.

The video is ONLY of you and the doctor talking together. Intimate examinations will not be recorded and the camera will be switched off at any time if you wish. All video recordings are carried out according to guidelines issued by the General Medical Council. It will only be used to assess the doctor whom you are consulting. The tape will be securely stored and is subject to the same degree of confidentiality as your medical records. The tape will be erased as soon as practicable and in any event within three years. The security and confidentiality of the video recording are the responsibility of the doctor.

- You do not have to agree to your consultation with the doctor being recorded. If you do not want your consultation to be recorded, please tell Reception. This is not a problem, and will not affect your consultation in any way. But if you do not mind your consultation being recorded, we are grateful to you. If you wish, you may view the tape recording before confirming your consent.
- If you consent to this consultation being recorded, please sign where shown below. Thank you very much for your help.

TO BE COMPLETED BY THE PATIENT

I have read and understood the above information, and give my permission for my consultation to be video recorded.

..... Date
Signature of the patient BEFORE THE CONSULTATION

..... Date
Signature(s) of any person(s) accompanying the patient

After seeing the doctor I am still willing / I no longer wish my consultation to be used for the above purposes.

..... Date
Signature of patient AFTER THE CONSULTATION

..... Date
Signature of any person(s) accompanying the patient

A word about video cameras:

Many people now own digital video cameras (camcorders) for home videoing. If you are not technically minded: most digital camcorders record on to a small digital video tape (around £2.50 a tape), which lasts for about 2 hours on long play (but we would recommend that you always use short play = 1 h). The tape has to be played back to television through the camera. You will probably need a 'scart' adapter to plug your camera into the TV, unless the TV has digital input sockets. You can also transfer what's on the tape to ordinary VHS by plugging the camera into an ordinary video recorder – again you'll probably need the scart adapter.

Recording consultations



Plan to record at least one surgery and do the following:

- Let people know when they are booking an appointment that you will be recording;
- Put a sign up in reception and/or ensure that all patients are informed that you are recording;
- Get your receptionist to ask all patients if they are willing to be recorded and to fill in a consent form;
- Check that patients have consented as they come in to see you and record consecutive attenders;
- After the consultation ensure that the patient signs again that they are willing to let you keep the tape for the purposes of your education (but it should be wiped immediately after you have watched it);
- Ensure that you record on a simple diary sheet, which patients have agreed to be videotaped- this helps you to find your way around the recording!
- Ask patients to fill in a questionnaire about the consultation. You may use the IPQ or GPAQ again so that you can focus on how your perceptions of the consultation compare with the patient's own views. Make sure that the patient understands that you will be seeing their individual responses.

Reviewing recordings of your consultations:

If patients have completed the GPAQ or IPQ, you can look through the responses (having ensured that you have their permission) and have these to hand as you look at the tape. Just looking through the tape on your own and reading what your patients have written will be helpful in beginning to understand your strengths and weaknesses.

However, in order to really try and improve what you do, you need to be more systematic. This means either trying to audit your behaviour in a series of consultations against a predetermined checklist of 'good' behaviours or reviewing your tape in a group setting where you get feedback from colleagues who have also agreed to show their tape.

Auditing your own consultations

You can audit your consultations against a checklist of 'good' behaviours that have been developed as a result of extensive research into the consultation. The RCGP criteria for MRCGP can be useful for this. For full information see their handbook at www.rcgp.org.uk/rcgp/exam/videoworkbook/intro.asp These criteria are summarized below.

Box 10 - MRCGP interviewing skills' checklist

Discover the reasons for a patient's attendance

- a. Elicit the patient's account of the symptom(s) which made him/her turn to the doctor:
 - the doctor encourages the patient's contribution at appropriate points in the consultation
 - the doctor responds to cues
- b. Obtain relevant items of social and occupational circumstances:
 - the doctor elicits appropriate details to place the complaint(s) in a social and psychological context
- c. Explore the patient's health understanding:
 - the doctor takes the patient's health understanding into account
- d. Enquire about continuing problems:
 - the doctor obtains enough information to assess whether a continuing complaint represents an issue which must be addressed in this consultation

Define the clinical problem(s)

- a. Obtain additional information about symptoms and details of medical history:
 - the doctor obtains sufficient information for no serious condition to be missed
 - the doctor shows evidence of generating and testing hypotheses

- b. Assess the condition of the patient by appropriate physical or mental examination:
 - *the doctor chooses an examination which is likely to confirm or disprove hypotheses which could reasonably have been formed OR to address a patient's concern*
- c. Make a working diagnosis:
 - *the doctor appears to make a clinically appropriate working diagnosis*

Explain the problem(s) to the patient

- a. Share the findings with the patient:
 - *the doctor explains the diagnosis, management and effects of treatment*
- b. Tailor the explanation to the patient:
 - *the doctor explains in language appropriate to the patient*
 - *the doctor's explanation takes account of some or all of the patient's elicited beliefs*
- c. Ensure that the explanation is understood and accepted by the patient:
 - *the doctor seeks to confirm the patient's understanding*

Address the patient's problem(s)

- a. Assess the severity of the presenting problem(s):
 - *the doctor differentiates between problems of differing degrees of severity and manages each appropriately*
- b. Choose an appropriate form of management:
 - *the doctor's management plan is appropriate for the working diagnosis, reflecting a good understanding of modern accepted medical practice*
- c. Involve the patient in the management plan to the appropriate extent:
 - *the doctor shares management options with the patient*

Make effective use of the consultation

- a. Make efficient use of resources:
 - *the doctor makes sensible use of available time and suggests further consultation as appropriate*
 - *the doctor makes appropriate use of other health professionals through investigations, referrals, etc*
 - *the doctor's prescribing behaviour is appropriate*
- b. Establish a relationship with the patient:
 - *the patient and doctor appear to have established a rapport*
- c. Give opportunistic health promotion advice:
 - *the doctor deals appropriately with at-risk factors within the consultation*

We know from research that self-audit can be effective - but it needs to be focused.

Try the following exercise, which was developed by Professor Amanda Howe:
(Howe A. Detecting psychological distress: can general practitioners improve their own performance? British Journal of General Practice 1996; 46: 407-10)

- Try to set aside times to do this exercise when you are unlikely to be disturbed, and are not too tired. You will need your full attention to get the best from the material;
- You can take as much or as little time as you want, but complete the review of one consultation in one session. You may want to watch the consultation more than once, but do not spend too much time trying to classify your actions. Explore each consultation once only and do not go back over a tape much later and change your findings;
- The outline for reviewing the consultation is a guide only. Focus on the areas which it addresses, but it is fine to reflect on other areas as well (e.g. your choice on management). The patient's behaviour is of course relevant and you will find reference to their records and any questionnaire they filled at the time of the consultation very helpful too.

Starting the tape

- Let the tape run for about 30 seconds and then STOP.
- What have you already noticed about the patient?
Make a brief note of the following: -
 - How did you greet the patient?
 - Eye contact at start?
 - Any comments on the seating arrangements?
 - The patient's first statement?
- Your response?
- What have you noticed so far about how YOU may have been feeling at the time?

What happened next?

Try to notice as much as possible, both about what you see happening on the tape and how it makes you feel. Classifying your words and actions may seem difficult, but it will help you to get a clear sense of what you did. It's easy to be too hard on yourself, or to ignore subtle aspects of your behaviour.

Pay particular attention to the following:

- How you helped the patient to talk;
- The type of questions that you asked;
- How you made sure you had understood;
- How you structured the consultation.

To help you focus, try to write down an example of:

1. An OPEN question
2. A CLOSED question
3. Something you SAID or DID that showed you were interested in how they were feeling?
4. Something you SAID or DID that helped the patient to show their feelings?
5. A way you showed understanding (of their concerns or feelings?)
6. Anything else about this interview that strikes you—your own behaviour, the patient's response?

Overall observations

Did I: (mark your assessment of your performance on the scale*)

1. Seem to be in a hurry?

Not at all _ _ _ _ _ Most of the time

2. Look at the patient?

Not at all _ _ _ _ _ Most of the time

3. Have a good rapport with the patient?

Not at all _ _ _ _ _ Most of the time

4. Listen to what the patient said or asked?

Not at all _ _ _ _ _ Most of the time

5. Explore psychosocial aspects of the patient's problem?

Not at all _ _ _ _ _ Most of the time

6. Achieve a balance between 'open' and 'closed' questions?

Not at all _ _ _ _ _ Most of the time

7. Control the consultation?

Not at all _ _ _ _ _ Most of the time

Anything else, which strikes you about this consultation?

* We are grateful to Professor Amanda Howe for permission to reproduce this scale. For further queries, she may be contacted at the School of Medicine Policy and Practice, University of East Anglia, Norwich NR4 7TJ

Finally think about how you feel...(focus on the feelings that you have now watching the tape):

- Anything you liked about what you did?
- Anything that got in the way of how you wanted to be?
- Any strong feelings? About yourself? About the other person? About what you wanted out of the situation? About their expectations of you?
- Anything you would like to say or do differently given the chance?
- What might you say/do instead (be specific!)?

Looking at your videotapes with colleagues

Probably the most effective way to improve your consulting skills is to look at videotapes in a group setting. Your local GP trainer group will be a good source of expertise in how to do this, as they will be regularly working with GP registrars.

You may decide to set up a small group in your practice or with other colleagues locally to look at consultations. It's important to have ground rules for such a group so that it is experienced as constructive and not overly critical. This simple method based on Pendleton's Rules (see reading list below) is a good starting point:

- The person showing the tape begins by saying what they think went well in the consultation;
- Other people in the group say what they think went well;
- The person showing the tape says what they might have done differently to make the consultation more effective;
- The other people in the group comment on those parts of the consultation which could have been done differently. It's important that they make specific suggestions about how the consultation could have been improved.

Further reading about consultation skills:

The Medical Protection Society recently produced a good basic guide to communication skills: www.mps.org.uk/gpregistrar (see September 2003 issue) which you can download.

Tate P. The Doctor's Communication Handbook. Third edition. Radcliffe Medical Press, Oxford, 2001- a good introduction to the subject

Pendleton P, Schofield T, Tate P, Havelock P. The new consultation. Developing doctor-patient communication. Radcliffe Medical Press, Oxford, 2003 - new edition of the classic text.

Silverman, J., Kurtz, S. & Draper, J. Skills for communicating with patients. Radcliffe Medical Press, Oxford, 1997

The blank space!

Both IPQ and GPAQ provide a blank space for extra comments. These often contain the most interesting comments. Especially if someone else is doing the analysis of IPQ or GPAQ, make sure that you get a printout of the comments. Such comments will also

prove very useful if you decide to form a patient group to help you with implementing changes in your practice.

“I think it was useful. It does focus the mind and I think some of the comments were very useful. Rather than waiting for something bad to happen and then get a comment in a box, it does give us an immediate input and a lot of information about how people think things ought to be moving.”

Nick Law, GP, large city practice, Norfolk

3.3 Using surveys to produce change and gain more quality points

Remember that a survey is only a tool for gaining useful information: the challenge is how to translate this into visible change and produce improvement.

This process is essentially a social one and, as discussed elsewhere, to be most effective, it needs to involve your patients.

Quality points

1. To meet the minimum requirements of the GMS2 Quality Framework a practice must implement one of the recognised practice questionnaires (at present, IPQ or GPAQ). This entitles the practice to **40 quality points**. To qualify for additional points:
2. A practice must meet as a team, discuss and reflect on its results and propose changes in order to qualify for a further **15 quality points**. Evidence for this could be the minutes of the practice meeting, or completion of a pro-forma questionnaire, based on actions agreed at the practice meeting, provided by the survey organisation.
3. Discussion of the results with a patient group or Non-Executive member of the PCT, with some demonstration of consequent change, will qualify the practice for a further **15 quality points**. Evidence for this could be the minutes of two consecutive meetings, including recorded actions and evidence of their impact. Where a Non-Executive is involved, their testimony would probably be sufficient for the PCT.

At the very best, surveys offer the opportunity for transformational change within the practice. Where practices have energetically embraced involving patients in the design of services, both staff and patients have been able to see clear improvements. This has been the clear experience of the Active Patient Involvement project of North & East Devon Healthcare Community. See section 2.3 on Critical Friends' Groups for more details.

Patients consistently record the highest levels of satisfaction with primary care services, the highest in any public organisation. So practices don't have much to fear.

Yet patients still find things that need improvement. Issues such as waiting times for appointments, waiting times in the surgery and getting the doctor of choice all feature highly in patients' wish-lists. These may not be achievable in these days of part-time working and political targets around waiting times. However, patients can be included in discussions about trade-offs between these various elements, and involved in analysing the impact on further satisfaction ratings.

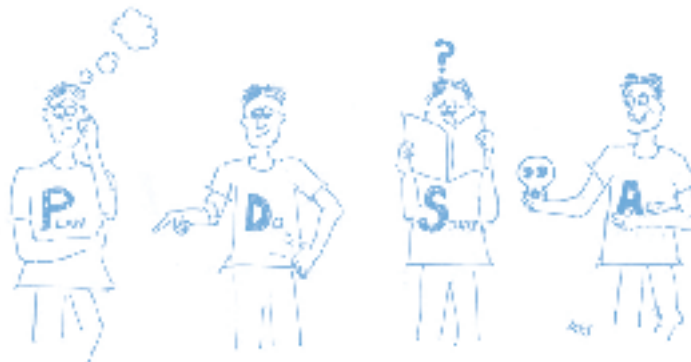
"I think dissemination of information is important. I didn't know there was a 10 minute allocation of time. Clearly if you've got a big problem it's going to take more than 10 minutes to resolve. If you've got the facility to tell them in advance, to ask for 20 minutes – I think that's marvellous."

Michael Sadler, patient, large rural practice, Somerset

3.4. Measuring change: how to tell if things have improved

If you have tried to make changes in your practice, you will want to know if they have made a difference. It's likely, however, that just doing a survey may not be sufficient to bring about future improvement in scores (Carter M, Greco M, Sweeney K et al. Impact of systematic feedback on general practices, staff, patients and primary care trusts. Education for Primary Care 2004; 15:1). Such improvement may occur only when there is a concerted effort by the practice staff to put into action strategies targeted at specific areas in need of change.

Often, you will want to know whether changes you have made (e.g. making phone appointments available) have been successful. You may want to develop your own way of auditing that. Choose simple things that you can measure, and can measure easily. You need rapid feedback for you or your staff as to what differences you are making.



PDSA cycles

The model for improvement adopted and promoted by the National Primary Care Development Team (www.npdt.nhs.uk) consists of two parts that are of equal importance:

Part 1 is the **thinking part** and includes three fundamental questions:

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What changes can we make that will result in improvement?

Part 2 is the **doing part**, consists of cycles known as PDSA cycles, to assist with making rapid change:

- Plan;
- Do;
- Study;
- Act.

The basic premise of the model is that a planned approach to improvement ensures a better chance of success. The PDSA cycles allow you to test out ideas developed from question 3 (above). It is advisable to try out a small scale change to begin with, and rely on using many consecutive cycles to build up information about how effective your change is.

Box 13 - Example of a PDSA cycle

Objective: To assess the acceptability to patients of telephone consultations.

Plan: Give out a questionnaire to all patients attending the surgery over a week.

Do: 120 questionnaires given out.

Study: Out of 120 questionnaires:

- 98 would be happy to speak to a doctor on the phone.
- 35 felt that what they were seeing the doctor for could have been dealt with on the phone.
- 26 did not agree with telephone consultations

Act: Dr W to initiate more telephone consultations and the subject to be discussed at the next practice meeting.

It is important to remember that PDSA cycles cannot be too small, and it is best to apply them to a series of linked, small-scale changes. Measuring and recording the results of these small-scale changes is essential, as this will help you learn from the experience. You will then be in a position to share your learning among your own team and beyond. Improvement is nearly always a team endeavour – try to ensure that you involve the right people in your work.

Repeating the patient survey

You may also wish to repeat the patient survey. If this is being done because of problems about communication in consultations, you may want to do this quite informally from time to time. If a survey has highlighted some aspect of care needing attention, then you will want to know if what you did improved things. Or you may want to see if things have improved on their own if you have chosen to concentrate on other aspects of practice development.

3.5 Doing an annual survey

The annual survey that is rewarded in the contract will be an important time to tell if things have changed. The recommended numbers for GPAQ and IPQ surveys (around 50 patients per doctor) should be regarded as a minimum; they are designed to be a balance between giving a practice a reasonable idea about their care and not being too much of a burden to practices. These numbers are enough to tell whether a doctor or practice is really unusual (i.e. unusually well or poorly regarded by their patients). Surveying more patients will give you a more accurate assessment of your patients' views. If concerns have been raised in a previous survey, you might wish to survey more patients in the next annual survey, e.g. by doubling the number of patients you include.

“The fact is that we would like to do it again. We found the comments constructive and we didn't feel terribly pressurised by them. We thought they were probably truthful, and it was a good learning aid to us. And that's why we would really like to do it again, to see if any of the things we're hoping to change have actually made a difference. And if not, why not, really.”

Louisa Morgan, Practice Manager, small rural practice, Devon

Appendix 1. How to do a patient survey

There are three stages to completing a patient survey successfully

- Stage 1 Preparation
- Stage 2 Conducting the survey
- Stage 3 Analysing the results

If you are using the IPQ or one of the accredited services to assist, then you will not have to worry about Stage 3, and you can also get advice on Stages 1 and 2 (see <http://www.cfep.net>).

Stage 1 - Preparation

The key decisions to be made are:

1. Which questionnaire will you use?

At present, you have the choice of IPQ or GPAQ. Both questionnaires are simple to complete and take about five minutes.

2. How will you administer the questionnaire?

IPQ is only administered by handing it out to patients in surgery. GPAQ can be administered by handing it out to patients in surgery, or through a postal survey. The postal survey may be less disruptive to the everyday running of the practice, but may require more preparation, may get a low response rate, incurs postal costs, and cannot be used to collect data on individual doctors. Individual level feedback is likely to be important for appraisal and revalidation.

3. How many questionnaires will be collected per doctor?

If the practice wishes to know about the scores of an individual doctor, current evidence suggests that, a minimum of 50 questionnaires are required for each doctor. If more are collected, the results will be more reliable.

If using a postal survey (not suitable for collecting data on individual doctors), one way of cutting down non-response is to send out a second reminder questionnaire after a couple of weeks, although this will incur further costs.

If the practice wishes to know about the scores of the practice as a whole, then the required numbers are 100 for 2 GPs, 150 for 3-4 GPs, 200 for 5-7 GPs, and 300 for 8 or more GPs.

Consider whether you have patients whose first language is not English. You may need translations of the questionnaire (available on the GPAQ Web site and from the suppliers of IPQ) or interpreters available to help patients complete these in the surgery.

Stage 2 – Carrying out the survey

Conducting a survey of consulting patients at the practice (IPQ or GPAQ)

1. Obtain sufficient copies of the relevant questionnaire (from the approved suppliers for GPAQ and for IPQ. This is handled by the suppliers when you arrange to do the survey).
2. Brief the reception staff on the aim of the survey, and the correct procedures to follow. Reception staff need to know:
 - a. Which doctors are undertaking the survey? If a number of doctors are being assessed at the same time, it will be necessary to give questionnaires a code number (the suppliers will do this when you apply to do IPQ) and ensure that the right questionnaires are given to the right patients.
 - b. Which patients should not be given the questionnaires (see '5. exclusions' below)?
 - c. When the questionnaires should be handed out? In order to get as representative a sample as possible, it is important that questionnaires are collected from a number of different surgeries and days of the week if possible. The best way is to randomly choose selected surgery sessions. Make sure you make a note for yourself of the date and time on which the survey was carried out.
 - d. What to tell patients. It may be useful to have a set statement that receptionists can use, telling the patients that a survey is being conducted, and that the practice would be grateful if they would fill out the form following their consultation with the doctor. Further details could be given in an information sheet given out at the same time. It is important that the reception staff are positive about the survey, so that patients feel they are taking part in a worthwhile exercise. This is why it is important to hold a pre-survey staff meeting.
3. Provide notices and written information for patients about the aim of the survey, highlighting the confidentiality of their responses and indicating what the practice intends to do with the data.
4. Provide pens, clipboards for patients to rest their forms on, and a box or other storage facility where patients can return their forms in confidence. They should be told to return the questionnaires to the box, rather than to the reception staff directly. They should be told not to write their name on the questionnaire.

5. It is important that all patients who are able to complete a questionnaire are asked to complete one.
- a. Receptionists or other staff should generally not make assumptions about who can give a valid response to a questionnaire.
 - b. Valid exclusions are patients who are too ill to complete a questionnaire, or who have reading or language difficulties. These judgements are generally best left to the patient. Temporary residents should also be excluded.
 - c. If patients do not read English well enough to understand the questionnaire, and no translations are available, they should only complete it if there is a relative or friend who can translate. Both questionnaires are available in several languages, details of which can be found in Appendix 2.
 - d. Omitting particular patients may give biased results and will mean that the experiences of some patients will not be recorded, but there is evidence that you cannot predict which patients will give more positive results. So it's best not to try.
 - e. Patients should be reminded that they can look at the questionnaire before their consultation, but that they should not complete it until they have had their consultation. They can be asked to wait a few minutes after their consultation to complete the questionnaire, or given an SAE to return it at a later date. You may well have to have a member of staff in reception to ensure that patients do give back their questionnaires before leaving the surgery. If patients do not wish to remain for the few minutes they can post their questionnaire back to the surgery, but this should be avoided if possible as it lowers the response rate and delays the data becoming available.



Guidelines for receptionists are provided in survey packs sent out by the suppliers of IPQ.

Notes for reception staff

Thank you very much for doing the most difficult part of this survey – getting patients to participate. Your role is the key to obtaining a good response rate and a useful survey.

1. Read the questionnaire so you are familiar with it.
2. Be sure you are clear about the procedure and have discussed the plan with your practice manager.
3. It is most important not to influence how patients might answer.
4. It is important that as many questionnaires as possible are fully completed by patients. Do not select patients in any way. You should have a representative sample of consecutive patients.
5. Ask patients to complete the questionnaire in a way that makes them feel it is worthwhile.
6. Patients must be sure that they cannot be identified so that they feel they can say whatever they wish. Don't try to work out which patient has completed which questionnaire!
7. Encourage patients to complete their questionnaire before they leave the surgery. Otherwise, give them a stamped addressed envelope, or be sure that there are going to bring it back by hand.
8. Some patients will have to be excluded. They are:
 - patients under age 16;
 - temporary residents;
 - those who cannot read or write, or cannot read the language in which you have got questionnaires available;
 - those who because of their illness cannot complete the questionnaire.

Conducting a postal survey (GPAQ only)

1. Obtain sufficient copies of the relevant questionnaire.
2. Identify a sample of patients from the practice records. This should be a random sample of eligible patients. Make sure you don't include those under 16, for example, or patients who have recently died.
3. Each questionnaire sent to a patient needs to have a code so that it can be tracked and written reminders sent, or phone calls made, if they do not respond.

4. Write a covering letter about the aim of the survey, highlighting the confidentiality of the responses and the fact that their responses will not affect their future care. It might be useful to indicate what the practice intends to do with the data. It is also important to explain why the questionnaire has a code. Patients might be encouraged to call the practice if they have questions.
5. It may be important to provide help for patients whose first language is not English. For example, a telephone number could be provided for patients to call and complete the questionnaire over the phone, if they speak sufficient English. If possible, valid translations of the questionnaire might be used.
6. Provide a stamped addressed envelope for return of the questionnaire.
7. Send the questionnaires, and keep records of response rates over 2-3 weeks. If response rate is low, send a reminder at this time with another copy of the questionnaire. Response rates of over 70% are generally seen as giving reliable results.
8. Remember the whole process may take between 1 and 2 months.

Stage 3 - Analysing the data

If you are using one of the accredited services or IPQ, then the analysis will be done for you, and there is no need to read this section.

However, if you want to do the analysis yourself, you will need to type the data into a relevant programme, such as Excel or SPSS.

For GPAQ, an Excel programme is available on the GPAQ website for individual practices who wish to analyse their own data. This produces summary statistics for your practice when linked to a standardised report in Word, which can also be downloaded freely from the website. If you want to do more complex analyses of GPAQ data, e.g. comparing the responses of different age groups or ethnic groups, and have experience using SPSS (a statistical software package) the GPAQ manual contains SPSS software to enable you to do this. You will need SPSS already installed on your computer to use.

Appendix 2.

This appendix includes reproductions of IPQ and the consultation and postal versions of GPAQ.

IPQ is available in a number of different languages, including Arabic, Cantonese, Czech, Farsi, Gujurati, Hindi, Italian, Portuguese, Punjabi, Pushto, Somali, Tamil, Urdu, Welsh. Please contact IPQ via their website (www.ex.ac.uk/cfep/ipq.htm) for details of further translations. There is also a version of IPQ for nurses and for Allied Health Professionals.

(www.gpaq.info). GPAQ is available in Urdu and Gujurati translations. Translations will also be available later in 2004 in Arabic, Somali, Urdu, Punjabi and Chinese (Mandarin). These will be available from Patient Dynamics, one of the approved suppliers of GPAQ analysis services (<http://www.patientdynamics.org.uk>). Details of other translations of GPAQ will be made available on the GPAQ website when they are available. GPAQ also has a version for nurses to use, available from the GPAQ website.

IMPROVING PRACTICE QUESTIONNAIRE

DOCTOR'S NAME: _____

YOU CAN HELP THIS GENERAL PRACTICE IMPROVE ITS SERVICE

- **The practice and the doctors at this surgery would welcome your honest feedback.**
- **Please do not write your name on this survey.**
- **Please read and complete this survey after you have seen the doctor.**

PLEASE RATE EACH OF THE FOLLOWING AREAS BY CIRCLING ONE NUMBER ON EACH LINE.

	Poor	Fair	Good	Very Good	Excellent
ABOUT THE PRACTICE					
1. Your level of satisfaction with the practice's opening hours	1	2	3	4	5
2. Ease of contacting the practice on the telephone	1	2	3	4	5
3. Satisfaction with the day and time arranged for your appointment	1		3	4	5
4. Chances of seeing a doctor within 48 hours	1	2	3	4	5
5. Chances of seeing the doctor of <u>your</u> choice		2	3	4	5
6. Opportunity of speaking to a doctor on the telephone when necessary	1	2	3	4	5
7. Comfort level of waiting room (eg. chairs, magazines)	1	2	3	4	5
8. Length of time waiting in the practice to see the doctor	1	2	3	4	5
ABOUT THE DOCTOR (<i>whom you just saw</i>)					
9. My overall satisfaction with this visit to the doctor was ...	1	2	3	4	5
10. The warmth of the doctor's greeting to me was ...	1	2	3	4	5
11. On this visit I would rate the doctor's ability to really listen to me as ...	1	2	3	4	5
12. The doctor's explanations of things to me were ...	1	2	3	4	5
13. The extent to which I felt reassured by this doctor was ...	1	2	3	4	5
14. My confidence in this doctor's ability is ...	1	2	3	4	5
15. The opportunity the doctor gave me to express my concerns or fears was ...	1	2	3	4	5
16. The respect shown to me by this doctor was ...	1	2	3	4	5

PLEASE TURN OVER

ABOUT THE DOCTOR (Continued....)	Poor	Fair	Good	Very Good	Excellent
17. The amount of time given to me for this visit was	1	2	3	4	5
18. This doctor's consideration of my personal situation in deciding a treatment or advising me was	1	2	3	4	5
19. The doctor's concern for me as a person in this visit was	1	2	3	4	5
20. The recommendation I would give to my friends about this doctor would be	1	2	3	4	5

ABOUT THE STAFF

21. The manner in which you are treated by the reception staff	1	2	3	4	5
22. Respect shown for your privacy and confidentiality	1	2	3	4	5
23. Information provided by the practice about its services (eg. repeat prescriptions, test results, cost of private certificate)	1	2	3	4	5
24. The opportunity for making compliments or complaints to the practice about its service and quality of care	1	2	3	4	5

FINALLY

25. The information provided by this practice about how to prevent illness and stay healthy (eg. alcohol use, health risks of smoking, diet habits, etc) was	1	2	3	4	5
26. The availability and administration of reminder systems for ongoing health checks is	1	2	3	4	5
27. The practice's respect of your right to seek a second opinion or complementary medicine was...	1	2	3	4	5

Any comments about how this practice could improve their service? _____

Any comments about how the doctor could improve? _____

The following questions provide us only with general information about the range of people who have responded to this survey. This information will not be used to identify you and will remain confidential.

How old are you, in years?

What is your postcode?

Are you Female

Was this visit with your usual GP?

Yes

Male

No

How many years have you been attending this Practice?

Less than five years

Five to ten years

More than ten years

THANK YOU FOR YOUR TIME AND ASSISTANCE

Practice

GP

Patient

The General Practice Assessment Questionnaire (GPAQ)

Dear Patient,

We would be grateful if you would complete this survey about your general practice and your visit today.

The doctors at your practice want to provide the highest standard of care. Feedback from this survey will enable them to identify areas that may need improvement. Your opinions are therefore very valuable.

Please answer ALL the questions that apply to you. There are no right or wrong answers and your doctor will NOT be able to identify your individual responses.

Thank you.

Because part of the survey is about the doctor you saw today, please write the doctor's name below.

The doctor I saw today was Dr _____

	None	Once or twice	Three or four times	Five or six times	Seven times or more		
1	In the past 12 months, how many times have you seen a doctor from your practice?						
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5		
	Very poor	Poor	Fair	Good	Very good	Excellent	
2	How do you rate the way you are treated by receptionists at your practice?						
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	
3	a) How do you rate the hours that your practice is open for appointments?						
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	
	b) What additional hours would you like the practice to be open? (please tick all that apply)						
	Early morning	Lunch times	Evenings	Weekends	None, I am satisfied		
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5		
4	Thinking of times when you want to see a particular doctor: (please tick one box only)						
	Same day	Next working day	Within 2 working days	Within 3 working days	Within 4 working days	5 or more working days	Does not apply
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
	Very poor	Poor	Fair	Good	Very good	Excellent	Does not apply
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

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Consultation Version 1.0

5 Thinking of times when you are willing to see **any** doctor (please tick one box only)

	Same day	Next working day	Within 2 working days	Within 3 working days	Within 4 working days	5 or more working days	Does not apply
a) How quickly do you usually get seen?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b) How do you rate this?	Very poor <input type="checkbox"/> 1	Poor <input type="checkbox"/> 2	Fair <input type="checkbox"/> 3	Good <input type="checkbox"/> 4	Very good <input type="checkbox"/> 5	Excellent <input type="checkbox"/> 6	Does not apply <input type="checkbox"/> 7

6 If you need to see a GP urgently, can you normally get seen on the same day?

	Yes	No	Don't know/never needed to
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

7 a) How long do you usually have to wait at the practice for your consultations to begin? (please tick one box only)

	5 minutes or less	6-10 minutes	11-20 minutes	21-30 minutes	More than 30 minutes	
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
b) How do you rate this?	Very poor <input type="checkbox"/> 1	Poor <input type="checkbox"/> 2	Fair <input type="checkbox"/> 3	Good <input type="checkbox"/> 4	Very good <input type="checkbox"/> 5	Excellent <input type="checkbox"/> 6

8 Thinking of times you have phoned the practice, how do you rate the following

	Very poor	Poor	Fair	Good	Very good	Excellent	Don't know/never tried
a) Ability to get through to the practice on the phone?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b) Ability to speak to a doctor on the phone when you have a question or need medical advice?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

9 This question asks about your usual doctor. If you don't have a 'usual doctor', answer about the one doctor at your practice whom you know best. If you don't know any of the doctors, go straight to question 10.

	Always	Almost always	A lot of the time	Some of the time	Almost never	Never
a) In general, how often do you see your usual doctor?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b) How do you rate this?	Very poor <input type="checkbox"/> 1	Poor <input type="checkbox"/> 2	Fair <input type="checkbox"/> 3	Good <input type="checkbox"/> 4	Very good <input type="checkbox"/> 5	Excellent <input type="checkbox"/> 6

10 Thinking about your consultation with the doctor today, how do you rate the following:

	Very poor	Poor	Fair	Good	Very good	Excellent	Does not apply
a) How thoroughly the doctor asked about your symptoms and how you are feeling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b) How well the doctor listened to what you had to say?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c) How well the doctor put you at ease during your physical examination?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
d) How much the doctor involved you in decisions about your care?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
e) How well the doctor explained your problems or any treatment that you need?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
f) The amount of time your doctor spent with you today?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
g) The doctor's patience with your questions or worries?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
h) The doctor's caring and concern for you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

11 After seeing the doctor today do you feel ...

	Much more than before the visit	A little more than before the visit	The same or less than before the visit	Does not apply
a) able to understand your problem(s) or illness?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b) able to cope with your problem(s) or illness?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c) able to keep yourself healthy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

12 All things considered, how satisfied are you with your practice? (please tick only one box)

1 Completely satisfied
 2 Very satisfied
 3 Fairly satisfied
 4 Neutral
 5 Fairly dissatisfied
 6 Very dissatisfied
 7 Completely dissatisfied

Finally, it will help us to understand your answers if you could tell us a little about yourself:

13 Are you:

1 Male

2 Female

14 How old are you? _____ years

15 Do you have any long-standing illness, disability or infirmity? By long-standing we mean anything that has troubled you over a period of time or that is likely to affect you over a period of time

1 Yes

2 No

16 Which ethnic group do you belong to? (please tick one box)

1 White

4 Mixed

2 Black or Black British

3 Chinese

3 Asian or Asian British

2 Other ethnic group

17 Is your accommodation: (please tick one box)

1 Owner-occupied/mortgaged?

2 Rented or other arrangements?

18 Which of the following best describes you? (please tick one box)

1 Employed (full or part time, including self-employed)

5 Looking after your home/family

2 Unemployed and looking for work

6 Retired from paid work

3 At school or in full time education

7 Other (please describe).....

4 Unable to work due to long term sickness

19 We are interested in any other comments you may have. Please write them here.

Is there anything particularly good about your health care?

Is there anything that could be improved?

Any other comments?

Thank you for taking time to complete this questionnaire.

Postal Version

Practice Patient

The General Practice Assessment Questionnaire (GPAQ)

Dear Patient

We would be grateful if you would complete this survey about your general practice.

Your practice wants to provide the highest standard of care. Feedback from this survey will enable the practice to identify areas that may need improvement. Your opinions are therefore very valuable.

Please answer ALL the questions that apply to you. There are no right or wrong answers and staff will NOT be able to identify your individual responses.

Thank you.

	None	Once or twice	Three or four times	Five or six times	Seven times or more
1 In the past 12 months, how many times have you seen a doctor from your practice?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

	Very poor	Poor	Fair	Good	Very good	Excellent
2 How do you rate the way you are treated by receptionists at your practice?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

	Very poor	Poor	Fair	Good	Very good	Excellent
3 a) How do you rate the hours that your practice is open for appointments?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b) What additional hours would you like the practice to be open? (please tick all that apply)	Early morning <input type="checkbox"/> 1	Lunch times <input type="checkbox"/> 2	Evenings <input type="checkbox"/> 3	Weekends <input type="checkbox"/> 4	None - I am satisfied <input type="checkbox"/> 5	

4 Thinking of times when you want to see a particular doctor: (please tick one box only)	Some day	Next working day	Within 2 working days	Within 3 working days	Within 4 working days	5 or more working days	Does not apply
a) How quickly do you usually get to see that doctor?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b) How do you rate this?	Very poor <input type="checkbox"/> 1	Poor <input type="checkbox"/> 2	Fair <input type="checkbox"/> 3	Good <input type="checkbox"/> 4	Very good <input type="checkbox"/> 5	Excellent <input type="checkbox"/> 6	Does not apply <input type="checkbox"/> 7

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Postal Version 1.0

5 Thinking of times when you are willing to see any doctor: (please tick one box only)

	Same day	Next working day	Will in 2 working days	Will in 3 working days	Within 4 working days	5 or more working days	Does not apply
a) How quickly do you usually get seen?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
	Very poor	Poor	Fair	Good	Very good	Excellent	Does not apply
b) How do you rate this?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

6 If you need to see a GP urgently, can you normally get seen on the same day?

	Yes	No	Don't know/never needed to
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

7 a) How long do you usually have to wait at the practice for your consultations to begin? (please tick one box only)

	5 minutes or less	6-10 minutes	11-20 minutes	21-30 minutes	More than 30 minutes	
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
	Very poor	Poor	Fair	Good	Very good	Excellent
c) How do you rate this?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

8 Thinking of times you have phoned the practice, how do you rate the following:

	Very poor	Poor	Fair	Good	Very good	Excellent	Don't know/never tried
a) Ability to get through to the practice on the phone?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b) Ability to speak to a doctor on the phone when you have a question or need medical advice?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

The next questions ask about your **usual doctor**. If you don't have a 'usual doctor', answer about the one doctor at your practice whom you know best. If you don't know any of the doctors, go straight to question 11.

9 a) In general, how often do you see your usual doctor?

	Always	Almost always	A lot of the time	Some of the time	Almost never	Never
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	Very poor	Poor	Fair	Good	Very good	Excellent
b) How do you rate this?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

10 Thinking about when you consult your usual doctor, how do you rate the following:

	Very poor	Poor	Fair	Good	Very good	Excellent	Does not apply
a) How thoroughly the doctor asks about your symptoms and how you are feeling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b) How well the doctor listens to what you have to say?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c) How well the doctor puts you at ease during your physical examination?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
d) How much the doctor involves you in decisions about your care?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
e) How well the doctor explains your problems or any treatment that you need?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
f) The amount of time your doctor spends with you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
g) The doctor's patience with your questions or worries?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
h) The doctor's caring and concern for you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

11 Have you seen a nurse from your practice in the past 12 months?

1 Yes - go to question 12 2 No - go to question 13

12 Thinking about the nurse(s) you have seen, how do you rate the following:

	Very poor	Poor	Fair	Good	Very good	Excellent
a) How well they listen to what you say?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b) The quality of care they provide?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c) How well they explain your health problems or any treatment that you need?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

13 All things considered, how satisfied are you with your practice? (please tick only one box)

1 Completely satisfied 2 Very satisfied 3 Fairly satisfied 4 Neutral

5 Fairly dissatisfied 6 Very dissatisfied 7 Completely dissatisfied

Finally, it will help us to understand your answers if you could tell us a little about yourself:

<p>14 Are you: <input type="checkbox"/> ¹ Male <input type="checkbox"/> ² Female</p>								
<p>15 How old are you? _____ years</p>								
<p>16 Do you have any long-standing illness, disability or infirmity? By long-standing we mean anything that has troubled you over a period of time or that is likely to affect you over a period of time <input type="checkbox"/> ¹ Yes <input type="checkbox"/> ² No</p>								
<p>17 Which ethnic group do you belong to? (please tick one box)</p> <table><tr><td><input type="checkbox"/> ¹ White</td><td><input type="checkbox"/> ⁴ Mixed</td></tr><tr><td><input type="checkbox"/> ² Black or Black British</td><td><input type="checkbox"/> ³ Chinese</td></tr><tr><td><input type="checkbox"/> ⁵ Asian or Asian British</td><td><input type="checkbox"/> ⁶ Other ethnic group</td></tr></table>	<input type="checkbox"/> ¹ White	<input type="checkbox"/> ⁴ Mixed	<input type="checkbox"/> ² Black or Black British	<input type="checkbox"/> ³ Chinese	<input type="checkbox"/> ⁵ Asian or Asian British	<input type="checkbox"/> ⁶ Other ethnic group		
<input type="checkbox"/> ¹ White	<input type="checkbox"/> ⁴ Mixed							
<input type="checkbox"/> ² Black or Black British	<input type="checkbox"/> ³ Chinese							
<input type="checkbox"/> ⁵ Asian or Asian British	<input type="checkbox"/> ⁶ Other ethnic group							
<p>18 Is your accommodation: (please tick one box)</p> <table><tr><td><input type="checkbox"/> ¹ Owner-occupied/mortgaged?</td><td><input type="checkbox"/> ² Rented or other arrangements?</td></tr></table>	<input type="checkbox"/> ¹ Owner-occupied/mortgaged?	<input type="checkbox"/> ² Rented or other arrangements?						
<input type="checkbox"/> ¹ Owner-occupied/mortgaged?	<input type="checkbox"/> ² Rented or other arrangements?							
<p>19 Which of the following best describes you? (please tick one box)</p> <table><tr><td><input type="checkbox"/> ¹ Employed (full or part time, including self-employed)</td><td><input type="checkbox"/> ⁶ Looking after your home/family</td></tr><tr><td><input type="checkbox"/> ² Unemployed and looking for work</td><td><input type="checkbox"/> ⁵ Retired from paid work</td></tr><tr><td><input type="checkbox"/> ³ At school or in full time education</td><td><input type="checkbox"/> ⁷ Other (please describe).....</td></tr><tr><td><input type="checkbox"/> ⁴ Unable to work due to long term sickness</td><td>.....</td></tr></table>	<input type="checkbox"/> ¹ Employed (full or part time, including self-employed)	<input type="checkbox"/> ⁶ Looking after your home/family	<input type="checkbox"/> ² Unemployed and looking for work	<input type="checkbox"/> ⁵ Retired from paid work	<input type="checkbox"/> ³ At school or in full time education	<input type="checkbox"/> ⁷ Other (please describe).....	<input type="checkbox"/> ⁴ Unable to work due to long term sickness
<input type="checkbox"/> ¹ Employed (full or part time, including self-employed)	<input type="checkbox"/> ⁶ Looking after your home/family							
<input type="checkbox"/> ² Unemployed and looking for work	<input type="checkbox"/> ⁵ Retired from paid work							
<input type="checkbox"/> ³ At school or in full time education	<input type="checkbox"/> ⁷ Other (please describe).....							
<input type="checkbox"/> ⁴ Unable to work due to long term sickness							
<p>20 We are interested in any other comments you may have. Please write them here.</p> <p>Is there anything particularly good about your health care?</p> <p>Is there anything that could be improved?</p> <p>Any other comments?</p>								

Thank you for taking time to complete this questionnaire.

Appendix 3

Patient survey 2003



We would like to thank all the patients who kindly completed one of our questionnaires in May 2003.

Your comments

- ☺ Most of you feel that our receptionists do a good job and are helpful, polite and friendly.
- ☺ Plus, although some of you feel that one or two improvements could be made, you are happy with the service overall.
- ☹ However, some of you told us that there are times when you have felt ignored and that sometimes staff are perhaps not as friendly, flexible, patient and helpful as you would wish them to be.
- ☹ Plus, some of you had concerns about:
 - Getting through on the telephone.
 - Getting an appointment to suit you.
 - Waiting in the queue at reception.
 - Waiting to see a doctor.
 - Other patients being able to overhear your personal details, such as your date of birth.
 - Being asked to say out loud why you wish to see a nurse.
 - The waiting room being uncomfortable.

Our response

- ☺ In response to your feedback we have rearranged the waiting room so that there is more privacy for patients when queuing in the reception area.
- ☺ Plus, we plan to:
 - Replace our computer systems, which should allow us to provide a better service overall.
 - Review the use of our telephone system.
 - Develop customer care standards and provide regular training to our staff.
 - Provide paper for patients to write down their date of birth or why they wish to see a nurse.
 - Investigate whether we can better match the availability of our reception staff to the busiest times of the day.
 - Carry out improvement work on the waiting room next year.