Understanding the Results of the Annual GP Patient Survey 2018-2023

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The NHS annually commissions a survey of patients' views on their GP practice. This survey is conducted every January by Ipsos-Mori and the results are published in mid-summer. The survey is sent by post to a stratified random sample of patients. As necessary chase up letters are sent in February and March.   On average over ¾ of a million responses are received, a return rate of between 29 &35%. A higher proportion of questionnaires is sent to practices with a low return rate. The survey is in English and 14 other languages

How can we use these results? What does it mean if 76% of patients think well of their GP practice? Is that good or is it poor? What are the problems interpreting this data?

Within the "Your local GP services" Section of the GP Patient Survey, many responses are in the form:
   • Very easy, Fairly easy etc.
   • Satisfied, Fairly satisfied etc.
   • Good, fairly good etc.

There are three limitations to interpreting the data as published:
   • For a specific practice and specific question, the results can't be reliably compared year on year.
    • For a specific question and year, the extent of the difference between surgery results cannot be meaningfully assessed (beyond one being better than another).
    • It is unsound to assume that a particular result of any one question, say 80%, has the same meaning as 80% in another question.

These are significant limitations. They are to be expected because the median for responses for these types of questions varies from year to year and indeed from question to question too. This is not an unusual data analysis situation and the usual response is to normalise or transform the data so that meaningful comparisons can be made. We refer to this as "rescaling".

The published responses that we choose to present have been processed in two respects: by filtering and by rescaling.

To protect the identity of individuals the source data results are supressed where the number of responses to an individual question is less than 10. We have further filtered the data and only used results where the number of responses to the questionnaire at a given GP practice was at least 50. For example, in 2023 The Zero Tolerance Project Practice patients returned 2 sets of responses, a 3% response rate. The associated data has been supressed by Ipsos MORI. Also, in the 2023 GPPS survey the Luther Street Medical Practice returned 35 sets of responses, a 9% response rate. We are not confident that this data is representative and have filtered it out of the calculation in the next step.

For selected questions the data has been rescaled and thus spread evenly over the range 1% to 100%. The median is therefore at 50%. There are as many results above that median as are below. For a specific question in a specific year, 10% now means that the practice is

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as good as 10% of the practices in England. It also means that it is not perceived to be as good as the other 90%!

Why have we done this? We believe that the extra step makes the results more meaningful to a much larger audience. To take one example from the 2023 results for the key question: "Overall, how would you describe your experience of your GP practice: Very good, Fairly good, Neither good nor poor, Fairly poor or Very poor". The percentage who responded Very good or Fairly good at the South Reading and Shinfield Group Practice in 2023 was 39%. This is arithmetically correct and is more than a third and is, at first sight, OK. However, when compared with all the other practices in England it is as good or better than only 2% of them.

We believe that it is ONLY after these results have been rescaled and spread evenly over the scale 1 to 100% that is safe to compare them year on year or between practices.

We have not rescaled responses to questions to do with ranges such as age. We have not rescaled questions where more than one option can be selected.

We have extracted the data for the last 6 years. Not all questions are asked every year. As a result over the years the same text may be numbered differently. We have picked out the 4 recurring key questions that tell us a lot about patient experiences. Of particular concern is any series of poor results (10% or less) or recent downward trends of 20% or more.

The 4 key questions are to do with patient experiences:
(1) Generally how easy it is to get through to someone at your GP practice?
(2) Overall, how would you describe your experience of making an appointment?
(3) Thinking about your reasons for your last GP appointment, were your needs met?
(4) Overall, how would youdescribe your experience of your GP practice?

The spreadsheet has many columns and users may initially want to hide responses to other rescaled responses.

We are reporting on data to do with patients' experiences. The cause of good or not so good experiences is a matter for providers, commissioners and regulators. We do have concerns that the patients at some practices are getting a poor deal year after year. The support they are getting is not working and needs to be reviewed. We have a further concern that this may be placing a greater load on secondary care.

The results in this spreadsheet are limited to patient opinion questions in the "Your local GP services" section of the questionnaire. There are patient opinion questions in later sections but they would be better rescaled over a larger footprint than a single primary care practice. Practices that are no longer open are included. The effect of mergers and transfers can thus be investigated.

For responses that have not been rescaled - the published data - see www.gp-patient.co.uk

There are 2 questions which refer to "preferred GP". The term has not been defined and may be taken as meaning nominated or favourite. We have not rescaled these questions.

The monthly Friends and Family Test survey, FFT is an associated measure. In general practices that do poorly in the GPPS survey either do not submit results by the monthly deadline or do badly in it. The FFT is about patients' options. The results are also more meaningful if rescaled and spread evenly over the range 1 to 100%.

Over the 6 year period, 2018-23, the wording of the rescaled questions has not changed. However, the method of distributing the 2024 survey has changed. It is substantallly via the Internet with only the final reminder being paper based.