

Better Together GP Patient Survey

Q&A on access questions

Why are you conducting an annual survey on access to GP services?

The QOF indicators PE7 and PE8 introduced in April 2008 remain in the QOF. The points achieved by practices for these indicators are based on the results of an annual national survey.

Why are the access questions for QOF included in this Better Together survey about patient experience?

In 2008, the first year for the indicators PE7 and PE8, the national survey was designed to address only the requirements for the indicators. However, in parallel, through the Better Together programme, it was agreed that a national survey was needed for the GP patient experience strand of this programme. As this was planned for 2009/10, it made sense to combine the two, avoiding two separate surveys.

Why is the 2009 survey different to that sent out in 2008?

Patient experience of GP services is one of two initial strands of the Better Together programme (the other is Inpatients). To this end, a survey has been developed to include questions about a wide range of aspects of GP services including access. It made sense to incorporate the specific questions relating to the QOF indicators above into this wider survey.

The specific questions relating to indicators PE7 and PE8 have been modified very slightly to address some issues raised by the 2008 survey questions.

If practices can show they offer 48 hour access and bookable appointments ahead of time, why do you need a survey of patients' experience?

Practices previously were asked to self declare if they were able to offer patients 48 hour access and almost all did so in the past 5 years. There was no self declaration on advance access. However, patients still complained that they had difficulty obtaining 48 hour access and also that they were not able to book appointments further ahead to fit in with their commitments.

QOF indicators PE7 and PE8 were introduced across the UK to address the potential mismatch between the system which practices have implemented and how patients actually experience that system when they contact the practice. The fact that many practices have an excellent system to accommodate patient requests for access to their services does not necessarily translate to patients actually experiencing this access.

Is there room for improvement?

The 2008 survey showed that overall, an estimated 90% of patients were able to see or speak to a health professional within 48 hours and 75% were able to book an appointment in advance. Although these results are very good, there is always room for improvement and we hope that practices will use the results from the survey to look for ways to further improve the accessibility and experiences of their services to patients. This might include ensuring that patients know the different ways in which they can obtain consultations at the practice, and analysing their demand and how to best plan consultation time to match it.

How can you be sure that the responses to the survey are reliable and that patients understood what they were being asked?

We are confident that the work in designing and pre-testing the survey with the assistance of the Better Together Coordination Centre, and the sampling methodology, careful administration and analysis of the results will mean that these results are fair and equitable across Scotland. When the survey is mailed out, a helpline will be in place to help patients complete the survey over the telephone. Translation services will also be made available where requested. The survey can also be completed online.

Some of the results were based on very low numbers?

The sampling design for the new survey takes into account the fact that there were lower response rates in some practices by increasing the number of surveys sent out to patients registered with these practices.

Is it the case that these indicators were imposed by the Government on GP practices?

The QOF indicators PE7 and PE8 introduced in April 2008 were agreed by the General Practitioners Committee (GPC) of the BMA, NHS Employers (on behalf of Department of Health) and the devolved administrations as part of the GMS contract negotiations for 2008/9. The QOF and associated sections of the Statement of Fees and Entitlements (SFE) were agreed by these parties in each country, including Scotland.

Practices with low results receive lower QOF payments – isn't this taking resources away from GP practices who need it most?

The QOF is designed as an incentive payment system to drive improvements in quality, and payments are made where standards are achieved. Core practice funding is through other parts of the contract. The two patient experience indicators account for around 1% of total practice income.

The QOF is reviewed regularly to continuously drive quality – these indicators were introduced as part of this process. Practices in the past have risen to the challenge to increase their achievement against the QOF indicators over the years.