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# **Evaluation of Patient Experience**

## **Based on Three Cycles of QOF Surveys**

### **using the Improving Practice Questionnaire (IPQ)**

**Results from c1.2 million patient ratings of  
c2,000 general practices**

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## Executive Summary

- ❑ An evaluation of patient survey ratings was undertaken using the past three QOF cycles (2004-07)
- ❑ The patient survey was the Improving Practice Questionnaire (IPQ) which is one of the two approved instruments for use in the QOF
- ❑ 2,012 practices had completed the IPQ on three occasions
- ❑ 1,237,465 patient surveys were involved in the analysis
- ❑ Statistical significance was tested using regression analysis weighted by the size of the clusters (practices)
- ❑ Results showed statistically significant improvements in the following areas:

### Access

- chances of seeing a doctor/nurse within 48/24 hours
- satisfaction with the day and time arranged for the appointment
- opportunity of speaking to a doctor/nurse on the telephone when necessary

### Consultation

- perception of the amount of time given to patients
- reassurance, warmth of greeting and concern for the patient
- clarity of explanations by the doctor/nurse
- consideration of the patient's personal situation when recommending advice or treatment

### Practice services

- reception staff manner
  - respect for privacy and confidentiality
  - practice information about services and health promotion
  - availability of reminder systems and ongoing health checks
  - opportunity for making complaints or compliments
  - opportunity of seeking second opinion or complementary medicine
- ❑ Areas where there was no overall significant improvement in three years were:
    - satisfaction with the practice's opening hours
    - seeing a doctor/nurse of choice
    - ease of contacting the practice on the telephone
    - length of time waiting in the practice
    - comfort level of the waiting room
  - ❑ However, it should be noted that both satisfaction with the opening hours and with the day and time arranged for appointments made highly significant improvements in 2006-2007 when compared to 2005-2006.
  - ❑ In summary, the results of these surveys show continued high levels of satisfaction with general practice clinical services and in particular an improvement to access to them and supporting services.

## Introduction

Improving the experience of patients is at the heart of the NHS quality initiatives. The NHS wants to see a patient-driven, patient-led, patient-focused, and patient-centred service for all patients. A key aspect to this policy is the views of patients.

The national patient survey programme was one of the strategies undertaken to allow the NHS to gather the views of its patients and to allow comparisons across organisations over time.

More recently, there has been an emphasis on local-based surveys to embed the concept that patient evaluations are an essential part of improving the quality of health services. For example, the new General Medical Services (nGMS) contract includes a Quality and Outcomes Framework (QOF) which rewards general practitioners with quality points for undertaking measures to improve the quality of the patient's experience.

The General Medical Council (GMC) has also stressed the importance of clinicians seeking patient feedback as evidence of the quality of their relationships with patients, particularly within continuous professional development and upcoming Revalidation. The recent White Paper on the Regulation of Healthcare Professionals highlights the value of patient feedback for such evidence.

CFEP-UK Surveys is a lead organisation in undertaking the nGMS contract surveys, and is based at the Innovation Centre, University of Exeter. It is the only organisation now licensed to analyse both GMS approved surveys, the *Improving Practice Questionnaire (IPQ)* and the *General Practice Assessment Questionnaire (GPAQ)*. Over 4,000 general practices have undertaken its services of analysing the patient questionnaires. Over the past three cycles of QOF, almost two million patients have completed a CFEP-UK Surveys' analysed questionnaire.

This report summarises the key findings from an evaluation of the IPQ surveys over the past three cycles of QOF.

## Evaluation of General Practice from the Patient's Perspective

The IPQ has been used in 2,012 general practices for three consecutive years (2004-2007). In each year, well over 400,000 patients attending these practices have completed the questionnaire (actually 408,861, 412,818 and 415,786 patients respectively).

The following is a summary of the analysis of the data obtained from the three surveys. This was a large data-set consisting of 1,237,465 patient questionnaire responses.

The IPQ consists of 27 questions (see Appendix 1). The first 8 questions are about the practice itself with several questions around issues of access. The next 12 questions are about the interpersonal skills and perceived capability of the doctor or other clinician (eg. nurse) that the patient sees on that visit. Four more questions are about the practice staff and the final three questions relate to issues concerning information about prevention of disease, reminder systems for health checks and obtaining second opinions.

Whenever the IPQ has been conducted in the UK in the past, the two lowest scoring items are 'Opportunity of speaking to a doctor on the telephone' and 'The length of time waiting in the practice to see the doctor'. In fact, the worst scoring items are mostly about access (Qs 2, 4, 5, 6 and 8 in this survey). The first four of these are about access to the Practice or the doctor/other health professional (eg. nurse).

The highest scoring items in the IPQ are invariably the ones relating to the interpersonal skills and perceived capability of the doctor/other health professional that the patient has seen on that visit.

Again, this was true of the initial survey of these 2,012 practices. The highest scoring item of all was Q16 about 'The respect shown to me by this doctor/nurse'.

This is what we refer to as the tomato sauce analogy. Patients like the core product (consultation with doctor or nurse) but have trouble getting it out of the bottle (access to telephone and face-to-face appointments).

*(See Appendix 2 for more detail.)*

All areas of performance have increased in 2006-2007 from the previous two years.

In particular patient satisfaction with the practice's opening hours and their satisfaction with the day and time arranged for your appointment showed the most significant improvement between the last two years.

Over the past three years, statistically significant improvements have been seen in 21 items on the IPQ where the p-value was set at <0.05 or 16 items (p<0.002).

Two of the largest improvements reported by patients was the manner in which they were treated by reception staff, and the respect shown for their privacy and confidentiality, up from being rated as 'good' to 'very good'.

Other areas that showed most significant improvements over the three years included:

- **Q3. Satisfaction with the day and time arranged for the appointment**
- **Q4. Access to doctor/nurse within 48/24 hours**
- **Q6. Opportunity to speak to a doctor/nurse on the telephone**
- **Q18. Consideration of the patient's personal situation when recommending advice or treatment**
- **Q17. Perception of time given to patients when with the doctor/nurse**
- **Qs 10, 12, 13, 19. Warmth of greeting, clarity of explanations by the doctor/nurse, reassurance, and concern for the patient**
- **Qs 23, 25. Information given to patients on services and also health promotion**
- **Q24. Opportunity to make complaints or compliments**
- **Q26. Reminder systems and checks**
- **Q27. Opportunity for a second opinion or complementary medicine**

There were some areas that, whilst showing better scores in 2006-07 compared to the previous year, did not show marked improvements over the three-year period. Particular areas of concern included:

- **Q5. Seeing the doctor/nurse of choice**
- **Q7. Comfort of waiting room**
- **Q8. Length of waiting in the practice**

Interestingly, the 'Chances of seeing the doctor/nurse of choice' is now rated lower by patients than the 'Opportunity of speaking to a doctor/nurse on the telephone'.

In summary, therefore, these surveys show continued high levels of satisfaction with general practice clinical services and in particular an improvement to access to them and supporting services.



## **Appendix 1: The IPQ Survey (doctor version)**

### **About the Practice**

1. Your satisfaction with the practice's opening hours
2. Ease of contacting the practice on the telephone
3. Satisfaction with the day and time arranged for your appointment
4. Chances of seeing a doctor within 48 hours
5. Chances of seeing a doctor of your choice
6. Opportunity of speaking to a doctor on the telephone when necessary
7. Comfort level of waiting room (eg. chairs, magazines)
8. Length of time waiting in the practice

### **About the Doctor (whom you just saw)**

9. My overall satisfaction with this visit to the doctor
10. The warmth of the doctor's greeting
11. The doctor's ability to really listen to me
12. The doctor's explanations of things to me
13. The extent to which I felt reassured by this doctor
14. My confidence in this doctor's ability
15. The opportunity the doctor gave me to express my concerns and fears
16. The respect shown to me by this doctor
17. The amount of time give to me for this visit
18. The doctor's consideration of my personal situation in deciding a treatment or advising me
19. The doctor's concern for me as a person
20. The recommendation I would give to my friends about this doctor

### **About the Staff**

21. The manner in which you were treated by the reception staff
22. Respect shown for your privacy and confidentiality
23. Information provided by the practice about its services

### **Finally**

24. The opportunity for making compliments or complaints to the practice
25. The information provided by this practice about how to prevent illness and stay healthy
26. The availability and administration of reminder systems for ongoing health checks
27. The practice's respect of your right to seek a second opinion or complementary medicine

## Appendix 2: Statistical methods and results

The 1,237,465 patient-level responses were aggregated at the practice level for the three years. Sample size in each practice was saved in the aggregated database (median 254 IQR 185). Each question (dependent variable) was regressed in a multivariate General Linear Model against year (independent variable), taking into consideration the potential confounders: mean age of patients at each practice, the proportion of males, the proportion not seeing their usual doctor or nurse, the proportion of patients registered for 5-10 years and lastly the proportion registered for more than 10 years. The analysis was weighted by practice sample size.

As Table 1 shows, the scores for **all** items have increased in 2006-2007 from the previous two years. Age was a significant confounder, being positively correlated with each questionnaire item. This is because older people tend to give higher ratings than younger people. The sex of patients was a confounder more for the capability items than for the capacity items. For some items this had a positive effect; for others, negative. This could possibly reflect issues concerning the sex of the doctor but this information is not recorded. Seeing a practitioner who was not the patient's usual doctor or nurse was a confounder and tended to have a negative impact on the item scores. The length of time registered was also a confounder to varying degrees for most variables. In spite of all these confounders, there were still important significant effects across the questionnaire's items.

When considering the results, we must bear in mind that multiple tests of significance have been conducted (I've done a separate ANOVA on each questionnaire item). One way to deal with this is to use the Bonferroni method of adjusting the significance cut-off of 0.05 by dividing by the number of comparison being made.  $0.05/27$  is approximately equal to 0.001. Therefore p-values larger than this value could be considered non-significant. Another approach is simply to be mindful of the actual p-value when judging the effects.

Q1 'Satisfaction with the practice's opening hours' and q2 'Ease of contacting the practice on the telephone' are different to all the other items because their scores go down significantly in the middle year and then up again (when measured to 2 decimal places). If we simply compare the 2nd and 3rd year, however, there is a significant improvement\*. Both questions increase by 0.044 points ( $p < 0.001$ ) between the last two years. In table1 the slope indicates the amount by which the score increases per year, adjusted for age, sex etc.

**Table 1: IPQ item means weighted by practice sample size**

	Year			Slope for year	t value of slope for year	P value
	2004-05	2005-06	2006-07			
q1 'Satisfaction with the practice's opening hours'.	3.67	3.64	3.69	0.007*	1.734	0.083
q2 'Ease of contacting the practice on the telephone'.	3.42	3.39	3.44	0.004*	0.490	0.624
q3 'Satisfaction with the day and time arranged for your appointment'.	3.67	3.67	3.72	0.017	3.444	0.001
q4 'Chances of seeing a doctor/nurse within 48/24 hours'.	3.46	3.49	3.53	0.028	4.074	<0.001
q5 'Chances of seeing a doctor/nurse of your choice'.	3.27	3.28	3.30	0.009	1.585	0.113
q6 'Opportunity of speaking to a doctor/nurse on the phone'.	3.24	3.30	3.34	0.045	8.248	<0.001
Q7 'Comfort level of the waiting room'.	3.61	3.62	3.65	0.01	1.879	0.06
q8 'Length of time waiting in the practice'.	3.20	3.20	3.23	0.009	1.644	0.1
q9 'Overall satisfaction with this visit to the doctor/nurse'.	4.23	4.24	4.26	0.008	2.375	0.018
q10 'Warmth of the doctor/nurse's greeting to me'.	4.26	4.27	4.30	0.012	3.567	<0.001
q11 'Doctor/nurse's ability to really listen to me on this visit'.	4.28	4.29	4.31	0.009	2.678	0.007
q12 'Doctor/nurse's explanations of things to me'.	4.21	4.22	4.24	0.012	3.507	<0.001
q13 'Extent to which I felt reassured by this doctor/nurse'.	4.16	4.17	4.19	0.012	3.639	<0.001
q14 'My confidence in this doctor/nurse's ability'.	4.31	4.31	4.33	0.006	1.926	0.054
q15 'Opportunity to express my concerns or fears'.	4.20	4.21	4.23	0.01	2.848	0.004
q16 'The respect shown to me by this doctor/nurse'.	4.37	4.37	4.39	0.007	2.168	0.03
q17 'The amount of time given to me on this visit'.	3.93	3.95	3.98	0.019	5.512	<0.001
q18 'The doctor/nurse's consideration of my personal situation in deciding on a Rx'.	4.12	4.13	4.15	0.011	3.385	0.001
q19 'The doctor/nurse's concern for me as a person in this visit'.	4.15	4.16	4.18	0.014	3.977	<0.001
q20 'The recommendation I would give to my friends about this doctor'.	4.25	4.25	4.27	0.009	2.673	0.008
q21 'The manner in which I was treated by the reception staff'.	3.99	4.01	4.03	0.019	4.597	<0.001
q22 'Respect shown for your privacy and confidentiality'.	3.98	3.99	4.02	0.018	4.938	<0.001
q23 'Information provided by the practice about its services'.	3.80	3.82	3.86	0.022	6.347	<0.001
q24 'The opportunity of making compliments or complaints to this practice'.	3.56	3.60	3.63	0.031	8.657	<0.001
q25 'The information provided by this practice about prevention'.	3.73	3.76	3.79	0.026	8.225	<0.001
q26 'The availability and administration of reminder systems'.	3.61	3.65	3.68	0.029	8.062	<0.001
q27 'The practice's respect of your right to seek a second opinion'.	3.63	3.65	3.68	0.02	5.939	<0.001

\* A score of '5' equates to an 'EXCELLENT' rating; '4' = 'very good'; '3' = 'good'; '2' = 'fair'; and '1' = 'poor'.