



Development and Testing of
the Scottish GP Access
Survey Questionnaire

DEVELOPMENT AND TESTING OF THE SCOTTISH GP ACCESS SURVEY QUESTIONNAIRE

Amy Homes, Kate Sewel, Steve Treanor & Lorraine Murray

Scottish Government
2009

This report is available on the Scottish Government Social Research website only www.scotland.gov.uk/socialresearch.

The views expressed in this report are those of the researcher and do not necessarily represent those of the Scottish Government or Scottish Ministers.

© Crown Copyright 2009

Limited extracts from the text may be produced provided the source is acknowledged. For more extensive reproduction, please contact the Queens Printers of Scotland, Admail, ADM 4058, Edinburgh EH1 1NG. Email: licensing@oqps.gov.uk

CONTENTS PAGE

GLOSSARY OF TERMS	5
EXECUTIVE SUMMARY	6
CHAPTER ONE: BACKGROUND AND RESEARCH OBJECTIVES	8
Background	8
Research Objectives.....	9
CHAPTER TWO: METHODS	10
Stakeholder Consultation	10
Cognitive Interviewing	12
CHAPTER THREE: THE COVER LETTER	16
People not reading all the information provided in the cover letter	16
Issues with the content of the covering letter	18
Layout of the Letter	20
CHAPTER FOUR: QUESTIONS ASSESSING INDICATOR PE7	21
Question 1	21
Question 2	23
Question 3	25
CHAPTER FIVE: QUESTIONS ASSESSING INDICATOR PE8	27
Question 4	27
Question 5	29
CHAPTER SIX: GENERAL QUESTIONNAIRE ISSUES	30
Issues with recall	30
Demographic questions	30
Questionnaire layout.....	31

CHAPTER SEVEN: CONCLUSION	34
ANNEX A: COVER LETTER, VERSION 1	35
ANNEX B: QUESTIONNAIRE, VERSION 1	37
ANNEX C: RECOMMENDED COVER LETTER, VERSION 10.....	39
ANNEX D: RECOMMENDED QUESTIONNAIRE, VERSION 7	41
ANNEX E: TOPIC GUIDE.....	43

GLOSSARY OF TERMS

Cognitive Testing: Cognitive interviewing is a widely used approach to critically evaluate survey materials. It allows an investigation into the way target audiences understand, mentally process and respond to survey materials. For example, when a questionnaire is designed it is possible that the author may intend one interpretation of a question but find that respondents presented with the question adopt an alternate understanding. If cognitive interviewing is used successfully in testing questions, survey materials can then be modified to enhance clarity.

Retrospective Probing: Retrospective probing involves the interviewer presenting a question to be answered, the respondent answering it and the interviewer following up by probing for specific information relevant to the question or to the specific answer given (e.g. What does this question mean in your own words?).

Quality and Outcomes Framework: The Quality & Outcomes Framework (QOF) is a system to remunerate general practices for providing good quality care to their patients, and to help fund work to further improve the quality of health care delivered. It is a fundamental part of the new General Medical Services (GMS) contract, introduced on 1st April 2004. The core philosophy underpinning the QOF is that incentives are the best method of resourcing work, driving up standards, and recognising practices' achievements.

The QOF measures achievement against a range of evidence-based indicators, with points and payments awarded according to the level of achievement. It is a voluntary part of the new GMS contract; general practices can aspire to achieve all, part, or none of the points available in QOF (although to date, most practices with a GMS contract have participated fully). Additionally, practices with other contract types ("17c" or "2c") may choose to participate in the QOF.

QOF indicator PE7: The percentage of patients who, in the appropriate national survey, indicate that they were able to obtain a consultation with an appropriate health care professional within two working days.

QOF indicator PE8: The percentage of patients who, in the appropriate national survey, indicate that they were able to book an appointment with a GP more than 2 days ahead.

Routing: For a particular response to a question patients are instructed to answer another question next. For example the routing instruction for patients who respond 'Yes' to Question 1 (see Annex D) are 'Go to Question 2'.

EXECUTIVE SUMMARY

Background and Research Objectives

1. The General Medical Services contract was introduced to tackle the problems of General Practitioners' (GPs) recruitment, pay and working hours. The contract is linked to a Quality and Outcomes Framework. Revisions to the Quality and Outcome Framework (2008) have included the introduction of two new patient experience indicators: PE7 and PE8.

2. To assess these indicators, the Scottish Government conducted a postal survey of the general public in October 2008. To ensure the necessary information was collected, the Government commissioned Ipsos MORI to design and cognitively test the questionnaire and covering letter.

Method

3. The main issues to be considered in the design of the cover letter and questionnaire were discussed at a stakeholder consultation. Cognitive testing commenced when a final draft of the letter and questionnaire was agreed by all stakeholders. Overall, 40 cognitive interviews were conducted with a broad range of respondents, including respondents who spoke English as a second language and some with lower literacy levels.

The cover letter

4. Nine versions of the cover letter were designed and used in testing. The main challenge in designing the letter was encouraging respondents to read as much of the information contained in the letter as possible. Changes were made to the format and content of the letter throughout testing to improve this.

Indicator PE7

5. Three questions were designed to assess indicator PE7. The main challenge was ensuring respondents read the instructions contained in questions 1 and 2. Amendments were made to these questions based on findings from the testing period. The main changes to these questions were:

- Changes to ensure the instructions are being noted by the survey participant
- Changes to the terminology: 'other healthcare professional' changed to 'doctor or nurse'
- Changes to routing instructions.
- Simplified wording for question 3 response options.

Indicator PE8

6. Two questions were designed to assess indicator PE8. Respondents found the questions to assess PE8, surrounding booking appointments “in advance” particularly difficult to understand. This was usually because they had not tried to do this before. The main changes to question 4 and 5 measuring PE8 included changing the wording to improve comprehension of the concept of ‘booking an appointment in advance’. The final version of the question, used in the final interviews, was understood by most respondents.

General Questionnaire Issues

7. The overall layout of the questionnaire did not alter much throughout testing.

Conclusion

8. The final questionnaire and covering letter contained in the Annex C and D of this report were recommended for use in the GP Access Survey.

CHAPTER ONE: BACKGROUND AND RESEARCH OBJECTIVES

Background

1.1. The General Medical Services contract was introduced to tackle the problems of General Practitioners' (GPs) recruitment, pay and working hours. The contract was negotiated by the UK Government, NHS employers and the BMA's General Practitioners Committee and was introduced across the UK in 2004¹. The new contract is intended to benefit the patient and improve the service they receive.

1.2 The contract is linked to a Quality and Outcomes Framework, which means it is possible to assess the level of care that patients receive. An individual surgery's performance on these outcomes is used to assess and allocate primary care resources.

1.3 Building a healthier nation is also one of the strategic objectives set out by the Scottish Government. Improving access to primary care is integral to moving the emphasis of the health service to anticipatory, rather than reactive, care. In addition to serving as indicators of high quality patient care, access to a member of a GP practice within 48 hours and the opportunity to book an advanced appointment with a GP of choice are crucial parts of the Scottish Government's policy to create an effective primary care service for the NHS in Scotland, as set out in the Better Health, Better Care action plan². Revisions to the Quality and Outcome Framework in 2008 have included the introduction of two new patient experience indicators:

PE 7 Patient experience of access (1) – The percentage of patients who, in the appropriate national survey, indicate that they were able to obtain a consultation with an appropriate health care professional within two working days.

PE 8 Patient experience of access (2) – The percentage of patients who, in the appropriate national survey, indicate that they were able to book an appointment with a GP more than 2 days ahead.

1.4 To assess these indicators, the Scottish Government conducted a postal survey of the general public in October 2008. It was of paramount importance that the measurement tool provides accurate and robust data.

1.5 To ensure the necessary information is collected, the Government commissioned Ipsos MORI to design and cognitively test the questionnaire and covering letter. The cognitive testing would help determine how the questionnaire would work in practice and help to determine if, and how, questions should be amended for the postal survey.

¹<http://www.bma.org.uk/ap.nsf/Content/valuegpfacts0308?OpenDocument&Highlight=2,value,general,practice>

² <http://www.scotland.gov.uk/Resource/Doc/206458/0054871.pdf>

Research Objectives

1.6 The overall aim of the research was to produce a questionnaire that can be relied on to provide robust data on patients' experience of obtaining 48 hour access to an appropriate healthcare professional in their General Practice and advanced access (booking an appointment 48 hours ahead) with a GP.

1.7 The questionnaire should also:

- collect the demographic information required to conduct the necessary analysis
- be written in simple, plain English so it is easy for a range of respondents to understand
- be accessible to respondents who speak English as a second language or have poor literacy levels so they can also fully understand and complete the questionnaire
- be able to capture patient's most recent experience
- be accompanied by a suitable cover letter which effectively encourages participation in this survey.

1.8 Once the questionnaire had been designed, cognitive question testing was conducted on the proposed question wording, instructions and cover letter amongst a wide range of respondents.

1.9 The objectives for cognitive question testing the letter and questionnaire were to:

- explore how respondents understood, interpreted and answered the wording and instructions of the letter and questions
- ensure the questionnaire was understood by a wide range of respondents including those with lower literacy levels and who speak English as a second language
- inform recommendations about how the proposed question and letter could be improved/revised and to test this using iterative cognitive question testing over the test period.

CHAPTER TWO: METHODS

2.1 This section outlines the research methods used in the study and highlights any limitations on the data resulting from these methods.

Stakeholder Consultation

2.2 A meeting was held on 15th July 2008, to discuss project set up and the initial draft of the questionnaire. The Scottish Government and the Scottish General Practitioners Committee (SGPC) of the British Medical Association (BMA) were the stakeholders involved in the meeting with Ipsos MORI. Initial proposals for the format of the questionnaire and covering letter were presented by Ipsos MORI at this meeting.

2.3 The issues discussed at the initial stakeholder meeting are outlined below. Following the stakeholder meeting 2 further proposals for the format of questionnaire were proposed by Ipsos MORI.

2.4 Following further feedback from stakeholders the final versions of the cover letter and questionnaire that went into field on 24th July 2008 for cognitive testing, were agreed. These incorporated the preferred wording of all stakeholders. The initial drafts of the cover letter (Annex A) and questionnaire (Annex B) that went into field addressed the following issues raised by stakeholders.

General Issues

Time period to be referenced

2.5 Stakeholders agreed that the time frame respondents should use would be 12 months (instead of 6 months). This would increase the number of sampled respondents who would be eligible (and therefore reduce the number of questionnaires that would have to be issued). As this is a reasonably long time period, it was agreed that throughout testing, the accuracy of respondents' recall of events would be monitored.

Respondents contacting their GP surgery on behalf of someone else registered at the same practice (e.g. a child, elderly person)

2.6 At the meeting it was concluded that the questionnaire could be answered by respondents contacting their GP surgery on behalf of someone else as long as they were registered at the same practice. This was to ensure that as many contacts as possible were included in responses and that surgeries that prioritise children for appointments are not disadvantaged.

2.7 To ensure it was clear to respondents that they could include this contact, it was agreed that this needed to be included in the instructions below Q1. Stakeholders did not feel it was necessary to know who a respondent had contacted their GP surgery on behalf of.

Respondents no longer registered with the GP surgery listed

2.8 There was discussion surrounding what should happen if a person receives a questionnaire after they have changed their surgery. It was not anticipated that this would be a major issue as patient turnover was only about 8% per annum. As data should be updated within 3 weeks, this meant only 0.46% of the sample will have moved practice and not yet had their records updated.

Issues specific to the questions testing PE7

The use of the term “GP or other healthcare professional”

2.9 Stakeholders felt that this wording should be the same as that used in the official indicators. It was agreed that the first draft of the questionnaire would include the term “GP, nurse or other healthcare professional” and interpretations of “healthcare professional,” in particular, would be monitored.

The use of the word “appointment”

2.10 The stakeholders felt that the term “appointment” was usually associated with seeing a doctor face-to-face. The Scottish definition of 48 hour access, which underpins the PE7 indicator, includes telephone and email contact. This wording was therefore deemed unsuitable as it might be misleading. It was agreed that the questions relating to PE7 would be phrased to exclude the word “appointment”.

“Speaking” to a GP or other healthcare professional

2.11 Stakeholders felt that referring only to “speaking” to a GP or other healthcare professional was misleading and it was more appropriate to use the words “see or speak”.

Giving specific time periods as response options in the first question

2.12 At the meeting it was agreed that gaining information about exactly when a respondent made their last appointment (e.g. less than 3 months ago, between 3 months and 6 months ago, etc.) was not necessary. It was only necessary to find out if a respondent contacted their GP surgery in the last 12 months.

“on the same day or on the next 2 days”

2.13 Indicator PE7 states that patients should be able to obtain a consultation with an appropriate health care professional within two working days. Stakeholders decided they wanted to use the same wording that was used in the indicators for the questionnaire. However, there was also some concern that the meaning of the term “2 working days” may vary amongst respondents.

2.14 It agreed that “within 2 working days” would be included in the questionnaire; however instructions outlining the meaning of the phrase, with examples, would also be included.

Collecting information about why the PE7 indicator was not met

2.15 It was agreed that it was important to collect information about why the PE7 indicator was not met, to ensure data about exemptions was collected. For example, if they did not see or speak to a doctor or nurse within 2 working days because they only wanted to speak to their own doctor.

Issues specific to the questions testing PE8

2.16 It was agreed that the terms “appointment” and “doctor” could be used in question 4 and 5.

Background questions

2.17 It was agreed that the background questions, in the initial draft, should include questions on language usage, ethnic group, disability and health conditions.

Cognitive Interviewing

2.18 Once the questionnaire and cover letter were designed, cognitive question testing was conducted on the proposed wording and instructions. This was to inform further development to ensure that the final letter and questions would be easily understood by a wide range of respondents.

2.19 Cognitive interviewing is a widely used approach to critically evaluate survey materials. It allows an investigation into the way target audiences understand, mentally process and respond to survey materials. For example, when a questionnaire is designed it is possible that the author may intend one interpretation of a question but find that respondents presented with the question adopt an alternate understanding. If cognitive interviewing is used successfully in testing questions, survey materials can then be modified to enhance clarity³.

2.20 There are several different techniques that can be used in a cognitive interview. A technique called “retrospective probing” was deemed to be most appropriate for this study. Retrospective probing involves the interviewer presenting a question to be answered, the respondent answering it and the interviewer following up by probing for specific information relevant to the question or to the specific answer given (e.g. What does this question mean in your own words?). Respondents read the cover letter, completed the questionnaire and then we used retrospective probing.

³ Willis, G.B. (2005). Cognitive Interviewing: A Tool for Improving Questionnaire Design

The Sample

2.21 Overall, 40 cognitive interviews were conducted with a broad range of respondents. The sample was not intended to be statistically representative of the Scottish population, but was designed to include people from the main groups that we anticipated might:

- have trouble working out the meaning or intention of the questions
- have difficulty selecting the accurate response option
- have an objection to the inclusion of a question or the phrasing of the question/response option.

2.22 For the questions to be fully tested, it was important to ensure a range of respondents were included in the sample. We interviewed 40 respondents with the following characteristics:

	Number of interviews
Frequency of accessing GP services	
People who have made an appointment with a primary healthcare professional in the last two months	24
People who have made an appointment with a primary healthcare professional within six months but over two months	5
People who have made an appointment with a primary healthcare professional in the last year but not in the last 6 months	4
People who have not made an appointment with a healthcare professional in the last year	7
People who have access to a GP practice with “open access”	9
People who have most recently made an appointment for someone other than themselves	6
English as a first language	25
English as a second language	
Asian	5
Polish	4
African	5
Turkish	1
Socio-Economic Group	
AB	7
C1	9
C2	13
DE	11
Literacy Levels	
English as a first language and educated to degree level or above	13
People attending an adult literacy class	4

2.23 There was also a mix of men and women included in the sample and respondents were from a spread of age groups. Interviews were primarily conducted in Edinburgh or

Glasgow. However, it was recognised that it was important to interview some respondents who live in rural areas as they are likely to have different access issues to those respondents living in a city. In total, 7 respondents were recruited from rural areas: 4 in the Borders and 3 in Perthshire.

Respondent Selection

2.24 Most of the sample was recruited from the general public using on-street recruitment (22 interviews). When conducting on-street recruitment, our recruiters used recruitment questionnaires designed to ascertain whether a potential respondent met certain sample characteristics. An interview time would then be scheduled which was convenient to the respondent.

2.25 The other interviews were recruited using a variety of approaches. Three of the lower literacy interviews were recruited with the help of the Edinburgh University Settlement Community Learning Centre.

- Fifteen of the interviews were with English as a second language respondents:
- Three of these interviews were recruited on-street
- Seven were recruited through community groups
- Three had taken part in previous research where they had indicated their willingness to take part in future research (these respondents had only taken part in one previous research study in the past year)
- Two were recruited by snowballing⁴ from respondents who had taken part in previous research (and agreed to be re-contacted).

Fieldwork

2.26 During the cognitive interviews respondents were presented with an envelope containing the questionnaire and cover letter. We asked the respondents to open the letter and do exactly as they would if they were at home.

2.27 We then used a combination of interviewer observation (for example, noting points at which the respondent looked puzzled or confused, where they hesitated, where they seemed to be taking care or where they seemed to skim over or ignore instructions or response categories) and retrospective verbal probing (asking a series of questions after the respondent has finished completing the survey).

2.28 During the course of testing, small changes were made to the questions for subsequent testing. Illustrations of the different versions, along with the rationale for the changes, are included in the relevant sections of the report.

2.29 Interviews were conducted using a topic guide⁵ designed by Ipsos MORI in partnership with the Scottish Government (Annex E). All interviews were conducted in

⁴ Snowballing involves asking respondents for an introduction to other potential respondents who fit the relevant criteria and may be willing to take part in the study – with the anticipated result that the original sample will “snowball” into a larger one. This technique is regularly used for hard-to-reach populations.

respondents' homes. On average the interviews lasted around 45 minutes. The discussions were digitally recorded and transcribed. Respondents were given £20, in cash, to cover any expenses and to acknowledge that they had given up time to take part. All interviews were conducted in English.

⁵ A topic guide is a document that outlines the topics that should be covered in an interview. It often gives examples of the types of questions that might be asked, however, the precise wording used will vary as a result of the interviewer's exchange with the respondent.

CHAPTER THREE: THE COVER LETTER

3.1 Nine versions of the cover letter were created and used in testing. Successive versions of the covering letter incorporated changes highlighted through the cognitive testing process. The version of the cover letter that should be used in the postal survey is in Annex C. This section outlines the key issues which were raised throughout testing and how these were addressed.

People not reading all the information provided in the cover letter

3.2 Early in interviewing, it was apparent that the main challenge in the design of the cover letter would be getting people to read *all* of it. The main reasons offered for not reading the letter are outlined below:

The letter was considered too long

3.3 The main issue with the early versions of the cover letter was that respondents found it too long. They felt that too much information was included in the letter which made it crowded. This meant that respondents were more likely to scan the letter and less likely to read the question and answers section (Q & A).

3.4 This was especially the case with those respondents who had lower literacy levels⁶, or lower English language ability⁷. Seeing a large amount of text put them off reading the letter:

“If they made the writing a bit less and sort of crammed [it would be easier]...A lot of people are slightly dyslexic and find reading hard...it’s quite a lot of reading.”

3.5 This was especially the case with those respondents who had lower literacy levels⁸, or lower English language ability⁹. Seeing a large amount of text put them off reading the letter:

“...when I open something, if I’m faced with loads of reading as I’m busy going round doing things, I tend to be put off...whereas if it is a little bit less than that, I actually find it easier and I’m more likely to read it.”

3.6 In later versions of the letter (version 6 onwards) the amount of information on the first page of the letter was reduced, so that it contained only essential information. Subsequent respondents were happy with the length of the cover letter.

⁶ This term refers to the respondents recruited because they have very low literacy levels.

⁷ This term refers to respondents who speak English as a second language and have lower English language ability as opposed to those who speak English as a second language, but are fluent.

⁸ This term refers to the respondents recruited because they have very low literacy levels.

⁹ This term refers to respondents who speak English as a second language and have lower English language ability as opposed to those who speak English as a second language, but are fluent.

Respondents scanning the cover letter

3.7 It was apparent that several respondents scanned the letter, instead of reading it fully. This was either because they found the letter too long (as detailed above) or because they usually scanned similar literature that came through the post.

3.8 Respondents were more likely to read the words highlighted in a bold font as these were considered more important. In the first version of the letter respondents who scanned the letter tended to read down to the last paragraph which contained words that were in bold. This meant that they did not read the final two paragraphs, containing information about how to complete the questionnaire online and about the survey helpline. A couple of respondents spontaneously suggested:

“Maybe if [the information] was in bold? [I would have read it]”

3.9 The important information in these paragraphs was subsequently highlighted (version 2) to explore whether this would encourage respondents to read the information. When tested, more respondents read the information about completing the survey online and about the survey helpline.

3.10 The use of the bold lettering was especially useful for those with literacy issues as they could use this as an indicator for the key parts to read in the letter:

“Well [the bold makes me] think that’s being highlighted...you’ve got to remember that.”

3.11 We therefore recommend that the bold letters highlighted in the final version of the letter should be retained.

Not realising there was information on the back of the letter

3.12 The initial version of the cover letter did not include a “please turn over” instruction. Subsequently, respondents were less likely to turn over and read the Q&A:

“...the signature is here and I kind of thought that’s it.”

3.13 An instruction was added in the bottom right hand corner (version 2), however, several respondents still did not notice the instruction. In version 4, the instruction was put in capital letters and the colour of the font changed to blue, to see if this made respondents more likely to notice the instruction. This colour change had a negative effect, with a few respondents commenting that the font colour made the instruction blend into the logos at the top of the page. The instruction was amended back to black.

3.14 Further versions experimented with different positioning of the instruction. The instruction was centred (version 5) and moved closer to the text (version 7). The latter position was most visible to respondents and was adopted in the final version of the letter.

3.15 However, despite the fact that most respondents did turn over after the instruction was moved, it is likely that during the postal survey some respondents may not. Although respondents thought it was important to have the information on the back of the cover letter, they did not feel it necessarily mattered if a respondent did not turn over as they felt they would still complete the questionnaire. However, a few respondents felt that the letter should be put on two pages and therefore people would definitely notice the Q&A (however, this would be a more expensive option to print and the problem is not important enough to justify the additional cost).

3.16 Others felt that if people did want further information, they would be more likely to notice the Question & Answer on the back. The final positioning (and format) of the “please turn over instruction” should be retained.

Making assumptions regarding the content of the letter

3.17 A few respondents mentioned that they would not usually read *any* letter which accompanied a questionnaire as they felt that they already knew the content – that it would be requesting them to complete the questionnaire. The design of the questionnaire has taken this into account and the essential information needed to complete the questionnaire is included. For example, instructions to include contacting your GP surgery on behalf of someone else registered at the same surgery and the instructions about how to complete the survey online are included on the questionnaire. However, most respondents are likely to read some of the letter.

Issues with the content of the covering letter

3.18 The information provided in the various versions of the cover letter did not change significantly throughout testing. As it became obvious that the letter was too long, some information was taken out of the front of the letter and put into the Q&A on the back of the letter. This amendment was received well by respondents as the front page was not as “off-putting”. However, respondents raised several other issues with the content:

Removing the reference to “QOF”

3.19 Several respondents, who read the early versions of the letter (up to version 4), felt that the information about the Quality and Outcomes Framework (QOF) should be removed. They felt that this information over complicated the letter and provided too much information for the reader. Some felt this jargon may put them off reading the letter and completing the questionnaire:

“I thought, okay that’s a little bit technical...to me that was just a bit heavy.”

“...that’s too shorthand that phrase, the quality and outcomes framework is total government speak isn’t it?”

The letter was rephrased (version 4) to remove the reference to QOF.

3.20 However, reference to QOF still remained in the Q&A. A few respondents interviewed later than version 4, commented on the reference to QOF in the Q&A. They felt the Q&A would be clearer and easier to understand if it was removed. In version 6, the Q&A was rephrased to remove the reference to QOF.

3.21 We recommend that any reference to QOF should not be used and the current phrasing should be retained.

Definition of “GP”

3.22 A few of the respondents who spoke English as a second language did not understand the term “GP”. Once the front page of the letter was shortened to include only the essential pieces of information, a definition of GP was included at the top of the letter, “The term “GP” refers to a General Practitioner or family doctor” (version 6). The definition was included at the top of the letter as most respondents tended to read, at the very least, the first few lines of the letter.

3.23 We did not feel it was necessary to amend the term “GP” in the main questionnaire as most respondents were comfortable with the term, including many English as a second language respondents.

3.24 We suggest that the explanation of “GP” should be retained in the cover letter.

The strapline

3.25 Early in interviewing, several respondents were very positive about the strapline included in the letter, “Can you spare 5 mins to help improve your GP services?”

“I think that title, that subject line is very important; maybe make that into a colour...because that is the bit that’s relevant to me, as I was reading it, because it would effect me.”

3.26 They felt that it really grabbed respondents’ attention and highlighted the main reason to complete the questionnaire. Others thought it was good because it highlighted that it would not take long to take part:

“I think I like the first bit...it’s quite nice because it kind of implies it takes just five minutes to fill this survey...that’s really a good incentive for me. If it was like half an hour I probably just wouldn’t bother.”

3.27 However, the strapline was mentioned by fewer respondents as interviewing progressed. It is likely that this strapline became less important as the letter was shortened. Previously, the length of the letter may have made respondents more likely to notice the strapline as it was easier to read than the rest of the letter.

3.28 In the final version of the questionnaire, the Scottish Government asked that this title was changed to, “Can you spare 5 mins to tell us about your GP service?” We have only been able to test this with three respondents; however we do not anticipate that this amendment will have an effect on respondent’s likelihood of completing the questionnaire.

Translations

3.29 In the initial versions of the letter, translations in six languages were included that said, “To obtain help in [language], please ring 0XXX XXX”. Most respondents felt that it was important for these translations to be included.

3.30 This sample text had been used for cognitive testing purposes. The Scottish Government intends to include sentences in other community languages in the letter to enable surveys to be provided to participants in other languages when required.

Layout of the Letter

3.31 Respondents who were interviewed after the first page of the cover letter was shortened (version 7 onwards) were happier with the layout of the letter than those interviewed previously.

3.32 Virtually all respondents liked the logos included at the top of the letter. They felt that the use of these logos would help respondents to notice immediately that the letter and questionnaire had come from the Scottish Government and NHS Scotland. Most respondents felt this added gravitas to the research, making people more likely to respond.

3.33 The font in the original version of the letter was Garamond 12, however to conform with Scottish Government protocol, the font was altered to Arial 14 (version 3). Virtually all respondents were happy with the font and font size.

3.34 The cover letter used a black coloured font throughout testing. However, in the 4th version of the letter, the strapline and the “Please turn over” instruction were altered to blue to explore whether this would make them more obvious to respondents. However, as stated previously, after only a few interviews it was apparent that this colour change was having a negative impact on respondents’ awareness of these instructions, as the colour blended in with the logos at the top of the page. The font colour was subsequently altered back to black.

3.35 The layout of the cover letter, used in the final version, should be retained.

CHAPTER FOUR: QUESTIONS ASSESSING INDICATOR PE7

PE 7 Patient experience of access (1) – The percentage of patients who, in the appropriate national survey, indicate that they were able to obtain a consultation with an appropriate health care professional within two working days.

4.1 Three questions were designed to assess indicator PE7. Amendments were made to each question, based on findings during the testing period. The final version of the questionnaire is in Annex D. This section outlines the key issues which were raised throughout testing and how these were addressed.

Question 1

4.2 Three versions of question 1 were tested. The question was initially amended in version 5 of the questionnaire, and further amended in version 6 of the questionnaire. In this section, for ease, we will refer to the 3 versions of the question as versions 1, 2 and 3 (shown below).

Version 1

Q1

In the last 12 months, have you contacted your GP surgery because you felt unwell or were worried about something and needed advice fairly quickly?

Please include occasions you made contact with your GP surgery for someone else, for example, a child or elderly person who is registered at the same surgery

- Yes Please answer Q2
- No Please go to Q4

Version 2

Q1

In the last 12 months, have you contacted your GP surgery because you felt unwell or were worried about something and needed advice fairly quickly?

Please include contacting your GP surgery for someone else, for example, a child or elderly person who is registered at the same surgery

- Yes Go to Q2
- No Go to Q4

Version 3

Q1

In the last 12 months, have you contacted your GP surgery because you felt unwell or were worried about something and needed advice fairly quickly? Please include contacting your GP surgery for **someone else**, for example, a child or elderly person who is registered at the **same surgery**

- Yes Go to Q2
 No Go to Q4

4.3 From version 1 onwards, virtually all respondents thought this question was clear and found it easy to understand.

4.4 The main issue was that **some respondents did not read the instructions** to also include times where they had contacted their GP surgery for someone else registered at the same surgery. This meant that respondents who had not fully read the cover letter, and who did not read these instructions, may not include contact they had with their GP surgery on behalf of someone else.

4.5 Some respondents did not read the instructions because they did not think they were important. They felt that if they were important, the information would be included in the main question:

“...I don’t think it [the instruction] would make any difference to your answer...if it is important it should be included in the question before the question mark.”

4.6 A few respondents, who had lower literacy levels or lower English language ability, thought that having the instructions on a separate line made it look like two questions:

“It’s no bad but it’s like two questions.”

The instructions were moved onto the same line as the question to attempt to correct this issue.

4.7 To encourage respondents to read the instruction, “someone else” and “same surgery” were highlighted in bold, as it had emerged in testing that respondents were more likely to read words that were in a bold font as this indicated they were particularly important.

4.8 These amendments were made late in testing, however early indications showed that respondents were more likely to read the instructions in the latest version of the question.

4.9 A few respondents found the word “**occasions**” in the instructions difficult to understand. One of these respondents only associated the word with *special* occasions, such as a wedding. The instruction was rephrased to avoid confusion.

4.10 As discussed previously, it was important to ensure all methods of relevant contact would be included by respondents. This included phoning or going into the surgery. However, some respondents have the option of attending an **open surgery** and do not have to book an appointment and there was concern they may have difficulty with the question. However, all 9 respondents who attended an open surgery included this contact when answering the question.

Question 2

4.11 Four versions of question 2 were tested. Question 2 was initially amended after version 1 and there were further amendments for versions 3 and 5 of the questionnaire. In this section, for ease, we will refer to the 4 versions of the question as versions 1, 2, 3 and 4 (shown below).

Version 1

Q2 The last time this happened, did you see or speak to a doctor, nurse or other healthcare professional **within 2 working days?**

Working days means those days on which the surgery is normally open and excludes weekends.

For example, if you phoned your surgery on a Wednesday morning, you would expect to speak to or see someone by the end of the Friday.

- Yes, I saw a doctor, nurse or other healthcare professional face-to-face Please go to Q4
- Yes, I spoke to a doctor, nurse or other healthcare professional on the telephone Please go to Q4
- No Please answer Q3

Version 2

Q2 The last time this happened, did you see or speak to a doctor or nurse **within 2 working days?**

Working days means those days on which the surgery is normally open and excludes weekends.

For example, if you phoned your practice on a Wednesday morning, you would expect to speak to or see someone by the end of the Friday.

- Yes, I saw a doctor or nurse face-to-face Please go to Q4
- Yes, I spoke to a doctor or nurse on the telephone Please go to Q4
- No Please answer Q3

Version 3

Q2

The last time this happened, did you see or speak to a doctor or nurse **within 2 working days**?

Working days means those days on which the surgery is normally open and do not include weekends.

For example, if you phoned your surgery on a Wednesday morning, you would expect to speak to or see someone by the end of the Friday.

- Yes, I saw a doctor or nurse **face-to-face** Go to Q4
- Yes, I spoke to a doctor or nurse on the **telephone** Go to Q4
- No Go to Q3

Version 4

Q2

The last time this happened, did you see or speak to a doctor or nurse **within 2 working days**? Working days means those days on which the surgery is normally open and **do not include weekends**. For example, if you phoned your surgery on a Wednesday morning, you would expect to speak to or see someone by the end of the Friday

- Yes, I saw a doctor or nurse **face-to-face** Go to Q4
- Yes, I spoke to a doctor or nurse on the **telephone** Go to Q4
- No Go to Q3

4.12 The main issue with this question surrounded the use of the phrase “**doctor, nurse or other healthcare professional.**” As discussed previously, this issue had been raised at the stakeholder consultation meeting where it was agreed that for all questions associated with indicator PE7, this phrase should be used to ensure congruence with the language used in the official indicator.

4.13 Several respondents did not understand the intended meaning of “other healthcare professional”:

“I’m guessing maybe they mean like someone in hospital, maybe some specialist.”

“Actually, would that [other healthcare professional] include somebody like a receptionist?”

As these interpretations would have a negative effect on the accuracy of the information collected in the postal survey, it was agreed that this phrase would be removed and replaced with “a doctor or nurse.”

4.14 Respondents were happy with the revised phrase and understood the terminology. They recognised “doctor” referred to a GP at their GP surgery and “nurse” referred to any nursing staff at their surgery. Unfortunately, it was not possible to ascertain whether respondents included health visitors in their definition of “nurse.” This was because there were no respondents who had been visited by a health visitor included in the sample. We recommend that the term “doctor or nurse” should be used in the question.

4.15 Indicator PE7 measures “obtaining a consultation” with a relevant healthcare professional. These consultations can be over the telephone or face-to-face. As discussed earlier, it was necessary to ensure that respondents did not just refer to face-to-face contact. Question 2 therefore referred to being able to “**see or speak**” to a relevant healthcare professional. Most respondents understood the phrase as they recognised a person could see a

doctor face-to-face or have a telephone consultation. The phrase “see or speak” should be retained.

4.16 Later in testing, several respondents with lower literacy levels or lower English language ability did not notice the difference between the response options in question 2. They did not notice that one response option referred to seeing a doctor or nurse face-to-face and the other speaking to a doctor or nurse on the telephone.

“Well, I could have actually ticked any one of these two, but I just ticked the first one.”

4.17 As suggested by a respondent, and because it was apparent that using bold helped to draw respondents’ attention to text, the words **face-to-face** and **telephone** were highlighted. It was therefore recommend that these words should remain in a bold font.

4.18 A respondent with lower literacy levels did not understand the word “exclude” and read it as “include.” This word was subsequently amended to “does not include” to avoid any confusion.

4.19 The phrase “**within 2 working days**” was understood by most respondents. Some felt that the instructions explaining the meaning of “within 2 working days” were not necessary and that most people who were employed would understand the meaning. This led to them not reading the instructions in the question:

“I felt that I understood already what they meant by two working days.”
“Most people who are employed understand the meaning of within 2 working days...that [the instruction] does not have to be there.”

4.20 As with question 1, some respondents did not read the instructions because they did not think they were important. They felt that if they were important, the information would have been included in the main question. This was mainly the case with those with lower literacy levels or lower English language ability.

“Maybe if they weren’t separated [the question and the instructions] I would have read them”.

4.21 The instructions were moved onto the same line as the question to try to correct this issue. To encourage respondents to read the instruction, “**do not include weekends**” was highlighted in bold, to indicate it was particularly important. These amendments were made late in testing, however early indications showed that respondents were more likely to read the instructions in the latest version of the question.

Question 3

4.22 Two versions of question 3 were tested. The question was amended for version 3 of the questionnaire. In this section, for ease, we will refer to the versions of the question as versions 1 and 2 (shown over page).

Version 1

Q3 Why did you not see or speak to a doctor, nurse or other healthcare professional **within 2 working days**?
*Tick **ONE** box only*

- I was not offered the chance to see or speak to a doctor, nurse or other healthcare professional within 2 working days.
- I was offered the chance to see or speak to a doctor, nurse or other healthcare professional but the time offered did not suit me.
- I was offered the chance to see or speak to a doctor, nurse or other healthcare professional but the person I wanted was not available.
- I was offered the chance to see or speak to a doctor, nurse or other healthcare professional but did not want to see or speak to someone that quickly.
- Don't know/can't remember.
- Other reason.

Version 2

Q3 Why did you not see or speak to a doctor or nurse **within 2 working days**?
*Tick **ONE** box only*

- I **was not** offered the chance
- I **was** offered the chance but the time offered did not suit me
- I **was** offered the chance but the person I wanted was not available
- Don't know/can't remember
- Other reason

4.23 A few respondents were routed to this question. In the cases where respondents were not routed to this question, they were asked to read the question and were asked questions about it.

4.24 This question was relatively unproblematic throughout testing, as long as the questions for PE7 were completed in the correct order. This issue is discussed later in the “layout” section.

4.25 As with question 2, respondents struggled with the intended interpretation of the phrase “**doctor, nurse or other healthcare professional.**” It was agreed that this phrase would be removed and replaced with “a doctor or nurse.” Respondents were happy with the revised phrase and understood the terminology. We recommend that the term “doctor or nurse” should be used in the question.

4.26 Later in testing, several respondents, who had lower literacy levels or lower English language ability, did not notice the difference between the response options in question 3. They also found the length of the response options made them difficult to read:

“...all the options here are a bit confusing because they are all so similar... because they all change the last bits...and also because they seem so long...”

4.27 The responses were shortened to make the question easier to read. Virtually all respondents’, interviewed after the question was shortened, had no difficulties reading the question. The question should be retained in its shorter version.

4.28 As with question 2, it was necessary to ensure that respondents did not just refer to face-to-face contact. Most respondents understood the intended meaning of “**see or speak**” as they recognised a person could see a doctor face-to-face or have a telephone consultation. The phrase “see or speak” should be retained.

CHAPTER FIVE: QUESTIONS ASSESSING INDICATOR PE8

PE 8 Patient experience of access (2) – The percentage of patients who, in the appropriate national survey, indicate that they were able to book an appointment with a GP more than 2 days ahead.

5.1 Two questions were designed to assess indicator PE8. Amendments were made to each question, based on the findings during the testing period. The final version of the questionnaire is in Annex D. This section outlines the key issues which were raised throughout testing and how these were addressed.

Question 4

5.2 Four versions of question 4 were tested. Question 4 was initially amended (from version 1) for version 3. Further amendments were made in versions 4 and 5. In this section, for ease, we will refer to the 4 versions of the question as versions 1, 2, 3 and 4 (shown below).

Version 1

Q4 In the last 12 months, have you tried to get an appointment with a doctor **more than 2 full days in advance?**

- Yes Please answer Q5
 No Please go to Q6

Version 2

Q4 In the last 12 months, have you tried to book a doctor's appointment **3 or more days ahead?**

For example, the appointment was needed for a non-urgent problem.

- Yes Please answer Q5
 No Please go to Q6

Version 3

Q4 In the last 12 months, have you tried to book a doctor's appointment **3 or more days ahead?** For example, the appointment was needed for a non-urgent problem.

- Yes Please answer Q5
 No Please go to Q6

Version 4

Q4 Sometimes people want to book an appointment with their doctor in advance. For example, they may want to book an appointment for when they get back from a holiday or to fit in with other commitments.

In the last 12 months, have you tried to book a doctor's appointment 3 or more days in advance?

- Yes Go to Q5
 No Go to Q6

5.3 This question was the most problematic of the questions in the questionnaire. The main reason respondents found the question difficult to understand was because they did not grasp the concept of booking an appointment in advance. This was because most

respondents had never wanted to book appointments in advance. Respondents had always contacted their GP surgery for an appointment which they wanted as soon as possible:

“...because when most people make an appointment at the doctor it tends to be either an emergency or they need it the same day...I’ve never ever rang and said, look I don’t want an appointment this week...that’s what I didn’t understand...”

Some respondents thought the question was actually asking if they had ever had to wait three days for an appointment:

“The last time I phoned up to see the nurse...she gave me an appointment, I think it was one or two, maybe three days at the most...sometimes you can wait up till a week, it just depends.”

Others respondents did not understand the question at all and missed it out.

5.4 After testing this question with a wide range of respondents, it was apparent that the concept needed to be explained further. A few respondents suggested distinguishing between the “urgent” contact with a GP surgery required for indicator PE7 (question 1) and the non-urgent appointments required for PE8 (question 4):

“...for me the wording would need to be changed to say something like, In the last 12 months have you tried to make a non urgent appointment with the Doctor...”

“...maybe it needs another word in, like a non urgent appointment or something like that...”

5.5 An instruction which explained, “For example, the appointment was needed for a non-urgent problem” was included under question 4. However, this did not overcome the problem as some respondents did not read the instruction. To try to get respondents to fully read the question the instruction was moved onto the same line (version 3, page 26).

5.6 After several further interviews, respondents were still not clear of the intended meaning of the question. It was decided that a pre-ambule, explaining the kinds of circumstances in which a person may book an appointment in advance, should be added. This version of the question was tested on several respondents and there was a big improvement in understanding the question.

5.7 Initially, it appeared that most respondents found the instruction “**more than 2 full days in advance**” difficult to understand so therefore did not understand the question. They could not understand the inclusion of the word “full” and felt the phrase was confusing:

“Do they really need this ‘full’ days, [it should be] just two days in advance.”

5.8 The phrasing was subsequently changed to “3 or more days ahead”. This was tested with more respondents, who found the “days ahead” part difficult to understand. In the final version of this question this was amended to “days in advance” which was clear for respondents.

Question 5

Q5 The last time you tried to book **3 or more days in advance**, were you able to get an appointment?

- Yes
- No

5.9 Only one version of question 5 was tested. Due to the issues surrounding question 4, most respondents could not answer question 5, or had answered it based on their misunderstanding of question 4.

5.10 Once the final version of question 4 was designed and tested, all respondents thought that question 5 was clear and easy to understand.

CHAPTER SIX: GENERAL QUESTIONNAIRE ISSUES

6.1 Some of the general issues relating to the design of the questionnaire including recall, background questions and questionnaire layout are outlined below.

Issues with recall

6.2 Virtually all respondents found it easy to recall when they had last contacted their GP surgery. They also found it reasonably easy to recall how long they had to wait to get an appointment and the circumstances surrounding the appointment. Generally, respondents used other life events as a benchmark, for example, that was just before an event happened at work. Respondents with lower literacy levels also found it relatively easy to recall the circumstances.

Reflecting general experiences of access

6.3 Most respondents felt that their answers to the questions reflected their general experiences regarding access to their GP. However, a few respondents felt that they had not had the chance to offer an accurate portrayal of their usual experiences.

6.4 A few respondents commented that although the last time they contacted their GP they obtained contact within the time specified in the indicators, numerous other times they had found access had taken longer. However, only a very few respondents raised this as an issue. By asking respondents to recall their last contact with their GP surgery, it is likely that any issues regarding consistency with overall experiences of access should fall out.

Demographic questions

6.5 As discussed at the stakeholder consultation, demographic questions on language usage, ethnic group, disability and health conditions were included in the first version of the questionnaire.

6.6 There were minimal amendments to the background questions. For the 2nd version of the questionnaire, stakeholders decided that the language question should be removed. For the 3rd version of the questionnaire, the ethnicity question was updated to use the most recent version that was being considered for use in the Scottish 2011 Census. <http://openscotland.gov.uk/Publications/2008/07/29095058/0>

6.7 There was no objection, from any respondents, about answering the demographic questions. Most respondents felt that they were used to completing such information on forms and found this acceptable. Some respondents from minority ethnic groups felt that it was acceptable for the government to ask for information about ethnicity but not for other organisations.

Questionnaire layout

6.8 Respondents were generally happy with the layout of the questionnaire which did not alter much throughout testing.

Routing

6.9 The main issue surrounding the layout of the questionnaire was the presentation of the routing instructions (e.g. Go to Q2). Several respondents did not notice the routing or did not understand it. This meant that they completed question 3 when they should have been routed to question 4.

6.10 In the later interviews, several English as a second language respondents felt that they had not understood the routing because they did not understand that Q2, for example, referred to question 2. A few respondents suggested that this routing should be amended to include the full word “question” rather than use an abbreviation (i.e. “Question 2” instead of “Q2”):

“I don’t know what question to go on to you know...I was like what’s Q2?...I guess the Q2 - they need to write question two.”

6.11 Another English as a second language respondent suggested that the coloured box used to highlight the question numbers, could be used in the routing instruction. For example,

No Go to **Q3**

6.12 As these findings were discussed late in interviewing, it was not possible to test this suggestion. We recommend altering the routing throughout the questionnaire to “Question X” to make the meaning of the routing clearer to respondents.

6.13 A few respondents also mistook the dotted line, between the response options and the routing instruction, to be the space in which they should insert their answer (up to version 4). The space between the response option, the dotted line and the routing instruction was reduced to address this issue (version 5). No subsequent respondents thought the dotted line may require information to be written in. This reduced spacing should be retained.

Internet instructions

6.14 In version 2 of the questionnaire, a box containing information about completing the survey online was inserted at the top of the first page of the questionnaire, underneath the title and instructions.



6.15 Respondents thought that this information was presented clearly and the computers used in the boxes made it obvious that the box contained information for people who had computer access.

6.16 It is likely that this instructions box will be particularly important for those respondents who do not fully read the cover letter, where information about how to apply online is also outlined.

6.17 It has subsequently been decided that online completion will not be implemented and this instruction will not be required.

Other instructions

6.18 Several other instructions were included in the main questionnaire – these did not change throughout interviewing. The main issue with these instructions was that some respondents tended to not read them because they thought they contained information that was not essential in aiding them to complete the questionnaire.

6.19 This should be viewed as a perennial problem as it is difficult to fully resolve. There will always be some people who do not read instructions, as long as the important instructions are not missed out there is no need for any amendments.

Colours

6.20 The initial version of the questionnaire had the questionnaire instructions on the front and back of the questionnaire in a light blue colour, with the question numbers in a box which was the same colour. This colour blended in with the Scottish Government and the NHSScotland logos.

6.21 Early in testing this was amended to a dark blue. This darker back drop made the white font, used for the instructions, stand out better. A few respondents tended to not read the instructions, at the top of the first and second page and the box at the bottom left hand corner of the second page. However, this did not appear to be because of the colour of the backdrop. These respondents tended to scan the questionnaire, not thinking the instructions would be important. The dark blue backdrop and white font used for the instructions should be retained.

Logos

6.22 Virtually all respondents liked the logos included at the top of the questionnaire. They felt that the use of these logos would help respondents to notice immediately that the questionnaire had come from the Scottish Government and NHS Scotland. Most respondents felt this added gravitas to the research, making people more likely to respond. The logos should be retained in their current format and position.

Font

6.23 The font in the original version of the letter was Garamond 12, however to conform with Scottish Government protocol, the font was altered to Arial 14 (version 2). Virtually all respondents were happy with the font and font size. However, a few respondents suggested that the font size should be increased in the questionnaire instructions so they are more visible:

“I think that’s quite important it’s telling you to tick your answers. If it was a wee bit bigger maybe [I would have noticed it].”

If there is space in the final layout of the questionnaire to increase this font size, this amendment should be implemented.

CHAPTER SEVEN: CONCLUSION

Background

7.1 The General Medical Services contract was introduced to tackle the problems of General Practitioners' (GPs) recruitment, pay and working hours. The contract is linked to a Quality and Outcomes Framework. Revisions to the Quality and Outcome Framework (2008) have included the introduction of two new patient experience indicators: PE7 and PE8.

7.2 To assess these indicators, the Scottish Government carried out a postal survey of the general public in October 2008. To ensure the necessary information was collected, the Government commissioned Ipsos MORI to design and cognitively test the questionnaire and covering letter.

7.3 Ipsos MORI proposed an initial draft questionnaire and covering letter. This was discussed at an initial Stakeholder meeting attended by Scottish Government and the Scottish General Practitioners Committee of the BMA. Following this meeting Ipsos MORI proposed 2 further questionnaire design options. Following feedback from stakeholders a final covering letter and questionnaire was agreed upon for use throughout the cognitive testing.

Cognitive testing

7.4 The main changes implemented to the letter and questionnaire as a result of cognitive testing are outlined below.

Covering letter

7.5 The cognitive testing resulted in a significantly shortened and simplified final letter recommended for use in the GP Access Survey. This document is contained in Annex C.

Questionnaire

7.6 The main changes to questions 1, 2, and 3 measuring PE7 included:

- Changes to ensure the instructions are being noted by the survey participant
- Changes to the terminology: 'other healthcare professional' changed to 'doctor or nurse'
- Changes to routing instructions
- Simplified wording for question 3 response options.

7.7 The main changes to question 4 and 5 measuring PE8 included:

- Changing the wording to improve comprehension of the concept of 'booking an appointment in advance'

7.8 The final questionnaire, recommended for use in the GP Access Survey, incorporating all changes implemented as a result of the evidence obtained from the cognitive testing, is contained in Annex D.

ANNEX A: COVER LETTER, VERSION 1

«TITLE» «FIRST NAME» «SURNAME»
«ADDRESS 1»
«ADDRESS 2»
«ADDRESS 3»
«ADDRESS 4»
«POSTCODE»

REF: «CHI number»

October 2008

Dear «Title» «Surname»

Can you spare five minutes to help improve GP services?

I am writing to ask you to take part in the Scottish GP Patient Access Survey. This is part of the Scottish Government's work to improve NHS services in Scotland and has been developed by the Scottish Government and GP representatives.

The survey is designed to collect information on how easy it is for people to see or speak to a doctor, nurse or other healthcare professional for medical advice at their GP surgery. Seeking patient views is important so that GP surgeries and Health Boards can get a better picture of people's experiences and improve them. I understand that your GP surgery is **«Eyre Crescent Medical Practice, 31 Eyre Crescent, Edinburgh»**. I would like you to answer the questions about this GP surgery whether you contacted the surgery for yourself or on behalf of someone else also registered with the surgery (for example, a child).

The survey will contribute to your GP surgery's achievement in the Quality and Outcomes Framework (QOF) and surgeries know this aspect of their service is being assessed. Overall results will be sent to your GP surgery but **it will not be possible for anyone at the surgery, Health Board or Government to identify your individual responses.**

To take part, **please fill in the enclosed survey and send it back in the envelope provided** as soon as possible. No stamp is needed. If it is easier for you, please ask someone else to help you fill in the survey, but please make sure the answers given are about your experience, not theirs. Please refer to the most recent time you contacted your GP surgery.

There is more information about the survey overleaf and on the survey website at [<http://www.surveywebsiteaddress>]. You can also complete the survey online at this address using the password «examplepassword». If you have any more questions or need help filling in the survey, please contact the GP Patient Access Survey Helpline on [Free phone number – all calls are free] (Monday to Friday, 9am to 9pm; Saturday, 10am to 5pm).

Thank you very much for your time.

Yours sincerely,

Head of Primary Care Division, Scottish Government

Some questions & answers

Why are we carrying out this survey?

The Scottish Government, in cooperation with GP representatives in Scotland, would like to find out how easy it is for patients to see or speak to a doctor, nurse or other healthcare professional for medical advice at their GP surgery. The survey results will contribute to your surgery's achievement in the Quality and Outcomes Framework (QOF).

What is the Quality and Outcomes Framework?

The QOF sets out a series of indicators of high quality including how your surgery is organised and the delivery of the best care and treatment for patients with certain long term conditions.

How did we get your name and address?

You were randomly selected to participate in this survey from the NHS list of patients registered with a GP. Your contact details are stored securely and confidentially by the NHS and the Scottish Government. You will only be identified by a code on your response sheets so that those analysing the response will not be able to see your name or personal details.

Do I have to take part?

No, you do not have to take part if you do not want to, but taking part will help to assess how the surgery responds to patients when they make contact for an appointment or medical advice.

Do I have to answer every question?

No, you do not have to answer every question if you do not want to. However, we hope you will, as your answers will help give us the best possible picture of people's experiences. There are also some questions we may ask you to skip, depending on your answers.

What happens to the results?

Overall results will be sent to your GP surgery but it will not be possible for anyone at the surgery or Health Board to identify your individual responses. The overall results will be published and you will be able to find the results by going to http://www.isdscotland.org/isd/CCC_FirstPage.jsp. These results will be available from [summer 2009].

لمساعدة في اللغة العربية اتصل على الرقم: 0XX XXXX XXXX

用廣東話取得幫助，請打 0XX XXXX XXXX

تماس بگيريد 0XX XXXX XXXX برای دریافت کمک و راهنمایی به زبان فارسی با شماره

Pour obtenir de l'aide en Français, veuillez contacter le 0XX XXXX XXXX

ગુજરાતી ભાષામાં સહાયતા જોતી હોય તો: 0XX XXXX XXXX

اردو میں مدد کے لئے ٹیلیفون کریں: 0XX XXXX XXXX

ANNEX B: QUESTIONNAIRE, VERSION 1



SCOTTISH GP ACCESS SURVEY



Please answer the questions below and return as soon as possible. Your answers will be completely confidential. Please put a ✓ in the box(es) that come closest to your experience.

Q1

In the last 12 months, have you contacted your GP surgery because you felt unwell or were worried about something and needed advice fairly quickly?

Please include occasions you made contact with your GP surgery for someone else, for example, a child or elderly person who is registered at the same surgery

- Yes Please answer Q2
 No Please go to Q4

Q2

The last time this happened, did you see or speak to a doctor, nurse or other healthcare professional **within 2 working days**?

Working days means those days on which the surgery is normally open and excludes weekends.

For example, if you phoned your surgery on a Wednesday morning, you would expect to speak to or see someone by the end of the Friday.

- Yes, I saw a doctor, nurse or other healthcare professional face-to-face Please go to Q4
 Yes, I spoke to a doctor, nurse or other healthcare professional on the telephone Please go to Q4
 No Please answer Q3

Q3

Why did you not see or speak to a doctor, nurse or other healthcare professional **within 2 working days**?
Tick ONE box only

- I was not offered the chance to see or speak to a doctor, nurse or other healthcare professional within 2 working days.
 I was offered the chance to see or speak to a doctor, nurse or other healthcare professional but the time offered did not suit me.
 I was offered the chance to see or speak to a doctor, nurse or other healthcare professional but the person I wanted was not available.
 I was offered the chance to see or speak to a doctor, nurse or other healthcare professional but did not want to see or speak to someone that quickly.
 Don't know/can't remember.
 Other reason.

Q4

In the last 12 months, have you tried to get an appointment with a doctor **more than 2 full days in advance**?

- Yes Please answer Q5
 No Please go to Q6

Q5

The last time you tried to get an appointment **more than 2 full days in advance**, were you able to?

- Yes
 No

We are asking the following questions to ensure that the opinions of different groups of people are represented in the survey. You do not have to answer these questions if you do not want to.

Q6 What language do you prefer to speak in?

Tick **ONE** box only

- English
- Arabic
- Bengali
- Cantonese
- Gaelic
- Hindi
- Polish
- Punjabi
- Urdu
- Other
- Prefer not to answer

Q7 To which of the following groups do you think you belong?

Tick **ONE** box only

- White: Scottish
- White: Irish
- White: Other British
- White: Any other white background
- Mixed: Any mixed background
- Asian, Asian Scottish or Asian British: Indian
- Asian, Asian Scottish or Asian British: Pakistani
- Asian, Asian Scottish or Asian British: Bangladeshi
- Asian, Asian Scottish or Asian British: Chinese
- Any other Asian background
- Black, Black Scottish or Black British: Caribbean
- Black, Black Scottish or Black British: African
- Black, Black Scottish or Black British: any other black background
- Any other ethnic group
- Other
- Prefer not to answer

Q8 Do you have any of the following conditions lasting (or expected to last) 12 months or more?

Tick **ALL** the boxes that apply

- Deafness or severe hearing impairment
- Blindness or severe vision impairment
- A condition that limits one or more basic physical activities (such as walking, climbing stairs, lifting, or carrying)
- A learning disability (such as Down's Syndrome)
- A learning difficulty (such as dyslexia)
- A mental health condition (such as depression or schizophrenia)
- A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy)
- No
- Other
- Prefer not to answer

Q9 Are your day-to-day activities limited because of a health problem or disability which has lasted or is expected to last at least 12 months?

- Yes, limited a lot
- Yes, limited a little
- No
- Prefer not to answer

Thank you for taking the time to answer these questions.

Please return this form in the envelope provided.

If you have no envelope please return the form (no stamp needed) to:

FREEPOST
Scottish GP Access Survey

0123456789/1

ANNEX C: RECOMMENDED COVER LETTER, VERSION 10

«TITLE» «FIRST NAME» «SURNAME»
«ADDRESS 1»
«ADDRESS 2»
«ADDRESS 3»
«ADDRESS 4»
«POSTCODE»

REF: «CHI number»

October 2008

Dear «Title» «Surname»

Can you spare five minutes to tell us about your GP Services?

I am writing to ask you to take part in the Scottish GP Patient Access Survey

The term “GP” refers to a General Practitioner or family doctor

The survey is designed to collect information on how easy it is for people to see or speak to a doctor or nurse for medical advice at their surgery

I understand that your GP surgery is **«Eyre Crescent Medical Practice, Edinburgh»**

I would like you to answer the questions about **your experiences** with this GP surgery

Please refer to the most recent time you contacted your GP surgery either for yourself or for someone else who is registered at the same surgery

Your individual answers are completely **confidential** and will not be seen by anybody at your surgery or Health Board

There is more information about the survey overleaf and on the survey website at **[<http://www.surveywebsiteaddress>]**

If you have any more questions or need help filling in the survey, please contact the **GP Patient Access Survey Helpline** on [Free phone number – all calls are free] (Monday to Friday, 9am to 9pm; Saturday, 10am to 5pm).

Thank you very much for your time.

Yours sincerely,

-PLEASE TURN OVER-

Head of Primary Care Division, Scottish Government

Some Questions & Answers

Why are we carrying out this survey?

The Scottish Government and the National Health Service, would like to find out how easy it is for patients to see or speak to a doctor or nurse for medical advice at their GP surgery.

Why do we need to know?

It is important that GP surgeries get feedback from their patients on their experience of contacting their practice to help identify where improvements could be made.

How did we get your name and address?

You were randomly selected to participate in this survey from the NHS list of patients registered with a GP. Your contact details are stored securely and confidentially by the NHS and the Scottish Government. Those analysing the responses will not be able to see your name or address.

Do I have to take part?

No, you do not have to take part if you do not want to, but taking part will help to assess how the surgery responds to patients when they make contact for an appointment or medical advice.

Do I have to answer every question?

No, you do not have to answer every question if you do not want to. However, we hope you will, as your answers will help give us the best possible picture of people's experiences. There are also some questions we may ask you to skip, depending on your answers.

What happens to the results?

Your practice will be given information on its overall performance in March 2009 but it will not be possible for anyone at the surgery or Health Board to identify your individual responses. Scottish results will be published by the Scottish Government next summer at www.scotland.gov.uk. Information for GP Practices will be published by ISD Scotland in Autumn 2009 at www.isdscotland.org/qof.

تتوافر نسخ من هذه المستندات بتلك اللغة. يرجى وضع علامة على هذه الخانة، وإرجاع هذا الخطاب في الطرف المقدم وسوف يتم إرسال نسخ إليك.

এই নথিগুলির কপি এই ভাষায় পাওয়া যাবে। অনুগ্রহ করে এই ঘরে টিক্ চিহ্ন দিয়ে যে খাম দেওয়া হয়েছে তাতে ভরে চিঠিটি ফেরত পাঠান। আপনার কাছে ডাকঘোষে কপি পাঠানো হবে।

您可獲得此語言版的文件副本。請在此方框內打鉤，並將此信放入所提供的信封，我們就會將副本郵寄給您。

इन प्रलेखों की प्रतियां इस भाषा में उपलब्ध हैं। कृपया इस बाक्स को टिक करें, तथा उपलब्ध कराए गए लिफाफे में इस पत्र को वापस कर दें, और आपको प्रतियां भेज दी जाएंगी।

Dokumenty dostępne są także w tym języku. Aby je otrzymać, prosimy odesłać niniejsze pismo w załączonej kopercie.

ਇਨ੍ਹਾਂ ਦਸਤਾਵੇਜ਼ਾਂ ਦੀਆਂ ਕਾਪੀਆਂ ਇਸ ਭਾਸ਼ਾ ਵਿਚ ਉਪਲਬਧ ਹਨ। ਇਸ ਡੱਬੀ ਨੂੰ ਟਿਕ ਕਰੋ, ਇਸ ਪੱਤਰ ਨੂੰ ਨਾਲ ਦਿੱਤੇ ਗਏ ਲਿਫਾਫ਼ੇ ਵਿਚ ਪਾ ਕੇ ਮੋੜ ਦਿਉ ਅਤੇ ਕਾਪੀਆਂ ਤੁਹਾਨੂੰ ਡਾਕ ਰਾਹੀਂ ਭੇਜ ਦਿੱਤੀਆਂ ਜਾਣਗੀਆਂ।

ان دستاویزات کی نقول اس زبان میں دستیاب ہیں۔ براہ مہربانی اس خانے میں ٹک کا نشان لگائیں، اس خط کو فراہم کردہ لفافے میں ڈال کر واپس کر دیں اور نقول آپ کو بذریعہ ڈاک ارسال کر دی جائیں گی۔



ANNEX D: RECOMMENDED QUESTIONNAIRE, VERSION 7



SCOTTISH GP ACCESS SURVEY



Please answer the questions below and return as soon as possible.
Your answers will be completely confidential.
Please put a ✓ in the box(es) that come closest to your experience.

Q1

In the last 12 months, have you contacted your GP surgery because you felt unwell or were worried about something and needed advice fairly quickly? Please include contacting your GP surgery for **someone else**, for example, a child or elderly person who is registered at the **same surgery**

- Yes Go to Question 2
- No Go to Question 4

Q2

The last time this happened, did you see or speak to a doctor or nurse **within 2 working days**? Working days means those days on which the surgery is normally open and **does not include weekends**. For example, if you phoned your surgery on a Wednesday morning, you would expect to speak to or see someone by the end of the Friday

- Yes, I saw a doctor or nurse **face-to-face** Go to Question 4
- Yes, I spoke to a doctor or nurse on the **telephone** Go to Question 4
- No Go to Question 3

Q3

Why did you not see or speak to a doctor or nurse **within 2 working days**?

Tick **ONE** box only

- I **was not** offered the chance
- I **was** offered the chance but the time offered did not suit me
- I **was** offered the chance but the person I wanted was not available
- Don't know/can't remember
- Other reason

Q4

Sometimes people want to book an appointment with their doctor in advance. For example, they may want to book an appointment for when they get back from a holiday or to fit in with other commitments.

In the last 12 months, have you tried to book a doctor's appointment **3 or more days in advance**?

- Yes Go to Question 5
- No Go to Question 6

Q5

The last time you tried to book **3 or more days in advance**, were you able to get an appointment?

- Yes
- No

We are asking the following questions to ensure that the opinions of different groups of people are represented in the survey. You do not have to answer these questions if you do not want to.

Q6

What is your ethnic group?
Choose **ONE** section from A to E, then tick **ONE** box which best describes your ethnic group or background.

A. White

- Scottish
- English
- Welsh
- Northern Irish
- British
- Irish
- Gypsy/Traveller
- Polish
- Any other white ethnic group

B. Mixed or multiple ethnic groups

- Any mixed or multiple ethnic groups

C. Asian, Asian Scottish or Asian British

- Pakistani, Pakistani Scottish or Pakistani British
- Indian, Indian Scottish or Indian British
- Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- Chinese, Chinese Scottish or Chinese British
- Other

D. African, Caribbean or Black

- African, African Scottish or African British
- Caribbean, Caribbean Scottish or Caribbean British
- Black, Black Scottish or Black British
- Other

E. Other ethnic group

- Arab
- Other
- Prefer not to answer

Q7

Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?
Tick **ALL** that apply

- Deafness or severe hearing impairment
- Blindness or severe vision impairment
- A physical disability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)
- A learning disability (such as Down's Syndrome)
- A learning difficulty (such as dyslexia or dyspraxia)
- A mental health condition (such as depression or schizophrenia)
- A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy)
- No
- Other
- Prefer not to answer

Q8

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?
Include problems related to old age

- Yes, limited a lot
- Yes, limited a little
- No
- Prefer not to answer

**Thank you for taking the time to answer these questions.
Please return this form in the envelope provided.**

If you have no envelope please return the form (no stamp needed) to:

**FREEPOST,
Scottish GP Access Survey**

0123456789/7

ANNEX E: TOPIC GUIDE

Introduction

Introduce self, Ipsos MORI

Research commissioned by the Scottish Government which involves talking to members of the public to see what they think of a questionnaire designed to focus on a specific aspect of the NHS.

We want to find out if people think these questions could be improved in any way, whether they are easy to understand, etc.

It will become apparent shortly what the questionnaire is about. Reassure that none of the questions will ask for details about their health.

Thank participants for agreeing to be interviewed. Mention should take approximately 45 mins.

Anonymity of respondents and MRS (Market Research Society) code of conduct.

Permission to audio record, explain how it will be used.

Reading the cover letter and completing the questionnaire

Firstly, we would like you to treat this letter as though it has just come through your front door. Just pretend that I am not here and work at your own pace.

[In general throughout the letter and questionnaire, note any spontaneous comments, expressions or body language. Also make notes on which text they read where this can be observed without asking. NB – for q1 in the questionnaire, whether they read the instructions before answering or just selected a response option?]

[Let the interviewee complete the questions]

The Cover Letter

What do you remember about the letter?

What did the letter say?

What did you think of the letter? [*Probe: Useful/not useful? Important/not important?*]

Did you read it fully or did you just scan it? [*Probe: Did they read the Q&A section?*]

Which part(s) of the letter did you read? [*Probe: Can you show me?*]

Did you find the letter quite easy or difficult to understand?

Is there anything you thought was particularly good about the letter? [*Probe: Anything else?*]

Was there anything in the letter you found difficult to understand?

Is there anything else you found difficult to understand?

Interviewer to continue probing to see if there are several parts the respondent found difficult to understand

Is there anything in the letter you found off-putting?

Is there anyway the letter could be improved?

Is there any other information you think should be included in the letter?

What do you think of the layout of the letter? [*Probe: the logos at the top? The colours? Do you think this could be improved?*]

How did you feel about filling in the questionnaire after reading the cover letter? [*Probe: Positive/negative? Any concerns?*]

If the respondent found the cover letter too difficult to read:

Would you usually ask someone else to help you fill in the survey? [*Probe: If yes - Why did you not ask on this occasion?*]

Background to the most recent time they contacted their GP surgery to see/speak to someone fairly quickly

Can you tell me about the last time you contacted your GP surgery. [NB. Stress that we do not need details about why they contacted the GP]

*[Probe: What happened? Who had they made contact for? How had they contacted the surgery? How long did they have to wait before they could see/speak to someone? Was this in the last 12 months? **Can you remember exactly when it was?** Who did they speak to [e.g. doctor, nurse, etc.]? Was this face to face or on the phone? If not, why did they not speak to someone?]*

Aim is to get the background story out of the way before the interview focuses on the questionnaire. Ask about other times if this is not the 'relevant' time - Before that? After that?

Q1

What does this question mean in your own words?

What do you think is meant by “contacted”? [NB – if the respondent attends an open surgery, did they include turning up for an open surgery in their definition of contact?]

*If they did not include turning up at an open surgery, **and** they are registered at an open surgery:*

Why did you not include being able to turn up at your doctors without an appointment?
[Probe: How could this be improved?]

What do you think is meant by “fairly quickly”?

What do you think is meant by “felt unwell”? Were “worried about something”? “Needed advice”?

Did you find it an easy or difficult question to answer?

Did you notice the instructions under the question? *[Probe: If no - What could be done to help you read them?]*

Were the instructions useful/not useful? *[Probe: How could this be improved?]*

When you answered the question, did you answer it for yourself or for someone else?

[If for someone else probe: Why did you do that? Who did you answer it for? Are they at the same GP surgery as you?]

If not for someone else: when was the last time you contacted your GP surgery on behalf of someone else?

Do you think there is any way this question could be improved?

Do you have any further comments you want to make about this question?

Was it clear which question you were meant to complete next?

Q2

What does this question mean in your own words?

What did you think of when you read “the last time this happened?”

What did you think of when you read “see or speak”?

Did you find this question quite easy or difficult to understand?

What do you understand by the term “within 2 working days”?

Did you notice the instructions giving further explanation of “within 2 working days”?

What do you think of the inclusion of these instructions? *[Probe: Were they helpful/not very helpful? What do you think of the example? Could they be improved?]*

What do you think they mean by doctor? *[Probe: The type of doctor? e.g. GP, locum, surgeon?]*

What do you think they mean by nurse? *[Probe: The type of nurse? e.g. practice nurse, midwife, health visitor?]*

Can I ask, have you ever had a visit from a health visitor? *[Probe: When? How many times?]*

How did you decide which answer to choose? *[Probe: Easy/difficult? Were there any difficulties?]*

What do you think they meant by seeing a doctor or nurse “face-to-face”?

What do you think they meant by speaking to a doctor or nurse on the “telephone”?

Do you think the answers could be improved in any way?

How sure are you about your answer?

How do you remember how long it was before you saw or spoke to someone?

Was it clear/unclear which question you were meant to complete next?

Q3

What do you think about this question?

Did you find it quite easy/difficult to understand?

What did you think of the response options? *[Probe: Could they be improved/not improved?]*

Did you notice you could only tick one box? *[Probe: If not, could this be improved?]*

Did you have any difficulties finding the response option most applicable to you?

How well do you remember what happened?

If not mentioned previously – ask about the last time they contacted their doctor to get an appointment in advance? *[Probe: as previously]*

Q4

What does this question mean in your own words?

What did you think of when you read “appointment”?

What did you think of when you read “3 or more days ahead”?

Did you notice the instructions [point]? *[Probe: Is there a specific reason why you think you did/didn't? Could this be improved?]*

What do you think of the instruction? *[Probe: Important/not important? Useful/not useful?]*

If answered 'Yes': Who was the appointment with? (i.e. did they notice the question only referred to "doctor").

Did you find the question quite easy/difficult to understand?

When you answered the question, did you answer it for yourself or for someone else?

[If for someone else probe: Why did you do that? Who did you answer it for? Are they at the same GP surgery as you?]

Was it clear/unclear which question you were meant to complete next?

Q5

Did you find the question quite easy/difficult to understand?

Do you think this question needs to be improved in any way?

Overall

Do you feel your answers reflect your experiences of contacting your GP surgery?

Instructions and website details

Did you notice the instructions at the beginning of the questionnaire [point]? *[Probe: Is there a specific reason why you think you did/didn't? Could this be improved?]*

What do you think of this instruction? *[Probe: Important/not important? Useful/not useful?]*

Did you notice that you could also complete the questionnaire on the web [point to instructions]? *[Probe: Why do you think you did/didn't notice this? Do you think this could be improved?]*

What do you think of this instruction? *[Probe: Important/not important? Useful/not useful?]*

Do you have any views about the layout of the questionnaire? *[Probe: What do you think about the logos? The colours? Could this be improved in anyway?]*

Background questions

Did you notice the instructions [point]? *[Probe: Could this be improved?]*

What do you think of this instruction? *[Probe: Important/not important? Useful/not useful?]*

Did you have any objection to answering any of these questions?

Did anything come into your mind when you were asked these questions?

For those who refused: Is there a specific reason why you did not complete this question(s)?

“Please return the form instructions...”

Did you notice the instruction at the end of the questionnaire [point]? *[Probe: Is there a specific reason why you think you did/didn't? Could this be improved?]*

What do you think of this instruction? *[Probe: Important/not important? Useful/not useful?]*

If these questions have not already come out in the discussion:

If you don't mind me asking, into which of these aged bands do you fall?

Under 16	1
16-24	2
25-34	3
35-54	4
55-64	5
65+	6

Occupation of Chief Income Earner
Position/rank/grade

Industry/type of company

Quals/degree/apprenticeship

Number of staff responsible for

Remember to probe fully for pension

Which of these qualifications do you have?

O grades or standard grades	1	
SCE Highers Grade, Highers, A-Levels	2	
HNC or an HND	3	

First Degree, a higher degree, a post-graduate qualification	4	
<p>THANK RESPONDENTS</p> <p>Is there anything else that is relevant, that you would like to add, that hasn't already been mentioned?</p> <p>We would like to thank you for taking part and remind you that the findings will be used by the Scottish Government to inform the development of the Scottish GP Access Survey questionnaire.</p>		

ISSN 0950 2254
ISBN 978 0 7559 7532 7
(Web only publication)

www.scotland.gov.uk/socialresearch

RR Donnelley B60702 05-09

