# **GP Patient Survey 2023**

# An analysis of survey results describing patient satisfaction with GP access and quality in Thurrock, and the factors which may influence this.

Public Health Team, October 2023

## Introduction

The General Practice Patient Survey (GPPS) is an independent annual survey conducted by Ipsos on behalf of NHS England since 1998. The survey is sent out each January to over two million people across the country to capture how patients feel about their GP practice. The survey has changed over time to reflect organisational changes in Primary Care service delivery and to capture the experience of the COVID-19 pandemic.

#### **Aim**

- 1. Descriptive analysis of patient satisfaction with Thurrock practices and comparison to national and ICS averages.
- 2. Consideration of factors which may influence patient response (deprivation, number of appointments per head and prevalence of ill health).

### Method

Patients from every GP practice in the country are invited to voluntarily complete and return the GPPS online or on paper (different languages are available). The study is designed to achieve a random sample representative of the population including adjustment for likely non-response. The responses are weighted to reflect the population in terms of age, sex, ethnicity, deprivation, marital status, size of household, housing tenure and employment status.

The GPPS provides nationally comparable patient feedback at practice, PCN, ICS and national level, and can be accessed publicly through the GPPS website.

The survey includes questions about patients' experience of other local NHS services, demographic information and general health and health behaviours. It covers satisfaction with appointment making, access, opening hours and quality of care.

The most recent data was collected between 3 January and 3 April and published in mid-July 2023.

## Interpreting the results

The survey aims to collect around 100 responses from each practice and is a huge exercise in data collection. Even if this is achieved, however, the difference in score between 2 practices is only considered statistically significant (i.e. unlikely to be due to chance) if the difference is greater than 20 percentage points. The difference between a practice and the national average must be at least 10%, the difference between the ICS and national must be 1% and the difference between the Thurrock and national average 2% to reach statistical significance. We can't rule out chance as the explanation for differences smaller than this.

From the 63 questions asked in the full survey, we have selected six questions covering the breadth of patient experience in general practice.

Despite efforts to minimise, all surveys are subject to bias, and generally are more likely to be completed by people who have had a particularly bad or good experience. We have reduced the impact of outliers through grouping the favourable responses 'very good' or 'fairly good' into one category 'good'. We have compared to the ICS and national average and within Thurrock.

The questions in this survey ask about the "last 12 months" or "the last visit" or "in general" and respondents may not have always recalled accurately.

Factors potentially associated with responding 'good'

We looked at the potential relationship between responses and relative deprivation, appointment provision and ill health.

The average Index of Multiple Deprivation score (IMD2019) for Thurrock is 20.9, which is very similar to the England average of 21.7 and above the MSE average of 17.3. This means that the level of deprivation in Thurrock is on average similar to that of England, so differences in average scores are unlikely to be explained by deprivation. The deprivation score for a Thurrock practice ranges from around 10 to 40.

Recognising different ways of working, the CQC does not have a formula or ratio for the number of appointments that should be provided per registered patient. The data are, however, collected by NHS England¹ from practice and PCN appointment systems. There are known quality issues with this dataset which does not capture the full extent of primary care activity or reflect the complexity of activity. It only includes data from 61% of PCNs, for example. While we have removed obviously anomalous values, unknown issues of comparability remain. Recorded provision varies ten-fold nationally, from around 1,000 per 10,000 patients to 10,000 per 10,000 patients.

Patients with long term ill health are likely to attend their practices more frequently and have more experience of their practice.

Responses may have been influenced by local or national issues at the time e.g. media coverage of under-doctoring or NHS pressures.

## **Findings**

## Response rate

The response rate for Thurrock was 26% (3,128 respondents, evidence 1), which is slightly below the national (29%) and the Midlands and ICS (32%) averages. The target of at least 100 responses was achieved, however, for all but two practices (for which 91 and 94 responses were received) i.e. while we have responses from only around 1.6% of the Thurrock population, the target sample size has been largely achieved and the weighted responses can be considered representative of the target population.

<sup>&</sup>lt;sup>1</sup> Appointments in General Practice, June 2023 - NHS Digital

## Responses from Thurrock

The percentage responding 'good' to "Overall, how would you describe your experience of your GP practice?" ranged widely among Thurrock practices from 30% to 90% (evidence 2a). On average, patients in Thurrock reported lower satisfaction with their practice (62%) than the England average (71%) and MSE average (66%).

Reported satisfaction in Thurrock over time has mirrored the pattern seen in England and MSE, and has been consistently slightly below. Satisfaction with general practice is multifactorial and reflects local factors e.g. persistent difficulties in staff recruitment and factors in common with other areas e.g. impact of the pandemic (evidence 2b).

Reported ease of contacting a practice on the phone varied among practices from 11% to 93%, with an average of 42% (evidence 3a). On average Thurrock practices performed below the England average (50%) but above the MSE average (38%).

Reported satisfaction with the times that appointments are available ranged among practices from 17% to 78% with an average of 46% (evidence 3b). On average Thurrock performed below the England average (53%) and similar to the MSE average (46%).

Satisfaction with the <u>experience of making an appointment</u> ranged among practices from 15% to 84%, with an average of 46% (evidence 3c). The Thurrock average was below the England average (54%) but similar to MSE (47%).

Confidence and trust in healthcare professionals was consistently high, ranging from 72% to 98%, with an average of 88% (evidence 4a). The Thurrock average was below the England average (93%) and the MSE average (91%).

The percentage of patients who were satisfied their needs were met at their last appointment was consistently high, ranging from 80% to 99% with an average of 87% (evidence 4b). The Thurrock average was below the national average (91%) and MSE average (90%).

The overall picture is shown in table 1. Despite dissatisfaction with the ease of making an appointment, most patients were overall very satisfied with the appointment itself and had a high level of trust in their health care professionals. For each measure, reported satisfaction in Thurrock was consistently slightly below the England average and sometimes below the MSE average. Within Thurrock there was considerable variation and eight Thurrock practices scored at or above the England average for all six questions while two scored below for all. Overall satisfaction was below the national average for ten Thurrock practices.

Table 1: Thurrock practices compared to the England average.

A difference of more than 10% between England and a practice reaches statistical significance (5% level)

Legend	
1	Significantly worse than England
2	Not significantly different to England
3	Significantly better than England

		Lo cal GP Services			At your last appointent		
		Overall Satisfaction		Appointmen	Making an	Confidence	
PCN	Practice	Satisfaction	Phones	t Times	appointment	and trust	Needs met
	AVELEY MEDICAL CENTRE	49%	31%	34%	37%	82%	81%
	DERRY COURT MEDICAL PRACTICE	60%	42%	56%	50%	78%	76%
	DR YASIN SA PRACTICE PEARTREE SURGERY & WEST HORNDON	79%	61%	62%	60%	95%	97%
-	SURGERY	32%	14%	17%	17%	83%	80%
ASOP PCN	PURFLEET CARE CENTRE	55%	23%	39%	31%	91%	88%
ASO	SANCTA MARIA MEDICAL CENTRE	63%	24%	48%	44%	85%	82%
	BALFOUR MEDICAL CENTRE	49%	27%	28%	28%	81%	83%
	DELL MEDICAL CENTRE	90%	85%	73%	80%	94%	94%
	DR ABELA T PRACTICE	58%	27%	31%	43%	89%	87%
	DR YADAVA N PRACTICE	80%	51%	66%	60%	96%	98%
	KADIM PRIMECARE MEDICAL CENTRE	67%	39%	45%	50%	92%	83%
	MILTON ROAD SURGERY	51%	57%	36%	39%	79%	84%
	ODDFELLOWS HALL & ST CLEMENTS	49%	26%	33%	28%	83%	85%
	STIFFORD CLAYS MEDICAL CENTRE	74%	32%	52%	56%	87%	83%
GRAYS PCN	THE GRAYS SURGERY	60%	58%	49%	44%	85%	83%
GRAY	THURROCK HEALTH CENTRE	53%	29%	42%	33%	82%	83%
	DR DESHPANDE AM PRACTICE	86%	69%	63%	74%	97%	96%
STANFORD-LE-HOPE P.CN	DR DEVARAJA VC PRACTICE	87%	93%	78%	78%	88%	91%
	HASSENGATE MEDICAL CENTRE	73%	38%	49%	49%	97%	96%
	HORNDON-ON-THE-HILL SURGERY	85%	79%	69%	84%	95%	99%
	ORSETT SURGERY	57%	37%	40%	41%	98%	94%
STAN	SOUTHEND ROAD SURGERY	71%	43%	40%	39%	93%	86%
4	COMMONWEALTH HEALTH CENTRE	55%	27%	39%	38%	83%	82%
4DWEL	MEDIC HOUSE	77%	60%	51%	59%	94%	91%
BURY AND	SAI MEDICAL CENTRE	68%	62%	53%	62%	88%	85%
	THE RIGG-MILNER MEDICAL CENTRE	35%	17%	24%	25%	85%	89%
	TILBURY HEALTH CENTRE	30%	11%	24%	15%	72%	71%
	Thurrock Average	62%	42%	46%	46%	88%	87%
Comparators	MID AND SOUTH ESSEX ICS	71%	38%	46%	47%	91%	90%
Som	England	66%	50%	53%	54%	93%	91%

For each potentially explanatory factor (deprivation, provision of appointments, ill health, evidence 5-10), there was a large variation in patient satisfaction score. The univariate linear model was a poor fit, reflecting the many other factors that influence a patient's response, but the direction was as expected i.e. lower scores with increasing deprivation and higher scores with increasing provision of appointments (table 2). The association with ill health was mixed i.e. practices with more respondents in ill health had lower satisfaction scores relating to access and higher on scores related to the experience of the appointment. This reinforces the earlier finding of a positive experience of primary care once patients have secured an appointment.

The effect of each factor on satisfaction was generally small i.e. for a 10 point increase in deprivation score, an increase in appointments of 1,000 (per 10,000) or a 10% increase in the prevalence of ill health, the response changed by a small percentage. For example, for a 10 point increase in deprivation score, overall patient satisfaction fell by 3%. This means that only a small proportion of variation in satisfaction between practices can be explained by differences in deprivation, appointment availability or health need.

Table 2: Average effect of each factor on each score, summarising evidence 5-10.

Change in percent responding 'good'	For every 10 point increase in deprivation score	For every 1000 per 10,000 increase in appointments	For every 10% increase in reported ill health
Overall satisfaction	-3%	2%	0.8%
Ease of phoning practice	-3%	0.2%	-2%
Satisfaction with appointment times	-1%	1%	-1%
Overall satisfaction with making an appointment	-3%	2%	-0.5%
Confidence and trust in professionals	-2%	0.5%	0.6%
Needs were met at last appointment	-2%	0.6%	0.8%

## Summary

On average the percentage of patients in Thurrock satisfied with their practice was lower than the England average (62% compared to 66%) but this percentage varied among practices from 30% to 90%.

Greater satisfaction was reported (above 85%) in response to questions related to the interactions with healthcare professionals than to questions related to access to an appointment (below <50%).

Satisfaction with general practice is multifactorial and reflects both local factors and factors in common with other areas e.g. impact of the pandemic. The individual contribution of deprivation, level of appointment provision and prevalence of ill health was small.

## **Appendix**

Evidence pack GPPS 2023 Thurrock