

## **Feedback from PCTs to proposals for a national survey of primary care service users**

### **Introduction**

This note addresses the main concerns and questions raised by PCTs about proposals for a national survey of primary care trust service users. The feedback from PCTs will be used to inform the further development of the survey methods and guidance.

### **What are the benefits of taking part in this survey, particularly when many PCTs are already conducting service user consultation?**

Obtaining feedback from service users and taking account of their views and priorities is vital for bringing about improvements in the quality of care, and placing service users at the centre of healthcare services.

This centrally coordinated primary care trust survey will allow organisations to benchmark their results with other PCTs and the national picture. The publication of benchmarking information about patient experience will also be a driver for PCTs to address these issues.

We recognise that many primary care organisations are already active in consulting users and getting feedback. In many cases this work is already complimentary to the national survey. Given greater notice about national survey initiatives in the future, we hope that PCTs will be able to plan work to obtain patient feedback to make the best use of local and national initiatives. A consistent approach across all PCTs, following the implementation of a national patient survey will supplement these local programmes.

A number of PCTs mentioned that they already using existing survey tools, such as GPAS. These surveys cover the GP practice services only, and not wider functions of PCTs.

**Will the sampling methods employed by the survey cover all of a primary care trust's services, the full variety of service users or more locally specific issues?**

The survey is aimed at engaging with the core issues that are important to people using any primary care service - for example, access, coordination of care, communication and information, and the environment. It is designed to work across a range of settings that will enable benchmarking and comparison across PCTs nationally.

The survey is intended to reach adults in the general population, and to cover the most commonly used primary care services (which will include pharmacies under a section on medicine, and optometrists). The sample will be taken from a PCT's Exeter database because this includes all adults registered with a GP. The sample will be sorted ('stratified') so that all age and sex groups are represented.

Once evaluation of the survey has taken place, future surveys may be developed, or this survey adapted to cover further services or groups.

The timetable for the work would not allow local flexibility in the questionnaire: we plan that future surveys will be divided into core questions and optional questions, to allow local flexibility, following the approach taken for the acute surveys.

Additionally, in the future it is hoped that there will be more scope for primary care trusts to be involved in development of the survey. In the short term organisations such as the NHS Alliance and the National Association for Primary Care are being kept up to date with development of the survey.

**How has the questionnaire been developed?**

The questionnaire draws on existing validated surveys which have been used in primary care settings, and on the extensive literature on what matters to patients about primary care services.

The draft questionnaire is currently being tested in up to 50 in-depth cognitive interviews with primary care patients. Any necessary adjustments will be made to the questionnaire in the light of these interviews, which will continue until new feedback has been exhausted.

**Will it be possible to break the survey results down to enable geographical or service area analysis?**

A number of PCTs have asked about how results can be produced on a practice or other basis. The proposed sample size is intended to provide a picture of patient experience at PCT level, and would need to be increased substantially to produce results for individual practices.

PCTs could increase the number of service users they include in the survey, and seek advice from their approved survey contractor about how to produce an analysis of results on this basis. Care would be needed to ensure that the results for a sample of the required size for could be produced and provided to the NHS survey advice centre.

**How has the sample size been determined, and should this vary between PCTs with very different population sizes?**

The aim is for at least 500 completed questionnaires (from a sample of 850 users) is to enable comparisons to be made between PCTs and the national benchmark. This sample does not need to be increased for larger PCTs, since it is the number of responses, not the proportion of the total population which affects the precision of the results.

**Will the sampling from PCT registers be a time consuming and difficult process, given that many PCT's share the same systems?**

The sampling will be automated by using an NHSIA developed software package. This will produce the required information (including stratification by age and sex) from Exeter for use by the PCT, and anonymised serial numbers for use during the analysis. The software will be able to select different PCTs from the same database. Only the PCT staff will be able to see personal details, with the serial numbers used as questionnaire identifiers for the survey organisation.

**Has there been sufficient consideration of service user consent and other ethical issues?**

Approval is being sought from a Multi-centre Research Ethics Committee (MREC). Guidance is being developed to addresses ethical issues relating to this survey. The guidance

explains how confidentiality of responses can be maintained (see below for a link to recent guideline manuals).

**Will the survey obtain the proposed response rates?**

A 60% response rate has been achieved in past surveys of general practice, and for other surveys in the programme.

A number of steps have been taken or are planned to ensure the best possible response:

- short, salient questionnaire on issues of greatest concern to users.
- 2 reminders will be used.
- publicity for the survey: the guidance will include advice on engaging trust staff and on how to generate positive publicity about the survey.

**Is the survey appropriate to people from ethnic groups and those who do not read English?**

Many PCTs have highlighted particular difficulties for some groups in responding to the survey, and we will be examining this issue for future surveys.

For PCTs in areas where there are significant numbers of non-English speakers, the guidance includes advice on including a leaflet in locally-spoken languages and how to access translation services such as Language Line. During testing of the questionnaire, interviewees will be representative of different age groups, genders, ethnicity and social class.

**What logistical aspects will need to be considered in order to carry out the survey in the most efficient and timely manner?**

A guidance manual will be provided to detail the requirements and procedures for conducting the survey, and the deadlines given will allow the tasks to be achieved in time to produce the required results.

The guidance will cover issues such as the practicalities of using a contractor or working in-house, how to compile a survey sample, maximising the patient's receptiveness to the survey process, data-protection, collecting responses from non-English speakers, making sense of the data, etc.

Examples of survey guidance manuals (for the forthcoming acute outpatient and A&E surveys) can be downloaded from the NHS Surveys website:

**<http://www.nhssurveys.org/categories.asp>**

The guidance is likely to be available during February 2003.

**Will there be any funding to help carry out the survey?**

No additional funding will be available as it is an existing requirement of NHS organisations to collect feedback from service users in a systematic way.

We appreciate that PCTs have received relatively little notice about the survey, and we plan to address this in the future. Some local groups of PCTs are intending to work collaboratively on organising their resources and we support this method where the opportunity exists.

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