

New QOF Indicators for Patient Experience of Access from April 2008 (PE7 and PE8)

In April 2008, two new indicators were introduced into the Patient Experience domain. These are designed to reward practices according to their patients' reported experience of access to the practice, specifically in relation to quick and convenient access to consultations with health professionals, both within 2 working days and in advance of this time.

A steering group, including representation from the Scottish Government (SG), the Scottish General Practitioners Committee of the BMA (SGPC) and National Services Scotland (ISD and PSD), has been set up to oversee the development and administration of a Scottish survey to measure the achievement of practices against these indicators.

What are the indicators?

PE7 Patient experience of access (1)

The percentage of patients who, in the appropriate national survey, indicate they were able to obtain a consultation with a GP (in England) or appropriate health professional (in Scotland, Wales and NI) within 2 working days (in Wales this will be 24 hours).

Range 70-90%

23.5 points

PE8 Patient experience of access (2)

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

Range 60-90%

35 points

How will patients be surveyed in Scotland?

Plans are underway in Scotland to design and test suitable survey questions with the intention to administer this survey centrally to a robust sample of patients from each practice across Scotland. The results will be analysed centrally and practices will be awarded points on the basis of these results.

Does each practice need to survey their patients for these new indicators?

There is no requirement under these indicators for practices to conduct their own survey (but see below re PE2 and PE6). However, the practice's action plan under PE6 may include some further work with patients to ascertain their views about access, for instance with particular groups. The outcome of this work will however not affect the practice's achievement under PE7 and 8.

How can we be sure that the Scottish national survey is fair and unbiased?

The Scottish Government is working with SGPC and other stakeholders through the steering group to ensure the design and analysis of the survey questions and its administration is as robust as possible without sampling an inappropriately large sample of the population. We have appointed an expert contractor to design and cognitively test the questions and covering letter, in order to make sure people understand what is being asked. The same group will be over-seeing the administration of the survey and analysis of the results. There are standard statistical and logistical procedures which will be scrupulously followed.

How will you identify the patient sample?

It is intended that this will be selected from the CHI database once this is cleared with the CHI Advisory Group. The sampling method will ensure that each practice has, as near as is possible, the same chance of obtaining the same results for a given patient response, in particular for small practices. This will be agreed with SGPC.

When will the survey be sent out?

Once the process of design is complete, it is hoped that the survey can be sent out with minimum delay. It is envisaged that the results will be available in time to pay practices for these 2 indicators with the other QMAS payments in April 2009.

When will the details of the survey be known?

There are several issues to be resolved including the age group to be surveyed, how far back the respondent's reported experience can be and will patients be able to respond if they have contacted the practice for someone else?

The steering group have already discussed such matters and will publicise the parameters when finalised, along with information about the survey and when it is intended to send it out.

Do practices still have to do the GPAQ/IPQ surveys?

Yes, the GPAQ and IPQ surveys relate to QOF indicators PE2 and PE6 and are quite separate to the access survey described here.