

Practice Based Commissioning

GP practice survey: Wave 1 (June 2007)

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Practice based commissioning: GP practice survey wave 1 (June 2007)

Introduction

Practice based commissioning (PBC) is one aspect of health reform policy, looking at demandside reforms. The policy has three aims:

- Better clinical engagement. PBC gives practices and primary care professionals the freedom to develop innovative, high-quality services for their patients. Using information on current health service usage, primary care professionals can understand how resources are used, and identify areas that will benefit from redesign.
- Better services for patients. PBC enables primary care professionals to redesign services that better meet the needs of their patients. Patients can benefit from a greater variety of services from a larger number of providers in settings that are closer to home or more convenient for them.
- Better use of resources. By giving practices the ability to develop new services for patients within a framework of accountability and support, PBC will improve access, extend patient choice and help restore financial balance.

The Department has commissioned an independent quarterly practice survey, covering a sample of practices from each primary care trust (PCT). The aims of the survey are to get feedback from practices on their perception of the support offered by their PCT and on the clinical and financial engagement of practices with PBC. The survey is part of a group of indicators that will be assessed together to give a picture of PBC implementation. More detail on practice based commissioning is available on the Department of Health website http://www.dh.gov.uk/en/Policyandguidance/Organisationpolicy/Commissioning/Practice-basedcommissioning/index.htm

Key findings

- 1,198 practices responded to the survey a 59 percent response rate. GP practices were sampled to ensure coverage across every primary care trust area in England.
- The majority of practices support PBC as a policy: 57 percent of GP practices said they are supportive, whilst a further 22 percent were neutral. Eight percent strongly oppose the policy.
- 37 percent of practices said it was too early to tell whether PBC has improved patient care. However, 31 percent said that PBC had not improved care and 13 percent said that it had.
- A third of practices have commissioned one or more new services through PBC.
- While the majority (56 percent) of practices received an indicative budget for 2007-08 from their PCT, most of these believe it has yet to make a difference to the way the GP practice operates.
- Less than half of practices have agreed a commissioning plan with their PCT.
- Over half of practices rate the quality of managerial support provided by their PCT as poor, with 26 percent assessing it as being very poor.
- Around a third of practices rate the quality, format and frequency of information provided by their PCT as being good.
- 72 percent of practices say they have a good relationship with their PCT.

Annex A: Tables of results

Section A: Introduction

Table A.1: How would you rate your relationship with your PCT?

	Percentages
Very good	19
Fairly good	53
Fairly poor	18
Very poor	7
Don't know	2

Table A.2: In general, to what extent do you support or oppose Practice Based Commissioning (PBC) as a policy?

	Percentages
Strongly support	19
Tend to support	38
Neither support nor oppose	22
Tend to oppose	12
Strongly oppose	8
Don't know	1

Section B: Practice based commissioning budgets & plans

Table B.1: Has your practice been given an indicative budget for PBC by your PCT for 2007/08?

	Percentages
Yes	56
No	33
Don't know	10

Table B.2: To what extent has the indicative budget made a difference to the way in which your practice operates?

	Percentages
A great deal	5
A fair amount	15
Not very much	41
Not at all	33
Don't know	5

Base: All practices that have been given an indicative budget by their PBC (678)

Table B.3: Have you agreed a commissioning plan with your PCT for 2007/08		for 2007/08?
	Percentages	
Yes	46	
No	43	

Table B.4: How confident are you that your commissioning plan will free up resources?
Percentages

Don't know

10

	I ercentage
Very confident	7
Fairly confident	29
Not very confident	38
Not at all confident	21
Don't know	5
Base: All practices that have agreed a commissioning plan with their PBC (548)	

Base: All practices that have agreed a commissioning plan with their PBC (548)

Section C: Services

Table C.1: How many new services, if any, has your practice commissioned as a direct result of PBC?

	Percentages
No new services	60
One or two	23
Three or four	8
Five or more	2
Don't know	6

Table C.2: Is your practice now providing more services commissioned through PBC?

	Percentages
Yes	21
No	74
Don't know	4

Table C.3: Have you submitted business cases for service redesign to your PCT?

	Percentages
Yes	39
No	52
Don't know	9

Table C.4: How many, if any, of the business cases for service redesign have been accepted by your PCT?

	Percentages
All	19
Most	10
Some	18
None	33
Don't know	20

Base: All practices that have submitted business cases for service redesign (470)

Table C.5: To what extent do you agree or disagree that the process your PCT has in place for approving business cases is robust enough?

	Percentages
Strongly agree	4
Tend to agree	16
Neither agree nor disagree	27
Tend to disagree	14
Strongly disagree	13
Don't know	26

Table C.6: To what extent do you agree or disagree that PBC has improved patient care? Percentages

Strongly agree	2
Tend to agree	11
Neither agree nor disagree	15
Tend to disagree	12
Strongly disagree	19
Don't know	3
Too early to tell	37

Section D: Incentives and support from PCT

Table D.1: Has your PCT provided a financial incentive scheme for PBC in 2007/08?

	Percentages
Yes	62
No	23
Don't know	15

Table D.2: How would you rate the quality of managerial support for PBC provided by	/
your PCT?	

	Percentages
Very good	6
Fairly good	31
Fairly poor	25
Very poor	26
Don't know	10

Table D.3: How would you rate the following aspects of the information provided for PBC by the PCT?

					Perc	centages ¹
	Very	Fairly	Neither good	Fairly	Very	Don't
	good	good	nor poor	poor	poor	know
Quality of information	4	28	20	24	19	5
Format of information	3	27	21	23	19	6
Frequency of	4	25	20	24	21	6
information provision						

1: percentages are calculated as a proportion of the total within each column.

Table D.4: How, if at all, do you engage with your local population for PBC purposes? Percentages

Through collecting ad-hoc patient views in surgery	25
Through patient surveys	24
Through patient groups	21
Through consultation events or public meetings	16
Through patient representatives	11
Through a voluntary or community sector	5
organisation	5
Through public surveys	4
Other	35
Don't engage with local population	6
Don't know	5
Engaged using 3 or more methods	14

Annex B: Survey methodology

Introduction

Department of Health commissioned Ipsos MORI to conduct a comprehensive survey among GP practices across England. The core objective of the survey is to assess and evaluate how practices view Practice Based Commissioning, referred to as PBC throughout this report. The topic areas covered in the questionnaire include:

- overall support or opposition to PBC policy;
- PBC budgets and commissioning plans;
- impact of PBC policy on services and its influence on new services;
- availability of incentives and other PBC support from PCTs;
- levels of engagement of the local population.

Sampling and fieldwork

The survey will take place over a three-year period, comprising of 13 waves or quarters in total. Each wave of the research will take place every three months. As there are some 8,500 practices in England, on average, around 25% of all practices will be surveyed each quarter. In the first quarter, 2,019 practices were invited to take part, of which 1,198 completed a questionnaire - a response rate of 59%.

To ensure that all practices are included in the research, those selected in quarter one, will not be invited to take part in quarters 2, 3 or 4. By quarter 4, only those practices not yet sampled will be invited to take part in the research. And in quarter 5, a random stratified sample of around 2,000 practices from all practices will again be invited to take part and so on. It is important to note that the sample is a random stratified sample. This ensures that a sufficient number of practices in every PCT are invited to participate in the research each time.

The first quarter survey has been conducted using a mixture of postal, online and telephone methodologies. In this quarter, practices were sent a postal questionnaire which also gave the option of filling in the survey online (using a unique link included with the questionnaire). One reminder postal questionnaire was sent, and then a final telephone reminder was initiated to all those invited to take part who had not done so by post or online.

The reason for using all three methodologies was to maximise the response rate, which in turn maximises the statistical reliability of the survey results. It has been decided that the online option will not be included in the surveys for the 2nd, 3rd and 4th quarters due to the low response rate in this methodology. However emails will still be gathered to be used from 5th wave onwards when all the practices will have had the opportunity to reply once to the survey.

For wave one, the fieldwork lasted from the 18th June to the 6th August 2007. Postal and online responses were received throughout this period. Postal reminders were sent out on the 17th

July. The telephone interviews took place between the 16th July and the 6th August. The telephone calls also acted as reminders to encourage practices to respond using any of three methodologies.

Response rates

The table below shows the estimated and actual response rate for the first quarter of the research. The final overall response rate is significantly higher than the estimated figure, making the final data more representative.

Table E.1: Estimated and achieved survey response rates

Estimated response rate		Final response rate			
Methodology	No.	%	Methodology	No.	%
Sample	2000	100	Sample	2019	100
Postal and	600	30	Postal Survey	853	42
online			Online response	8	*
Telephone	400	20	Telephone	339	17
response			response		
Total response	1000	50	Total response	1198	59

Analysis and data presentation

- The data has been weighted by the size of the PCT. This is to give a nationally representative estimate, given the stratified nature of the sample.
- Where results do not sum to 100%, this may be due to multiple responses, computer rounding or the exclusion of don't knows/not stated.
- An asterisk (*) represents a value of less than one half of one percent, but not zero.

Annex C: Survey questionnaire





Practice Based Commissioning Survey

<<TITLE. INITIAL. SURNAME>> ADDRESS1 ADDRESS2 ADDRESS3 ADDRESS4 ADDRESS5 POSTCODE <<ID>> <<ONLINE USERNAME>> <<ONLINE PASSWORD>>

June 2007

Dear <<Title>> <<Surname>>

The Department of Health has commissioned Ipsos MORI to conduct a survey to find out your views on Practice Based Commissioning (PBC) implementation. The survey has been approved by the Review of Central Returns Steering Commitee (ROCR).

Your practice has been selected at random from all practices across England and I would like to invite you to take part in this short survey. It would be helpful if you complete the questionnaire on behalf of your individual practice, whether you are part of a consortium or not. The questionnaire should take less than 10 minutes to complete. Please feel able to pass this questionnaire to the most appropriate person at this practice.

The survey has been designed to obtain a wider view of practice engagement in PBC and give practices a voice on PBC implementation. As such, your views are extremely important to the Department of Health, and your local PCT with whom the survey data will be shared. We will use the data to inform the national picture of PBC and to influence future policy direction. In addition, the responses will give important feedback to your PCT, allowing them to understand better how useful you find their support for PBC, and informing discussion of the PCTs performance with the SHA. We will be repeating the survey every quarter in order to assess how things are changing over time.

All of your answers will be treated in the strictest confidence. No practice will be identifiable from the data - only aggregated results will be shared with DH and PCTs. Indeed, only Ipsos MORI will know you have participated in this research.

If you have any questions or concerns about this survey please do not hesitate to contact Jon Ardill or John Kennedy at Ipsos MORI on 020 7347 3000 or by email at firstname.surname@ipsosmori.com. Alternatively, you can contact Claire Stoneham at the Department of Health on 020 7633 4001 or email Claire.Stoneham@dh.gsi.gov.uk who will be very happy to help you.

Please return your completed questionnaire in the pre-paid envelope provided with this questionnaire as soon as possible or by 13 July 2007. No stamp is required.

Alternatively, should you wish, you are very welcome to take part in the survey online. You can gain access to an electronic version of the survey by typing the following web address: www.ipsos-mori.com/pbcsurvey into your browser and then entering your practice's unique username and password which can be found in the top right-hand corner of this letter.

I very much hope you will be able to take part and thank you very much for your help in advance.

Yours sincerely,

David Colin-Thomé National Clinical Director for Primary Care

How would you rate your relationship with	your PCT? PLEASE TICK ONE BOX ONLY
Q1 Very good	Very poor
☐ Fairly good ☐ Fairly poor	└ Don't know
In general, to what extent do you support of a policy? PLEASE TICK ONE BOX ONLY	or oppose Practice Based Commissioning (PBC) as
Strongly support	Tend to oppose
 Tend to support Neither support nor oppose 	Strongly oppose Don't know
SECTION 2 – PBC BUDGETS A	ND PLANS
Has your practice been given an indicative Q3 PLEASE TICK ONE BOX ONLY	budget for PBC by your PCT for 2007/08?
YesANSWER Q4	
 ☐ NoGO TO Q5 ☐ Don't knowGO TO Q5 	
PLEASE ANSWER IF YOUR PRACTICE HAS BEEN GIVEN	
Q4 operates? PLEASE TICK ONE BOX ONLY	ade a difference to the way in which your practice
 A great deal A fair amount 	 Not at all Don't know
Not very much	
EVERYONE PLEASE ANSWER THE NEXT QUESTION	
-	h your PCT for 2007/08? PLEASE TICK ONE BOX ONLY
Q5	
Don't know	
PLEASE ANSWER IF YOU HAVE AGREED A COMMISSION	
How confident are you that your commission	
Q6 PLEASE TICK ONE BOX ONLY	
 Very confident Fairly confident 	Not at all confident Don't know
Not very confident	
SECTION 3 – SERVICES	
EVERYONE PLEASE ANSWER THE FOLLOWING QUESTIC	
How many new services, if any, has your proposedQ7PLEASE TICK ONE BOX ONLY	ractice commissioned as a direct result of PBC?
No new services	Five or more
 One or two Three or four 	└ Don't know

2

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🗌 Yes	🗆 No	Don't know
Have you submi PLEASE TICK ONE		for service redesign to your PCT?
□ No	ANSWER Q10 GO TO Q11 GO TO Q11	
ASE ANSWER IF YOU	HAVE SUBMITTED BUS	INESS CASES FOR SERVICE REDESIGN
PCT?	-	ses for service redesign have been accepted by your
PLEASE TICK ONE	BOX ONLY	
☐ All ☐ Most ☐ Some		☐ None ☐ Don't know
RYONE PLEASE ANS	WER THE NEXT QUESTIC	DNS
	is robust enough?	gree that the process your PCT has in place for approv
 Strongly agree Tend to agree Neither agree 		 Tend to disagree Strongly disagree Don't know
To what extent of PLEASE TICK ONE		gree that PBC has improved patient care?
 Strongly agree Tend to agree Neither agree Tend to disagree 	nor disagree	 Strongly disagree Don't know Too early to tell
ECTION 4 –	INCENTIVES	AND SUPPORT FROM PCT
Has your PCT p PLEASE TICK ONE		centive scheme for PBC in 2007/08?
Yes	🗆 No	Don't know
How would you PLEASE TICK ONE		anagerial support for PBC provided by your PCT?
☐ Very good ☐ Fairly good		Very poorDon't know

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3

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How would you rate the following aspects of the information provided for PBC by the PCT? PLEASE TICK ONE BOX PER ROW

	Neither					
	Very	Fairly	good nor	Fairly	Very	Don't
	good	good	poor	poor	poor	know
The quality of information						
The format of information						
The frequency of information provision						

How, if at all, do you engage with your local population for PBC purposes? PLEASE TICK ALL THAT APPLY

- Through consultation events/public meetings
- Through patient groups
- Through patient representatives
- Through patient surveys
- Through public surveys
- L Through a voluntary or community sector organisation
- Through collecting ad-hoc patient views in surgery
- Other (PLEASE WRITE IN)

Don't engage with local populationDon't know

Q17

Q18

Is there anything else you would like to add about the way PBC is developing locally? PLEASE WRITE IN BELOW.

SECTION 6 – FUTURE CONSULTATION ABOUT PBC

We are looking at ways to make it easier for you to participate in this survey.	In which o	of the
following ways would you prefer to be re-contacted in future about your views	on PBC?	
PLEASE TICK ONE BOX ONLY		

□ Post □ Email	 Telephone No preference 				
Please provide your name, telephone number and email address. Your details will only be used for this survey and will not be passed on to any third parties, including PCTs.					
All the information we collect will be kept in the strictest confidence, and used for research purposes only. It will not be possible to identify any particular practice in the results.					
Name: Dr/ Mr/ Mrs/ Ms/ Miss (*delete as appropriate)					
Signature					
Job title					
Telephone number:					
Email address					

Thank you very much for your help.

Please return your completed questionnaire FREEPOST to Ipsos MORI in the envelope provided by 13 July 2007. You do not need a stamp.

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