

## Primary care patient experience frequently asked questions

September 2018

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### ***What is the survey?***

The Ministry of Health (the Ministry) and the Health Quality & Safety Commission (the Commission) have introduced patient experience measures for primary care using an online patient survey. The primary care patient experience survey, or PES, has been developed by the Commission to find out what patients' experience in primary care is like and how their overall care is managed between their general practice, diagnostic services, specialists, and or hospital staff. The information will be used to improve the quality of service delivery and patient safety.

The survey looks at a patient's experience of the whole health care system using primary care as a window. It focuses on the coordination and integration of care, rather than just the last visit to a GP's surgery.

The survey is modular: patients answer questions relevant to their experiences. For example, questions on medication and chronic conditions will be answered only by patients for whom this is relevant.

Patient feedback is voluntary and anonymous.

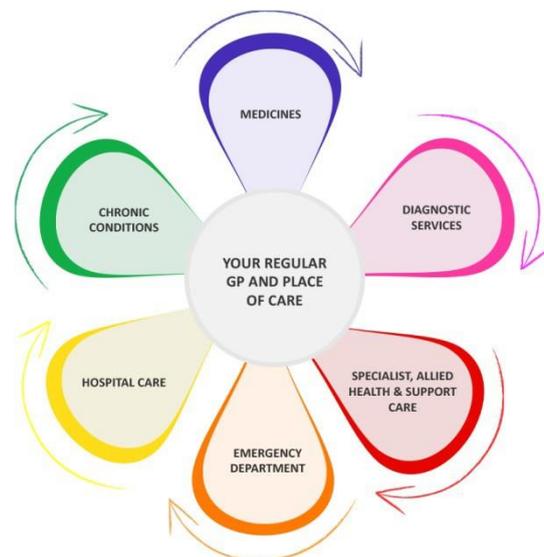
### ***Is it mandatory for practices to participate in the survey?***

Yes. The PES is being adopted by all practices as part of the PHO Services Agreement. However, there is a phased roll-out.

### ***What are the key benefits of participating?***

The survey enables patients to have a voice which health teams can listen to through a direct and timely link. Participation in the survey gives PHOs and practices access to real-time reporting via a secure login through any internet browser. This is funded by the Ministry.

Participation in the survey will also be recognised as a source of evidence that can be used towards meeting Indicator 9 of the Foundation Standard and Aiming for Excellence: *The practice includes patients' input into service planning.*



### ***How are patients surveyed?***

Survey invitations are emailed or texted to patients through Cemplicity, the provider of the survey and reporting system. Patients receive a website link and are asked to complete the survey within three weeks. Their anonymous responses are reported to practices and PHOs through a secure online reporting portal. Summarised information is reported to district health boards (DHBs), the Commission and the Ministry the same way. The process is automated to minimise administrative burden for practice staff.

If not already doing, we encourage practices to start routinely asking for patients' email contact information. Individual, rather than family, contact emails are preferred.

Cemplicity has worked with public health sector clients for a number of years. Its data protocols have been developed in close consultation with government agencies responsible for the protection of patient privacy and the data security of public health records.

### ***Can shared email addresses be used when contacting patients about the survey?***

While it is best practice to collect individual email addresses for the primary care PES, the Office of the Privacy Commissioner has confirmed that shared email addresses, eg familyinbox@gmail.co.nz, are acceptable. This is because the email invitation is personally addressed so it is clear who is being invited to complete the survey. The wording of the email does not disclose recent attendance.

### ***Can shared mobile phone numbers be used when contacting patients about the survey?***

No, mobile numbers that are shared, eg with a spouse, are not used for survey invites. This is because the text invite is short and does not include a salutation, so it would not be clear who the invitation is for.

Shared mobile numbers are identified in the National Enrolment Service (NES) by removing duplicate mobile contacts from the invitation list. Additionally, mobile numbers with a text suffix are also excluded, eg 021 123 456 wk, to avoid sending invitations to work phones that may be shared.

Please note: due to a limited number of SMS texts available, SMS invites are only sent to Māori and Pacific peoples who don't have an email address.

### ***Can patients complete the survey at the practice, eg while they wait?***

We are testing and considering in-situ surveying, where patients can complete the online survey using a tablet while at the practice. We will let you know once this method has been validated.

### ***Who is being surveyed?***

Enrolled patients aged 15 years and older who are seen by participating practices in the survey sample week will receive a survey invitation via email or SMS. Children under 15 are not included in the survey.

### ***How often are patients surveyed?***

The survey is conducted nationally every three months. Patients won't be asked to participate more than once every six months.

### ***How long does it take to complete the survey?***

The length of the survey depends on how many health care services were accessed in the past year. Most people can complete the survey within 15 minutes.

Survey length was considered during the cognitive testing phase. While some questions were shortened or removed, patients wanted more opportunities to provide comments and both patients and medical staff felt the value of the comments outweighed the additional time spent to complete the survey.

### ***How can patients opt out of the survey?***

Patients can opt out permanently of the survey in two ways:

1. By asking reception staff to opt them out in the patient preferences field on the patient management system.
2. By clicking the 'unsubscribe' button at the bottom of the survey email invitation. This will stop their email address ever being included in future survey invitations.

Instructions for opting patients out via PMS are available here: [www.hgsc.govt.nz/our-programmes/health-quality-evaluation/projects/patient-experience/primary-care-patient-experience/resources](http://www.hgsc.govt.nz/our-programmes/health-quality-evaluation/projects/patient-experience/primary-care-patient-experience/resources).

As it is possible that people may wish to provide feedback on their experience at another time, we encourage people not to opt out permanently from the survey. It is better they ignore the invitation at the time if they don't have any comment to make, but retain the potential to provide feedback in the future.

### ***When was the first survey conducted?***

As part of the pilot phase, test surveys were sent to a subset of patients from July to October 2015. The PHOs involved in the pilot have been running the survey each quarter since February 2016.

### ***Which PHOs have been involved in the pilot phase?***

Five PHOs are currently involved in the pilot phase: Procure Networks, National Hauora Coalition, Whanganui Regional Health Network, Compass Health and Pegasus Health. Additionally, Midland Health Network participated in the cognitive testing process.

### ***How can practices join the survey?***

Resources for PHOs and practices, including detailed instructions for joining the survey are available to download on the Commission's website: [www.hgsc.govt.nz/our-programmes/health-quality-evaluation/projects/health-quality-and-safety-indicators/patient-experience/primary-care-patient-experience/resources](http://www.hgsc.govt.nz/our-programmes/health-quality-evaluation/projects/health-quality-and-safety-indicators/patient-experience/primary-care-patient-experience/resources).

Once you are ready to participate in the survey, practices need to inform their PHO, and PHOs should ensure that they provide collated information to Cemplicity for each of their practices wishing to join the survey.

Practices record patient preferences using the functionality in NES.

### ***Why was the survey introduced?***

Understanding patients' experience is vital to improving patient safety and the quality of care. It helps us understand the quality of health and disability services. This survey has enabled New Zealand to have a regular and consistent national approach to collecting, measuring and understanding patient experience of primary care.

### ***What does the survey measure?***

The survey is framed in four domains which align with current, international best practice: coordination, partnership, physical and emotional needs and communication. These four domains emphasise that high quality experience for patients depends on effective communication, a real partnership, and seamless coordination of care that meets both the physical and emotional needs of the patient

### ***How can I see my survey results?***

The survey results are reported in an online dashboard that is designed to show summarised results at the national level. Each item shown in the dashboard is available in more detail in the 'trend' and 'comments' reports.

The overall scores for each of the four domains (listed above) are reported in the portal. More information on the questions and scoring is available in the reporting portal user guide: [www.hqsc.govt.nz/assets/Health-Quality-Evaluation/PR/PES/Your-guide-to-the-PES-reporting-portal-Oct-2016.pdf](http://www.hqsc.govt.nz/assets/Health-Quality-Evaluation/PR/PES/Your-guide-to-the-PES-reporting-portal-Oct-2016.pdf).

### ***What are the results of the patient experience survey used for?***

The survey results are used, first and foremost, as a tool for practices to use in their quality improvement activities to improve patient outcomes.

The PES, along with national inpatient experience survey, is an important component of the Patient Experience of Care System Level Measure. The uptake of the PES form part of contributory measures in the System Level Measures improvement plan. PHOs currently running the survey may use the PES results to set their improvement milestone for this System Level Measure.

The Royal New Zealand College of General Practitioners has confirmed that the survey will be recognised as a source of evidence towards meeting indicator nine of the Foundation standard: *the practice includes patients' input into service planning*.

Practices can choose to make their survey results available to their patients through such measures as a poster showing key results or improvements made following feedback.

### ***Will the information collected be made public?***

There are no plans to publicly publish practice-level survey results and only PHOs will be able to see their practices' results. The Commission is exploring ways to publicly present the data collected and will update this page as this develops. Responses with the potential to be identifiable, whether it is practice, practitioner or patient, will not be reported.

A sector governance group determines the data access and reporting levels (who can see what). The table below shows who might have access and what their level of access is by organisation.

Organisation	Role	Can view	Cannot view
Practice	<ul style="list-style-type: none"> <li>• General manager</li> <li>• Practice manager</li> <li>• General practitioner</li> <li>• Nurse</li> <li>• Administration team</li> </ul>	<ul style="list-style-type: none"> <li>• Their own practice's results and comments.</li> <li>• Other practices' results within their PHO (unidentifiable).</li> <li>• Results by other PHOs.</li> </ul>	<ul style="list-style-type: none"> <li>• Results grouped by DHB (in a way similar to national users).</li> </ul>
PHO	<ul style="list-style-type: none"> <li>• Quality manager/lead</li> <li>• Clinical director</li> <li>• Primary care manager</li> </ul>	<ul style="list-style-type: none"> <li>• All practices within their PHO.</li> <li>• Patient comments by practice (identifiable).</li> <li>• Results by all PHOs.</li> </ul>	<ul style="list-style-type: none"> <li>• Results by all DHBs.</li> </ul>
DHB	<ul style="list-style-type: none"> <li>• Planning and funding</li> <li>• Quality and risk managers</li> <li>• DHB alliance representative</li> </ul>	<ul style="list-style-type: none"> <li>• Results for practices and PHOs in their area.</li> <li>• Results for the PHOs for whom they are the lead DHB (eg, Auckland DHB can only see Procure).</li> <li>• Comments for practices in their area (unidentifiable).</li> </ul>	<ul style="list-style-type: none"> <li>• Results for all PHOs.</li> <li>• Results for all DHBs.</li> </ul>
National	<ul style="list-style-type: none"> <li>• Health Quality &amp; Safety Commission</li> <li>• Ministry of Health</li> </ul>	<ul style="list-style-type: none"> <li>• Filter by lead DHB and DHB of domicile.</li> <li>• Patient comments by PHO and DHB (identifiable).</li> </ul>	<ul style="list-style-type: none"> <li>• Patient comments by practice.</li> </ul>

### ***Was the survey tested before it was used?***

The survey was cognitively tested in three phases and in six PHOs and provided a North Island, South Island, urban and rural spread. The PHOs were: Procure (Auckland); National Hauora Coalition (national but mainly providing services in Auckland, Waikato and Tairāwhiti); Midlands Health Network (Gisborne, Taranaki, Taupo–Turangi and Waikato); Whanganui Regional PHO (Whanganui and rural areas such as Taihape); Compass (Wellington, Kapiti and Wairarapa); and Pegasus (Canterbury).

Fifteen focus groups were undertaken nationally, covering the following population groups: Adults aged 25-64 years (2); Māori (2); Pasifika (2); Asian (1); Refugee new migrant (1); Older adults aged 65 years+ (2); Younger adults aged 18–24 years (2); Women (2); People with disabilities (1).

The survey was extensively changed following this testing and the Commission is confident that it is understandable for these populations. The report is available here: [www.hqsc.govt.nz/assets/Health-Quality-Evaluation/PR/PES-cognitive-testing-report-Aug-2015.pdf](http://www.hqsc.govt.nz/assets/Health-Quality-Evaluation/PR/PES-cognitive-testing-report-Aug-2015.pdf).

### ***Are all population groups having their say?***

While a wide range of patients are sent the survey, there is concern that Māori and Pacific peoples could be under-represented in the survey. For this reason, the Commission is testing the use of tablets that are given to patients in the waiting room so they can complete the survey before and after their appointment.

The other way that lower response rates in certain populations are handled is to weight the overall results to correct this. This statistical method is described in our methodology and procedures document.

### ***Can the PHOs and practices still use their locally developed patient satisfaction surveys?***

Some practices have patient satisfaction surveys they like to use and can be used as contributory measures in the System Level Measures improvement plan. However, the PES must be used as well, as an important way to consistently measure patient experience across the health system.

Additionally, it is helpful to make a distinction between patient satisfaction and patient experience. Satisfaction surveys typically ask patients whether or not they were happy with their care. Research has shown that patients can report high satisfaction at the same time as describing suboptimal experience.<sup>1</sup> Satisfaction is subjective and is influenced by differences in expectations, previous experience and disposition. Patient experience surveys seek to ask whether or not things that should happen did happen, eg, were things explained in a way they could understand, how long did you wait for your appointment, etc.

### ***What is the current response rate?***

To date, the PES has had a national average completed response rate of around 21 percent. There are a number of ways to improve response rates:

- Rates are considerably higher when people are contacted via email (23 percent) rather than SMS (7 percent), so practices are strongly encouraged to collect as many email addresses as possible.
- Ensure patients who visit your practice during survey week are aware of the survey and the value their feedback adds to the quality of your service.

### ***Do low response rates mean the results aren't valid?***

There are three related issues of overall sample size:

1. Is the overall sample large enough to be statistically valid?
2. Is the sample demographically representative?
3. Are the attitudes of those who don't respond different to those who do?

The number of people needed to respond per practice only needs to be between 30 and 50 for the responses to be useful. Because we are starting with a large sample size, the current response rate is statistically valid. In the patient comments section, a much lower number of comments, eg, five or ten with a common thread is also considered valid and worth careful consideration.

The second issue is demographic representativeness of responders. The literature is divided as to whether this leads to invalid patterns of responses. There are well established ways of dealing with this through demographic weighting which are set out in the methodology document.

Finally, there is the risk issue that the responders hold unrepresentative views, regardless of their demographic representativeness. This increases with low response rates, however, the Commission has undertaken a study of the attitudes of non-responders for the national inpatient experience survey, in conjunction with Victoria University, and found that the attitudes of those who didn't respond are identical to those of responders.

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<sup>1</sup> Salisbury C, Wallace M, Montgomery A. 2010. Patients' experience and satisfaction in primary care: secondary analysis using multilevel modelling. *BMJ* 341: c5004.

***Who has oversight of the survey?***

A PES Governance Group was established to act as the decision-making body for the implementation of the survey across the country and the information that it collects. This group meets regularly. The group consists of representatives from PHOs, DHBs, general practices, General Practice New Zealand, the Ministry of Health, consumer group and the Commission.