**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

**NICE indicator validity assessment**

Assurance date: June 2021

Review date: June 2024

# Indicator IAP00052

# Access to GP services

# Validity assessment

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| **Domain** | **Notes** | **Assessment** |
| Importance | Indicator is part of the NHS outcomes framework domain 4 – Ensuring that people have a positive experience of care.  Nationally values have fallen, from 79.1% in 2011/12 to 67.4% in 2018/19. However there have been several small changes in the source data, in particular a change meaning that comparison of data before and after 2017/18 should be interpreted with care:  “While the question about experience of making an appointment itself has not changed testing has shown that respondents answer the question differently based on the changed preceding questions. As a result the 2017/18 data is not comparable to previous years.”  Additionally the collection period changed in 2016/17, however the overall sample size was maintained.  Variation exists by age, gender, ethnicity, sexual orientation, deprivation, religion and geography. | Value decreasing though changes to data source mean that latest data is not comparable to previous years.  Variation exists across geography, demographics and inequalities. |
| Evidence base | From indicator quality statement[[1]](#footnote-1):  “Indicator 4.4.i measures patient access to GP services by measuring the percentage of GP Patient Survey respondents who reported their experience of making a GP appointment as ‘fairly good’ or ‘very good’. This will help the NHS monitor and improve access to GP services. The indicator is part of Domain 4 which reflects the importance of providing a positive experience of care for patients, service users and carers.  Two overarching indicators have been included within Domain 4. These are intended to capture, at a high level, the experience of patients using two of the main elements of NHS care: primary and hospital care. The vast majority of the population visit their GP each year, and the average person will visit their GP more than five times a year. Often it is the experience people have of primary care – including GPs, dental and out-of-hours services – that determine their overall view of the NHS. This indicator uses survey results to look specifically at the experience of patients in primary care.  It is now standard practice in healthcare systems worldwide to ask people to provide direct feedback on the quality of their experience, treatment and care. This indicator will be used alongside additional information sources to provide local clinicians and managers with intelligence on the quality of local services from the patients’ and service users’ point of view and will ultimately play a role in driving improvements in the quality of service design and delivery.” | Evidence base exists. This indicator aligns with NICE guideline on patient experience (Patient experiences in adult NHS services: improving the experience of care for people using adult NHS services. CG138[[2]](#footnote-2)), albeit published after implementation of the indicator |
| Specification | Numerator: Weighted number of people reporting a ‘fairly good’ or ‘very good’ experience of making an appointment.  Denominator: Weighted number of people who answered the below question  Exclusions: Only respondents over the age of 18 are reported to maintain consistency with previous years  Methodology: Weighted percentage of people reporting an overall good experience of making an appointment with their GP based on the following question from the GP Survey:  Overall, how would you describe your experience of making an appointment?   * Very good * Fairly good * Neither good nor poor * Fairly poor * Very poor   Geography: England, Lower and Upper tier local authority, Region. Further splits by Age, Gender, Ethnicity, Sexual Orientation, Deprivation and Religion.  Data Source: GP Patient Survey (GPPS) from Ipsos Mori – Official statistics  Disclosure control: Data is suppressed if less than ten people answer the question in a particular group. This is in line with the rules used when publishing GP Patient Survey results. | The indicator has defined components necessary to construct the indicator. |
| Feasibility | All data from long running data sources. | Data has been flowing for some time and data sources will continue. |
| Acceptability | Data shows decreasing percentages over the comparable periods and variation exists across breakdowns to allow for targeted intervention. | The indicator assesses performance that is attributable to or within the control of the audience.  The results of the indicator can be used to improve practice. |
| Risk | The survey questions may change from year to year so there is some risk that the question used to construct this indicator may be removed and changed. | Potential impact of survey question changes on long running trend data. |

**Summary:** Indicator to be renewed.

**NHS Digital Indicator reference:**

NHS Outcomes Framework - 4.4.i Access to GP services

1. NHS Digital. NHS Outcomes Framework, Indicator Quality Statement, Domain 4. 4.i Access to GP services, Indicator reference: I00687. Version 1.7, November 2018 [↑](#footnote-ref-1)
2. Patient experiences in adult NHS services: improving the experience of care for people using adult NHS services, published 24 February 2012, <https://www.nice.org.uk/guidance/cg138> [↑](#footnote-ref-2)