GP Access Survey QMI

Quality and Methodology Information (QMI) for the GP Access Survey, detailing the strengths and limitations of the data, methods used, and data uses.

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To be announced

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1 . Output information

- Survey name: GP Access Survey

- Time period: 16 January to 15 February 2024

- How compiled: estimates are derived from questionnaire responses of Winter Coronavirus (COVID-19) Infection Study (CIS) participants who consented to answering questions on experiences of GP access and NHS waiting times

- Geographic coverage: England, with selected analysis broken down to Integrated Care Board

- Participants: identified as eligible for GP Access Survey if they lived in England, had participated in the Winter CIS, and consented to answering the additional GP Access Survey questions; further information on Winter CIS participants is detailed in the Winter Coronavirus (COVID-19) Infection Study QMI

- Number of participants: approximately 94,618 participants were identified as being eligible to take part in the GP Access Survey

- Achieved sample size: 89,388 responses collected

2 . About this Quality and Methodology Information report

The GP Access Survey was commissioned and funded by NHS England. The Office for National Statistics (ONS) is the data controller for these questions and is responsible for collecting and analysing the data.

This data was collected from those who took part in the Winter Coronavirus (COVID-19) Infection Study (CIS) and consented to answering the GP Access Survey (see our Data privacy and protection page for more information). We, at the Office for National Statistics (ONS), provide more detail on the methods used in our Winter CIS Quality and Methodology Information (QMI) report. We will publish data tables on 3 April 2024.

This QMI contains information on the quality (including the European Statistical System (PDF, 3.06MB) five dimensions of quality) of the statistics produced as outputs from the GP Access Survey. The methods used to create GP access statistical outputs are also detailed. The information in this report will help you to:

- understand the strengths and limitations of GP access statistics

- reduce the risk of misusing data

- help you to decide suitable uses for the data

- understand the methods used to create the data

3 . Quality summary

Overview of the GP Access Survey

The GP Access Survey launched in January 2024, in England.

The GP Access Survey sample is drawn from participants of the Winter Coronavirus (COVID-19) Infection Survey (CIS). These questions are separate from the Winter CIS with new privacy information. See our Data privacy and protection page for more information.

Eligibility to participate in the GP Access Survey was established if a Winter CIS participant consented to completing additional voluntary questions on their experience of access to GP care and waiting for NHS treatment. The Winter CIS includes respondents aged 3 years and over; however, our analysis is only based on adults aged 16 years and over living in England.

Uses of GP Access Survey

The GP Access Survey provides important information about experiences of accessing GP care and waiting for NHS treatment within the community population. Community in this instance refers to private residential households and it excludes those in hospitals, care homes, or other communal establishment settings, with the overall sample intended to be applicable as a representative sample of the English population.

This will help NHS England to understand differences in the experiences of access to GP care and waiting for NHS treatment between demographic groups and by Integrated Care Board.

The data can be used for:

- estimating the percentage of the population that tried to access their GP practice

- estimating the prevalence of different modes of contact for accessing GP care, and identifying whether this has an impact on experiences of GP care

- identifying characteristics associated with different experiences of accessing GP care and waiting for NHS treatment

- identifying differences in experiences of GP access and NHS waiting times between Integrated Care Boards

The data cannot be used for:

- comparing this study with the GP Patient Survey (PDF, 3.4MB), which asks a larger set of questions about health and GP services using a stratified sample across all GP practices

- comparing this study with administrative data on NHS waiting lists, because these estimates are based on self-reported data and may differ from other sources

- comparing this study with our GP practice access and NHS waiting lists datasets, from our Opinions and Lifestyle Survey (OPN); while the OPN uses the same questions and routing, there may be some differences between these data sources, explained by the differences in the scope and definition of the questions and data collection methods

Strengths and limitations

Some of the GP Access Survey main strengths include:

- a large sample of participants

- high levels of participant engagement

- a questionnaire which examines various experiences and characteristics

- timely data on GP experiences and NHS waiting times within a few months of data collection

The GP Access Survey sample is subject to possible bias, especially because the survey population is a subset of the Winter CIS population and selection for the GP Access Survey is determined by pre-existing underlying biases within the Winter CIS cohort. For more details, see Section 4 in our Winter CIS Quality and Methodology Information (QMI) report.

All estimates presented in our publications contain uncertainty. Although the statistics produced as outputs from the survey data are our best estimates, they should not be regarded as completely accurately reflecting the unknown true numbers we are trying to measure.

4 . Quality characteristics of the GP Patient Survey

Relevance

Data are collected through self-completion of online questionnaires. Data are analysed to understand adults' experiences of accessing GP care and waiting for NHS treatment in England.

These official statistics in development can be used to highlight potential pressures for the NHS and be used to help support wider services, for example, assisting governments with informed decisions on important policies, such as recovering access to primary care.

Uncertainty

Estimates in our publications contain some uncertainty. There are many sources of uncertainty, but the main possible sources in our GP access publications would include:

- quality of data collected in the questionnaire

- the data are based on a sample of people rather than the whole population, so there is some statistical uncertainty in the estimates

- potential non-response bias, which may not be fully mitigated by the methods used to adjust for this including weighting

As in any survey, some data can be incorrect or missing. We minimise this during data collection, as participants are only able to submit one answer for each question.

Communicating uncertainty

To quantify uncertainty in our analyses, we present 95% confidence intervals in our data.

Confidence intervals give an indication of the degree of uncertainty of an estimate, with a wider interval indicating more uncertainty in the estimate. Overlapping intervals indicate that there may not be a true difference between two estimates.

Representativeness

Ensuring a representative sample of the general population is important for producing survey-based estimates broken down by characteristics such as age, sex, and region. In the survey, this is important to help us understand trends in different population sub-groups across England.

Within the GP access survey sample:

- the overall sample is representative of all English regions in terms of population share

- females are slightly over-represented, while males are slightly under-represented at the UK level

- younger age groups (aged 16 to 24 years, 25 to 34 years, 35 to 44 years, and 45 to 54 years) are under-represented when compared with older age groups (aged 55 to 64 years, 65 to 74 years, 75 to 84 years, and 85 years and over), which are over-represented

- those reporting White ethnicity are over-represented in England

The following tables show the representativeness analysis of the GP Access Survey sample; the unweighted response population is the actual number of people taking part in the survey.

Table 1a: Actual relevant population and GP Access Survey response population by sex, all adults, England

| Category | Actual relevant population profile | | GP Access Survey unadjusted population profile | | Difference | |
	Number of people	Proportion	Number of people	Proportion	Absolute difference to actual population	Relative difference to actual population
Female	23,719,832	0.52	50,860	0.57	0.05	10%
Male	22,287,125	0.48	38,572	0.43	-0.05	-10%

Source: GP Access Survey from the Office for National Statistics

Notes

1. Population figures used for the "actual relevant population" are drawn from Census 2021 for England

2. Absolute difference represents the difference in the unweighted proportion in our sample to the actual population.

3. Relative difference represents the proportion of difference attributed to each group. This is calculated by taking the absolute difference and dividing by the proportion of the actual population.

Table 1b: Actual relevant population and GP Access Survey response population by age, all adults, England

Category	Actual relevant population profile		GP Access Survey unadjusted population profile		Difference	
	Number of people	Proportion	Number of people	Proportion	Absolute difference to actual population	Relative difference to actual population
16 to 24 years	5,989,233	0.13	878	0.01	-0.12	-92%
25 to 34 years	7,667,865	0.17	1533	0.02	-0.15	-90%
35 to 44 years	7,375,794	0.16	5776	0.06	-0.10	-60%
45 to 54 years	7,510,397	0.16	12519	0.14	-0.02	-14%
55 to 64 years	7,062,367	0.15	23465	0.26	0.11	71%
65 to 74 years	5,564,143	0.12	29368	0.33	0.21	172%
75 to 84 years	3,464,857	0.08	14634	0.16	0.09	117%
85 years and over	1,372,301	0.03	1215	0.01	-0.02	-54%

Source: GP Access Survey from the Office for National Statistics

Notes

1. Population figures used for the "actual relevant population" are drawn from Census 2021 for England

2. Response population figures are unadjusted and represent the actual response numbers.

3. Absolute difference represents the difference in the unweighted proportion in our sample to the actual population.

4. Relative difference represents the proportion of difference attributed to each group. This is calculated by taking the absolute difference and dividing by the proportion of the actual population.

Table 1c: Actual relevant population and GP Access Survey response population by ethnicity, all adults, England

Category	Actual relevant population profile		GP Access Survey unadjusted population profile		Difference	
	Number of people	Proportion	Number of people	Proportion	Absolute difference to actual population	Relative difference to actual population
Asian/Asian British	4,134,388	0.09	1,545	0.02	-0.07	-0.81
Black/African/Caribbean/ Black British	1,792,286	0.04	422	0.00	-0.04	-0.89
Mixed/Multiple ethnic groups	938,209	0.02	743	0.01	-0.01	-0.58
White	38,191,425	0.82	86,119	0.96	0.14	0.17
Other ethnic groups	950,648	0.02	603	0.01	-0.02	-0.69

Source: GP Access Survey from the Office for National Statistics

Notes

1. Population figures used for the "actual relevant population" are drawn from Census 2021 for England.

2. Response population figures are unadjusted and represent the actual response numbers.

3. Absolute difference represents the difference in the unweighted proportion in our sample to the actual population.

4. Relative difference represents the proportion of difference attributed to each group. This is calculated by taking the absolute difference and dividing by the proportion of the actual population.

Characteristics

The GP Access Survey links data on characteristics from the Winter Coronavirus (COVID-19) Infection Survey (CIS).

Participants are asked to provide their ethnicity and occupation (among other things) in the participant questionnaire to allow analysis of the characteristics of those completing the survey.

The options provided on the questionnaire for ethnicity are harmonised to allow for consistency and comparability of statistical outputs from different sources across the UK.

On the Winter CIS, participants are asked to provide employment data. Occupation is provided in a free-text box, while employment sector is selected from 15 categories, which are coded using the Standard Occupational Classification. This allows for consistency and comparability of outputs across the UK.

Because the employment status is determined by where they spend most of their time, full-time students are classified as being in education and therefore inactive, even if they have a part-time job. However, Labour Force Survey (LFS) respondents who are full-time students may be classified as being inactive, whether they are employed or unemployed, depending on their work status and availability. Because of these differences in how students are handled between the Winter CIS and LFS, the estimates should be interpreted with caution, particularly for people aged 16 to 24 years.

Accessibility and clarity

Our recommended format for accessible content is a combination of HTML web pages for narrative, charts, and graphs, with data being provided in usable formats, such as Excel spreadsheets. Our outputs conform to the our web accessibility policy in terms of formats and font sizes and the presentation of tables and charts.

More details on related releases can be found on the release calendar on GOV.UK. If there are any changes to the pre-announced release schedule, public attention will be drawn to the change and the reasons for the change will be explained fully.

Timeliness and punctuality

The GP Access Survey was designed to provide timely and punctual information on experiences of GP practice access and NHS waiting times. These estimates are processed and published within three months of data collection.

For more details on related releases, the GOV.UK release calendar is available online and provides advance notice of release dates.

Why you can trust our data

We are the UK's largest independent producer of statistics and its national statistical institute. Our Looking after and using data for public benefit page details how data are collected, secured, and used in the publication of statistics. We treat the data that we hold with respect, keeping the data secure and confidential. We use statistical methods that are professional, ethical, and transparent. More information about our data policies is available on our Data protection page.

5 . Methods used to produce the data

How we collect the data

Sampling method

Winter Coronavirus (COVID-19) Infection Survey (CIS) participants were considered eligible to be invited to the GP Access Survey if they had been active Winter CIS participants, and consented to answering additional questions commissioned by NHS. For more information on consent, see our Data privacy and protection page.

More information on the initial Winter CIS sampling method from which our participant pool was selected is available in our Winter CIS Quality and Methodology Information (QMI) report.

The Winter CIS sample is based on the Coronavirus (COVID-19) Infection Survey sample. More information is in the Coronavirus (COVID-19) Infection Survey quality report: December 2022, which was last updated 30 March 2023.

Data we collect

We collect data from each participant using an online questionnaire.

The questionnaire is completed online, with a small number of participants completing the questionnaire by telephone interview.

The GP Access Survey collects data on the method of contact used, which includes online methods as an option. Given that it is an online survey, these estimates may be biased, as they are based on an online survey, which implies a more "digitally literate" population.

How we analyse the data

The primary objective of the study is to understand adults' experiences of accessing GP care and waiting for NHS treatment in England.

The analysis of the questionnaire data focuses on the cross-sectional analysis of adults' reported experiences by various characteristics.

Survey weights are applied to make the sample representative of the population in terms of sex, age, region, and ethnicity.

Weighting

Weighting is applied to ensure survey results are representative of the target population. This adjusts for differential consent or response rates of demographic groups, which could otherwise cause under-representation of younger age groups, for example.

The GP access sample is a subset of the Winter CIS sample, so the initial Winter CIS design weights are taken. These weights (which control for the initial probability of being selected to take part in Winter CIS and then the probability of consenting to take part) are adjusted for the probability of responding to the GP Access Survey questions. The methodology used to calculate the Winter CIS design weights is outlined in our Winter CIS QMI.

Probability of responding to the GP Access Survey

Not all participants who consent to take part in Winter CIS respond to the GP access questions, so a model is used to calculate the probability of responding. The model includes:

- age

- sex (male and female)

- region

- ethnicity (White and separately all other ethnic groups combined)

- previous long COVID status (had long COVID in at least one of the last three CIS visits)

Winter CIS design weights are multiplied by the inverse of the probability for responding to create an initial weight. These weights are the basis used for calibration.

Calibration and population totals

Calibration is carried out to ensure that the different population groups sum to the known population totals in England. The calibration groups are age group by sex and region separately.

6 . Useful links

The Experiences of GP practice access and NHS waiting times datasets provide analysis of data from the GP Access Survey, commissioned by NHS England.

Information about the Winter Coronavirus (COVID-19) Infection Study (CIS) and why it was created.

Our Coronavirus (COVID-19) Infection Survey: methods and further information publication provides further information on the CIS survey design, how we process data and how data are analysed.

The study protocol specifies the research for the study.

7 . Cite this methodology

Office for National Statistics (ONS), published 3 April 2024, ONS website, methodology, [GP Access Survey QMI](#)