The Commonwealth Fund 2006 International Health Policy Survey of Primary Care Physicians in Seven Countries

Analysis of the UK data

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Executive Summary

Background

The Commonwealth Fund 2006 International Health Policy Survey of Primary Care Physicians in Seven Countries was conducted between February and August 2006. The Health Foundation funded this expansion of the UK sample, while the Australian Primary Care Research Institute and the German Institute for Quality and Efficiency in Health Care funded expansions of the Australian and German samples respectively.

Methods

Survey responses were available from 1063 GPs in the UK. The analysis of the data focussed on differences in responses to the survey questions by certain key characteristics:

- the home country in which the GP practiced (England - split into London and the rest of England, Scotland, Wales, and Northern Ireland);
- the demographic characteristics of the GP in terms of their age (<50, or ≥50) and gender;
- the profile of their general practice in terms of its location (city, suburban, small town or rural) and size (1 GP, >1 & ≤3 GPs, >3 & ≤ 5 GPs, and >5 GPs).

The effects of these characteristics on responses were formally tested through regression analysis, using weighting adjustments by home country and gender (as derived by Harris Interactive) to ensure that the respondent sample more closely reflected the population it was representing.

Results

UK as a whole

- While GPs expressed high levels of satisfaction with their medical practice, the great majority believed the health care system required fundamental change or a complete rebuild.

Differences by home country

- GPs from Northern Ireland expressed the least positive views regarding their health care system overall, satisfaction with aspects of medical practice and their ability to provide quality medical care compared with five years ago. GPs from London were generally less positive than GPs from the rest of England.
- The average GP worked approximately 45 hours per week, spending 80% of their time on patient care. This did not vary significantly between regions.
- The vast majority of GPs, particularly those from Wales and Northern Ireland, thought that their patients experienced long waiting times to see specialists, for diagnostic tests, and for elective surgery or hospital care.
- GPs from Wales and Northern Ireland were the most supportive of non-physician role expansion and reported that such staff were less routinely used to help provide care in their practices.

- The vast majority of GPs, particularly those in England, reported problems with coordination of care across multiple sites or providers.

Differences by GP age and gender

- Female GPs were more positive than male GPs about their ability to provide quality medical care compared with five years ago; they also rated as more effective possible initiatives to improve the quality of care, for example, better integration of information systems between doctors and hospitals.
- On average, female GPs in the UK worked 7½ fewer hours per week than their male counterparts. GPs aged fifty and over worked 3½ more hours per week than GPs aged under fifty.
- Female GPs reported that they used evidence-based treatment guidelines more often than male GPs, but that they were less likely to receive a range of available financial incentives.

Differences by practice location and size

- Single-handed practitioners were more positive about their ability to provide quality medical care compared with five years ago, although they were the least satisfied with their income. GPs practicing in rural locations were the most satisfied with their income, as well as the time they had to spend per patient.
- Larger practices (≥3 FTE GPs) were more supportive of expanding the role of non-physicians.
- Single-handed practitioners reported better coordination of care and patient safety.
- GPs practicing in inner-city locations reported that their patients had greater difficulty paying for medication and other out-of-pocket costs of care.

Discussion and Conclusions

High levels of GP satisfaction with medical practice are most likely related to the introduction of a new contract in 2004 which pays general practices for the quality of their care and frees them from responsibility for out-of-hours care. Widespread discontent with the health care system might reflect disappointment that substantial new investment in the NHS from 2000 onwards, coupled with extensive health system reform, has not yet brought about the level of improvement expected by GPs. Long waiting times for patients to access specialist care and difficulties with care coordination across multiple providers were commonly reported.

GPs from Northern Ireland were generally the least positive regarding their overall views of the health care system and their own satisfaction. Such attitudes may be related to the more limited involvement of these GPs in the governance of local primary care organisations and political turbulence surrounding devolution. GPs in England were less likely than others to report long waiting times for their patients to access specialist care which could be a reflection of the different national strategies taken to manage this issue. There was widespread support for increasing the role of non-physicians within general practice, particularly in countries where they are currently least used. The higher costs of sustaining large multi-disciplinary teams in rural areas may partly explain their lower prevalence outside England and could lead to greater future divergence in general practice structure between rural and urban areas, and hence between countries in the UK. The differences by gender on a number of issues could relate to differing age distributions, career trajectories and/or values across male and female GPs.

1 Introduction

1.1 Background to the study

The Commonwealth Fund 2006 International Health Policy Survey of Primary Care Physicians in Seven Countries was conducted by Harris Interactive Inc. between February and August 2006. The Health Foundation funded this expansion of the UK sample, while the Australian Primary Care Research Institute and the German Institute for Quality and Efficiency in Health Care funded expansions of the Australian and German samples respectively. Samples of general practitioners (GPs) from seven countries, including the UK, were questioned about their opinions on a number of issues including aspects of patient care, the needs and experiences of their patients, and the structure, policies and procedures of their own general practice.

The National Primary Care Research and Development Centre (NPCRDC) at The University of Manchester was commissioned by The Health Foundation to explore the data collected from GPs practising in the four home countries of the UK: England, Scotland, Wales and Northern Ireland. This document reports on the findings of this analysis and discusses them in the context of the prevailing health care environment in the UK.

1.2 The primary care environment in the UK

1.2.1 Quality improvement initiatives

Quality improvement has been at the heart of the UK health policy agenda since the new Labour government came into power in 1997 (Department of Health, 1998). The introduction of clinical governance signalled a shift from the fragmented approaches used hitherto to a systematic framework of national priorities, guidelines and standards (Buetow & Roland, 1999). The National Institute for Health and Clinical Excellence was established in 1999 with the remit of setting out national guidance for England and Wales in the areas of clinical practice, health technologies and public health (www.nice.org.uk). Similar organisations also exist for Scotland (the Scottish Medicines Consortium and the Scottish Intercollegiate Guidelines Network). The first National Service Framework was published in 2000 and was succeeded by a series of frameworks laying out national standards of care and service for specific disease or service groups. It would appear that these early initiatives had some degree of success, with observational studies in England indicating an improvement in quality of care indicators for a range of chronic diseases from 1998 to 2001 and 2003 (Campbell et al., 2003; 2005). At the same time, although responsibility for the quality of services lay with the Primary Care Trusts (PCTS; or Primary Care Groups), they had limited contractual authority to exert over the GPs (Sheaff et al., 2004). Thus, while it was likely that national and local quality initiatives had a positive impact on quality of care, there remained considerable geographical variations in the care provided (Campbell et al., 2003).

April 2004 saw yet another paradigm shift in the quality of care agenda, with the introduction of the Quality and Outcomes Framework (QOF) as part of the new General Medical Services (GMS) contract (NHS Confederation, 2003). While not the first attempt in the UK to introduce financial incentives (e.g. incentive payments for cervical cytology screening and health promotion were introduced with the 1990 GP contract), it was nonetheless one of the most ambitious pay-for-performance schemes to be introduced worldwide (Shekelle, 2003). Contracts with the NHS are now held at the general practice rather than GP level, and practices can earn up to 20% of additional income by satisfying 136 quality indicators that relate principally to chronic disease management and organisational aspects of care

(Roland, 2004). General practices generally achieved highly against the QOF targets in the first year (Doran et al., 2006).

The GMS contract is a truly national contract, being applied across the four home countries of the UK, although with individual variations in payment allocation formulae (e.g. rural adjustments for payments in Scotland) and some payments for enhanced services. Engagement with the scheme does require that practices be able to supply their data electronically and thus must have the necessary information technology.

1.2.2 The interface between GPs and their local NHS primary care organisation

In England, general practice services are commissioned by Primary Care Trusts (PCTs) through various types of contracts: General Medical Services contracts (GMS); Personal Medical Services contracts (PMS); and Alternative Provider Medical Services contracts (APMS). GMS contracts are the most prevalent, covering approximately 70% of general practices. PMS contracts cover approximately 30% of practices and APMS contracts are only starting into use in 2006. GMS contracts are negotiated nationally without local flexibilities. PMS contracts are locally negotiated by PCTs and tailored to meet local priorities and needs. APMS contracts are also locally negotiated by PCTs but, unlike GMS and PMS contracts, they allow private sector organisations to be commissioned to provide general medical services. General practitioners are represented on the governing boards of PCTs and key sub-committee (such as the Professional Executive Committee) but do not have majority control of any committee. PCTs support the development of general practices services through a wide range of activities that seek to promote collaborative working and learning.

The nature of this interface is similar in Wales, with Local Health Boards being responsible for the planning and commissioning of local health services, including primary care services. As with PCTs in England, general practitioners are represented on the decision-making board.

The overall philosophy of the NHS in Scotland is one of professionalism, which can be contrasted against the market philosophy of the system in England (Greer, 2004). Such a philosophy is reflected in the relationship between GPs and the Health Boards, which is based on collaboration and quality improvement rather than governance. Health Boards are the main local NHS organisations in Scotland and are split into primary and acute care operational divisions, responsible therefore for both the commissioning of services and the management of providers. The primary care division comprises a primary care medical director and managers, and while it has representation on the Board, this may or may not be a GP. GPs' influence on the Health Board is primarily through the Community Health Partnerships (CHPs). These new organizations have emerged from Local Health Care Co-operatives and are intended to be the bedrock of integrated health and social care, potentially having budgetary control from the Boards for certain services. Scotland has the same potential range of contractual arrangements, but GMS contracts remain the dominant type and even more so than in England.

In Northern Ireland, Health and Social Services Boards serve as the local primary care organisations, although GPs have very limited involvement in the governance of these organisations. Political turbulence relating to devolution has led to discontinuities in leadership and a degree of inertia in driving forward health policy reforms. General medical services are commissioned by the Department of Health, Social Services and Public Safety which is directly controlled by the UK government in London. The same range of contract types is available in Northern Ireland as in England, namely GMS, PMS and APMS.

1.2.3 Working lives for practitioners

While much of the discussion on NHS reforms tends to focus on the impact on service delivery and quality of care, there are inevitable consequences for the morale of the workforce. This was seen following the introduction of the introduction of the 1990 GP contract, over which time saw a fall in the job satisfaction of GPs in England (Sutherland & Cooper, 1992). NPCRDC has conducted a series of national surveys of GPs' working lives in England, starting in 1998 and the most recent in September 2005. Despite the improved levels of satisfaction seen in 1998 compared with 1990 (Sibbald et al., 2000), 2001 saw a new low-point (Sibbald et al., 2003). Given the prevailing low morale and the prospect of performance-related pay in the form of the QOF in the 2004 GMS contract, it was feared that satisfaction could fall still further. However, the 2004 survey, conducted immediately prior to the introduction of the contract, indicated that job satisfaction had increased back to levels seen in 1998 (Whalley et al., 2006a). Nevertheless, intentions to quit remained as high as in 2001, and workload, time pressures and job control remained issues of concern. Furthermore, the overwhelming majority of GPs expected such aspects to worsen under nGMS (Whalley et al., 2005).

The latest NPCRDC survey was conducted in September 2005 and the results are awaiting peer-review publication. Overall, the findings indicate that job satisfaction has increased following the introduction of the new GMS contract. The average reported numbers of hours worked has reduced, while the estimated average reported income has increased. Although most GPs believe that the contract has been detrimental to their professional autonomy and administrative and clinical workloads, the perceived impact on pay and quality of care has exceeded their expectations. In addition to these overarching findings the survey also showed that opportunity for career and professional development were among the issues associated with most dissatisfaction and changes imposed from the PCT were among the highest sources of job pressure. Thus, while GPs in England might be relatively satisfied with their current 'lot' (compared perhaps with the early 2000s), this could belie a degree of dissatisfaction with the healthcare system and their professional development within that system.

Less is known about the level of morale in GPs in the other parts of the UK. A survey of GPs in Scotland was undertaken in 2001 (Simoens et al., 2001) and this suggested that the level of overall job satisfaction in Scottish GPs was similar (although perhaps marginally higher) to that of English GPs at that time (Sibbald et al., 2003). They were also frustrated by similar job aspects, being comparatively dissatisfied with remuneration and hours of work and experienced pressure from workload and paperwork. They also reported feeling high degrees of pressure from changes imposed from the Health Board or Local Health Care Co-operative. We do not know however what impact recent reforms in Scotland have had on GP satisfaction. Similarly, we do not know anything about morale among GPs in Northern Ireland or Wales. However, compared with GPs elsewhere in the UK, those in Northern Ireland have lower incomes and lower growth in income due, in part, to their smaller list sizes, reduced uptake of enhanced service payments, and lack of use of PMS and APMS contracts..

1.2.4 Implications for the patients' experience

The NHS is a primary care-centred healthcare system in which the role of general practice is to manage all health problems commonly occurring in the population, identify and refer those problems needing specialist attention, and coordinate care for patients with complex health problems. A recent review of available research suggests that primary care-centred healthcare systems offer superior equity, efficiency, effectiveness and responsiveness when compared to specialist-based systems (Atun, 2004). However, they also create problems in achieving continuity of care for patients moving across the interface between general practice and hospital care.

The UK Service Delivery and Organisation NHS Research Programme (Freeman et al., 2000) has defined continuity as:

- Experienced continuity: the experience of co-ordinated and smooth progression of care from the patients' point of view.

To achieve experienced continuity services need to provide:

- Continuity of information: excellent information transfer following the patient;
- Cross-boundary continuity: effective communication between professionals and services and with patients;
- Flexible continuity: to be flexible and adjust to the needs of the individual over time;
- Longitudinal continuity: care from as few professionals as possible, consistent with other needs;
- Relational/personal continuity: to provide one or more named individual professionals with whom the patient can establish and maintain a therapeutic relationship.

The greater the number of healthcare teams involved in the care of a patient, the greater is the likelihood of a breakdown in the coordination of care and 'hassles' for patients (Parchman et al., 2005). This is significant because various quality improvement initiatives in UK general practice (see above) have led to larger team size with greater role differentiation among health professionals and increased vertical integration with hospital services. For example, practices typically now have a number of chronic disease clinics (asthma, cardiovascular disease, diabetes, etc) led by doctors and nurses with a specialist interest in those diseases. While this may drive up the quality of care for patients (Campbell et al., In press), it can also reduce patient access to their preferred caregiver (Kearley & Freeman, 2001; Schers et al., 2002) and make the coordination of care more difficult (Barr, 1995). Problems with access have been additionally exacerbated by Advanced Access targets, under which patients must be seen by a primary care professional within 48 hours. While potentially beneficial for some patients with acute presentations, the scheme has had a detrimental impact on patients' accessing the provider of their choice and being able to contact the practice via telephone.

Efforts to improve continuity of care for patients at the interface between primary and secondary care have centred on:

- improving information transfer (e.g. through structured letters and, more recently, shared electronic patient records); and
- promoting joint working between primary and secondary care through 'shared care' (joint management plans) and 'liaison' (joint management plans and consultations) models of working.

Most recently, the NHS proposes to move hospital outpatient services 'closer to home' for patients by introducing new intermediate care services in the community (Department of Health, 2006). This will be accomplished by substituting hospital outpatient services for community-based specialists such as nurses and general practitioners with special interests (GPSIs), and through the increased provision of diagnostic and treatment facilities, including step-down beds, in community hospitals. A review of existing research commissioned by the SDO (Roland et al., 2006) concluded that that this was a plausible strategy for improving

patient access to specialist care and reducing demand on acute hospitals. But there was a risk that: quality of care would decrease; demand might increase with new services directed to patients with less serious illness; and costs might increase due to loss of economies to scale and increased demand.

1.2.1 Self-management

Rising demand for health care, consequent on population aging, has placed an increasing burden on health care systems in the UK and other countries. A widespread response to this challenge has been to promote better patient self-management, particularly for patients with chronic diseases. Good self-management helps patients to take greater control of their own care, empowers them in negotiating treatment plans with health professionals, and is widely believed to reduce the demand on formal health services while improving health outcomes for patients.

Good patient self-management is not easy to achieve. Primary health care professionals have, in the past, shown negative attitudes towards the introduction of self-management plans in primary care (Jones et al., 2000). Self-care information has been biased towards professional norms of promoting an educational model rather than an empowerment or partnership approach (Dixon-Woods, 2001). Research suggests that, to improve patient self-care, there is a need to adopt a 'whole systems' approach that involves change at three inter-related levels which are in turn mutually reinforcing (see Table 1-1; Kennedy & Rogers, 2001).

Table 1-1: The 'whole systems approach'

Level	Strategy	Specific method
Patient	Improve information	Work with patients to develop information that is relevant, accessible and uses a combination of lay and evidence-based knowledge
Professional	Change professional response	Promote flexibility in professional response through a patient-centred approach and the negotiation of a self-management plan with patients
Structure	Improve access to services	Change access arrangements and use patient/professional contacts as a means of reinforcing self-care.

Randomised controlled trials and linked qualitative studies suggest that, introducing self-care, coupled to changes in health service access arrangements, can enhance patient satisfaction and the quality of care provision while making more efficient use of health service resources (Kennedy et al., 2004; Rogers et al., 2004, 2005).

The NHS has sought to improve patient self-management nationally through the introduction of the Expert Patient Programme (EPP) in which "expert" patients teach other patients with chronic diseases a range of techniques to improve their self-care. The findings suggest that the programme has been welcomed by many patients and does exert a modest downward pressure on formal healthcare utilisation. However, it has been difficult to engage patients from ethnic minority and deprived communities, and hard to sustain programme growth without closer integration into mainstream NHS services (http://www.npcrdc.ac.uk/publications/final_project_report.pdf).

2 Methodology

2.1 Sampling

The sampling and data collection for the survey were undertaken by Harris Interactive Inc. and the methods described below are taken from their report *International Health Perspectives 2006: A Survey of Physicians in Seven Countries. Methodology Report* (Harris Interactive Inc., 2006).

GPs were sampled from the 2004 Medical Directory – a commercial listing comprising of the contact details of doctors and private practitioners – supplemented by hospital lists, yellow pages and search engines. The sample was stated by Harris Interactive as not including GP assistants, trainees or locums.

The sampling frame was divided into five strata: England (London); England (non-London); Wales; Scotland; and Northern Ireland. Independent random samples were taken from each using the sources outlined above. Targets were established for the intended final size (N=954) and composition of the sample, based on the 2003 *Doctor Universe Statistics in Major Markets* report (EphMRA Foundation & PBIRG, 2003). These targets by home country were: England 82% (of which 12% from London); Scotland 11%; Wales 4%; and Northern Ireland 3%. The target composition by gender was 63% male and 37% female. London, Scotland, Wales and Northern Ireland were all over-sampled in order to ensure a sufficient number of respondents.

The survey was primarily conducted by telephone, although home country over-samples were contacted by post. A total of 6,652 GPs were contacted. Of the 5,400 'valid' contacts, 4,337 refused to participate, leaving an achieved sample of 1,063 GPs (response rate ≈ 20%).

Although the samples were drawn at random from the original source, the final sample cannot be considered to be a random sample of the UK GP population. For example, given the nature of the sampling frame, it is considered likely that the final sample would have been biased towards self-employed GPs, rather than those employed under a salaried contract. Given there is no way of determining such bias from the data collected, some degree of caution should be taken when generalising the findings to the UK GP workforce.

2.2 Data analysis

2.2.1 Overview

The questions in the Commonwealth Fund survey questionnaire can be categorised as addressing two main issues:

- GPs' subjective attitudes and experiences, e.g. views on the state of the health care system, job satisfaction, hours of work, support for expanding non-physician roles;
- GPs' perceptions of the structures, processes and activities that occur in their general practice, e.g. use of non-physicians, practice's targets for quality improvement, patients' access to secondary care.

The main characteristics that were considered to have a potential effect on some or all of these issues for GPs were:

- the home country in which the GP practiced;
- the demographic characteristics of the GP in terms of their age and gender;
- the profile of their general practice in terms of its location (rural/urban) and size (number of full-time equivalent GPs).

While it was anticipated that most issues in the questionnaire could be influenced by home country or practice location and size, the age and sex of the GP was considered less likely to affect their reports of the structures, processes and activities that occur in their general practice.

2.2.2 Analytic methods

All analyses were performed in STATA 9 (StataCorp, 2005) using its suite of commands for analysing survey data. Simple cross-tabulation and descriptive statistics were used to explore initial group differences in the variables of interest. The statistical significance of any such differences was determined through regression analysis for either binary (e.g. 'yes', 'no'), ordered categorical (e.g. 'often', 'sometimes', 'rarely', 'never') or continuous responses (e.g. number of hours).

A logistic, ordered logistic or linear regression model was fitted to each response variable accordingly using a common set of predictor variables: home country, age, gender, practice location and practice size. The home country groupings used were: England (split into London and the rest of England); Scotland; Wales; and Northern Ireland. Age was categorised as under 50 years or 50 years and over. Practice location was defined as either city, suburban, small town or rural. Practice size was determined by the number of full-time equivalent (FTE) GPs and was categorised as: 1 FTE; >1 and ≤3 FTEs; >3 and ≤ 5 FTEs; or >5 FTEs. The baseline category – the category against which all others are compared – for the regression analyses were: rest of England for home country; under 50 for age; male for gender; suburban for practice location; and 1 FTE GP for practice size.

Given that London, Wales, Scotland and Northern Ireland were over-sampled, together with the differences in sample and population compositions (see Table 3-2 in Section 3.1), weighting adjustments by home country and gender (as derived by Harris Interactive) were used in the analyses to ensure that the respondent sample more closely reflected the population it was intended to represent.

Some degree of caution should be used when interpreting the results of the analyses given their exploratory nature and the number of statistical tests conducted – one in every 20 tests will give a significant result purely by chance.

3 Results

The following section reports on the significant findings from the regression models. While the results are reported in relation to each predictor variable separately, the underlying analyses are adjusted for the effects of the other predictors. Thus, any differences that are reported, for example, by home country also take account of age, gender, and practice size and location.

The results from the regression models are presented in Appendix 2 (Section 6.2), grouped according to the main sections of the survey questionnaire. Summary frequencies for the individual items can also be found in Appendix 1 (Section 6.1).

3.1 Profile of the respondent sample

Table 3-1 profiles the respondents by age, gender, and practice size and location.

Table 3-1: UK sample by age, gender, practice size and practice location

GP/practice characteristic		Home country sample					Total sample
		London	Rest of England	Wales	Scotland	Northern Ireland	
n		238	357	101	262	105	1,063
Age	<50	103 (43%)	170 (48%)	42 (42%)	136 (52%)	52 (50%)	503 (48%)
	≥50	134 (57%)	186 (52%)	59 (58%)	124 (48%)	51 (51%)	554 (52%)
Sex	Male	172 (73%)	294 (82%)	86 (85%)	192 (74%)	84 (82%)	828 (78%)
	Female	65 (27%)	63 (18%)	15 (15%)	69 (26%)	19 (18%)	231 (22%)
FTE GPs	1	38 (16%)	54 (15%)	14 (14%)	26 (10%)	18 (17%)	150 (14%)
	>1, ≤3	105 (44%)	115 (32%)	37 (37%)	106 (41%)	45 (43%)	408 (39%)
	>3, ≤5	63 (27%)	98 (28%)	39 (39%)	79 (30%)	27 (26%)	306 (29%)
	>5	31 (13%)	88 (25%)	11 (11%)	50 (19%)	15 (14%)	195 (18%)
Location	City	127 (55%)	120 (34%)	31 (31%)	86 (33%)	24 (23%)	388 (37%)
	Suburban	89 (38%)	135 (38%)	31 (31%)	62 (24%)	17 (17%)	334 (32%)
	Small town	11 (5%)	68 (19%)	27 (27%)	61 (24%)	27 (26%)	194 (18%)
	Rural	6 (3%)	34 (10%)	12 (12%)	49 (19%)	35 (34%)	136 (13%)

Note: %s within each column for each GP/practice characteristic sum to 100 (subject to rounding); sum of characteristic numbers may not equal respondent number due to missing data.

Respondents from London and Wales were more likely to be fifty years of age or over (almost three out of every five), whereas the split was roughly even in the other three regions. Intuitively, this suggests an overall response bias in favour of older doctors. A greater proportion of respondents from London and Scotland were female. However, the composition of the respondent sample does not represent that of the overall GP population in the UK (Table 3-2).

Table 3-2: Comparison of the respondent sample with the UK GP population

	Respondent sample		2004 GP population	
	Male	Female	Male	Female
London[a]	172 (16%)	65 (6%)	2,383 (7%)	1,782 (5%)
Rest of England[a]	293 (28%)	63 (6%)	15,913 (46%)	8,703 (24%)
Wales[b]	86 (8%)	15 (1%)	1,225 (3%)	568 (2%)
Scotland[c]	190 (18%)	69 (7%)	2,260 (6%)	1,522 (4%)
Northern Ireland[d]	84 (8%)	19 (2%)	697 (2%)	381 (1%)

Notes: sample/ population %'s sum to 100 (subject to rounding); seven GPs from the respondent sample did not report their gender.

2004 GP population data taken from:

aGMS/PMS Salaried & Contracted GPs from 2004 General and Personal Medical Services Statistics GP Workforce Datasets;

bGMS/PMS Salaried & Contracted GPs from StatsWales (accessed at: http://www.statswales.wales.gov.uk/ReportFolders/reportfolders.aspx?IF_ActivePath=P,280,1200);

cGMS/ PMS Performers from GMS Warehouse, ISD Scotland. ISDREF: 2006-IR03429, 21/11/06;

d Unrestricted Principals & Equivalents from the Central Services Agency (accessed at: http://www.centralservicesagency.n-i.nhs.uk/files/medical_statistics/file/GPS_Gender_List.pdf).

Respondents from the rest of England were the most likely to be from the largest practices, whereas those from London and Northern Ireland were the most likely to be from smaller practices (single-handed or 1-3 FTE GPs; Table 3-1). Unsurprisingly, respondents from London were much more likely to be from inner city and suburban practices; those from Wales, Scotland and in particular Northern Ireland were more likely to be from more rural locations.

3.2 GPs' responses by home country

Box 1: Summary of differences by home country

- GPs from Northern Ireland expressed the least positive views regarding their health care system overall, satisfaction with aspects of medical practice and their ability to provide quality medical care compared with five years ago. GPs from London were generally less positive than GPs from the rest of England.
- The average GP worked approximately 45 hours per week, spending 80% of their time on patient care. This did not vary significantly between regions.
- The vast majority of GPs, particularly those from Wales and Northern Ireland, thought that their patients experienced long waiting times to see specialists, for diagnostic tests, and for elective surgery or hospital care.
- GPs from Wales and Northern Ireland were the most supportive of non-physician role expansion and reported that such staff were less routinely used to help provide care in their practices.
- GPs in England were the most likely to report problems with coordination of care across multiple sites or providers.

3.2.1 Overall attitudes and satisfaction

There were significant differences between home countries on GPs' attitudes towards all aspects of general medical care with the exception of satisfaction with being able to remain knowledgeable with the latest developments. On the whole, GPs from Northern Ireland expressed the least positive general views. Only 12.2% thought the health care system worked well, compared to between 18.6% (London) and 29.8% (Scotland) from other regions, whilst over 80% thought that fundamental changes were necessary. GPs from Northern Ireland were also the least satisfied with their overall experience with practicing medicine and were the most critical with respect to the improvement in their ability to provide quality medical care compared with 5 years ago. GPs from London were less satisfied with all aspects of medical practice than GPs from the rest of England, although they gave the most positive ratings of their comparative ability to provide quality care. GPs from Wales and Scotland were the most satisfied overall, although there was more concern in both countries, compared with England, about the ability to provide quality medical care compared with 5 years ago. The distribution of responses by home country region to the three key questions relating to GPs' overall attitudes and satisfaction is illustrated in Figure 3-1 to Figure 3-3.

Figure 3-1. GPs' views of their health care system by home country region

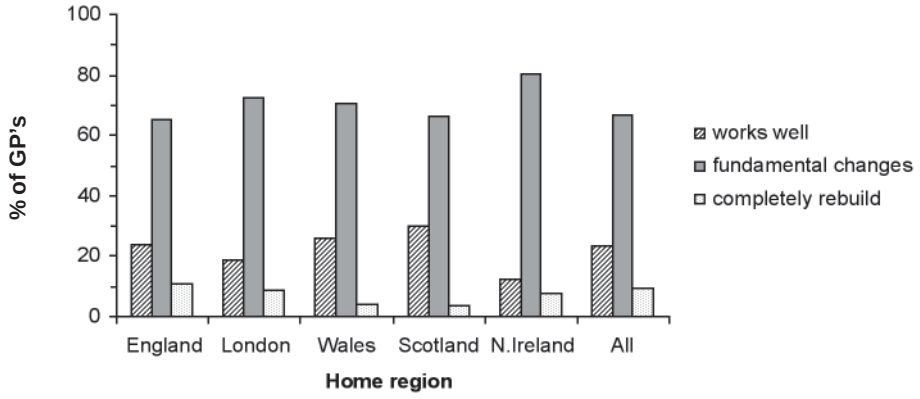


Figure 3-2. GPs' satisfaction with practicing medicine overall by home country region

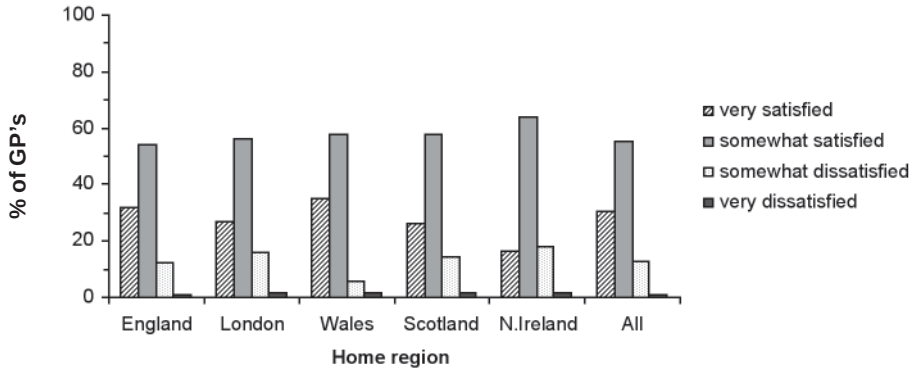
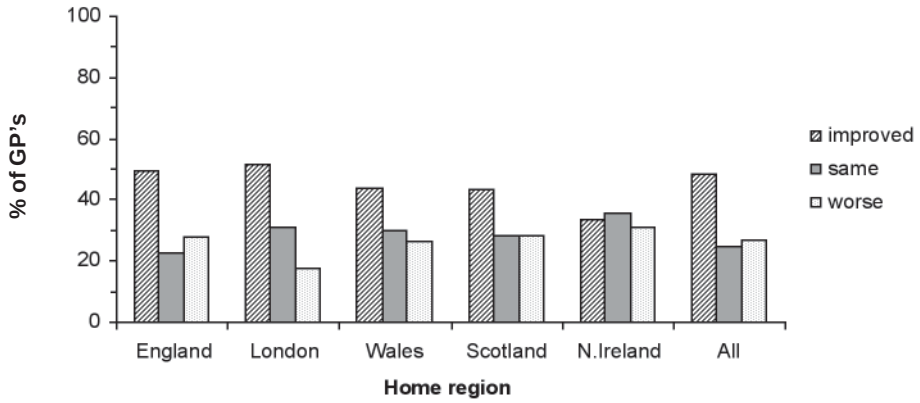


Figure 3-3. GPs' ratings of how their ability to provide quality care has changed compared to 5 years ago by home country region



3.2.2 Working practices

There were no significant differences between home countries in terms of the reported number of hours worked in a typical week. Weekly averages varied from 45.8 hours for GPs in the rest of England to 42.7 hours for GPs in Northern Ireland. At least 10% of GPs from each region reported that they typically worked 60+ hours a week, with at least 1% in England and Wales reporting that they typically worked between 80 and 90 hours a week. There were also no significant differences in the distribution of time across the different types of work. On average, GPs from all five regions spent around 80% of their time on patient care, which included direct face-to-face contact plus indirect patient-related clinical care. GPs in Scotland reported spending the least time on direct care (58% versus 66% for GPs in London) but most on indirect patient care (22% versus 16% for GPs in London).

3.2.3 Quality initiatives and medical practice

There were a number of important differences between home countries. The majority of GPs from all parts of the UK thought that their patients often or sometimes experienced long waiting times to see specialists/consultants, for diagnostic tests and for elective surgical procedures/hospital care (Figure 3-4 to Figure 3-6), although GPs from Wales, Scotland and Northern Ireland reported such issues significantly more frequently. GPs from London also reported that they thought their patients experienced long waiting times significantly more often than those from the rest of England, as well as being less likely to get a same- or next-day appointment on request. GPs from Wales, Scotland and Northern Ireland also reported that their practices were less likely to have early morning and evening hours to see patients than GPs from England. GPs from London were significantly more likely to report having the latter. Only 5% of GPs UK-wide reported having weekend office hours to see patients.

Figure 3-4. GPs' perceptions of patients experiencing long waiting times to see specialists/consultants by home country region

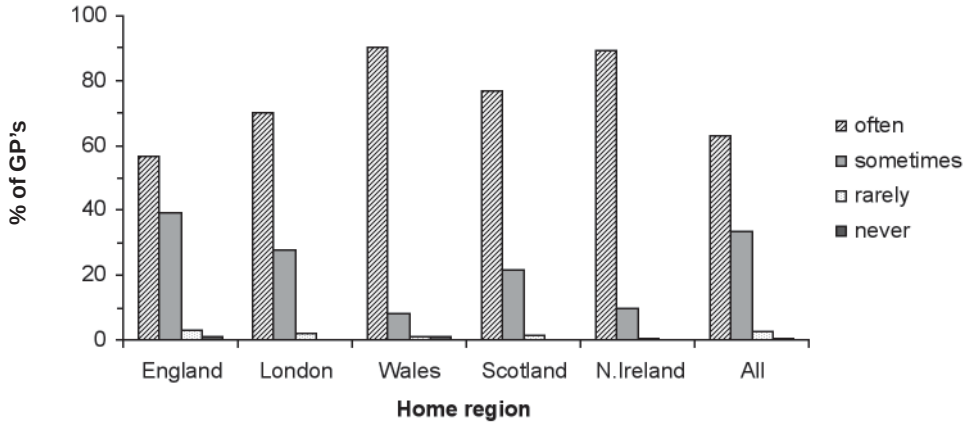


Figure 3-5. GPs' perceptions of patients experiencing long waiting times for diagnostic tests by home country region

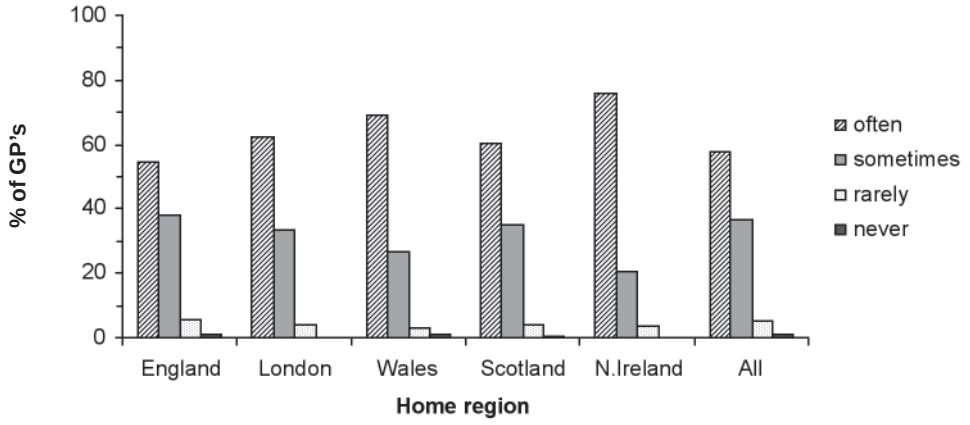
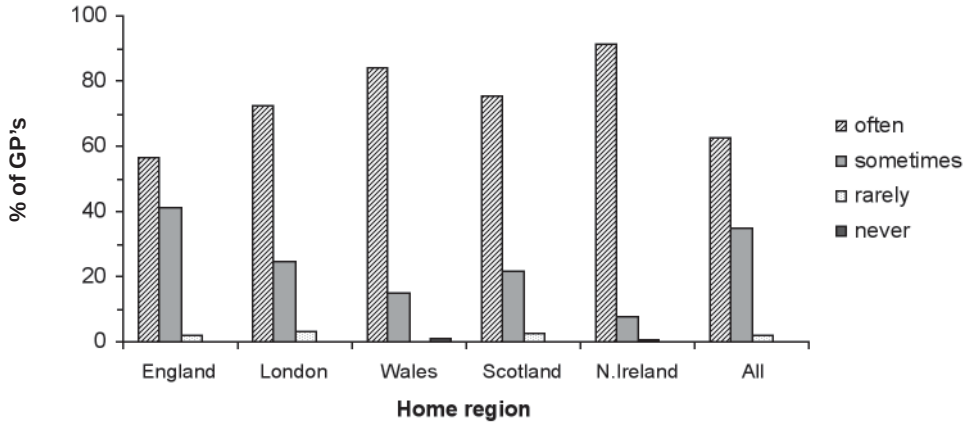


Figure 3-6. GPs' perceptions of patients experiencing long waiting times for elective surgical procedures or hospital care by home country region



GPs from London reported that their patients were less likely to get a same- or next-day appointment on request compared with those from the rest of England. GPs from Wales, Scotland and Northern Ireland also reported that their practices were less likely to have early morning and evening office hours than GPs from England. GPs from London were significantly more likely to see patients in the evening hours. Only 5% of GPs in the total UK sample reported having weekend office hours to see patients.

GPs from London were generally the most likely to report participating in activities to improve the quality of care for their patients. Almost 97% of GPs in the total sample reported conducting at least one clinical audit of care.

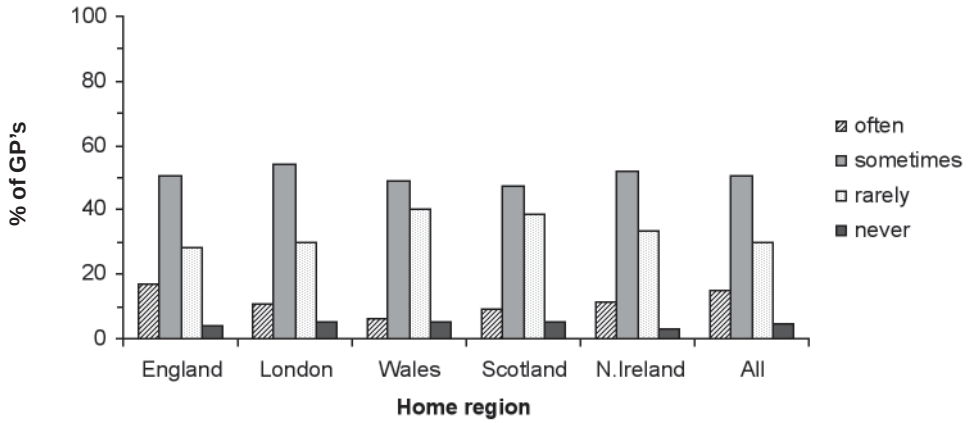
3.2.4 Caring for patients and disease management

The vast majority of GPs often saw patients with multiple chronic diseases (93.6%) and mental health problems (87.1%). However, GPs from London reported seeing patients with mental health problems least often and patients in need of palliative care significantly less often. Unsurprisingly, these GPs also reported that their practices were significantly less well prepared (compared with practices in the rest of England) to provide the optimal care for such patients. GPs from Wales reported similarly to London GPs. These latter GPs were, however, significantly more likely to give their patients written instructions for chronic disease self-management at home: over one-third reported that they routinely did so. GPs from Wales and Northern Ireland were the most supportive of expanding the roles of non-physicians in delivering patient care. This may be allied to the fact that GPs from these countries reported that their practices used nurses/ nurse practitioners/ physician assistants to help manage and provide primary care services less routinely. GPs from London reported that their practices used such care providers significantly more routinely than those from the rest of England.

3.2.5 Coordination of care and safety

There were some differences between countries on almost all aspects of care coordination and safety. Medical records and the results of tests or procedures were infrequently reported as being 'often unavailable', although there was more concern about poorly coordinated patient care across multiple sites or providers. GPs from Wales and Scotland were significantly the least likely to report problems, while GPs from the rest of England were the most likely (Figure 3-7).

Figure 3-7. GPs' perceptions of patients experiencing problems because care was not well coordinated across multiple sites or providers by home country region



GPs from England reported receiving hospital discharge reports significantly sooner than GPs from Wales, Scotland and Northern Ireland, although GPs from London least often received information back about the results of patient referrals made to another doctor. Nonetheless, almost 90% of GPs in the total sample received information for at least 60% of their patient referrals. GPs infrequently reported that their patients had often received incorrect test results, timely follow-up of positive results or problematic drug prescribing: GPs in England (not London) and Wales generally reported such happenings most often. Almost 20% of GPs reported that their patients had often acquired infections while in hospital, with GPs from London reporting that this had happened least often, and significantly less often than GPs from the rest of England. Almost 80% of GPs overall stated that their practice had a written documented process for the follow-up and analysis of adverse events. GPs in England most often rated as very effective their practices' process for finding and preventing medical errors, whereas GPs in Wales and Scotland were the most likely to report that their practice did not have such a process at all.

3.2.6 Office systems & information technology

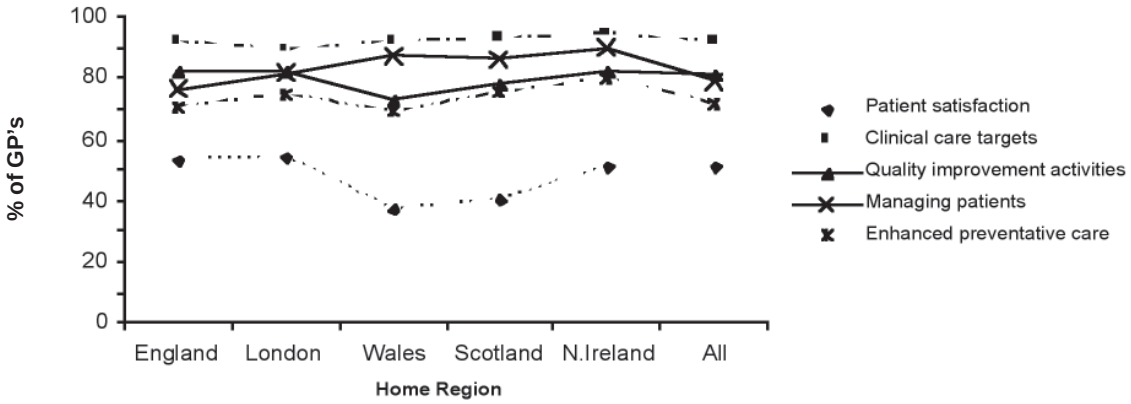
Almost 90% of GPs reported that their practice used electronic patient medical records. The lowest reported usage of such technology was in Scotland (82.8%) and the highest was in Wales (98.4%). GPs in Scotland were the most likely to be able to share patients' records with clinicians outside the practice (22.7% could). GPs in Northern Ireland were by far the most likely to be able to access patients' records outside the office (34.1%), and GPs in England were the most likely to be able to provide patients with easy access to their medical records (54.5% in London and 52.3% in the rest or England). The most obvious regional difference in the use of technology was in relation to the electronic prescribing of medication: GPs in England (outside London) reported that their practices used this technology significantly less routinely than practices from other regions (except Wales). GPs from Northern Ireland reported the greatest usage of electronic ordering of tests and access to patient hospital records. It was widely reported throughout the UK to be 'easy' to generate lists of patients by diagnosis or health risk (92.5%) or who were overdue for tests or preventive care (77.2%), as well as lists of medication taken by individual patients (87.8%). It was also widely reported that computerized systems were used to send patient reminders for regular preventive care (83.3%) and to alert doctors about potential problems with drug dosage or interaction (91.5%). However, such systems were less frequently used to prompt doctors to provide patients with test results, especially in Scotland.

There were no notable regional differences in the receiving of data on patient care or its subsequent usage to develop quality improvement activities, other than GPs from London being significantly more likely to receive data on patients' clinical outcomes than GPs from the rest of England. The vast majority of GPs never (72.1%) or rarely (21.1%) used e-mail to communicate with their patients regarding treatment. GPs in London were the most likely to use this method, although less than 10% of them reported that they did sometimes or often.

3.2.7 Incentives

GPs from England were the most likely to receive (or have the potential to receive) financial incentives for high ratings for patient satisfaction, and were significantly more likely to do so than GPs from Wales and Scotland (Figure 3-8). GPs from these latter two countries were also the least likely to benefit financially from participating in quality improvement activities. However, along with GPs from Northern Ireland, they were significantly more likely to benefit from special payments for managing patients with chronic disease or complex needs than GPs from England (not London). Around 80% of the sample overall reported that they could receive incentives from participating in quality improvement activities and managing patients with chronic disease or complex needs compared to just over half for patient satisfaction ratings.

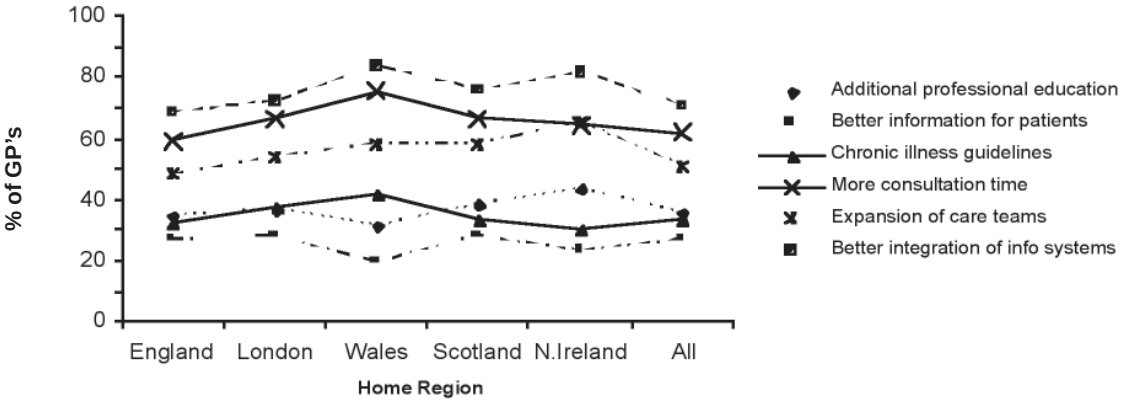
Figure 3-8. Percentage of GPs' receiving (or having the potential to receive) financial incentives for given activities by home country



3.2.8 Potential effectiveness of quality of care improvement activities

GPs from England (not London) often rated the activities included in question 42 as potentially less effective in improving the quality of patient care in their practice than GPs from other parts of the UK (Figure 3-9). However, the only significant differences across regions were that GPs from Wales gave the highest ratings to the potential effectiveness of allowing more time for consultations with patients, and GPs from Northern Ireland gave the highest ratings to the effectiveness of expansion of care teams.

Figure 3-9. Percentage of GPs' rating activities as potentially effective* in supporting efforts to improve quality of care in their practice by home country



*score of 5 or 6 on 6-point effectiveness scale

3.3 GPs' attitudes and subjective experiences by GP age and gender

Box 2: Summary of differences by GP age and gender

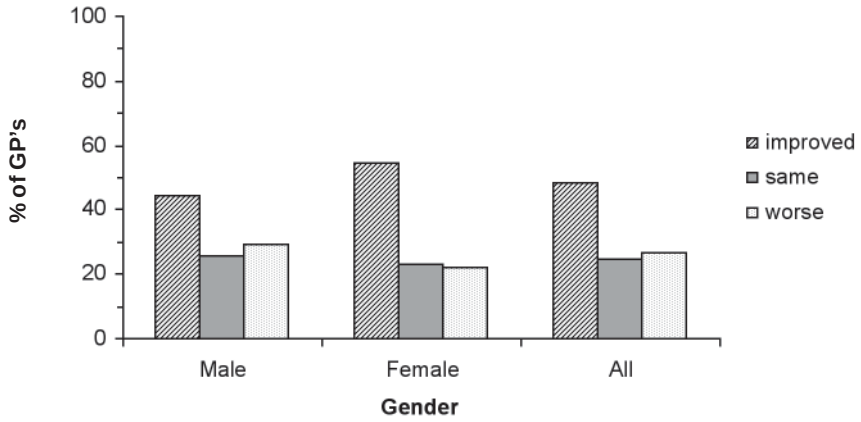
- Female GPs were more positive than male GPs about their ability to provide quality medical care compared with five years ago; they also rated as more effective possible initiatives to improve the quality of care, for example, better integration of information systems between doctors and hospitals.
- On average, female GPs in the UK worked 7½ fewer hours per week than their male counterparts. GPs aged fifty and over worked 3½ more hours per week than GPs aged under fifty.
- Female GPs reported that they used evidence-based treatment guidelines more often than male GPs, but that they were less likely to receive a range of available financial incentives.

There were few differences in GPs' responses by age group or gender. Significant findings are reported below.

3.3.1 Overall attitudes and satisfaction

Female respondents rated the improvement in their ability to provide quality medical care to their patients significantly better than their male counterparts (Figure 3-10).

Figure 3-10. GPs' ratings of how their ability to provide quality care has changed in last 5 years by gender



3.3.2 Working practices

GPs aged fifty and over reported working significantly more hours per week (over 3½ hours more on average) than those aged under fifty. Female GPs reported working significantly fewer hours per week on average than male GPs (approximately 7½ fewer).

3.3.3 Quality initiatives and medical practice

Female GPs thought that a greater proportion of their patients were more likely to get a same- or next-day appointment on request. This is a surprising, but also very marginal difference and must be interpreted cautiously given that almost three-quarters of GPs thought that more than 80% of their patients could get such an appointment.

3.3.4 Caring for patients and disease management

GPs in the 50 and over age group reported seeing patients with mental health problems less often than younger GPs. However, virtually all GPs reported seeing such patients 'sometimes' or 'often'. Female GPs used evidence-based treatment guidelines marginally more often than their male counterparts, although this was statistically significant in relation to common conditions only.

3.3.5 Coordination of care and safety

Older GPs reported that care was poorly coordinated across multiple sites significantly less often than GPs aged under fifty. The former group also reported that patients did not have timely follow-up of positive test results significantly less often; female GPs also reported that this happened significantly less often than male GPs.

3.3.6 Office systems & information technology

There were no significant differences by age group or gender in the usage of office systems and information technology.

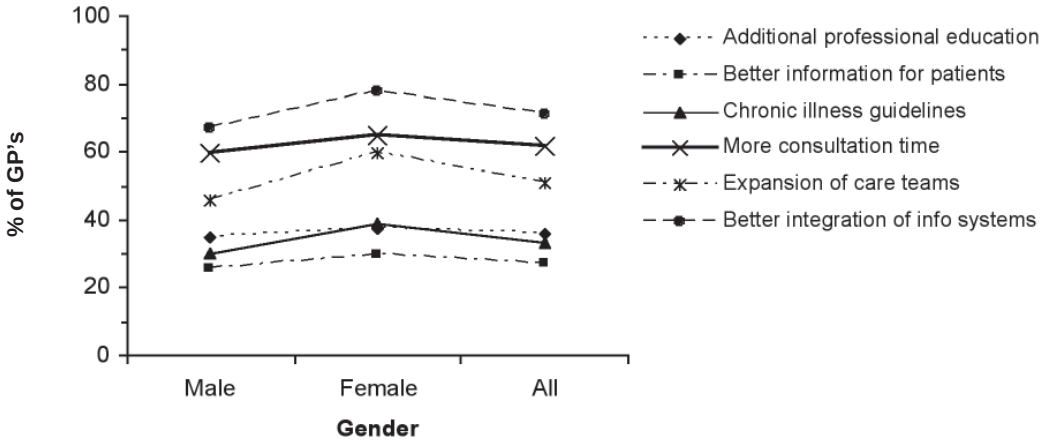
3.3.7 Incentives

Female GPs were less likely than their male counterparts to receive (or have the potential to receive) financial incentives, specifically for achieving certain clinical care targets and participating in quality improvement activities. GPs in the 50 and over age group were more likely than younger GPs to receive special payments for managing patients with chronic disease or complex needs.

3.3.8 Potential effectiveness of quality of care improvement activities

To varying degrees, female GPs rated all aspects of quality of care improvement as more effective than male GPs (Figure 3-11). Significant differences were observed for the development of clinical guidelines for patients with multiple chronic illnesses, better integration of information systems between doctors and hospitals, and the expansion of care teams to include nurses or other professionals. GPs aged 50 and over also thought the latter would be more effective than did the under 50's.

Figure 3-11. Percentage of GPs' rating activities as potentially effective* in supporting efforts to improve quality of care in their practice by gender



*score of 5 or 6 on 6-point effectiveness scale

3.4 GPs' responses by their general practice location and size

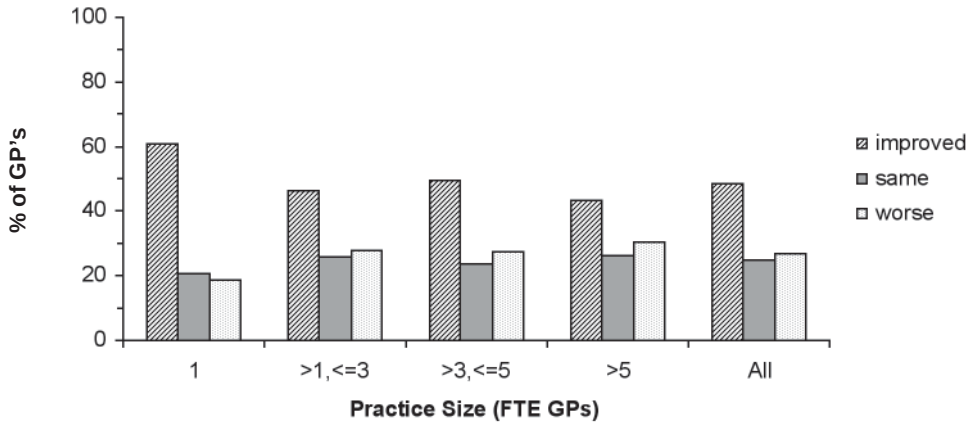
Box 3: Summary of differences by practice location and size

- Single-handed practitioners were more positive about their ability to provide quality medical care compared with five years ago, although they were the least satisfied with their income. GPs practicing in rural locations were the most satisfied with their income, as well as the time they had to spend per patient.
- Larger practices (≥3 FTE GPs) were more supportive of expanding the role of non-physicians.
- Single-handed practitioners reported better coordination of care and patient safety.
- GPs practicing in inner-city locations reported that their patients had greater difficulty paying for medication and other out-of-pocket costs of care.

3.4.1 Overall attitudes and satisfaction

There were no significant differences by practice size or location in the overall view of the health care system or overall experience with practicing medicine. GPs in single-handed practices were more likely to report that their ability to provide quality medical care had improved in the last 5 years than were those in multi-handed practices (Figure 3-12); the difference in ratings between the three multi-handed categories was small. GPs practicing in rural locations were significantly more satisfied with the time they had to spend per patient and their income from medical practice than GPs practicing in other locations, for whom there were no differences. GPs in the largest practices (5 FTE GPs or more) were the most satisfied with their income, while single-handed GPs were the least satisfied.

Figure 3-12. GPs' ratings of how their ability to provide quality care has changed in last 5 years by practice size



3.4.2 Working practices

There were no significant differences in numbers of hours worked by practice size or location. Controlling for the number of hours worked, there were differences in the amount of time spent on patient care (direct plus indirect care) by practice location. In particular, GPs in rural practices spent proportionately less of their time (approximately 5½% less) on patient care compared with GPs in suburban practices.

3.4.3 Quality initiatives and medical practice

There were significant differences in practice opening hours, particularly by location, but also by size. Compared to GPs practicing in suburban locations, those in rural locations were significantly less likely to have some early morning opening hours but significantly more likely to have some weekend opening hours (although this amounted to only 8%), while those in small town locations were significantly less likely to have some evening opening hours. All categories of multi-handed practice were significantly more likely to have some early morning opening hours than single-handed practitioners, but GPs in the largest practices were the least likely to have arrangements for patients to see a doctor or nurse when the practice was closed (although over 75% did). GPs practicing in inner-city practices said their patients experienced difficulty in paying for medication and other out-of-pocket costs significantly more often.

3.4.4 Caring for patients and disease management

There were significant differences by practice size in GPs' support for expanding the roles of non-physicians, with GPs in larger practices (more than 3 FTE GPs and especially those of more than 5 FTEs) being significantly more supportive than GPs in smaller practices. GPs in rural practices also reported using clinicians other than doctors to help manage patients with multiple chronic diseases more routinely. There were also a number of differences with respect to the frequency of seeing patients with multiple chronic conditions, mental health problems, and in need of palliative care – GPs in larger practices generally saw them more often – and how well prepared the practice was to provide optimal care to these patients – GPs in practices in small towns reported being significantly better prepared, as did GPs in rural practices in respect of palliative care. However, one must be careful not to over-interpret these findings given the heavy weighting towards the responses 'often' and 'well prepared'.

3.4.5 Coordination of care and safety

GPs in single-handed practices reported less of a problem with relevant information being unavailable, poorly coordinated care across sites, incorrect test results and drug prescribing, and acquiring infections whilst in hospital than GPs in multi-handed practices. GPs in inner-city practices reported that their patients acquired infections while in hospital significantly more often.

3.4.6 Office systems & information technology

In spite of the widespread usage of electronic medical records, GPs practicing in small town and rural locations reported that their practices used such technology more frequently, as did GPs in larger practices (especially 5 or more FTEs). GPs in rural and inner city practices used electronic ordering of tests significantly more routinely, and those in inner city locations also used electronic prescribing of medication more routinely. GPs in multi-handed practices

also reported that they used electronic technologies for the ordering of tests, prescribing of medication and accessing patients' test results on a more routine basis, as well as finding it easier to generate specific patient lists with their current patient medical records system. Reminders for regular preventive or follow-up care were also more routinely sent using a computerised system.

There was evidence of a difference in the frequency of e-mail communication with patients by practice size and location, although again one must be cautious with the interpretation given the rarity of such communication. GPs in larger practices reported using this form of communication increasingly more often (compared to single-handed practitioners); GPs in inner-city practices used e-mail less frequently than GPs in other locations.

3.4.7 Incentives

GPs in multi-handed practices were more likely to receive financial incentives for achieving certain clinical care targets than single-handed GPs, although it was very common for all GPs to do so. There were no other notable differences by practice size or location.

3.4.8 Potential effectiveness of quality of care improvement activities

There were few differences by practice size or location in GPs ratings of how effective the quality improvement activities would be in supporting efforts to improve quality of care. GPs practicing in inner city practices rated allowing more time for patient consultations as being significantly more effective compared with those from suburban practices; those from rural practices gave the lowest effectiveness ratings for this activity of all the four location types.

3.5 Comparisons with findings from previous surveys

The results presented above were compared with three previous surveys conducted by the Commonwealth Fund and the NHS: the 2000 Commonwealth Fund International Health Policy Survey of Physicians (which included a sample of 'generalist physicians'; accessed at http://www.cmwf.org/usr_doc/blendon_surveycharts.pdf), the 2004 Commonwealth Fund International Health Perspective Survey of Patients (accessed at http://www.cmwf.org/ usr_doc/IHP2004_topline_results.pdf), and the 2005 NHS National Survey of Patients (accessed at http://www.healthcarecommission.org.uk/_db/_documents/04019374.pdf).

3.5.1 Overall view of health system

GPs' overall view of the health system in the 2006 Commonwealth Fund survey was similar to what it had been in 2000: 23% thought it worked well in both years; 67% thought it required fundamental changes in 2006 compared with 70% in 2000; and 10% thought it needed completely rebuilding in 2006 compared with 7% in 2000. These figures compared with the marginally more extreme views of patients on this issue in the 2004 Commonwealth Fund survey with patients: 26% thought it worked well, 59% thought fundamental changes were needed and 13% thought the health system needed completely rebuilding.

3.5.2 Access to secondary care

In the 2000 Commonwealth Fund survey, 68% of GPs were very concerned that patients would need to wait longer than they should for necessary medical treatment in the future. Such pessimism was reflected in the large proportion of GPs who experienced major problems with long waiting times for specialist referrals (84%) and surgical or hospital care (78%). Such negative experiences with access to secondary care remained in 2006: 63% of GPs reported that patients often experienced long waiting times to see specialists (and a further 34% sometimes); 57% reported that patients often experienced long waiting times for diagnostic tests (36% sometimes); and 63% reported that patients often had long waiting times for elective surgical procedures or hospital care (35% sometimes).

3.5.3 Care coordination

Sixty-five percent of GPs in the 2006 Commonwealth Fund survey reported that their patients often or sometimes experienced problems because care was not well coordinated across multiple sites or providers. Half reported that it took 15 days or more to receive a full discharge report from the hospital after a patient was discharged. Despite this, most patients in the 2004 Commonwealth Fund survey who had been hospitalized in the past 2 years reported that their GP seemed informed and up-to-date about plans for aftercare following the hospitalization (70%).

Nearly two-thirds of GPs in the 2006 survey (64%) did not experience, or rarely experienced, problems with patients' medical records or other relevant clinical information not being available at the time of their scheduled visit. In the 2004 Commonwealth Fund patient survey, only 13% of respondents indicated such a problem in the last 2 years, either with their GP or a specialist. Similarly, 62% of patients in the 2005 NHS Patient Survey who had been referred to a specialist in the last year indicated that the specialist seemed to have all the necessary information about them, with a further 30% saying that they seemed to have the information 'to some extent'. Problems with receiving incorrect results for a diagnostic or lab test were reported as being infrequent by both GPs and patients. Thirty-one percent of GPs in the 2006 Commonwealth Fund survey reported that patients sometimes did not have

timely or appropriate follow-up of positive test results and a further 7% said this happened often. Nevertheless, only 6% of patients in 2004 reported having experienced a delay in being notified of an abnormal test result in the past 2 years.

3.5.4 Satisfaction with medical practice

Overall satisfaction with medical practice amongst GPs was higher in 2006 than it had been in 2000: 31% were 'very satisfied' in 2006 compared with just 14% in 2000. Such findings mirror those from the national surveys of job satisfaction conducted by the NPCRDC, which have shown that overall satisfaction among GPs in England has improved considerably in the last five years (Whalley et al 2006a; 2006b). GPs in the 2006 Commonwealth Fund survey were also more positive about how their ability to provide quality care to patients had changed in the past five years, with only 27% considering it to have worsened compared with 45% in 2000.

3.5.5 Quality improvement initiatives

The 2000 and 2006 Commonwealth Fund surveys both asked doctors to rate how effective various activities would be in improving quality of care. However, the specific activities included differed across the years, as did the number of response options for rating effectiveness, thus precluding direct comparisons. For example, GPs in 2000 were asked to rate 'better access to specialized medical care' on a 5-point response scale, whereas in 2006 they rated 'better integration of information systems between doctors and hospitals' on a 6-point scale.

4 Discussion

4.1 Summary of findings

Fewer than one in four GPs in the overall UK sample thought that their health care system worked well with only minor changes necessary; almost one in ten thought so much was wrong that a complete rebuild was necessary. Opinion varied across the different home countries, with GPs in Scotland being the most positive and those in Northern Ireland the least positive. Over 85% of GPs were either satisfied or very satisfied with their overall experience of practicing medicine, with the greatest satisfaction expressed by GPs from Wales and the lowest by GPs from Northern Ireland. Almost one half of GPs stated that their ability to provide quality medical care to their patients had improved compared to five years ago and approximately one in four stated that it had got worse. Once again, GPs from Northern Ireland gave the least positive views on this issue and GPs from England, including the London region, being the most positive. Female GPs were significantly more positive than male GPs on this issue, while single-handed GPs were significantly more positive than GPs practicing in multi-handed practices.

The average UK GP in the sample reported working approximately 45 hours per week. This figure varied from 42.7 hours for GPs in Northern Ireland to 45.8 hours for GPs in England, although this was not a statistically significant difference. Female GPs reported working fewer hours than male GPs – 7½ fewer after controlling for other factors. Typically, GPs spent 80% of their time on actual patient care – the vast majority of this spent on face-to-face contact with patients – and 20% on other work, such as education or administration.

Over 70% of GPs stated that their practice routinely used nurses, nurse practitioners and physician assistants to help manage patients with multiple chronic diseases and/ or to provide primary care services to patients. Over 85% of GPs said, to some degree, that they would support the expansion of the role of non-physicians in delivering patient care; GPs who already used non-physicians more frequently tended to be more supportive. GPs in practices with more than three full-time equivalent doctors were also more supportive of non-physician role expansion.

The majority of GPs expressed concern about long waiting times to see specialists/ consultants, for diagnostic tests and for elective surgical procedures or hospital care. This was especially true of GPs from Wales and Northern Ireland. GPs also expressed concern about the coordination of care across multiple sites or providers, although single-handed GPs appeared to experience such problems less often.

4.2 Specific issues arising from the UK results

> GPs from Northern Ireland expressed the least positive views of their health care system, certain aspects of medical practice – including their overall experience – and their ability to provide quality medical care compared with five years ago. Within England, GPs from London were generally less positive/ satisfied than GPs from the rest of England.

It was notable that GPs from Northern Ireland expressed the least positive views of their health system. This may relate to the absence of local primary care organisations (PCTs or their equivalent) which give GPs and other primary care professionals a voice in the management and governance of local health services. The lack of devolved governance is

itself a product of wider political and social unrest in the region which may contribute to GPs' negative appraisal of their health care system.

> The vast majority of GPs, particularly those from Wales and Northern Ireland, thought that their patients experienced long waiting times to see specialists, for diagnostic tests, and for elective surgery or hospital care.

Achieving continuity of care at the interface between general practice and hospital services has been a longstanding challenge in the British health care system. This is reflected in our finding that the great majority of GPs across the UK reported that patients experienced inappropriately long waiting times for hospital services. Health policy in the home countries is determined by local governments that have differed in their approaches to this challenge. England set targets to be achieved by hospitals in reducing waiting times for patients, backed by strong management sanctions, while the other home countries did not. This policy proved successful in reducing waiting times in England relative to those in other parts of the UK, and may explain why GPs outside England were more likely to report problems. The other home countries have now followed England's lead in setting waiting time targets for hospital care that should improve patients' experience over the coming years. England is seeking to make further gains by moving hospital outpatient services 'closer to home' for patients (Department of Health 2006). This will be accomplished by substituting hospital specialists for community-based specialists such as nurses and general practitioners with special interests (GPSIs), and through the increased provision of diagnostic and treatment facilities, including step-down beds, in community hospitals.

> Many GPs, particularly those in England, reported that their patients often or sometimes experienced problems because care was not well coordinated across multiple sites or providers.

The greater the number of healthcare teams involved in the care of a patient, the greater is the likelihood of a breakdown in the coordination of care and 'hassles' for patients (Parchman et al., 2005). In the UK, there have been longstanding difficulties in coordinating care across the boundaries between primary and secondary care, and between health and social care. Recent health care reforms have increased the range of health care providers in both primary care (e.g. NHS Direct; Walk-in Centres; Out-of-hours primary care services) and secondary care (e.g. Private sector diagnostic and treatment centres; Closer-to-Home initiatives). The extent of reform, particularly in secondary care, has been greater in England than other UK countries which may explain why GPs in England reported more difficulties with care coordination.
In all countries, the increasing range of provider organisations demands improved systems for care coordination. The main strategy – Connecting for Health - is to improve IT systems with the aim of ensuring that all staff concerned with a patient's care have instant access to relevant information about that patient. There have, however, been considerable difficulties in implementing new systems and the added concern that they cannot, in any case, replace the 'tacit' knowledge of staff that is critical to personalised care for patients.

> GPs from Wales and Northern Ireland were the most supportive of non-physician role expansion, and they reported that such staff were less routinely used to help provide care in their practices.
>
> Larger practices (≥3 FTE GPs) were more supportive of expanding the role of non-physicians.
>
> Single-handed practitioners reported better coordination of care and patient safety.
>
> Single-handed practitioners were the least satisfied with their income

Those countries which made least use of non-physicians were most keen to make more use of them. Within countries, those GPs who made the greatest use of non-physicians were the most keen to make more use of them. This movement towards large multi-disciplinary teams is most pronounced in England, which has seen a marked increase in large partnerships of 6 or more doctors and expanding numbers of employed administrative and clinical staff (Department of Health, 2004). Such teams may achieve economies of scale and scope that enable them to improve both the efficiency and effectiveness of their health care services (Sibbald et al., 2006). Large teams may not, however, be economically viable in rural areas with low population densities as in many parts of Scotland, Wales and Northern Ireland. Lower demand for non-physicians in turn means that the training costs may be higher as educational institutions are not geared to supply such workers. A cooperative approach which allows non-physicians to work across a number of practices is one way to partially offset the higher costs of deploying multi-disciplinary teams in rural areas. However, this approach is again more feasible in England than other UK countries given its higher population density. These constraints make it likely that general practice team size and composition will, in future, continue to diverge between urban and rural areas, and hence between England and other UK countries.

While large teams may have certain advantages, they also have unintended negative effects on the continuity and coordination of care for patients (ibid). Patients in larger practices have more difficulty getting an appointment with the doctor of their choice, and staff need to devote more time and effort to exchanging information about the care needed by individual patients. This may be one reason why single-handed practitioners reported better coordination of care and patient safety.

On average, female GPs in the UK worked 7½ fewer hours per week than their male counterparts

Female GPs reported that they used evidence-based treatment guidelines more often than male GPs, but that they were less likely to receive a range of available financial incentives.

Female GPs were more positive about their ability to provide quality medical care compared with five years ago; they also rated as more effective possible initiatives to improve the quality of care, for example, better integration of information systems between doctors and hospitals.

Women GPs are more likely to work part time and in non-principal posts. Part time working almost certainly explains why women report working fewer hours per week on average than men. Previous research suggests that part timers and non-principals are often marginalised from practice governance and decision-making (Pinder, 1998). Recent research at NPCRDC suggests also that women GPs may be less well paid than their male counterparts after adjustment for a range of factors that might be expected to affect income such as part time working and non-principal status (Hugh Gravelle, personal communication). In addition female GPs were, on average, younger than their male counterparts in this survey. It is only in recent decades that the proportion of women in the GP workforce has greatly increased. Although we corrected for age differences in our analyses, the adjustments were crude given the limitations of the available data. Thus, a possible explanation of why women in this survey report higher use of evidence-based guidelines coupled with a lower likelihood of receiving financial incentives is that they occupy more junior positions to male GPs who control the practice's clinical policies and income distribution. Alternatively, or additionally, it may be true that women hold different values from men. It is notable, for example, that women GPs generally report higher levels of job satisfaction than do men despite the

disadvantages noted above (Sibbald et al., 2000; Whalley et al., 2006a). Gender differences in GPs' values, roles and income merit further research.

GPs practicing in rural locations were the most satisfied with their income, as well as with the time they had to spend per patient.

General practices in rural locations, of necessity, tend to have smaller list sizes than those in urban areas giving them more time to spend with each patient. GPs in rural areas may also be entitled to 'dispensing' payments which are generally very lucrative. In urban/suburban/small town areas, GPs prescribe medications which are then dispensed by community pharmacies. However, in rural areas, community pharmacies may be economically unviable as population density is too low. In these situations, local primary care organisations commission general practices to act as substitutes for community pharmacies in stocking and dispensing drugs. The work is well paid and adds substantially to practice income.

Overall dissatisfaction with the health care system was high in both 2000 and 2006 Commonwealth Fund Surveys.

The sustained and high levels of overall dissatisfaction with the health care system might reflect disappointment that substantial new investment in the NHS from 2000 onwards has not yet brought about the level of improvement expected by GPs. Health care reform has been radical and sustained with a consequent diversion of time and energy from direct patient care into the development of new health care organisations and systems. The great majority of GPs in both 2000 and 2006 reported long waiting times for patients to access specialist care and difficulties with care coordination across multiple providers. This appraisal seems at odds with the low reported frequency of failures in care coordination by both patients and GPs, and government evidence that access to specialist care has markedly improved since 2000. The implicit suggestion is that, while care may have improved, the standards achieved still fall below those demanded by GPs and patients. Current health policy aims to introduce a more market-driven economy into the NHS in expectation that competition among providers will both drive down costs and drive up health system responsiveness to patients' needs. Such a change might well bring about increased patient access to specialist care, but it is less obvious how it could improve care coordination across multiple sites and providers. Improving coordination would appear to require collaboration, not competition.

GPs' satisfaction with their own medical practice is high and has increased since 2000.

In contrast to their views on the health care system as a whole, GPs' satisfaction with their own medical practice is high and has increased since 2000. It seems probable this relates to the introduction of a new GP contract in 2004 which pays general practices for the quality of their care and frees them from responsibility for out-of-hours care. As noted above, other research suggests that this has been associated with increased GP job satisfaction and income, as well as improved perceptions of quality of care.

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6 Appendices

6.1 Appendix 1: GPs responses by home country, demographics and practice characteristics

6.1.1 Responses by home country

	Home Country Region (%)					
	England	London	Wales	Scotland	N.Ireland	All
OVERALL ATTITUDES AND SATISFACTION						
1) Overall view of the health care system						
works well	23.68	18.61	25.67	29.84	12.18	23.49
fundamental changes	65.42	72.45	70.24	66.57	80.24	67.01
completely rebuild	10.90	8.94	4.08	3.59	7.57	9.50
2a) Satisfaction with … Your ability to remain knowledgeable and current with the latest developments in medicine						
very satisfied	29.59	25.86	33.26	25.48	19.14	28.54
somewhat satisfied	61.42	62.95	61.49	62.84	67.46	61.94
somewhat dissatisfied	8.31	9.54	5.25	11.00	13.40	8.78
very dissatisfied	0.67	1.64	0.00	0.68	0.00	0.74
2b) Satisfaction with … Freedom to make clinical decisions that meet your patients' needs						
very satisfied	18.60	17.85	14.24	26.68	10.24	18.96
somewhat satisfied	56.95	49.26	72.34	55.00	69.83	56.83
somewhat dissatisfied	20.81	30.45	12.60	17.76	19.17	21.24
very dissatisfied	3.64	2.44	0.82	0.56	0.76	2.97
2c) Satisfaction with … Time you have to spend per patient						
very satisfied	11.41	8.38	8.99	14.16	4.86	11.05
somewhat satisfied	38.45	32.51	34.07	41.88	34.16	37.81
somewhat dissatisfied	35.35	42.40	43.99	38.15	47.89	37.20
very dissatisfied	14.80	16.71	12.95	5.82	13.08	13.93
2d) Satisfaction with … Your income from medical practice						
very satisfied	27.13	18.05	29.29	28.16	25.51	26.20
somewhat satisfied	53.85	60.79	64.99	58.08	59.89	55.76
somewhat dissatisfied	12.53	15.93	4.08	10.20	14.59	12.41
very dissatisfied	6.49	5.22	1.63	3.56	0.00	5.64
2e) Satisfaction with … Overall experience with practicing medicine						
very satisfied	32.18	26.57	34.89	26.16	16.43	30.51
somewhat satisfied	54.33	56.11	57.76	57.72	64.11	55.33
somewhat dissatisfied	12.59	15.79	5.72	14.60	17.95	13.07
very dissatisfied	0.89	1.53	1.63	1.52	1.51	1.08

	Home Country Region (%)					
	England	**London**	**Wales**	**Scotland**	**N.Ireland**	**All**
3) Ability to provide quality medical care to your patients compared with five years ago						
improved	49.41	51.55	43.64	43.20	33.45	48.30
same	22.63	30.91	29.99	28.24	35.68	24.89
worse	27.96	17.53	26.37	28.56	30.87	26.81
QUALITY INITIATIVES & MEDICAL PRACTICE						
4a) Participated in collaborative quality improvement efforts with other practices, hospitals, government agencies, or professional associations						
no	45.38	30.27	41.77	36.08	37.51	42.20
yes	54.62	69.73	58.23	63.92	62.49	57.80
4b) Received training on quality improvement methods and tools						
no	40.05	31.56	45.27	41.00	26.16	38.93
yes	59.95	68.44	54.73	59.00	73.84	61.07
4c) Conducted at least one clinical audit of care that your patients receive						
no	3.55	1.95	4.43	3.50	0.00	3.28
yes	96.45	98.05	95.57	96.5	100	96.72
5) Practice set specific targets for quality improvement						
no	29.18	21.02	34.65	35.38	27.42	29.04
yes	70.05	78.98	63.36	64.62	72.58	70.34
don’t know	0.77	0.00	1.98	0.00	0.00	0.62
6a) Think patients experience … Difficulty paying for the medication they need						
often	11.95	16.89	7.35	14.08	10.81	12.55
sometimes	49.95	48.38	41.54	42.72	34.38	48.19
rarely	29.91	27.07	44.57	36.56	42.38	31.25
never	7.96	6.93	5.72	6.64	12.43	7.74
don’t know	0.22	0.74	0.82	0.00	0.00	0.28
6b) Think patients experience … Difficulty paying for the out-of-pocket costs of care, other than prescriptions						
often	14.32	18.00	13.42	8.16	5.30	13.79
sometimes	50.62	44.95	52.97	51.36	43.35	49.90
rarely	28.41	26.77	27.54	33.16	42.70	29.12
never	5.98	9.24	2.45	6.36	8.65	6.35
don’t know	0.67	1.04	3.62	0.28	0.00	0.77
refused	0.00	0.00	0.00	0.68	0.00	0.07
6c) Think patients experience … Long waiting times to see specialists/consultants						
often	56.76	70.08	90.20	76.84	89.19	62.80
sometimes	38.96	27.98	8.17	21.48	10.05	33.68
rarely	3.29	1.94	0.82	1.68	0.76	2.78
never	0.99	0.00	0.82	0.00	0.00	0.73

	Home Country Region (%)					
	England	**London**	**Wales**	**Scotland**	**N.Ireland**	**All**
6d) Think patients experience … Long waiting times for diagnostic tests						
often	54.84	62.32	69.19	60.12	75.68	57.49
sometimes	38.32	33.35	26.72	35.00	20.54	36.38
rarely	5.85	4.33	3.27	4.32	3.78	5.34
never	0.99	0.00	0.82	0.56	0.00	0.79
6e) Think patients experience … Long waiting times for elective surgical procedures or hospital care						
often	56.47	72.24	84.13	75.60	91.35	62.55
sometimes	41.10	24.66	15.05	21.60	7.89	35.02
rarely	2.21	3.11	0.00	2.80	0.76	2.25
never	0.22	0.00	0.82	0.00	0.00	0.19
6f) Think patients experience … Difficulty getting appropriate home care when needed						
often	51.90	45.77	32.44	26.08	42.16	47.32
sometimes	37.23	47.67	59.86	58.36	50.22	42.04
rarely	9.75	5.66	7.70	13.76	7.63	9.55
never	0.89	0.91	0.00	1.80	0.00	0.93
don’t know	0.22	0.00	0.00	0.00	0.00	0.16
7) Proportion of patients who request a same- or next-day appointment get one						
almost all (> 80%)	76.22	63.82	74.45	65.75	73.08	73.45
most (60-80%)	17.23	22.15	17.04	23.20	23.13	18.63
about half (~50%)	5.11	7.77	6.88	5.88	1.51	5.48
some (20-40%)	0.45	3.89	0.00	5.16	1.51	1.38
few (< 20%)	0.77	2.37	0.00	0.00	0.00	0.82
none (0%)	0.22	0.00	1.63	0.00	0.76	0.24
8a) Practice office hours … Early morning hours (before 8:30 am)						
no	64.11	76.73	83.31	65.26	89.84	67.26
yes	35.89	23.27	16.69	34.74	10.16	32.74
8b) Practice office hours … Some evening hours (after 6:00 pm)						
no	58.29	38.21	77.01	89.45	92.11	61.01
yes	41.71	61.79	22.99	10.55	7.89	38.99
8c) Practice office hours … Some weekend hours						
no	94.28	93.74	99.18	96.11	97.73	94.71
yes	5.72	6.26	0.82	3.89	2.27	5.29
8d) Practice office hours … None of these						
no	64.30	72.11	36.06	39.47	18.05	60.06
yes	35.70	27.89	63.94	60.53	81.95	39.94

	Home Country Region (%)					
	England	London	Wales	Scotland	N.Ireland	All
9) OOH arrangements (not including the emergency room)						
no	13.20	11.96	17.50	12.36	5.30	12.90
yes	86.26	88.04	82.50	87.64	94.70	86.72
don't know	0.54	0.00	0.00	0.00	0.00	0.38
10) Practice routinely use formal multi-disciplinary teams						
yes	81.43	80.74	79.35	79.36	70.59	80.72
no, but plans	3.68	7.77	6.88	7.53	13.62	5.00
no	14.89	11.49	13.77	13.11	15.79	14.28
CARING FOR PATIENTS AND DISEASE MANAGEMENT						
11a) See … Patients with multiple chronic diseases						
often	93.22	95.32	92.77	95.75	89.51	93.62
sometimes	6.55	4.37	6.42	3.97	9.73	6.10
rarely	0.22	0.30	0.82	0.28	0.76	0.28
11b) See … Patients with mental health problems, including depression						
often	87.15	82.08	88.33	90.39	92.11	87.09
sometimes	12.30	17.31	11.67	9.34	7.89	12.42
rarely	0.54	0.60	0.00	0.28	0.00	0.48
11c) See … Patients in need of palliative care, including for cancer						
often	51.07	35.25	46.21	48.17	49.13	48.63
sometimes	43.40	56.69	51.34	47.25	48.58	45.86
rarely	5.08	7.75	2.45	4.57	2.29	5.16
never	0.45	0.30	0.00	0.00	0.00	0.35
12a) How prepared practice is to provide optimal care for … Patients with multiple chronic diseases						
well prepared	75.58	68.91	76.08	83.51	74.92	75.65
somewhat prepared	24.42	30.79	23.92	16.49	24.32	24.29
not prepared	0.00	0.30	0.00	0.00	0.76	0.06
12b) How prepared practice is to provide optimal care for … Patients with mental health problems, including depression						
well prepared	55.29	54.45	57.06	55.98	46.41	55.07
somewhat prepared	42.47	44.34	42.12	43.46	52.07	43.07
not prepared	2.24	1.21	0.82	0.56	1.53	1.86
12c) How prepared practice is to provide optimal care for … Patients in need of palliative care, including for cancer						
well prepared	75.39	54.40	58.11	79.86	73.08	72.63
somewhat prepared	22.72	43.95	39.44	20.14	24.32	25.68
not prepared	1.89	1.64	2.45	0.00	2.59	1.70

	Home Country Region (%)					
	England	**London**	**Wales**	**Scotland**	**N.Ireland**	**All**
13a) Use of evidence-based treatment guidelines in the care of … Patients with common conditions						
often	67.37	68.25	53.79	64.22	68.86	66.64
sometimes	24.13	23.04	42.12	29.00	28.87	25.39
rarely	5.40	6.58	2.45	5.67	2.27	5.36
never	1.89	1.82	1.63	0.55	0.00	1.67
no guidelines	1.21	0.30	0.00	0.55	0.00	0.95
13b) Use of evidence-based treatment guidelines in the care of … Patients with complex or multiple chronic diseases						
often	63.63	64.57	57.88	64.52	69.92	63.79
sometimes	29.18	28.67	37.69	30.45	29.31	29.60
rarely	4.31	4.50	2.80	3.50	0.77	4.09
never	1.21	0.30	0.00	0.56	0.00	0.95
no guidelines	1.66	1.95	1.63	0.97	0.00	1.57
14) Give patients with chronic diseases written instructions about how to manage their own care at home						
yes, routinely	20.07	34.32	16.92	15.14	13.84	20.91
yes, occasionally	60.85	53.89	68.03	71.79	72.97	61.86
no	19.08	11.79	15.05	13.07	13.19	17.23
15a) Practice use any clinicians other than doctors to … Help manage patients with multiple chronic diseases						
yes, routinely	71.84	80.78	62.90	80.94	67.73	73.42
yes, occasionally	16.62	14.12	24.50	13.71	23.49	16.52
no	11.54	5.10	12.60	5.35	8.78	10.06
15b) Practice use any clinicians other than doctors to … Provide primary care services to your patients						
yes, routinely	70.92	79.45	67.56	61.82	54.01	70.31
yes, occasionally	15.76	13.04	18.67	25.03	25.80	16.85
no	13.33	7.51	13.77	13.15	20.20	12.84
16) Support expanding the roles of non-physicians in delivering care to your patients						
yes, definitely	41.20	40.72	48.19	39.79	43.26	41.33
yes, somewhat	43.82	44.52	38.74	48.77	45.93	44.28
no	14.00	14.03	13.07	11.44	10.03	13.58
don’t know	0.99	0.73	0.00	0.00	0.78	0.81

	Home Country Region (%)					
	England	**London**	**Wales**	**Scotland**	**N.Ireland**	**All**
COORDINATION OF CARE & SAFETY						
17a) During the past 12 months patients experienced … A patient's medical record(s) or other relevant clinical information were NOT available at the time of the patient's scheduled visit.						
often	7.17	5.96	4.43	10.32	4.17	7.17
sometimes	29.79	31.48	28.70	20.08	23.16	28.69
rarely	45.76	44.82	54.61	55.94	53.68	47.34
never	17.29	17.75	12.25	13.67	18.99	16.80
17b) During the past 12 months patients experienced … Tests or procedures had to be repeated because findings were unavailable.						
often	2.92	3.17	4.43	3.04	2.27	3.01
sometimes	24.94	23.81	23.57	15.74	26.16	23.79
rarely	58.90	60.60	63.83	63.28	65.62	59.98
never	13.24	12.42	8.17	17.94	5.95	13.23
17c) During the past 12 months patients experienced … A patient experienced problems because care was not well coordinated across multiple sites or providers.						
often	16.88	10.92	6.07	9.06	11.33	14.72
sometimes	50.72	53.97	49.01	47.32	52.29	50.72
rarely	28.15	29.71	40.02	38.66	33.33	30.11
never	4.25	5.40	4.90	4.97	3.05	4.46
18) Length of time to receive a full discharge report from the hospital after patient discharged						
< 48 hours	4.54	2.87	0.00	1.24	2.59	3.74
2-4 days	12.11	10.95	3.27	1.51	3.35	10.21
5-14 days	36.31	35.45	38.04	22.51	12.76	34.08
15-30 days	32.85	33.45	39.21	54.58	50.59	36.06
> 30 days	12.08	13.25	16.22	20.16	30.70	13.81
rarely receive	2.11	4.04	3.27	0.00	0.00	2.09
19) Percentage of patients referred to another doctor for whom get information back about the results of referral						
almost all (> 80%)	76.27	60.15	68.15	85.22	76.87	75.02
most (60-80%)	16.85	29.32	23.68	12.59	15.68	18.11
about half (~50%)	4.55	6.39	4.90	2.19	6.70	4.59
some (20-40%)	1.44	2.94	2.45	0.00	0.76	1.48
few (< 20%)	0.90	0.91	0.82	0.00	0.00	0.77
none (0%)	0.00	0.30	0.00	0.00	0.00	0.04
20a) In the past 12 months, frequency of … Patients received incorrect results for a diagnostic or lab test.						
often	2.45	1.51	2.45	0.83	0.76	2.11
sometimes	7.92	6.48	5.72	2.06	7.14	7.00
rarely	61.87	59.24	67.91	59.59	51.68	61.24
never	27.76	32.77	23.92	37.52	40.43	29.65

	Home Country Region (%)					
	England	**London**	**Wales**	**Scotland**	**N.Ireland**	**All**
20b) In the past 12 months, frequency of … Patients did not have timely or appropriate follow-up of positive test results.						
often	7.97	7.62	2.45	2.99	2.27	7.00
sometimes	33.55	29.67	33.72	20.70	19.89	31.29
rarely	51.48	54.05	60.56	65.82	62.92	54.04
never	7.01	8.66	3.27	10.49	14.92	7.67
20c) In the past 12 months, frequency of … Patients received the wrong drug, wrong dose, or had preventable drug interactions.						
often	0.45	1.21	0.00	0.00	0.76	0.48
sometimes	16.45	9.24	20.65	11.36	11.68	15.06
rarely	67.32	64.94	75.26	75.33	67.46	68.23
never	15.78	24.61	4.08	13.31	20.11	16.23
20d) In the past 12 months, frequency of …Patients acquired infections while in the hospital.						
often	22.30	9.47	13.57	12.01	7.89	18.88
sometimes	43.58	49.30	62.38	60.55	64.76	47.48
rarely	31.12	37.62	24.05	26.89	27.35	31.04
never	3.00	3.61	0.00	0.56	0.00	2.60
21) Practice have a documented process for follow-up and analysis of all adverse events						
yes, all events	80.31	78.68	74.10	72.55	93.95	79.44
yes, drug reactions	7.64	12.22	12.14	5.11	0.76	7.87
no	12.05	9.10	13.77	22.33	5.30	12.68
22) Rating of process practice has for finding and preventing medical errors						
very effective	32.66	27.15	23.92	20.42	17.30	29.89
somewhat effective	53.40	61.16	57.88	58.72	75.89	55.74
not very effective	2.56	4.47	3.27	4.97	2.27	3.06
not at all effective	0.54	0.30	0.82	0.28	0.00	0.48
no process	10.83	6.91	14.12	15.60	4.54	10.83
OFFICE SYSTEMS & INFORMATION TECHNOLOGY						
23) Currently use electronic patient medical records in your practice						
yes	89.17	93.65	98.37	82.79	94.81	89.54
no, but plans	2.79	3.78	1.63	8.65	4.43	3.54
no	8.04	2.57	0.00	8.57	0.76	6.91
24a) Medical record system allow you to…Share your patients' medical records electronically with clinicians outside your practice						
no	84.70	89.04	87.19	76.97	90.88	84.77
yes	15.05	10.17	12.81	22.69	9.12	14.93
don't know	0.25	0.79	0.00	0.34	0.00	0.31

	Home Country Region (%)					
	England	**London**	**Wales**	**Scotland**	**N.Ireland**	**All**
24b) Medical record system allow you to…Access your patients' medical records when you are outside the office						
no	76.08	84.53	82.68	78.54	65.11	77.31
yes	23.67	14.68	17.32	21.13	34.09	22.35
don't know	0.25	0.79	0.00	0.34	0.80	0.33
24c) Medical record system allow you to…Provide patients with easy access to their medical records						
no	47.45	45.52	58.36	62.27	52.11	49.32
yes	52.30	54.48	41.64	37.73	47.89	50.50
don't know	0.25	0.00	0.00	0.00	0.00	0.18
25a) Practice currently use … Electronic ordering of tests						
yes, routinely	22.24	14.68	17.15	10.69	35.08	20.27
yes, occasionally	10.77	10.28	9.34	8.11	7.52	10.27
no	66.99	74.74	73.51	81.21	57.41	69.43
refused	0.00	0.30	0.00	0.00	0.00	0.04
25b) Practice currently use … Electronic prescribing of medication						
yes, routinely	50.72	64.08	56.01	72.45	72.80	55.50
yes, occasionally	4.41	4.92	4.90	3.22	4.18	4.36
no	44.87	31.00	39.09	24.34	23.02	40.14
25c) Practice currently use … Electronic access to your patients' test results						
yes, routinely	86.16	86.70	81.10	65.35	86.92	83.79
yes, occasionally	4.89	6.43	8.87	18.87	7.46	6.83
no	8.72	6.87	10.03	15.77	5.62	9.23
refused	0.22	0.00	0.00	0.00	0.00	0.16
25d) Practice currently use … Electronic access to patient hospital records (e.g., discharge summary)						
yes, routinely	20.84	16.80	14.94	13.03	28.11	19.49
yes, occasionally	4.89	6.89	6.88	7.27	5.95	5.50
no	74.27	76.31	78.18	79.70	65.95	75.01
26a) Ease of generating … List of patients by diagnosis or health risk (e.g., diabetes or hypertension)						
easy	91.38	94.13	96.73	95.58	95.89	92.51
somewhat difficult	7.08	5.57	3.27	3.47	3.35	6.24
very difficult	0.77	0.30	0.00	0.96	0.00	0.68
cannot generate	0.77	0.00	0.00	0.00	0.76	0.56

	Home Country Region (%)					
	England	**London**	**Wales**	**Scotland**	**N.Ireland**	**All**
26b) Ease of generating … List of patients who are due or overdue for tests or preventive care						
easy	78.54	70.15	79.23	74.02	81.51	77.18
somewhat difficult	16.27	25.89	15.87	21.55	14.70	17.91
very difficult	3.43	3.34	3.27	2.50	3.03	3.30
cannot generate	1.76	0.62	1.63	1.93	0.76	1.61
26c) Ease of generating … List of all medications taken by individual patients						
easy	86.99	86.66	92.65	90.12	97.71	87.83
somewhat difficult	11.34	12.73	6.54	7.01	1.53	10.56
very difficult	0.89	0.00	0.00	1.63	0.00	0.81
cannot generate	0.77	0.61	0.82	1.24	0.76	0.80
27a) Tasks routinely performed in the practice … Patients are sent reminder notices when it is time for regular preventive or follow-up care (e.g., flu vaccine or periodic cancer screening).						
yes, computerised	84.05	74.36	84.82	86.00	88.76	83.28
yes, manual	13.61	23.39	11.06	10.10	4.11	14.01
no	2.34	2.25	4.12	3.90	7.14	2.71
27b)Tasks routinely performed in the practice … Doctor receives an alert or prompt about a potential problem with drug dose or drug interaction.						
yes, computerised	91.56	89.59	93.46	91.38	95.10	91.49
yes, manual	5.75	8.64	4.08	4.49	0.00	5.72
no	2.68	1.77	2.45	4.13	4.90	2.79
27c)Tasks routinely performed in the practice … Doctor receives an alert or prompt to provide patients with test results.						
yes, computerised	55.88	61.64	54.61	28.09	55.78	53.48
yes, manual	8.84	9.96	4.08	15.86	3.03	9.37
no	35.28	28.40	41.31	56.06	41.19	37.14
28a) Data routinely received … Patients' clinical outcomes (e.g., percent of diabetic patients with good glycemic control)						
no	23.01	15.76	27.42	20.96	15.35	21.87
yes	76.99	84.24	72.58	79.04	84.65	78.13
29a) Data used to develop quality improvement activities … Patients' clinical outcomes (e.g., percent of diabetic patients with good glycemic control)						
no	7.51	6.05	5.63	3.35	5.80	6.75
yes	92.20	93.95	94.37	96.65	94.20	93.05
don't know	0.29	0.00	0.00	0.00	0.00	0.20
28b) Data routinely received … Surveys of patient satisfaction and experiences with care						
no	10.83	8.98	8.17	11.17	8.60	10.48
yes	89.17	91.02	91.83	88.83	91.40	89.52

	Home Country Region (%)					
	England	**London**	**Wales**	**Scotland**	**N.Ireland**	**All**
29b) Data used to develop quality improvement activities … Surveys of patient satisfaction and experiences with care						
no	3.83	1.00	1.78	3.30	3.34	3.34
yes	95.91	99.00	98.22	96.70	96.66	96.49
refused	0.25	0.00	0.00	0.00	0.00	0.18
30) Frequency of communication with patients by email regarding treatment?						
often	1.98	2.83	0.82	0.97	0.00	1.87
sometimes	5.18	5.57	0.82	4.30	4.90	4.95
rarely	20.65	21.84	24.62	23.13	16.67	21.09
never	72.20	69.77	73.75	71.60	78.43	72.09
INCENTIVES						
31a) Receive (or potential to receive) financial incentives based on … High ratings for patient satisfaction						
no	43.69	42.36	57.06	57.61	48.32	45.71
yes	53.66	54.84	37.69	40.48	51.68	51.68
don't know	2.65	2.07	5.25	1.91	0.00	2.53
refused	0.00	0.73	0.00	0.00	0.00	0.09
31b) Receive (or potential to receive) financial incentives based on … Achieving certain clinical care targets						
no	6.93	8.89	6.88	6.28	5.19	7.04
yes	92.30	89.64	92.30	93.03	94.81	92.14
don't know	0.77	1.47	0.82	0.68	0.00	0.82
31c) Receive (or potential to receive) financial incentives based on … Participating in quality improvement activities						
no	13.36	17.49	21.47	19.31	16.54	14.91
yes	82.49	82.21	73.28	78.11	82.70	81.62
don't know	4.15	0.30	5.25	2.30	0.76	3.44
refused	0.00	0.00	0.00	0.28	0.00	0.03
31d) Receive (or potential to receive) financial incentives based on … Special payments for managing patients with chronic disease or complex needs						
no	21.22	18.31	10.15	12.24	10.05	19.13
yes	76.67	81.69	87.40	86.52	89.95	79.15
don't know	2.11	0.00	2.45	1.24	0.00	1.72
31e) Receive (or potential to receive) financial incentives based on … Enhanced preventive care activities						
no	26.21	23.70	22.17	21.69	17.95	25.02
yes	70.69	75.26	69.31	75.69	80.22	72.00
don't know	2.56	1.04	8.52	2.62	1.84	2.60
refused	0.54	0.00	0.00	0.00	0.00	0.38

	Home Country Region (%)					
	England	London	Wales	Scotland	N.Ireland	All
UK ONLY-POTENTIAL EFFECTIVENESS OF QUALITY OF CARE IMPROVEMENT ACTIVITIES						
42a) Effectiveness in helping to improve quality of care delivered in practice … Additional professional education						
1 - not effective	4.34	1.21	4.08	1.12	0.76	3.50
2	7.90	6.26	14.94	9.96	10.05	8.28
3	19.96	20.38	16.57	19.12	16.43	19.68
4	32.84	35.23	32.44	31.36	28.87	32.83
5	22.30	20.55	25.55	24.72	27.68	22.64
6 - extremely effective	12.66	16.36	6.42	13.72	16.22	13.07
42b) Effectiveness in helping to improve quality of care delivered in practice … Better information or decision aids for patients						
1 - not effective	3.20	1.64	4.08	1.82	0.76	2.83
2	12.62	10.88	18.90	11.71	13.84	12.60
3	24.80	23.27	23.57	28.43	29.08	25.09
4	32.28	36.31	33.61	29.85	32.97	32.57
5	21.80	20.90	14.59	21.81	17.30	21.27
6 - extremely effective	5.31	6.99	5.25	6.38	6.05	5.64
42c) Effectiveness in helping to improve quality of care delivered in practice … Development of clinical guidelines for patients with multiple chronic illnesses						
1 - not effective	4.66	2.56	0.82	3.72	0.00	4.02
2	10.28	9.44	10.97	9.16	9.04	10.05
3	23.20	22.09	15.87	21.84	24.18	22.66
4	29.72	28.28	30.34	31.28	36.28	29.94
5	25.26	28.06	33.96	25.88	26.69	26.05
6 - extremely effective	6.88	9.57	8.05	8.12	3.81	7.29
42d) Effectiveness in helping to improve quality of care delivered in practice … Allowing more time for consultations with patients						
1 - not effective	2.88	0.60	0.00	0.56	2.59	2.23
2	4.22	4.92	3.27	1.97	1.51	3.94
3	10.55	8.76	2.80	10.74	6.38	9.92
4	23.14	18.83	18.32	20.23	24.76	22.17
5	25.95	30.40	28.01	29.89	32.54	27.18
6 - extremely effective	33.27	36.48	47.61	36.60	32.22	34.55

	Home Country Region (%)					
	England	**London**	**Wales**	**Scotland**	**N.Ireland**	**All**
42e) Effectiveness in helping to improve quality of care delivered in practice … Expansion of care teams to include nurses or other professional for counseling and care coordination						
1 - not effective	2.88	1.95	0.82	1.81	0.00	2.48
2	4.79	6.63	2.45	5.13	3.40	4.91
3	14.86	13.04	13.07	9.19	9.88	13.82
4	29.27	24.08	25.44	25.43	20.86	27.84
5	27.68	28.80	37.57	39.67	42.59	29.93
6 - extremely effective	20.52	25.51	20.65	18.77	23.27	21.01
42f) Effectiveness in helping to improve quality of care delivered in practice … Better integration of information systems between doctors and hospitals.						
1 - not effective	1.57	0.31	0.00	0.00	0.76	1.17
2	3.56	4.54	2.45	1.14	3.35	3.36
3	8.01	6.02	2.45	5.64	1.51	7.10
4	18.00	16.84	11.44	17.11	12.76	17.35
5	26.68	25.09	38.04	35.56	48.22	28.54
6 - extremely effective	42.18	47.21	45.62	40.55	33.41	42.48
PRACTICE PROFILE						
32-35) Number FTE staff and patients seen*						
doctors	3 (2,4)	3.5 (2,5)	3 (2,5)	3 (2,5)	3 (2,4)	3 (2,5)
non-physician clinicians	2 (1,3)	3 (1.5,4)	3 (1.5,4)	3 (2,4)	2 (2,4)	2 (1.5,4)
administrative staff	5 (3,8.5)	7 (4,12)	6 (4,10)	6 (4,10)	5 (4,8)	6 (4,10)
all staff	10 (7,15)	13.25 (8.5,21.5)	14.2 (9,18)	13 (8,18)	11 (8,16)	12 (8,18)
patients seen/week	150 (120,180)	150 (120,200)	150 (120,180)	120 (100,150)	120 (100,150)	150 (110,180)
36) Number hours/week typically worked in regular medical practice**						
Regular med practice	45.76	43.36	44.73	43.42	42.69	45.11
37) Percentage division of work time**						
a) face-to-face care	64.10	66.13	62.85	58.07	60.67	63.54
b) not face-to-face care	16.73	16.28	17.03	21.80	19.48	17.32
a+b) all patient care	80.84	82.41	79.88	79.87	80.15	80.86
-	19.16	17.45	20.12	18.73	19.80	18.97

* Median and interquartile range shown; ** Means shown

6.1.2 Responses by age group

	Age Group (%)		
	<50	**50+**	**All**
OVERALL ATTITUDES AND SATISFACTION			
1) Overall view of the health care system			
works well	24.66	22.09	23.36
fundamental changes	68.60	65.62	67.10
completely rebuild	6.74	12.29	9.53
2a) Satisfaction with: your ability to remain knowledgeable and current with the latest developments in medicine			
very satisfied	28.64	28.12	28.38
somewhat satisfied	62.64	61.57	62.10
somewhat dissatisfied	8.16	9.39	8.78
very dissatisfied	0.57	0.92	0.74
2b) Satisfaction with: freedom to make clinical decisions that meet your patients' needs			
very satisfied	19.42	18.51	18.96
somewhat satisfied	58.08	55.44	56.75
somewhat dissatisfied	20.43	22.17	21.30
very dissatisfied	2.07	3.88	2.98
2c) Satisfaction with: time you have to spend per patient			
very satisfied	10.07	11.96	11.02
somewhat satisfied	37.32	38.20	37.76
somewhat dissatisfied	39.55	34.96	37.24
very dissatisfied	13.06	14.87	13.97
2d) Satisfaction with: your income from medical practice			
very satisfied	28.37	24.15	26.24
somewhat satisfied	55.85	55.51	55.68
somewhat dissatisfied	11.59	13.25	12.42
very dissatisfied	4.19	7.10	5.65
2e) Satisfaction with: Overall experience with practicing medicine			
very satisfied	28.24	32.80	30.53
somewhat satisfied	59.66	50.97	55.29
somewhat dissatisfied	11.51	14.65	13.09
very dissatisfied	0.58	1.59	1.09
3) Ability to provide quality medical care to your patients compared with five years ago			
improved	46.17	50.16	48.18
same	30.04	19.90	24.93
worse	23.79	29.94	26.89

	Age Group (%)		
	<50	50+	All
QUALITY INITIATIVES & MEDICAL PRACTICE			
4a) Participated in collaborative quality improvement efforts with other practices, hospitals, government agencies, or professional associations			
no	42.11	42.48	42.30
yes	57.89	57.52	57.70
4b) Received training on quality improvement methods and tools			
no	39.65	38.46	39.05
yes	60.35	61.54	60.95
4c) Conducted at least one clinical audit of care that your patients receive			
no	2.43	4.14	3.29
yes	97.57	95.86	96.71
5) Practice set specific targets for quality improvement			
no	29.98	28.14	29.06
yes	68.92	71.70	70.32
don't know	1.09	0.16	0.62
6a) Think patients experience … difficulty paying for the medication they need			
often	14.52	10.68	12.59
sometimes	46.64	49.81	48.24
rarely	33.54	28.78	31.14
never	5.31	10.17	7.76
don't know	0.00	0.55	0.28
6b) Think patients experience … difficulty paying for the out-of-pocket costs of care, other than prescriptions			
often	16.33	11.31	13.80
sometimes	43.98	55.56	49.82
rarely	33.79	24.63	29.18
never	5.12	7.59	6.36
don't know	0.77	0.77	0.77
refused	0.00	0.15	0.07
6c) Think patients experience … long waiting times to see specialists/consultants			
often	64.47	61.45	62.95
sometimes	32.83	34.22	33.53
rarely	2.64	2.94	2.79
never	0.07	1.39	0.73
6d) Think patients experience … long waiting times for diagnostic tests			
often	61.96	53.34	57.62
sometimes	33.58	38.97	36.29
rarely	3.57	7.00	5.30
never	0.90	0.69	0.79

	Age Group (%)		
	<50	50+	All
6e) Think patients experience … long waiting times for elective surgical procedures or hospital care			
often	65.10	60.32	62.69
sometimes	33.08	36.69	34.90
rarely	1.75	2.68	2.22
never	0.07	0.31	0.19
6f) Think patients experience … difficulty getting appropriate home care when needed			
often	47.18	47.72	47.45
sometimes	41.25	42.62	41.94
rarely	10.85	8.20	9.52
never	0.72	1.14	0.93
don't know	0.00	0.31	0.16
7) Proportion of patients who request a same- or next-day appointment get one			
almost all (> 80%)	70.10	76.66	73.40
most (60-80%)	20.23	17.10	18.66
about half (~50%)	6.49	4.50	5.49
some (20-40%)	1.71	1.06	1.39
few (< 20%)	1.34	0.32	0.82
none (0%)	0.13	0.36	0.25
8a) Practice office hours … Early morning hours (before 8:30 am)			
no	68.95	65.55	67.24
yes	31.05	34.45	32.76
8b) Practice office hours … Some evening hours (after 6:00 pm)			
no	64.95	57.34	61.13
yes	35.05	42.66	38.87
8c) Practice office hours … Some weekend hours			
no	93.87	95.51	94.70
yes	6.13	4.49	5.30
8d) Practice office hours … None of these			
no	56.32	63.63	60.00
yes	43.68	36.37	40.00
9) OOH arrangements (not including the emergency room)			
no	14.22	11.66	12.93
yes	85.01	88.34	86.69
don't know	0.77	0.00	0.38
10) Practice routinely use formal multi-disciplinary teams			
yes	83.43	78.26	80.83
no, but plans	4.36	5.35	4.86
no	12.21	16.39	14.32

	Age Group (%)		
	<50	50+	All
CARING FOR PATIENTS AND DISEASE MANAGEMENT			
11a) See … Patients with multiple chronic diseases			
often	94.80	92.48	93.63
sometimes	5.15	7.01	6.09
rarely	0.05	0.51	0.28
11b) See … Patients with mental health problems, including depression			
often	91.42	82.83	87.10
sometimes	8.58	16.21	12.42
rarely	0.00	0.96	0.49
11c) See … Patients in need of palliative care, including for cancer			
often	45.72	51.31	48.53
sometimes	48.46	43.46	45.95
rarely	5.50	4.84	5.17
never	0.32	0.39	0.35
12a) How prepared practice is to provide optimal care for … Patients with multiple chronic diseases			
well prepared	77.58	73.67	75.61
somewhat prepared	22.38	26.26	24.33
not prepared	0.05	0.07	0.06
12b) How prepared practice is to provide optimal care for … Patients with mental health problems, including depression			
well prepared	54.98	55.28	55.13
somewhat prepared	43.31	42.72	43.01
not prepared	1.71	2.01	1.86
12c) How prepared practice is to provide optimal care for … Patients in need of palliative care, including for cancer			
well prepared	74.78	70.40	72.58
somewhat prepared	22.29	29.11	25.72
not prepared	2.92	0.49	1.70
13a) Use of evidence-based treatment guidelines in the care of … Patients with common conditions			
often	71.21	62.00	66.57
sometimes	21.37	29.42	25.43
rarely	4.97	5.78	5.38
never	1.60	1.74	1.67
no guidelines	0.84	1.06	0.95

	Age Group (%)		
	<50	50+	All
13b) Use of evidence-based treatment guidelines in the care of … Patients with complex or multiple chronic diseases			
often	66.98	60.53	63.73
sometimes	25.92	33.32	29.65
rarely	4.96	3.24	4.10
never	0.70	1.21	0.95
no guidelines	1.44	1.71	1.57
14) Give patients with chronic diseases written instructions about how to manage their own care at home			
yes, routinely	19.65	22.15	20.91
yes, occasionally	63.57	60.09	61.82
no	16.78	17.76	17.28
15a) Practice use any clinicians other than doctors to … Help manage patients with multiple chronic diseases			
yes, routinely	78.64	68.53	73.55
yes, occasionally	13.58	19.10	16.36
no	7.78	12.37	10.09
15b) Practice use any clinicians other than doctors to … Provide primary care services to your patients			
yes, routinely	72.16	68.44	70.29
yes, occasionally	15.67	18.05	16.87
no	12.17	13.51	12.85
16) Support expanding the roles of non-physicians in delivering care to your patients			
yes, definitely	41.28	41.48	41.38
yes, somewhat	45.35	43.05	44.19
no	12.28	14.94	13.62
don't know	1.09	0.53	0.81
COORDINATION OF CARE & SAFETY			
17a) During the past 12 months patients experienced … A patient's medical record(s) or other relevant clinical information were NOT available at the time of the patient's scheduled visit.			
often	8.28	6.12	7.19
sometimes	27.39	30.01	28.71
rarely	46.25	48.24	47.26
never	18.09	15.63	16.84
17b) During the past 12 months patients experienced … Tests or procedures had to be repeated because findings were unavailable.			
often	2.55	3.47	3.01
sometimes	26.57	21.11	23.81
rarely	58.38	61.44	59.93
never	12.50	13.98	13.25

	Age Group (%)		
	<50	50+	All
17c) During the past 12 months patients experienced … A patient experienced problems because care was not well coordinated across multiple sites or providers.			
often	17.84	11.72	14.76
sometimes	56.34	45.29	50.77
rarely	23.57	36.34	30.01
never	2.24	6.66	4.47
18) Length of time to receive a full discharge report from the hospital after patient discharged			
< 48 hours	2.37	5.12	3.75
2-4 days	9.05	11.42	10.24
5-14 days	36.11	31.94	34.01
15-30 days	33.69	38.37	36.05
> 30 days	16.28	11.45	13.85
rarely receive	2.50	1.70	2.10
19) Percentage of patients referred to another doctor for whom get information back about the results of referral			
almost all (> 80%)	74.11	75.85	74.98
most (60-80%)	20.10	16.17	18.12
about half (~50%)	4.63	4.57	4.60
some (20-40%)	0.70	2.26	1.49
few (< 20%)	0.46	1.08	0.77
none (0%)	0.00	0.07	0.04
20a) In the past 12 months, frequency of … Patients received incorrect results for a diagnostic or lab test.			
often	1.83	2.40	2.11
sometimes	7.89	6.09	6.98
rarely	63.35	59.16	61.24
never	26.93	32.36	29.67
20b) In the past 12 months, frequency of … Patients did not have timely or appropriate follow-up of positive test results.			
often	8.55	5.44	6.98
sometimes	34.59	28.24	31.38
rarely	50.10	57.76	53.97
never	6.76	8.56	7.67
20c) In the past 12 months, frequency of … Patients received the wrong drug, wrong dose, or had preventable drug interactions.			
often	0.79	0.12	0.45
sometimes	16.49	13.75	15.11
rarely	69.65	66.72	68.17
never	13.07	19.41	16.28

	Age Group (%)		
	<50	**50+**	**All**
20d) In the past 12 months, frequency of …Patients acquired infections while in the hospital.			
often	18.69	19.04	18.87
sometimes	48.57	46.45	47.50
rarely	30.26	31.78	31.03
never	2.48	2.73	2.60
21) Practice have a documented process for follow-up and analysis of all adverse events			
yes, all events	82.21	76.60	79.38
yes, drug reactions	5.89	9.87	7.90
no	11.90	13.53	12.72
22) Rating of process practice has for finding and preventing medical errors			
very effective	24.66	34.73	29.73
somewhat effective	59.75	52.01	55.86
not very effective	3.03	3.12	3.07
not at all effective	0.84	0.13	0.48
no process	11.73	10.00	10.86
OFFICE SYSTEMS & INFORMATION TECHNOLOGY			
23) Currently use electronic patient medical records in your practice			
yes	92.19	86.92	89.55
no, but plans	2.23	4.87	3.55
no	5.58	8.21	6.90
24a) Medical record system allow you to…Share your patients' medical records electronically with clinicians outside your practice			
no	86.71	82.64	84.72
yes	13.04	17.00	14.97
don't know	0.26	0.36	0.31
24b) Medical record system allow you to…Access your patients' medical records when you are outside the office			
no	75.97	78.60	77.25
yes	23.79	20.97	22.41
don't know	0.24	0.43	0.33
24c) Medical record system allow you to…Provide patients with easy access to their medical records			
no	52.14	46.55	49.41
yes	47.86	53.09	50.41
don't know	0.00	0.36	0.18

	Age Group (%)		
	<50	50+	All
25a) Practice currently use … Electronic ordering of tests			
yes, routinely	19.59	21.00	20.30
yes, occasionally	10.13	10.46	10.30
no	70.21	68.54	69.37
refused	0.07	0.00	0.04
25b) Practice currently use … Electronic prescribing of medication			
yes, routinely	56.35	54.43	55.38
yes, occasionally	4.58	4.16	4.37
no	39.08	41.41	40.25
25c) Practice currently use … Electronic access to your patients' test results			
yes, routinely	87.10	80.49	83.77
yes, occasionally	6.36	7.26	6.81
no	6.54	11.94	9.25
refused	0.00	0.31	0.16
25d) Practice currently use … Electronic access to patient hospital records (e.g., discharge summary)			
yes, routinely	22.70	16.32	19.49
yes, occasionally	4.85	6.12	5.49
no	72.45	77.56	75.02
26a) Ease of generating … List of patients by diagnosis or health risk (e.g., diabetes or hypertension)			
easy	94.46	90.61	92.52
somewhat difficult	4.58	7.86	6.23
very difficult	0.60	0.76	0.68
cannot generate	0.36	0.76	0.56
26b) Ease of generating … List of patients who are due or overdue for tests or preventive care			
easy	78.54	75.83	77.18
somewhat difficult	16.59	19.25	17.92
very difficult	3.31	3.26	3.28
cannot generate	1.56	1.67	1.61
26c) Ease of generating … List of all medications taken by individual patients			
easy	85.94	89.70	87.83
somewhat difficult	12.32	8.82	10.56
very difficult	1.10	0.52	0.81
cannot generate	0.64	0.96	0.80

	Age Group (%)		
	<50	50+	All
27a) Tasks routinely performed in the practice … Patients are sent reminder notices when it is time for regular preventive or follow-up care (e.g., flu vaccine or periodic cancer screening).			
yes, computerised	82.47	83.99	83.23
yes, manual	14.33	13.78	14.05
no	3.21	2.23	2.72
27b)Tasks routinely performed in the practice … Doctor receives an alert or prompt about a potential problem with drug dose or drug interaction.			
yes, computerised	94.09	88.87	91.47
yes, manual	3.08	8.36	5.74
no	2.82	2.77	2.80
27c)Tasks routinely performed in the practice … Doctor receives an alert or prompt to provide patients with test results.			
yes, computerised	47.64	59.03	53.39
yes, manual	7.55	11.21	9.40
no	44.82	29.75	37.21
28a) Data routinely received … Patients' clinical outcomes (e.g., percent of diabetic patients with good glycemic control)			
no	22.48	21.33	21.90
yes	77.52	78.67	78.10
29a) Data used to develop quality improvement activities … Patients' clinical outcomes (e.g., percent of diabetic patients with good glycemic control)			
no	7.87	5.69	6.77
yes	91.71	94.31	93.03
don't know	0.41	0.00	0.20
28b) Data routinely received … Surveys of patient satisfaction and experiences with care			
no	10.66	10.36	10.51
yes	89.34	89.64	89.49
29b) Data used to develop quality improvement activities … Surveys of patient satisfaction and experiences with care			
no	3.02	3.67	3.35
yes	96.98	95.97	96.47
refused	0.00	0.35	0.18
30) Frequency of communication with patients by email regarding treatment?			
often	2.56	1.12	1.84
sometimes	4.27	5.65	4.96
rarely	19.89	22.30	21.10
never	73.27	70.93	72.10

	Age Group (%)		
	<50	**50+**	**All**
INCENTIVES			
31a) Receive (or potential to receive) financial incentives based on … High ratings for patient satisfaction			
no	46.03	45.66	45.85
yes	51.78	51.29	51.53
don't know	2.19	2.88	2.53
refused	0.00	0.17	0.09
31b) Receive (or potential to receive) financial incentives based on … Achieving certain clinical care targets			
no	5.57	8.54	7.07
yes	93.51	90.74	92.11
don't know	0.92	0.73	0.82
31c) Receive (or potential to receive) financial incentives based on … Participating in quality improvement activities			
no	14.48	15.36	14.93
yes	80.31	82.87	81.60
don't know	5.15	1.77	3.45
refused	0.06	0.00	0.03
31d) Receive (or potential to receive) financial incentives based on … Special payments for managing patients with chronic disease or complex needs			
no	23.50	14.94	19.19
yes	74.44	83.68	79.09
don't know	2.07	1.38	1.72
31e) Receive (or potential to receive) financial incentives based on … Enhanced preventive care activities			
no	26.06	24.01	25.03
yes	70.17	73.77	71.98
don't know	2.99	2.22	2.61
refused	0.77	0.00	0.38
UK ONLY-POTENTIAL EFFECTIVENESS OF QUALITY OF CARE IMPROVEMENT ACTIVITIES			
42a) Effectiveness in helping to improve quality of care delivered in practice … Additional professional education			
1 - not effective	3.13	3.89	3.51
2	8.73	7.87	8.30
3	19.01	20.07	19.54
4	32.04	33.71	32.88
5	23.13	22.24	22.68
6 - extremely effective	13.95	12.24	13.09

	Age Group (%)		
	<50	50+	All
42b) Effectiveness in helping to improve quality of care delivered in practice … Better information or decision aids for patients			
1 - not effective	2.12	3.54	2.83
2	13.20	12.09	12.64
3	25.09	24.74	24.91
4	31.04	34.17	32.62
5	21.67	21.00	21.33
6 - extremely effective	6.89	4.44	5.66
42c) Effectiveness in helping to improve quality of care delivered in practice … Development of clinical guidelines for patients with multiple chronic illnesses			
1 - not effective	2.54	5.51	4.03
2	12.39	7.78	10.08
3	22.21	22.75	22.48
4	30.98	29.03	30.01
5	24.25	27.93	26.10
6 - extremely effective	7.62	7.00	7.31
42d) Effectiveness in helping to improve quality of care delivered in practice … Allowing more time for consultations with patients			
1 - not effective	1.60	2.87	2.24
2	2.51	5.38	3.95
3	12.34	7.53	9.92
4	21.73	22.36	22.05
5	26.87	27.56	27.22
6 - extremely effective	34.95	34.29	34.62
42e) Effectiveness in helping to improve quality of care delivered in practice … Expansion of care teams to include nurses or other professional for counseling and care coordination			
1 - not effective	3.14	1.85	2.49
2	4.83	5.02	4.93
3	16.72	10.72	13.70
4	27.25	28.47	27.86
5	30.62	29.28	29.95
6 - extremely effective	17.44	24.66	21.07
42f) Effectiveness in helping to improve quality of care delivered in practice … Better integration of information systems between doctors and hospitals.			
1 - not effective	0.64	1.70	1.17
2	2.84	3.91	3.37
3	4.85	9.27	7.07
4	18.63	15.86	17.25
5	27.30	29.95	28.62
6 - extremely effective	45.74	39.32	42.52

	Age Group (%)		
	<50	**50+**	**All**
PRACTICE PROFILE			
36) Number hours/week typically worked in regular medical practice*			
regular medical practice	42.64	47.51	45.09
37) Percentage division of work time*			
a) face-to-face care	63.50	63.61	63.56
b) not face-to-face care	17.71	16.83	17.27
a+b) all patient care	81.21	80.44	80.82
c+d+e) other work	18.66	19.35	19.01

* Means shown

6.1.3 Responses by gender

	Gender (%)		
	Male	**Female**	**All**
OVERALL ATTITUDES AND SATISFACTION			
1) Overall view of the health care system			
works well	23.02	24.25	23.47
fundamental changes	65.54	69.52	67.02
completely rebuild	11.44	6.23	9.51
2a) Satisfaction with: your ability to remain knowledgeable and current with the latest developments in medicine			
very satisfied	30.74	24.72	28.51
somewhat satisfied	59.93	65.46	61.98
somewhat dissatisfied	8.40	9.38	8.76
very dissatisfied	0.92	0.43	0.74
2b) Satisfaction with: freedom to make clinical decisions that meet your patients' needs			
very satisfied	19.43	18.08	18.93
somewhat satisfied	58.24	54.44	56.84
somewhat dissatisfied	19.44	24.37	21.26
very dissatisfied	2.90	3.11	2.97
2c) Satisfaction with: time you have to spend per patient			
very satisfied	11.64	9.92	11.00
somewhat satisfied	38.56	36.65	37.85
somewhat dissatisfied	37.32	37.00	37.20
very dissatisfied	12.49	16.43	13.95
2d) Satisfaction with: your income from medical practice			
very satisfied	26.80	25.17	26.19
somewhat satisfied	56.67	54.22	55.76
somewhat dissatisfied	12.71	11.87	12.40
very dissatisfied	3.82	8.74	5.64
2e) Satisfaction with: Overall experience with practicing medicine			
very satisfied	29.87	31.59	30.51
somewhat satisfied	52.89	59.52	55.34
somewhat dissatisfied	15.63	8.69	13.07
very dissatisfied	1.61	0.20	1.09
3) Ability to provide quality medical care to your patients compared with five years ago			
improved	44.39	54.82	48.25
same	26.03	23.03	24.92
worse	29.59	22.15	26.84

	Gender (%)		
	Male	**Female**	**All**
QUALITY INITIATIVES & MEDICAL PRACTICE			
4a) Participated in collaborative quality improvement efforts with other practices, hospitals, government agencies, or professional associations			
no	42.33	42.03	42.22
yes	57.67	57.97	57.78
4b) Received training on quality improvement methods and tools			
no	41.98	33.87	38.98
yes	58.02	66.13	61.02
4c) Conducted at least one clinical audit of care that your patients receive			
no	3.62	2.72	3.29
yes	96.38	97.28	96.71
5) Practice set specific targets for quality improvement			
no	32.05	23.91	29.03
yes	67.70	74.84	70.35
don't know	0.25	1.25	0.62
6a) Think patients experience … difficulty paying for the medication they need			
often	12.13	13.30	12.57
sometimes	47.07	49.93	48.13
rarely	32.67	28.91	31.28
never	7.82	7.62	7.75
don't know	0.30	0.24	0.28
6b) Think patients experience … difficulty paying for the out-of-pocket costs of care, other than prescriptions			
often	15.11	11.51	13.78
sometimes	49.94	49.89	49.92
rarely	27.72	31.45	29.10
never	6.27	6.50	6.35
don't know	0.96	0.45	0.77
refused	0.00	0.20	0.07
6c) Think patients experience … long waiting times to see specialists/consultants			
often	64.31	60.36	62.85
sometimes	33.28	34.24	33.63
rarely	1.86	4.37	2.79
never	0.55	1.03	0.73
6d) Think patients experience … long waiting times for diagnostic tests			
often	57.63	57.35	57.53
sometimes	36.89	35.54	36.39
rarely	4.82	6.08	5.29
never	0.65	1.03	0.79

	Gender (%)		
	Male	**Female**	**All**
6e) Think patients experience … long waiting times for elective surgical procedures or hospital care			
often	65.10	58.32	62.59
sometimes	32.71	38.90	35.00
rarely	1.88	2.78	2.21
never	0.30	0.00	0.19
6f) Think patients experience … difficulty getting appropriate home care when needed			
often	46.34	49.14	47.38
sometimes	41.87	42.30	42.03
rarely	10.18	8.35	9.50
never	1.36	0.20	0.93
don't know	0.25	0.00	0.16
7) Proportion of patients who request a same- or next-day appointment get one			
almost all (> 80%)	71.28	77.11	73.44
most (60-80%)	20.46	15.51	18.63
about half (~50%)	6.23	4.21	5.48
some (20-40%)	1.22	1.66	1.38
few (< 20%)	0.42	1.50	0.82
none (0%)	0.39	0.00	0.24
8a) Practice office hours … Early morning hours (before 8:30 am)			
no	66.46	68.62	67.26
yes	33.54	31.38	32.74
8b) Practice office hours … Some evening hours (after 6:00 pm)			
no	63.09	57.46	61.00
yes	36.91	42.54	39.00
8c) Practice office hours … Some weekend hours			
no	96.03	92.45	94.70
yes	3.97	7.55	5.30
8d) Practice office hours … None of these			
no	58.66	62.52	60.09
yes	41.34	37.48	39.91
9) OOH arrangements (not including the emergency room)			
no	14.37	10.44	12.91
yes	85.63	88.53	86.71
don't know	0.00	1.03	0.38

	Gender (%)		
	Male	**Female**	**All**
10) Practice routinely use formal multi-disciplinary teams			
yes	77.69	85.89	80.73
no, but plans	5.63	3.87	4.98
no	16.68	10.24	14.29
CARING FOR PATIENTS AND DISEASE MANAGEMENT			
11a) See … Patients with multiple chronic diseases			
often	92.59	95.35	93.61
sometimes	6.97	4.65	6.11
rarely	0.44	0.00	0.28
11b) See … Patients with mental health problems, including depression			
often	86.94	87.41	87.12
sometimes	12.90	11.55	12.40
rarely	0.16	1.03	0.48
11c) See … Patients in need of palliative care, including for cancer			
often	49.57	46.94	48.60
sometimes	45.29	46.92	45.89
rarely	4.58	6.15	5.16
never	0.56	0.00	0.35
12a) How prepared practice is to provide optimal care for … Patients with multiple chronic diseases			
well prepared	72.80	80.49	75.65
somewhat prepared	27.11	19.51	24.30
not prepared	0.09	0.00	0.06
12b) How prepared practice is to provide optimal care for … Patients with mental health problems, including depression			
well prepared	51.30	61.48	55.07
somewhat prepared	45.75	38.52	43.07
not prepared	2.95	0.00	1.86
12c) How prepared practice is to provide optimal care for … Patients in need of palliative care, including for cancer			
well prepared	72.74	72.50	72.65
somewhat prepared	25.40	26.08	25.65
not prepared	1.86	1.42	1.70

	Gender (%)		
	Male	**Female**	**All**
13a) Use of evidence-based treatment guidelines in the care of … Patients with common conditions			
often	62.85	73.07	66.64
sometimes	29.39	18.56	25.38
rarely	4.82	6.30	5.37
never	2.04	1.03	1.67
no guidelines	0.90	1.03	0.95
13b) Use of evidence-based treatment guidelines in the care of … Patients with complex or multiple chronic diseases			
often	61.47	67.70	63.78
sometimes	31.84	25.81	29.61
rarely	4.15	3.99	4.09
never	0.91	1.03	0.95
no guidelines	1.63	1.47	1.57
14) Give patients with chronic diseases written instructions about how to manage their own care at home			
yes, routinely	21.05	20.57	20.87
yes, occasionally	59.50	66.00	61.91
no	19.44	13.44	17.22
15a) Practice use any clinicians other than doctors to … Help manage patients with multiple chronic diseases			
yes, routinely	71.21	77.16	73.42
yes, occasionally	17.28	15.22	16.51
no	11.51	7.62	10.07
15b) Practice use any clinicians other than doctors to … Provide primary care services to your patients			
yes, routinely	66.38	76.97	70.30
yes, occasionally	18.84	13.52	16.87
no	14.78	9.51	12.83
16) Support expanding the roles of non-physicians in delivering care to your patients			
yes, definitely	41.67	40.71	41.31
yes, somewhat	41.96	48.22	44.28
no	15.83	9.80	13.59
don’t know	0.54	1.27	0.81

	Gender (%)		
	Male	**Female**	**All**
COORDINATION OF CARE & SAFETY			
17a) During the past 12 months patients experienced … A patient's medical record(s) or other relevant clinical information were NOT available at the time of the patient's scheduled visit.			
often	8.56	4.80	7.18
sometimes	26.67	32.09	28.67
rarely	46.31	49.11	47.34
never	18.46	14.00	16.82
17b) During the past 12 months patients experienced … Tests or procedures had to be repeated because findings were unavailable.			
often	4.27	0.85	3.01
sometimes	24.58	22.39	23.78
rarely	58.51	62.53	59.99
never	12.64	14.23	13.22
17c) During the past 12 months patients experienced … A patient experienced problems because care was not well coordinated across multiple sites or providers.			
often	16.16	12.29	14.73
sometimes	47.45	56.31	50.72
rarely	31.06	28.44	30.09
never	5.34	2.96	4.46
18) Length of time to receive a full discharge report from the hospital after patient discharged			
< 48 hours	3.79	3.68	3.75
2-4 days	12.04	7.16	10.23
5-14 days	33.66	34.88	34.11
15-30 days	34.08	39.23	35.99
> 30 days	14.13	13.32	13.83
rarely receive	2.30	1.74	2.09
19) Percentage of patients referred to another doctor for whom get information back about the results of referral			
almost all (> 80%)	76.95	71.67	74.99
most (60-80%)	16.20	21.39	18.13
about half (~50%)	4.37	4.97	4.59
some (20-40%)	1.19	1.97	1.48
few (< 20%)	1.23	0.00	0.77
none (0%)	0.06	0.00	0.04
20a) In the past 12 months, frequency of … Patients received incorrect results for a diagnostic or lab test.			
often	2.13	2.09	2.11
sometimes	7.65	5.80	6.97
rarely	61.78	60.42	61.28
never	28.44	31.69	29.64

	Gender (%)		
	Male	**Female**	**All**
20b) In the past 12 months, frequency of … Patients did not have timely or appropriate follow-up of positive test results.			
often	9.25	3.04	6.97
sometimes	33.74	27.17	31.32
rarely	49.82	61.33	54.05
never	7.19	8.46	7.65
20c) In the past 12 months, frequency of … Patients received the wrong drug, wrong dose, or had preventable drug interactions.			
often	0.71	0.00	0.45
sometimes	14.23	16.54	15.08
rarely	70.30	64.68	68.23
never	14.77	18.78	16.24
20d) In the past 12 months, frequency of …Patients acquired infections while in the hospital.			
often	16.88	22.25	18.86
sometimes	49.15	44.71	47.52
rarely	31.95	29.42	31.02
never	2.01	3.62	2.60
21) Practice have a documented process for follow-up and analysis of all adverse events			
yes, all events	79.97	78.48	79.42
yes, drug reactions	8.31	7.16	7.88
no	11.72	14.37	12.70
22) Rating of process practice has for finding and preventing medical errors			
very effective	30.46	28.85	29.86
somewhat effective	56.25	54.91	55.75
not very effective	3.24	2.77	3.07
not at all effective	0.16	1.03	0.48
no process	9.90	12.44	10.84
OFFICE SYSTEMS & INFORMATION TECHNOLOGY			
23) Currently use electronic patient medical records in your practice			
yes	91.25	86.70	89.56
no, but plans	3.85	2.96	3.52
no	4.91	10.34	6.92
24a) Medical record system allow you to…Share your patients' medical records electronically with clinicians outside your practice			
no	84.61	85.01	84.75
yes	15.06	14.72	14.94
don't know	0.33	0.27	0.31

	Gender (%)		
	Male	**Female**	**All**
24b) Medical record system allow you to…Access your patients' medical records when you are outside the office			
no	75.58	80.35	77.29
yes	24.05	19.37	22.37
don't know	0.37	0.27	0.33
24c) Medical record system allow you to…Provide patients with easy access to their medical records			
no	48.90	50.10	49.33
yes	50.83	49.90	50.50
don't know	0.28	0.00	0.18
25a) Practice currently use … Electronic ordering of tests			
yes, routinely	20.71	19.51	20.27
yes, occasionally	11.44	8.31	10.28
no	67.79	72.18	69.42
refused	0.06	0.00	0.04
25b) Practice currently use … Electronic prescribing of medication			
yes, routinely	54.64	56.91	55.48
yes, occasionally	3.87	5.20	4.36
no	41.49	37.89	40.16
25c) Practice currently use … Electronic access to your patients' test results			
yes, routinely	83.92	83.59	83.80
yes, occasionally	7.70	5.27	6.80
no	8.13	11.13	9.24
refused	0.25	0.00	0.16
25d) Practice currently use … Electronic access to patient hospital records (e.g., discharge summary)			
yes, routinely	20.65	17.43	19.46
yes, occasionally	6.05	4.51	5.48
no	73.30	78.07	75.06
26a) Ease of generating … List of patients by diagnosis or health risk (e.g., diabetes or hypertension)			
easy	93.70	90.47	92.5
somewhat difficult	5.66	7.26	6.25
very difficult	0.36	1.23	0.68
cannot generate	0.29	1.03	0.56

	Gender (%)		
	Male	**Female**	**All**
26b) Ease of generating … List of patients who are due or overdue for tests or preventive care			
easy	75.89	79.39	77.18
somewhat difficult	20.15	14.13	17.93
very difficult	2.86	4.00	3.28
cannot generate	1.10	2.48	1.61
26c) Ease of generating … List of all medications taken by individual patients			
easy	89.85	84.38	87.82
somewhat difficult	8.55	13.99	10.57
very difficult	1.05	0.40	0.81
cannot generate	0.55	1.23	0.80
27a) Tasks routinely performed in the practice … Patients are sent reminder notices when it is time for regular preventive or follow-up care (e.g., flu vaccine or periodic cancer screening).			
yes, computerised	85.08	80.18	83.26
yes, manual	11.68	18.01	14.03
no	3.24	1.82	2.71
27b)Tasks routinely performed in the practice … Doctor receives an alert or prompt about a potential problem with drug dose or drug interaction.			
yes, computerised	90.91	92.45	91.48
yes, manual	5.25	6.53	5.73
no	3.84	1.02	2.79
27c)Tasks routinely performed in the practice … Doctor receives an alert or prompt to provide patients with test results.			
yes, computerised	53.49	53.42	53.46
yes, manual	11.41	5.90	9.38
no	35.10	40.69	37.16
28a) Data routinely received … Patients' clinical outcomes (e.g., percent of diabetic patients with good glycemic control)			
no	20.08	25.02	21.89
yes	79.92	74.98	78.11
29a) Data used to develop quality improvement activities … Patients' clinical outcomes (e.g., percent of diabetic patients with good glycemic control)			
no	6.43	7.35	6.76
yes	93.26	92.65	93.04
don't know	0.31	0.00	0.20
28b) Data routinely received … Surveys of patient satisfaction and experiences with care			
no	10.11	11.05	10.46
yes	89.89	88.95	89.54

	Gender (%)		
	Male	**Female**	**All**
29b) Data used to develop quality improvement activities … Surveys of patient satisfaction and experiences with care			
no	3.12	3.72	3.34
yes	96.60	96.28	96.48
refused	0.28	0.00	0.18
30) Frequency of communication with patients by email regarding treatment?			
often	1.16	2.98	1.83
sometimes	3.97	6.64	4.95
rarely	23.66	16.72	21.10
never	71.21	73.66	72.12
INCENTIVES			
31a) Receive (or potential to receive) financial incentives based on … High ratings for patient satisfaction			
no	43.68	49.29	45.76
yes	54.15	47.33	51.62
don't know	2.17	3.14	2.53
refused	0.00	0.24	0.09
31b) Receive (or potential to receive) financial incentives based on … Achieving certain clinical care targets			
no	5.18	10.25	7.05
yes	94.52	88.04	92.13
don't know	0.30	1.71	0.82
31c) Receive (or potential to receive) financial incentives based on … Participating in quality improvement activities			
no	12.51	19.03	14.93
yes	86.09	73.97	81.60
don't know	1.35	7.00	3.44
refused	0.05	0.00	0.03
31d) Receive (or potential to receive) financial incentives based on … Special payments for managing patients with chronic disease or complex needs			
no	17.21	22.46	19.15
yes	80.79	76.31	79.13
don't know	2.00	1.23	1.72
31e) Receive (or potential to receive) financial incentives based on … Enhanced preventive care activities			
no	23.79	27.08	25.01
yes	73.39	69.65	72.01
don't know	2.82	2.23	2.60
refused	0.00	1.04	0.38

	Gender (%)		
	Male	Female	All
UK ONLY-POTENTIAL EFFECTIVENESS OF QUALITY OF CARE IMPROVEMENT ACTIVITIES			
42a) Effectiveness in helping to improve quality of care delivered in practice … Additional professional education			
1 - not effective	3.72	3.13	3.50
2	8.17	8.48	8.28
3	20.39	18.32	19.63
4	33.03	32.54	32.85
5	23.74	20.83	22.67
6 - extremely effective	10.95	16.70	13.07
42b) Effectiveness in helping to improve quality of care delivered in practice … Better information or decision aids for patients			
1 - not effective	2.41	3.54	2.83
2	12.32	13.05	12.59
3	24.81	25.48	25.06
4	35.10	28.31	32.59
5	20.36	22.88	21.29
6 - extremely effective	5.01	6.73	5.65
42c) Effectiveness in helping to improve quality of care delivered in practice … Development of clinical guidelines for patients with multiple chronic illnesses			
1 - not effective	3.44	5.02	4.02
2	12.03	6.69	10.06
3	24.16	19.98	22.62
4	30.17	29.49	29.92
5	24.21	29.29	26.08
6 - extremely effective	5.99	9.54	7.30
42d) Effectiveness in helping to improve quality of care delivered in practice … Allowing more time for consultations with patients			
1 - not effective	2.25	2.22	2.24
2	4.64	2.78	3.95
3	10.91	8.18	9.90
4	22.39	21.85	22.19
5	28.60	24.65	27.14
6 - extremely effective	31.21	40.33	34.59

	Gender (%)		
	Male	**Female**	**All**
42e) Effectiveness in helping to improve quality of care delivered in practice … Expansion of care teams to include nurses or other professional for counseling and care coordination			
1 - not effective	2.48	2.50	2.49
2	6.49	2.25	4.92
3	15.49	11.02	13.83
4	29.77	24.47	27.81
5	28.46	32.40	29.92
6 - extremely effective	17.31	27.36	21.03
42f) Effectiveness in helping to improve quality of care delivered in practice … Better integration of information systems between doctors and hospitals.			
1 - not effective	1.85	0.00	1.17
2	3.75	2.71	3.37
3	7.96	5.51	7.05
4	19.36	13.89	17.34
5	29.61	26.80	28.57
6 - extremely effective	37.47	51.09	42.50
PRACTICE PROFILE			
36) Number hours/week typically worked in regular medical practice*			
regular medical practice	48.21	39.89	45.12
37) Percentage division of work time*			
a) face-to-face care	63.11	64.25	63.53
b) not face-to-face care	17.25	17.45	17.32
a+b) all patient care	80.37	81.70	80.86
c+d+e) other work	19.56	17.97	18.97

* Means shown

6.1.4 Responses by practice size

	Practice Size (FTE GPs) (%)				
	1	>1, <=3	>3, <=5	>5	All
OVERALL ATTITUDES AND SATISFACTION					
1) Overall view of the health care system					
works well	27.02	25.51	18.82	24.46	23.63
fundamental changes	59.62	66.62	70.49	66.73	66.81
completely rebuild	13.37	7.87	10.70	8.80	9.56
2a) Satisfaction with: your ability to remain knowledgeable and current with the latest developments in medicine					
very satisfied	24.28	34.06	25.86	25.13	28.56
somewhat satisfied	60.91	57.78	64.95	65.65	61.90
somewhat dissatisfied	13.58	7.54	8.61	8.34	8.79
very dissatisfied	1.23	0.63	0.57	0.88	0.75
2b) Satisfaction with: freedom to make clinical decisions that meet your patients' needs					
very satisfied	18.13	21.32	16.98	16.73	18.70
somewhat satisfied	54.63	54.97	57.74	60.94	57.01
somewhat dissatisfied	25.21	19.05	24.01	19.44	21.30
very dissatisfied	2.04	4.66	1.26	2.88	2.99
2c) Satisfaction with: time you have to spend per patient					
very satisfied	15.81	13.04	8.31	7.93	10.96
somewhat satisfied	37.63	38.04	37.20	37.43	37.62
somewhat dissatisfied	37.23	30.97	42.90	41.51	37.40
very dissatisfied	9.34	17.95	11.59	13.13	14.02
2d) Satisfaction with: your income from medical practice					
very satisfied	20.41	22.87	27.40	33.71	26.20
somewhat satisfied	56.96	57.94	53.58	55.47	56.06
somewhat dissatisfied	16.91	10.63	15.41	7.49	12.06
very dissatisfied	5.72	8.55	3.61	3.34	5.67
2e) Satisfaction with: Overall experience with practicing medicine					
very satisfied	27.36	35.54	28.12	26.80	30.50
somewhat satisfied	50.61	51.13	59.69	59.40	55.26
somewhat dissatisfied	21.09	11.96	11.51	12.58	13.15
very dissatisfied	0.94	1.37	0.69	1.21	1.09
3) Ability to provide quality medical care to your patients compared with five years ago					
improved	60.74	46.63	49.25	43.16	48.40
same	20.70	25.75	23.61	26.27	24.62
worse	18.56	27.62	27.15	30.57	26.97

	Practice Size (FTE GPs) (%)				
	1	>1, <=3	>3, <=5	>5	All
QUALITY INITIATIVES & MEDICAL PRACTICE					
4a) Participated in collaborative quality improvement efforts with other practices, hospitals, government agencies, or professional associations					
no	44.85	47.68	36.88	39.03	42.42
yes	55.15	52.32	63.12	60.97	57.58
4b) Received training on quality improvement methods and tools					
no	34.58	37.96	38.91	43.20	38.95
yes	65.42	62.04	61.09	56.80	61.05
4c) Conducted at least one clinical audit of care that your patients receive					
no	4.25	4.43	2.48	1.71	3.27
yes	95.75	95.57	97.52	98.29	96.73
5) Practice set specific targets for quality improvement					
no	24.25	26.99	31.27	33.21	29.19
yes	75.75	72.79	68.73	66.07	70.57
don't know	0.00	0.21	0.00	0.72	0.24
6a) Think patients experience … difficulty paying for the medication they need					
often	12.05	14.47	12.07	10.39	12.59
sometimes	47.94	46.74	52.05	45.42	48.07
rarely	24.80	30.63	30.35	37.31	31.28
never	15.21	7.84	4.96	6.87	7.78
don't know	0.00	0.32	0.58	0.00	0.28
6b) Think patients experience … difficulty paying for the out-of-pocket costs of care, other than prescriptions					
often	10.66	14.70	15.08	12.67	13.84
sometimes	52.04	47.64	53.85	47.21	49.82
rarely	27.16	28.55	27.20	33.58	29.11
never	7.69	8.12	3.30	6.54	6.38
don't know	2.45	0.80	0.57	0.00	0.77
refused	0.00	0.20	0.00	0.00	0.07
6c) Think patients experience … long waiting times to see specialists/consultants					
often	55.51	62.62	66.38	63.62	62.96
sometimes	39.62	34.32	30.37	32.47	33.51
rarely	2.42	1.94	3.25	3.92	2.80
never	2.45	1.12	0.00	0.00	0.73
6d) Think patients experience … long waiting times for diagnostic tests					
often	52.25	52.70	62.05	63.66	57.64
sometimes	35.80	41.51	33.56	32.57	36.60
rarely	9.02	4.68	4.38	3.77	4.96
never	2.92	1.12	0.00	0.00	0.80

	Practice Size (FTE GPs) (%)				
	1	>1, <=3	>3, <=5	>5	All
6e) Think patients experience … long waiting times for elective surgical procedures or hospital care					
often	58.66	65.38	63.66	59.48	62.73
sometimes	37.18	33.54	33.22	37.57	34.82
rarely	2.94	0.99	3.12	2.95	2.26
never	1.23	0.09	0.00	0.00	0.19
6f) Think patients experience … difficulty getting appropriate home care when needed					
often	46.70	44.15	53.88	46.06	47.58
sometimes	39.52	46.16	38.00	42.55	42.26
rarely	9.59	9.18	8.12	9.74	9.07
never	4.19	0.51	0.00	0.94	0.94
don't know	0.00	0.00	0.00	0.72	0.16
7) Proportion of patients who request a same- or next-day appointment get one					
almost all (> 80%)	79.26	73.53	70.88	72.54	73.32
most (60-80%)	13.77	18.29	22.20	17.94	18.71
about half (~50%)	3.96	5.16	5.07	7.55	5.51
some (20-40%)	0.68	1.15	1.59	1.97	1.39
few (< 20%)	1.91	1.36	0.26	0.00	0.83
none (0%)	0.43	0.51	0.00	0.00	0.25
8a) Practice office hours … Early morning hours (before 8:30 am)					
no	81.10	73.46	58.12	59.87	67.22
yes	18.90	26.54	41.88	40.13	32.78
8b) Practice office hours … Some evening hours (after 6:00 pm)					
no	54.51	54.88	68.33	65.15	60.81
yes	45.49	45.12	31.67	34.85	39.19
8c) Practice office hours … Some weekend hours					
no	93.70	95.00	98.10	92.17	95.06
yes	6.30	5.00	1.90	7.83	4.94
8d) Practice office hours … None of these					
no	53.79	61.64	60.06	60.08	59.85
yes	46.21	38.36	39.94	39.92	40.15
9) OOH arrangements (not including the emergency room)					
no	11.30	8.98	9.48	24.2	12.78
yes	88.70	91.02	90.52	75.8	87.22
don't know					
10) Practice routinely use formal multi-disciplinary teams					
yes	73.69	79.71	79.44	87.74	80.64
no, but plans	5.70	5.81	3.96	4.66	5.03
no	20.61	14.48	16.59	7.61	14.33

	Practice Size (FTE GPs) (%)				
	1	>1, <=3	>3, <=5	>5	All
CARING FOR PATIENTS AND DISEASE MANAGEMENT					
11a) See … Patients with multiple chronic diseases					
often	92.52	90.92	96.09	95.57	93.58
sometimes	6.97	8.51	3.91	4.43	6.14
rarely	0.52	0.57	0.00	0.00	0.28
11b) See … Patients with mental health problems, including depression					
often	80.35	82.40	92.78	93.29	87.40
sometimes	18.86	16.57	7.22	6.71	12.11
rarely	0.80	1.03	0.00	0.00	0.49
11c) See … Patients in need of palliative care, including for cancer					
often	45.73	45.71	57.46	44.74	48.74
sometimes	46.88	46.09	40.01	51.54	45.72
rarely	7.11	7.36	2.53	3.71	5.19
never	0.28	0.85	0.00	0.00	0.35
12a) How prepared practice is to provide optimal care for … Patients with multiple chronic diseases					
well prepared	67.32	72.47	78.01	82.43	75.53
somewhat prepared	32.68	27.37	21.99	17.57	24.41
not prepared	0.00	0.16	0.00	0.00	0.06
12b) How prepared practice is to provide optimal care for … Patients with mental health problems, including depression					
well prepared	59.86	51.23	55.04	58.30	54.96
somewhat prepared	38.21	46.20	43.81	40.17	43.18
not prepared	1.93	2.57	1.15	1.53	1.87
12c) How prepared practice is to provide optimal care for … Patients in need of palliative care, including for cancer					
well prepared	68.01	67.46	73.93	82.42	72.62
somewhat prepared	29.80	30.25	25.16	16.14	25.67
not prepared	2.19	2.29	0.91	1.43	1.71
13a) Use of evidence-based treatment guidelines in the care of … Patients with common conditions					
often	63.03	61.47	67.79	75.12	66.43
sometimes	31.58	29.04	24.16	17.81	25.54
rarely	3.91	6.49	5.23	4.59	5.39
never	0.25	1.89	1.41	2.47	1.68
no guidelines	1.23	1.10	1.40	0.00	0.96

	Practice Size (FTE GPs) (%)				
	1	>1, <=3	>3, <=5	>5	All
13b) Use of evidence-based treatment guidelines in the care of … Patients with complex or multiple chronic diseases					
often	66.13	60.14	66.24	64.55	63.57
sometimes	28.19	31.83	29.04	28.17	29.78
rarely	1.46	5.04	3.90	4.35	4.11
never	0.00	1.54	0.82	0.72	0.96
no guidelines	4.22	1.46	0.00	2.21	1.58
14) Give patients with chronic diseases written instructions about how to manage their own care at home					
yes, routinely	19.41	18.84	26.19	19.11	21.00
yes, occasionally	56.21	64.62	57.51	65.19	61.69
no	24.39	16.55	16.30	15.70	17.31
15a) Practice use any clinicians other than doctors to … Help manage patients with multiple chronic diseases					
yes, routinely	65.63	66.85	79.11	81.42	73.29
yes, occasionally	20.13	20.34	12.33	13.63	16.62
no	14.25	12.82	8.56	4.95	10.09
15b) Practice use any clinicians other than doctors to … Provide primary care services to your patients					
yes, routinely	66.91	65.99	72.37	76.38	70.16
yes, occasionally	21.11	19.58	15.68	11.67	16.95
no	11.99	14.43	11.95	11.95	12.88
16) Support expanding the roles of non-physicians in delivering care to your patients					
yes, definitely	34.22	35.94	45.79	50.02	41.54
yes, somewhat	47.13	44.96	43.77	40.73	43.98
no	17.42	18.37	10.43	7.50	13.66
don't know	1.23	0.72	0.00	1.74	0.81
COORDINATION OF CARE & SAFETY					
17a) During the past 12 months patients experienced … A patient's medical record(s) or other relevant clinical information were NOT available at the time of the patient's scheduled visit.					
often	6.54	8.64	9.04	2.78	7.18
sometimes	19.52	28.29	32.60	30.00	28.72
rarely	49.34	47.18	45.92	48.55	47.41
never	24.60	15.89	12.44	18.67	16.68
17b) During the past 12 months patients experienced … Tests or procedures had to be repeated because findings were unavailable.					
often	2.00	4.56	2.61	1.50	3.01
sometimes	19.39	22.96	29.07	21.24	23.80
rarely	59.90	56.57	58.86	66.92	59.92
never	18.71	15.91	9.47	10.34	13.26

	Practice Size (FTE GPs) (%)				
	1	>1, <=3	>3, <=5	>5	All
17c) During the past 12 months patients experienced … A patient experienced problems because care was not well coordinated across multiple sites or providers.					
often	11.57	15.08	15.48	14.39	14.59
sometimes	36.45	49.59	54.62	56.37	50.80
rarely	38.87	29.67	29.08	27.26	30.15
never	13.12	5.67	0.82	1.98	4.47
18) Length of time to receive a full discharge report from the hospital after patient discharged					
< 48 hours	6.15	2.48	5.70	2.15	3.77
2-4 days	13.14	10.82	9.74	6.62	9.89
5-14 days	33.65	37.89	28.75	34.73	34.13
15-30 days	31.38	33.32	43.56	34.76	36.21
> 30 days	11.22	12.61	11.76	20.30	13.90
rarely receive	4.47	2.88	0.49	1.43	2.10
19) Percentage of patients referred to another doctor for whom get information back about the results of referral					
almost all (> 80%)	72.00	69.58	76.80	83.23	74.90
most (60-80%)	14.54	22.36	17.90	13.56	18.18
about half (~50%)	4.29	5.72	4.48	3.10	4.62
some (20-40%)	6.44	1.21	0.69	0.10	1.49
few (< 20%)	2.74	1.04	0.13	0.00	0.78
none (0%)	0.00	0.10	0.00	0.00	0.04
20a) In the past 12 months, frequency of … Patients received incorrect results for a diagnostic or lab test.					
often	3.21	2.34	1.34	2.06	2.11
sometimes	8.58	8.14	5.95	5.52	7.01
rarely	49.52	58.12	65.33	67.94	61.18
never	38.69	31.41	27.38	24.48	29.69
20b) In the past 12 months, frequency of … Patients did not have timely or appropriate follow-up of positive test results.					
often	3.68	8.51	6.13	7.51	7.01
sometimes	31.60	25.79	32.69	38.97	31.36
rarely	46.95	57.39	54.76	51.29	53.97
never	17.76	8.31	6.41	2.23	7.66
20c) In the past 12 months, frequency of … Patients received the wrong drug, wrong dose, or had preventable drug interactions.					
often	0.00	1.14	0.08	0.16	0.48
sometimes	16.59	11.61	16.18	18.76	15.10
rarely	54.13	65.97	71.68	75.65	68.16
never	29.29	21.28	12.05	5.43	16.26

	Practice Size (FTE GPs) (%)				
	1	>1, <=3	>3, <=5	>5	All
20d) In the past 12 months, frequency of …Patients acquired infections while in the hospital.					
often	16.41	20.19	21.14	15.47	18.92
sometimes	38.84	43.15	50.63	55.50	47.40
rarely	39.00	32.72	27.65	27.99	31.07
never	5.76	3.95	0.58	1.04	2.61
21) Practice have a documented process for follow-up and analysis of all adverse events					
yes, all events	77.45	76.18	81.82	82.74	79.35
yes, drug reactions	8.90	9.22	8.33	4.50	7.89
no	13.66	14.60	9.85	12.76	12.76
22) Rating of process practice has for finding and preventing medical errors					
very effective	41.48	30.64	27.21	25.93	30.06
somewhat effective	45.84	55.95	60.70	53.88	55.49
not very effective	1.87	2.45	4.39	3.22	3.08
not at all effective	0.00	0.27	0.00	1.74	0.48
no process	10.81	10.69	7.70	15.24	10.89
OFFICE SYSTEMS & INFORMATION TECHNOLOGY					
23) Currently use electronic patient medical records in your practice					
yes	86.40	85.12	92.43	96.67	89.86
no, but plans	6.20	4.90	2.04	1.71	3.57
no	7.40	9.98	5.53	1.63	6.57
24a) Medical record system allow you to…Share your patients' medical records electronically with clinicians outside your practice					
no	77.63	80.05	89.78	89.47	84.77
yes	20.94	19.85	9.87	10.53	14.92
don't know	1.44	0.10	0.34	0.00	0.31
24b) Medical record system allow you to…Access your patients' medical records when you are outside the office					
no	78.90	79.97	76.49	74.19	77.47
yes	19.19	20.03	23.16	25.81	22.19
don't know	1.92	0.00	0.34	0.00	0.33
24c) Medical record system allow you to…Provide patients with easy access to their medical records					
no	52.24	51.50	46.55	48.26	49.41
yes	46.32	48.50	53.45	51.74	50.41
don't know	1.44	0.00	0.00	0.00	0.18

	Practice Size (FTE GPs) (%)				
	1	>1, <=3	>3, <=5	>5	All
25a) Practice currently use … Electronic ordering of tests					
yes, routinely	14.67	21.47	23.23	15.78	19.82
yes, occasionally	10.10	8.73	11.05	12.13	10.30
no	75.23	69.81	65.59	72.09	69.85
refused	0.00	0.00	0.13	0.00	0.04
25b) Practice currently use … Electronic prescribing of medication					
yes, routinely	49.23	53.65	57.96	58.71	55.39
yes, occasionally	1.04	6.63	4.71	2.11	4.38
no	49.73	39.71	37.33	39.18	40.23
25c) Practice currently use … Electronic access to your patients' test results					
yes, routinely	67.86	81.83	87.74	91.17	83.72
yes, occasionally	5.57	8.25	6.51	5.60	6.84
no	25.34	9.93	5.74	3.23	9.29
refused	1.23	0.00	0.00	0.00	0.16
25d) Practice currently use … Electronic access to patient hospital records (e.g., discharge summary)					
yes, routinely	13.91	18.69	21.76	19.20	19.03
yes, occasionally	8.16	6.56	3.04	5.36	5.53
no	77.93	74.75	75.20	75.45	75.44
26a) Ease of generating … List of patients by diagnosis or health risk (e.g., diabetes or hypertension)					
easy	84.24	90.47	96.14	96.03	92.47
somewhat difficult	15.58	8.07	1.78	3.48	6.28
very difficult	0.00	0.00	2.08	0.50	0.68
cannot generate	0.18	1.46	0.00	0.00	0.57
26b) Ease of generating … List of patients who are due or overdue for tests or preventive care					
easy	70.29	76.04	77.89	81.76	77.08
somewhat difficult	23.69	19.37	18.87	11.24	17.99
very difficult	2.62	2.62	2.03	6.50	3.32
cannot generate	3.40	1.97	1.22	0.50	1.62
26c) Ease of generating … List of all medications taken by individual patients					
easy	87.56	86.47	88.18	89.69	87.80
somewhat difficult	11.79	11.04	10.48	9.26	10.59
very difficult	0.24	0.85	0.84	1.05	0.81
cannot generate	0.41	1.65	0.50	0.00	0.81

	Practice Size (FTE GPs) (%)				
	1	>1, <=3	>3, <=5	>5	All
27a) Tasks routinely performed in the practice … Patients are sent reminder notices when it is time for regular preventive or follow-up care (e.g., flu vaccine or periodic cancer screening).					
yes, computerised	76.17	81.85	86.78	85.18	83.21
yes, manual	20.08	15.23	11.13	12.24	14.07
no	3.76	2.92	2.09	2.58	2.73
27b)Tasks routinely performed in the practice … Doctor receives an alert or prompt about a potential problem with drug dose or drug interaction.					
yes, computerised	87.50	88.46	93.71	96.08	91.47
yes, manual	8.70	7.77	3.80	3.06	5.76
no	3.80	3.77	2.49	0.85	2.78
27c)Tasks routinely performed in the practice … Doctor receives an alert or prompt to provide patients with test results.					
yes, computerised	63.58	57.78	48.45	46.20	53.42
yes, manual	11.45	10.38	9.70	5.95	9.36
no	24.97	31.84	41.85	47.85	37.21
28a) Data routinely received … Patients' clinical outcomes (e.g., percent of diabetic patients with good glycemic control)					
no	21.63	22.86	19.79	23.39	21.97
yes	78.37	77.14	80.21	76.61	78.03
29a) Data used to develop quality improvement activities … Patients' clinical outcomes (e.g., percent of diabetic patients with good glycemic control)					
no	4.24	7.38	4.17	10.72	6.80
yes	95.76	92.62	95.83	88.34	93.00
don't know	0.00	0.00	0.00	0.93	0.20
28b) Data routinely received … Surveys of patient satisfaction and experiences with care					
no	10.80	12.69	7.56	10.29	10.51
yes	89.20	87.31	92.44	89.71	89.49
29b) Data used to develop quality improvement activities … Surveys of patient satisfaction and experiences with care					
no	3.22	1.55	6.65	2.20	3.36
yes	96.78	98.45	93.35	97.00	96.46
refused	0.00	0.00	0.00	0.80	0.18
30) Frequency of communication with patients by email regarding treatment?					
often	1.23	2.53	1.02	2.24	1.88
sometimes	3.57	4.99	4.58	6.27	4.98
rarely	13.67	17.90	23.86	26.08	20.80
never	81.53	74.59	70.54	65.41	72.34

	Practice Size (FTE GPs) (%)				
	1	**>1, <=3**	**>3, <=5**	**>5**	**All**
INCENTIVES					
31a) Receive (or potential to receive) financial incentives based on … High ratings for patient satisfaction					
no	41.16	43.82	43.82	54.45	45.83
yes	58.84	53.55	53.25	43.67	51.96
don't know	0.00	2.40	2.93	1.88	2.12
refused	0.00	0.23	0.00	0.00	0.09
31b) Receive (or potential to receive) financial incentives based on … Achieving certain clinical care targets					
no	14.09	6.88	2.18	9.44	7.09
yes	85.91	92.23	96.04	90.56	92.09
don't know	0.00	0.89	1.79	0.00	0.83
31c) Receive (or potential to receive) financial incentives based on … Participating in quality improvement activities					
no	18.81	15.19	10.66	17.87	15.00
yes	80.19	80.13	87.10	77.64	81.51
don't know	1.00	4.59	2.24	4.49	3.46
refused	0.00	0.08	0.00	0.00	0.03
31d) Receive (or potential to receive) financial incentives based on … Special payments for managing patients with chronic disease or complex needs					
no	15.38	18.20	14.30	29.34	19.22
yes	84.62	79.08	83.71	69.94	79.05
don't know	0.00	2.72	1.99	0.72	1.73
31e) Receive (or potential to receive) financial incentives based on … Enhanced preventive care activities					
no	23.67	25.91	21.39	29.36	25.14
yes	75.19	72.77	74.07	65.62	71.86
don't know	1.14	1.32	4.53	3.28	2.61
refused	0.00	0.00	0.00	1.74	0.38
UK ONLY-POTENTIAL EFFECTIVENESS OF QUALITY OF CARE IMPROVEMENT ACTIVITIES					
42a) Effectiveness in helping to improve quality of care delivered in practice … Additional professional education					
1 - not effective	3.96	4.20	2.44	3.47	3.52
2	7.84	9.34	5.74	10.11	8.33
3	14.30	21.03	19.14	21.03	19.64
4	38.81	28.00	37.96	30.22	32.65
5	25.05	22.73	22.35	22.09	22.78
6 - extremely effective	10.04	14.69	12.36	13.08	13.09

	Practice Size (FTE GPs) (%)				
	1	>1, <=3	>3, <=5	>5	All
42b) Effectiveness in helping to improve quality of care delivered in practice … Better information or decision aids for patients					
1 - not effective	5.16	3.70	0.96	2.37	2.84
2	11.68	12.99	13.22	12.08	12.68
3	20.26	23.35	27.93	28.01	25.24
4	28.57	34.45	33.43	29.66	32.35
5	29.73	20.94	17.78	20.95	21.21
6 - extremely effective	4.59	4.58	6.68	6.92	5.68
42c) Effectiveness in helping to improve quality of care delivered in practice … Development of clinical guidelines for patients with multiple chronic illnesses					
1 - not effective	6.06	4.86	2.25	3.66	4.04
2	7.75	7.50	13.15	12.20	10.11
3	23.10	23.72	19.72	24.82	22.80
4	25.67	32.72	28.53	28.54	29.74
5	27.10	23.60	31.35	22.78	25.98
6 - extremely effective	10.31	7.60	5.00	8.00	7.33
42d) Effectiveness in helping to improve quality of care delivered in practice … Allowing more time for consultations with patients					
1 - not effective	1.93	1.17	0.69	5.49	2.09
2	5.18	3.84	5.49	1.57	3.97
3	7.67	12.20	9.87	7.72	9.98
4	25.18	21.82	18.35	26.37	22.31
5	25.62	29.36	25.88	24.90	26.93
6 - extremely effective	34.40	31.61	39.73	33.95	34.72
42e) Effectiveness in helping to improve quality of care delivered in practice … Expansion of care teams to include nurses or other professional for counseling and care coordination					
1 - not effective	2.05	1.27	2.31	5.07	2.50
2	6.06	4.86	6.32	2.72	4.94
3	13.11	14.34	14.39	12.30	13.74
4	25.43	27.38	28.67	29.78	28.01
5	29.61	30.74	24.68	34.24	29.70
6 - extremely effective	23.74	21.41	23.63	15.89	21.10
42f) Effectiveness in helping to improve quality of care delivered in practice … Better integration of information systems between doctors and hospitals.					
1 - not effective	2.73	0.91	1.16	0.72	1.17
2	5.78	2.18	4.37	2.79	3.38
3	10.44	8.64	6.03	4.07	7.15
4	19.65	18.29	12.36	21.08	17.46
5	29.93	25.28	31.90	28.11	28.33
6 - extremely effective	31.46	44.70	44.17	43.23	42.51

	Practice Size (FTE GPs) (%)				
	1	>1, <=3	>3, <=5	>5	All
PRACTICE PROFILE					
32-35) Number FTE staff and patients seen*					
doctors	1 (1, 1)	2 (2, 3)	4.5 (4, 5)	6 (6, 7)	3 (2, 5)
non-physician clinicians	1 (1, 2)	2 (1, 3)	3 (2, 4)	4.5 (3, 6)	2 (1.5, 4)
administrative staff	3 (2, 4)	5 (3, 6)	8 (6, 10)	12 (10, 17)	6 (4, 10)
all staff	5.5 (4, 7)	9 (7.5, 12)	16 (13, 19)	24 (20, 30)	12 (8, 18)
patients seen/week	150 (120, 200)	140 (100, 180)	150 (100, 180)	150 (120, 170)	150 (110, 180)
36) Number hours/week typically worked in regular medical practice**					
regular medical practice	49.35	44.57	44.55	44.54	45.17
37) Percentage division of work time**					
a) face-to-face care	62.47	62.77	63.98	64.98	63.55
b) not face-to-face care	18.06	17.22	17.42	17.05	17.35
a+b) all patient care	80.53	79.99	81.40	82.03	80.90
c+d+e) other work	19.47	19.68	18.61	17.74	18.93

* Median and interquartile range shown; ** Means shown

6.1.5 Responses by practice location

	Practice Location (%)				
	City	Suburban	Small town	Rural	All
OVERALL ATTITUDES AND SATISFACTION					
1) Overall view of the health care system					
works well	25.60	21.96	23.26	20.01	23.35
fundamental changes	61.73	69.58	72.77	68.99	67.17
completely rebuild	12.67	8.46	3.97	11.00	9.48
2a) Satisfaction with: your ability to remain knowledgeable and current with the latest developments in medicine					
very satisfied	30.08	31.46	25.30	19.51	28.51
somewhat satisfied	58.99	58.94	65.67	74.98	61.94
somewhat dissatisfied	10.11	8.75	8.17	5.51	8.80
very dissatisfied	0.82	0.85	0.86	0.00	0.75
2b) Satisfaction with: freedom to make clinical decisions that meet your patients' needs					
very satisfied	20.19	17.24	17.09	22.03	18.83
somewhat satisfied	54.27	57.69	66.62	48.19	57.04
somewhat dissatisfied	18.82	23.81	15.99	29.78	21.14
very dissatisfied	6.73	1.26	0.30	0.00	2.99
2c) Satisfaction with: time you have to spend per patient					
very satisfied	9.38	11.51	6.12	22.40	10.89
somewhat satisfied	35.73	36.86	40.52	43.47	37.83
somewhat dissatisfied	40.94	35.31	42.52	22.09	37.32
very dissatisfied	13.95	16.32	10.84	12.04	13.96
2d) Satisfaction with: your income from medical practice					
very satisfied	23.57	24.28	23.93	44.01	26.08
somewhat satisfied	57.51	57.04	55.38	47.25	55.85
somewhat dissatisfied	10.08	13.78	19.27	4.34	12.40
very dissatisfied	8.84	4.90	1.42	4.40	5.67
2e) Satisfaction with: Overall experience with practicing medicine					
very satisfied	33.77	28.81	23.72	35.57	30.45
somewhat satisfied	51.23	59.01	61.88	47.49	55.39
somewhat dissatisfied	13.32	11.39	13.49	16.64	13.07
very dissatisfied	1.69	0.78	0.90	0.30	1.09
3) Ability to provide quality medical care to your patients compared with five years ago					
improved	51.40	41.57	50.94	54.33	48.36
same	21.39	32.31	25.62	12.19	24.81
worse	27.21	26.12	23.44	33.48	26.83

	Practice Location (%)				
	City	Suburban	Small town	Rural	All
QUALITY INITIATIVES & MEDICAL PRACTICE					
4a) Participated in collaborative quality improvement efforts with other practices, hospitals, government agencies, or professional associations					
no	45.96	39.12	41.57	41.21	42.35
yes	54.04	60.88	58.43	58.79	57.65
4b) Received training on quality improvement methods and tools					
no	40.30	37.43	36.20	44.72	39.06
yes	59.70	62.57	63.80	55.28	60.94
4c) Conducted at least one clinical audit of care that your patients receive					
no	4.91	2.87	1.53	2.14	3.30
yes	95.09	97.13	98.47	97.86	96.70
5) Practice set specific targets for quality improvement					
no	25.03	32.05	24.29	41.93	29.07
yes	74.75	66.79	74.85	58.07	70.31
don't know	0.21	1.16	0.86	0.00	0.62
6a) Think patients experience … difficulty paying for the medication they need					
often	20.75	9.42	6.21	5.03	12.58
sometimes	46.06	51.20	52.56	38.43	48.15
rarely	25.01	32.79	32.19	47.11	31.33
never	7.75	6.59	8.87	9.44	7.76
don't know	0.42	0.00	0.18	0.00	0.19
6b) Think patients experience … difficulty paying for the out-of-pocket costs of care, other than prescriptions					
often	20.51	12.01	6.55	9.28	13.87
sometimes	50.27	51.26	53.37	37.74	49.82
rarely	19.98	30.04	33.53	50.87	29.19
never	7.98	6.58	5.18	2.11	6.36
don't know	1.06	0.11	1.37	0.00	0.69
refused	0.20	0.00	0.00	0.00	0.07
6c) Think patients experience … long waiting times to see specialists/consultants					
often	65.59	64.62	53.44	64.04	62.85
sometimes	29.14	32.83	45.71	31.06	33.65
rarely	3.81	2.07	0.86	4.60	2.77
never	1.46	0.47	0.00	0.30	0.73
6d) Think patients experience … long waiting times for diagnostic tests					
often	55.17	56.03	58.47	69.73	57.64
sometimes	38.46	37.85	36.90	22.85	36.28
rarely	4.91	5.65	4.63	6.84	5.31
never	1.46	0.48	0.00	0.58	0.76

	Practice Location (%)				
	City	Suburban	Small town	Rural	All
6e) Think patients experience … long waiting times for elective surgical procedures or hospital care					
often	65.48	61.87	55.05	67.77	62.59
sometimes	31.90	36.16	44.95	25.30	35.02
rarely	2.20	1.96	0.00	6.63	2.19
never	0.42	0.00	0.00	0.30	0.19
6f) Think patients experience … difficulty getting appropriate home care when needed					
often	49.56	45.49	46.89	45.53	47.27
sometimes	40.85	41.94	43.95	44.24	42.15
rarely	8.52	11.14	8.14	9.95	9.48
never	1.08	1.43	0.16	0.28	0.94
don't know	0.00	0.00	0.86	0.00	0.16
7) Proportion of patients who request a same- or next-day appointment get one					
almost all (> 80%)	69.71	74.60	76.91	76.09	73.36
most (60-80%)	21.46	19.84	15.75	10.34	18.66
about half (~50%)	5.89	4.18	4.19	10.59	5.51
some (20-40%)	1.06	1.01	2.30	2.14	1.39
few (< 20%)	1.36	0.37	0.86	0.33	0.83
none (0%)	0.51	0.00	0.00	0.51	0.25
8a) Practice office hours … Early morning hours (before 8:30 am)					
no	68.03	63.32	65.53	80.61	67.36
yes	31.97	36.68	34.47	19.39	32.64
8b) Practice office hours … Some evening hours (after 6:00 pm)					
no	54.55	55.36	78.73	71.43	61.12
yes	45.45	44.64	21.27	28.57	38.88
8c) Practice office hours … Some weekend hours					
no	96.60	94.22	97.55	84.85	94.71
yes	3.40	5.78	2.45	15.15	5.29
8d) Practice office hours … None of these					
no	66.81	64.15	46.07	47.24	59.96
yes	33.19	35.85	53.93	52.76	40.04
9) OOH arrangements (not including the emergency room)					
no	15.19	10.43	14.20	11.11	12.98
yes	84.81	88.41	85.80	88.89	86.64
don't know	0.00	1.15	0.00	0.00	0.38
10) Practice routinely use formal multi-disciplinary teams					
yes	82.52	76.92	84.22	79.42	80.63
no, but plans	4.48	6.04	3.73	5.78	5.00
no	13.00	17.04	12.05	14.80	14.37

	Practice Location (%)				
	City	Suburban	Small town	Rural	All
CARING FOR PATIENTS AND DISEASE MANAGEMENT					
11a) See … Patients with multiple chronic diseases					
often	94.62	89.80	95.92	97.92	93.61
sometimes	4.81	10.09	4.08	2.08	6.14
rarely	0.57	0.11	0.00	0.00	0.25
11b) See … Patients with mental health problems, including depression					
often	89.51	82.24	89.99	89.32	87.15
sometimes	10.49	16.39	10.01	10.68	12.39
rarely	0.00	1.37	0.00	0.00	0.46
11c) See … Patients in need of palliative care, including for cancer					
often	46.56	47.52	59.61	40.10	48.60
sometimes	45.92	46.69	39.66	54.79	45.97
rarely	6.67	5.68	0.73	5.11	5.07
never	0.85	0.11	0.00	0.00	0.35
12a) How prepared practice is to provide optimal care for … Patients with multiple chronic diseases					
well prepared	73.97	71.62	85.79	77.23	75.73
somewhat prepared	25.97	28.27	14.21	22.77	24.21
not prepared	0.06	0.11	0.00	0.00	0.06
12b) How prepared practice is to provide optimal care for … Patients with mental health problems, including depression					
well prepared	56.87	48.22	65.86	51.52	55.07
somewhat prepared	40.54	50.83	32.00	46.74	43.06
not prepared	2.59	0.95	2.13	1.75	1.87
12c) How prepared practice is to provide optimal care for … Patients in need of palliative care, including for cancer					
well prepared	64.02	72.29	82.48	85.95	72.57
somewhat prepared	32.55	27.23	16.49	13.33	25.73
not prepared	3.43	0.47	1.03	0.72	1.71
13a) Use of evidence-based treatment guidelines in the care of … Patients with common conditions					
often	69.01	64.42	71.63	56.51	66.61
sometimes	22.24	27.31	23.83	33.01	25.39
rarely	5.57	5.65	2.63	8.45	5.36
never	2.67	1.00	0.86	1.74	1.68
no guidelines	0.51	1.63	1.05	0.28	0.96

	Practice Location (%)				
	City	Suburban	Small town	Rural	All
13b) Use of evidence-based treatment guidelines in the care of … Patients with complex or multiple chronic diseases					
often	64.51	60.65	71.97	56.80	63.77
sometimes	28.64	32.22	22.55	36.73	29.58
rarely	3.91	5.00	2.74	4.39	4.11
never	1.88	0.20	0.00	1.75	0.96
no guidelines	1.05	1.93	2.75	0.33	1.58
14) Give patients with chronic diseases written instructions about how to manage their own care at home					
yes, routinely	22.66	18.10	22.53	20.45	20.87
yes, occasionally	58.19	66.00	63.52	58.35	61.80
no	19.15	15.90	13.95	21.20	17.33
15a) Practice use any clinicians other than doctors to … Help manage patients with multiple chronic diseases					
yes, routinely	69.42	70.53	78.54	86.34	73.31
yes, occasionally	15.84	20.16	15.12	10.52	16.57
no	14.74	9.31	6.34	3.14	10.12
15b) Practice use any clinicians other than doctors to … Provide primary care services to your patients					
yes, routinely	72.07	65.43	76.47	68.23	70.25
yes, occasionally	12.88	21.57	14.82	20.20	16.93
no	15.05	13.00	8.71	11.58	12.82
16) Support expanding the roles of non-physicians in delivering care to your patients					
yes, definitely	36.47	45.29	46.99	36.08	41.31
yes, somewhat	45.71	42.97	37.94	53.82	44.24
no	17.59	11.74	12.12	8.43	13.63
don't know	0.24	0.00	2.95	1.68	0.81
COORDINATION OF CARE & SAFETY					
17a) During the past 12 months patients experienced … A patient's medical record(s) or other relevant clinical information were NOT available at the time of the patient's scheduled visit.					
often	10.60	7.12	3.22	2.35	7.18
sometimes	32.33	21.86	28.44	36.13	28.56
rarely	39.15	56.44	50.80	43.23	47.48
never	17.92	14.58	17.54	18.30	16.79
17b) During the past 12 months patients experienced … Tests or procedures had to be repeated because findings were unavailable.					
often	3.31	4.64	0.86	0.83	3.03
sometimes	28.80	18.63	26.49	16.66	23.69
rarely	53.74	68.02	59.38	58.20	60.00
never	14.15	8.71	13.26	24.31	13.29

	Practice Location (%)				
	City	Suburban	Small town	Rural	All
17c) During the past 12 months patients experienced … A patient experienced problems because care was not well coordinated across multiple sites or providers.					
often	18.04	12.62	8.75	20.58	14.81
sometimes	50.75	49.34	56.73	42.02	50.44
rarely	24.70	33.08	33.21	36.22	30.30
never	6.50	4.96	1.31	1.18	4.45
18) Length of time to receive a full discharge report from the hospital after patient discharged					
< 48 hours	3.02	5.58	2.74	2.04	3.71
2-4 days	7.85	13.62	10.14	8.61	10.28
5-14 days	39.28	30.72	26.08	40.20	34.08
15-30 days	34.95	35.20	43.67	28.78	35.98
> 30 days	13.44	13.08	14.80	15.93	13.84
rarely receive	1.46	1.81	2.57	4.45	2.11
19) Percentage of patients referred to another doctor for whom get information back about the results of referral					
almost all (> 80%)	64.35	80.01	80.91	87.29	75.11
most (60-80%)	28.41	11.66	13.68	8.67	17.97
about half (~50%)	3.65	6.71	5.23	0.49	4.62
some (20-40%)	2.13	0.84	0.18	3.55	1.49
few (< 20%)	1.37	0.79	0.00	0.00	0.78
none (0%)	0.10	0.00	0.00	0.00	0.04
20a) In the past 12 months, frequency of … Patients received incorrect results for a diagnostic or lab test.					
often	1.22	2.91	1.54	3.83	2.12
sometimes	11.33	5.96	2.66	2.69	7.00
rarely	62.27	58.37	63.93	61.85	61.24
never	25.18	32.77	31.87	31.63	29.63
20b) In the past 12 months, frequency of … Patients did not have timely or appropriate follow-up of positive test results.					
often	8.49	7.26	3.79	6.58	7.01
sometimes	35.29	28.23	32.63	23.56	31.19
rarely	47.62	54.99	61.44	61.41	54.12
never	8.60	9.52	2.13	8.46	7.69
20c) In the past 12 months, frequency of … Patients received the wrong drug, wrong dose, or had preventable drug interactions.					
often	0.19	1.14	0.00	0.00	0.45
sometimes	20.37	12.59	8.90	14.88	15.07
rarely	58.97	69.61	78.80	77.55	68.18
never	20.47	16.67	12.30	7.57	16.30

	Practice Location (%)				
	City	Suburban	Small town	Rural	All
20d) In the past 12 months, frequency of …Patients acquired infections while in the hospital.					
often	28.48	12.76	14.01	12.19	18.84
sometimes	43.04	47.94	50.16	56.56	47.45
rarely	23.16	38.22	34.60	30.96	31.10
never	5.32	1.08	1.23	0.28	2.62
21) Practice have a documented process for follow-up and analysis of all adverse events					
yes, all events	75.32	83.91	79.08	80.24	79.42
yes, drug reactions	10.57	7.06	5.53	4.73	7.83
no	14.12	9.03	15.39	15.04	12.75
22) Rating of process practice has for finding and preventing medical errors					
very effective	27.80	30.75	36.98	22.96	29.96
somewhat effective	58.17	55.59	49.09	58.77	55.69
not very effective	2.04	3.88	2.88	3.74	3.00
not at all effective	0.10	1.25	0.16	0	0.48
no process	11.89	8.53	10.89	14.53	10.86
OFFICE SYSTEMS & INFORMATION TECHNOLOGY					
23) Currently use electronic patient medical records in your practice					
yes	87.73	86.18	96.00	95.51	89.59
no, but plans	4.62	4.11	2.09	0.77	3.56
no	7.65	9.71	1.91	3.72	6.85
24a) Medical record system allow you to…Share your patients' medical records electronically with clinicians outside your practice					
no	84.14	87.15	80.94	86.69	84.76
yes	15.50	12.30	19.06	13.31	14.93
don't know	0.36	0.55	0.00	0.00	0.31
24b) Medical record system allow you to…Access your patients' medical records when you are outside the office					
no	79.48	79.17	70.16	78.07	77.37
yes	20.25	20.28	29.84	21.71	22.33
don't know	0.27	0.55	0.00	0.22	0.30
24c) Medical record system allow you to…Provide patients with easy access to their medical records					
no	47.61	53.72	44.77	51.56	49.46
yes	52.39	45.73	55.23	48.44	50.37
don't know	0.00	0.55	0.00	0.00	0.18
25a) Practice currently use … Electronic ordering of tests					
yes, routinely	29.74	9.82	17.15	24.67	20.22
yes, occasionally	8.48	13.94	8.54	8.68	10.33
no	61.78	76.24	74.12	66.65	69.41
refused	0.00	0.00	0.20	0.00	0.04

	Practice Location (%)				
	City	Suburban	Small town	Rural	All
25b) Practice currently use … Electronic prescribing of medication					
yes, routinely	64.59	46.29	53.39	54.62	55.34
yes, occasionally	4.15	6.88	1.20	2.92	4.38
no	31.25	46.83	45.41	42.46	40.28
25c) Practice currently use … Electronic access to your patients' test results					
yes, routinely	85.07	82.85	80.96	87.62	83.85
yes, occasionally	5.61	7.99	5.78	8.92	6.80
no	9.31	9.15	12.41	3.46	9.20
refused	0.00	0.00	0.86	0.00	0.16
25d) Practice currently use … Electronic access to patient hospital records (e.g., discharge summary)					
yes, routinely	15.16	21.60	25.16	18.00	19.46
yes, occasionally	7.12	6.48	2.58	1.96	5.51
no	77.72	71.92	72.26	80.04	75.03
26a) Ease of generating … List of patients by diagnosis or health risk (e.g., diabetes or hypertension)					
easy	89.89	94.07	94.15	93.54	92.46
somewhat difficult	7.19	5.45	5.85	6.46	6.28
very difficult	1.41	0.48	0.00	0.00	0.68
cannot generate	1.51	0.00	0.00	0.00	0.57
26b) Ease of generating … List of patients who are due or overdue for tests or preventive care					
easy	75.59	74.53	80.63	84.17	77.09
somewhat difficult	18.64	21.69	13.15	12.41	17.97
very difficult	3.45	3.35	3.26	2.85	3.32
cannot generate	2.32	0.43	2.96	0.57	1.62
26c) Ease of generating … List of all medications taken by individual patients					
easy	81.82	92.30	93.88	84.62	87.84
somewhat difficult	15.46	6.71	6.12	12.90	10.54
very difficult	1.13	0.48	0.00	2.15	0.81
cannot generate	1.60	0.52	0.00	0.33	0.81
27a) Tasks routinely performed in the practice … Patients are sent reminder notices when it is time for regular preventive or follow-up care (e.g., flu vaccine or periodic cancer screening).					
yes, computerised	82.80	82.19	86.33	82.46	83.21
yes, manual	15.54	14.67	8.75	16.15	14.07
no	1.66	3.14	4.93	1.39	2.73

	Practice Location (%)				
	City	Suburban	Small town	Rural	All
27b) Tasks routinely performed in the practice … Doctor receives an alert or prompt about a potential problem with drug dose or drug interaction.					
yes, computerised	91.82	87.75	95.43	95.44	91.52
yes, manual	6.19	8.15	2.22	2.14	5.67
no	1.99	4.10	2.35	2.42	2.81
27c) Tasks routinely performed in the practice … Doctor receives an alert or prompt to provide patients with test results.					
yes, computerised	63.95	46.51	47.28	48.76	53.43
yes, manual	10.03	12.59	3.79	7.00	9.39
no	26.02	40.89	48.94	44.24	37.18
28a) Data routinely received … Patients' clinical outcomes (e.g., percent of diabetic patients with good glycemic control)					
no	19.58	25.99	15.31	28.18	21.86
yes	80.42	74.01	84.69	71.82	78.14
29a) Data used to develop quality improvement activities … Patients' clinical outcomes (e.g., percent of diabetic patients with good glycemic control)					
no	3.45	11.24	4.32	10.53	6.79
yes	96.55	88.11	95.68	89.47	93.01
don't know	0.00	0.64	0.00	0.00	0.20
28b) Data routinely received … Surveys of patient satisfaction and experiences with care					
no	7.67	15.27	8.56	9.31	10.54
yes	92.33	84.73	91.44	90.69	89.46
29b) Data used to develop quality improvement activities … Surveys of patient satisfaction and experiences with care					
no	3.76	3.97	1.49	3.45	3.36
yes	95.78	96.03	98.51	96.55	96.46
refused	0.46	0.00	0.00	0.00	0.18
30) Frequency of communication with patients by email regarding treatment?					
often	0.96	1.43	0.16	8.29	1.75
sometimes	3.81	5.57	7.45	2.68	4.95
rarely	15.88	24.82	24.33	22.29	21.12
never	79.36	68.19	68.06	66.74	72.18
INCENTIVES					
31a) Receive (or potential to receive) financial incentives based on … High ratings for patient satisfaction					
no	44.02	43.29	49.68	52.40	45.73
yes	54.91	52.14	47.05	46.61	51.64
don't know	0.83	4.57	3.27	0.98	2.54
refused	0.23	0.00	0.00	0.00	0.09

	Practice Location (%)				
	City	Suburban	Small town	Rural	All
31b) Receive (or potential to receive) financial incentives based on … Achieving certain clinical care targets					
no	5.81	8.33	7.17	7.55	7.09
yes	93.72	91.20	90.56	91.77	92.09
don't know	0.47	0.47	2.27	0.68	0.83
31c) Receive (or potential to receive) financial incentives based on … Participating in quality improvement activities					
no	12.83	15.92	15.06	18.81	14.92
yes	84.11	80.63	80.43	77.85	81.59
don't know	3.07	3.36	4.51	3.34	3.46
refused	0.00	0.09	0.00	0.00	0.03
31d) Receive (or potential to receive) financial incentives based on … Special payments for managing patients with chronic disease or complex needs					
no	21.06	17.77	15.69	22.58	19.14
yes	77.33	80.24	82.41	76.43	79.14
don't know	1.62	2.00	1.90	0.98	1.73
31e) Receive (or potential to receive) financial incentives based on … Enhanced preventive care activities					
no	25.41	27.96	16.84	28.86	25.05
yes	73.04	68.93	77.28	69.20	72.04
don't know	1.55	3.11	3.79	1.95	2.53
refused	0.00	0.00	2.09	0.00	0.39
UK ONLY-POTENTIAL EFFECTIVENESS OF QUALITY OF CARE IMPROVEMENT ACTIVITIES					
42a) Effectiveness in helping to improve quality of care delivered in practice … Additional professional education					
1 - not effective	3.54	1.91	6.72	2.93	3.52
2	8.82	9.35	4.85	9.46	8.33
3	17.88	22.84	18.93	15.83	19.52
4	35.89	31.56	26.49	36.98	32.81
5	17.82	25.44	26.97	24.19	22.76
6 - extremely effective	16.05	8.90	16.04	10.62	13.07
42b) Effectiveness in helping to improve quality of care delivered in practice … Better information or decision aids for patients					
1 - not effective	3.53	2.40	2.42	1.74	2.76
2	11.23	14.36	15.09	8.41	12.68
3	23.91	28.22	21.33	25.14	25.00
4	39.64	29.74	24.76	30.50	32.59
5	17.42	20.11	28.26	26.35	21.29
6 - extremely effective	4.27	5.18	8.15	7.86	5.68

	Practice Location (%)				
	City	Suburban	Small town	Rural	All
42c) Effectiveness in helping to improve quality of care delivered in practice … Development of clinical guidelines for patients with multiple chronic illnesses					
1 - not effective	4.69	3.04	3.17	6.36	4.04
2	9.11	10.02	12.14	9.68	10.03
3	19.91	26.52	18.87	25.43	22.53
4	32.58	28.52	25.62	32.47	29.95
5	25.51	27.57	30.63	17.02	26.21
6 - extremely effective	8.20	4.33	9.58	9.05	7.25
42d) Effectiveness in helping to improve quality of care delivered in practice … Allowing more time for consultations with patients					
1 - not effective	2.58	0.64	4.08	2.95	2.25
2	3.32	5.79	2.39	3.27	3.97
3	5.85	13.71	8.48	12.77	9.70
4	24.33	23.13	14.22	26.41	22.28
5	22.42	26.82	33.39	33.32	27.09
6 - extremely effective	41.50	29.91	37.44	21.27	34.71
42e) Effectiveness in helping to improve quality of care delivered in practice … Expansion of care teams to include nurses or other professional for counseling and care coordination					
1 - not effective	2.11	1.85	3.27	4.57	2.50
2	4.87	5.87	4.64	2.84	4.95
3	12.92	11.07	16.82	19.44	13.73
4	24.97	33.86	24.15	24.78	27.76
5	26.10	34.46	28.94	31.71	30.01
6 - extremely effective	29.03	12.89	22.19	16.65	21.05
42f) Effectiveness in helping to improve quality of care delivered in practice … Better integration of information systems between doctors and hospitals.					
1 - not effective	2.65	0.48	0.12	0.00	1.17
2	1.01	5.61	5.26	1.47	3.38
3	7.68	8.51	5.44	3.68	7.11
4	16.27	18.85	16.15	17.50	17.24
5	24.73	32.67	24.83	35.33	28.53
6 - extremely effective	47.66	33.89	48.20	42.01	42.57

	Practice Location (%)				
	City	Suburban	Small town	Rural	All
PRACTICE PROFILE					
32-35) Number FTE staff and patients seen*					
doctors	3 (2, 5)	3.5 (2, 5)	4 (2.5, 5)	2.75 (2, 5)	3 (2, 5)
non-physician clinicians	2 (1, 3)	2.5 (1.5, 4)	3 (2, 5)	2 (1, 4)	2 (1.5, 4)
administrative staff	6 (4, 10)	6 (4, 10)	7 (4, 10)	5 (3, 10)	6 (4, 10)
all staff	11 (8, 17)	13 (9, 18)	14 (9, 20)	10.75 (6.5, 17)	12 (8, 18)
patients seen/week	150 (100, 180)	150 (120, 180)	150 (112, 160)	127.5 (100, 150)	150 (110, 180)
36) Number hours/week typically worked in regular medical practice**					
regular medical practice	45.18	46.34	44.60	42.37	45.16
37) Percentage division of work time**					
a) face-to-face care	66.16	63.21	62.64	57.33	63.57
b) not face-to-face care	15.26	18.79	17.40	19.53	17.30
a+b) all patient care	81.43	82.00	80.04	76.85	80.87
c+d+e) other work	18.42	17.88	19.33	23.54	18.96

* Median and interquartile range shown; ** Means shown

6.2 Appendix 2: Regression parameters for survey items

This Appendix documents the output from the regression models, mainly in the form of odds ratios (except questions 36 and 37, where estimates represent hours and percentages respectively), 95% confidence intervals and p-values. All estimates are adjusted for the effects of the other predictors.

Definitions
The odds ratio is a measure of effect size. The odds of an event occurring within a group of individuals is the ratio of the probability that the event occurs to the probability that the event doesn't occur. The odds ratio is then the ratio of the odds in one group (e.g. females) to the odds in the baseline group (e.g. males) (Collett, 1991). An odds ratio greater than 1 indicates that the event is more likely in the female group, whereas an odds ratio less than 1 indicates that the event is less likely in that group. For all questions in the questionnaire with binary responses (i.e. 2 possible responses only), the 'event' relates to a GP responding 'yes' to that item. For those questions with ordered responses (e.g. often, sometimes, rarely, never), the 'event' relates to a higher score on that item. Note that for the ordered response items in this questionnaire (with the exception of question 42), 'higher' does not equate to a better, more desirable or more frequent response.

A confidence interval (CI) is a measure of uncertainty associated with a given estimate, which in this case is the odds ratio. The 95% CI represents the range of values within which we can be 95% confident that the true value in the underlying population lies (Altman, 1991).

A significant estimate (indicated in the following tables by a single or multiple stars) is one for which the 95% confidence interval does not include 1 in the case of odds ratios, or 0 in the case of linear coefficients (i.e. for questions 36 and 37).

6.2.1 Overall attitudes and satisfaction items

Characteristic	Q1	Q2a	Q2b	Q2c	Q2d	Q2e	Q3
Age 50+	1.402 [0.985,1.996]	1.068 [0.734,1.555]	1.154 [0.810,1.643]	0.983 [0.692,1.396]	1.149 [0.795,1.660]	0.909 [0.645,1.283]	1.118 [0.792,1.580]
Female	0.835 [0.565,1.234]	1.294 [0.875,1.913]	1.335 [0.902,1.975]	1.186 [0.792,1.778]	1.231 [0.828,1.830]	0.764 [0.540,1.081]	0.619* [0.419,0.914]
>1-3 FTE GPs	1.031 [0.544,1.952]	0.521* [0.305,0.890]	0.835 [0.499,1.399]	1.291 [0.767,2.172]	0.918 [0.551,1.529]	0.645 [0.366,1.135]	1.992** [1.223,3.243]
>3-5 FTE GPs	1.543 [0.807,2.951]	0.75 [0.429,1.310]	1.017 [0.598,1.729]	1.464 [0.869,2.466]	0.778 [0.453,1.335]	0.748 [0.420,1.333]	1.74* [1.021,2.964]
>5 FTE GPs	1.174 [0.597,2.308]	0.77 [0.413,1.436]	0.944 [0.546,1.631]	1.557 [0.877,2.763]	0.522* [0.293,0.927]	0.839 [0.448,1.573]	2.304** [1.335,3.974]
Inner city	1.071 [0.697,1.647]	1.052 [0.688,1.608]	0.928 [0.614,1.400]	1.048 [0.705,1.559]	1.021 [0.677,1.539]	0.95 [0.647,1.393]	0.87 [0.594,1.273]
Small town	0.864 [0.562,1.328]	1.207 [0.734,1.986]	0.756 [0.500,1.145]	1.06 [0.681,1.649]	1.165 [0.727,1.867]	1.3 [0.861,1.963]	0.761 [0.487,1.190]
Rural	1.369 [0.710,2.636]	1.29 [0.795,2.092]	1.021 [0.538,1.937]	0.454* [0.228,0.903]	0.448** [0.250,0.804]	0.861 [0.455,1.631]	0.78 [0.403,1.508]
London	1.201 [0.800,1.801]	1.264 [0.844,1.893]	1.194 [0.792,1.802]	1.375 [0.946,1.999]	1.21 [0.819,1.787]	1.476* [1.006,2.164]	0.835 [0.586,1.192]
Wales	0.705 [0.450,1.105]	0.79 [0.497,1.254]	0.799 [0.554,1.152]	1.181 [0.771,1.810]	0.617* [0.416,0.916]	0.796 [0.521,1.217]	1.14 [0.735,1.770]
Scotland	0.617* [0.424,0.899]	1.241 [0.852,1.807]	0.623* [0.425,0.914]	0.742 [0.526,1.047]	0.87 [0.597,1.268]	1.428 [0.994,2.051]	1.29 [0.901,1.847]
N Ireland	1.354 [0.841,2.182]	1.599 [0.968,2.643]	1.036 [0.688,1.560]	1.604* [1.026,2.507]	1.036 [0.662,1.621]	2.049** [1.285,3.266]	1.768* [1.075,2.908]
N	1040	1041	1038	1041	1041	1039	1038

Notes: odds ratios [95% CIs] shown; * p<0.05, ** p<0.01, *** p<0.001; baseline groups=age<50, male, 1 FTE GP, suburban location, England.

6.2.2 Working practices items

Characteristic	Q36	Q37 (% patient care)
Age 50+	3.637*** [1.650,5.623]	-0.557 [-2.447,1.333]
Female	-7.477*** [-9.741,-5.213]	1.037 [-1.466,3.541]
>1-3 FTE GPs	-0.980 [-4.419,2.459]	-1.455 [-5.227,2.317]
>3-5 FTE GPs	-1.689 [-5.136,1.759]	0.096 [-3.631,3.823]
>5 FTE GPs	-0.849 [-4.403,2.705]	1.017 [-2.989,5.023]
Inner city	0.164 [-2.033,2.361]	-0.680 [-2.740,1.380]
Small town	-0.989 [-3.878,1.899]	-2.151 [-4.942,0.639]
Rural	-2.418 [-5.435,0.600]	-5.553* [-10.117,-0.989
London	-1.580 [-3.921,0.762]	1.021 [-1.039,3.082]
Wales	-1.437 [-4.114,1.240]	-0.806 [-3.341,1.729]
Scotland	-0.936 [-2.907,1.035]	-0.572 [-3.199,2.055]
N Ireland	-2.075 [-4.974,0.824]	0.369 [-3.257,3.996]
N	1020	1020

Notes: regression coefficients [95% CIs] shown; * p<0.05, ** p<0.01, *** p<0.001; baseline groups=age<50, male, 1 FTE GP, suburban location, England.

6.2.3 Quality initiatives and medical practice items

Characteristic	Q4a	Q4b	Q4c	Q5	Q6a	Q6b	Q6c	Q6d	Q6e
Age 50+	1.089 [0.749,1.583]	1.006 [0.698,1.449]	0.682 [0.232,2.003]	1.028 [0.700,1.510]	1.275 [0.909,1.787]	1.015 [0.723,1.424]	1.135 [0.764,1.686]	1.349 [0.943,1.929]	1.322 [0.897,1.947]
Female	1 [0.663,1.507]	1.428 [0.942,2.164]	1.361 [0.448,4.136]	1.468 [0.935,2.305]	0.971 [0.655,1.439]	1.269 [0.890,1.810]	1.323 [0.849,2.061]	1.04 [0.692,1.563]	1.522 [0.994,2.330]
>1-3 FTE GPs	0.932 [0.549,1.581]	0.822 [0.473,1.427]	0.8 [0.215,2.975]	0.811 [0.460,1.432]	0.943 [0.548,1.622]	0.898 [0.560,1.438]	0.764 [0.441,1.326]	0.999 [0.584,1.708]	0.75 [0.436,1.292]
>3-5 FTE GPs	1.463 [0.840,2.549]	0.807 [0.454,1.435]	1.407 [0.321,6.165]	0.707 [0.387,1.290]	0.846 [0.503,1.426]	0.678 [0.424,1.083]	0.666 [0.370,1.199]	0.707 [0.394,1.270]	0.895 [0.494,1.622]
>5 FTE GPs	1.398 [0.756,2.586]	0.674 [0.361,1.258]	1.892 [0.309,11.570]	0.653 [0.341,1.252]	1.137 [0.624,2.074]	0.962 [0.566,1.635]	0.674 [0.362,1.254]	0.662 [0.356,1.229]	0.977 [0.535,1.783]
Inner city	0.778 [0.513,1.178]	0.834 [0.552,1.262]	0.583 [0.221,1.535]	1.315 [0.832,2.077]	0.651* [0.438,0.966]	0.588** [0.395,0.876]	1.044 [0.659,1.651]	1.088 [0.730,1.623]	0.92 [0.593,1.427]
Small town	0.932 [0.555,1.564]	1.111 [0.670,1.840]	1.86 [0.440,7.873]	1.519 [0.888,2.597]	1.129 [0.731,1.742]	1.11 [0.730,1.688]	1.644* [1.006,2.686]	0.992 [0.605,1.627]	1.322 [0.807,2.165]
Rural	0.955 [0.515,1.771]	0.739 [0.394,1.383]	1.184 [0.219,6.394]	0.677 [0.356,1.289]	1.767* [1.062,2.940]	1.359 [0.840,2.201]	1.295 [0.636,2.637]	0.691 [0.344,1.389]	0.982 [0.473,2.039]
London	2.136*** [1.412,3.230]	1.393 [0.926,2.093]	2.664 [0.726,9.774]	1.425 [0.914,2.221]	0.966 [0.655,1.424]	1.177 [0.776,1.787]	0.577* [0.376,0.887]	0.651* [0.438,0.967]	0.531** [0.345,0.819]
Wales	1.184 [0.721,1.944]	0.8 [0.483,1.325]	0.787 [0.224,2.767]	0.754 [0.434,1.310]	1.572* [1.055,2.343]	0.932 [0.616,1.410]	0.14*** [0.071,0.277]	0.534* [0.317,0.900]	0.247*** [0.135,0.452]
Scotland	1.514* [1.033,2.218]	0.921 [0.632,1.343]	0.903 [0.362,2.254]	0.767 [0.511,1.150]	1.075 [0.747,1.547]	1.293 [0.922,1.815]	0.346*** [0.228,0.524]	0.793 [0.543,1.157]	0.379*** [0.248,0.579]
N Ireland	1.399 [0.835,2.344]	1.854* [1.041,3.300]		1.144 [0.645,2.029]	1.684* [1.039,2.730]	1.861** [1.216,2.850]	0.139*** [0.061,0.319]	0.377** [0.209,0.679]	0.119*** [0.053,0.267]
N	1041	1041	1038	1028	1039	1033	1042	1041	1042

Notes: odds ratios [95% CIs] shown; * p<0.05, ** p<0.01, *** p<0.001; baseline groups=age<50, male, 1 FTE GP, suburban location, England.

6.2.3 Quality initiatives and medical practice items continued

Characteristic	Q6f	Q7	Q8a	Q8b	Q8c	Q8d	Q9	Q10
Age 50+	0.927 [0.655,1.314]	0.707 [0.482,1.037]	1.478 [0.991,2.205]	1.226 [0.817,1.839]	0.973 [0.402,2.354]	0.642* [0.444,0.928]	1.055 [0.638,1.746]	1.167 [0.755,1.804]
Female	0.793 [0.544,1.155]	0.65* [0.423,1.000]	0.975 [0.617,1.540]	1.407 [0.896,2.209]	1.689 [0.689,4.140]	0.835 [0.550,1.270]	1.493 [0.807,2.761]	0.632 [0.369,1.081]
>1-3 FTE GPs	0.978 [0.576,1.660]	1.283 [0.709,2.324]	1.825 [0.916,3.634]	1.018 [0.562,1.845]	0.673 [0.204,2.221]	0.587 [0.334,1.034]	1.201 [0.559,2.582]	0.843 [0.445,1.597]
>3-5 FTE GPs	0.643 [0.367,1.128]	1.383 [0.747,2.561]	3.803*** [1.897,7.624]	0.64 [0.341,1.201]	0.267* [0.073,0.984]	0.543* [0.304,0.967]	1.147 [0.495,2.659]	0.833 [0.434,1.600]
>5 FTE GPs	0.979 [0.538,1.779]	1.384 [0.713,2.686]	3.679*** [1.765,7.668]	0.741 [0.375,1.465]	0.966 [0.309,3.019]	0.553 [0.292,1.046]	0.356** [0.163,0.778]	0.454* [0.206,0.999]
Inner city	0.815 [0.550,1.209]	1.297 [0.865,1.946]	0.907 [0.579,1.421]	0.952 [0.616,1.472]	0.603 [0.204,1.786]	0.823 [0.541,1.253]	0.585 [0.324,1.054]	0.735 [0.453,1.193]
Small town	0.829 [0.520,1.323]	0.946 [0.550,1.626]	0.817 [0.462,1.445]	0.377** [0.204,0.695]	0.522 [0.136,2.008]	1.878* [1.100,3.206]	0.788 [0.374,1.662]	0.66 [0.355,1.226]
Rural	0.869 [0.483,1.562]	0.992 [0.472,2.087]	0.405** [0.208,0.790]	0.647 [0.308,1.356]	3.564* [1.275,9.962]	1.51 [0.806,2.829]	1.011 [0.423,2.413]	0.949 [0.445,2.026]
London	1.239 [0.850,1.806]	2.032** [1.325,3.114]	0.518** [0.333,0.806]	1.737** [1.165,2.591]	1.558 [0.608,3.989]	0.859 [0.566,1.303]	0.974 [0.528,1.798]	1.009 [0.635,1.604]
Wales	1.918** [1.277,2.882]	1.105 [0.652,1.874]	0.331*** [0.183,0.598]	0.423** [0.236,0.760]	0.188 [0.024,1.485]	3.27*** [1.939,5.515]	0.589 [0.314,1.104]	1.03 [0.568,1.869]
Scotland	2.813*** [1.965,4.025]	1.776** [1.170,2.696]	0.991 [0.657,1.497]	0.15*** [0.087,0.259]	0.632 [0.257,1.558]	2.761*** [1.849,4.122]	0.929 [0.527,1.639]	1.151 [0.722,1.835]
N Ireland	1.361 [0.862,2.147]	1.065 [0.597,1.898]	0.256*** [0.128,0.512]	0.126*** [0.056,0.283]	0.285 [0.074,1.092]	6.867*** [3.775,12.493]	2.239 [0.931,5.384]	1.646 [0.924,2.932]
N	1040	1043	1041	1041	1041	1041	1043	1041

Notes: odds ratios [95% CIs] shown; * p<0.05, ** p<0.01, *** p<0.001; baseline groups=age<50, male, 1 FTE GP, suburban location, England.

6.2.4 Caring for patients and disease management items

Characteristic	Q11a	Q11b	Q11c	Q12a	Q12b	Q12c
Age 50+	1.262 [0.620,2.571]	2.01* [1.155,3.499]	0.773 [0.538,1.112]	0.963 [0.639,1.451]	0.952 [0.670,1.351]	1.032 [0.675,1.577]
Female	0.666 [0.252,1.762]	0.979 [0.519,1.846]	1.02 [0.682,1.528]	0.656 [0.403,1.067]	0.622* [0.420,0.920]	0.959 [0.620,1.483]
>1-3 FTE GPs	1.616 [0.586,4.456]	1.106 [0.567,2.156]	0.872 [0.496,1.533]	0.836 [0.468,1.492]	1.6 [0.946,2.708]	1.049 [0.612,1.800]
>3-5 FTE GPs	0.584 [0.207,1.651]	0.393** [0.194,0.796]	0.523* [0.300,0.912]	0.614 [0.335,1.124]	1.272 [0.739,2.190]	0.8 [0.446,1.435]
>5 FTE GPs	0.742 [0.220,2.503]	0.42 [0.173,1.017]	0.819 [0.444,1.512]	0.461* [0.229,0.931]	1.14 [0.628,2.072]	0.529 [0.262,1.066]
Inner city	0.496 [0.221,1.115]	0.501* [0.270,0.929]	0.994 [0.662,1.493]	0.882 [0.563,1.380]	0.775 [0.520,1.156]	1.415 [0.915,2.187]
Small town	0.386 [0.145,1.032]	0.621 [0.283,1.359]	0.613* [0.376,0.999]	0.456** [0.256,0.815]	0.509** [0.310,0.837]	0.578 [0.318,1.050]
Rural	0.173*** [0.061,0.491]	0.733 [0.293,1.830]	1.244 [0.705,2.194]	0.841 [0.383,1.848]	0.917 [0.500,1.683]	0.477* [0.234,0.973]
London	0.599 [0.274,1.309]	1.418 [0.808,2.488]	1.706** [1.145,2.540]	1.221 [0.795,1.876]	0.996 [0.682,1.456]	2.03*** [1.349,3.054]
Wales	1.142 [0.406,3.208]	0.899 [0.393,2.056]	1.232 [0.772,1.964]	0.958 [0.548,1.676]	0.9 [0.556,1.456]	2.191** [1.333,3.601]
Scotland	0.659 [0.281,1.544]	0.738 [0.403,1.351]	1.136 [0.785,1.643]	0.638 [0.394,1.031]	1.029 [0.706,1.500]	0.806 [0.513,1.266]
N Ireland	2.389* [1.069,5.339]	0.594 [0.259,1.364]	0.971 [0.602,1.564]	1.015 [0.547,1.881]	1.33 [0.806,2.194]	1.313 [0.734,2.347]
N	1042	1043	1040	1043	1042	1043

Notes: odds ratios [95% CIs] shown; * p<0.05, ** p<0.01, *** p<0.001; baseline groups=age<50, male, 1 FTE GP, suburban location, England.

6.2.4 Caring for patients and disease management items continued

Characteristic	Q13a	Q13b	Q14	Q15a	Q15b	Q16
Age 50+	1.396 [0.958,2.033]	1.326 [0.908,1.936]	0.864 [0.609,1.224]	1.438 [0.943,2.194]	1.058 [0.727,1.539]	0.913 [0.643,1.299]
Female	0.635* [0.404,0.998]	0.763 [0.498,1.168]	0.875 [0.605,1.265]	0.771 [0.480,1.238]	0.605* [0.387,0.946]	0.821 [0.569,1.185]
>1-3 FTE GPs	1.396 [0.857,2.274]	1.742* [1.019,2.979]	0.755 [0.451,1.264]	1.204 [0.697,2.081]	1.191 [0.698,2.032]	1.008 [0.614,1.655]
>3-5 FTE GPs	1.014 [0.600,1.715]	1.361 [0.780,2.377]	0.561* [0.317,0.993]	0.634 [0.354,1.135]	0.855 [0.495,1.476]	0.632 [0.374,1.067]
>5 FTE GPs	0.795 [0.443,1.426]	1.451 [0.797,2.641]	0.663 [0.371,1.184]	0.584 [0.303,1.127]	0.736 [0.399,1.357]	0.495* [0.283,0.864]
Inner city	0.902 [0.587,1.387]	0.915 [0.597,1.402]	0.96 [0.644,1.432]	1.187 [0.752,1.873]	0.806 [0.519,1.250]	1.498* [1.013,2.214]
Small town	0.77 [0.468,1.268]	0.6 [0.358,1.004]	0.754 [0.470,1.207]	0.69 [0.392,1.217]	0.579* [0.350,0.959]	0.963 [0.589,1.574]
Rural	1.683 [0.942,3.008]	1.34 [0.741,2.423]	1.002 [0.530,1.895]	0.399* [0.192,0.829]	0.811 [0.431,1.525]	1.318 [0.830,2.093]
London	1.028 [0.665,1.590]	0.954 [0.628,1.449]	0.478*** [0.322,0.709]	0.483** [0.312,0.746]	0.604* [0.395,0.922]	0.943 [0.647,1.376]
Wales	1.556 [0.992,2.439]	1.195 [0.736,1.940]	1.01 [0.639,1.595]	1.429 [0.867,2.356]	1.109 [0.665,1.850]	0.776 [0.479,1.255]
Scotland	1.164 [0.791,1.713]	0.975 [0.664,1.431]	0.989 [0.698,1.401]	0.635* [0.405,0.995]	1.448 [0.988,2.123]	0.975 [0.694,1.371]
N Ireland	0.786 [0.466,1.326]	0.653 [0.381,1.120]	1.011 [0.654,1.563]	1.396 [0.817,2.384]	2.019** [1.226,3.325]	0.765 [0.478,1.224]
N	1035	1023	1042	1041	1041	1027

Notes: odds ratios [95% CIs] shown; * p<0.05, ** p<0.01, *** p<0.001; baseline groups=age<50, male, 1 FTE GP, suburban location, England.

6.2.5 Coordination of care and safety items

Characteristic	Q17a	Q17b	Q17c	Q18	Q19
Age 50+	0.894 [0.643,1.244]	1.205 [0.833,1.744]	1.811*** [1.281,2.562]	0.908 [0.650,1.268]	0.776 [0.514,1.169]
Female	0.981 [0.700,1.374]	1.364 [0.935,1.992]	1.022 [0.717,1.456]	1.133 [0.779,1.648]	1.163 [0.741,1.827]
>1-3 FTE GPs	0.58* [0.354,0.948]	0.718 [0.409,1.260]	0.615 [0.351,1.078]	1.126 [0.679,1.870]	0.884 [0.450,1.737]
>3-5 FTE GPs	0.454** [0.276,0.747]	0.534* [0.305,0.938]	0.489* [0.277,0.865]	1.305 [0.750,2.273]	0.673 [0.340,1.333]
>5 FTE GPs	0.709 [0.412,1.221]	0.752 [0.405,1.394]	0.583 [0.317,1.073]	1.892* [1.055,3.395]	0.437* [0.204,0.937]
Inner city	0.687* [0.473,0.996]	0.813 [0.553,1.193]	0.699 [0.477,1.023]	1.074 [0.725,1.589]	1.855** [1.182,2.911]
Small town	0.997 [0.652,1.523]	1.005 [0.617,1.639]	0.987 [0.652,1.494]	1.32 [0.817,2.135]	1.01 [0.508,2.008]
Rural	0.831 [0.493,1.400]	1.965* [1.095,3.526]	0.781 [0.424,1.435]	0.82 [0.473,1.421]	0.621 [0.239,1.612]
London	1.117 [0.773,1.612]	1.097 [0.750,1.604]	1.309 [0.903,1.899]	1.196 [0.826,1.730]	1.638* [1.082,2.480]
Wales	1.099 [0.741,1.631]	0.892 [0.582,1.368]	1.82** [1.163,2.849]	1.809** [1.213,2.698]	1.369 [0.846,2.213]
Scotland	1.142 [0.809,1.612]	1.489* [1.014,2.186]	1.82*** [1.279,2.588]	2.762*** [2.010,3.795]	0.497** [0.300,0.823]
N Ireland	1.503 [0.952,2.372]	0.65 [0.412,1.025]	1.295 [0.814,2.061]	4.795*** [3.042,7.556]	1.078 [0.565,2.056]
N	1040	1039	1041	1019	1042

Notes: odds ratios [95% CIs] shown; * p<0.05, ** p<0.01, *** p<0.001; baseline groups=age<50, male, 1 FTE GP, suburban location, England.

6.2.5 Coordination of care and safety items continued

Characteristic	Q20a	Q20b	Q20c	Q20d	Q21	Q22
Age 50+	1.223 [0.851,1.758]	1.445* [1.021,2.045]	1.221 [0.820,1.818]	0.918 [0.653,1.292]	1.356 [0.869,2.116]	0.715 [0.475,1.078]
Female	1.251 [0.829,1.888]	1.946*** [1.345,2.815]	1.116 [0.704,1.767]	0.927 [0.617,1.392]	1.05 [0.655,1.682]	0.926 [0.584,1.469]
>1-3 FTE GPs	0.791 [0.448,1.399]	0.711 [0.390,1.296]	0.875 [0.448,1.709]	0.701 [0.409,1.202]	1.152 [0.641,2.071]	1.371 [0.793,2.371]
>3-5 FTE GPs	0.718 [0.400,1.288]	0.642 [0.349,1.181]	0.539 [0.271,1.072]	0.484** [0.282,0.830]	0.832 [0.455,1.522]	1.81* [1.009,3.247]
>5 FTE GPs	0.68 [0.365,1.266]	0.487* [0.256,0.925]	0.409* [0.197,0.851]	0.589 [0.339,1.024]	0.87 [0.429,1.766]	1.726 [0.882,3.378]
Inner city	0.617* [0.396,0.959]	0.631* [0.419,0.950]	0.802 [0.494,1.302]	0.485*** [0.318,0.740]	1.625* [1.019,2.589]	1.014 [0.638,1.613]
Small town	1.095 [0.687,1.747]	0.788 [0.519,1.197]	1.148 [0.720,1.831]	0.947 [0.594,1.512]	1.466 [0.796,2.701]	0.654 [0.371,1.155]
Rural	0.984 [0.544,1.780]	1.086 [0.572,2.063]	0.769 [0.428,1.383]	0.827 [0.492,1.388]	1.396 [0.639,3.049]	1.097 [0.540,2.227]
London	1.418 [0.940,2.140]	1.185 [0.792,1.775]	1.753* [1.102,2.788]	1.879** [1.261,2.800]	0.978 [0.617,1.550]	1.363 [0.893,2.079]
Wales	0.913 [0.585,1.424]	1.155 [0.776,1.718]	0.536** [0.349,0.825]	0.952 [0.641,1.412]	1.332 [0.776,2.286]	1.561 [0.899,2.709]
Scotland	1.672** [1.162,2.406]	2.004*** [1.399,2.872]	1.098 [0.745,1.618]	1.127 [0.797,1.594]	1.634* [1.021,2.614]	1.858** [1.215,2.843]
N Ireland	1.477 [0.870,2.508]	2.264** [1.337,3.835]	1.329 [0.765,2.307]	1.103 [0.753,1.615]	0.262** [0.115,0.599]	2.132** [1.316,3.454]
N	1042	1041	1042	1038	1038	930

Notes: odds ratios [95% CIs] shown; * p<0.05, ** p<0.01, *** p<0.001; baseline groups=age<50, male, 1 FTE GP, suburban location, England.

6.2.6 Office systems & information technology items

Characteristic	Q23	Q24a	Q24b	Q24c	Q25	Q25b	Q25c	Q25d	Q26a	Q26b
Age 50+	1.61 [0.823,3.146]	1.145 [0.670,1.956]	0.903 [0.572,1.425]	1.389 [0.953,2.025]	0.814 [0.540,1.227]	0.948 [0.654,1.373]	1.15 [0.695,1.902]	1.36 [0.899,2.057]	1.308 [0.548,3.123]	0.977 [0.636,1.501]
Female	1.672 [0.825,3.389]	0.965 [0.526,1.769]	0.756 [0.436,1.312]	0.949 [0.622,1.446]	1.378 [0.874,2.173]	1.083 [0.725,1.618]	1.238 [0.699,2.193]	1.342 [0.835,2.157]	1.925 [0.855,4.335]	0.882 [0.530,1.466]
>1-3 FTE GPs	1.036 [0.504,2.130]	0.98 [0.492,1.953]	1.057 [0.511,2.184]	1.311 [0.745,2.307]	0.593 [0.328,1.073]	0.703 [0.413,1.196]	0.386** [0.201,0.739]	0.848 [0.475,1.514]	0.516 [0.230,1.158]	0.752 [0.411,1.376]
>3-5 FTE GPs	0.518 [0.195,1.374]	0.407* [0.191,0.868]	1.203 [0.559,2.592]	1.683 [0.941,3.011]	0.464* [0.252,0.854]	0.545* [0.312,0.949]	0.222*** [0.113,0.437]	0.926 [0.497,1.727]	0.235* [0.072,0.768]	0.666 [0.363,1.225]
>5 FTE GPs	0.24* [0.081,0.711]	0.436* [0.194,0.982]	1.317 [0.593,2.926]	1.555 [0.827,2.924]	0.683 [0.347,1.346]	0.508* [0.274,0.940]	0.173*** [0.075,0.397]	0.975 [0.507,1.876]	0.223* [0.054,0.927]	0.59 [0.280,1.241]
Inner city	0.777 [0.380,1.591]	1.166 [0.639,2.128]	1.072 [0.627,1.831]	1.418 [0.927,2.169]	0.352*** [0.227,0.545]	0.462*** [0.307,0.695]	0.728 [0.421,1.259]	1.292 [0.822,2.030]	1.572 [0.643,3.846]	0.93 [0.587,1.473]
Small town	0.243** [0.094,0.625]	1.677 [0.817,3.444]	1.563 [0.861,2.838]	1.554 [0.923,2.618]	0.767 [0.434,1.357]	0.811 [0.483,1.361]	1.049 [0.516,2.134]	0.932 [0.529,1.641]	0.947 [0.284,3.161]	0.771 [0.408,1.455]
Rural	0.284* [0.100,0.808]	1.048 [0.419,2.623]	1.008 [0.485,2.098]	1.303 [0.698,2.433]	0.478* [0.252,0.907]	0.837 [0.450,1.557]	0.521 [0.201,1.345]	1.482 [0.710,3.092]	1.136 [0.250,5.163]	0.584 [0.308,1.106]
London	0.384** [0.186,0.792]	0.599 [0.326,1.101]	0.613 [0.362,1.038]	1.117 [0.738,1.691]	1.678* [1.086,2.593]	0.594** [0.401,0.878]	0.762 [0.422,1.376]	1.045 [0.672,1.626]	0.476 [0.213,1.060]	1.406 [0.907,2.180]
Wales	0.142** [0.033,0.613]	0.767 [0.377,1.564]	0.682 [0.365,1.275]	0.628 [0.375,1.049]	1.473 [0.862,2.518]	0.795 [0.488,1.294]	1.375 [0.683,2.767]	1.264 [0.702,2.276]	0.355 [0.116,1.090]	0.949 [0.543,1.660]
Scotland	1.73 [0.968,3.091]	1.643 [0.960,2.812]	0.888 [0.548,1.438]	0.539** [0.356,0.815]	2.444*** [1.554,3.845]	0.386*** [0.256,0.582]	3.413*** [2.070,5.629]	1.343 [0.860,2.096]	0.449 [0.192,1.048]	1.328 [0.861,2.049]
N Ireland	0.538 [0.181,1.603]	0.519 [0.231,1.170]	1.855* [1.070,3.214]	0.797 [0.475,1.337]	0.663 [0.375,1.170]	0.355*** [0.205,0.613]	0.894 [0.416,1.918]	0.684 [0.389,1.204]	0.408 [0.123,1.356]	0.869 [0.493,1.531]
N	1041	938	939	941	1041	1039	1042	1042	1040	1038

Notes: odds ratios [95% CIs] shown; * p<0.05, ** p<0.01, *** p<0.001; baseline groups=age<50, male, 1 FTE GP, suburban location, England.

6.2.6 Office systems & information technology items continued

Characteristic	Q26c	Q27a	Q27b	Q27c	Q28a	Q28b	Q29a	Q29b	Q30
Age 50+	0.636 [0.345,1.175]	0.728 [0.445,1.191]	1.563 [0.832,2.939]	0.632* [0.445,0.897]	1.093 [0.691,1.729]	1.134 [0.618,2.082]	1.324 [0.578,3.029]	0.776 [0.210,2.867]	0.736 [0.499,1.086]
Female	1.492 [0.794,2.804]	1.438 [0.873,2.369]	0.829 [0.427,1.609]	1.172 [0.780,1.760]	0.666 [0.407,1.088]	0.802 [0.398,1.617]	0.702 [0.272,1.807]	0.596 [0.129,2.750]	1.052 [0.643,1.719]
>1-3 FTE GPs	0.788 [0.333,1.864]	0.565 [0.294,1.083]	1.08 [0.521,2.239]	1.013 [0.590,1.739]	1.127 [0.598,2.124]	0.965 [0.457,2.038]	0.675 [0.169,2.689]	2.453 [0.394,15.262]	0.583 [0.313,1.087]
>3-5 FTE GPs	0.795 [0.329,1.920]	0.396** [0.202,0.775]	0.55 [0.239,1.267]	1.37 [0.795,2.361]	1.336 [0.681,2.621]	1.847 [0.687,4.968]	1.395 [0.289,6.733]	0.448 [0.090,2.227]	0.512* [0.270,0.969]
>5 FTE GPs	0.553 [0.198,1.542]	0.436* [0.195,0.976]	0.333* [0.115,0.968]	1.61 [0.871,2.974]	1.167 [0.543,2.506]	1.287 [0.515,3.215]	0.589 [0.128,2.710]	1.533 [0.102,23.012]	0.387** [0.200,0.752]
Inner city	2.502* [1.184,5.287]	0.794 [0.472,1.336]	0.595 [0.309,1.147]	0.456*** [0.307,0.676]	1.578 [0.942,2.644]	2.469* [1.211,5.036]	4.081** [1.508,11.040]	0.962 [0.237,3.913]	1.632* [1.029,2.590]
Small town	0.749 [0.273,2.051]	0.768 [0.356,1.659]	0.381* [0.149,0.974]	0.946 [0.569,1.574]	2.16* [1.129,4.129]	2.057 [0.881,4.804]	3.086 [0.802,11.865]	3.506 [0.516,23.808]	0.897 [0.518,1.553]
Rural	2.191 [0.777,6.183]	0.945 [0.422,2.113]	0.393 [0.140,1.102]	0.747 [0.402,1.388]	0.988 [0.479,2.036]	1.995 [0.697,5.709]	1.336 [0.369,4.841]	1.165 [0.233,5.823]	0.788 [0.387,1.605]
London	0.736 [0.402,1.348]	1.669* [1.042,2.672]	0.968 [0.503,1.861]	0.933 [0.629,1.385]	1.798* [1.062,3.045]	1.331 [0.688,2.574]	1.168 [0.476,2.869]	5.079* [1.060,24.338]	0.754 [0.490,1.161]
Wales	0.491 [0.211,1.142]	0.996 [0.515,1.925]	0.757 [0.336,1.709]	1.206 [0.746,1.950]	0.742 [0.416,1.321]	1.276 [0.591,2.756]	1.214 [0.398,3.706]	2.685 [0.496,14.523]	1.135 [0.676,1.904]
Scotland	0.627 [0.330,1.192]	0.826 [0.481,1.418]	1.205 [0.645,2.251]	2.704*** [1.861,3.930]	1.2 [0.753,1.911]	0.909 [0.498,1.658]	2.314 [0.893,5.995]	1.377 [0.408,4.650]	0.98 [0.636,1.509]
N Ireland	0.13** [0.036,0.472]	0.659 [0.288,1.508]	0.726 [0.235,2.239]	1.109 [0.625,1.967]	1.735 [0.864,3.483]	1.19 [0.454,3.116]	1.312 [0.381,4.518]	1.174 [0.284,4.852]	1.447 [0.798,2.624]
N	1040	1038	1042	1042	1040	1041	832	931	1037

Notes: odds ratios [95% CIs] shown; * p<0.05, ** p<0.01, *** p<0.001; baseline groups=age<50, male, 1 FTE GP, suburban location, England.

6.2.7 Incentives items

Characteristic	Q31a	Q31b	Q31c	Q31d	Q31e
Age 50+	0.827 [0.571,1.196]	0.649 [0.290,1.456]	0.979 [0.598,1.603]	1.649* [1.013,2.685]	1.12 [0.737,1.702]
Female	0.763 [0.508,1.145]	0.35** [0.158,0.775]	0.52* [0.302,0.895]	0.739 [0.440,1.242]	0.785 [0.490,1.258]
>1-3 FTE GPs	0.871 [0.517,1.469]	2.674* [1.107,6.460]	1.508 [0.730,3.116]	1.093 [0.516,2.312]	1.04 [0.555,1.950]
>3-5 FTE GPs	0.868 [0.501,1.503]	8.052*** [2.482,26.124]	2.308* [1.074,4.961]	1.39 [0.618,3.129]	1.22 [0.623,2.391]
>5 FTE GPs	0.547* [0.303,0.987]	1.576 [0.546,4.548]	1.187 [0.556,2.534]	0.648 [0.288,1.458]	0.804 [0.401,1.612]
Inner city	1.079 [0.714,1.633]	1.98 [0.838,4.675]	1.578 [0.874,2.849]	0.835 [0.481,1.449]	1.229 [0.762,1.981]
Small town	0.861 [0.517,1.436]	1.328 [0.448,3.934]	1.165 [0.552,2.458]	1.257 [0.625,2.531]	1.98* [1.050,3.736]
Rural	0.836 [0.448,1.559]	1.372 [0.373,5.043]	0.985 [0.428,2.268]	0.87 [0.374,2.025]	1.066 [0.526,2.160]
London	0.973 [0.652,1.452]	0.794 [0.364,1.733]	0.79 [0.454,1.374]	1.299 [0.764,2.209]	1.293 [0.815,2.053]
Wales	0.506** [0.307,0.833]	0.904 [0.317,2.579]	0.495* [0.258,0.950]	2.142 [0.990,4.637]	1.049 [0.561,1.963]
Scotland	0.563** [0.384,0.825]	1.023 [0.476,2.202]	0.658 [0.389,1.113]	2.068** [1.192,3.589]	1.278 [0.821,1.988]
N Ireland	0.794 [0.474,1.329]	1.277 [0.397,4.114]	0.815 [0.415,1.601]	2.415* [1.050,5.557]	1.574 [0.828,2.994]
N	1021	1034	1020	1028	1012

Notes: odds ratios [95% CIs] shown; * p<0.05, ** p<0.01, *** p<0.001; baseline groups=age<50, male, 1 FTE GP, suburban location, England.

6.2.8 Potential effectiveness of quality of care improvement activities items

Characteristic	Q42a	Q42b	Q42c	Q42d	Q42e	Q42f
Age 50+	0.905 [0.660,1.241]	0.898 [0.655,1.231]	1.057 [0.775,1.441]	0.982 [0.708,1.362]	1.486* [1.070,2.064]	0.894 [0.640,1.250]
Female	1.148 [0.791,1.665]	1.006 [0.680,1.489]	1.47* [1.015,2.128]	1.353 [0.914,2.002]	1.798** [1.215,2.661]	1.604* [1.079,2.385]
>1-3 FTE GPs	0.875 [0.569,1.346]	0.778 [0.476,1.272]	0.835 [0.502,1.390]	0.87 [0.541,1.399]	0.941 [0.578,1.530]	1.484 [0.898,2.452]
>3-5 FTE GPs	0.965 [0.638,1.460]	0.779 [0.465,1.303]	0.905 [0.531,1.542]	1.154 [0.699,1.904]	0.936 [0.557,1.570]	1.669* [1.013,2.751]
>5 FTE GPs	0.814 [0.505,1.312]	0.772 [0.444,1.343]	0.794 [0.450,1.404]	0.987 [0.569,1.711]	0.983 [0.572,1.691]	1.551 [0.898,2.677]
Inner city	1.075 [0.751,1.541]	1.051 [0.726,1.523]	1.074 [0.754,1.530]	1.481* [1.005,2.182]	1.348 [0.945,1.923]	1.45 [0.988,2.129]
Small town	1.329 [0.820,2.153]	1.435 [0.858,2.398]	1.26 [0.783,2.027]	1.496 [0.941,2.377]	1.117 [0.691,1.807]	1.547 [0.950,2.518]
Rural	1.074 [0.659,1.751]	1.592 [0.901,2.813]	0.855 [0.499,1.463]	0.805 [0.492,1.316]	0.895 [0.547,1.463]	1.455 [0.887,2.385]
London	1.211 [0.857,1.712]	1.287 [0.919,1.803]	1.217 [0.857,1.729]	1.246 [0.870,1.785]	1.085 [0.749,1.571]	1.235 [0.849,1.796]
Wales	0.764 [0.494,1.182]	0.705 [0.443,1.122]	1.472 [0.963,2.250]	1.953** [1.284,2.970]	1.3 [0.868,1.947]	1.434 [0.978,2.104]
Scotland	1.089 [0.778,1.523]	0.996 [0.704,1.410]	1.09 [0.777,1.530]	1.243 [0.888,1.739]	1.217 [0.870,1.703]	1 [0.720,1.390]
N Ireland	1.332 [0.841,2.109]	0.83 [0.534,1.292]	1.139 [0.760,1.709]	1.197 [0.784,1.828]	1.721* [1.106,2.677]	1.017 [0.696,1.485]
N	1040	1039	1038	1039	1037	1037

Notes: odds ratios [95% CIs] shown; * p<0.05, ** p<0.01, *** p<0.001; baseline groups=age<50, male, 1 FTE GP, suburban location, England.