

# Patient Feedback Guide

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## Purpose of this document

This document has been developed to provide guidance on:

- what you need to do to fulfil Criterion QI1.2 of the Quality Improvement module of the RACGP *Standards for general practices* (5th edition) (the Standards), and the options available to you
- how to develop your own patient feedback methods, using the tools (questions and templates) that the RACGP has developed
- when and how to gain the RACGP's approval for methods you want to use
- how to successfully develop and use a variety of patient feedback methods
- how to use the patient feedback you collect to improve the healthcare and other services that your practice provides.

## A snapshot of collecting patient feedback

<p><b>Criterion QI1.2</b></p>  <p>Criterion QI1.2 of the Standards states that you need to collect and respond to feedback.</p> <p>This document will help your practice when meeting the patient feedback requirements.</p> <p>See <a href="#">Why collect patient feedback?</a></p>	 <p>Your combined feedback over the three year accreditation cycle needs to address six themes.</p> <p>See <a href="#">What to collect feedback about.</a></p>
 <p>You need to collect feedback from a representative sample. If collecting from a sub-set of your patients, you may need to collect feedback from a representative sample of that sub-set.</p> <p>See <a href="#">Who to collect feedback from.</a></p>	 <p>You need to have the required number of patients for each method you choose.</p> <p>See:</p> <ul style="list-style-type: none"> <li>• <a href="#">How many questionnaires?</a></li> <li>• <a href="#">How many focus groups?</a></li> <li>• <a href="#">How many interviews?</a></li> </ul>
 <p>Patients' confidentiality is critical, as is security and integrity of the data you collect.</p> <p>See <a href="#">How to collect patient feedback.</a></p>	 <p>There will be some instances where RACGP approval of the method that your practice uses to collect patient feedback will be required.</p> <p>See <a href="#">When and how to apply for the RACGP's approval.</a></p>
 <p>You can collect patient feedback on an ongoing basis throughout your three year accreditation cycle, or once every three years.</p> <p>See <a href="#">When to collect patient feedback.</a></p>	 <p>If you conduct a focus group or interviews, you must use an external facilitator or interviewer with appropriate skills, and who does not and will not provide clinical care to your patients.</p> <p>See <a href="#">The facilitator</a> and <a href="#">The interviewer.</a></p>
 <p>You have to tell:</p> <ul style="list-style-type: none"> <li>• staff about the outcomes of the feedback and what it means for your practice</li> <li>• patients about the outcomes of the feedback that you collect</li> <li>• patients about changes you have made or are going to make as a result of the feedback.</li> </ul> <p>See <a href="#">Section 6: Using your patient feedback.</a></p>	

# Section 1: Introduction to collecting patient feedback

## Why collect patient feedback?

### To satisfy Criterion QI1.2 of the Standards

Criterion QI1.2 of the Quality Improvement (QI) Module of the RACGP's *Standards for general practices* (5th edition) (the Standards) contains three mandatory Indicators:

- ▶ A. Our practice seeks feedback from patients, carers and other relevant parties in accordance with the RACGP *Patient Feedback Guide* (the Guide).
- ▶ B. Our practice can demonstrate how we have analysed and responded to feedback and considered feedback for quality improvement.
- ▶ C. Our practice promotes how we have responded to feedback and used feedback for quality improvements.

Therefore, to fulfil the requirements of Criterion QI1.2, you have to:

- collect feedback
- analyse and use the feedback to improve your practice
- tell patients and other stakeholders how you have used the feedback to improve your practice.

And you have to be able to demonstrate this when undergoing accreditation.

### To improve patient outcomes

When you collect patient feedback, you can use it to:

- improve the quality of healthcare that your practice provides
- improve other aspects of your practice (e.g. administrative and reception services)
- provide constructive feedback to your staff
- demonstrate to your patients that you value their views and needs.

Collecting and responding to feedback means that your patients are more likely to have positive experiences at your practice, which in turn leads to positive outcomes for patients because:

- they are more likely to follow the advice and treatment their GP gives them
- they are more likely to return to the practice and therefore receive continuity of care.

### To benefit the practice

Collecting and responding to patient feedback will benefit the practice because:

- patients are more likely to remain loyal to the practice, and recommend it to others
- the risk of medico-legal action will be reduced
- employees will be more satisfied and therefore more likely to stay at the practice.

## Who to collect feedback from

Most of the time, you need to collect feedback from a **representative sample** of your entire patient population, so that you can draw conclusions about the experiences and needs of your practice's patients.

This means you need to collect feedback from patients of different ages, with different cultural and linguistic backgrounds, gender, frequency of visits to your practice, and education levels.

Where a patient may be unable to provide feedback themselves, parents, guardians and carers may provide the practice with feedback on the patient's behalf.

## Selecting sub-sets of patients

There may be times when it is desirable to focus on a particular sub-set of your patients to collect feedback specifically about their needs. For example, you may want to collect feedback from Aboriginal and Torres Strait Islander patients, patients who have a chronic condition, patients who are new to your practice, and so on.

Even when focusing on a sub-set of your patients, you should aim to collect feedback from a representative sample of that sub-set. For example, if you are collecting feedback from patients who have a chronic condition, consider if you also need to have, for example, a gender balance and a mix of ages and backgrounds.

## Achieving a representative sample

To achieve a representative sample, patients must be randomly selected. This means that:

- patients cannot nominate themselves  
(do not, for example, leave blank questionnaires at reception or ask patients to self-nominate for focus groups)
- staff cannot select patients
- patients must be selected from every day that you are normally open and from throughout each day (e.g. Monday 8.00 am to Saturday 1.00 pm).

## Ways to ensure you achieve a representative sample

- **Random selection**  
For example:
  - You could select every 10<sup>th</sup> patient every day for two weeks to participate in patient feedback activities, and if, say, patient 20 declines to participate, the next patient asked will be patient 30.
  - You could ask every 5<sup>th</sup> patient who telephones the practice.
- **Multiple versions**  
For example:
  - have paper and electronic versions of a questionnaire available
  - have translations available in languages that are common in your patient population
  - offer face-to-face questionnaires for patients who have low literacy skills, do not speak or read English, or for whom it is culturally appropriate to have a face-to-face interaction
  - have a Braille translation available for blind patients

## Avoid sampling bias

Sampling bias occurs when information is collected in such a way that some members of the intended population are less likely (or more likely) to be included than others.

For example, if you email a questionnaire to patients, you may unintentionally exclude patients who do not have an email address, do not have a smart phone or computer, are not computer literate, or are not fluent in English. Consequently, your results will probably be skewed because only people who are younger or of higher socio-economic status completed the survey..

To avoid sampling bias, you may consider:

- using methods and tools that are accessible to as many patients as possible (for example, provide questionnaires in multiple languages)
- using different formats and tools (for example run focus groups or interviews, develop paper-based and electronic versions).

To check and reduce sampling bias you should collect information on the demographics of your patients. See [Patients' demographics](#).

### *Ensure accessibility*

Consider how you will make sure that you collect feedback from patients who:

- are living with disability – for example:
  - can blind patients complete the questionnaire?
  - can disabled patients access the venue you have chosen for a focus group?
- patients who do not speak English or have low literacy levels
- have carers or guardians who attend your practice with them, or are otherwise involved in their health care.



## What to collect feedback about

You need to collect:

- feedback based on six themes that each address different aspects of patients' experiences at your practice
- the demographics of the patients.

### Themes

Feedback collected needs to address the six themes listed below.

1. Access and availability
2. Provision of information
3. Privacy and confidentiality
4. Continuity of care
5. Communication and interpersonal skills of clinical staff
6. Communication and interpersonal skills of administrative staff

#### 1. Access and availability

Collect feedback about how patients access your practice. This includes:

- physical access to the practice's premises, and rooms inside the practice (e.g. toilets, consulting rooms, other areas)
- waiting times to get an appointment
- waiting times in the practice
- ways to make appointments
- getting advice over the telephone from clinical staff
- the length of your standard consultations
- the costs of your services and associated billing processes
- your normal opening hours
- arrangements for care outside of normal opening hours
- arrangements for home visits
- whether they have attended an emergency department for something that could have been treated within your general practice.

#### 2. Provision of information

Collect feedback about how you provide information to patients. This includes:

- information given by clinical staff during a consultation
- proposed investigations
- referrals
- tests
- treatment
- medicines
- health promotion and illness prevention strategies

- your practice's information sheet, newsletter, and website.

### **3. *Privacy and confidentiality***

Collect feedback about how you ensure patients have privacy in your practice. This includes:

- physical privacy - the extent to which your practice encourages privacy and confidentiality (e.g. when undressing for an examination)
- information privacy (e.g. confidence that their health information is not shared with non-clinical staff)
- obtaining patient consent for a third party (e.g. a medical student) to be present during a consultation.

### **4. *Continuity of care***

Collect feedback about how patients experience continuity of care in your practice. This includes:

- whether they have a preferred or usual GP
- how long they have been a patient of your practice
- whether they see more than one GP at your practice, or at other practices
- how your GPs and nurses work together to provide care
- how your practice coordinates their care with other health providers (such as allied health professionals, hospitals, and tertiary referrals).

### **5. *Communication and interpersonal skills of clinical staff***

Collect feedback about how patients experience the communication and interpersonal skills of clinical staff (e.g. GPs, nurses). This includes:

- how confident they are in their clinician's diagnosis and treatment
- the way your clinical staff:
  - listen
  - explain
  - discuss
  - involve the patient in decisions about their healthcare
  - demonstrate care, concern and sympathy
  - demonstrate that they remember a patient
  - demonstrate knowledge about that patient's medical and personal history

### **6. *Communication and interpersonal skills of clinical and administrative staff***

Collect feedback about how patients experience the communication and interpersonal skills of administrative staff (e.g. the receptionist or practice manager). This includes:

- how they communicate with patients
- how they make patients feel welcome
- how they consider the patient's needs when:
  - they make an appointment
  - they arrive at the practice
  - there are delays to their appointment time, or other events (e.g. in receiving results from tests, phone calls from a GP).

## Patients demographics

Every time you collect patient feedback, (regardless of the method, timing, or tool you use), you must collect the following information from each participant:

- age
- gender
- ethnicity
- Aboriginal and/or Torres Strait Islander status
- language/s spoken at home or country of birth
- education
- healthcare card status
- frequency of visits to the practice

You can use then use this information to:

- check that you have a suitable representation of your entire patient population, or of a specific sub-set (See [Who to collect information from](#))
- differentiate between the experiences and needs of different patient groups (e.g. older male patients may judge an aspect of the practice more harshly than young female patients, and vice-versa), which allows you to review feedback in context and make appropriate changes
- identify trends in patients' perceptions of the services your practice provides.

## When to collect patient feedback

To satisfy the requirements of Criterion QI1.2, you must collect patient feedback using one of the following two options:

- **On an ongoing basis** over the three year accreditation period.  
This allows you to collect feedback in smaller quantities and use a variety of methods and tools. For example, you might conduct small questionnaires covering different themes every three months, or run a focus group every 12 months, or send short text messages to patients once per month.
- **On a large scale** once every three years  
This allows you to collect one complete set of data in one hit – which will usually be a large questionnaire that covers all six themes. You must schedule this so that you have enough time to collect sufficient feedback, analyse it and use it, so that you can demonstrate this when you go through the accreditation process.

## How to collect patient feedback

### Planning your collection of patient feedback

Develop a plan that can include the following information.

1. **Clear goals**  
Document what you want to achieve by collecting patient feedback.  
Refer to Criterion QI1.2 in the Standards.  
Read Themes to identify the kind of feedback you need to collect.
2. **Stakeholders**  
List anyone who will have an interest in and be affected by your plans (e.g. the GPs and other staff in your practice, the practice owners), the kind of information they will want, and any concerns that they might have.
3. **Who you want to collect feedback from**  
Identify the groups of patients or other users you want to reach (e.g. people with chronic conditions, people from particular minority groups such as Aboriginal and Torres Strait Islander Australians, carers).  
Decide how you will invite them to participate, what you will do if you do not get enough patients, how you will acknowledge their participation, where appropriate.
4. **Resources**  
Identify and budget for the costs associated with collecting patient feedback, including incentives and compensation.  
Identify staff or others who have the necessary time and skills to undertake and manage the patient feedback process. Make sure your budget includes the costs associated with this (e.g. a temp to replace a permanent staff member who will undertake this task).
5. **The feedback methods you plan to use**  
Talk with others in your practice and, if possible, with others who have collected patient feedback (e.g. in other practices). Consider the budget, the availability and skills of staff, the practice's patient population, the methods that will deliver the most thorough and accurate results, and which ones will suit your practice's patient population. See [Section 2: Methods for collecting feedback](#) to help you decide which methods you might want to use, and read through the relevant sections of this document before you make a final decision.
6. **Protecting patient confidentiality and data integrity**  
Establish and document how you will protect patient confidentiality and the integrity of the data.
7. **How you will act on the feedback collected**  
Document how you will collate, analyse, and use the feedback you collect.  
Document what and how you will communicate the patient feedback outcomes with patients, stakeholders and others.
8. **How you will measure the impact of changes**  
Establish 'before and after' measures to evaluate the impact of any changes your practice makes as a result of the feedback. For example, how will you know that waiting time has been reduced or that patients understand instructions about their medication?

### Ensure data integrity and patient confidentiality

Every time you collect feedback from patients, you must:

- align with the legislative requirements of *The Privacy Act 1988* and the Australian Privacy Principles (APPs) when dealing with personal information

- other relevant legislation may also apply and practices are encouraged to check their own state's legislative requirements (e.g. Health Records Act or equivalent) relating to health records and information privacy, to ensure compliance.
- maintain patient confidentiality (e.g. do not ask patients to provide their names or other information that would identify them, such as the date and time of their appointment; do not record any identifying information when you collect the feedback)
- store all feedback securely (e.g. in locked filing cabinets, in password-protected files on a computer) and provide access only to people involved in the feedback process
- not allow clinical staff to store, analyse or report on the clinical care that they have given to patients (if you are collecting feedback about individual clinical staff)
- not allow a clinical staff member to facilitate forums, interview patients, or conduct questionnaires over the phone or face-to-face if that staff member does or could provide that participant with clinical care
- abide by your state's legislation regarding the retention and destruction of data and records
- decide when and how you are going to destroy data securely and permanently (e.g. just "deleting" data from a computer does not in fact erase it from the computer's hard drive; paper questionnaires cannot be placed intact into rubbish or paper recycling).

### Ethical considerations

All methods of collecting feedback can raise some ethical considerations, which include:

- prior informed consent
- confidentiality
- incentives and compensation.

### *Prior, informed consent*

Patient feedback activities should be conducted only if the patient has been informed of all aspects of the activity (e.g. reason, duration, topics to be discussed, how their confidentiality will be maintained, who will be present, whether they will or will not receive any compensation) and they have given their consent before the activity takes place.

### *Confidentiality*

The rights to confidentiality and anonymity must be offered and explained, along with the practice's legal requirements relating to circumstances where important/dangerous information cannot be kept confidential (e.g. in instances of severe domestic or child abuse).

### *Incentives and compensation*

You may wish to encourage patients to participate with an incentive or compensation for their time and contributions. If you decide to use incentives or compensation, it must be:

- identical for all patients
- explained up front
- delivered transparently.

Many people will willingly participate without a formal incentive, but if you think you need an incentive, particularly to encourage people who might not otherwise participate and to ensure you achieve the type or mix patients you want, consider providing:

- refreshments

- other small items of acknowledgement, such as movie vouchers.

If you choose not to compensate patients, you must make this clear before they participate so there are no unmet expectations.

## Section 2: Methods for collecting feedback

### Introduction

The Standards do not specify the methods you have to use to collect feedback, so we strongly encourage you to consider which methods best suit your practice and your patients.

It is not essential that *each* method addresses all of the patient feedback themes, but it is essential that when you have completed collecting your feedback, you have addressed all of the themes.

For example, you could use one method to collect feedback about the first four themes, another one to collect feedback about the communication skills and interpersonal skills of administrative staff, and another one to collect feedback about communication and interpersonal skills of clinical staff.

There are three main methods of collecting feedback:

- questionnaires
- focus groups
- interviews.

### Questionnaires: the most common method of collecting feedback

The most common method of collecting feedback is questionnaires because:

- they are relatively easy and inexpensive to conduct
- they can cover easily address all six themes, or selected themes
- they provide quantitative data that is relatively easy to collate and report on
- they can also provide qualitative data that gives you more detailed feedback.

### Different versions and tools for questionnaires

Questionnaires can be developed and distributed in many different ways. For example, you can:

- use different types of questionnaires (e.g. a large one covering all six themes, small ones covering one or more of the six themes, very small ones that cover very specific aspects of the practice that you want to collect feedback on)
- create different versions (e.g. in languages other than English, Braille)
- distribute them in different ways:
  - you can hand out, or mail, paper versions
  - you can verbally ask patients 2-3 questions at the end of a phone call
  - you can text 2-3 questions
  - you can give patients a link to an on-line version
  - you can develop an app that patients complete on a tablet in your waiting area.

### Different questionnaires available

See [Section 3: Conducting questionnaires](#) for detailed information about how to conduct questionnaires, including where you can obtain ready-made questionnaires.



## Other methods explained in this document

This document also explains how to collect feedback using:

- focus groups (see [Section 4: Conducting focus groups](#))
- interviews (See [Section 5: Conducting interviews](#)).

## A snapshot of each method

The following table contains an overview of some of the patient feedback methods you can use. This may help you identify methods that will suit your practice and your patients.

Method	Level of intervention (indicative)	Advantages	Disadvantages
<b>Commercially available questionnaire</b>	Minimal	The provider collates and analyses results. You can conduct one large questionnaire once every three years.	There will be a cost for the purchase of the questionnaire and associated services.
<b>RACGP questionnaire</b>	Minimal	Less expensive than the commercially available questionnaires. You can conduct one large questionnaire once every three years. RACGP can support and guide you through the whole process.	The RACGP will charge an administrative fee. You need to collate and analyse the results yourself.
<b>Your own questionnaire</b>	Moderate - Significant	You can use/modify some or all of the questions from RACGP questionnaire, and/or develop your own. Can be practice-specific. You can conduct one large questionnaire once every three years. RACGP can support and guide you through the whole process.	The RACGP will charge an administrative fee. More time required than using readily available questionnaire. Significant MS Office skills required. You need to collate and analyse the results yourself. RACGP approval required ( <b>approximately 1 – 3</b> months from application depending on how many questions you develop yourself).
<b>Your own short focussed questionnaire/s</b>	Moderate - Significant	You can conduct small questionnaires throughout the three year accreditation cycle, focussing on different themes. Can be practice-specific. You can make changes to your practice based on feedback on one questionnaire, and then compare results of a subsequent questionnaire. You can focus on one or two issues at a time. They take less time to prepare, complete, collate, and analyse. RACGP can support and guide you through the whole process.	The RACGP will charge an administrative fee. Significant time required to plan and set up. Significant expertise required. RACGP approval required ( <b>approximately 1 – 3</b> months from application), for which you must pay a small amount. Not many areas are addressed.
<b>Interviews</b>	Significant	Can be practice-specific. You can explore sensitive issues privately. Patients can express their views in their own words.	The RACGP will charge an administrative fee. Significant time required. Significant expertise required. The RACGP's approval required ( <b>approximately 1 – 3 months</b> from application).

Method	Level of intervention (indicative)	Advantages	Disadvantages
<b>Focus groups</b>	Significant	Can be practice-specific. Group settings can provide significant feedback in one session. Patients can discuss their experiences with other patients.	The RACGP will charge an administrative cost. Significant time required. Significant expertise required. The RACGP's approval required ( <b>approximately 1 – 3 months</b> from application).
<b>Other methods you develop</b>	If you want to use any other methods of collecting feedback, contact the RACGP to discuss the advantages and disadvantages and what you will need to do to gain the RACGP's approval.		

## When and how to apply for the RACGP's approval

The following table specifies when you do and do not have to apply for the RACGP's approval before using a particular method to collect patient feedback.

Method	Approval Required?
A commercially available questionnaire pre-approved by RACGP.	No
The RACGP's questionnaire without any changes.	No
The RACGP's questionnaire where you are using a minimum of three RACGP questions per patient feedback theme and the questions are unaltered. You can find the RACGP questionnaire here <a href="#">Appendix 2: The RACGP's questionnaire</a>	No
The RACGP's questionnaire where you wish to change the wording of the questions	Yes
A questionnaire you have written.	Yes
The RACGP's questionnaire where you wish to translate the questions into a language other than English or Braille.	Yes
A focus group.	Yes
Interviews.	Yes
Any other method that you want to use.	Yes

## How to have your feedback method approved

1. Develop the patient feedback method.
2. Download the application form for approval from [here](#).
3. Complete the application form.

Please complete all relevant sections of the form, so we can process your application promptly.

4. Email your completed application form, the materials you want approved, and other relevant documents specified on the form to [standards@racgp.org.au](mailto:standards@racgp.org.au)
5. If you receive RACGP approval, then you can proceed with collecting your patient feedback. If the RACGP requests changes then
  - a. make the changes
  - b. continue from Step 2 above.

## Deciding on methods, tools and distribution

When deciding on methods, tools and distribution, consider:

- the time and skills you can devote to developing, distributing, collecting, and analysing
- if you want feedback about all six themes at once, or whether you want to collect feedback on different themes over time (remember that, collectively, your feedback must cover all six themes)
- if you have patients who are unlikely to complete a particular version of a questionnaire (e.g. elderly patients may not want to complete an online questionnaire; busy young professionals may not want to complete a questionnaire immediately after their appointment)
- accessibility for patients with particular needs (e.g. vision-impaired patients)
- if you want feedback about very sensitive issues in an in-depth and confidential manner
- if it is more culturally appropriate for some patients to provide feedback face-to-face or over the telephone.

## Meeting the requirements of this document

Regardless of the methods, versions, and tools you choose, you must meet the requirements set out in this document.

In particular, refer to [Section 1: Introduction to collecting patient feedback](#) that discusses:

- the themes you need to collect feedback on
- achieving a representative sample
- patient confidentiality and data integrity
- planning.

## Accreditation process

During accreditation, you will need to demonstrate that:

- you have collected feedback according to the requirements set out in this document (including that you used approved methods)
- you have analysed the feedback
- you have used the feedback to improve your practice
- you have told patients and other stakeholders how you have used the feedback to improve your practice.

## Section 3: Conducting questionnaires

### Introduction

The purpose of a questionnaire is to obtain responses from a sample of a group of people (e.g. your patients) in order to generalise findings to the population as a whole.

### Advantages of questionnaires

Using questionnaires, you can:

- collect feedback from a large number of patients
- collect feedback from different sub-sets of your patients to see if certain types of people have particular issues with your practice
- ask specific questions
- study patterns or trends, or see if improvements have had an impact, because you can conduct the same questionnaire over time
- deliver online and paper versions.

### Advantages and disadvantages of online versions and paper versions

Version	Advantages	Disadvantages
Online versions	Easier, quicker and cheaper to send out and collate.	May exclude people who are not familiar with computers or are concerned about privacy issues, unless you offer them a paper version as well.
Paper versions	Easier for people who are not familiar with computers or are concerned about privacy issues.	Responses are more time-consuming to record Errors can be made while transferring the responses to a database or spread sheet. They take up more storage space.

### Disadvantages of questionnaires?

Patients with low literacy levels or English as their second language may have difficulty understanding and completing a questionnaire.

### How many questionnaires?

To collect feedback about	Requirement	Example
Your practice	At least 30 completed questionnaires per full-time equivalent (FTE) GP in your practice.	If you have three full-time GPs and four who each work 0.5%, you have five FTE GPs and therefore must collect at least 150 completed questionnaires.
Individual GPs or other clinical staff	At least 50 completed questionnaires from patients who regularly see that staff member, regardless of their FTE.	If you have one full-time GP and one part-time GP, you must collect at least 50 completed questionnaires about each of them.

If you are collecting on-going patient feedback i.e. smaller numbers of questions over time, you need to ensure at the end of the entire process, your total questions and responses equate to 30 questionnaires covering all six themes per each FTE GP in your practice

## Tools

This table shows the various tools you can use to distribute a questionnaire, how you could conduct a questionnaire using that tool, and the advantages and disadvantages.

Tool	How/example	Advantages	Disadvantages
<b>Online questionnaire on your website that requires a login and password</b>	Send a link and login details to every 10 <sup>th</sup> patient who comes in for two weeks, via any of the following: <ul style="list-style-type: none"> <li>• text</li> <li>• twitter</li> <li>• email</li> <li>• Australia Post.</li> </ul>	Good for any size questionnaire. Good when you want to target a specific group of patients, such as patients under 30, or patients who have a particular need. <b>Patients can complete questionnaire in their own time when it's convenient</b>	Excludes patients who do not use these media, or are uncomfortable using computers, or have concerns about privacy. <b>Patients may forget to do it.</b>
<b>Paper version mailed through Australia Post</b>	Mail a paper version to every 10 <sup>th</sup> patient	Good for large questionnaires. Patients can complete questionnaire in their own time. You can include a link to an online version, so patients can complete paper or electronic version.	You have to rely on patients to complete the paper version and then mail it back, or bring it back on their next visit, which may not happen, or may not happen in time. Patients may forget to do it.
<b>Paper version in the practice</b>	Invite every 10 <sup>th</sup> patient.	Good for any size questionnaire (if patients have time). Having both versions (electronic and paper) lets patients choose the version they are most comfortable with. Patients can take it away with them to complete in their own time.	You need to provide a private space where others cannot watch patients completing it. If they take it away with them, they may not complete it or return it.
<b>Electronic version (e.g. on tablets) in the practice</b>	Invite every 10 <sup>th</sup> patient.	Good for any size questionnaire (if patients have time). Having both versions (electronic and paper) lets patients choose the version they are most comfortable with.	You need to provide a private space where others cannot watch patients completing it. Some patients may not feel comfortable with the technology (which is why it is a good idea to also have a paper version available).
<b>Text / SMS messages</b>	Text every 5 <sup>th</sup> patient.	Good when you want to ask just 1-2 questions	Can exclude patients who do not have mobile phones. Patients may resent being contacted this way.
<b>Incoming and outgoing phone calls</b>	Ask every 10 <sup>th</sup> caller/recipient if they will answer three questions at the end of the phone call	Good for smaller, informal questionnaires	Staff member has to record answers on the spot and may need to ignore waiting patients, other calls, and other duties Patients may not want to have to answer questions when they are unwell and calling to make an appointment.
<b>Professional tele-marketing service</b>	You provide telephone numbers (and other relevant	A trained telephone surveyor asks the questions, records answers, and can explore	Some patients may not appreciate that their details have been given to an external

<b>Please note; practices should consider how they obtain the patient's prior consent to avoid privacy concerns</b>	details...name, date of last consultation) of every 10 <sup>th</sup> patient who attends the clinic.	issues in greater depth as they arise in the conversation.	organisation.
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## Questionnaires that you can use

If you decide to use a questionnaire, you have three options, as shown in the table below.

- a commercially available questionnaire
- the RACGP's questionnaire without any changes to the wording of questions
- your own questionnaire (which includes using the RACGP's and changing, adding or deleting any questions or options to answers or translating).

## Using a commercially available questionnaire

<b>Advantages</b>	Questions and statements developed by specialists in research. Providers offering these questionnaires will collate and analyse your patients' responses and provide your practice with a report of the results, allowing you to take action on the findings. Efficient and cost-effective, as little effort is required by your staff.
<b>Disadvantages</b>	The provider charges a fee.
<b>The RACGP's approval</b>	Not required.
<b>Minimum requirement</b>	30 questionnaires per FTE GP in your practice
<b>Available from</b>	This RACGP site contains a list of commercially available questionnaires that the RACGP has approved: <a href="http://www.racgp.org.au/your-practice/standards/resources/patient-feedback/validated-questionnaire/">http://www.racgp.org.au/your-practice/standards/resources/patient-feedback/validated-questionnaire/</a> Also see <a href="#">Appendix 1: Commercially available questionnaires</a> . RACGP does not gain any financial benefit from these companies, nor do we rank them.

## Using the RACGP's questionnaire

<b>Advantages</b>	Questions and statements developed by specialists in research Efficient and cost-effective. Minimal effort required by your practice's staff. The RACGP will guide you through the process.
<b>Disadvantages</b>	You must do your own collation and analysis of responses.
<b>The RACGP's approval</b>	Not required.
<b>Minimum requirement</b>	30 questionnaires per FTE GP in your practice
<b>Available from</b>	The RACGP See also <a href="#">Appendix 2: The RACGP's questionnaire</a> .

## Developing your own questionnaire

<b>Advantages</b>	You can base it on the RACGP's questions, but select and modify them according to your needs. You can include all the questions you want to include, and you have control over all aspects of the questionnaire (subject to the RACGP's approval). The RACGP will guide you through the process.
<b>Disadvantages</b>	The RACGP charges an administrative fee. There will be a time delay for the approval process to be undertaken. You need to analyse the data yourself.
<b>The RACGP's approval</b>	Required. Allow up to one month for your questionnaire to be approved.
<b>Minimum requirement</b>	30 questionnaires per FTE GP in your practice

## Technology to develop your own questionnaire

Many websites offer advice on using technology to develop questionnaires to collect consumer feedback). For example:

<http://www.wordstream.com/blog/ws/2014/11/10/best-online-survey-tools>

<http://blog.clientheartbeat.com/customer-feedback-software/>

<http://www.inmoment.com/products/experience-hub/>

The RACGP does not endorse or recommend any of these sites or options. Please carefully consider your options and the available skills and time of your practice's staff before you decide to develop online questionnaires.

## Creating, changing, or translating a questionnaire

You must receive approval from the RACGP before you can use a changed, new, or translated questionnaire. See [When and how to apply for the RACGP's approval](#).

### Creating your own questions or questionnaire

Developing or changing a questionnaire requires particular expertise and knowledge to ensure that the questionnaire is easy for patients to complete and produces accurate and meaningful results. Any aspect of the questionnaire (e.g. length, type of questions, content of questions, order of questions, wording, answer options) can deter patients from answering accurately or completely.

It is time-consuming to write all of the questions in a questionnaire from scratch, particularly to make sure you adequately cover relevant themes and word the questions to make them easy to understand.

For this reason, we strongly recommend that you:

- use the available questionnaires because they have been developed by specialists in social research
- change them (e.g. add or change questions) **only if absolutely necessary**



For more information about developing questions, see [Appendix 3: Writing or changing questions for a questionnaire](#).

### Creating versions of the RACGP's questionnaire

To provide flexibility, the RACGP's questionnaire is available as a Word document or a PDF document. For example, you can create:

- an on-line version on your website
- an application on a device
- a paper-based version
- text/SMS questions
- a list of questions your administrative staff ask patients on the phone.

It's also easy to select, or change questions when they are in Word. If you add, change, or alter the RACGP questionnaire in any way, you must gain approval from the RACGP.

### Translating questionnaires

If you have any part of an approved questionnaire translated, evidence that the translation has been undertaken correctly must be provided to the surveyor during accreditation. (e.g. by a qualified translator, and that it has been independently reverse-translated).

## Conducting the questionnaire

### Give clear instructions to staff

Tell staff why you are collecting feedback (See [Why collect patient feedback?](#)), and how many questionnaires you need to collect.

Tell them exactly what they need to do.

Practices are required to prepare clear, written instructions for staff on the process to be undertaken, the volumes of questionnaires to be obtained and the manner in which the completed questionnaires are to be dealt with and stored, once returned to the practice.

For example:

- invite every 10th patient to participate using the pre-printed invitation (see [Appendix 4: Inviting and instructing patients to participate in a questionnaire](#))
- give them the questionnaire and the instructions (see [Appendix 4: Inviting and instructing patients to participate in a questionnaire](#)) after their appointment
- make sure completed questionnaires go into a secure area and are removed only when there are no patients in the administration area
- securely store completed questionnaires
- keep an accurate count of how many completed questionnaires are returned.

Practices are required to pre-test their questionnaires with small sample of their patient populations to ensure the questions are understood and any issues can be clarified before commencing the process.

## Selecting patients

See [Who to collect feedback from](#).

## Inviting participation

When you invite a patient to participate, tell them:

- they have been selected at random
- they do not have to participate if they do not wish to and choosing not to participate is fine and will not affect their treatment
- that all responses are anonymous and will be kept confidential
- use the sample invitation in see [Appendix 4: Inviting and instructing patients to participate in a questionnaire](#), if appropriate.

## If patients complete the survey in your practice

- Provide a private and comfortable location to complete the questionnaire.
- Make sure someone is available at short notice if they need help.
- If they are completing a paper version, provide:
  - a clipboard and 2 pens (check that they work)
  - an envelope they can put their completed questionnaire into

If a patient expresses any problems, complaints, or concerns, listen carefully and respond accordingly.

## Collecting, counting, and storing questionnaires

As you receive each completed questionnaire:

1. Check it is complete. If you find the questionnaire is incomplete, you will need to randomly select another patient and provide them a questionnaire for completion.
2. For a paper version:
  - a. write a unique number at the top to indicate how many you have now collected
  - b. staple all pages together (if they are not already secure)
  - c. store with others in a secure area such as a filing cabinet. You might want to bundle completed questionnaires by day, week or other category, using separate files, or in large bags or with large bulldog clips.
3. For an electronic version:
  - a. save it with a unique file name that indicates how many you have now collected (e.g. Patient Feedback Questionnaire September 2017 Number 34)
  - b. save it into a dedicated folder with an appropriate name (e.g. Patient Feedback Questionnaire September 2017).
4. Keep track of how many you have collected, so you know when you have collected the required number, as shown in the table below.

To collect feedback about	Requirement	Example
Your practice	At least 30 completed questionnaires per full-time equivalent (FTE) GP in	If you have three full-time GPs and four who each work 0.5%, you have

	your practice.	five FTE GPs and therefore must collect at least 150 completed questionnaires.
Individual GPs or other clinical staff	At least 50 completed questionnaires from patients who regularly see that staff member, regardless of their FTE.	If you have one full-time GP and one part-time GP, you must collect at least 50 completed questionnaires about each of them.

## Section 4: Conducting focus groups

A focus group is a planned group discussion in which a facilitator asks a small number of selected patients to discuss a particular topic relating to their experiences of care at your practice.

There are three characteristics of a focus group that distinguish it from other group discussions:

- the focus group has a specific topic for discussion
- the focus group has a facilitator to manage the discussion (see [The facilitator](#))
- the patients are chosen, and discussion is managed, so that a comfortable environment is created, where people feel free to talk openly and express their opinions.

It is essential that when you have completed collecting your feedback, you have addressed all of the patient feedback themes. See [What to collect feedback about](#).

### Introduction

Focus groups are particularly useful when:

- you require greater understanding of how patients experience a particular aspect of your practice
- you want to understand how particular types of patients experience care from your practice when these patients may not be adequately represented in a random selection of patients (e.g. patients with young families, or a specific illness, or a specific background)
- you want to collect feedback from patients who are unlikely to accept an invitation to participate in a written questionnaire (e.g. those with low literacy, living with a disability, or from a non-English speaking background)
- it is more culturally appropriate to collect face-to-face feedback
- you are thinking about introducing a new program or service (which might be the result of previously collected feedback)
- you want to ask questions that can't easily be asked or answered on a written survey
- you want to supplement the knowledge you can gain from written surveys.

### Advantages of focus groups

- Although focus groups are structured and directed, patients are able to freely express their opinions, which means you can collect a lot of information in a relatively short time.
- Responses are typically spoken, open-ended, relatively broad, and qualitative, so they have more depth, nuance, and variety than other feedback methods.
- Patients' non-verbal communications (e.g. facial expressions and body language) and interactions between patients can give more insight into what patients are thinking and feeling.
- The discussion can often stimulate new thoughts, which patients might not have otherwise have had.

### Disadvantages of focus groups

Focus groups typically take more time per participant than questionnaires because the group has to be recruited and because group activities, by nature, take time.

It can be difficult and/or time-consuming to:

- find patients who will agree to participate, and to achieve an appropriate mix of patients
- find a skilled facilitator—you may need to pay a facilitator with appropriate skills (see [The facilitator](#)):
- develop appropriate questions
- organise and conduct the session
- protect patients' confidentiality
- be sure that patients are agreeing with others because they don't want to express a different opinion
- accurately collect, record, collate, and analyse data, particularly if you have more than one focus group discussing the same issue.

## How many focus groups?

The number of focus groups that you need to conduct depends on the number of GPs in your practice, as shown below.

No of FTE GPs in your practice	Minimum number of focus groups
0-4	2
5-10	3
> 10	5

If you want to collect and analyse feedback about individual GPs or other clinical staff members, at least **one focus group for each staff member** (regardless of their FTE), made up of patients who regularly see that clinical staff member.

## Requirements of a good focus group

- A skilled facilitator who does not and could not provide clinical care to any of the patients participating.
- The time, knowledge, and resources to recruit a willing group of focus group patients.
- A suitable location.

## Further information

For further information about focus groups, see [Appendix 5: More information about conducting focus groups](#).

## Section 5: Conducting interviews

### Introduction

Individual interviews are planned one on one discussions between an interviewer and a patient in which the patient is asked pre-determined questions about their experiences of your practice.

It is essential that when you have completed collecting your feedback, you have addressed all of the patient feedback themes. See [What to collect feedback about](#).

### Types of interviews

Broadly speaking, there are three types of interviews:

- structured
- semi-structured, and
- unstructured interviews.

For detailed information about each of these, see [Types of interviews](#) in Appendix 5.

### Advantages of interviews

- You can ask about personal or sensitive issues that questionnaires do not usually ask, and that patients are unlikely to discuss openly in a group.
- People who might be unwilling to participate in questionnaires or focus groups might participate in interviews.
- Patients can articulate their experience in their own words, and therefore provide extremely useful insights and perspectives into people's thought processes and rationale.

### Disadvantages of interviews

- Interviews are time-consuming because of the organisation required. For example, identifying patients, negotiating access, arranging logistics, interviewing, and transcribing.
- Less-structured interview data can be difficult to analyse.
- The interviewer's presence can affect the participant's response.
- People's narrative responses are not always accurate (e.g. their memory can be unreliable, they may want to "please" the interviewer).
- If a translator is used, the questions and the responses may not be accurately or completely translated.

### How many interviews?

You must conduct at least five interviews per full-time equivalent GP in your practice.

For example, if you have seven full-time GPs and 3 who work 0.5%:

GPs	= FTE GPs	x 5 interviews per FTE GP
7 full-time	7.0	35.0
3 at .5	1.5	7.5
Minimum number of interviews		42.5 (which has to be rounded up to 43)

## Requirements of a good interview

- A skilled interviewer who does not and could not provide clinical care to any of the patients participating.
- The time, knowledge, and resources to recruit a suitable selection of patients.
- A suitable location.

## Further information

For further information about interviews, see [Appendix 6: More information about conducting interviews](#).

## Section 6: Using your patient feedback

### Introduction

Having collected your patient feedback, you can now use it to identify, plan, and implement improvements to your practice.

Keep in mind that you will also need to be able to demonstrate for accreditation purposes how you have used the feedback to improve your practice.

### When?

If you have conducted feedback once in your three year accreditation cycle (for example, conducted one large questionnaire), you will analyse and report on the feedback once.

If you are conducting ongoing feedback, you need to decide how often you want to analyse and report on the feedback. For example, you might want to report after every instance (e.g. every short questionnaire, every set of interviews) or at set intervals (e.g. every six months) to see if your changes are producing the results you want, and while the details of the method used are fresh in the mind of the staff members and others who administered the process.

### Who should analyse and report?

Anyone who satisfies requirements of patient confidentiality and integrity of data can analyse and report. However, if you have collected information about individual clinical staff, those staff must not collate, analyse, or report on patients' feedback about them.

## Analyse your feedback

### Questionnaires

If you have used a commercially available questionnaire, the provider will collate and analyse the results for you.

If you have used the RACGP's questionnaire, we recommend that you use the RACGP's Patient Feedback Questionnaire Spread Sheet to help you analyse the results.

If you have developed your own questionnaire (or modified the RACGP's questionnaire), you can still use the RACGP's Patient Feedback Spread Sheet by replacing the questions with your own.

See [Appendix 7: Using the RACGP's Patient Feedback Spread Sheet to enter and report questionnaire results](#).

### Focus groups and interviews

1. If you tape-recorded the focus group or interviews, make a transcript.  
If someone took notes (e.g. a note-taker, the facilitator or the interviewer), ask them to tidy up the notes so you can review them.
2. Collate the information. This can be done by someone in your practice, or someone external to your practice, or by two people who each do this independently and then collaborate to prepare a summary and/or report.
  - a. review the transcript or notes
  - b. collate the data where possible (e.g. consolidate common and very similar phrases such as "I always have to wait too long" and "the time in the waiting room is ridiculous"; record the number of times that patients indicated a particular issue was important)
  - c. identify patterns, themes, and issues (including any new ones that arose)



- d. identify the importance of each issue, based on the importance that patients have it, and the number of times it was mentioned.

### Acknowledging feedback that is not useful

If you receive feedback that you cannot act on (e.g. that your opening hours are too limited, when the practice is not able to change them), you cannot ignore the feedback as your patients may feel that their feedback is not being taken seriously.

To ensure that the feedback is handled appropriately, you need to:

- identify it as an issue
- consider providing alternatives, or reviewing it again in the future
- explain to your patients why you are unable to address that issue.

### Identifying major and frequent issues

After you have collated your data, categorise them into major issues or frequent issues.

Major issues are generally those that affect the quality of health care: frequent issues are those that many patients raised, or gave a low rating to.

For example:

- if a few patients indicate that they did not understand the instructions their GP gave them about when to take their medication, this would probably be a major issue
- if many patients indicate that they spend too much time in the waiting room, this would probably be a frequent issue.

Some issues will be both. For example, if many patients indicate that they did not understand the instructions about their medication.

### Prepare a report for your practice

Write a report for the practice that includes:

- a summary of demographic data (e.g. the number of patients, the age groups, gender, languages spoken at home, Aboriginal and Torres Strait Islander status, frequency of visits to the practice, etc.)
- the results in an easily understood format (e.g. tables, and if you enter data into a spreadsheet, you can then use it to generate graphs and pie charts)
- the responses to any open-ended questions
- a summary of what works well in the practice (this is just as important as identifying areas for improvement)
- a summary of areas for improvement.

See [Appendix 8: A sample report of findings](#) for a sample report.

### Share the results with patients

The practice could consider sharing the results with their patient population through the use of communication items such as emails, fliers, newsletters and posters in waiting rooms.

You should also thank patients who participated in focus groups or interviews.

See [Appendix 9: A sample letter/email to share findings with patients](#) for a sample letter/email you could send to them.

## Use your analysis to make improvements

### Involve the whole team

Arrange a meeting of the whole team to:

- discuss the results of the analysis
- identify issues to be addressed
- discuss how to address these issues.

If you have collected feedback about individual clinicians, discuss these results with the individuals privately.

### Develop an action plan

Developing a clear action plan will help your practice implement appropriate changes based on feedback and it satisfies the second Indicator of Criterion Q11.2 of the Standards.

To develop an effective plan, include all of the following.

- **What** you are going to do:
  - identify and prioritise the changes your practice is going to make
  - identify how you can do more of what your patients say they like. In other words, make sure you don't just focus on the negative issues (e.g. if lots of patients indicated that they like the texts sent to remind them of their appointment, you could also send texts to remind them when they are due for routine screenings)
  - identify feedback you are not going to respond to, and why you are not going to respond to that feedback.
- **How, who** and **when**:
  - Identify who is responsible overall for each change
  - identify the sub-tasks that need to be completed for each change, and who is going to do each sub-task
  - plan when you are going to make each change (e.g. you might want to quickly make some small changes that were an issue for lots of patients, so that you start to make a difference to a larger proportion of your patients, or you might want to attend to major issues first)
  - set dates to review progress.

### Examples

Poor examples	Good examples
We will extend our opening hours. <i>(It is not specific, and there's no implementation date.)</i> By March 2019, we'll open 18 hours a day, 7 days a week. <i>(It's probably not achievable.)</i>	By March 2019, we will have extended our opening hours by one hour each weekday, and two hours on Saturdays.
By the end of this year, we will make sure patients understand what they are meant to do with their medication. <i>It is not specific and there's no way of measuring whether it is being done or not.)</i>	By the end of this year, every GP will give patients written instructions about their medication (e.g. the dose, how often, for how long, before or after food) and place a copy in the patient's file.

- **Measuring** what you've done:
  - decide how you are going to know when you have achieved your objectives
  - decide how you are going to determine the impact of the change (for example, you could conduct a short specific questionnaire).
- **Telling** patients
  - decide how you are going to notify your patients of the changes.

### Make the changes

Implement the changes in accordance with the plan.

You may want to adopt commonly used methods for implementing the changes, such as the PDSA (Plan, Do, Study, Act) cycle, along with other project management tools and techniques. The tools and techniques that you choose will depend on the size, duration, and complexity of each planned change.

As you implement each change, record:

- what has been done
- when it was completed or implemented
- any variations to the plan, and the reasons for the variation.

### Tell patients about the changes

Tell patients about the changes that you have made as a result of their feedback so that they feel that their time and contributions were valued and worthwhile.

See [Appendix 10: A sample letter/email to tell patients about changes](#) for a sample letter/email you could send to patients

### Tell patients about the changes

Tell patients the changes you have made and that they were the result of feedback you collected.

For example, you could:

- display a poster in your waiting room with simple messages from the feedback, and what you have done (and will do) in response
- include information in your website, newsletter or other promotional material explaining what feedback methods you used, a summary of the findings, and what you have done (and will do) in response.

This helps to demonstrate that your practice believes patients are part of your quality improvement process, and it satisfies the third Indicator in Criterion QI1.2 of the Standards.

### Compare results over time

Theoretically, as you make changes that you identified as necessary from the feedback, some issues will no longer be a concern to patients. To help check that this is happening, and to measure the impact of changes you have made, compare the most recent results with previous results. To do this, you need to keep results for a few years.

## Section 7: Appendices

Appendix 1: Commercially available questionnaires

Appendix 2: The RACGP's Questionnaire

Appendix 3: Writing or changing questions for a questionnaire

Appendix 4: Inviting and instructing patients to participate in a questionnaire

Appendix 5: More information about focus groups

Appendix 6: More information about interviews

Appendix 7: Using the RACGP's Patient Feedback Questionnaire Spread Sheet to enter and report questionnaire results

Appendix 8: Sample letter/email to share findings with patients

Appendix 9: Sample letter/email to tell patients of the changes

## Appendix 1: Commercially available questionnaires

If you want to use one of the commercially available questionnaires, you can select from the following (listed alphabetically):

- [cfep Survey's Patient Accreditation Improvement Survey \(PAIS\)](#)  
(07) 3855 2093
- [Insync's Patient Satisfaction Instrument \(PSI\)](#)  
1800 143 733
- [Press Ganey Associates](#)  
(07) 5560 7400
- [SEHPA Patient Feedback Survey](#)  
(available to practices within the Cities of Casey and Greater Dandenong and the Shire of Cardinia within Victoria)  
(03) 8792 1900

The RACGP does not gain any financial benefit from these companies.

## Appendix 2: The RACGP's questionnaire

### How to use the RACGP's questionnaire

1. Download the RACGP's questionnaire. See page 12 of [this document](#).
2. Enter your practice's information in the header.
3. Choose which of the questions you wish to ask under each theme. You must ask a minimum of three questions under each theme.
  - a) If you do not make any changes to the wording of the questions and ask at least three questions under each theme, you do not need to seek approval for using the RACGP's questionnaire.
4. Save.

Q1. Making an appointment and waiting to see a clinician at your last visit.								
Please rate each statement.								
Statements		Poor	Fair	Good	Very good	Excellent	Not Applicable	Don't Know
a.	Seeing the clinician of your choice	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b.	Getting an appointment for a time that suited you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c.	The time you had to wait to get this appointment (before getting to the clinic)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
d.	The time you had to wait after you arrived at the clinic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
e.	The amount of time spent travelling to the clinic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
f.	Ease of parking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
g.	Getting reminders for your appointment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

h.	The comfort of the waiting room	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Do you have any comments you would like to make about making an appointment and waiting to see a clinician?								

Q2. Your experience with reception staff at your last visit								
Please rate each statement								
Statements	Poor	Fair	Good	Very good	Excellent	Not Applicable	Don't Know	
a. Were welcoming upon your arrival	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	
b. Were professional in dealing with you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	
c. Considered your needs when making an appointment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	
d. Let you know about any delays while you were waiting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	
e. Were courteous and polite	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	
f. Had good reading material	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	
g. Catered for children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	
Do you have any comments you would like to make about your experience with reception staff at your last visit?								

Q3. Your experience of the interpersonal skills of the clinician at your last visit							
Please rate each statement.							
Statements	Poor	Fair	Good	Very good	Excellent	Not Applicable	Don't Know

a.	Treated you with respect	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b.	Understood your personal circumstances	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c.	Had enough time to talk about the things that were important for you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
d.	Cared about you as a person	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
e.	Made you feel comfortable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
f.	Showed sensitivity to your concerns	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
g.	Told you all you wanted to know about your condition	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
h.	Let you talk about alternative therapies you were using	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Do you have any comments you would like to make about the interpersonal skills of the clinician at your last visit?								

Q4. Your experience of the way clinicians communicated with you at your last visit								
Please rate each statement.								
Statements		Poor	Fair	Good	Very good	Excellent	Not Applicable	Don't Know
a.	The clinician had enough time to listen to what you had to say	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b.	Helped you understand your medical condition	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c.	Explained the purpose of tests and treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
d.	Involved you in decisions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
e.	Helped you understand what to do when you went	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7



	home						
f.	Accepted your decision to seek alternative treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6 <input type="checkbox"/> 7
g.	Adequately discussed your personal issues	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6 <input type="checkbox"/> 7
h.	Guided you on how to take medicines correctly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6 <input type="checkbox"/> 7
i.	Allowed you to have the final choice about tests	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6 <input type="checkbox"/> 7
j.	Allowed you to have final choice about treatments	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6 <input type="checkbox"/> 7
k.	Really listened to what you had to say	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6 <input type="checkbox"/> 7
Do you have any comments you would like to make about the way clinicians communicated with you at your last visit?							

Q5. Your experience of the information given to you by clinicians at your last visit.								
Please rate each statement.								
	Statements	Poor	Fair	Good	Very good	Excellent	Not Applicable	Don't Know
a.	The amount of useful information given about your condition	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b.	The amount of useful information given about your treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c.	Information about how to take your medicines	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
d.	Information about side effects of any treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
e.	Information about how to stay healthy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
f.	Information about how to prevent future health	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

	problems						
g.	Gave you useful written information	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6 <input type="checkbox"/> 7
h.	Told you where to find reliable information on the internet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6 <input type="checkbox"/> 7
Do you have any comments you would like to make about the information given to you by clinicians at your last visit?							

Q6. Your experience of privacy at your last visit							
Please rate each statement.							
Statements	Poor	Fair	Good	Very good	Excellent	Not Applicable	Don't Know
a. Privacy in the waiting area	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. Privacy when you were examined	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c. Being able to discuss personal issues that were sensitive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
d. Your understanding of how medical records are kept private in the clinic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
e. The way in which information was given to other clinicians	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
f. The way the electronic records were explained to you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
g. Asked your permission before another clinician came to the appointment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Do you have any comments you would like to make about your experiences of privacy at your last visit?							

**Q7. Your experience of the way your clinician worked with other healthcare professionals at your last visit**

Please rate each statement.

Statements		Poor	Fair	Good	Very good	Excellent	Not Applicable	Don't Know
a.	Knew your medical history at the clinic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b.	The clinician was aware of advice you had received from other health professionals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c.	Gave you options for specialists or other health providers you need to see	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
d.	Coordinated different healthcare professionals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
e.	Allowed you to have the final choice about which other professionals to see	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
f.	Gave the right amount of information to other healthcare professionals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Do you have any comments you would like to make about the way your clinician worked with other healthcare professionals at your last visit?

**Q8. Thinking about your experience with the general practice over the past year**

Please rate each statement.

Statements		Poor	Fair	Good	Very good	Excellent	Not Applicable	Don't Know
a.	Suitability of clinic opening hours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b.	Being able to see a doctor at the clinic when you needed urgent care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c.	Being able to see the doctor of your choice	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

d.	Information about where to get medical care when the clinic is closed	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5	<input type="text"/> 6	<input type="text"/> 7
e.	The amount you paid for each visit to the doctor	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5	<input type="text"/> 6	<input type="text"/> 7
f.	Contacting a clinician by email	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5	<input type="text"/> 6	<input type="text"/> 7
g.	Being able to receive a home visit by a doctor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h.	Providing your test results in an understandable way	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do you have any comments you would like to make about your experience with the general practice over the past year?								

### Q9. If you could change one thing about the practice, what would you change?

Please write your ideas below:

## Some things about you

<b>Q10. Are you?</b>	<b>Q11. Do you identify as being of Aboriginal and/or Torres Strait Islander descent?</b>
<input type="checkbox"/> <input type="checkbox"/> 1 Male 2 Female	<input type="checkbox"/> <input type="checkbox"/> 1 Yes 2 No
<b>Q12. Have you been to another general practice in the last year?</b>	<b>Q13. Which languages do you speak at home? Tick all spoken</b>
<input type="checkbox"/> <input type="checkbox"/> 1 Yes 2 No	<input type="checkbox"/> 1 English
<b>Q14. What is your age?</b>	<input type="checkbox"/> 2 Arabic
<input type="checkbox"/> 1 15 – 24 years	<input type="checkbox"/> 3 Cantonese
<input type="checkbox"/> 2 25 – 44 years	<input type="checkbox"/> 4 Mandarin
<input type="checkbox"/> 3 45 – 64 years	<input type="checkbox"/> 5 Vietnamese
<input type="checkbox"/> 4 65 years or over	<input type="checkbox"/> 6 Hindi
<input type="checkbox"/> 5 Don't wish to say	<input type="checkbox"/> 7 Greek
<b>Q15. How long have you been coming to this practice?</b>	<input type="checkbox"/> 8 Other
<input type="checkbox"/> 1 Less than 1 year	<b>Q16. Do you have any of these concession cards?</b>
<input type="checkbox"/> 2 1 – 2 years	<input type="checkbox"/> 1 Health Care Card

<input type="checkbox"/> <sub>3</sub> 3 years or more	<input type="checkbox"/> <sub>2</sub> Pensioner Concession Card
<input type="checkbox"/> <sub>4</sub> Not sure	<input type="checkbox"/> <sub>3</sub> Any Veterans' Affairs treatment entitlement card
<b>Q17. How many times have you visited this practice over the past 12 months?</b>	<input type="checkbox"/> <sub>4</sub> Not covered by any concession card
<input type="checkbox"/> <sub>1</sub> Only this visit	<b>Q18. What is the highest level of education you have reached?</b>
<input type="checkbox"/> <sub>2</sub> 2 – 5	<input type="checkbox"/> <sub>1</sub> Some high school
<input type="checkbox"/> <sub>3</sub> 6 – 10	<input type="checkbox"/> <sub>2</sub> Completed high school
<input type="checkbox"/> <sub>4</sub> 11 or more	<input type="checkbox"/> <sub>3</sub> Currently studying for a degree or diploma
<input type="checkbox"/> <sub>5</sub> Not sure	<input type="checkbox"/> <sub>4</sub> Completed a trade or technical qualification
	<input type="checkbox"/> <sub>5</sub> Completed a degree or diploma
<b>Q19. Was this visit for yourself or someone you are caring for?</b>	<input type="checkbox"/> <sub>6</sub> Postgraduate degree
<input type="checkbox"/> <sub>1</sub> Self	
<input type="checkbox"/> <sub>2</sub> Someone else	
<b>Q20. Are you aware that this practice specialises in &lt;speciality&gt;? (Optional)</b>	
Speciality	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>3</sub> Not sure

**Q21. Have you ever received treatment at this practice for <speciality>? (Optional)**

Speciality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<sub>1</sub> Yes	<sub>2</sub> No	<sub>3</sub> Not sure

**Q8. Q22. Thinking about your experience of <speciality> at this practice? (Optional)****Please rate the practice on how it**

Please rate each Please rate each statement.

Statements	Poor	Fair	Good	Very good	Excellent	Not Applicable	Don't Know
a. Helped you understand your <speciality> condition	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. Explained the purpose of tests and treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c. Involved you in decisions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
d. Allowed you to have the final choice about tests	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
e. Allowed you to have the final choice about treatments	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
f. Understood how the <speciality> condition affected your life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Do you have any comments you would like to make about your experience of <speciality> at this practice?							

Thank you for taking the time to complete this questionnaire.

Please put your completed questionnaire in the secure box at reception.

## Appendix 3: Writing or changing questions for a questionnaire

### Changing existing questionnaires

If you change anything in the RACGP's questionnaire or a questionnaire of yours that the RACGP has previously approved, you must submit the changed questionnaire to the RACGP for approval.

### Tips for writing questions

#### *Address the themes*

Make sure your questions address one or more of the themes on which you need to collect patient feedback. (See [What to collect feedback about](#)).

#### *Address the themes*

Ask questions that allow patients to select from a range of responses (e.g. poor, fair, good, very good, excellent), rather than limited responses such as Yes/No, Agree/Disagree, Satisfied/Dissatisfied. The exception to this is where answers can only be Yes or No (e.g. Do you identify as an Aboriginal and/or Torres Strait Islander person?).

#### *Avoid sampling bias*

Avoid any questions that could result in sampling bias (when some members of the intended population are less likely to be included than others). For example, avoid questions such as, "When you email the practice ..." as this will exclude patients who do not have emails.

#### *Use everyday words and phrases*

Use simple everyday words and phrases and concepts. For example, avoid complex sentences such as "Please rate the consequences of not having your treatment un-checked in subsequent instances"!

#### *Keep to one issue per question or statement*

Keep to one issue per question or statement. For example, avoid questions such as "Please rate the information you received about your medications and when to take them" because the patient might have received adequate information about the medications but not about when to take them.

#### *Be specific*

- Avoid questions that do not provide specific information. For example, "The length of the consultation is about right", because if patients respond with "Disagree" or "Strongly Disagree", you don't know if the participant thinks it was too long or too short.
- Ask specific questions, or use specific statements to be rated (for example: *The clinician clearly explained the possible side effects of the medication*) because they highlight precisely where a problem might be and what needs to be done to eliminate it.
- Questions that rate general levels of satisfaction (for example, *How would you rate the care you received?*) do not tell you what needs to be done to improve the care. It is better to ask specific questions such as "Please rate the quality of the information you received about how to take your medicines". This is why it is also a good idea to include open-ended questions so that patients can include additional and more specific information. Having precise information about what went wrong (e.g. 23% of patients were not given a clear explanation of their test results) tells you what to do to improve patient care.



*Include the period of time you want the participant to consider*

Specify in the question or statement the period of time you want patients to refer to (e.g. their last visit, the previous three months, the previous 12 months).

## How to develop your own questionnaire using the RACGP's questionnaire

### Stage 1: Download the RACGP's questionnaire from [this document](#)

1. Enter your practice's information in the header.
2. Choose which of the questions you wish to ask under each theme. You must ask a minimum of three questions under each theme.
3. Make any changes to the questions that you wish to make such as adding questions, changing wording of questions. Ensure that you still ask the demographic questions
  - If you want to use the RACGP's Questionnaire Spread Sheet you cannot change the rating scale of the questions because they have been used in the spread sheet to analyse responses
  - you may need to renumber questions.
4. Save.

Aim to keep the questionnaire to a maximum of four A4 pages. This will take less than 10 minutes to complete, and more patients will be willing to participate.

### Stage 2: Apply for approval

Submit your questionnaire to the RACGP for approval. See [When and how to apply for the RACGP's approval](#).

## Appendix 4: Inviting and instructing patients to participate in a questionnaire

This appendix contains two sample documents:

- [Invitation to participate in a questionnaire](#), which you can give to randomly selected patients when they come into the practice. This will give them time to read it and decide if they want to participate or not.
- [Instructions for questionnaire participant](#), which you can give with the questionnaire to patients who have agreed to participate.

You can change these documents as required.

## Invitation to participate in a questionnaire

Print or email the following letter (amended if necessary) on your letterhead, and give it to patients who you have randomly selected (e.g. every 10<sup>th</sup> patient) to invite to complete a questionnaire after their consultation.

### Would you like to help us improve our practice?

We are asking our patients to fill in a questionnaire about their experience with our practice, so that we can improve our patient care.

We would like to give you a questionnaire after your appointment today for you to complete before you leave the practice. It will take you less than 10 minutes to complete.

Please note:

- You do not have to participate, and if you choose not to participate, your care will not be affected.
- The questionnaire is confidential and anonymous.
- Your care at the practice will not be affected by the answers you give.
- There are no right or wrong answers: it is your opinion that is important to us.

If you have any questions about the questionnaire, please ask the receptionist, your doctor, or other clinicians you see at our practice today.

Please give this patient information sheet to reception staff when your consultation is over, and tell us if you would or would not like to participate.

We look forward to continuing to provide you with quality healthcare.

Yours faithfully,

The GPs and staff at [insert name of practice].

## Instructions for questionnaire participant

Print or email the following letter (amended if necessary) on your letterhead, and give it to patients who have agreed to complete a questionnaire after their consultation.

### Patient Experience Questionnaire

Thank you for agreeing to complete our questionnaire.

**The questionnaire is voluntary, confidential, and anonymous.** Your answers cannot be linked to you in any way, and your care will not be affected in any way by completing the questionnaire, or if you change your mind and decide not to complete it.

**To complete the questionnaire**, please answer every question by placing a tick in the box that most closely matches your answer.

- If a question does not apply to you, please select *N/A* (not applicable)
- If you do not know the answer, please select *Don't Know*.

There are no right or wrong answers: we are looking for your opinions.

If you have any questions, please ask the receptionist.

**When you have finished the questionnaire**, place it in the envelope and then place the envelope in the box at reception.

We very much appreciate your time and help, and look forward to continuing to provide you with quality healthcare.

Yours faithfully,

The GPs and staff at [insert name of practice].

## Appendix 5: More information about conducting focus groups

### Selecting patients to participate

Unlike many other methods of collecting feedback (such as questionnaires), focus groups work better if you select the patients to participate. Generally, you will select patients who have a common characteristic or a specific experience of your practice, or patients who can provide meaningful insights into how to improve your practice.

For example:

- you might form a focus group made up of particular type of patients, such as female patients, patients from a specific cultural background, new patients, or patients with a specific condition
- you might form a focus group made up of patients who have experienced a particular aspect of your practice, such as a skin cancer screening service, disability access, general practice care after being discharged from hospital.

Focus groups tend to be formed like this because people are often more likely to discuss their experiences openly and honestly if they believe they have something in common with the other people in the focus group.

However, you will ideally select a representative sample of the group. For example:

- if you are forming a group comprised of new patients, consider if you need to have a range of ages and backgrounds, and a gender balance
- if you are forming a group comprised of females under 30, consider if you need to have a range of ages from 18-30, and a range of backgrounds.

### Inviting participation

Ideally, invite patients in person. If you cannot invite them in person, phone them, and if you cannot contact them by phone, email them.

Explain to them:

- Feedback provided will be treated confidentially
- that you are collecting feedback to improve the practice and the quality of care
- that you are running a focus group to collect detailed feedback from particular groups of patients
- why you have selected them to participate (e.g. they fall into the category of female patients under 30, patients with a chronic condition, etc.)
- that they do not have to participate, and that not participating will not affect the care they receive from the practice
- the logistics (especially date, time, duration, and venue)
- that there will be a note-taker present, or that the discussion will be recorded
- any incentives you are offering.

## The facilitator

### Selecting the facilitator

The facilitator is critical to the success of a focus group, so engage a trained and experienced facilitator if possible. A skilful facilitator will create a non-judgemental environment where patients feel comfortable and confident enough to openly and honestly discuss their experiences of your practice.

The facilitator **must not be** someone who does or could provide clinical care to patients participating

In addition, the facilitator should be:

- completely independent of the practice
  - skilled and experienced in leading but not dominating discussions, able to manage domineering patients, draw out the opinions of quieter patients, let the discussion meander when appropriate, bring the discussion back to point, and make patients feel comfortable.
  - at least slightly knowledgeable about the topic to be discussed
  - Will work together with you to give you the outcomes you want
- If you cannot use an external facilitator, select someone who:
- you believe could not reasonably be felt to inhibit the patients' ability to provide honest feedback
  - does not provide care to any of the patients in the focus group.

### The facilitator's role

The facilitator will:

- pose questions
- encourage discussion
- keep the group focussed on the topic/s
- make sure everyone has the opportunity to comment
- manage any domineering participants
- allow patients to honestly and openly discuss their experiences of the practice.

## Selecting a way of recording feedback

To ensure that feedback is captured accurately and completely, use one of the following methods:

- note-taking: select a competent note-taker to write down what is said, in the same way as a minute-taker in a meeting; or
- audio recording: tape-record the discussion, provided you obtain consent from every participant, then transcribe the tape. This is more time-consuming but will provide a more complete and accurate record.

## Planning the focus group

### Decide the topics for discussion, and prepare questions

Decide on the topic/s you want discussed, and prepare a list of questions you want answered. If you are using an experienced facilitator, draw on their expertise to help you develop the questions.

Consider:

- The first question to set the tone

- The order of the questions
- The wording of the questions
- What other issues each question might raise, and whether you want to deal with them or not
- They need to have a mix of specific and general questions
- Asking some questions twice using different wording.

Provide the facilitator with the final list of questions well in advance of the session.

If you are using a note-taker, provide them with the questions also, so they can prepare a notebook or pc with the questions.

### Arrange logistics

- How many focus groups do you want to run?
- Minimum and maximum numbers for each group (discuss this with your facilitator)
- Date, start time and end time
- Venue
- Refreshments
- Any other necessary considerations, such as furniture, heating, cooling, parking, bathroom facilities, disabled access, and security (particularly if held out of hours).

### Conducting the focus group

Focus groups generally follow an agenda similar to the following, and it is the facilitator who is responsible for ensuring that everything happens, and happens smoothly.

1. Thank patients for coming.
2. Explain the purpose of the group, and the goals of the meeting.
3. Explain the flow of the meeting: how it will proceed, how patients can contribute and the importance of everyone contributing openly and honestly.
4. Lay out the ground rules, especially about the importance of everyone being given time and encouragement to contribute, and the importance of everyone showing respect for everyone else, including the facilitator and the note-taker.
5. Explain how the discussion will be recorded (by the note-taker who will be present, or tape-recorded as previously agreed to).
6. Ask the opening question.
7. Lead the discussion, making sure that you:
  - encourage everyone to contribute (e.g. ask particular patients for their opinion if they have not contributed to a particular topic)
  - monitor how much time has been spent on each question, so you finish on time
  - allow a discussion to meander if it is producing useful information and if there is sufficient time...otherwise keep patients on track
  - summarise what you think you have heard, and ask if the group agrees
  - Ask if anyone else has any comments on that question
  - Ask a follow-up question

- Look around the room, and make brief eye contact, especially with those who may not have spoken
8. When all the questions have been asked, ask if anyone has any other comments to make, so that you can collect other opinions that have not yet been voiced.
  9. Thank the group, and close the discussion. Tell the group what will be happening with the information collected, and how they will be informed about what the practice will do with the results.
  10. Thank each person as they leave, and if you have an incentive, distribute it to each person.



## Appendix 6: More information about conducting interviews

### Types of interviews

Broadly speaking, there are three types of interviews:

- structured
- semi-structured, and
- unstructured interviews.

#### Structured interviews

Structured interviews are usually used to collect quantitative feedback.

The interviewer asks the patient pre-determined questions that have a range of answers the participant selects from, much like a written questionnaire.

All patients participating are asked the same questions, in the same order.

#### Semi-structured interviews

Semi-structured interviews are based on themes, and each theme has some pre-determined questions, which the interviewer can adapt depending on the answers that the participant gives. For example, the interviewer might leave out some questions, ask questions in a different order, or word some questions slightly differently. Semi-structured interviews use a combination of open and closed questions.

#### Unstructured interviews

Unstructured interviews (also known as 'informal' or 'conversational' interviews) do not use any standard questions, and are based entirely on topic areas and themes. The interview is conducted like a conversation between two or more people, so the interviewer can ask follow-up questions or move to new lines of discussion as they see fit. Closed questions are mostly avoided, and the participant can be asked to identify the information they feel is most important for the discussion.

### Selecting patients to participate

You can handpick patients who you believe are representative of your wider patient group, or seek patients who have a specific experience of your practice and who could provide meaningful insights into how to improve your practice. For example, you might seek to interview patients who:

- have been with your practice for a long time, or are new patients
- have a chronic disease or co-morbidities and frequently attend your practice
- come to your practice because you have a speciality (e.g. sexual health)
- have attended education sessions run by your practice (e.g. asthma education)
- have experienced how you coordinate care after they have been discharged from hospital.

You can conduct interviews with randomly selected patients (e.g. every 10<sup>th</sup> patient who attends the practice over a week), or randomly selected within a sub-group (e.g. every 5<sup>th</sup> female under 30).

### Inviting participation

Explain to them:

- that you are collecting feedback to improve the practice and the quality of care
- that you are interviewing patients to collect detailed feedback
- why you have selected them to participate (e.g. they have been randomly selected, or fall into the category of female patients under 30, patients with a chronic condition, etc.)
- that they do not have to participate, and that not participating will not affect the care they receive from the practice
- the logistics (the available dates, times, duration, and location)
- how their responses will be recorded (e.g. hand-written notes, tape-recorded)
- any incentive compensation you are offering (e.g. small monetary payment, movie vouchers).

## The interviewer

The interviewer's role is to:

- create a non-judgemental and relaxed environment in which the patient feels comfortable and confident to openly and honestly discuss their experiences of your practice
- develop a conversation with the patient, based on pre-determined questions
- encourage patients to elaborate on important points they make.

## Selecting the interviewer

The interviewer must be:

- independent of the practice
- someone who does not (or could not) provide clinical care to the patient

If it is not possible to engage an external interviewer, you must document what you did to try to engage an external interviewer.

## The interviewer's role

A skilled interviewer will:

- make each patient feel comfortable about participating, and able to speak openly and honestly
- use active listening skills
- use clear verbal communication skills
- show empathy
- read and respond to non-verbal communication (such as facial expressions and body language).

Some interviewers have completed training in interviewing for research purposes.

## Skills the interviewer requires

### Active listening

To demonstrate that you are actively listening to the patient during your interview:

- Face the patient and adopt an open friendly posture
- Maintain natural eye contact, without staring

- Lean towards the patient a little when speaking and listening to show interest
- Relax and smile frequently, when appropriate
- Nod your head to acknowledge information
- Allow the patient to provide information without interrupting
- Use short silences to enable patients to gather their thoughts without feeling pressured
- Paraphrase information the patient provides in your own words to ensure you have clearly understood it
- Encourage patients to elaborate on key information by mirroring e.g. if a patient “I was worried about that”, you could respond inquisitively with “Worried? Can you tell me more about that?” Identify key words or phrases that have unclear implications or emotional content and ask the patient for further information.

### Verbal communication

All verbal communication with patients must be clear and audible. Try to adopt the patient’s tone, pitch and pace so that they feel comfortable.

Watch and listen to identify patients who might be experiencing difficulty hearing (e.g. older people, or people who may require the use of a hearing aid, or if there are loud noises outside).

Avoid using technical language or jargon, unless it is adequately explained

Use language that is appropriate for the patient.

### Non-verbal communication

- Be aware of the effect of your non-verbal communication, particularly if there are cultural, sexual and individual differences. Also be aware of any personal habits or tensions that may affect your non-verbal communication (e.g. fidgeting, nervous coughs).
- Adopt a relaxed body posture, and avoid over-using facial expressions and hand gestures that might distract the patient, or make them think they have given a “wrong” or “inappropriate” answer.
- Use body language to indicate that you genuinely value what the patient has to say and that you are listening to them.
- Maintain appropriate levels of eye contact.
- Observe non-verbal signs in your patient, and note them.

### Empathy

If a patient reveals significant or extremely positive or negative information, it is appropriate to demonstrate empathy, so that the patient feels respected and understood.

In order to show empathy, you must understand the core message, which means you need to listen actively, and repeat back in summary what you have heard, matching the patient’s tone.

## Selecting a way of recording feedback

To ensure that feedback is captured accurately and completely, use one of the following methods:

- note-taking: select a competent note-taker to write down what is said, in the same way as a minute-taker in a meeting; or
- audio recording: tape-record the discussion, provided you obtain consent from every patient, then transcribe the tape. This is more time-consuming but will provide a more complete and accurate record.

## Planning the interviews

### Decide the topics for discussion, and prepare questions

To plan the interviews, decide on:

- the objective of the interviews
- the topic/s to be discussed (which might also include topics not to be discussed)
- what kind of interview will best suit your objectives and topic: structured, semi-structured, or unstructured
- the questions to be asked
- ethical considerations, and how you are going to deal with them
- incentives and compensation you are going to make.

### Arrange logistics

- Determine how many interviews you need to run (see [How many interviews?](#)) and if you want to run extra ones.
- Decide you how want to record the interviews (note-taking by the interviewer or a 3<sup>rd</sup> party, or visual or audio recording)
- Set the dates, start times and end times, with appropriate breaks for the interviewer (allow time for patients who may take time to “warm up” or who have more feedback than others)
- Venue (see [Select an appropriate environment](#))
- Refreshments
- Any other necessary considerations, such as furniture, heating, cooling, parking, bathroom facilities, disabled access, and security (particularly if held out of hours).

### Select an appropriate environment

Provide a clean, comfortable, and private environment where patients feel they can discuss issues freely and honestly. For example:

- two armchairs angled slightly towards each other, rather than a desk with chairs either side
- natural light
- a temperature-controlled room
- a room with a solid door that can be closed.

## Types of questions

### Open questions

Open questions provide a lot of scope and encouragement to patients to provide information in their own way and at their own pace. They usually begin with ‘how’ or ‘what’, e.g. ‘What was it like when you went into the consulting room?’ Open questions cannot be answered with a ‘yes’ or ‘no’.

Open questions are particularly useful for opening a topic, encouraging elaboration on a topic, changing to a new topic, or gathering information on a sensitive or personal topic.

## Closed questions

Closed questions are used when specific information or clarification is required. They elicit concrete information, which is usually brief, and can often be answered with a 'yes' or 'no', or other one-word answers. Closed questions restrict the amount and nature of information a patient can provide in response. For example, "Would you prefer that the doctor gives you written information?"

## Using open and closed questions

Discussions often begin with open questions, move into closed questions, and change topics with an open question followed by closed questions.

You should always finish with an open question, such as, "is there anything else you would like to add, or do you have any questions?"

## Elaborating and clarifying questions

Elaborating questions encourage the patient to tell you more about their experience (e.g. 'What happened after that?').

Clarifying questions get the patient to be more specific and provide deeper information (e.g. 'You said you were worried about that. What sort of things worried you?').

## Tips for developing questions

The following information will help you develop appropriate questions for interviews.

- Write questions that:
  - are clear, specific, unambiguous, and directly related to the theme
  - address one issue or topic at a time
  - are worded in clear language without jargon or technical language
  - you expect patients will be able to answer based on their experience at your practice
  - neutral (i.e. are not leading questions). For example, instead of "Would you say the administration staff are sometimes rude?", ask "How polite are the administration staff?"
- Avoid questions that presume information, or carry subtle or explicit value judgements e.g. asking 'when did you begin secondary school?' presumes the patient attended secondary school; asking 'at what age were you forced to marry?' implies they were forced to marry. Never ask questions that may be considered rude, offensive, or insensitive, which might be different depending on the patient's culture, their individual background and the context of the question.
- Begin with an interesting and non-threatening question that all patients will probably be able to answer confidently. Build rapport before asking potentially embarrassing, personal or sensitive questions.
- Group related questions together. For example, ask all of the questions about the administration staff in one set of questions, then questions about the clinical staff, then questions about medication, and so on.
- Test your questions on a small group of patients to identify potential issues, and be prepared to redraft them a few times before everyone is confident that they are appropriate.

## Conducting the interviews

### Tips for conducting an interview

#### *Time-management*

- Confirm the date and time with patients participating about 2 days before the interview.
- Know how long each interview and each part of the interview should last. For example, a 25-minute interview might be divided into 3 minutes of welcome and explanation, 10 minutes discussing the first issue, 5 minutes discussing the second issue, 5 minutes for additional issues raised by the participant (or for extra time the participant takes discussing the first two issues), and 2 minutes to finish.

#### *Be prepared*

- Have water available for yourself and the patient (and maybe some light refreshments if it is a long interview).
- Bring all relevant materials with you – typically, a notebook, writing tools, and any recording equipment (audio or video) needed. Ensure that your recording option (note-taking, taping) is workable in the context in which you will be doing the interview.
- Be familiar with the questions and the timing.

#### *Be sensitive to the participant's state of mind*

- Don't launch into the questions straight away – wait until the patient seems comfortable
- If you are going to ask a sensitive or personal question, build up to it gradually, and let the patient know that the next question is sensitive or personal and that they do not have to answer it if they do not want to.
- If the patient gives what might be an evasive, confused, inconsistent, or intentionally misleading or distracting responses, probe gently for clarification.
- Allow patients the space and time to express themselves the way they feel most comfortable, so that they provide the deepest and most honest responses.
- Be comfortable with pauses and silence, as patients will offer a more detailed or thoughtful response during a pause or silence. Sometimes, you can create a pause easily by continuing to write notes after the patient has answered a question.

### Opening the interview

Begin with informal introductions and small talk, then explain how the interview will be conducted, then give the patient an opportunity to change their mind about participating (e.g. are you happy to continue with this interview, or would you prefer not to participate?" ).

### Asking the pertinent questions

As you ask the questions, Pay close attention to both the answers and the emerging themes and concerns, and where appropriate, ask for further detail.

Inconsistencies and diversionary answers should also be watched out for. Patients should always be given the space during discussions to form their own answers. The interviewer should also keep an eye on the time throughout.

### Closing the interview

After all questions have been asked, the interviewer should ask the patient their feelings on the interview, and whether they have anything further to add. It is particularly useful to summarise the key points of the discussion with the patient while they are still there. End by thanking the patient for their

time. If possible, review notes immediately after and expand on any annotations made during the interview while it is still 'fresh' in your mind.

#### Immediately after each interview

Immediately following the interview, expand or complete any notes you made during the interview while the conversation is still fresh in your mind.

## Appendix 7: Using the RACGP's Patient Feedback Spread Sheet to enter and report questionnaire results

The following link is to a free Microsoft Excel file that the RACGP has developed to help you record and analyse the data you collect from questionnaires:

[www.racgp.org.au/your-practice/standards/resources/patient-feedback/practice-specific](http://www.racgp.org.au/your-practice/standards/resources/patient-feedback/practice-specific)

### About the RACGP's spread sheet

The spread sheet has two worksheets.

The first worksheet, called Data Entry, contains:

- rows for eight questions, that each have five statements (as per the RACGP questionnaire and the RACGP questionnaire)
- rows that relate to the patient demographics that you must collect
- columns for up to 500 questionnaires (should you change the word "survey" in the spread sheet to "questionnaire"?).

The second worksheet, called Results, contains collated results based on the data that you put into the first worksheet. The information is automatically filled in and calculated after you enter the data.

### Preparing the spread sheet

1. Open and unlock the spread sheet, and save it to your hard-drive or network:
  - with a file name that indicates which questionnaire you are going to record data from (e.g. Patient Feedback Questionnaire September 2017)
  - password-protect it
  - save it in a folder that only authorised staff members can access.
2. Copy and paste the questions and statements from your questionnaire into the Data Entry and Results worksheets
3. If your questionnaire has more than five statements for any question:
  - a. insert additional rows in each worksheet
  - b. copy the formula from the row above in the 'rating' column. This will ensure all responses are included in the Results worksheet.

### Entering data into the spread sheet

1. For each completed question, by:
  - entering the numbers corresponding to each response provided in the relevant cell, or
  - selecting the response in the drop-down menu in the relevant cell.
2. If you have more than 500 questionnaires, insert extra columns, and continue entering your data
3. Record answers to open-ended questions as follows:
  - enter exactly what the participant gave
  - remove any identifying information
  - highlight anything of particular importance, or that appears in many responses, so you can easily find and use them when you are preparing the report of your patient feedback.



Data from patient feedback is confidential and must be stored securely (e.g. in a locked filing cabinet, or a password-protected file) and access given only to people who are working with the data.

## Appendix 8: A sample letter/email to share findings with patients

You can use the following sample letter to inform patients about the findings. Modify the content so that it accurately reflects the feedback you received.

Dear [Name]

Thank you for participating in the *[questionnaire/focus group/interview]* that we recently held to collect feedback from our patients.

We have now completed our analysis of the feedback and would like to share some of the significant findings with you.

Overall, we found that: *[choose from, or modify, the following statements]*

- *[e.g.] most of our patients are happy with the level of healthcare they receive at our practice*
- *[e.g.] most of our patients are happy with the service they receive from our administration staff*
- *[e.g.] there are several ways we can improve the level of healthcare we provide*
- *[e.g.] there are several ways we can improve the service that our staff on reception provide*
- *[example of a more specific statement] most of our patients with disability are pleased with our recent upgrade that improved our disability access.*

***[If you conducted a questionnaire:]*** We are very pleased to report that most patients rated the following aspects of our practice as 'very good' or 'excellent':

- *[insert up to about 5 statements from the questionnaire that received high ratings]*
- *[e.g.] the clinician at my last visit treated me with respect*
- *[e.g.] I was able to get an appointment at a time that suited me.*

***[If you conducted a focus group or interviews:]*** We are very pleased to report that most patients referred to the following aspects of our practice in positive terms:

- *[insert up to about 5 aspects that most patients talked about]*
- *[e.g.] clinicians treat our patients with respect*
- *[e.g.] patients can generally make an appointment at a time that suits them.*

The feedback also indicated areas that we can improve, which include:

- *[insert up to about 3 aspects that patients indicated needed to improve ]*
- *[e.g.] our opening hours*
- *[e.g.] how our clinicians pass on information to patients about their medications.*

As a result of the patient feedback that we collected from our patients we are planning to make some changes to improve the services and care that we provide. We will give you more information about these changes when we have finished our planning, so that you can see how your feedback is helping us improve our practice.

Thank you again for your valuable contribution. If you have any questions about the feedback, please call us on *[insert phone number]*.

We look forward to continuing to provide you with quality healthcare.

Yours faithfully,

The GPs and staff at *[insert name of practice]*.

## Appendix 9: A sample letter/email to tell patients about changes

You can use the following sample letter to inform patients about the changes you are going to make as a result of the feedback you received. Modify the content so that it accurately reflects the changes you are going to make.

Dear [Name]

Thank you for participating in the *[questionnaire/focus group/interview]* that we recently held to collect feedback from our patients.

We would like to tell you about some of the changes that we are going to make as a direct result of the feedback we receive from you and other patients.

***[Modify the following statements as required. Use simple language so that all readers can understand the change, and where possible, include the date when the change will be made]***

- *[e.g.] As of January 2017, the practice will be open for an extra hour every weekday. Instead of closing at 5.30 pm, we will be closing at 6.30 pm.*
- *[e.g.] Your clinician will now give you written instructions for any medication they prescribe or recommend.*
- *[e.g.] In January, we will be adding disabled toilet facilities.*
- *[e.g.] In October, we will be upgrading our phone system so that you will be able to request a call-back if you are on hold.*

Thank you again for your time and valuable contribution. If you have any questions about the feedback or the changes that we are making, please call us on *[insert phone number]*.

We look forward to continuing to provide you with quality healthcare.

Yours faithfully,

The GPs and staff at *[insert name of practice]*.