



Background

This is by far the cheapest option as there is no cost in downloading AGPAL's Patient Feedback Survey.

The attached survey template contains all of the indicators requiring assessment for the 3rd Edition of the RACGP Standards for General Practices.

Requirements

- Feedback must be collected from a minimum of 30 patients
- All Standard-related questions on the template must be addressed without alteration
- The feedback must be collected within 12 months of requesting the survey visit
- The original surveys must be available to the surveyors on the day of your visit

The results must be:

- Collated and summarised relative to each indicator for surveyor review, using the survey template
- Available to the surveyor during the accreditation visit

Helpful hints

- The practice is encouraged to add additional questions relevant to the ongoing service and management of the practice (These questions will not be assessed as part of the accreditation and re-accreditation process. However, they may provide valuable feedback to the practice on issues outside of the RACGP Standards for General Practice to assist the practice in its own ongoing improvement).
- Additional questions added by the practice should be grammatically correct and consistent (eg. Worded in the first or second person throughout).
- Avoid confusing words, complex phrases, unusual syntax and generalisations.
- Written surveys in languages other than English should be offered where appropriate and practical.

Advantages

- No direct cost
- 10 RACGP QA&CPD points

Disadvantages

- Involves photocopying, collating and analysing results using template
- No benchmarks provided to compare with other practices
- Not available in other languages

Patient Feedback Survey – 3rd Edition Standards



Practice Name: _____

Dear Patients

It is important to this practice that we provide you, our patient, with a quality health service. Would you please take the time to fill out this anonymous survey about our practice so that we can identify areas in which we can better meet your needs?

This practice is undergoing accreditation with Australian General Practice Accreditation Limited (AGPAL), which includes patient feedback as part of its assessment. *AGPAL Accreditation* acknowledges the quality of a general practice.

How would rate your experience with this practice?

(Please circle appropriate number)

		Unsatisfactory		Satisfactory		Above expected		Not Applicable
		←→	←→	←→	←→	←→		
1	Availability of longer consultations	1	2	3	4	5	6	N/A
2	Having the urgency of my needs determined promptly when telephoning the practice	1	2	3	4	5	6	N/A
3	Obtaining information or advice about your health care by telephone or electronic means when a consultation is not necessary or practical	1	2	3	4	5	6	N/A
4	Arrangements for home and other visits both within and outside our normal opening hours	1	2	3	4	5	6	N/A
5	Arrangements for medical care outside our practice's normal opening hours	1	2	3	4	5	6	N/A
6	Receiving sufficient information about the purpose, importance, benefits and risks of proposed investigations, referrals or treatments proposed by your GP for you to make an informed decision about your health	1	2	3	4	5	6	N/A
7	Being informed of costs before treatments, investigations or procedures performed by our practice in addition to the consultation cost	1	2	3	4	5	6	N/A
8	The advice provided by our practice that there may be potential for out of pocket expenses, if you are referred for investigation or for initial consultation to a specialist or allied health professional (e.g. that a gap payment may be necessary).	1	2	3	4	5	6	N/A
9	The doctor's discuss health promotion or disease prevention with you	1	2	3	4	5	6	N/A
10	Are you able to see the doctor of your choice, if available	1	2	3	4	5	6	N/A

Recognising & Rewarding Quality in Practice

Patient Feedback Survey – 3rd Edition Standards



		Unsatisfactory ↔		Satisfactory ↔		Above expected ↔		Not Applicable
11	Do you feel that you are being treated respectfully by our doctors and staff	1	2	3	4	5	6	N/A
12	The way in which the practice handles complaints and feedback that you may give to them	1	2	3	4	5	6	N/A
13	The practice obtaining my permission <u>before</u> a consultation if there is ever a third person invited to be present in my consultation. (e.g. a medical student, another staff member or a family member)	1	2	3	4	5	6	N/A
14	Ease of contacting the practice by telephone	1	2	3	4	5	6	N/A
15	Satisfaction with the facilities in the consulting area(s)	1	2	3	4	5	6	N/A
16	The way in which the practice makes adequate provisions for your privacy	1	2	3	4	5	6	N/A

Other questions

17	Are you: <input type="checkbox"/> Male <input type="checkbox"/> Female
18	What is your age range? <input type="checkbox"/> 0 - 18 <input type="checkbox"/> 19 - 35 <input type="checkbox"/> 36 - 55 <input type="checkbox"/> 56 - 75 <input type="checkbox"/> 75 +
19	How long have you attended this practice? <input type="checkbox"/> Less than 2 years <input type="checkbox"/> 2-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> Over 10 years
20	The doctor I usually see when I visit this practice is: _____

Additional questions from the practice:

Are there any other comments you would like to make about our practice, doctors and staff?

Thank you for your participation Please fold and return this form to the person who gave it to you or put in the box provided

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Patient Feedback Survey - 3rd Edition Standards



Patient Feedback Analysis Sheet

Practice name _____ AGPAL ID: _____

Method of collection _____ (eg patient forum, telephone survey)

Date/s feedback collected _____ Quantity of feedback collected _____

Indicator/question details		Assessment of responses													Practice score for each question = total shaded areas divided by total "N" (ignoring N/A) x 100/6 (round up)
Indicator	Relates to question #	Unsatisfactory				Satisfactory				Above average				N/A	
		1		2		3		4		5		6			
		N	x1	N	x2	N	x3	N	x4	N	x5	N	x6		
E.G.	"Q1"	1	1	2	4	4	12	3	12	10	50	5	30	5	73
1.1.1E	1														
1.1.1F	2														
1.1.2C	3														
1.1.3D	4														
1.1.4E	5														
1.2.2C	6														
1.2.4.C	7														
1.2.5B	8														
1.3.1F	9														
1.5.2C	10														
2.1.1G	11														
2.1.2D	12														
2.1.3B	13														
5.1.1K	14														
5.1.1L	15														
5.1.2C	16														
	17	Total Male													
		Total Female													
	18	0 – 18													
		19 – 35													
		36 – 55													
		56 – 75													
		75 +													
	19	Less than 2 years													
		2-5 years													
		6-10 years													
		Over 10 years													
	20	Doctor 1 _____													
		Doctor 2 _____													
		Doctor 3 _____													

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N – Represents the number of patients who responded to the question

In the example calculation, this practice received 1 rating of “unsatisfactory 1”; 2 ratings of “unsatisfactory 2”; 4 ratings of “satisfactory 3”; 3 ratings of “satisfactory 4”; 10 ratings of “above average 5”; and 5 ratings of “above average 6”.

Based on these ratings, and using the calculation formula, they received an overall score of 73% for this question (total score = 109 divided by 25 responses = 4.36 x 100/6). 100% is equivalent to the practice receiving “above average 6” scores from every patient who completed this question.

Summary of general comments (please attach separate page if necessary)

1. **Look at your overall patient ratings for each question and determine what were your three highest scoring questions. Are these the areas you would have predicted to be rated most highly? Why?**

Please comment

2. **Look at your overall patient ratings for each question and determine what were your three lowest scoring questions. Are these the areas you would have predicted to be rated least highly? Why?**

Please comment

3. **Having reflected on the feedback from your patients (including written comments), what aspects of your service to patients do you need to improve upon? What factors might get in the way (e.g. resources) and how will you overcome these? How will you determine if you have been successful in your goals?**

Please comment

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4. What other activities have you undertaken or plan to do in response to the results of your patient feedback (e.g. Practice meeting, focus group with patients, discussions with colleagues)?

IMPORTANT: Please have original patient surveys available for sighting on the day of the survey visit.

Reference to published literature:

- Carter, M.; Roland, M.; Bower, P.; Gask, L.; Greco, M. and Jenner, D. (2004). Improving your practice with patient surveys. National Primary Care Research and Development Centre (Manchester), and Client-Focused Evaluations Program (Exeter), United Kingdom.
- Greco, M. and Carter, M. (2002). Improving Practice Questionnaire (IPQ) Tool Kit. Aeneas Press: Chichester, UK.
- Consumers' Health Forum of Australia (1999). Consumer Feedback Package for General Practice and Technical Report. CHF, Canberra.