



<Barcode>  
 <Title> <First Name> <Last Name>  
 <Address Line 1>  
 <SUBURB> <STATE> <POSTCODE>

Date

Dear <First Name> <Last Name>,

## We need your feedback to help improve virtual healthcare

I invite you to complete an online questionnaire about your experiences of virtual care appointments. Your virtual care appointment may have been held over the telephone or by video call.

I would be grateful if you could complete the online questionnaire at your earliest convenience.

Your feedback will be used to help improve healthcare experiences and outcomes for patients across NSW. Any information you provide will be treated confidentially, and the health professionals who cared for you will not be able to see your responses.

**It is easy to take part** using your smartphone, tablet or computer:

The diagram illustrates two methods to access the survey. On the left, a box labeled 'Scan the QR code' is connected to a central box. The central box contains the text 'Or' and 'go to [survey.ipsos.com.au/patientsurvey](https://survey.ipsos.com.au/patientsurvey)', with an illustration of a smartphone, tablet, and laptop. To the right of the central box is the word 'Then', which points to a login screen. The login screen has two input fields: 'Enter your username' with the placeholder text '[INS\_UNAME]' and 'Enter your password' with the placeholder text '[INS\_PASSWORD]'.

If you have any questions or need help filling in the questionnaire, please contact the toll-free Patient Survey Helpline on 1800 220 936 (Monday to Friday, 9am–8pm), or email your questions to [NSWPatientSurvey@ipsos.com](mailto:NSWPatientSurvey@ipsos.com)

For further information about patient experience across hospitals in NSW, including results from previous surveys, visit [bhi.nsw.gov.au](http://bhi.nsw.gov.au)

Thank you for taking the time to help improve NSW Health services.

Yours sincerely

**Dr Diane Watson**

Chief Executive  
Bureau of Health Information



## PRIVACY INFORMATION

### Your privacy is protected by legislation

The Bureau of Health Information (BHI) works with Ipsos Public Affairs Ltd to manage the NSW Patient Survey Program on behalf of NSW Health. Your name and address are provided to Ipsos for the purpose of sending you this questionnaire only. Ipsos will keep your personal information confidential.

Your questionnaire responses will be treated in the strictest confidence. BHI will receive your questionnaire responses in a form that is identifiable, but your name, address and contact details are not provided to BHI to ensure your confidentiality is protected at all times.

BHI will not report any results that may identify you as an individual. Your questionnaire responses will not be accessible to the health professionals who cared for you.

You can find more information about privacy and confidentiality at [bhi.nsw.gov.au/nsw\\_patient\\_survey\\_program/privacy](https://bhi.nsw.gov.au/nsw_patient_survey_program/privacy)

More information about the NSW Patient Survey Program can be found at [bhi.nsw.gov.au/nsw\\_patient\\_survey\\_program](https://bhi.nsw.gov.au/nsw_patient_survey_program)

SAMPLE  
2022



## Your feedback about your experience will help improve virtual healthcare

When completing this questionnaire, please think about your experiences of healthcare appointments over the telephone or by video call. These are known as virtual care appointments. Any information you provide will be treated confidentially, and the health professionals who cared for you will not be able to see your responses.

For each question, please mark  clearly in the box next to the answer you choose using a blue or black pen. Don't worry if you make a mistake; simply fill in the box  and mark  in the correct box.

Sometimes response options have a 'Go to...' instruction which directs you to skip any questions that do not apply to you.

### VIRTUAL CARE WITH A HOSPITAL OUTPATIENT CLINIC

Virtual care appointments are held over the telephone or by video call, using any form of communication or information technology, rather than in person. For the questions in this section, please think about appointments with a hospital outpatient clinic, not with a general practitioner (GP).

For the following questions, please think about your most recent virtual care appointment.

**Q1** What was the purpose of your most recent virtual care appointment with a hospital outpatient clinic?

Please  all the boxes that apply to you

- Regular check-up
- Initial/follow-up consultation
- Request a prescription
- Receive a test result
- Medical diagnosis or advice
- Treatment or therapy
- Treatment or therapy review
- Seek a referral
- Other

**Q3** Who did you see during this appointment? Please  all the boxes that apply to you

- Doctor/specialist
- Nurse
- Midwife
- Physiotherapist
- Podiatrist
- Radiographer (X-ray, ultrasound, MRI)
- Dietician
- Mental health professional
- Occupational therapist
- Social worker
- Speech pathologist
- Other health professional(s)

**Q2** Did the appointment time suit you?

- Yes
- No
- I didn't have an appointment arranged in advance



Q4

Had you seen the health professional(s) before, either in person or via telephone or video?

- Yes
- No
- Don't know/can't remember

Q5

How did you access your most recent virtual care appointment?

- Telephone, audio only (mobile or landline)
- Online, with video (e.g. Skype, Zoom. On any device including computer, tablet or smartphone)
- Online, audio only (on any device including computer, tablet or smartphone)
- Other

Please write below.


Q6

Did you experience any problems with the connection or technology during this appointment?

- Yes
- No

Q7

Did you receive technical support from staff to help you participate in your appointment?

- Yes
- No, but I would have liked technical support
- No, but I didn't need any technical support
- Don't know/can't remember

Q8

Was the health professional(s) adequately prepared for your appointment?

- Yes, definitely
- Yes, to some extent
- No

Q9

Were you adequately prepared for this appointment?

- Yes, definitely
- Yes, to some extent
- No

For the following questions, please think about the care and treatment at your most recent virtual care appointment with a hospital outpatient clinic.

Q10

Thinking about the care and treatment at your most recent virtual care appointment, did the health professional(s) explain things in a way you could understand?

- Yes, always
- Yes, sometimes
- No

Q11

Were you involved, as much as you wanted to be, in decisions about your care and treatment?

- Yes, definitely
- Yes, to some extent
- No
- I didn't want or need to be involved

Q12

Did the health professional(s) listen carefully to any views or concerns you had?

- Yes, definitely
- Yes, to some extent
- No
- I didn't have any views or concerns



**Q13** Did you have confidence and trust in the health professional(s) treating you?

- Yes, definitely
- Yes, to some extent
- No

**Q14** Was the health professional(s) kind and caring towards you?

- Yes, always
- Yes, sometimes
- No

**Q15** Were you treated with respect and dignity during your appointment?

- Yes, always
- Yes, sometimes
- No

**Q16** Did you have enough privacy during your appointment?

- Yes, definitely
- Yes, to some extent
- No

**Q17** During your appointment, were you given enough information about how to manage your care at home?

- Yes, definitely
- Yes, to some extent
- No
- Not applicable

**Q18** Were you told who to contact if you were worried about your condition or treatment after your appointment?

- Yes
- No
- Not applicable

For the following questions, please now think about all your experiences of virtual care with hospital outpatient clinics in the past 12 months.

**Q19** How many virtual care appointments have you had with a hospital outpatient clinic in the past 12 months?

- 1 to 2
- 3 to 5
- More than 5
- Don't know/can't remember

**Q20** Overall, how would you rate the virtual care you received?

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor

**Q21** If asked about your virtual care experiences by friends and family, how would you respond?

- I would speak highly of virtual care
- I would neither speak highly nor be critical
- I would be critical of virtual care

**Q22** Did the care and treatment received through virtual care help you?

- Yes, definitely
- Yes, to some extent
- No

**Q23** Compared with in-person appointments, were your virtual care experiences...?

- Better
- About the same
- Not as good

**Q24** If given the choice, would you use virtual care again?

- Yes, definitely
- Yes, in some circumstances
- No
- Don't know



Q25

**Thinking about your experiences of virtual care, what have been the benefits for you?**

Please  all the boxes that apply to you

- I thought it was convenient
- I saved time
- I saved money
- I felt that I received the right care at the right time
- I felt that I received safe, high quality care
- I felt at ease being in my own home/ surroundings
- I didn't have to take as much time off work as I would have with an in-person appointment
- I didn't need to arrange care for children or dependants
- I was able to have others join the appointment (my family, other members of my healthcare team)
- I thought it benefitted me in other ways
- I had no benefits

Q26

**Thinking about your experiences of virtual care, what have been the challenges for you?**

Please  all the boxes that apply to you

- I would have been more comfortable talking in person
- I had to wait too long for the appointment to start
- I found the process confusing/not well organised
- I had concerns about the quality of the care and treatment I received
- I had concerns about privacy/the security of my health information
- I had issues with the technology
- The health professional(s) had issues with the technology
- I had issues with the quality of the connection
- I had other challenges
- I had no challenges

**VIRTUAL CARE WITH A GENERAL PRACTITIONER**

Virtual care appointments are held over the telephone or by video call, using any form of communication or information technology, rather than in person.

For the questions in this section, please now think about appointments with a general practitioner (GP).

Q27

**In the past 12 months, how many in-person appointments have you had with a general practitioner (GP) for your own health?**

- None
- 1 to 2
- 3 to 5
- More than 5
- Don't know/can't remember

Q28

**In the past 12 months, how many virtual care appointments have you had with a GP for your own health?**

- None ..... Go to Q42
- 1 to 2
- 3 to 5
- More than 5
- Don't know/can't remember

Go to Q29



For the following questions, please think about your most recent virtual care appointment with a GP.

**Q29** What was the purpose of your most recent virtual care appointment with a GP?

Please  all the boxes that apply to you

- Regular check-up
- Initial/follow-up consultation
- Request a prescription
- Receive a test result
- Medical diagnosis or advice
- Treatment or therapy
- Treatment or therapy review
- Seek a referral
- Other

**Q30** Was this appointment with your regular GP?

- Yes
- No
- I don't have a regular GP
- Don't know/can't remember

**Q31** How did you access your most recent virtual care appointment with the GP?

- Telephone, audio only (mobile or landline)
- Online, with video (e.g. Skype, Zoom. On any device including computer, tablet or smartphone)
- Online, audio only (on any device including computer, tablet or smartphone)
- Other

Please write below.


**Q32** Was the GP adequately prepared for this appointment?

- Yes, definitely
- Yes, to some extent
- No

**Q33** Thinking about the care and treatment at your most recent virtual care appointment, did the GP explain things in a way you could understand?

- Yes, always
- Yes, sometimes
- No

**Q34** During this appointment with the GP, were you given enough information about how to manage your care at home?

- Yes, definitely
- Yes, to some extent
- No
- Not applicable

Please turn over to complete questionnaire 



For the following questions, please now think about all your experiences of virtual care with GPs in the past 12 months.

**Q35** Overall, how would you rate the virtual care you received from GPs in the past 12 months?

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor

**Q36** Did the care and treatment received from GPs through virtual care help you?

- Yes, definitely
- Yes, to some extent
- No

**Q37** Compared with in-person appointments, were your virtual care experiences with GPs...?

- Better
- About the same
- Not as good

**Q38** If given the choice, would you use virtual care with GPs again?

- Yes, definitely
- Yes, in some circumstances
- No
- Don't know

**Q39** Did the opportunity to use virtual care help ensure that your care was well coordinated between the GP and the hospital outpatient clinic?

- Yes, definitely
- Yes, to some extent
- No
- Don't know/can't remember
- Not applicable

**Q40** Thinking about your experiences of virtual care with GPs, what have been the benefits for you?

Please  **all the boxes that apply to you**

- I thought it was convenient
- I saved time
- I saved money
- I felt that I received the right care at the right time
- I felt that I received safe, high quality care
- I felt at ease being in my own home/surroundings
- I didn't have to take as much time off work as I would have with an in-person appointment
- I didn't need to arrange care for children or dependants
- I was able to have others join the appointment (my family, other members of my healthcare team)
- I thought it benefitted me in other ways
- I had no benefits

**Q41** Thinking about your experiences of virtual care with GPs, what have been the challenges for you?

Please  **all the boxes that apply to you**

- I would have been more comfortable talking in person
- I had to wait too long for the appointment to start
- I found the process confusing/not well organised
- I had concerns about the quality of the care and treatment I received
- I had concerns about privacy/the security of my health information
- I had issues with the technology
- The health professional(s) had issues with the technology
- I had issues with the quality of the connection
- I had other challenges
- I had no challenges



## ABOUT YOU (THE PATIENT)

The questions in this section will help us to see how experiences vary between different groups of the population.

**Q42** What year were you born?

Write in (YYYY)

**Q43** How do you describe your gender?

Please  one option

- Man or male
- Woman or female
- Non-binary
- Prefer to use a different term

Please specify below.

Prefer not to answer

**Q44** What is the highest level of education you have completed?

- Less than Year 12 or equivalent
- Completed Year 12 or equivalent
- Trade or technical certificate or diploma
- University degree
- Postgraduate/higher degree

**Q45** Are you of Aboriginal origin, Torres Strait Islander origin, or both?

- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, both Aboriginal and Torres Strait Islander
- No

**Q46** Which language do you mainly speak at home?

- English
- A language other than English

What is that language? Please write below.

**Q47** Which, if any, of the following longstanding health conditions do you have (including age-related conditions)?

Please  all the boxes that apply to you

- Deafness or severe hearing impairment
- Blindness or severe vision impairment
- A longstanding illness (e.g. cancer, HIV, diabetes, chronic heart disease)
- A longstanding physical condition (e.g. arthritis, spinal injury, multiple sclerosis)
- An intellectual disability
- A mental health condition (e.g. depression)
- A neurological condition (e.g. Alzheimer's, Parkinson's)
- None of these ..... Go to Q49

**Q48** Does this condition(s) cause you difficulties with your day-to-day activities?

- Yes, definitely
- Yes, to some extent
- No

**BHI would like your permission to link your questionnaire responses to other information from health records relating to you which are maintained by NSW Government and Commonwealth agencies** (including your hospitalisations or health registry information). Linking to your health information will allow us to better understand how the care provided by health services is related to the health of their patients.

**Your information will be treated in the strictest confidence.** BHI will not report any results that may identify you as an individual. Your questionnaire responses will not be accessible to the health professionals who cared for you.

**Q49** Do you give permission for the Bureau of Health Information to link your answers from this survey to health records related to you (the patient)?

- Yes
- No



## COMMENTS

Q50

What was the best part of your virtual care experiences?

Please don't include your name, address or any personal information about yourself or the health professionals who treated you.


Q51

What most needs improving about your virtual care experiences?

Please don't include your name, address or any personal information about yourself or the health professionals who treated you.


**THANK YOU FOR TAKING THE TIME TO COMPLETE THE QUESTIONNAIRE**

Please return the questionnaire in the reply paid envelope provided or send it in an envelope addressed to our survey processing centre (no stamp needed):

NSW Patient Survey, Ipsos Social Research Institute,  
Reply Paid 91752, Port Melbourne VIC 3207

Some of the questions asked in this questionnaire are sourced from the NHS Patient Survey Programme (courtesy of the NHS Care Quality Commission). Questions are used with the permission of this organisation.

Barcode

