



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

Date

Dear <First Name> <Last Name>,

Your feedback about your experience will help improve healthcare services

I invite you to complete a questionnaire about your outpatient appointment with [Hospital Name] in January 2023. This questionnaire asks about outpatient clinics that mainly provide care to patients with cancer, but also provide care to patients without cancer, who were treated for other conditions.

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 also easy to take part using your smartphone, tablet or computer:

Scan the QR code

Or

go to survey.ipsos.com.au/patientsurvey

Then

Enter your username
[INS_UNAME]

Enter your password
[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

For further information about patient experience across hospitals in NSW, including results from previous surveys, visit 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



COMPLETING THE PAPER QUESTIONNAIRE

If you complete the paper questionnaire, please use a blue or black pen to mark clearly in the box next to your answer.

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

Q17 Did you have worries or fears about your condition or treatment?

Yes

No Go to Q19

If you make a mistake or wish to change a response, simply fill in the box and mark in the correct box:

Q7 Were you told how long you had to wait?

Yes

No

If someone is helping you to complete the questionnaire, please ensure the answers are from your point of view, and not the opinion of the person helping you.

To return the paper questionnaire, remove the covering letter before placing the completed copy in the enclosed reply paid envelope.

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 on the BHI website at 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

MORE INFORMATION

This questionnaire asks about outpatient clinics that mainly provide care to patients with cancer, but also provide care to patients without cancer. Therefore this questionnaire will also have been received by patients who were treated for other conditions.

Some of the questions relate to people who had an appointment with the outpatient clinic because they have or had cancer. We appreciate that this questionnaire may be difficult to complete and we respect your decision about whether or not to do so.

If you need help, or someone to talk to about any concerns or worries you might have, you may like to contact your general practitioner or specially trained staff at the Cancer Council Information and Support Line on **13 11 20**.

The Cancer Council Information and Support Line is a free, confidential phone information and support service.





Your feedback about your experience will help improve healthcare services

When completing this questionnaire, please think about your experiences of care with the outpatient clinic, at the hospital named in the covering letter, in January 2023.

This questionnaire asks about outpatient clinics that mainly provide care to patients with cancer, but also provide care to patients without cancer, who were treated for other conditions. 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.

APPOINTMENT WITH THE OUTPATIENT CLINIC

When completing the questionnaire, please think about your appointment with the hospital named in the covering letter in January 2023.

Q1 What was the purpose of this appointment?
Please all the boxes that apply to you

- Have tests, X-rays or scans
- Receive test, X-ray or scan results
- Medical diagnosis or advice
- Chemotherapy
- Radiotherapy
- Immunotherapy or hormone therapy
- Transfusion
- Surgical procedure
- Follow-up after surgery
- Treatment review
- Regular check-up/long-term follow-up
- Other reason

Q2 How long did it take you to travel to the clinic for this appointment?

- Less than 30 minutes
- 30 to 59 minutes
- 1 hour to under 2 hours
- 2 hours or more
- Don't know/can't remember
- Not applicableGo to Q6

Q3 Did you need parking for your clinic visit?

- Yes
- NoGo to Q5

Q4 Did you have any of the following issues with parking during this visit?

- Please all the boxes that apply to you
- No car park at the clinic
 - The car park was full
 - Too few disabled parking spaces
 - Expensive parking fees
 - Had to walk a long way from the car park
 - None of these issues



Q5

Were the reception staff polite and courteous?

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

Q6

How long after the scheduled appointment time did your appointment actually start?

- On time, or earlyGo to Q8
- Less than 15 minutes
- 15 to 29 minutes
- 30 to 59 minutes
- 60 minutes or more
- I didn't have an appointment...Go to Q8
- Don't know/can't remember ...Go to Q8

Q7

Were you told how long you had to wait?

- Yes
- No

THE PHYSICAL ENVIRONMENT

Q8

How comfortable was the waiting area?

- Very comfortable
- Fairly comfortable
- Not very comfortable
- Not at all comfortable
- Not applicable

Q9

How comfortable was the treatment area?

- Very comfortable
- Fairly comfortable
- Not very comfortable
- Not at all comfortable
- Not applicable Go to Q11

Q10

How clean was the treatment area?

- Very clean
- Fairly clean
- Not very clean
- Not at all clean

THE HEALTH PROFESSIONALS

Q11

Who did you see during this appointment?

Please all the boxes that apply to you

- Doctor/specialist
- Nurse (including for chemotherapy)
- Radiation therapist (for radiotherapy)
- Radiographer (X-ray, ultrasound, MRI)
- Dietician
- Social worker
- Lymphoedema therapist
- Other healthcare professional

Q12

Did you have enough time to discuss your health issues with the health professionals you saw?

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

Q13

Did the health professionals explain things in a way you could understand?

- Yes, always
- Yes, sometimes
- No

Q14

During this appointment, did the health professionals know enough about your medical history?

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

Q15

How would you rate how well the health professionals worked together?

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor
- Not applicable – only saw one



Q16

Did you see the health professionals wash their hands, or use hand gel to clean their hands, before touching you?

- Yes, always
- Yes, sometimes
- No, I didn't see this
- Not applicable
- Can't remember

Q17

Did you have worries or fears about your condition or treatment?

- Yes
- No..... Go to Q19



Q18

Did a health professional discuss your worries or fears with you?

- Yes, completely
- Yes, to some extent
- No

Q19

Did you have confidence and trust in the health professionals?

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

Q20

Were the health professionals kind and caring towards you?

- Yes, always
- Yes, sometimes
- No

Q21

Overall, how would you rate the health professionals who treated you?

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

PLANNING YOUR CARE

Q22

When making decisions about your treatment, did a health professional at the clinic inform you about different treatment options?

- Yes, always
- Yes, sometimes
- No, treatment options were not discussed
- Not applicable to my situation. Go to Q24



Q23

Did a health professional at the clinic tell you about the risks and benefits of the treatment options?

- Yes, always
- Yes, sometimes
- No

Q24

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

Q25

Did a health professional at the clinic explain the next steps of your care and treatment in a way you could understand?

- Yes, completely
- Yes, to some extent
- No

Q26

Did you ever receive conflicting information about your condition or treatment from the health professionals?

- Yes
- No



The following questions ask about care plans. Care plans are written documents that outline the steps and goals in managing your medical condition.

- Q27** Do you have a written care plan for your current or ongoing care?
- Yes
 - No.....Go to Q30
 - I don't need one.....Go to Q30
 - Don't know/can't remember ..Go to Q30

- Q28** Were you asked about your preferences for care and treatment when developing this plan?
- Yes
 - No
 - Don't know/can't remember

- Q29** At your January appointment, did the health professionals review your care plan with you?
- Yes
 - No
 - Not applicable, as I didn't have a care plan before this appointment
 - Don't know/can't remember

YOUR CARE AND TREATMENT

Thinking again about your January appointment with this clinic...

- Q30** Did you receive any treatment during this appointment (chemotherapy, radiotherapy, surgery or other treatments)?
- Yes
 - No.....Go to Q34

- Q31** Did a health professional at the clinic explain what would be done during your treatment in a way you could understand?
- Yes, completely
 - Yes, to some extent
 - No

- Q32** Did a health professional at the clinic tell you about possible side effects of your treatment?
- Yes, completely
 - Yes, to some extent
 - No

- Q33** Were you given enough information about how to manage the side effects of your treatment?
- Yes, completely
 - Yes, to some extent
 - No

- Q34** During this appointment, were you given, or prescribed, any new medication to take at home?
- Yes
 - No.....Go to Q37

- Q35** Did a health professional at the clinic explain the purpose of this medication in a way you could understand?
- Yes, completely
 - Yes, to some extent
 - No

- Q36** Did a health professional at the clinic tell you about side effects of this medication to watch for?
- Yes, completely
 - Yes, to some extent
 - No

- Q37** Were you told who to contact if you were worried about your condition or treatment after your appointment?
- Yes
 - No
 - Don't know/can't remember

- Q38** Did a health professional at the clinic give your family or someone close to you enough information to help care for you at home?
- Yes, completely
 - Yes, to some extent
 - No
 - Not applicable to my situation
 - Don't know/can't remember

RESPECTFUL CARE

Q39 Were you treated with respect and dignity during your appointment?

- Yes, always
- Yes, sometimes
- No

Q40 Were you given enough privacy when being examined or treated?

- Yes, always
- Yes, sometimes
- No

Q41 Were you given enough privacy when discussing your condition or treatment?

- Yes, always
- Yes, sometimes
- No

Q42 Were you ever treated unfairly for any of the reasons below?

Please all the boxes that apply to you

- Age
- Sex
- Aboriginal background
- Ethnic background
- Religion
- Sexual orientation
- Disability
- Marital status
- Something else
- I was not treated unfairly

Q43 Were your cultural or religious beliefs respected by the clinic staff?

- Yes, always
- Yes, sometimes
- No
- Not applicable

COMPLICATIONS

Q44 During your appointment or soon afterwards, did you experience any of the following complications or problems?

Please all the boxes that apply to you

- An infection
- Uncontrolled bleeding
- An unexpected negative reaction to medication
- A complication as a result of tests or procedures
- Severe pain due to the treatment
- Lymphoedema (chronic excessive swelling)
- Severe anxiety or worry
- Any other complication or problem
- None. Go to Q47

Q45 Was the impact of this complication or problem...?

- Very serious
- Fairly serious
- Not very serious
- Not at all serious

Q46 In your opinion, were the health professionals open with you about this complication or problem?

- Yes, completely
- Yes, to some extent
- No
- Not applicable, as it happened after my appointment

Q47 In the past three months, have you gone to an emergency department because of complications related to the care you received?

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

SMOKING BEHAVIOUR

Q48 Did a staff member at this clinic ask you if you smoked/used tobacco?

- Yes
- No
- Can't remember

Q49 At the time of your appointment, how often were you smoking/using tobacco?

- I've never smoked Go to Q51
- Not at all, I've quit smoking . . . Go to Q51
- Some days
- Every day
- Don't want to say Go to Q51

Q50 Has a staff member at this clinic done any of the following in the past year?

Please all the boxes that apply to you

- Advised you to quit smoking
- Offered to refer you to the Quitline or a smoking support service/professional
- Offered you nicotine replacement therapy (e.g. patches, gum)
- Provided other help to quit smoking
- Don't know/can't remember
- None of the above

OVERALL CARE

Q51 Overall, how would you rate the care you received from the clinic?

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

Q52 If asked about your clinic experience by friends and family, how would you respond?

- I would speak highly of the clinic
- I would neither speak highly nor be critical
- I would be critical of the clinic

Q53 How well organised was the care you received from the clinic?

- Very well organised
- Fairly well organised
- Not well organised

PAYMENTS FOR YOUR CARE

This section is about out-of-pocket expenses you may have to pay for clinic appointments. Out-of-pocket expenses are those that you don't get back from Medicare or a private health fund.

Please think about your appointments with this clinic in the past six months.

Q54 How much were your out-of-pocket expenses for medication related to these appointments?

- Zero (\$0)
- \$1 to less than \$100
- \$100 to less than \$500
- \$500 to less than \$1,000
- \$1,000 or more
- Don't know/can't remember

Q55

How much were your out-of-pocket expenses for consultations, tests, surgery or treatment related to these appointments (excluding medication)?

- Zero (\$0)
- \$1 to less than \$100
- \$100 to less than \$500
- \$500 to less than \$1,000
- \$1,000 or more
- Don't know/can't remember

Q56

How much were your out-of-pocket expenses for other costs related to these appointments (e.g. travel, petrol, parking, accommodation)?

- Zero (\$0)
- \$1 to less than \$100
- \$100 to less than \$500
- \$500 to less than \$1,000
- \$1,000 or more
- Don't know/can't remember

ABOUT YOUR HEALTH

This section asks questions for people who have or have had cancer. If you received care for a condition other than cancer, please answer Q57 and then go to Q63.

Q57

Did you attend this clinic because you have or have had cancer?

- Yes
- No.....Go to Q63

Q58

Is this the first time you have had cancer?

- Yes, this is the first time I have had cancer
- No, I have had the same type of cancer before but it has now come back
- No, I have had a different type of cancer before

Q59

What was the main type of cancer you were receiving care for at this clinic?

Please one box only

- Prostate
- Breast
- Bowel (colon, rectal, anus)
- Lung
- Skin/melanoma
- Upper gastrointestinal (oesophagus, stomach, liver, pancreatic, bile ducts)
- Gynaecological (e.g. ovarian, endometrial, cervical)
- Brain or spinal column
- Head and neck
- Blood (e.g. lymphoma, leukaemia, marrow, lymph nodes)
- Other (e.g. bone, mesothelioma, thyroid)
- The type of cancer is not known yet

Q60

Which of the following statements best describes how well you are able to carry out ordinary tasks and daily activities? In the past month I would generally rate my activity as...

Please one box only

- Normal with no limitations
- Not my normal self, but able to be up and about with fairly normal activities
- Not feeling up to most things, but in bed or chair less than half the day
- Able to do little activity and spend most of the day in bed or chair
- Pretty much bedridden, rarely out of bed

Q61

How has your current cancer responded to treatment?

Please one option that is closest to your situation

- Treatment has not yet started for this cancerGo to Q63
- I am in the course of treatment and I can't tell yet how my cancer has responded
- The treatment has been effective and I have no signs or symptoms of cancer
- I have finished the course of treatment but my cancer is still present
- My cancer is being treated again because it has not responded fully to treatment
- I am not in active treatment but I am on "Watch and Wait"
- My cancer has not been treated at allGo to Q63

Q62

How long has it been since you first received treatment for this cancer?

- Less than 3 months
- 3 to 6 months
- More than 6 months but less than 1 year
- 1 to 5 years
- More than 5 years
- Don't know/can't remember
- I have not received any treatment

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 your virtual care appointments with a hospital outpatient clinic, not with a general practitioner (GP), in the past 12 months.

Q63

In the past 12 months did you have any virtual care appointments – over the telephone or by video call – with a hospital or outpatient clinic?

- Yes
- No. Go to Q71
- Don't know/can't remember .. Go to Q71

Q64

How many virtual care appointments have you had with a hospital or outpatient clinic in the past 12 months (not counting any appointments with your general practitioner/family doctor)?

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

Q65

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

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

Q66

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

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

Q67

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

- Better
- About the same
- Not as good

Q68

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

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

Q69

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

Q70

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

VIRTUAL CARE WITH A GENERAL PRACTITIONER

For the questions in this section, please now think about your virtual care appointments with a general practitioner (GP), in the past 12 months.

Q71

In the past 12 months, did you have any virtual care appointments – over the telephone or by video call – with a general practitioner (GP)?

- Yes
- No. Go to Q76
- Don't know/can't remember .. Go to Q76

Q72

How many virtual care appointments have you had with a GP in the past 12 months?

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

Q73

Overall, how would you rate the virtual care you received from GPs?

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

Q74

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

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

Q75

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

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



ABOUT YOU (THE PATIENT)

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

Q76 What year were you born?
Write in (YYYY)

Q77 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

Q78 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
- Post graduate/higher degree

Q79 Which language do you mainly speak at home?

- EnglishGo to Q82
- A language other than English

What is that language? Please write below.

Q80 Did you need, or would you have liked, to use an interpreter at any stage while you were at the clinic?

- Yes
- No.....Go to Q82

Q81 Did the clinic provide an interpreter when you needed one?

- Yes, always
- Yes, sometimes
- No

Q82 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.....Go to Q84

Q83 Did you receive support, or the offer of support, from an Aboriginal Health Worker during your January appointment?

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

Q84 Which, if any, of the following longstanding 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 Q87

Q85 Does this condition(s) cause you difficulties with your day-to-day activities?

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

Q86 Are you a participant of the National Disability Insurance Scheme (NDIS)?

- Yes
- No
- Don't know

Q87 Who completed this survey?

- The patient
- The patient with help from someone else
- Someone else on behalf of the patient

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.

Q88 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

Q89 What was the best part of the care you received from this clinic?
Please don't include your name, address or any personal information about yourself or the health professionals who treated you

Q90 What part of your care provided by this clinic most needs improving?
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.



SAMPLE
2023

Barcode

