

# 2023-2024 HIW General Practice Patient Questionnaire



Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales. We are inspecting the quality of treatments at this setting to check that patients are receiving the required standards of care.

Please help us by completing this questionnaire. The views of the patients who regularly use this service are the most important way of letting us know about the quality of the service provided.

It is **anonymous** and no-one will be able to identify you from your answers. **All questions are optional**, unless otherwise indicated

We kindly request that you do not include any information on this questionnaire that may personally identify you.

We will collect completed questionnaires when we visit. Alternatively, you can complete our online survey which you can access through the QR provided (using the camera or scanner on your phone) or via the following hyperlink: <https://www.smartsurvey.co.uk/s/NG5VXE/>



Thank you for your help.

<b>1. Who is completing the questionnaire?</b>	
I am a patient	<input type="checkbox"/>
I am completing on behalf of a patient (please specify):	<input type="checkbox"/>
<b>2. What is the name of your GP practice?</b>	
<input type="text"/>	
<b>3. In which Local Authority area is the GP practice?</b>	
<input type="text"/>	

<b>4. Please rate the following:</b>	Strongly agree	Agree	Disagree	Strongly disagree	Don't know / Not applicable
I am satisfied with the opening hours of this practice					
I am able to contact my GP practice when I need to (phone/online booking system)					
If I need to see a GP urgently, I can get a same-day appointment					
I can get routine appointments when I need them					

This questionnaire is also available in Welsh

<b>5. If you have an ongoing medical condition, are you able to access the regular support needed?</b>	
Very easily	
Fairly easily	
Not very easily	
Not at all easily	
Not applicable	

<b>6. Do you know how to access the out of hours services if you need medical advice or an appointment that cannot wait until GP opening hours?</b> (e.g. GP out-of-hours, NHS Direct Wales/111, health board advice hotlines)	
Yes	
No	

<b>7. Were you offered the option to choose the type of appointment you preferred?</b> (In-person, virtual video-link, telephone)	
Yes	
No	
Not sure	

<b>8. Were you content with the type of appointment you were offered?</b>	
Yes	
No	
If no, why?	

<b>9. Was your appointment?</b>	
In person at the practice (move on to question 10)	
By telephone (skip to question 16)	
Virtual (video-link) (skip to question 16)	

**In-person appointments at the practice**

<b>10. Please rate the following:</b>					
	Strongly agree	Agree	Disagree	Strongly disagree	Don't know/ Not applicable
The building is easily accessible					
There are enough seats in the waiting area					
There are toilet and hand washing facilities that suit my needs					
The practice is 'child-friendly'					
There is Health Promotion and Patient Information material on display					

<b>11. In your opinion, how clean is this GP setting?</b>	
Very clean	
Fairly clean	
Not very clean	
Not at all clean	

12. Please rate the following statements about infection prevention and control:					
	Not sure/ Not applicable	Strongly disagree	Disagree	Agree	Strongly agree
There are signs at the entrance explaining what to do if you are contagious (e.g. do not enter if you have COVID symptoms)					
Hand sanitizers are available					
Healthcare staff washed their hands before and after treating me					

13. Did you have an invasive procedure? This includes having bloods taken, injections and minor operations.	
Yes (move onto question 14)	
No (skip to question 15)	

14. Invasive procedures - please rate the following:					
	Not sure	Strongly disagree	Disagree	Agree	Strongly agree
Staff wore gloves during the procedure					
The syringe, needle or scalpel used was individually packaged or sanitised					
Antibacterial wipes were used to clean my skin before the procedure					

15. Please rate the following:					
	Not applicable	Strongly disagree	Disagree	Agree	Strongly agree
I was able to talk to reception staff without being overheard					
Measures were taken to protect my privacy (e.g. curtains drawn, cover-up provided, private room used)					
I was offered a chaperone (for intimate examinations or procedures)					

#### All appointments

16. Please rate the following:					
	Not applicable	Strongly disagree	Disagree	Agree	Strongly agree
My appointment was on time					
My identity was checked, e.g. I was asked date of birth, name, address					
Medical details, such as allergies and long-term conditions, were checked before medication was prescribed					
I was given enough time to explain my health needs					

This questionnaire is also available in Welsh

17. Please rate the following:	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
The GP explained things well to me and answered my questions					
I felt listened to					
I was treated with dignity and respect					
I was involved in decisions about my healthcare as much as I wanted to be					
I was offered healthy lifestyle advice					

18. Do you provide care for someone with disabilities, long-term care needs or a terminal illness?	
Yes (move on to question 19)	
No (skip to question 21)	

### Carer support

19. Have you been offered an assessment of your own needs as a carer?	
Yes	
No	
Not sure	

20. Have staff at the practice given you details of organisations or support networks that can provide you information and support as a carer?	
Yes	
No	
Don't know	

### Service feedback/overall experience

21. Have you ever been asked by your GP practice about your experience of the service they provide? (This questionnaire does not count)	
Yes	
No	
Can't remember	

22. Would you know how to complain about poor service if you wanted to?	
Yes	
No	

23. Overall, how would you rate the service you received?	
Very good	
Good	
Poor	
Very Poor	

24. Is there anything else that you would like to tell us about the care or service you have received? We kindly request that you do not include any information that may personally identify you or others.	
No	
Yes (please specify):	

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We often use anonymised comments in our reports to show what patients are saying about the quality of the service provided.

<b>25. Do you agree that HIW can use any comments you have provided in the free text boxes of this questionnaire within its inspection report?</b>	
Yes	
No	

**Tell Us About You**

<b>26. Which is your preferred language?</b>	
Welsh	
English	
Other (please specify):	

Only answer questions 27-29 if you speak Welsh, otherwise move onto question 30.

<b>27. Were you actively offered the opportunity to speak Welsh?</b>	
Yes	
Sometimes	
No	
If yes, did that make a difference to you?	

<b>28. Did you feel comfortable using the Welsh language regardless of whether you were asked your language preference?</b>	
Yes	
No	
Not applicable	

<b>29. Is healthcare information available to you in your preferred language?</b>	
Yes	
No	
Not applicable	

<b>30. Do you feel you can access the right healthcare at the right time? Regardless of your Age, Disability, Gender reassignment, Marriage and civil partnership, Pregnancy and maternity, Race, Religion or belief, Sex and Sexual orientation.</b>	
Yes	
No	
Prefer not to say	
Comments:	

<b>31. Have you faced discrimination when accessing or using this health service on grounds of:</b>	
No	
Age	
Disability	
Gender reassignment	
Marriage and civil partnership	
Pregnancy and maternity	
Race	
Religion or belief	
Sex	
Sexual orientation	
Other	
Prefer not to say	
Comments:	

<b>32. Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more? This is about health conditions, illnesses, or impairments you may have. Consider conditions that always affect you and those that flare up from time to time. These may include for example, sensory conditions, developmental conditions or learning impairments.</b>	
Yes	
No	
Prefer not to say	

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33. What is your age?	
17 or younger	
18-29	
30-49	
50-69	
70 and above	
Prefer not to say	

34. What is your sex? A question about gender will follow	
Female	
Male	
Prefer not to say	

35. Is the gender you identify with the same as your sex registered at birth?	
Yes	
No	
Prefer not to say	
Enter gender identity if you wish	

36. Which of the following best describes your sexual orientation?	
Prefer not to say	
Heterosexual or Straight	
Gay or Lesbian	
Bisexual	
Other sexual orientation:	

37. What is your religion?	
Prefer not to say	
No religion	
Christian (including church of England, catholic, protestant, and all other Christian denominations)	
Buddhist	
Hindu	
Jewish	
Muslim	
Sikh	
Any other religion:	

38. What is your ethnic group?	
Prefer not to say	
White	
Mixed/Multiple ethnic groups	
Asian/Asian British	
Black/African/Caribbean/Black British	
Other ethnic group, please describe:	

We will present our findings in an inspection report, which will be published on our website within three months of our visit: [www.hiw.org.uk](http://www.hiw.org.uk).

If you would like to speak to HIW to discuss any aspects of the care you have received here or any elements of this questionnaire, please ring **0300 062 8163** or send us an email at [hiw@gov.wales](mailto:hiw@gov.wales).

Information on our legal duties in relation to the data collected in this survey can be found here: <https://hiw.org.uk/privacy-policy>

Thank you for completing this questionnaire.

This questionnaire is also available in Welsh