

# Health Service Executive (HSE) Primary Care Your service your say: A survey

The name of the primary care team you visited today is:

Today's date is:

**In this survey, we ask you to tell us about your experience of our  
primary care team services.**

## What is a primary care team?

A primary care team is a team of healthcare professionals who work together to meet people's health and social care needs locally. A typical primary care team consists of:

- GPs,
- nurses,
- physiotherapists,
- occupational therapists,
- social workers, and
- home-helps.

They all work together to share information and coordinate skills so that you receive the best possible healthcare available.

For further information on primary care teams please visit [www.hse.ie/eng/about/Who/primarycare](http://www.hse.ie/eng/about/Who/primarycare) or speak to a member of your local primary care team.



## We invite you to take part in this short survey to tell us about your experiences of the services provided by our primary care team today.

Your answers will be confidential and anonymous. By taking part in this survey you can help us to improve our services.

**Your details:** Please tick the correct boxes

**Your gender. Are you?**

Male ☐ Female ☐ Other ☐

**What is your age category?**

Under 18 years of age ☐ 18-24yrs ☐ 25-44yrs ☐ 45-64yrs ☐ 65-74yrs ☐ 75 years + ☐

**Do you hold any of the following cards?**

Medical Card ☐

GP Visit Card ☐

Long-term Illness Card ☐

Health Amendment Act Card ☐

European Health Insurance Card ☐

Drug Payment Scheme Card ☐

Other ☐

None of these ☐

**Please state which of the following applies to you?**

I did not use an interpreter for my appointment ☐

I used a Sign interpreter ☐

I used a Language interpreter ☐

**Please tell us your country of origin.**

Ireland ☐ United Kingdom ☐ EU ☐ Non-EU ☐

Other ☐ If **Other**, which country?



## Your visit

### 1. Which of the following primary care team services did you attend today?

Please tick all the services you attended.

GP

☐

Practice Nurse

☐

Public Health Nurse or Community Nurse

☐

Physiotherapist

☐

Occupational Therapist

☐

Another service

☐

If it was **another service**, please write in the name of it here.

### 2. Please tell us about your experience accessing the service today?

I had no difficulties accessing the service.

☐

The opening times were not suitable.

☐

The waiting times for an appointment were too long.

☐

The service I needed had not been available within the primary care team until now.

☐

I could only get a referral to the service through another service.

☐

Other difficulty.

If it was **another difficulty**, please say what the difficulty was here.

Please write the name of the service or services you had the difficulty with here:

### 3. Where did your appointment take place?

Primary Care Health Centre.

☐

GP Surgery.

☐

Another location.

☐

If it was in **another location**, please tell us where.



**4. Tell us about the suitability of your appointment time?**

The appointment time given to me was most suitable. ☐

I would have preferred an appointment time before 9am. ☐

I would have preferred an appointment time from 12pm-1pm. ☐

I would have preferred an appointment time from 1pm-2pm. ☐

I would have preferred an appointment time after 5pm. ☐

**5. How easy was it for you to access and use the building during your visit?**

Very easy ☐ Easy ☐ Difficult ☐ Very difficult ☐

**6. Were the buildings and facilities clean and tidy?**

Yes ☐ No ☐

**7. How long did you spend waiting to see the healthcare professional today?**

Less than 15 minutes ☐ 15 to 30 minutes ☐ 31 to 45 minutes ☐ Over 45 minutes ☐

**8. Did the healthcare professional wash or clean their hands when coming into contact with you?**

Yes ☐ No ☐ Can't recall ☐

**9. Did the healthcare professional introduce themselves to you?**

Yes ☐ No ☐ Already known to me ☐

**10. Were you treated with kindness and respect during your visit?**

Yes ☐ No ☐

**11. Were you satisfied with the level of privacy provided to you during your appointment?**

Yes ☐ No ☐

**12. Was it explained to you that, if relevant to your overall care, we may need to share information about you with other members of the Primary Care Team?**

Yes ☐ No ☐ Not sure ☐

**13. Was the advice and information provided by the healthcare professional during your appointment today easy to understand?**

Yes ☐ No ☐ Not applicable ☐



Yes ☐ No ☐

Yes ☐ No ☐

**a. Quitting smoking**      Yes ☐      No ☐      Not applicable ☐

**b. Losing weight**      Yes ☐      No ☐      Not applicable ☐

**c. Nutrition and healthy eating**      Yes ☐      No ☐      Not applicable ☐

**d. Physical activity** Yes ☐ No ☐ Not applicable ☐

**e. Alcohol use** Yes ☐ No ☐ Not applicable ☐

**f. Mental health and wellbeing**      Yes ☐      No ☐      Not applicable ☐

**g. Dementia** Yes ☐ No ☐ Not applicable ☐

#### h. Falls prevention

**i. Drug use** Yes ☐ No ☐ Not applicable ☐

j. Other Yes ☐ No ☐ If Yes, please say what other information you received.

Yes ☐ No ☐ If Yes, please say what they are here.

1	2	3	4	5
Excellent	Very good	Good	Poor	Very Poor

The National Healthcare Charter, 'You and Your Health Service': Yes ☐ No ☐

'Your Service Your Say' (HSE Complaints Process): Yes ☐ No ☐



20. If you wish to comment further on any of your answers to the questions above, or if you have any comments or suggestions on how the primary care team could improve their service to you please comment here:

## Get involved

Find out about how you can get involved in improving health services in Ireland.  
The HSE is actively inviting service users to get involved on patient forums and quality improvement initiatives.

To find out more please visit

[www.hse.ie/eng/about/Who/primarycare](http://www.hse.ie/eng/about/Who/primarycare)

[www.hse.ie/eng/services/yourhealthservice](http://www.hse.ie/eng/services/yourhealthservice)

or email [yoursay@hse.ie](mailto:yoursay@hse.ie)

# Building a Better Health Service

CARE COMPASSION TRUST LEARNING

