



# Grand Pacific Health Consumer and Carer Feedback Survey - 2024

Thank you for taking the time to provide us with your valuable feedback. Your insights help us enhance our services and ensure that we meet your needs effectively.

\* Required

## About You

1. Are you a GPH consumer? \*

- Yes
- No, I support a GPH consumer
- Other

2. What is the name of the GPH worker you receive support or care from?

3. In what location do you meet with GPH to receive care or support?

4. Please select the GPH service providing you with care or support right now \*

- Aboriginal Health Services
- Psychological Therapies (no cost) also known as Rural Mental Health
- Mental Health Direct Psychology (low cost)
- Community Living Supports for Refugees Mental Health
- Dietetics
- Exercise Physiology
- Footcare Services
- HASI - Mental Health and Wellbeing Support
- Head to Health Shellharbour
- Head to Health Moruya
- headspace Centres (Youth Health)
- Healthy Ageing At Home Sydney
- Integrated Recovery Services
- My Step to Wellbeing Murrumbidgee
- Next Steps Program
- The Way Back Support Service
- Shell Cove Family Health GP clinic
- GPH Centre Nowra GP clinic
- GPH at UOW GP clinic

- CareFinder Murrumbidgee
- Chronic Pain Management
- Clinical Suicide Prevention Service
- Post Natal Depression Group Program
- I'm not sure
- Other

5. What is your post code.

6. Your gender.

- Prefer not to say
- Woman
- Non-binary
- Man
- Other

7. Approximately, how many times have you accessed services through the GPH in the last 12 months?

Once (this was my first visit)

2-5 times

6-10 times

11 or more times

8. Do you identify as having a Culturally and Linguistically Diverse (CALD) background?

Yes

No

9. Are you of Aboriginal or Torres Strait Islander heritage?

Yes - Aboriginal

Yes - Torres Strait Islander

Yes - Both Aboriginal and Torres Strait Islander

No

Prefer Not To Say

## Your Experience with GPH

10. Please rate your overall experience with the services provided: \*

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

11. The services provided were timely and consistent.

- Yes, always
- Mostly
- Sometimes
- Rarely
- Never

12. The waiting time to receive the service was reasonable.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

13. My rights and privacy were respected.

- Yes
- No

## Communication and Information

14. How well were you informed about the available services and their features?

- Extremely well
- Somewhat well
- Neutral
- Somewhat not well
- Extremely not well

15. My role in the care being provided was clearly explained.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

## Staff and Health Service Providers

16. How would you rate the friendliness and approachability of our staff and health service providers?

Excellent

Good

Fair

Poor

Very poor

17. Were your preferences and concerns taken into consideration by the staff and health service providers?

Yes

No

18. With your consent, was your carer/family/nominated support person involved in your care? (Please choose not applicable if you are the carer)

Yes

No

Not Applicable



19. Was the service that you received culturally appropriate?

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Neutral

20. How likely are you to recommend us to a friend or colleague? \*

0	1	2	3	4	5	6	7	8	9	10
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Not at all likely

Extremely likely

## Outcomes for you

21. After receiving care from this service, do you feel more confident in managing your health and wellbeing (or that of the person you support). \*

- Yes
- No
- Can't say

## Suggestions for Improvement

22. Please share any specific aspects of our services that you found exceptional or particularly satisfying?

23. Are there areas in which you believe our services could be improved? Please provide your suggestions.

24. Thank you for sharing your thoughts with us. We appreciate your time and your input.

Would you like someone to get in touch with you about your feedback?

(please note this may not occur until after the survey closes. If you want to speak to us sooner please call 02 42207600 with your feedback).

Yes

No

25. If yes, please provide your name and a contact phone number or email address below.

26. If you would like to enter into the draw for a chance to win a Samsung Galaxy A9+ tablet, valued at \$299, please enter your phone number so we can get in touch with you if you are the lucky winner.  
(Your feedback will not be linked to your entry in the prize draw. If no contact phone number is provided you will not be considered an entrant in the prize draw.)

The value must be a number

