GP ANSC Patient Satisfaction Survey Report

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INTRODUCTION:

GP Antenatal Shared Care (ANSC) is one model of care currently practiced in the Sydney Local Health District (SLHD) which provides an opportunity for women to have the clinical responsibility of their antenatal care provided collaboratively by a Recognised ANSC GP Provider and the SLHD hospital- based services under defined clinical guidelines and protocols.

The goal of GP ANSC is to provide a high and uniform standard of care to pregnant women by providing them with flexibility and choice; supporting continuity of care, catering for the preferences and needs of women from a range of cultural and diverse backgrounds, enhancing the skills of GPs caring for women during pregnancy and promoting communication between GPs and the participating hospitals.

It is an option of care offered to all women assessed as being low risk and is dependent upon a woman’s wishes, agreement by her GP and agreement by the hospital after assessment of risk factors.

To improve a pregnant woman’s journey and to ensure ongoing program quality improvement, it is vital to ascertain a woman’s expectations, experience and satisfaction with the antenatal care she received within the GP Antenatal Shared Care Program. To assess whether safe and high quality care is being provided, it is important to measure a patient’s experience \(^1\).

The aim of the study was to ascertain why women may or may not have chosen GP Antenatal Shared Care as an option of antenatal care and if they did, the reasons for choice, assess their experience, attitudes and level of satisfaction with the care they received.

Information gathered from this patient satisfaction survey will be used to:

- a) Identify strategies that may improve the care and services provided within the GP antenatal shared care program.
- b) Provide feedback to both ANSC GPs and hospital staff in regards to their communications skills, service delivery and quality of information provided to women.
- c) Gauge program awareness amongst eligible women
- d) Demonstrate to women that their views regarding the service are valued
- e) Address other areas for program improvement as identified by respondents.

METHODS:

All women at RPA Women and Babies or Canterbury Hospital attend a routine hospital review at~ 37 week’s gestation. All women, regardless of their model of care, were invited to take part in the study when they presented to the antenatal clinic for their 37 week review. It was viewed that at this stage of pregnancy, a woman’s involvement in the GP ANSC program was sufficient for her to assess her experience and level of satisfaction of the program. The woman would also have sufficient time to complete and return the survey while waiting for her appointment.

Specific topics explored in the GP ANSC Patient Satisfaction Survey included participation rates, program awareness, reasons for choice, communication styles, service delivery, information provision and program satisfaction.

Those women wishing to participate were given the Patient Information Sheet and the GP ANSC Patient Satisfaction Survey (Appendix 2) to complete. This information was also available in four languages Bengali,
Chinese, Vietnamese and Arabic. Women consented to participate by self-completing and returning the survey prior to leaving hospital.

The survey aimed to collect responses from at least 200 women. This was attained in ~ 3 month period between April- June 2015.

Data was analysed using Epi Info™ 3.5.4, a suite of software tools enabling data collection and statistical analyses. Ethics approval to conduct the survey was obtained from the SLHD Human Research Ethics Committee (Ref X14-0401; HREC/14/RPAH/533)

RESULTS:

Results are presented on 205 returned surveys (RPA Women and Babies 191; Canterbury Hospital 14 ). Participants socio-demographics figures are presented (Table 1).

Program participation rates

Of those women that completed the survey, most (68%) indicated that they were currently participating in the GP ANSC program for their antenatal care. Graph 1 illustrates of those who indicated they were not participating in GP ANSC, the primary reason that influenced their choice.

Most women (42.6%) indicated the reason for not participating in GP ANSC was that they chose midwifery care. Some reasons stated for withdrawing from the program were “due to doctor’s advice”, “GP gave inappropriate information and therefore I felt uncomfortable”.

Women who indicated that they were not participating in the GP ANSC program, no longer took any further part in the survey.
Program awareness
Graph 2 illustrates women’s awareness of the GP ANSC program and how they were first informed about the program as an option of pregnancy care.

Most women (42.4%) stated that they were first informed about the GP ANSC program from their General Practitioner.

Timing of first antenatal visit
Most women (91.7%) indicated that they first saw a health professional i.e. GP, Obstetrician, Midwife when <12 weeks pregnant. The majority of women (97%) had first seen a health professional when < 19 weeks pregnant.

Reasons for choice of care
Graph 3 illustrates the reasons why women chose GP ANSC as their option of care.
The primary reasons women chose GP ANSC were self-initiated (31.0%) or they had the same care in a previous pregnancy (22.7%). “Other” specified reasons for choosing this option generally incorporated the convenience and flexibility of having a GP close to home or work e.g. “longer trading hours and flexibility”; “Ease of appointments”; “Don’t have time to wait at RPA for each visit, parking is a nightmare”; “provides continuity of care whilst a public patient”; “Convenience as I work full time and it was more efficient to see my GP near work”; “Midwifery group unavailable”.

Manner of GP choice for care
Graph 4 illustrates the manner in which a woman chose the GP to share her antenatal care.

Most women (65%) chose their current family GP as their ANSC GP.

Attraction to the program
Women were asked to indicate all that apply in regards to what attracted them to GP ANSC. Graph 5 illustrates the reasons women chose this option of care.
Most women (54.5%) indicated that they were attracted to the program because it lessened inconvenience of travelling to hospital i.e. GP close to home or work, it enabled continuity of care by seeing the same GP throughout their pregnancy (49.2%) and it offered flexible and extended appointment times at the GP practice (48.9%).

**Antenatal record card**
The majority of women (91.6%) indicated that they always carry their antenatal record card with them at all times and present to the health professional at all appointments.

**Satisfaction with information provision, communications and consultation**
The survey rated the level of satisfaction women had to a range of issues provided under the GP ANSC program. Women rated each issue with a response on a 7-item Likert Scale (1-very dissatisfied; 7-very satisfied) for the antenatal care provided by her GP and that of the hospital services.

Graph 6 illustrates a woman's level of satisfaction with her ANSC GP and hospital services in regards to written and/or verbal information about the ANSC GP program; information about the schedule of visits between the GP and the hospital; the ability to make appointments; opportunities to discuss any concerns and ask questions regarding the pregnancy; explanation of any investigations and tests undertaken in pregnancy; extent they were involved in decisions about antenatal care; communication between GP and hospital; privacy and confidentiality; overall satisfaction with the care they received.

Women were generally satisfied with the care they received from both their GP and hospital on a range of issues. 7-Item Likert scale responses are shown in Appendix 2.
Recommendations for GP ANSC program

Women were asked to tick all that apply in regards to GP ANSC as an option of care. Graph 7 illustrates whether a woman would choose this option in a future pregnancy or recommend GP ANSC.

Graph 8: As an option of care

Most women (80.5%) indicated that they would choose GP ANSC in a future pregnancy or recommend (61.2%) to a family member or friend. Comments from women who would not recommend GP ANSC are listed in Appendix 1.

DISCUSSION:

Within SLHD, women have a number of choices for antenatal care including GP ANSC, hospital-based/midwifery care and Midwifery Group Practice (MGP). Only those women actively participating in GP ANSC were asked to evaluate the program in regards to program awareness and appeal, reasons for their antenatal care choice, the opportunities for discussion and involvement in their care decisions and their satisfaction with the service access and delivery. The majority of women that did not participate in GP ANSC indicated that the primary reason that influenced this was that they chose hospital–based midwifery care.

Many GPs have already fostered or developed a relationship with a woman in their care and are therefore well positioned to discuss GP ANSC as an option of antenatal care. This is reflected by women indicating that they were primarily made aware of the program by their GP (42.2%); they were satisfied with the level of written and/or verbal information they received about the program from their GP (85.6%) and they chose their current GP (65%) as their care provider.

Women indicated that they were satisfied with the opportunities to discuss with their GP any concerns and ask questions regarding their pregnancy (90.3%); their GP explained any investigations and tests to be undertaken (87.3%) and were involved in decisions about their care (91.1%). As women’s were made aware and satisfied with the information provided about the program, we can presume they were able to make an informed decision and self-initiate this choice of care (31.1%). Throughout the pregnancy, women need to be given information in an appropriate form to support them in making choices about their care.
The main reasons women indicated that they were attracted to GP ANSC was that it lessened the inconvenience of travelling to the hospital (54%) and it offered flexible and extended appointment times (48.9%). Indications of advantages for women to undergo antenatal shared-care were identified with convenience of appointment time, and decreased travel and waiting time.  

The value of continuity of care during the pregnancy (49.2%) was also identified as an attraction for women to participate in the program. The provision of continuous care during pregnancy across the maternity pathway by a known carer has been demonstrated to have a beneficial impact on outcomes.  

In regards to accessing service, most women (91.7%) indicated that they first saw a health professional when < 12 weeks pregnant, and the majority (97%) having first seen a health professional when < 19 weeks pregnant. This result is consistent with current figures which indicate that within SLHD, 92.5% of women had commenced antenatal care prior to 20 weeks gestation. To optimise a healthy pregnancy and ensure a healthy outcome certain aspects of pregnancy care should be discussed with women early in pregnancy. By women visiting a health professional early in pregnancy, there are opportunities for discussion regarding specific issues including models of antenatal care, availability of screening tests, discussion of lifestyle factors, consideration of pre-existing medical conditions and assessment of risk factors e.g. increased risk for GDM.

SLHD maternity facilities use the hand-held antenatal record card to document routine findings and examinations at each visit. This antenatal record card is an important communication tool between the Recognised ANSC GP and the hospital. Most women (91.6%) indicated that carried their card with them at all times and present it at each appointment.

This survey provided an opportunity to compare a women’s experience of the antenatal care provided by her Recognised ANSC GP and the hospital services under the GP ANSC program. The majority of women were overall satisfied with the care they received whilst participating in the GP ANSC program from their GP (89.5%) and the hospital services (93.9%). In regards to specific matters discussed by their GP and hospital services, women were “satisfied” or “very satisfied” with the following subjects: information about the schedule of visits, opportunities to discuss any concerns or ask questions about the pregnancy, explanations of any tests to be undertaken, involvement in care decisions and respect for their privacy and confidentiality.

The level of communication between a woman’s GP and the hospital (77.5%) was one area that was shown to be less satisfied (as compared to other topics evaluated). Exploring strategies to improve on-going communication between the ANSC GP and hospital is essential to ensure high quality of care. The main criticism identified was in regards to results not being available at the hospital or with the GP. “I was expected to have copies of all results – despite being told at appointment “A”, I would not be provided the results. “Lack of communication between hospital and GP. GP was constantly chasing up results”; “Midwives often have to chase test results from GP and GP doesn’t give them to me”; “Be good if all blood tests and results got to both GP and hospital”. A proposed strategy to improve communication between the GP and hospital services may include the introduction of electronic antenatal records.

In regards to antenatal care in a future pregnancy, the majority of women (80.5%) indicated they would again choose GP ANSC as their option of care.

Appendix 1 presents additional comments by women regarding the service provided by their GP and hospital services as part of their participation in the GP ANSC program.
Inadequacies with the study may include bias with recruitment as sociodemographic data indicates that most women were older, highly educated and English speaking, thus maybe more willing to participate. Despite the survey being available in four different languages, there was a poor uptake from the Canterbury Hospital despite similar survey explanation and recruitment at both maternity facilities. Reasons for decline may include length of survey and/or language difficulties.

**CONCLUSION**

To support effective models of antenatal care it is important to focus on the individual woman’s needs and preferences, continuity of care, collaboration and good communication between care providers.

Women were largely satisfied with the overall level of care provided under the GP ANSC program by both their Recognised ANSC GP and the hospital services and most would choose GP ANSC as their option of care for a future pregnancy.

The main reason women participated in GP ANSC was the convenience and flexibility of having care provided by a GP close to work or home and the continuity of care offered throughout the pregnancy.

**REFERENCES**

Table 1: Socio-demographic characteristics of women undertaking the survey

<table>
<thead>
<tr>
<th>Highest Level of Education</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Degree or higher</td>
<td>66.70%</td>
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<tr>
<td>High School</td>
<td>13.40%</td>
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<tr>
<td>TAFE or Diploma</td>
<td>19.90%</td>
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<table>
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<tr>
<th>Language Spoken at Home</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>English</td>
<td>67.00%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>1.50%</td>
</tr>
<tr>
<td>Arabic</td>
<td>4.40%</td>
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<tr>
<td>Bengali</td>
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</tr>
<tr>
<td>Chinese</td>
<td>8.40%</td>
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<tr>
<td>Nepali</td>
<td>2.00%</td>
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<tr>
<td>Korean</td>
<td>3.40%</td>
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<tr>
<td>Hindi</td>
<td>2.50%</td>
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<tr>
<td>Other</td>
<td>8.40%</td>
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<tr>
<td>Hindi</td>
<td>2.50%</td>
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<tr>
<td>Other</td>
<td>8.40%</td>
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<tr>
<td>Vietnamese</td>
<td>1.50%</td>
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<table>
<thead>
<tr>
<th>Pregnancy Number</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>&lt;21 years</td>
<td>1.50%</td>
</tr>
<tr>
<td>22-30 years</td>
<td>35.80%</td>
</tr>
<tr>
<td>31-39 years</td>
<td>56.40%</td>
</tr>
<tr>
<td>40-44 years</td>
<td>6.40%</td>
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<tr>
<td>&gt;6</td>
<td>0.50%</td>
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<thead>
<tr>
<th>Age</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>&lt;21 years</td>
<td>1.50%</td>
</tr>
<tr>
<td>22-30 years</td>
<td>35.80%</td>
</tr>
<tr>
<td>31-39 years</td>
<td>56.40%</td>
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<tr>
<td>40-44 years</td>
<td>6.40%</td>
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<tr>
<td>&gt;6</td>
<td>0.50%</td>
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Appendix 1: Additional feedback/comments from women regarding GP Antenatal Shared Care

Positive:

- This is a very beneficial service and I found it useful for my pregnancy
- My parents reminded me to see my GP all the time, my GP cared about me a lot
- Travel to my GP in Broadway was a little inconvenient but I really like the GPs there so it was worth it
- It’s good to have a GP near home
- Like the service of both
- The hospital is more informative and appears to be better trained to deal with pregnancy and routine visits however the GP is closer to home, better opening hours and no waiting time for appointments
- I would do that again only because private obstetric services are quite expensive
- Exceptional care from both GP and midwives. Midwives often have to chase test results from GP and GP doesn’t give them to me.
- Confidence regarding the sharing of information
- This is a very good initiative
- Very convenient, close to home
- I like the continuity of care with the hospital up until the time of birth, so that I am comfortable at the time of delivery
- Shared care allows you to have more options and information. Also with work, its much easier to work around
- I had a very positive experience with GP shared care. I suspect it is partly dependant on the quality of the GP chosen.
- More convenient
- Great and convenient
- I’m satisfied with my GP during my pregnancy
- RPA have been extremely supportive and professional
- I find shared care very convenient and my GP gave me detailed information throughout. I feel that it is a very good program
- Very convenient
- It was really good

Negative:

- Only issue include the length of appointments- often feeling rushed and not encouraged to ask questions
- When you do tests at RPA you don’t seem to get results eg bloods
- I’m not great at doctor/hospital/medical stuff. A more comprehensive “calendar” of appointments/tests would be great
- I wish I had more opportunities to have scans. It was only discussed at 36 weeks that my baby was breech
- A limited number of GPs that offer shared care
- First time information regarding appointment schedule throughout the pregnancy should be given during first GP visit, instead of first hospital visit.
- Biggest issue. I was expected to have copies of all results – despite being told at appointment “a” I would not be provided the results. Lack of communication between hospital and GP. GP was constantly chasing up results .
- At the hospital every time I had an appointment it was a nightmare – always delayed, what’s the point in your appointment system
I feel that GP doctor doesn’t have the same knowledge as midwife does
I would choose it for convenience but perhaps with a different GP. Made it easier to make and attended appointments but I personally feel the midwives gave a great level of care than my GP
Be good if all blood tests and results got to both GP and hospital
I think the hospital is too big and busy and I always wait ages. I have been given inconsistent information and queries have not been followed up. I have been ignored by reception staff, the doctors and midwives have all been lovely, but I think they forget that not everyone has intimate knowledge of this convoluted health system

**Question 11: Comments for not recommending or choosing ANSC GP**

- I feel it’s better to see a specialist all throughout a pregnancy
- In a future pregnancy I would take the time to understand other options. In both cases I have elected ANSC and been happy with it, however I would also like to know if there is a fully midwife based care program
- I would like continuity of care at RPA next time. The midwives at RPA are exceptional
- The Shared Care GP seems rushed through appointments, not always checking things
- Very long wait times (1-1.5 hrs) for booked appointments with GP, more information provided by hospital services
- My GP never gave me information in time. It was my friend who used to tell me how you should ask for what. GP should tell about all vaccinations and tests I should go through
Appendix 2:

Questions 9 & 10

The level of satisfaction a woman had when thinking about the following regarding her antenatal care:

a. The level of satisfaction with the written and/or verbal information about the GP antenatal shared care program as an option of care

b. The level of satisfaction with the information about schedule of visits between your GP and the hospital

c. The level of satisfaction with the ability to make appointments with your antenatal shared care GP of choice or hospital

d. The level of satisfaction with the opportunities to discuss with your GP or hospital any concerns and ask questions regarding your pregnancy

e. The level of satisfaction with the GP and hospital regarding explanation of any investigations and tests to be undertaken such as prenatal screening (nuchal translucency), blood tests, ultrasound

f. The level of satisfaction with the extent you were involved in decisions about your antenatal care
g. The level of satisfaction with the communication between your antenatal shared care GP and the hospital

1- very dissatisfied to 7- very satisfied

<table>
<thead>
<tr>
<th>GP</th>
<th>Hospital</th>
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i. Your overall satisfaction with the care you received

1- very dissatisfied to 7- very satisfied

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<tr>
<th>GP</th>
<th>Hospital</th>
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Appendix 3:
GP Antenatal Shared Care (ANSC) Patient Satisfaction Survey 2015

This survey is specifically evaluating the GP Antenatal Shared Care (ANSC) program i.e. sharing your pregnancy care with a general practitioner (GP) and the hospital.

We would appreciate if you could complete this anonymous survey to help us evaluate and improve our service.

These following questions provide us with general information only about the range of women that responded to this survey. It will not be used to identify you.

<table>
<thead>
<tr>
<th>a) How old are you in years?</th>
<th>□ Under 21</th>
<th>□ 22-30</th>
<th>□ 31-39</th>
<th>□ 40-44</th>
<th>□ 45+</th>
</tr>
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<tbody>
<tr>
<td>b) Is this your first pregnancy?</td>
<td>□ Yes</td>
<td>□ No, specific number:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Do you mostly speak English at home</td>
<td>□ Yes</td>
<td>□ No, please specify language ________________</td>
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If no, did you use an interpreter to assist in completing this survey? □ Yes □ No ________________

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<thead>
<tr>
<th>d) What was the highest level of education you completed? (tick one box only)</th>
</tr>
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<tbody>
<tr>
<td>□ Never attended school</td>
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</table>

1. Are you participating in the GP Antenatal Shared Care program for your pregnancy care?
   □ Yes.............please continue survey from Q3 (Please turn over and complete page 2 &3)
   □ No ............. please complete Q2 ONLY

2. If you are not participating in GP Antenatal Shared Care, what was the primary reason that influenced this (tick option that most applies to you)
   □ I did not know about GP Antenatal Shared Care
   □ I chose midwifery care
   □ I had alternative care in a previous pregnancy e.g midwifery care, and wished to do the same in this pregnancy
   □ I do not have a regular GP
   □ It is too expensive to visit a GP
   □ I was unable to see a GP at a time suitable to me
   □ I started GP Antenatal Shared Care but chose to change to another option e.g midwifery care
   □ I started GP Antenatal Shared Care but developed a high risk pregnancy such as gestational diabetes, hypertension, complications
   □ I was unsuitable for GP Antenatal Shared Care e.g twin pregnancy, previous pregnancy complications
   □ I withdrew from GP Antenatal Shared Care, please specify reasons ________________________________

Thank you for completing this part of the survey. Please return to allocated box at reception.
GP Antenatal Shared Care (ANSC) Patient Satisfaction

3. How did you first find out about GP Antenatal Shared Care? (tick one only)
- Chosen care in a previous pregnancy
- General Practitioner (GP)
- Hospital staff i.e. Midwife, Doctor, Receptionist
- Patient information brochure or poster
- Friend or family
- Other, please specify _______________________________________________________________________

4. How many weeks pregnant were you when you first saw a health professional i.e. General Practitioner, Midwife, Obstetrician about your pregnancy?
- Less than 12 weeks
- 13-18 weeks
- 19 weeks or more

5. Why did you choose GP Antenatal Shared Care for your pregnancy care? (tick one only)
- GP shared care in a previous pregnancy
- Suggested by my GP
- Suggested by hospital staff
- Self-initiated
- Recommended by family or friend
- I didn’t know I had a choice
- Other, please specify _______________________________________________________________________

6. How did you choose the GP to share your care during your pregnancy? (tick one only)
- He/she is my current family GP
- I was provided a list of antenatal shared care GPs by the hospital when making first appointment booking
- I asked about the program at my GP practice
- It was recommended by family or friend
- Other, please specify _______________________________________________________________________

7. What attracted you to GP Antenatal Shared Care? (tick all that apply)
- Continuity of care by seeing the same GP throughout my pregnancy
- Care would be provided by my current family doctor
- Consults could be provided by a GP that speaks my language (other than English)
- Flexible and extended appointment times at the GP practice
- Lessen the inconvenience of travelling to hospital i.e. GP near home or work
- Other reasons, please specify _______________________________________________________________________

8. Do you carry your “yellow” antenatal card with you at all times and give to the GP/ midwife/ obstetrician at all appointments
- Always
- Sometimes
- Never, please specify reasons._______________________________________________________________________

Page 2 of 3 (Version 1, 26 November 2014)
9. When thinking about your antenatal care with your GP, how would you rate your level of satisfaction with the following (please circle response)

<table>
<thead>
<tr>
<th></th>
<th>☻ very dissatisfied</th>
<th>☻ very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>The written and/or verbal information about the GP antenatal shared care program as an option of care</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>The information about schedule of visits between your GP and the hospital</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>The ability to make appointments with your antenatal shared care GP of choice</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>The opportunities to discuss with your GP any concerns and ask questions regarding your pregnancy</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>Your GP’s explanation of any investigations and tests to be undertaken such as prenatal screening (nuchal translucency), blood tests, ultrasound</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>The extent you were involved in decisions about your antenatal care</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>The communication between your antenatal shared care GP and the hospital</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>Your privacy and confidentiality were respected</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>Your overall satisfaction with the care you received</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
</tbody>
</table>

10. When thinking about your antenatal care with the hospital maternity services, how would you rate your level of satisfaction with the following (please circle response)

<table>
<thead>
<tr>
<th></th>
<th>☻ very dissatisfied</th>
<th>☻ very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>The written and/or verbal information about the GP antenatal shared care program as an option of care</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>The information about schedule of visits between the hospital and your GP</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>The ability to make antenatal appointments with the hospital</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>The opportunities to discuss with hospital staff e.g midwives/doctors any concerns and ask questions regarding your pregnancy</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>The hospital staff e.g midwives/doctors explanation of any investigations and tests to be undertaken such as prenatal screening (nuchal translucency), blood tests, ultrasound</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>The extent you were involved in decisions about your antenatal care</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>The communication between the hospital and your antenatal shared care GP</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>Your privacy and confidentiality were respected</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>Your overall satisfaction with the care you received</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
</tbody>
</table>

11. As an option of care for pregnancy (tick all that apply)

☐ I would choose GP Antenatal Shared Care in a future pregnancy
☐ I would recommend GP Antenatal Shared Care to a family member or friend
☐ I would not choose or recommend GP Antenatal Shared Care, please specify reasons

12. Please provide any other feedback you have regarding GP Antenatal Shared Care

Thank you for your time and assistance in completing this survey. Please return to the box at reception
GP Antenatal Shared Care Program Patient Satisfaction Survey

INFORMATION FOR PARTICIPANTS

Introduction
You are invited to take part in a GP Antenatal Shared Care (ANSC) Patient Satisfaction Survey. The objective is to assess why women may or may not have chosen GP Antenatal Shared Care as an option of care during their pregnancy and if they did choose GP Antenatal Shared Care, their level of satisfaction with the care they received.

The study is being conducted within RPA Women and Babies and Canterbury Hospital by the Sydney Local Health District (SLHD)/Inner West Sydney Medicare Local (IWSML) GP Antenatal Shared Care Program.

Study Procedures
If you agree to participate in this study, you will be asked to complete the following anonymous survey.

Benefits
To ensure that a high quality and uniform standard of care is being provided to women participating in the GP Antenatal Shared Care Program we believe it is important to measure a woman’s experience, expectations and level of satisfaction with the program and identify areas for improvements.

While we intend that this study evaluates patient satisfaction and ongoing program quality improvement, it may not be of direct benefit to you.

Costs
Participation in this study will not cost you anything, nor will you be paid.

Voluntary Participation
Participation in this study is entirely voluntary. We appreciate you taking the time to provide honest and constructive feedback in relation to the care you receive. Whatever your decision or the responses you provide, please be assured that it will not affect your medical treatment or your relationship with the staff who are caring for you.

Confidentiality
All the information collected from you for the study is anonymous. The study results may be presented at a conference or in a scientific publication, but individual participants will not be identifiable.

Further Information
If you would like further information, please contact ANSC Project Officer, Karen Wheeler on ph.9799 0933. This information sheet is for you to keep.

Ethics Approval and Complaints
This study has been approved by the Ethics Review Committee (RPAH Zone) of the Sydney Local Health District. Any person with concerns or complaints about the conduct of this study should contact the Executive Officer on 02 9515 6766 and quote protocol number X14-0401