

## Patient Experience Survey

**Please read the enclosed letter for more information about this survey.**



If you would prefer, you can fill in this survey online at [www.gpsurvey.org.uk](http://www.gpsurvey.org.uk)

To do this, you will need to enter your ID and password shown here:

### Instructions

Please answer all questions, unless the instructions ask you to skip a question.

For each question, please put a tick in the box next to the answer that most closely matches your own experience.

For example, if your answer is yes:

Yes

No

Don't worry if you make a mistake. Simply cross it out and tick the correct answer.



**Helpline 0800 783 2896**

**Monday – Friday 11am – 8pm**

**Saturday 10am – 2pm**

## Section 1: Getting to see or speak to someone

**Q1** What local health services have you used in the **last 12 months** when you needed treatment or advice about **your** health?

Please tick **all** the boxes that apply to you

- GP surgery
- NHS 24
- Pharmacy/ Chemist
- Hospital outpatients
- Community nurse
- A & E / Casualty
- Minor injuries clinic
- NHS Mental Health Services
- NHS physiotherapist, podiatrist or other therapist
- Complementary therapy
- Private health treatment or therapy
- NHS Dentist
- Private Dentist
- Optician / optometrist
- Other
- None

**Q2** Have you contacted the **GP surgery named on the enclosed letter** in the last 12 months?

- No → Go to **Q26**
- Yes → Go to **Q3**

**Q3** Approximately **how often** have you contacted this GP surgery in the last 12 months (either for yourself or someone you look after)?

- Once
- 2 – 4 times
- 5 - 10 times
- More than 10 times
- Can't remember / don't know

**Q4** Thinking of the last time you contacted this GP surgery by **phone**, how easy was it for you to get through?

Please tick **ONE** box only

- Very easy
- Fairly easy
- Not easy
- I haven't tried to phone → Go to **Q6**
- Can't remember / don't know

**Q5** The last time you phoned the GP surgery, how helpful was the person who answered?

Please tick **ONE** box only

- Very helpful
- Fairly helpful
- Not very helpful
- Not at all helpful
- Can't remember / don't know

**Q6** The last time you needed to see or speak to a doctor or nurse from your GP surgery quite **urgently**, how long did you wait?

Please tick **ONE** box only

- I saw or spoke to a doctor or nurse on the same day → Go to **Q8**
- I saw or spoke to a doctor or nurse within 1 or 2 working days → Go to **Q8**
- I waited more than 2 working days to see or speak to a doctor or nurse → Go to **Q7**
- I haven't needed to see or speak to a doctor or nurse from my GP surgery urgently in the last 12 months → Go to **Q8**
- Can't remember → Go to **Q8**

**Q7** What was the **main reason** you waited longer than 2 working days?

Please tick **ONE** box only

- The person I wanted to see was not available in the next 2 days
- The times available in the next 2 days were not convenient for me
- I was not offered a chance to see or speak to anyone within 2 working days.
- Another reason

**Q8** If you ask to make an appointment with a doctor 3 or more working days **in advance**, does your GP practice allow you to?

Please tick **ONE** box only

- Yes
- No
- Don't know

**Q9**

When you arrange to see a doctor at your GP surgery can you *usually* see the doctor you prefer?

Please tick **ONE** box only

- Yes
- No
- I don't have a doctor I prefer to see
- There is usually only one doctor in my GP surgery

**Q10**

Overall how would you rate the arrangements for getting to see a doctor and/or nurse in your GP surgery?

Please tick **ONE** box in each list

Getting to see a doctor	Getting to see a nurse
<input type="checkbox"/> Excellent	<input type="checkbox"/> Excellent
<input type="checkbox"/> Good	<input type="checkbox"/> Good
<input type="checkbox"/> Fair	<input type="checkbox"/> Fair
<input type="checkbox"/> Poor	<input type="checkbox"/> Poor
<input type="checkbox"/> Very poor	<input type="checkbox"/> Very poor
<input type="checkbox"/> I did not try to see a doctor	<input type="checkbox"/> I did not try to see a nurse

## Section 2: Referrals

**Q11**

Has your GP **referred** you to see any **other health professionals** (including at your GP surgery or local health centre, at home or at another clinic or hospital) in the last 12 months?

- Yes → Go to **Q12**
- No → Go to **Q13**

**Q12**

Thinking about the **last time your GP referred you**, how would you rate the arrangements for getting to see another NHS health professional?

Please tick **ONE** box only

- Excellent
- Good
- Fair
- Poor
- Very poor

## Section 3: At your GP Surgery

Thinking about your visits to the GP surgery in the last 12 months....

**Q13**

In the reception area, can other patients overhear what you say to the staff?

Please tick **ONE** box only

- Yes, but I don't mind
- Yes, and I am not happy about it
- No, other patients can't overhear
- Don't know

**Q14**

How helpful do you find the receptionists at your GP surgery?

Please tick **ONE** box only

- Very helpful
- Fairly helpful
- Not very helpful
- Not at all helpful
- There are no receptionists at my surgery

**Q15**

How clean is your GP surgery or health centre?

Please tick **ONE** box only

- Very clean
- Fairly clean
- Not very clean
- Not at all clean
- Don't know

**Q16**

How do you feel about how long you *usually* have to wait to be seen after you arrive at your GP surgery?

Please tick **ONE** box only

- It is reasonable
- It is too long
- I can't remember or I don't know

**Q17** Have you **seen a doctor** at your GP surgery in the last 12 months?

No → Go to Q18

Yes → Thinking about the **last time** you saw a doctor at your GP surgery, how much do you agree or disagree with each of the following?

Please tick **ONE** box on each line

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The doctor listened to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that the doctor had all the information needed to treat me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The doctor was considerate and understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The doctor talked in a way that helped me understand my condition and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt confident in the doctor's ability to treat me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had enough time with the doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q18** Have you **seen a nurse** at your GP surgery in the last 12 months?

No → Go to Q19

Yes → Thinking about the **last time** you saw a nurse at your GP surgery, how much do you agree or disagree with each of the following?

Please tick **ONE** box on each line

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The nurse listened to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that the nurse had all the information needed to treat me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The nurse was considerate and understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The nurse talked in a way that helped me understand my condition and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt confident in the nurse's ability to treat me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had enough time with the nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q19** Are you involved as much as you want to be in **decisions about your care and treatment**?

Please tick **ONE** box only

- I am involved more than I want to be
- I am involved as much as I want to be
- I am not involved enough
- I do not wish to be involved
- Not relevant

**Q20** Did you see any health professionals in the last 12 months about something that affected your **ability to work**?

- No → Go to **Q22**
- Yes → Go to **Q21**

**Q21** The last time this happened, did they **discuss** your ability to work with you?

Please tick **ONE** box only

- Yes, we had a useful discussion about my ability to work
- Yes, we discussed my ability to work but it was not useful
- No, we did not discuss my ability to work, but I would have found it useful
- No, we did not discuss my ability to work but I did not want to

**Q22** Have you been **prescribed medicines** at your GP surgery in the last 12 months?

- No → Go to **Q24**
- Yes → Go to **Q23**

**Q23** Thinking about **the last time you were prescribed medicines**, how much do you agree or disagree with each of the following:

Please tick **ONE** box on each line

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
It was easy enough for me to get my medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I knew enough about what my medicines were for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I knew enough about how and when to take my medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I knew enough about possible side effects of my medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would know what to do if I had any problems with my medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I took my prescription as I was supposed to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q24** How much do you agree or disagree with each of the following about **how you are treated by the staff at your GP surgery**?

Please tick **ONE** box on each line

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I am treated with dignity and respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am treated with kindness and understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q25** Overall, how would you rate the care provided by your **GP surgery**?

Please tick **ONE** box only

Excellent
  Good
  Fair
  Poor
  Very poor

## Section 4: Out of hours healthcare

The next few questions are about when you have needed healthcare advice or treatment and your GP surgery was closed (for example, in the evening, overnight, at the weekend or on public holidays). These times when GP surgeries are closed are called “out of hours”.

**Q26** In the last 12 months, have you tried to get medical help, treatment or advice, for yourself or someone you were looking after, when your GP surgery was closed (out of hours)?

- Yes → Go to Q27
- No → Go to Q31

**Q27** Thinking about the **last time** you tried to get help **out of hours**, which NHS service did you speak to or go to **first**?

*Please tick **ONE** box only*

- NHS 24
- Pharmacist / Chemist
- Out of Hours service
- My own GP surgery
- District nurse / Community nurse
- 999 Emergency service
- A&E / Casualty
- Other

**Q28** Which service did you **end up** being treated or seen by?

*Please tick **ONE** box only*

- Got phone advice only
- Pharmacist / Chemist
- Out of Hours service
- Own GP surgery
- Home visit from another doctor / nurse
- Emergency Dental Service
- Ambulance paramedics
- A&E / Casualty
- Other

**Q29** Thinking of the **service in your answer to Q28**, how much would you agree or disagree with the following about your experience?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The time I waited was reasonable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that the person had all the information needed to treat me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt I was listened to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Things were explained to me in a way I could understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that I got the right treatment or advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q30** Overall, how would you rate the care you experienced **out of hours**?

*Please tick **ONE** box only*

Excellent     Good     Fair     Poor     Very poor

**Q31** What do you think about the **opening hours of your GP surgery?**

Please tick **ONE** box only

- I am happy with the opening hours of my GP surgery
- It is too difficult for me to get time away from work during my surgery opening hours
- The opening hours are not convenient for me for another reason
- I am not sure when the opening hours of my GP surgery are

## Section 5: Outcomes from NHS treatment

**Q32** In the last 12 months, have you received NHS treatment or advice because of something that was **affecting your ability to do your usual activities?**

- Yes → Go to Q33
- No → Go to Q34

**Q33** Thinking about the last time this happened, how would you describe the effect of the treatment on your ability to do your usual activities?

- I was able to go back to most of my usual activities
- There was no change in my ability to do my usual activities
- I was less able to do my usual activities
- It is too soon to say

**Q34** In the last 12 months, have you received NHS treatment or advice because of something that was causing you **pain or discomfort?**

- Yes → Go to Q35
- No → Go to Q36

**Q35** Thinking about the last time this happened, how would you describe the effect of the treatment on your pain or discomfort?

- It was better than before
- It was about the same as before
- It was worse than before
- It is too soon to say

**Q36** In the last 12 months, have you received NHS treatment or advice because of something that was making you feel **depressed or anxious?**

- Yes → Go to Q37
- No → Go to Q38

**Q37** Thinking about the last time this happened, how would you describe the effect of the treatment on how you felt?

- I felt less depressed or anxious than before
- I felt about the same as before
- I felt more depressed or anxious than before
- It is too soon to say

## Section 6: Your comments

**Q38** If there is anything else you would like to tell us about your experiences of your GP or other local healthcare services in the last 12 months, please write them in below:

**Comments about your GP Surgery**

**Comments about other local NHS services**

## Section 7: About you

This information will help us to find out if different groups of people in Scotland have different experience of treatment at their GP surgeries. Nobody at your GP surgery will be able to see your answers. If you would prefer not to answer a particular question then you can miss it out.

**Q39** Are you male or female?  
Please tick **ONE** box only

- Male  Female

**Q40** What was your **age** on your last birthday?  
\_\_\_\_\_

**Q41** How would you rate your **health** in general?

Please tick **ONE** box only

- Good  Fair  Bad

**Q42** Do you have any of the following?  
Please tick **ALL** that apply

- Deafness or severe hearing impairment  
 Blindness or severe vision impairment  
 A physical disability  
 A learning disability  
 A mental-health condition  
 Chronic pain lasting at least 3 months  
 Another long-term condition  
 None of the above

**Q43** Are your **day-to-day activities limited** because of a health problem or disability which has lasted, or is expected to last, at **least 12 months**?

(Include problems related to old age).

Please tick **ONE** box only

- Yes, limited a lot  
 Yes, limited a little  
 No

**Q44** What best describes your **work status**?  
Please tick **ONE** box only

- Work full time  Work part time  
 In full-time education or training  
 Unemployed / looking for work  
 Don't work due to illness or disability  
 Retired  
 Other

**Q45** Do you look after, or give any regular help or support to family members, friends, neighbours or others because of either long-term physical / mental ill-health / disability or problems related to old age?  
*Exclude any caring that is done as part of any paid employment.*

- No  
 Yes, up to 19 hours a week  
 Yes, 20 - 34 hours a week  
 Yes, 35 or more hours a week

**Q46** Which of the following options best describes how you think of yourself?  
Please tick **ONE** box only

- Heterosexual / Straight  
 Homosexual / Gay or Lesbian  
 Bisexual  
 Other

**Q47** What **religion**, religious denomination or body do you belong to?

Please tick **ONE** box only

- None  Church of Scotland  
 Roman Catholic  Other Christian  
 Muslim  Buddhist  
 Sikh  Jewish  
 Hindu  Pagan  
 Another religion (non-Christian)

**Q48** What is your **ethnic group**?

Tick **ONE** box which **best describes** your ethnic group

- White  
 Mixed or multiple ethnic groups  
 Asian, Asian Scottish or Asian British  
 African, Caribbean or Black  
 Other ethnic group

**Q49** Do you need an **interpreter** or other **help to communicate**?

Please tick **ONE** box only

- No  
 Yes

Thank you for completing this survey. Please post it in the envelope provided (no stamp needed)