

Health and Care 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.experiencesurvey.org.uk

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

This survey asks about:

- your experiences at your GP practice
- out of hours services
- care and support to help with everyday living including services that you may have used from your Council or other organisations

There is space towards the end of the survey for you to provide any other comments you have about your experience of health and care services.

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

1: Your GP Practice: getting to see or speak to someone

Q1 Have you contacted the **named GP practice on the enclosed letter** in the last 12 months?

- No → **Go to Q28**
 Yes

Q2 Approximately **how often** have you contacted this GP practice 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

Q3 Thinking of the last time you contacted this GP practice by **phone**, how easy was it for you to get through?

- Very easy
 Fairly easy
 Not easy
 I haven't tried to phone → **Go to Q5**
 Can't remember / don't know

Q4 The last time you phoned the GP practice, how helpful was the person who answered?

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

Q5 The last time you needed to see or speak to a doctor or nurse from your GP practice 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 Q7**
 I saw or spoke to a doctor or nurse within 1 or 2 working days → **Go to Q7**
 I waited more than 2 working days to see or speak to a doctor or nurse → **Go to Q6**
 I haven't needed to see or speak to a doctor or nurse from my GP practice urgently in the last 12 months → **Go to Q7**
 Can't remember → **Go to Q7**

Q6 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

Q7 If you ask to make an appointment with a doctor 3 or more working days **in advance**, does your GP practice allow you to?

- Yes
 No
 Don't know

Q8 When you arrange to see a doctor at your GP practice can you **usually** see the doctor you prefer?

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

Q9

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

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

Your GP Practice: referrals

Q10

Has your GP practice **referred** you to see any **other health or care services** in the last 12 months?

- Yes → Go to Q11
- No, as it wasn't necessary → Go to Q12
- No, but I wanted to → Go to Q12

Q11

Thinking about the **last time your GP practice referred you to other health or care services**, how would you rate the arrangements for getting to see other services?

- Excellent
- Good
- Fair
- Poor
- Very poor

At your GP Practice

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

Q12

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

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

Q13

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

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

Q14

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

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

Q15 Have you **seen a doctor** from your GP practice **in the last 12 months**?

No → Go to Q16

Yes → Thinking about the **last time** you saw a doctor at your GP practice, 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 took account of the things that matter to me	<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"/>

Q16 Have you **seen a nurse** from your GP practice **in the last 12 months**?

No → Go to Q17

Yes → Thinking about the **last time** you saw a nurse at your GP practice, 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 took account of the things that matter to me	<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"/>

Q17 Are you involved as much as you want to be in **decisions about your care and treatment**?

- Yes, definitely
- Yes, to some extent
- No, and I would like to be
- No, but I do not want to be involved

Q18 Did you see any health professionals at your GP practice in the last 12 months about something that affected **your ability to work or get work**?

- No → Go to Q20
- Yes

Q19 The last time this happened, did they have a discussion with you about your **ability to work or get work**?

- Yes, and it was useful
- Yes, but it was not useful
- No, but I would have found it useful
- No, but I did not want to

Q20 In the last twelve months have you had any **blood tests, x-rays or any other tests** arranged by your GP practice?

- No → Go to Q22
- Yes

Q21 Thinking about **the last time you had a blood test, x-ray or any other test arranged by your GP practice**, 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 explained to me why a test was needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was satisfied with the length of time I waited for my test results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was satisfied with the way that I received the result	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The results of the test 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"/>

Q22 Have you been **prescribed medicines** by your GP practice in the last 12 months?

- No → Go to Q24
- Yes

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 In the past year do you believe a mistake was made in **your treatment or care** by your GP practice (including for example in test results, medicines prescribed, diagnosis)?

- No → Go to Q26
 Yes
 Can't remember / Don't know

Q25 Were you satisfied with how it was dealt with overall?

- Yes, completely
 Yes, to some extent
 No, it was not needed
 No
 Don't know / can't remember

Q26 How much do you agree or disagree with each of the following about **how you are treated by the staff at your GP practice?**

Please tick **ONE** box on each line

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

Q27 Overall, how would you rate the care provided by your GP practice?

Please tick **ONE** box only

Excellent Good Fair Poor Very poor

2: Out of hours healthcare

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

Q28 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 practice was closed (out of hours)?

- Yes
- No → Go to Q33

Q29 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 practice
- District nurse / Community nurse
- 999 Emergency service
- A&E / Casualty
- Other

Q30 Which service did you **end up** being treated or seen by?

*Please tick **ONE** box only*

- Got phone advice only from NHS 24
- Pharmacist / Chemist
- Out of Hours service
- Own GP practice
- Home visit from another doctor / nurse
- Emergency Dental Service
- Ambulance paramedics
- A&E / Casualty
- Social care services
- Other

Q31 Thinking of the **service in your answer to Q30**, how much would you agree or disagree with the following about your experience?

*Please tick **ONE** box on each line*

	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"/>
I felt that people took account of the things that matter to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q32 Overall, how would you rate the care you experienced **out of hours**?

Please tick **ONE** box only

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Very poor
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Q33 What do you think about the **opening hours of your GP practice**?

Please tick **ONE** box only

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

3: Care, support and help with everyday living

This section asks questions about **help and care services for everyday living**. This may include services from your local Council, the NHS, voluntary organisations, groups or private care agencies, and help that you may or may not pay for. It might also include help that you get from friends and family.

Q34 In the last 12 months have you had help or support with everyday living?

Please tick **ALL** that apply

- Yes, help for me with personal and/or household tasks
- Yes, help for me with adaptations and/or equipment for my home
- Yes, help for me for activities outside my home
- Yes, help to look after someone else
- No, not had any help but I feel that I needed it → **Go to Q38**
- No, not had any help → **Go to Q38**

Q35 Did you get help from services provided by, for example, the Council, NHS, voluntary organisations, or private agencies - including services you paid for?

- Yes
- No → **Go to Q38**

Q36 How much do you agree or disagree with the following about your **care, support and help** services – excluding the care and help you get from friends and family - over the past 12 months?

Please tick **ONE** box on each line

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
People took account of the things that matter to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had a say in how my help, care or support was provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was treated with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was treated with compassion and understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My health and care services seemed to be well coordinated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was supported to live as independently as possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The help, care or support improved or maintained my quality of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q37 Overall, how would you rate your help, care or support services?

Please tick **ONE** box only

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Very poor
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4: Health and care effectiveness

Q38 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
 No → Go to Q40

Q39 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

Q40 In the last 12 months, have you received NHS treatment or advice because of something that was causing you **pain or discomfort?**

- Yes
 No → Go to Q42

Q41 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

Q42 In the last 12 months, have you received NHS treatment or advice because of something that was making you feel **depressed or anxious**?

- Yes
- No → Go to **Q44**

Q43 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

5: Caring responsibilities

Q44 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 or formal volunteering.

- No → Go to **Q46**
- Yes, up to 4 hours a week
- Yes, 5 - 19 hours a week
- Yes, 20 - 34 hours a week
- Yes, 35 – 49 hours a week
- Yes, 50 or more hours a week

Q45 How much do you agree or disagree with the following about how you feel as a **carer** most of the time?

*Please tick **ONE** box on each line*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I have a good balance between caring and other things in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am still able to spend enough time with people I want to spend time with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caring has had a negative impact on my health and wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a say in services provided for the person I look after	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services are well coordinated for the person(s) I look after	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel supported to continue caring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6: Your comments

Q46 If there is anything else you would like to tell us about your experiences of your GP, other local healthcare services or care and support services in the last 12 months, please write them in below:

Comments about your GP Practice

Comments about other local NHS services

Comments about care and support services

7: About you

This information will help us to find out if different groups of people in Scotland have different experiences at their GP practices and other health and care services. Nobody at your GP practice will be able to see your answers. If you would prefer not to answer a particular question then you can miss it out.

Q47 Are you male or female?

- Male
- Female

Q48 What was your **age** on your last birthday?

Q49 How would you rate your **health** in general?

- Good
- Fair
- Bad

Q50 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

Q51 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).

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

Q52 In general, how well do you feel that you are able to look after your own health?

- Very well
- Quite well
- Not very well
- Not at all well

Q53 Thinking about the good and the bad things that make up your quality of life, how would you rate your quality of life as a whole?

- Very good
- Good
- Alright / Neither good or bad
- Bad
- Very bad

Q54 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

Q55 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

Q56 Which of the following options best describes how you think of yourself?

- Heterosexual / Straight
- Gay or Lesbian
- Bisexual
- Other

Q57 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)

Q58 What best describes the **accommodation** you live in?
*Please tick **ONE** box only*

- Buying with a mortgage or loan
- Own it outright
- Part rent and part mortgage
- Rent from a private landlord
- Rent from local Council/Housing Association or similar
- Supported accommodation (including for example care home, sheltered housing)
- Other

**Thank you for completing
this survey.**

**Please post it in the envelope
provided (no stamp needed)**