

Health & Care Experience Survey

Please help us to understand health and social care services in your area.

Your views are very important to us. They help us to understand more about the quality of health and social care services offered in your area and what needs to be improved.

Taking part is **voluntary** and your responses will be completely **confidential**. None of the health or social care professionals involved in your care will know whether or not you have responded.

Survey results will be analysed and national and local level results will be published in **April 2018**. For more information on how your responses to this survey will be used, including additional comments, please see our **Privacy Notice** at www.gov.scot/HACEPrivacyNotice.

Please use blue or black ink and don't worry if you make a mistake, simply cross it out and tick the correct answer.

For more information about this survey, please read the enclosed letter or visit www.gov.scot/GPsurvey.



Helpline

XXXX XXX XXXX

Monday to Friday

1. Your GP Practice

Q1 When did you **last** contact the GP practice named on the enclosed letter?

- | | |
|--|--|
| 1 <input type="checkbox"/> In the last 3 months | 4 <input type="checkbox"/> More than 12 months ago → Go to Q14 |
| 2 <input type="checkbox"/> Between 3 and 6 months ago | 5 <input type="checkbox"/> I attend a different GP practice → Go to Q14 |
| 3 <input type="checkbox"/> Between 6 and 12 months ago | 6 <input type="checkbox"/> Can't remember/don't know → Go to Q14 |

Q2 Roughly, how often have you contacted this GP practice in the last 12 months?

- | | | | |
|---------------------------------|---|--|---|
| 1 <input type="checkbox"/> Once | 2 <input type="checkbox"/> 2 to 4 times | 3 <input type="checkbox"/> 5 to 10 times | 4 <input type="checkbox"/> More than 10 times |
|---------------------------------|---|--|---|

Q3 How easy is it for you to contact your GP practice in the way that you want?

- | | | |
|--------------------------------------|--|-------------------------------------|
| 1 <input type="checkbox"/> Very easy | 2 <input type="checkbox"/> Fairly easy | 3 <input type="checkbox"/> Not easy |
|--------------------------------------|--|-------------------------------------|

Q4 What do you think about the opening hours of your GP practice?

- | | |
|---|---|
| 1 <input type="checkbox"/> I am happy with the opening hours | 3 <input type="checkbox"/> I am not happy with the opening hours for another reason |
| 2 <input type="checkbox"/> It is too difficult for me to get time away from work during opening hours | 4 <input type="checkbox"/> I am not sure what the opening hours are |

Q5 If you ask to make an appointment with a doctor 3 or more working days **in advance**, does your GP practice allow you to?

- | | | |
|--------------------------------|-------------------------------|---------------------------------------|
| 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 3 <input type="checkbox"/> Don't know |
|--------------------------------|-------------------------------|---------------------------------------|

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

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

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

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

Q8 Overall, how would you rate each of the following? *Please tick one box on each line.*

	Excellent	Good	Fair	Poor	Very Poor
The quality of information provided by the receptionist?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The arrangements for getting to see a doctor in your GP practice?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The arrangements for getting to see another medical professional in your GP practice?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The care provided by your GP practice?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

2. Treatment or Advice from your GP Practice

Q9 The **last time** you received treatment or advice at your GP practice in the last 12 months, what did you receive treatment or advice for? *Please tick all that apply.*

- 1 An injury or accident
2 Another physical health problem
3 A mental health problem
4 A routine appointment
5 Something else
6 No treatment/advice received → **Go to Q14**

Q10 Who provided **most** of that treatment or advice?

- 1 Doctor 2 Nurse 3 Pharmacist 4 Someone else

If you selected 'Someone else', please tell us what type of medical professional provided most of that treatment or advice:

Q11 Thinking about that healthcare professional, how much do you agree or disagree with the following statements? *Please tick one box on each line. If a statement is not applicable, please leave that line blank.*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I was listened to.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I was given enough time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I was treated with compassion and understanding.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I was given the opportunity to involve the people that matter to me.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I understood the information I was given	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I was in control of my treatment/care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I knew the healthcare professional well	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
My treatment/care was well coordinated	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Q12 How would you describe the effect of that treatment or advice on:
Please tick one box on each line.

	Got better	Stayed the same	Got worse	Too soon to say	Not applicable
The symptoms you were experiencing?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Your overall wellbeing?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Q13 If there is anything else you would like to tell us about your **GP practice**, please do so here.

3. Referrals

Q14 Have you been referred to **any other NHS health professional** in the last 12 months? Please exclude any private referrals.

- 1 Yes, I was referred by my GP practice 3 No → **Go to Q18**
 2 Yes, I self-referred 4 Can't remember/don't know → **Go to Q18**

Q15 Thinking about the **last time** you were referred by your GP practice, what type of health professional were you referred to? *Please tick one box only.*

- 1 Occupational Therapist 3 Mental Health Professional 5 Speech & Language Therapist 7 Other
2 Physiotherapist 4 Podiatrist 6 Dietician

If you selected 'Other', please tell us what type of health professional were you last referred to:

Q16 Thinking about the **last time** you were referred, how would you rate the coordination of your treatment/care?

- 1 Excellent 2 Good 3 Fair 4 Poor 5 Very poor

Q17 Overall, the **last time** you were referred, how would you rate the care you experienced at the service you were referred to?

- 1 Excellent 2 Good 3 Fair 4 Poor 5 Very poor

4. Out of Hours Healthcare

Q18 For this section, you should think about the **last time** you tried to get treatment or advice from a pharmacy, NHS 24 or an emergency service in the last 12 months. Which service did you **end up** being treated or advised by?

Please tick one box only.

- 1 Phone advice only from NHS 24 6 Home visit from a GP or nurse
2 Primary Care Emergency Centre 7 My own GP when it was open
3 Ambulance A&E Crew 8 Social Care services
4 A&E or Minor Injuries Unit 9 Another service
5 Pharmacist/Chemist 10 I've not used these services → **Go to Q24**

Q19 Before contacting this service, which **one** of the following statements applied:

- 1 I contacted my GP practice and was referred to this service
2 I contacted my GP practice but I could not get advice or an appointment
3 I contacted my GP practice but it was closed
4 I did not try to contact my GP practice
5 I can't remember

Q20 What did you receive treatment or advice from this service for?

- 1 An injury or accident 3 A mental health problem
2 Another physical health problem 4 Something else

Q21 Thinking about the service you selected in Q18, how much would you agree or disagree with the following statements about your experience? *Please tick **one box on each line**. If a statement is not applicable, please leave that line blank.*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I was listened to.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I was given enough time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I was treated with compassion and understanding.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I was given the opportunity to involve the people that matter to me.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I understood the information I was given	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I was in control of my treatment/care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
My treatment/care was well coordinated	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Q22 Overall, how would you rate the care you experienced from this service?

1 Excellent 2 Good 3 Fair 4 Poor 5 Very poor

Q23 If there is anything else you would like to tell us about your experiences of the services covered in this section, please do so here:

5. 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.

Q24 In the last 12 months, have **you** had any help or support with everyday living? *Please tick **all that apply**.*

- | | |
|---|--|
| 1 <input type="checkbox"/> Yes, help for me with personal and/or household tasks | 4 <input type="checkbox"/> Yes, help to look after someone else |
| 2 <input type="checkbox"/> Yes, help for me for activities outside my home | 5 <input type="checkbox"/> No, not had any help but I feel that I needed it → Go to Q30 |
| 3 <input type="checkbox"/> Yes, help for me with adaptations and/or equipment for my home | 6 <input type="checkbox"/> No, not had any help → Go to Q30 |

Q25 Did you get help from services provided by, for example, the Council, voluntary organisations, NHS or private agencies - including services you paid for?

1 Yes 2 No → **Go to Q30**

Q26 Which of the following applies to you and how your social care is arranged?

- 1 I had a choice
2 I did not want a choice
3 I had no choices due to medical reasons
4 I was not offered any choices
5 Can't remember/don't know
-

Q27 How much do you agree or disagree with the following about your care, support and help services over the past 12 months? Please exclude care and help you get from friends and family. *Please tick **one box on each line.***

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I was aware of the help care and support options available to me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I had a say in how my help, care or support was provided	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
People took account of the things that mattered to me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I was treated with compassion and understanding	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I felt safe	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I was supported to live as independently as possible	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
My health, support and care services seemed to be well coordinated	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The help, care or support improved or maintained my quality of life	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Q28 Overall, how would you rate your help, care or support services? Please exclude the care and help you get from friends and family.

1 Excellent 2 Good 3 Fair 4 Poor 5 Very poor

Q29 Do you have any other comments to make about the help, care or support that you have received?

6. Caring responsibilities

Q30 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 health / disability or problems related to old age? Please **exclude** any caring that is done as part of any paid employment or formal volunteering.

- | | |
|--|---|
| 1 <input type="checkbox"/> Yes, up to 4 hours a week | 4 <input type="checkbox"/> Yes, 35 - 49 hours a week |
| 2 <input type="checkbox"/> Yes, 5 - 19 hours a week | 5 <input type="checkbox"/> Yes, 50 or more hours a week |
| 3 <input type="checkbox"/> Yes, 20 - 34 hours a week | 6 <input type="checkbox"/> No → Go to Q33 |

Q31 Who do you care for? *Please tick all that apply.*

- | | | |
|--|---|--|
| 1 <input type="checkbox"/> Partner or spouse | 3 <input type="checkbox"/> A child | 5 <input type="checkbox"/> A friend or neighbour |
| 2 <input type="checkbox"/> A parent | 4 <input type="checkbox"/> Another relative | 6 <input type="checkbox"/> Someone else |

Q32 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	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Caring has had a negative impact on my health and wellbeing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I have a say in services provided for the person(s) I look after	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Local services are well coordinated for the person(s) I look after	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I feel supported to continue caring	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

7. About you

This information will help us to find out if different groups of people in Scotland have different experiences of health 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 **leave it blank**.

Q33 What best describes your gender?

- 1 Male 2 Female 3 Other

Q34 What best describes your ethnic group?

- | | |
|---|--|
| 1 <input type="checkbox"/> White | 4 <input type="checkbox"/> Mixed or multiple ethnic groups |
| 2 <input type="checkbox"/> Asian, Asian Scottish or Asian British | 5 <input type="checkbox"/> Other ethnic group |
| 3 <input type="checkbox"/> African, Caribbean, Black or Black British | |

Q35 Which of the following options best describes how you think of yourself?

- 1 Heterosexual/Straight 2 Gay or Lesbian 3 Bisexual 4 Other
-

Q36 Do you have any of the following? *Please tick **all that apply**.*

- 1 Deafness or severe hearing impairment 5 A learning disability
2 Blindness or severe vision impairment 6 A mental health condition
3 Chronic pain lasting at least 3 months 7 Another long-term condition
4 A physical disability 8 None of the above
-

Q37 What best describes your work status?

- 1 Employed (full or part time) 5 Don't work due to illness or disability
2 Self-employed (full or part time) 6 Retired
3 In full-time education or training 7 Other
4 Unemployed/looking for work
-

Q38 What religion, religious denomination or body do you belong to?

- 1 None 5 Muslim 9 Hindu
2 Church of Scotland 6 Buddhist 10 Pagan
3 Roman Catholic 7 Sikh 11 Another religion
4 Other Christian 8 Jewish (non-Christian)
-

Q39 In general, how would you rate **your health**?

- 1 Excellent 2 Good 3 Fair 4 Poor 5 Very poor
-

Q40 In general, how well do you feel that you are able to look after your own health?

- 1 Very well 2 Quite well 3 Not very well 4 Not at all well
-

Q41 How would you rate your quality of life as a whole?

- 1 Excellent 2 Good 3 Fair 4 Poor 5 Very poor
-

Thank you for completing this survey.

Please return the survey in the **freepost** envelope provided as soon as possible.

Alternatively, you can **post it without a stamp to:**

[Return Address]