

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 2020**. 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/hace.

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/hace.



Helpline

0800 XXX XXXX

1. Your GP Practice

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

- 1 In the last 12 months 3 More than 12 months ago → **Go to Q16**
2 I attend a different GP practice → **Go to Q16** 4 Can't remember/don't know → **Go to Q16**
-

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

- 1 Once 2 2 to 4 times 3 5 to 10 times 4 More than 10 times
-

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

- 1 Very easy 2 Fairly easy 3 Not easy
-

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

- 1 I am happy with the opening hours 3 I am not happy with the opening hours for another reason
2 It is too difficult for me to get time away from work during opening hours 4 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 Yes 2 No 3 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 nurse → **Go to Q7**
 4 I haven't needed or cannot remember seeing or speaking to a doctor or a nurse urgently in the last 12 months → **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 The last time you needed an **appointment** with your GP practice, what kind of **appointment** did you get?

- 1 Face-to-face at GP practice
 2 Phone
 3 A Video Call (like Skype or FaceTime)
 4 Home Visit
 5 Email or Instant Message consultation
 6 Other
-

Q9 Overall, how would you rate each of the following? *Please tick one box on each line*

	Excellent	Good	Fair	Poor	Very Poor	Not Applicable
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"/>	6 <input type="checkbox"/>
The arrangements for getting to see a:						
- Doctor?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
- Nurse?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
- Pharmacist/Chemist?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
- Physiotherapist?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
- Mental Health Professional?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
- Community Link Worker?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
- Another Healthcare Professional?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

Q10 Overall, how would you rate the care provided by your **GP practice**?

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

2. Treatment or Advice from your GP Practice

Q11 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 <input type="checkbox"/> An injury or accident | 4 <input type="checkbox"/> A routine appointment |
| 2 <input type="checkbox"/> Another physical health problem | 5 <input type="checkbox"/> Something else |
| 3 <input type="checkbox"/> A mental health problem | 6 <input type="checkbox"/> No treatment/advice received → Go to Q16 |

Q12 What type of healthcare professional did you receive most of your treatment or advice from? *Please tick one box only.*

- | | | |
|---|---|--|
| 1 <input type="checkbox"/> Doctor | 4 <input type="checkbox"/> Physiotherapist | 6 <input type="checkbox"/> Community Link Worker |
| 2 <input type="checkbox"/> Nurse | 5 <input type="checkbox"/> Mental Health Professional | 7 <input type="checkbox"/> Another Healthcare Professional |
| 3 <input type="checkbox"/> Pharmacist/Chemist | | |

Q13 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
The person I saw was appropriate for my treatment/care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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 able to ask questions if I wanted to	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I was involved in decisions about my care and treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Staff helped me to feel 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"/>

Q14 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"/>

Q15 If there is anything else you would like to tell us about your **GP practice**, please do so here.

3. Out of Hours Healthcare

Q16 In the past 12 months, have you contacted an NHS service when you wanted to see a GP but your GP practice was closed?

1 Yes 2 No → **Go to Q23**

Q17 For this section you should think about the **last time** you tried to get treatment in the last 12 months when your GP practice was closed. Which service did you receive most of your treatment or advice from?

Please tick one box only.

- | | |
|---|---|
| 1 <input type="checkbox"/> Phone advice from NHS 24 (111) | 6 <input type="checkbox"/> Home visit from a GP or nurse |
| 2 <input type="checkbox"/> GP Out of Hours service | 7 <input type="checkbox"/> NHS Inform |
| 3 <input type="checkbox"/> Ambulance A&E Crew | 8 <input type="checkbox"/> Social Care services |
| 4 <input type="checkbox"/> A&E or Minor Injuries Unit | 9 <input type="checkbox"/> Another service |
| 5 <input type="checkbox"/> Pharmacist/Chemist | 10 <input type="checkbox"/> Waited until my own GP was open |

Q18 How did you end up in the service you ticked above? *Please tick all that apply.*

- 1 Phoned NHS 24 (111)
- 2 Used NHS Inform
- 3 Advised by family or friend
- 4 Advised by other service

Q19 What did you receive treatment or advice from this service for?

- | | |
|--|--|
| 1 <input type="checkbox"/> An injury or accident | 3 <input type="checkbox"/> A mental health problem |
| 2 <input type="checkbox"/> Another physical health problem | 4 <input type="checkbox"/> Something else |

Q20 Thinking about the service you selected in Q17, 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 able to ask questions if I wanted to	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Staff helped me to feel 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"/>

Q21 Overall, how would you rate the care you experienced from this service?

1 Excellent 2 Good 3 Fair 4 Poor 5 Very poor

Q22 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:

4. Care, Support and Help With Everyday Living

This section asks questions about **help and care services for everyday living including support with a caring role** and help that you get from any organisations, friends or family.

Q23 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 Q29 |
| 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 Q29 |

5. Caring Responsibilities

Q29 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 |

Q30 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 |

Q31 Have you had a carers assessment, now known as an Adult Carers Support Plan or Young Carers Statement (for carers under 18)? This captures information on your caring role and sets out how you wish to be supported as a carer.

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

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"/>

6. 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 How is your health in general?

- | | | | | |
|--------------------------------------|---------------------------------|---------------------------------|--------------------------------|-------------------------------------|
| 1 <input type="checkbox"/> Very good | 2 <input type="checkbox"/> Good | 3 <input type="checkbox"/> Fair | 4 <input type="checkbox"/> Bad | 5 <input type="checkbox"/> Very bad |
|--------------------------------------|---------------------------------|---------------------------------|--------------------------------|-------------------------------------|

Q34 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
-

Q35 How would you rate your quality of life as a whole?

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

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 gender?

- 1 Male 2 Female 3 Other
-

Q38 What best describes your ethnic group?

- 1 White 4 African 5 Caribbean or Black
2 Mixed or multiple ethnic group 3 Asian, Asian Scottish or Asian British 6 Other ethnic group
-

Q39 Which of the following options best describes how you think of yourself?

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

Q40 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 Don't work due to caring responsibilities
3 In full-time education or training 7 Retired
4 Unemployed/looking for work 8 Other
-

Q41 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
-

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:**

Freepost
XXXX XXXX