Scottish Care Experience Survey Programme

NHS SCOTLAND

Healthier Scotland
Scottish Government

Health & Care Experience Survey

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.

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 783 1775

1. Your GP Practice

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

1 ☐ In the last 12 months

2 ☐ I attend a different GP practice → **Go to Q16**

3 ☐ More than 12 months ago → **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 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

Q5 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 Q7**

2 ☐ I saw or spoke to a doctor or nurse within 1 or 2 working days → **Go to Q7**

3 ☐ I waited more than 2 working days to see or speak to a doctor or nurse → **Go to Q6**

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 Q7**

Q6 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

Q7 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 Near Me or Zoom)
4 ☐ Home Visit
5 ☐ Email or Instant Message consultation
6 ☐ Other

Q8 Were you offered a choice in the kind of appointment you received?

1 ☐ Yes
2 ☐ No
3 ☐ Not applicable

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 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
Arrangements for getting to speak to a:						
- Doctor?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
- Nurse?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
- Pharmacist/Chemist?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
- Physiotherapist?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
- Mental Health Professional?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
- Another Healthcare Professional?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

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 ☐ 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 Q16**

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

1 ☐ Doctor
2 ☐ Nurse
3 ☐ Pharmacist/Chemist
4 ☐ Physiotherapist
5 ☐ Mental Health Professional
6 ☐ Another Healthcare Professional

Q13 Thinking about that healthcare professional, how much do you agree or disagree with the following statements? *If a statement is **not applicable**, please leave that line blank. Please tick **one box on each line**.*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I was given the opportunity to involve the people that matter to me	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
I was listened to	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
I was given enough time	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
I was treated with compassion and understanding	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
I knew the healthcare professional well	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
I had a chance to ask about the benefits and risks of the treatment	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
I was able to ask questions if I wanted to	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
I understood the information I was given	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
The health professional checked I understood what I had been told	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Staff helped me to feel in control of my treatment/care	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
I was involved in decisions about my care and treatment	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
I felt able to make an informed choice about my treatment and care	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

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 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Your overall wellbeing?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

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

3. COVID-19

Q16 Do you know or think that you have had COVID-19?

1 ☐ Yes, confirmed by test → **Go to Q17**

3 ☐ Yes, but it was not confirmed by a test → **Go to Q17**

2 ☐ No (if not sure select No) → **Go to Q19**

Q17 Have you fully recovered from COVID-19 and returned to your previous level of health?

1 ☐ Yes → **Go to Q19**

2 ☐ No → **Go to Q18**

Q18 How long have you experienced any COVID-19 symptoms that have not been explained by something else?

1 ☐ Less than 4 weeks

2 ☐ 4 to 12 weeks

3 ☐ More than 12 weeks

Q19 Have you received a COVID-19 vaccination?

1 ☐ Yes → **Go to Q21**

2 ☐ No → **Go to Q20**

Q20 What are your reasons for not being vaccinated? *Please tick **all that apply.***

1 ☐ I have not been offered the vaccine

2 ☐ I am worried about the long or short-term side effects of the vaccine

3 ☐ I don't trust vaccines

4 ☐ I believe I am unlikely to become seriously unwell with COVID-19

5 ☐ I don't think it would be effective at stopping me catching COVID-19

6 ☐ I have a condition which would make it unsafe for me

7 ☐ I have concerns because I am pregnant, trying to conceive or breastfeeding

8 ☐ Other

4. Out of Hours Healthcare

Q21 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 Q29**

Q22 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. Whom did you contact first?

1 ☐ Phoned NHS 24 (111)

2 ☐ Used NHS Inform

3 ☐ 999/Ambulance

4 ☐ Pharmacist/Chemist

5 ☐ Advised by family or friend

6 ☐ Other

Q23 Thinking back to your consultation above, who did you receive most of your treatment or advice from?

1 ☐ Doctor/General Practitioner

2 ☐ Nurse Practitioner

3 ☐ Pharmacist/Chemist

4 ☐ Mental Health Nurse

5 ☐ District Nurse

6 ☐ Hospital Doctor or Nurse (A&E or Minor Injuries)

7 ☐ Ambulance/Paramedic

8 ☐ Other/Unknown

Q24 How did you consult with the healthcare professional?

1 ☐ Over the telephone
2 ☐ Video call
3 ☐ Travelled to a hospital/location
4 ☐ Was seen in my home/homely setting

Q25 What did you receive treatment or advice from this service for?

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

Q26 Thinking about the service you selected in Q23, 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 ☐	2 ☐	3 ☐	4 ☐	5 ☐
I was given enough time	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
I was treated with compassion and understanding	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
I was given the opportunity to involve the people that matter to me	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
I understood the information I was given	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
I was able to ask questions if I wanted to	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Staff helped me to feel in control of my treatment/care	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
My treatment/care was well coordinated	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

Q27 Overall, how would you rate the care you experienced from this service?

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

Q28 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 including support with a caring role** and help that you get from any organisations, friends or family.

Q29 In the last 12 months, have **you** had any help or support with everyday living? *Please tick **all that apply.***

1 ☐ Yes, help for me with personal tasks

2 ☐ Yes, help for me with household tasks

3 ☐ Yes, help for me for activities outside my home

4 ☐ Yes, help for me with adaptations, and/or equipment for my home

5 ☐ Yes, an alarm service (e.g. a button I wear, electronic device) that can get me help

6 ☐ Yes, help to look after someone else

7 ☐ No, not had any help but I feel that I needed it → **Go to Q35**

8 ☐ No, not had any help → **Go to Q35**

Q30 Who funds your help or support with everyday living? *Please tick **all that apply**.*

1 ☐ Council 2 ☐ Me/family 3 ☐ NHS 4 ☐ Other 5 ☐ It is unpaid care from friends/family

Q31 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

Q32 How much do you agree or disagree with the following about your help, care and support services over the past 12 months? Please **exclude** care and help you get from friends and family. *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 aware of the help, care and support options available to me	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
I had a say in how my help, care or support was provided	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
People took account of the things that mattered to me	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
I was treated with compassion and understanding	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
I felt safe	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
I was supported to live as independently as possible	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
My health, support and care services seemed to be well coordinated	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
The help, care or support improved or maintained my quality of life	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

Q33 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

Q34 Do you have any other comments to make about the help, care or support that you have received?

6. Caring Responsibilities

Q35 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 ☐ Yes, up to 4 hours a week
2 ☐ Yes, 5 - 19 hours a week
3 ☐ Yes, 20 - 34 hours a week
4 ☐ Yes, 35 - 49 hours a week
5 ☐ Yes, 50 or more hours a week
6 ☐ No → **Go to Q39**

Q36 Who do you help or support? *Please tick **all that apply**.*

1 ☐ Spouse/Partner
2 ☐ Parent/Grandparent
3 ☐ Child/Grandchild
4 ☐ Friend/neighbour
5 ☐ Relative (any other relationship)
6 ☐ Someone else

Q37 Have you received any support to help with your caring role? *Please tick **all that apply**.*

1 ☐ A written plan about your caring role and support available to you
2 ☐ Help from family, friends or neighbours
3 ☐ Help from Carer Centre/local organisation
4 ☐ Break(s) from caring
5 ☐ Services to replace care you usually provide so you can have a break
6 ☐ Other support
7 ☐ No support or help

Q38 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**. If a statement is not applicable, please leave that line blank.*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I have a good balance between caring and other things in my life	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Caring has had a negative impact on my health and wellbeing	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
I have a say in services provided for the person(s) I look after	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Local services are well coordinated for the person(s) I look after	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
I feel supported to continue caring	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

7. About You

Q39 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

Q40 Do you have any of the following? *Please tick* ***all that apply.***

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

Q41 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.

1 ☐ Yes, limited a lot 2 ☐ Yes, limited a little 3 ☐ No

Q42 What best describes your gender?

1 ☐ Male 2 ☐ Female 3 ☐ Other

Q43 What best describes your ethnic group?

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

Q44 Which of the following options best describes your sexual orientation?

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

Q45 What best describes your work status?

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

Q46 What religion, religious denomination or body do you belong to?

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

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
QUALITY HEALTH