

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 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 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 3 I was not offered a chance to see or speak to anyone within 2 days
2 The times available in the next 2 days were not convenient for me 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 3 A Video Call (like Near Me or Zoom) 5 Email or Instant Message consultation
- 2 Phone 4 Home Visit 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
<u>Arrangements for getting to speak to a:</u>						
- 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"/>
- 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 An injury or accident 4 A routine appointment
- 2 Another physical health problem 5 Something else
- 3 A mental health problem 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 3 Pharmacist/Chemist 5 Mental Health Professional
- 2 Nurse 4 Physiotherapist 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 <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 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"/>
I had a chance to ask about the benefits and risks of the treatment	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 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"/>
The health professional checked I understood what I had been told	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 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"/>
I felt able to make an informed choice about my treatment and care	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. 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 5 I don't think it would be effective at stopping me catching COVID-19
 2 I am worried about the long or short-term side effects of the vaccine 6 I have a condition which would make it unsafe for me
 3 I don't trust vaccines 7 I have concerns because I am pregnant, trying to conceive or breastfeeding
 4 I believe I am unlikely to become seriously unwell with COVID-19 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) 3 999/Ambulance 5 Advised by family or friend
 2 Used NHS Inform 4 Pharmacist/Chemist 6 Other

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

- 1 Doctor/General Practitioner 5 District Nurse
 2 Nurse Practitioner 6 Hospital Doctor or Nurse (A&E or Minor Injuries)
 3 Pharmacist/Chemist 7 Ambulance/Paramedic
 4 Mental Health Nurse 8 Other/Unknown

Q24 How did you consult with the healthcare professional?

- 1 Over the telephone 3 Travelled to a hospital/location
- 2 Video call 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 3 A mental health problem
- 2 Another 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 <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"/>

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 | <input type="checkbox"/> | Yes, help for me with personal tasks | 5 | <input type="checkbox"/> | Yes, an alarm service (e.g. a button I wear, electronic device) that can get me help |
| 2 | <input type="checkbox"/> | Yes, help for me with household tasks | 6 | <input type="checkbox"/> | Yes, help to look after someone else |
| 3 | <input type="checkbox"/> | Yes, help for me for activities outside my home | 7 | <input type="checkbox"/> | No, not had any help but I feel that I needed it → Go to Q35 |
| 4 | <input type="checkbox"/> | Yes, help for me with adaptations, and/or equipment for my home | 8 | <input type="checkbox"/> | No, not had any help → Go to Q35 |

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

- | | | | | | | | | | | | | | | |
|---|--------------------------|---------|---|--------------------------|-----------|---|--------------------------|-----|---|--------------------------|-------|---|--------------------------|---------------------------------------|
| 1 | <input type="checkbox"/> | Council | 2 | <input type="checkbox"/> | Me/family | 3 | <input type="checkbox"/> | NHS | 4 | <input type="checkbox"/> | Other | 5 | <input type="checkbox"/> | It is unpaid care from friends/family |
|---|--------------------------|---------|---|--------------------------|-----------|---|--------------------------|-----|---|--------------------------|-------|---|--------------------------|---------------------------------------|

Q31 Which of the following applies to you and how your social care is arranged?

- | | | | | | |
|---|--------------------------|---|---|--------------------------|-------------------------------|
| 1 | <input type="checkbox"/> | I had a choice | 4 | <input type="checkbox"/> | I was not offered any choices |
| 2 | <input type="checkbox"/> | I did not want a choice | 5 | <input type="checkbox"/> | Can't remember/don't know |
| 3 | <input type="checkbox"/> | I had no choices due to medical reasons | | | |

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 <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"/>

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

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

- 1 Spouse/Partner 3 Child/Grandchild 5 Relative (any other relationship)
 2 Parent/Grandparent 4 Friend/neighbour 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 5 Services to replace care you usually provide so you can have a break
 2 Help from family, friends or neighbours 6 Other support
 3 Help from Carer Centre/local organisation 7 No support or help
 4 Break(s) from caring

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 <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

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 4 Chronic pain lasting at least 3 months 7 Another long-term condition
- 2 Blindness or severe vision impairment 5 A mental health condition 8 Full or partial loss of voice or significant difficulty speaking
- 3 A physical disability 6 A learning disability 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) 4 Unemployed / looking for work 7 Retired
- 2 Self-employed (full or part time) 5 Don't work due to illness or disability 8 Other
- 3 In full-time education or training 6 Don't work due to caring responsibilities

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

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

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