

Your views are very important to us. This survey asks questions about your experience of health and care services in your area. This helps us to monitor the quality of health and social care services and to assess 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 filled in this survey. **You can skip any questions you do not want to answer.**

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 General Practice

Q1 When did you **last** contact the General Practice named on the enclosed letter?

- 1 In the last 12 months 3 More than 12 months ago → **Go to Q19** (page 4)
2 I attend a different General Practice → **Go to Q19** (page 4) 4 Can't remember / don't know → **Go to Q19** (page 4)

Q2 Roughly, how often have you contacted this General 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 General 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 General Practice allow you to?

- 1 Yes 2 No 3 Don't know

Q5 What do you think about the opening hours of your General 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

Q6 The last time you needed an **appointment** with your General Practice, what kind of **appointment** did you get?

- 1 Face-to-face at General Practice 4 A Video Call (like NHS Near Me) 7 I was not offered an appointment → **Go to Q10**
2 Phone call 5 Email or Instant Message
3 Home Visit 6 Other consultation (e.g. e-Consult)

Q7 Were you offered a choice in the kind of appointment you received?

- 1 Yes 2 No 3 Not applicable

Q8 Were you satisfied with the appointment you were offered?

- 1 Yes, and I accepted an appointment → **Go to Q10** 2 No, but I still took an appointment → **Go to Q9** 3 No, and I did not take an appointment → **Go to Q9**

Q9 If you weren't satisfied with the appointment you were offered, why was that?

Please tick all that apply.

- 1 It was not at the time or on the day I wanted 3 The appointment wasn't soon enough 5 It wasn't with my preferred Healthcare Professional
- 2 It was not the type of appointment I wanted 4 I couldn't book ahead at my General Practice 6 Another reason

Q10 The **last time** you needed to see or speak to a doctor or a nurse from your General Practice quite **urgently**, how long did you wait?

- 1 I saw or spoke to a doctor or nurse on the same day → **Go to Q12**
- 2 I saw or spoke to a doctor or nurse within 1 or 2 working days → **Go to Q12**
- 3 I waited more than 2 working days to see or speak to a doctor or nurse → **Go to Q11**
- 4 I haven't needed to or cannot remember seeing or speaking to a doctor or a nurse urgently in the last 12 months → **Go to Q12**

Q11 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

Q12 Overall, how would you rate each of the following? *Please tick one box on each line. If a statement is not applicable, please leave that line blank.*

	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"/>
<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"/>
- Nurse	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <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"/>
- Physiotherapist	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <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"/>
- Another Healthcare Professional	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Q13 Overall, how would you rate the care provided by your General Practice?

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

2. Treatment or Advice from your General Practice

Q14 For this section, think about the **last time** you received treatment or advice at your General Practice in the last 12 months. What was it 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 Q19 |

Q15 Thinking about the consultation above, who did you receive most of your treatment or advice from? *Please tick one box only.*

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

Q16 Thinking about that healthcare professional, how much do you agree or disagree with the following statements? *Please tick one box on each line. If the statement is not applicable, please leave that line blank.*

	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"/>
My treatment and care were well co-ordinated	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The healthcare professional knew my medical history	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 and 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 treatment and care	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"/>
I was treated with dignity and respect	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Q17 How would you describe the effect of the treatment or advice from that appointment on the following? *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"/>

Q18 If there is anything else you would like to tell us about your **General Practice**, please do so here.

3. Out of Hours Healthcare

Q19 In the past 12 months, have you contacted an NHS service when you wanted to see a healthcare professional, but your General Practice was closed?

- 1 Yes 2 No → **Go to Q27**

Q20 For the rest of this section, think of the **last time** you tried to get treatment when your General Practice was closed in the last 12 months. What did you do?
*Please tick **all that apply**.*

- | | |
|--|--|
| 1 <input type="checkbox"/> Phoned NHS 24 (111) | 4 <input type="checkbox"/> Contacted Pharmacist / Chemist |
| 2 <input type="checkbox"/> Used official NHS website (e.g. NHS Inform) | 5 <input type="checkbox"/> Contacted family or friend for advice |
| 3 <input type="checkbox"/> Called 999 / Ambulance | 6 <input type="checkbox"/> Other |

Q21 Who did you receive most of your treatment or advice from?

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

Q22 How did you consult with the healthcare professional?

- | | |
|--|---|
| 1 <input type="checkbox"/> Over the telephone | 3 <input type="checkbox"/> Travelled to a hospital / location |
| 2 <input type="checkbox"/> Video call (like Near Me or Zoom) | 4 <input type="checkbox"/> Was seen in my home / homely setting |

Q23 What did you receive the main treatment, assessment 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 health problem | 4 <input type="checkbox"/> Something else |

Q24 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 and care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
My treatment and care was well coordinated	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I was treated with dignity and respect	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Q25 Overall, how would you rate the care you experienced from this service?

1 Excellent 2 Good 3 Fair 4 Poor 5 Very poor

Q26 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 help that you get from any organisations, friends or family.

Q27 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. an electronic device I wear) that can get me help |
| 2 <input type="checkbox"/> Yes, help for me with household tasks | 6 <input type="checkbox"/> Yes, emotional / community / peer support |
| 3 <input type="checkbox"/> Yes, help for me for activities outside my home, e.g. learning, working, socialising | 7 <input type="checkbox"/> No, not had any help but I feel that I needed it → Go to Q32 |
| 4 <input type="checkbox"/> Yes, help for me with adaptations, and / or equipment for my home | 8 <input type="checkbox"/> No, I didn't need any help → Go to Q33 |

Q28 Who funds your help or support with everyday living? *Please tick all that apply.*

- 1 The State / Local Government 3 I receive unpaid care
2 Me / My family 4 Other, such as a charity

Q29 Which of the following applies to you and how your social care is arranged?

- 1 I was offered a choice and got my preference 3 I was not offered any choices 5 Can't remember / Don't know
2 I was offered a choice, but did not get my preference 4 I did not want a choice

Q30 How much do you agree or disagree with the following about your help, care and support services? 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 it 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 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"/>
I was treated with dignity and respect	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Q31 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

Q32 If you are not receiving all the help and care services for everyday living that you feel you need, which options describe your situation? *Please tick all that apply.*

- 1 I did not know how or where to ask for help 6 I am waiting to be reassigned to a different provider
2 My current care service is not enough 7 I am not sure I am eligible
3 I contacted my local authority and have not heard back 8 Other:
4 I have had an assessment, but care has not been provided
5 I do not qualify for services 9 Not applicable

5. Caring Responsibilities

Q33 Do you regularly help, support or look after someone because they are living with a disability or physical / mental health condition, or have 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 Q38 |

Q34 Who do you help or support? *Please tick all that apply.*

- | | | |
|--|---|---|
| 1 <input type="checkbox"/> My Spouse / Partner | 3 <input type="checkbox"/> My Child / Grandchild | 5 <input type="checkbox"/> Friend / neighbour |
| 2 <input type="checkbox"/> My Parent / Grandparent | 4 <input type="checkbox"/> Relative
(any other relationship) | 6 <input type="checkbox"/> Someone else |

Q35 Have you received any support to help with your caring role in the last 12 months? *Please tick all that apply.*

- | | |
|--|--|
| 1 <input type="checkbox"/> Help from family, friends or neighbours | 5 <input type="checkbox"/> Other support |
| 2 <input type="checkbox"/> Help from Carer Centre / local organisation | 6 <input type="checkbox"/> Some support or help, but I felt that I needed more |
| 3 <input type="checkbox"/> Any services or support for me personally to help me have breaks from caring | 7 <input type="checkbox"/> No support or help, but I felt that I needed some |
| 4 <input type="checkbox"/> Services provided to the person I care for, such as overnight or day services to allow me to have a break | 8 <input type="checkbox"/> No support or help, but I do not need any |

Q36 Have you received an assessment of your needs as a carer, or a written plan about your caring role and support?

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

Q37 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"/>

6. About You

The information below helps us to understand social inequalities related to access to health services for all. Your answers are important, but please skip any questions you prefer not to answer.

Q38 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

Q39 Do you have any of the following, which have lasted, or are expected to last, at least 12 months? *Please tick all that apply.*

- 1 Deafness or partial hearing loss 5 Learning difficulty 9 Long-term illness, disease or condition
 2 Blindness or partial sight loss 6 Developmental disorder 10 Other condition, please write in:
 3 Full or partial loss of voice or difficulty speaking 7 Physical disability
 4 Learning disability 8 Mental health condition 11 No condition

Q40 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? Please include problems related to old age.

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

Q41 Do you suffer from chronic or persistent pain, that is pain that carries on for longer than 3 months despite medication or treatment?

- 1 Yes 2 No

Q42 Which of the following best describes your sexual orientation? *Please tick one box only.*

- 1 Straight / Heterosexual 3 Bisexual
 2 Gay or Lesbian 4 Other, please write in:

Q43 What best describes your ethnic group? *Please tick one box only.*

- 1 White 4 African, Scottish African or British African
 2 Mixed or multiple ethnic groups 5 Caribbean or Black
 3 Asian, Scottish Asian or British Asian 6 Other, please write in:

Q44 What religion, religious denomination or body do you belong to?

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

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**