

# NHS GGC Emergency Department Patient Experience Survey

This survey is about your most recent visit to the Accident and Emergency Department at either Queen Elizabeth University Hospital, Glasgow Royal Infirmary or Royal Alexandra Hospital.

The department may also be referred to as Casualty, Emergency Department or A&E. It does not include other wards or units that you might have been moved to whilst you were at the hospital, such as an inpatient ward.

What you tell us is confidential and taking part is voluntary.

## WHAT TO DO

Put a cross ☒ clearly inside one box using a black or blue pen.  
If you make a mistake, just fill in the box ☐ and put a cross ☒ in the correct box.

If you cannot answer a question, or do not want to answer it, just leave it blank and go to the next question.

Please remember not to write your name or address anywhere on the questionnaire.

When you have filled in as much as you can, please return it in the Freepost envelope provided.

## NEED MORE HELP?

For help completing the questionnaire, please call the survey helpline on **07816 370 991** or email **his.engagementevidence@nhs.scot**

The deadline for completing this survey is **Friday 29th November**.

### ATTENDANCE

**1** Which of the following emergency departments in NHS Greater Glasgow & Clyde have you most recently attended?

- Queen Elizabeth University Hospital.....☐
- Royal Alexandra Infirmary.....☐
- Glasgow Royal Infirmary.....☐

**2** Roughly, when did you attend this emergency department?

Please give month and year

### ARRIVAL

Thinking of your most recent attendance at this emergency department, please answer the following questions.

**3** When you attended this emergency department were you taken there in an ambulance?

- Yes - Go to question 4.....☐
- No - Go to question 5.....☐

WAITING

PERSON CENTRED CARE/COMMUNICATION

4

Once you arrived at this emergency department, how long did you wait with the ambulance crew before your care was handed over to the emergency department staff?

Under an hour.....

☐

1-2 hours.....

☐

2-3 hours.....

☐

3-4 hours.....

☐

4 hours or more.....

☐

Don't know/can't remember.....

☐

Now go to Q6

5

When you first arrived at the emergency department, how long was it before a member of staff talked to you about the reason you were there?

Less than 5 minutes.....

☐

Between 5 and 15 minutes.....

☐

Between 15 and 30 minutes.....

☐

Over 30 minutes.....

☐

Don't know/can't remember.....

☐

6

Whilst waiting

Please cross one box per line

	Yes, definitely	Yes, to some extent	No	Don't know/ can't remember
Were you informed how long you would have to wait to be examined or treated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you kept updated on how long your wait would be?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
While you were waiting, was there appropriate care if you needed it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Could you get assistance to go to the toilet if needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you able to get food and drink if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7

Assessment

Please cross one box per line

	Yes, definitely	Yes, to some extent	No	Don't know/ can't remember
Did staff listen to what you had to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did staff explain your condition and treatment in a way you could understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you have enough time to discuss your condition and treatment with the staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you involved in decisions about your care and treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8

Did you require any communication support during your attendance at the emergency department?

Please select all options that apply to you.

I do not have any communication needs -

☐

go to Q10

Translation/Interpreter.....

☐

Sign language/Braille materials.....

☐

Easy read materials.....

☐

Large print materials.....

☐

Other (please specify):

9

If you needed communication support, did staff help you with your communication needs?

Yes, definitely.....

☐

Yes, to some extent.....

☐

No.....

☐

Don't know/can't remember.....

☐

10

If a family member, friend or carer wanted to talk to staff about your care, did they have enough opportunity to do so?

Yes, definitely.....☐

Yes, to some extent.....☐

No.....☐

I did not need this.....☐

Don't know/can't remember.....☐

FOLLOW-UP CARE

11

Before you left the emergency department, did a staff member talk with you about follow-up care? This could be about how to take care of yourself at home and what to expect, or whether you will need a follow-up appointment.

Yes.....☐

No.....☐

Don't know/can't remember.....☐

SAFETY

12

Questions on safety

Please cross one box per line

Yes, definitely

Yes, to some extent

No

Don't know/can't remember

While you were in the emergency department, did you feel safe around other patients or visitors?

☐☐☐☐

Did you feel safe whilst being treated by staff?

☐☐☐☐

FEEDBACK ABOUT YOUR CARE

13

Did you offer to give feedback about your care to staff?

Yes, definitely.....☐

Yes, to some extent.....☐

No.....☐

Don't know/can't remember.....☐

14

Were you asked by staff to give feedback about your care?

Yes, definitely.....☐

Yes, to some extent.....☐

No.....☐

Don't know/can't remember.....☐

15

If you provided feedback, did you feel your feedback was valued by staff?

Yes, definitely.....☐

Yes, to some extent.....☐

No.....☐

Don't know/can't remember.....☐

DIGNITY AND RESPECT

Dignity and Respect focusses on the value of every individual, respecting their views, choices and decisions, not making assumptions about how they want to be treated and working with compassion.

16

Questions on Dignity and Respect

Please cross one box per line

Yes, definitely

Yes, to some extent

No

Don't know/can't remember

Overall, did you feel you were treated with dignity and respect while you were in the emergency department?

☐☐☐☐

Were you given enough privacy when discussing your condition with the staff?

☐☐☐☐

Were you given enough privacy when being examined or treated?

☐☐☐☐

PATIENT EXPERIENCE

17 Overall, how would you rate the care you experienced at this emergency department on this occasion?

- Very good.....☐
- Good.....☐
- Neither good nor poor.....☐
- Poor.....☐
- Very poor.....☐

18 Briefly, what do you feel could have improved your care?

## EQUALITY MONITORING

In carrying out our work, Healthcare Improvement Scotland has a duty to involve the people who access healthcare. We take this duty seriously because it helps improve the work we do.

We want to make sure that everyone has an equal opportunity to take part, and that we have not overlooked anyone. The following equality monitoring questions help us understand the groups we have heard from and the groups we need to do more to include. These questions are mainly based on the 2022 Scottish Census so we can see who we engage with compared to the Scottish population.

The information you provide will be kept anonymous and only reported in a way that does not identify individuals. You do not have to answer a question if you do not want to.

We would really appreciate if you could complete this section so we can understand how representative of the population the responses to this survey are.

### 19 What is your sex?

Female..... ☐

Male..... ☐

Prefer not to say..... ☐

### 20 Do you consider yourself to be a trans person or have a trans history?

**Trans is an umbrella term to describe people whose gender does not correspond with the sex they were registered at birth.**

Yes..... ☐

No..... ☐

Prefer not to say..... ☐

If you answered yes, please tell us your preferred terms - eg non-binary, trans man, trans woman (optional).

### 21 Which age group do you belong to?

18-24..... ☐

25-39..... ☐

40-64..... ☐

65-74..... ☐

75+..... ☐

Prefer not to say..... ☐

### 22 If you are under the age of 26, please can you tell us whether you have ever had any experience of being in care?

**This can include foster care / supported care, kinship care, residential care, looked after at home (supervision order).**

Yes, I have had experience of being in care..... ☐

No, I have not had experience of being in care..... ☐

Prefer not to say..... ☐

### 23 Do you consider yourself to be disabled?

**The Equality Act 2010 defines a disability as a physical or mental impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities. Substantial means the effect is more than minor or trivial and long-term means the condition has lasted or is likely to last 12 months or more.**

Yes..... ☐

No..... ☐

Prefer not to say..... ☐

**24 Which of the following best describes your sexual orientation?**

- Bi/Bisexual.....☐
- Gay/Lesbian.....☐
- Heterosexual/Straight.....☐
- Prefer not to say.....☐
- Something else (please specify):

**25 How would you describe your religion, religious denomination or belief?**

- Buddhist.....☐
- Christian - Church of Scotland.....☐
- Christian - Roman Catholic.....☐
- Christian - another denomination.....☐
- Hindu.....☐
- Jewish.....☐
- Muslim.....☐
- Sikh.....☐
- Pagan.....☐
- None.....☐
- Prefer not to say .....☐
- Other (please specify):

**26 How would you describe your ethnicity?**

- African, African Scottish or African British.....☐
- Arab, Arab Scottish or Arab British.....☐
- Pakistani, Pakistani Scottish or Pakistani British.....☐
- Indian, Indian Scottish or Indian British.....☐
- Bangladeshi, Bangladeshi Scottish or Bangladeshi British.....☐
- Chinese, Chinese Scottish or Chinese British.....☐
- Black, Black Scottish, Black British.....☐
- Caribbean, Caribbean Scottish or Caribbean British.....☐
- Any mixed or multiple ethnic groups.....☐
- White Scottish.....☐
- White British.....☐
- White Irish.....☐
- White Gypsy/Traveller.....☐
- White Polish.....☐
- Roma.....☐
- Showman/Showwoman.....☐
- Prefer not to say.....☐
- Other (please specify):

Thank you for taking the time to complete this survey.

Healthcare Improvement Scotland will publish a report on its review of NHS Greater Glasgow & Clyde's emergency departments in early 2025. Should you wish to receive a copy of the report then email the following address giving your preferred contact details [his.engagementevidence@nhs.scot](mailto:his.engagementevidence@nhs.scot) or alternatively phone **07816 370 991**.

Now please put your completed questionnaire in the envelope provided and send it to us in the post.