



# Health and Care Experience Survey 2013/14

## Volume 1: National Results

A National Statistics Publication for Scotland published by the Scottish Government



Scottish Care Experience  
Survey Programme.



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# 1 EXECUTIVE SUMMARY

## Introduction

- 1.1 Over 100,000 individuals registered with a GP practice in Scotland responded to the 2013/14 Health and Care Experience Survey.
- 1.2 The survey asked respondents to feed back their experiences of their GP practices and out of hours care. The survey also asked about experiences of social care services and asked specific questions of those with caring responsibilities.

## Experiences slightly less positive

- 1.3 On the whole, the majority of patients and care users report a positive experience of their care. However, an overarching finding across a number of aspects of the survey was that patients were slightly less positive about their experiences than in the previous survey in 2011/12.
- 1.4 Drops in the overall positive ratings for GP access and GP care are seen across NHS Boards in Scotland, suggesting that the root cause may be Scotland wide. These changes may be linked to increasing demand for services, with a trend of increasing patients contacts with GP practices<sup>1</sup>.
- 1.5 There continued to be considerable variation in scores between individual GP practices, suggesting that patients' experiences may be very different depending on which GP practice they attend.

## Access

- 1.6 Accessing GP services continues to be an area of concern for respondents. Four of the five most negatively answered GP questions related to issues of access. These include being able to get through on the phone and being able to speak to a doctor or nurse within 2 working days.
- 1.7 Positive ratings for overall arrangements to see a doctor fell to 72%. This is down 3 percentage points from the previous survey and follows a 6 percentage point decrease from the 2009/10 survey.

## Care and Treatment

- 1.8 As in the previous survey, patients were generally positive about the actual care and treatment they received at GP practices, with practice nurses getting particularly positive results.
- 1.9 Medication was another area where responses were notably positive. The four most positively answered questions relating to GP care were all in relation to medicines.

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<sup>1</sup> <https://isdscotland.scot.nhs.uk/Health-Topics/General-Practice/Publications/2013-10-29/2013-10-29-PTI-Report.pdf?77421206236>

- 1.10 The most negative finding for GP practices related to dealing with mistakes when they occurred. Two out of every five patients that experienced a mistake in their care were not happy about how it was dealt with.
- 1.11 Results also suggested that more could be done to involve patients in their care, with over a third of respondents not involved as much as they wanted to be in decisions about their care and treatment.

### **Out of Hours Care**

- 1.12 Similar to other areas of the survey, results for out of hours questions are slightly less positive than in the previous survey. The overall rating of out of hours care has fallen slightly from 72% positive in 2011/12 to 71% in this survey.
- 1.13 The most positively rated out of hours service were Ambulance/Paramedics, who received the highest positive results for each of the questions relating to out of hours care.

### **Social Care**

- 1.14 A notable finding was that many respondents who receive help and support for everyday living receive this outwith formal services. 41% of respondents indicated that the help they received did not come from formal services.
- 1.15 Respondents who did use formal care services were positive about the care and support that they received; 84 per cent of respondents rated the overall help, care or support services as either excellent or good.
- 1.16 Users of care services were most positive about some person-centred aspects of care; 93% of those using care services reported that they were treated with respect. However, users of care services were least positive about coordination of health and care services. Only 80% reported that services were well coordinated.
- 1.17 Services users who rated their quality of life more favourably tended to be more positive about their experiences of care services than those who rated their quality of life less favourably.
- 1.18 There was considerable variation between Community Health Partnerships (CHPs) on experiences of care services, especially around coordination of health and care services and on the impact of support on quality of life.

### **Carers**

- 1.19 Around 15 per cent of respondents indicated that they look after or provide regular help or support to others. Of these almost 1 in 3 provided more than 50 hours care a week, a significant time commitment.
- 1.20 Carers' responses to specific questions regarding their experiences were mixed. Carers were most positive about spending time with other people and having a good balance between caring and other activities. On the other hand



carers were most negative about the impact of caring on their health (32% indicated that caring had a negative impact). Around 1 in 5 carers felt that they did not have a say in services provided for the cared for person, that services were not well coordinated and that they did not feel supported to continue caring.

- 1.21 Those providing more hours of care were more negative about the balance of caring in their lives, being able to spend time with others and the impact of caring on their wellbeing compared to those providing fewer hours. However they were more positive than other groups about being able to influence services provided for the cared for person.
- 1.22 There was considerable variation between CHPs for all aspects of caring, but particularly on the impact of caring on health and wellbeing and having a say in services for the cared for person.

## 2 INTRODUCTION AND BACKGROUND

### Introduction

- 2.1 The Scottish Health and Care Experience is a postal survey which was sent to a random sample of patients who were registered with a GP in Scotland in November 2013. The survey is the successor to the 2011/12 GP and Local NHS Services Survey.
- 2.2 Like the previous survey, it asked people about their experiences of access and using GP practice and out-of-hours services, and their outcomes from NHS treatments. This year, the survey was widened to include other aspects of care and support provided by local authorities and other organisations to support the principles underpinning the integration of health and care in Scotland proposed under The Public Bodies (Joint Working) (Scotland) Bill 2014<sup>2</sup>. There are also some questions aimed specifically at carers about their experiences of caring and support.
- 2.3 The focus of this report is on the national results of the survey. Individual reports for each GP Practice, Community Health Partnership (CHP) / Local Authority and NHS Board are available at:  
<http://www.healthcareexperiencesresults.org/>
- 2.4 Within the national report, we have made comparisons with the previous survey(s). However given changes to some of the questions, not all results are directly comparable.
- 2.5 The technical report explains the rationale for changes to individual questions and will be available at:  
<http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/GPPatientExperienceSurvey/Survey1314>

### Scottish Care Experience Survey Programme

- 2.6 The Health and Care Experience survey is one of four national surveys which are part of the Scottish Care Experience Survey Programme. The surveys aim to provide local and national information on the quality of health and care services from the perspective of those using them. They allow local health and care providers to compare with other areas of Scotland and to track progress in improving the experiences of people.
- 2.7 The other national care experience surveys are:  
[Patient Experience Inpatient Survey](#)  
[Maternity Patient Experience Survey](#)  
Radiotherapy Survey

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<sup>2</sup> Public Bodies (Joint Working) (Scotland) Bill  
<http://www.scottish.parliament.uk/parliamentarybusiness/CurrentCommittees/65592.aspx>

- 2.8 The survey programme supports the three quality ambitions of the *Healthcare Quality Strategy for NHSScotland (or Quality Strategy)*- Safe, Effective, Person-centred by providing a basis for the measurement of quality as experienced by service users across Scotland. In particular the surveys supports the person-centred quality ambition which is focused on putting people at the centre of care, ensuring that care that is responsive to individual personal preferences, needs and values, and assuring that individual values guide all care decisions.

### **Aims of the survey**

- 2.9 The survey's specific objectives were to:

#### **For local improvement**

- provide GP practices with structured feedback on their patients' experience of their service, relative to other practices in Scotland and to previous results;
- provide NHS Boards, Community Health Partnerships (CHPs) and Local Authorities with information about people's experiences in their respective areas and on variation within and between local areas;

#### **National results**

- provide national results for the survey, identifying variation within and between local areas and if and how the level of positive and negative experiences have changed over time;
- highlight areas of best practice and areas for improvement;
- monitor the NHSScotland HEAT standards on accessing GP services;
- assess the types of outcomes patients had from any NHS treatment to inform the quality outcome indicator on patient reported outcomes;
- contribute to the patient experience quality outcome indicator;
- contribute to the draft health and wellbeing outcomes indicators proposed under the Public Bodies (Joint Working) (Scotland) Bill 2014.

### **Survey design**

- 2.10 The survey was redeveloped during summer 2013 with an aim of widening it to cover local care and support services as well as the experience of unpaid carers. Improvements were also made to a number of existing primary care questions and a number of new questions were introduced around medical tests and errors.
- 2.11 Consultation workshops were held with members of the public to test out any potential changes and find out what was important to them. We also consulted key stakeholders from NHSScotland, the Scottish Government and the Health

and Integration Outcomes working group, which comprises representatives from carers organisations and third sector, the Community Care Benchmarking group, Convention of Scottish Local Authorities (COSLA).

- 2.12 The survey was then cognitively tested with members of the public to ensure that the new questions worked well in terms of understanding the purpose of the questions and the response scales.

### **Survey fieldwork and response**

- 2.13 The sample was designed to provide results for individual GP practices as well as providing information for use by NHSScotland, NHS Boards and CHPs/ Local Authorities.
- 2.14 People who were sent the survey were randomly sampled from the lists of patients registered with each GP practice in Scotland. This was done confidentially by the [Information Services Division \(ISD\) of the NHS National Services Scotland](#)<sup>3</sup>. The survey was administered by [Picker Europe](#)<sup>4</sup> a charity which provides support for patient experience surveys, with assistance from ISD and Scottish Government Health Analytical Services. Fieldwork for the survey began on 25 November 2013 and ended on 17 February 2014.
- 2.15 A total of 584,070 questionnaires were sent out and 112,970 were returned giving a response rate of 19.3%. This response may appear low compared to that achieved for the first survey in 2009/10 (38 per cent). This is because the first survey sent two reminders, but since then we have designed the sample to achieve the required number of responses for each practice without reminders to all non- respondents.
- 2.16 It proved to be cost effective to send more surveys initially than to send fewer surveys and reminders. During the fieldwork period a small number of reminders were issued to non-respondents from 29 GP practices where the number of responses were felt to be low.

### **Data analysis and reporting**

- 2.17 The survey data collected and coded by Picker were securely transferred to ISD. The main analysis for this report was carried out by ISD.
- 2.18 Throughout this report, weighted average percentages have been presented. This accounts for the different sizes of GP practices. Weighting the results in this way provides results more representative of the population at Scotland and NHS Board level.
- 2.19 All changes from previous national results that are discussed in the report are statistically significant at the 5% level. Due to the large sample size even

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<sup>3</sup> <http://www.isdscotland.org/> The Information Services Division (ISD) is a division of National Services Scotland, part of NHSScotland. ISD provides health information, health intelligence, statistical services and advice that support the NHS in progressing quality improvement in health and care and facilitates robust planning and decision making.

<sup>4</sup> <http://www.pickereurope.org/>

small changes of one per cent in the national results are statistically significant. For tables showing changes in results for NHS Boards, statistically significant differences are highlighted in bold

2.20 More information on the survey design, response rates and methodology can be found in the technical report available at:

<http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/GPPatientExperienceSurvey/Survey1314>

### 3 DEMOGRAPHIC AND HEALTH INFORMATION FROM SURVEY RESPONDENTS

- 3.1 The patients who responded to the questionnaire were split as follows: 57 per cent were female and 43 per cent were male. These figures show an over representation of women compared to the population estimates 2012 from the National Records of Scotland<sup>5</sup>. The estimates show that 52 per cent of the population aged 16 and over are female and 48 per cent are male.
- 3.2 The majority of respondents were either aged over 65 (38 per cent) or between 50 and 64 (32 per cent). Fewer respondents were aged between 35 and 49 (18 per cent) or between 16 and 34 (12 per cent). The older age groups are over represented in the survey compared to the 2012 population estimates, which show a smaller proportion of population in the age groups 65 and over (21 per cent) and 50-64 (24 per cent) based on population aged 16 and over.
- 3.3 People were asked to rate their health in general. Over half of respondents (62 per cent) rated their health as good. Almost a third (32 per cent) rated it as fair and 5 per cent rated it as bad.
- 3.4 Patients were asked if their day-to-day activities were limited because of a health problem or disability which had lasted, or was expected to last, at least 12 months.
- 65 per cent did not have any of their activities limited;
  - 22 per cent responded their activities were limited a little;
  - 13 per cent had their activities limited a lot.
- 3.5 People were asked how well in general they felt they were able to look after their own health. Most patients (94 per cent) responded they could look after their own health very well or quite well.
- 57 per cent of patients were able to look after their own health very well;
  - 37 per cent of patients were able to look after their own health well;
  - 6 per cent of patients couldn't look after their own health very well or at all well.

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<sup>5</sup> <http://www.gro-scotland.gov.uk/statistics/theme/population/estimates/mid-year/time-series.html>, Mid-year population estimates: Scotland and its Council areas by single year of age and sex: 1981-2012

3.6 People were asked to rate their quality of life as a whole (based on the good and bad things that made up their quality of life). Over three quarters of patients (80 per cent) rated their quality of life as very good or good.

- 43 per cent of patients rated their quality of life as very good;
- 37 per cent of patients rated it as good;
- 17 per cent of patients rated it as alright / neither good or bad;
- 4 per cent of patients rated it as bad or very bad

## 4 GP PRACTICES - ACCESSING SERVICES

### Summary

- 4.1 As in the previous survey, results relating to accessing GP practice services are generally less positive than results relating to the actual care received at the practice.
- 4.2 Amidst a set of results which, taken as a whole, are slightly less positive than the previous survey, 72 per cent of people rated the overall arrangements for getting to see a doctor as good or excellent. This is down 3 percentage points compared to 2011/12 and follows a decrease of 6 percentage points from the 2009/10 survey.
- 4.3 One in seven patients reported that it was not easy to get through to the GP practice on the phone. A positive finding however, was that 94% of patients found the person who answered the phone helpful.

### Introduction

- 4.4 Often a patient's first and only contact with the NHS is through their GP practice. It is vital, therefore, that every member of the public has ready and appropriate access to their local primary medical services to ensure better outcomes and experiences for patients.<sup>6</sup>
- 4.5 In recognition of the importance of providing appropriate access, a toolkit was developed in 2010 by the Royal College of General Practitioners (RCGP) Scotland, the Scottish Government and other partners to help practices improve access to appointments, treatments and information and the Scottish Government made available to practices supporting material via the Productive General Practice website.<sup>7</sup>
- 4.6 A review of patient access to GP services across the country in partnership with the British Medical Association (BMA) has also been included in the GP contract agreement for 2014/15, in order to support practices and NHS Boards to both better understand the challenges and to make any necessary improvements to Access.<sup>8, 9</sup>

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<http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance/GPAccessStandard>

<sup>7</sup> <http://www.rcgp.org.uk/rcgp-near-you/rcgp-scotland/treating-access.aspx>

<sup>8</sup> <https://scottishgovernment.presscentre.com/News/GP-contract-agreed-7c9.aspx>

<sup>9</sup> <http://news.scotland.gov.uk/News/Improving-GP-access-5d9.aspx>



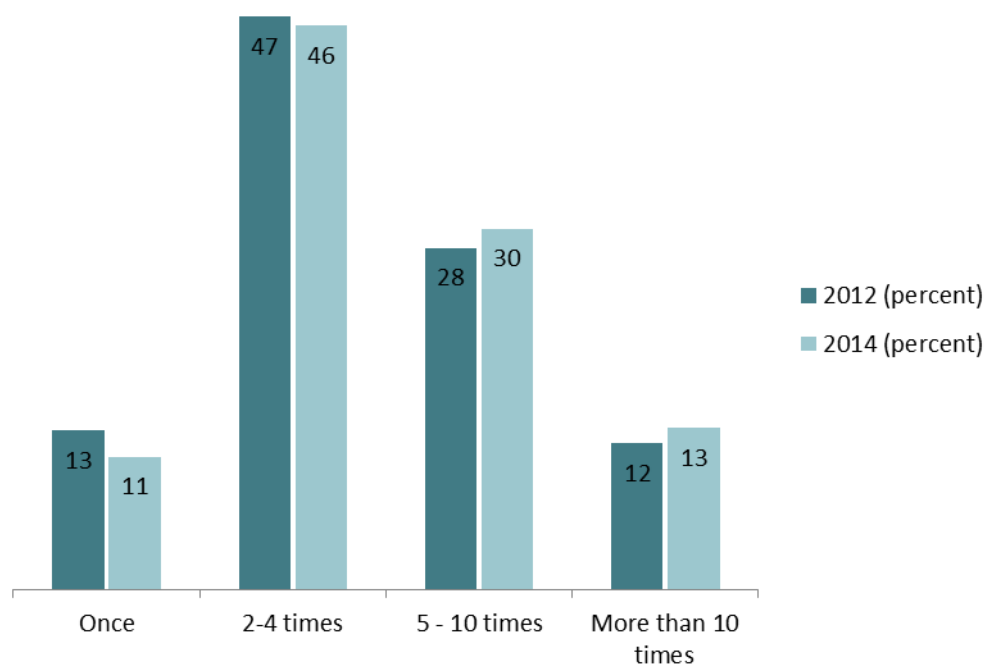
## GP practices - getting to see or speak to someone

4.7 Ninety per cent of survey respondents had contacted their GP practice in the last 12 months.

4.8 Of those people who could remember how many times they had contacted their GP practice:

- 57 per cent contacted it up to four times during the last 12 months;
- 43 per cent contacted it five or more times during the last 12 months.
- These results show an increase in the percentage of patients contacting their GP practice 5 times or more in the last 12 months (Figure 1).

Figure 1: How often patients contacted their GP practice in the last 12 months for 2011/12 and 2013/14



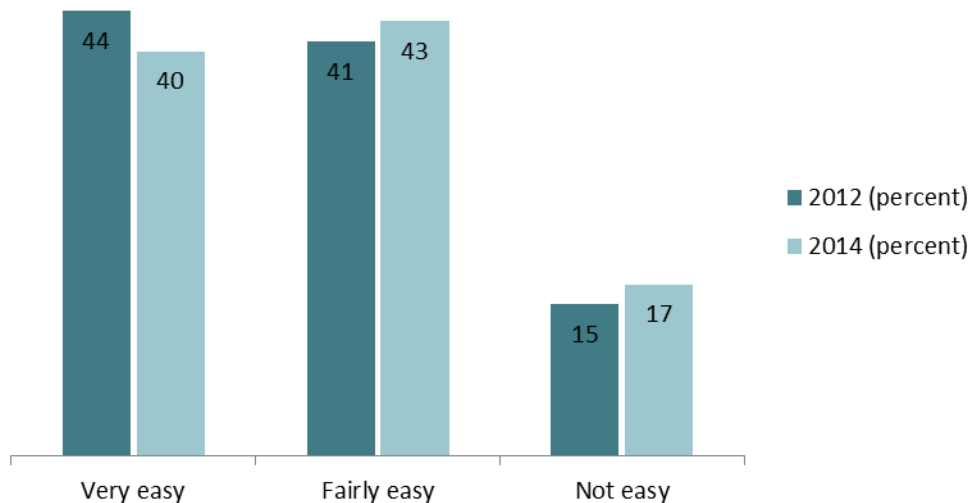
4.9 Patients were asked how easy it was for them to get through on the phone the last time they contacted their GP practice.

4.10 Of those patients who remembered their last experience of phoning the practice:

- 83 per cent found it very or fairly easy (40 per cent responded very easy and 43 per cent fairly easy);
- 17 per cent responded they did not find it easy.

4.11 This is a slight shift in responses from the previous survey, with less people responding that it was very easy to get through on the phone. The results now suggest that one in six find it difficult to get through to their practice on the phone (Figure 2).

Figure 2: Getting through on the phone in 2011/12 and 2013/14



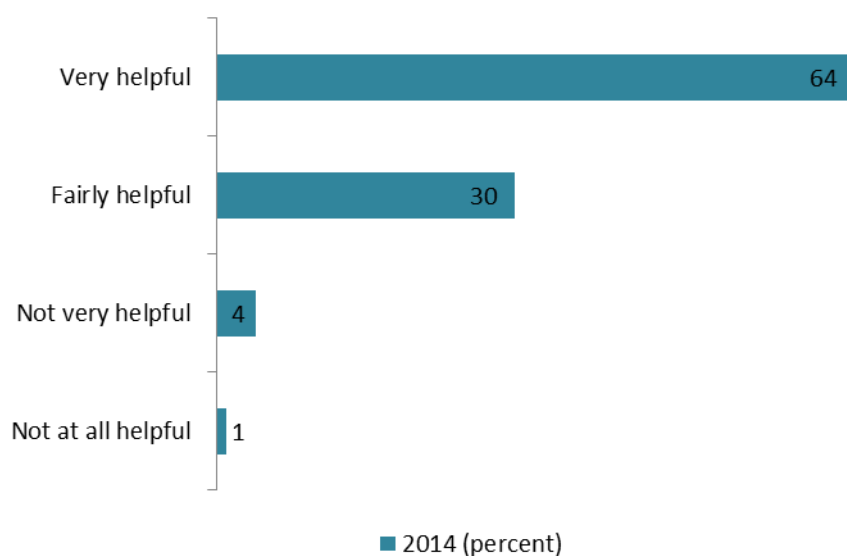
## Helpfulness

4.12 Patients were asked 'The last time you phoned the GP practice, how helpful was the person who answered?'.

4.13 Of the patients who remembered their last call, a very high percentage were positive about the person that answered the phone:

- 94 per cent found the person who answered very helpful or fairly helpful (64 per cent responded very helpful and 30 per cent fairly helpful);
- 6 per cent found the person was not very helpful or not at all helpful (Figure 3).

Figure 3: How helpful was the person who answered the phone at the GP practice?



## Two working day access to see a doctor or a nurse

4.14 Each territorial NHS Board in Scotland is required to meet a HEAT<sup>10</sup> standard that monitors the percentage of patients able to obtain access within two working days and to book an appointment in advance to an appropriate healthcare professional. GP practices are expected to provide reasonable and appropriate access for their patients as part of their services.

4.15 In the survey patients were asked, when they had needed to see or speak to a doctor or nurse from their GP surgery quite urgently, how long they had to wait.

4.16 Of those patients who were able to remember

- 85 per cent could see or speak to a doctor or nurse within two working days, the same figure as in 2011/12.

4.17 Fifteen per cent were unable to see or speak to a doctor or nurse within two working days. Of these:

- 46 per cent said they had not been offered a chance to see or speak to anyone within two working days;
- 36 per cent reported that the person they wanted to see was not available in the next two days;
- 12 per cent reported that the times available were not suitable for them;
- 6 per cent were unable for another reason.

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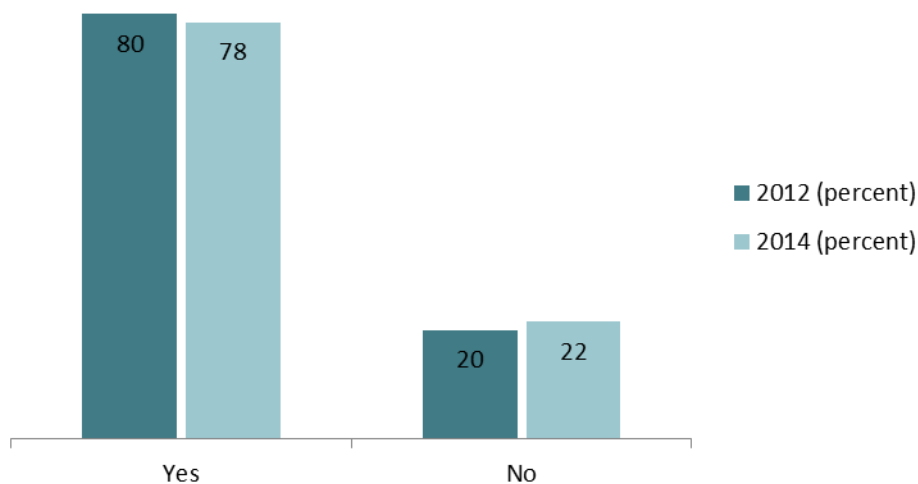
<http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance/GPAccessStandard>

- 4.18 For the HEAT standard we count patients as being able to obtain two working day access if they were offered an appointment, but turned the appointment down due to the person they wanted to see being unavailable or the time not suiting them.
- 4.19 Considering the results in this way, 92.4 per cent of patients were able to see or speak to a doctor or nurse within two working days, or were offered an appointment but either the person they wanted to see was unavailable or the time was not suitable. This is very similar to the figure for 2011/12 (92.6 per cent).

### Booking an appointment in advance

- 4.20 Patients were asked if their GP practice allowed them to make an appointment with a doctor 3 or more working days in advance. Twenty-three per cent of patients said they did not know.
- 4.21 Of those people who did know, 78 per cent responded that their GP practice allowed them to book an appointment three or more working days in advance. This is a slight decrease (2 percentage points) in the positive answers to this question compared to 2011/12. (Figure 4)

Figure 4: Booking an appointment with a doctor 3 or more working days in advance

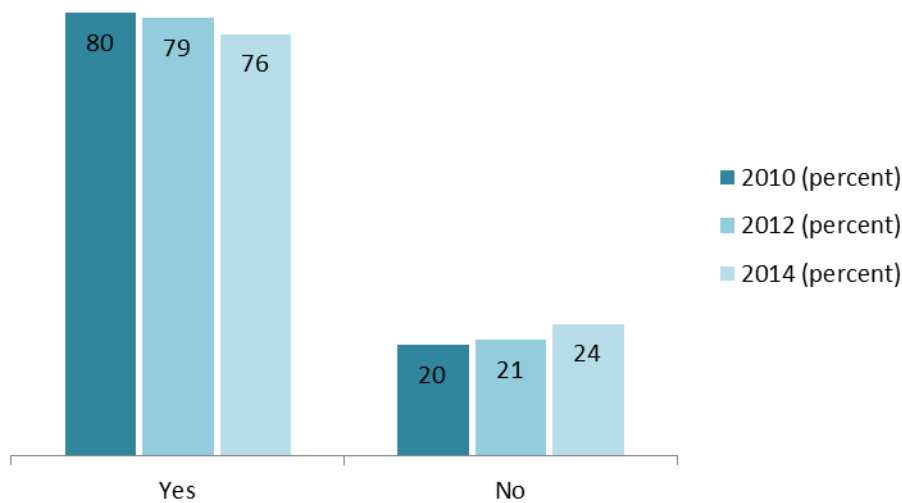


### Preferred doctor

- 4.22 The survey asked patients if they usually saw the doctor they preferred when making an appointment.
- 4.23 For patients at GP practices where there is usually more than one doctor, 22 per cent of patients indicated that they do not have a preferred doctor.
- 4.24 Of the patients who have a preferred doctor, 76 per cent reported that they are usually able to see the doctor that they prefer. This is a 3 percentage point decrease compared to 2011/12 (Figure 5).

- 4.25 The ability of patients to see their preferred doctor is likely to be affected by the workforce of each individual practice. GP contractual arrangements are generally practice based with an emphasis on patient care being provided by the whole clinical team.
- 4.26 A recent workforce trend nationally is an increasing proportion of female GPs. As female GPs are more likely to work part time, this may have an impact on the ability of patients to see their preferred GP<sup>11</sup>.

Figure 5: Can patients see their preferred doctor at their GP practice?



### Opening hours of the GP practice

- 4.27 Since 2008 an enhanced service arrangement has been in place to extend GP surgery opening hours beyond core hours. Participation in enhanced services are optional for GP practices and more flexible scheme arrangements, introduced last year to encourage more to offer extended hours, have increased practice participation in the scheme.
- 4.28 As part of the 2014/15 GP contract settlement the Scottish Government have an agreed commitment to an annual review of GP access, the results of which will be shared with patients and Health Boards and be used as the basis for discussion to make any necessary changes/improvements.

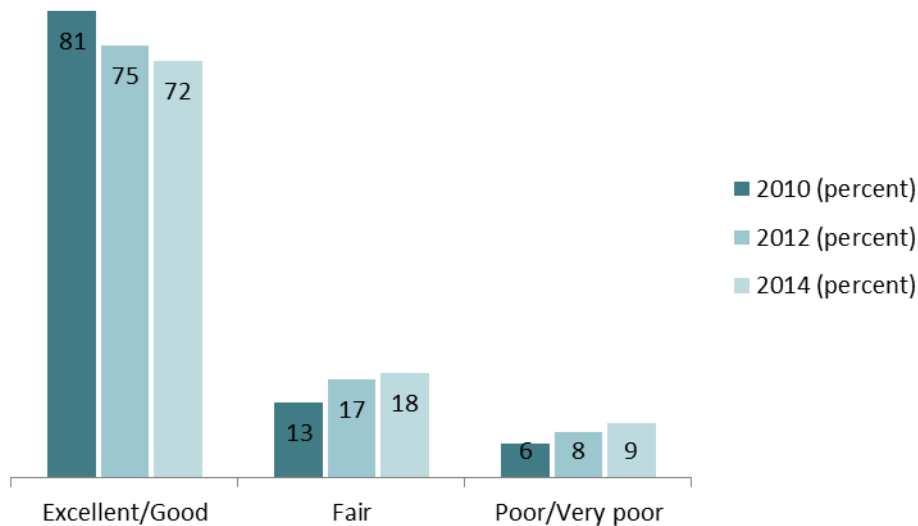
<sup>11</sup> <https://isdscotland.scot.nhs.uk/Health-Topics/General-Practice/Publications/2013-12-17/2013-12-17-GPWorkforce2013-Report.pdf?66192263365>

- 4.29 Patients were asked what they thought of the opening hours of their GP surgery.
- 78 per cent were happy with the opening hours;
  - 12 per cent found it too difficult to get time away from work during opening hours;
  - 3 per cent responded that the opening hours were not convenient for another reason;
  - 7 per cent were not sure when their GP practice was open.
- 4.30 Compared with the previous survey, an increased percentage found that the opening hours were not convenient, either due to difficulty getting time away at work or for another reason (15% compared to 13%).

### Overall arrangements to see a doctor or a nurse

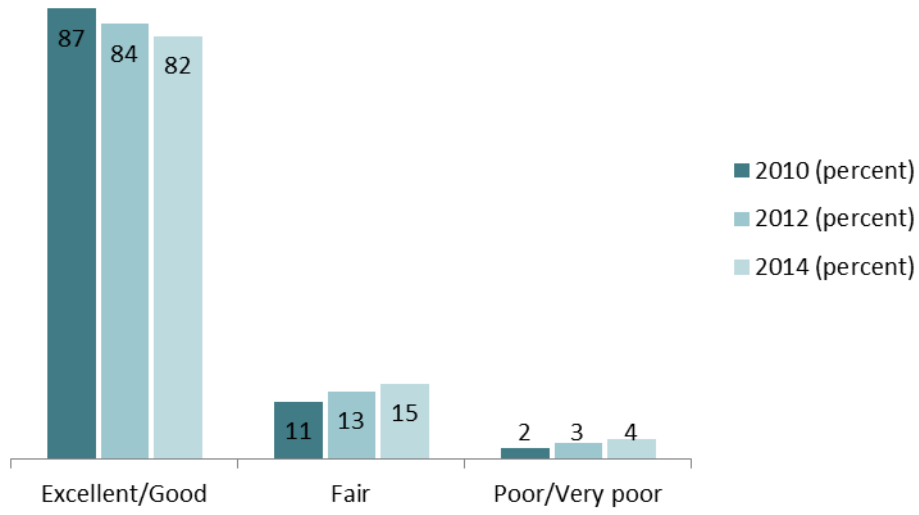
- 4.31 Patients were asked to rate the overall arrangements for getting to see a doctor or a nurse in their GP practice.
- 4.32 72 per cent of patients rated the overall arrangements for getting to see a doctor as excellent and good. This is a drop compared to 75 per cent in 2011/12 and 81 per cent in 2009/10 (Figure 6)

Figure 6: Overall arrangements for getting to see a doctor in 2009/10, 2011/12 and 2013/14



- 4.33 82 per cent of patients rated the overall arrangements for getting to see a nurse as excellent and good. This has also dropped compared to 84 per cent in 2011/12 and 87 per cent in 2009/10 (Figure 7). As in previous surveys, patients rated the overall arrangements for getting to see a nurse more positively than getting to see a doctor.

Figure 7: Overall arrangements for getting to see a nurse



## 5 GP PRACTICES – THE RECEPTION AND WAIT TO BE SEEN WITHIN THE PRACTICE

### Summary

- One in seven patients felt that the wait to be seen once they had arrived at the practice was too long.
- As in the previous survey, one in five patients were not happy that other patients could overhear what they said to staff in the reception area.
- The helpfulness of receptionists continues to be highly rated.

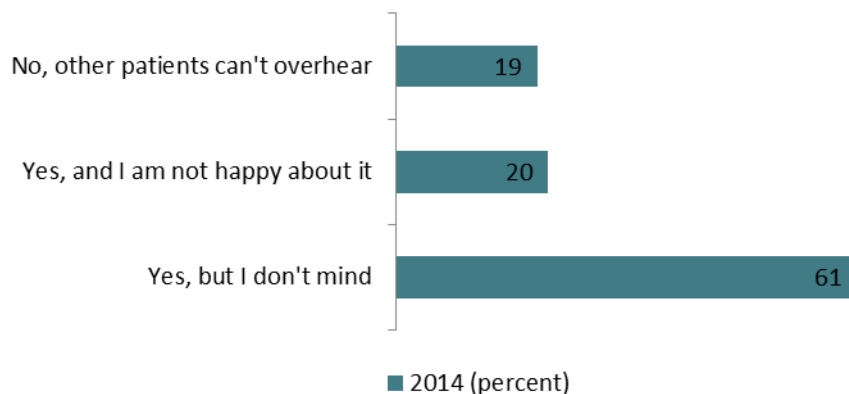
### Privacy in the reception area

5.1 Patients were asked whether, during their visits to the GP practice in the last twelve months, other patients could overhear what they said to the staff in the reception area.

- 19 per cent of patients said they could not be overheard by other patients while talking to staff, while 20 per cent said that other patients could overhear them and were not happy about it;
- 61 per cent said they could be overheard but did not mind (Figure 8).

5.2 These results are the same as those recorded for 2011/12.

Figure 8: In the reception area, can other patients overhear what you say to the staff?





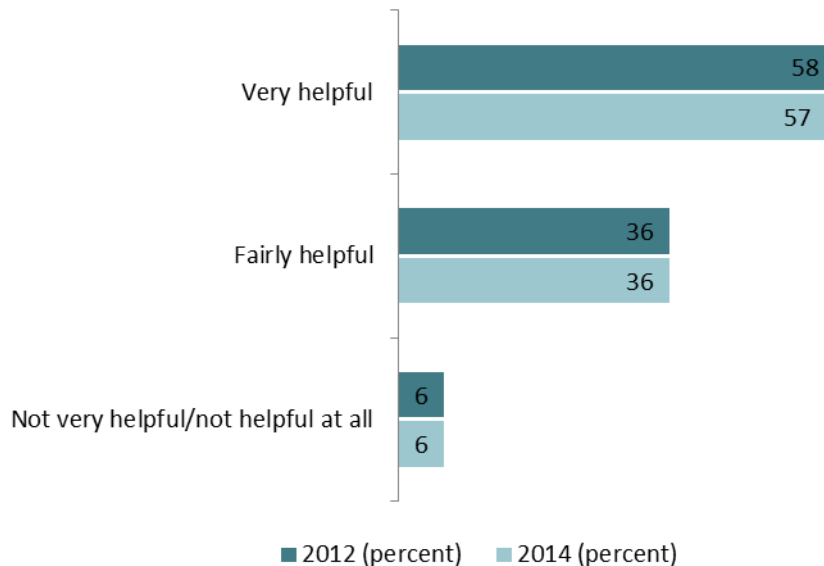
## Receptionists

5.3 Patients that had a receptionist at their practice were asked how helpful they had found the receptionists during their visits to the GP practice in the last 12 months.

- 94 per cent of patients found the receptionists very helpful or fairly helpful in their visits in the last twelve months (57 per cent found the receptionists very helpful and 36 per cent fairly helpful);
- 6 per cent found the receptionist not very helpful or not helpful at all (Figure 9).

5.4 These results, though still positive, are very slightly lower than the previous survey.

Figure 9: How helpful the patients found the receptionists



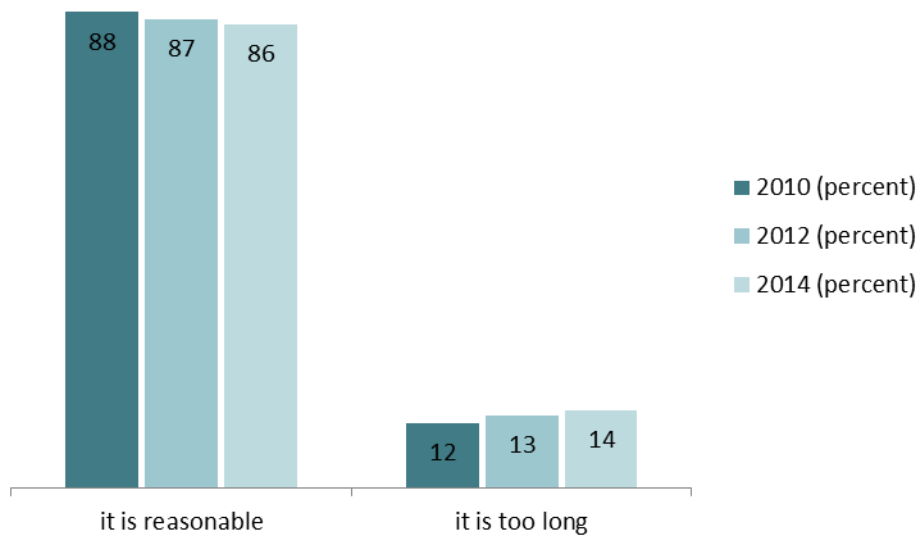
## Waiting to be seen after arriving at the GP practice

5.5 Patients were asked how they felt about the time they usually had to wait to be seen after arriving at the GP practice in the last 12 months.

5.6 Of the patients who could remember, 86 per cent thought that the time they had usually waited to be seen after arriving at their GP practice was reasonable while 14 per cent thought this was too long;

5.7 This represents a slight decrease from the 2011/12 and 2009/10 surveys, where respectively 87 and 88 per cent of patients rated the time they had to wait as reasonable (Figure 10).

Figure 10: How patients felt about the time they usually had to wait after arriving at their GP practice in 2009/10, 2011/12 and 2013/14



## 6 GP PRACTICES – CONSULTATIONS WITH DOCTORS AND NURSES

### Summary

- 6.1 The 2013/14 survey results showed that patients were largely positive about their experiences of consultation with doctors and nurses. However, patients were less positive than in the 2011/12 survey.
- 6.2 Results also suggested that more could be done to involve patients in their care and treatment, over a third of respondents were not involved as much as they wanted to be in decisions about their care and treatment.

### Introduction

- 6.3 The Charter of Patient Rights and Responsibilities was introduced through the Patient Rights (Scotland) Act 2011<sup>12</sup> sets out what patients can expect when they use NHS services and receive NHS care in Scotland. It also details what the NHS in Scotland expects of patients in return. It aims to support good communication between patient and their carers and health staff to deliver high quality, person centred, effective and safe care, including empowering and supporting people in self-management and self-care where relevant.
- 6.4 This survey asks a series of questions on experiences of consultation with doctors and nurses, which encompass a number of these aspects of care.

### Doctors

- 6.5 Of patients who had visited their GP surgery in the last year, 93 per cent had seen a doctor.
- 6.6 Patients were asked how much they agreed or disagreed with six statements about the last time they saw a doctor at their GP surgery:
- The doctor listened to me
  - I felt that the doctor had all the information needed to treat me
  - The doctor took account of the things that matter to me
  - The doctor talked in a way that helped me understand my condition and treatment
  - I felt confident in the doctor's ability to treat me
  - I had enough time with the doctor.
- 6.7 In general the responses were positive. The lowest scoring statement, that the doctor 'took account of the things that matter to me', still received a response of 87% positive, whilst the highest scoring statement 'the doctor listened to me' received 95% positive.

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<sup>12</sup> <http://www.scotland.gov.uk/Publications/2012/04/6273>

6.8 However, these most recent survey results suggest a slight worsening of experience in doctor consultations when compared to the previous survey. Five of the above statements were asked in the previous survey, and of these five, four have got less positive and the other has remained the same (Table 1).

Table 1: Summary results of questions about doctors

<b>Statement</b>	<b>Strongly agree /agree (%)</b>	<b>Neither agree nor disagree (%)</b>	<b>Disagree/ strongly disagree (%)</b>	<b>Change from 2011/12</b>
The doctor listened to me	95	3	2	0
I felt that the doctor had all the information needed to treat me	90	7	4	-1
The doctor took account of the things that matter to me	87	10	3	N/A
The doctor talked in a way that helped me understand my condition and treatment	90	7	3	-1
I felt confident in the doctor's ability to treat me	90	7	3	-1
I had enough time with the doctor	89	6	4	-1

## **Nurses**

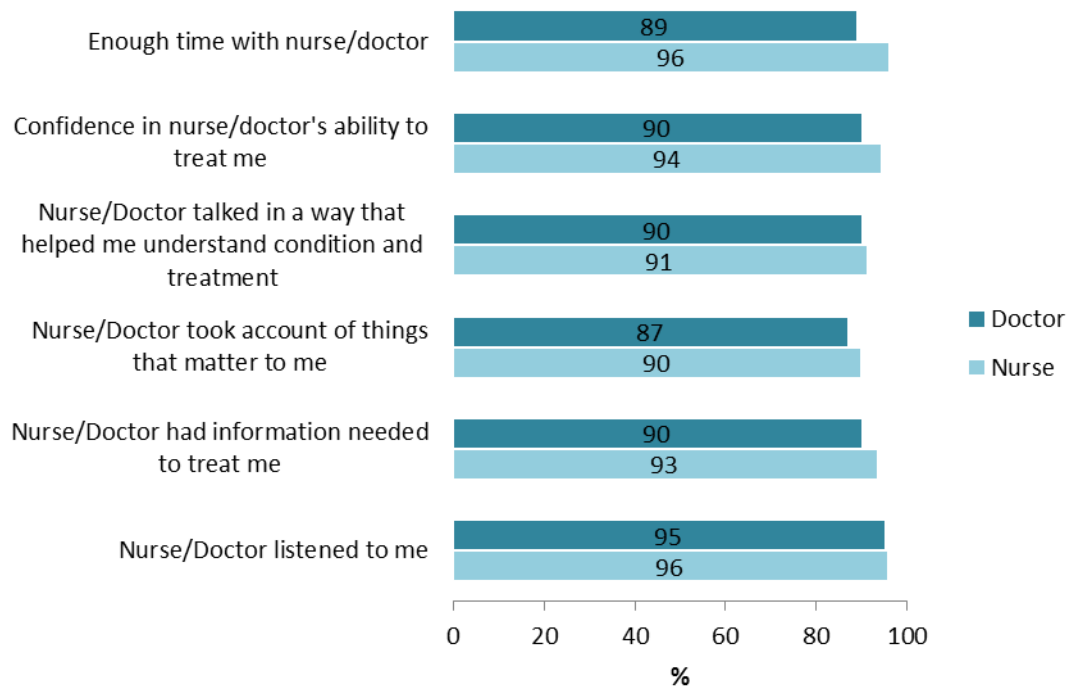
6.9 Of patients who had visited their GP surgery in the last year, 72 per cent had seen a nurse.

6.10 Equivalent statements were asked for nurses as were asked for doctors:

- I felt that the nurse listened to me
- I felt that the nurse had all the information needed to treat me
- The nurse took account of the things that matter to me
- The nurse talked in a way that helped me understand my condition and treatment
- I felt confident in the nurse's ability to treat me
- I had enough time with the nurse.

6.11 As in the previous survey, responses for nurses were highly positive, and as in previous survey nurses received more positive responses than Doctors for equivalent questions (Figure 11).

Figure 11: Percentage of patients strongly agreeing/agreeing with statements regarding doctors and nurses



6.12 The most positive result for nurses was that 96% of respondents agreed that they had enough time with the nurse, 7 percentage points higher than the equivalent figure for doctors.

6.13 This is not necessarily surprising as generally practices allow more time for nurse consultations than doctor consultations. It may also offer a partial explanation for some of the other differences in scores. More time with the patient would allow more time to listen and more opportunity to provide thorough or tailored explanations.

6.14 Results for nurses showed a similar pattern to those for doctors, in that results are less positive than in the previous survey and the 'things that matter to me' statement was rated the least positively (Table 2).

Table 2: Summary results of questions about nurses

<b>Statement</b>	<b>Strongly agree /agree (%)</b>	<b>Neither agree nor disagree (%)</b>	<b>Disagree/strongly disagree (%)</b>	<b>Change from 2011/12</b>
The nurse listened to me	96	4	1	-1
I felt that the nurse had all the information needed to treat me	93	5	2	-1
The nurse took account of the things that matter to me	90	9	2	N/A
The nurse talked in a way that helped me understand my condition and treatment	91	7	1	-1
I felt confident in the nurse's ability to treat me	94	4	2	-1
I had enough time with the nurse	96	3	1	-1

### **Patient involvement in decisions around their care and treatment**

- 6.15 Patients were asked whether they were involved as much as they wanted to be in decisions about their care and treatment.
- 61 per cent of patients stated that they were definitely involved as much as they wanted to be.
  - 33 per cent answered they had been involved to some extent
  - 4 per cent answered they had not been involved and would like to be
  - 2 per cent answered they had not been involved, but had not wished to be
- 6.16 The subject was covered in previous surveys using a slightly different format of question. Results from these surveys suggested that 88 per cent of individuals were involved as much as they wanted to be. This new format of the question however, suggests that over a third of individuals are not involved as much as they would like. The bulk of these are involved 'to some extent'.
- 6.17 For more information on the change in question, please consult the technical report at:
- <http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/GPPatientExperienceSurvey/Survey1314>

## Discussions on patient's ability to work

- 6.18 Work is important for keeping healthy and returning to work can help recovery from a condition. If a health condition makes it difficult to keep working, health professionals should offer advice on how a patient can return to work and on what discussions they can have with their employer to support this. Advice on a Fit Note can provide help for patients and employers.
- 6.19 The statement of fitness for work, or Fit Note, was introduced in 6 April 2010 to replace the Sick Note. With the Fit Note “doctors are able to advise people who are on sick leave for over 7 days whether, with extra support from their employer, they could return to work earlier.
- 6.20 12 per cent of patients answered they had seen a health professional in the last twelve months about something that affected their ability to work.
- 6.21 Patients were asked whether the health professionals had discussed their ability to work with them, and how useful their discussion had been. Compared with the previous survey, a similar proportion of patients had discussed work and found it useful (69% this year compared to 70% in 2011/12). As was the case with the previous survey, one in ten individuals who believe that they would have found it useful did not have such a discussion (Table 3).

Table 3: How useful patients found a discussion about their ability to work

<b>Response</b>	<b>%</b>
Had a discussion and found it useful	69
Had a discussion but it was not useful	10
Did not have a discussion, but would have found it useful	10
Did not have a discussion but did not want to	11

## 7 GP PRACTICES – MEDICINES, TESTS, REFERRALS AND MISTAKES

### Medicines

- 7.1 Medicines are the most frequently used intervention in healthcare. In primary care, there are some 97 million prescriptions dispensed each year with an annual drugs bill of around £1.1 billion<sup>13</sup> (around 10% of the annual healthcare budget).
- 7.2 Policies centre on promoting a healthier Scotland, and that everyone can access the medicines they need and make choices about managing and improving their health.
- 7.3 Importantly, more effective medicine use can help
- deliver better care outcomes for patients
  - reduce the incidence of avoidable hospital admissions and
  - improve the efficiency and effectiveness of treatment.
- 7.4 Central to this is supporting the patient with the right level of information and advice in taking his/her medicine as prescribed by a doctor or other trained healthcare prescribers (such as a pharmacist or specialist nurse). This is an objective common to a range of healthcare professionals, including GPs and community pharmacists / chemists and aims to improve health outcomes as well as reduce waste in prescribed medicines.
- 7.5 Patients were asked how much they agreed or disagreed with six statements about the last time they had been prescribed medicines at their GP surgery:
- It was easy enough for me to get my medicines
  - I knew enough about what my medicines were for
  - I knew enough about how and when to take my medicines
  - I knew enough about possible side effects of my medicines
  - I would know what to do if I had any problems with my medicines
  - I took my prescription as I was supposed to.
- 7.6 In general, patients responded very positively about medication . Four of the top five most positive GP questions related to medication. Fully 98 per cent agreed or strongly agreed with the statement ‘I knew enough about how and when to take my medicines’ and ‘I took my prescription as I was supposed to’.
- 7.7 However, as in the previous survey, the side effects of medication were less well understood. Only 82 per cent agreed or strongly agreed that they knew enough about possible side effects. The next least positive question was knowing what to do if they had any problems with their medicine (90%) (Table 4).

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<sup>13</sup> See <http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Community-Dispensing/Prescription-Cost-Analysis/>



Table 4: Summary results of questions about medicines

<b>Statement</b>	<b>Strongly agree/agree (%)</b>	<b>Neither agree nor disagree (%)</b>	<b>Disagree/strongly disagree (%)</b>	<b>Change since 2011/12</b>
It was easy enough for me to get my medicines	96	2	2	0
I knew enough about what my medicines were for	97	2	1	0
I knew enough about how and when when to take my medicines	98	1	1	0
I knew enough about the possible side effects of my medicines	82	12	6	-1
I would know what to do if I had any problems with my medicines	90	7	4	-1
I took my prescription as I was supposed to	98	1	1	0

### GP Practices – Tests arranged by the practice

7.8 In previous surveys a significant number of freetext comments were received relating to blood tests, x-rays and other tests arranged by GP practices. In response to this, new questions were added to the 2013/14 survey to explore patients' experiences of such tests - a frequent component of primary care.

- 71% of respondents had had a test arranged in the past 12 months

7.9 Those that had were asked whether they agreed with four statements:

- It was explained to me why a test was needed
- I was satisfied with the length of time that I waited for my test results
- I was satisfied with the way that I received the result
- The results of the test were explained to me in a way I could understand

7.10 The most positive result was that 96% of patients agreed or strongly agreed that it had been explained to them why a test was needed.

7.11 However, responses relating to how patients received the results of tests were markedly less positive. 81% agreed or strongly agreed that they were satisfied with the way that they received the result and 82% felt that the test were explained in way that they could understand (Table 5).

7.12 This discrepancy may in part stem from how the different information is communicated. The initial need for a test is likely to be explained in a face to face consultation with a doctor or nurse, whereas results may well be provided over the phone and/or by a non-health professional.

Table 5: Summary results of questions about tests

<b>Statement</b>	<b>Strongly agree/ agree (%)</b>	<b>Neither agree nor disagree (%)</b>	<b>Disagree/ strongly disagree (%)</b>
It was explained to me why a test was needed	96	3	1
I was satisfied with the length of time I waited for my results	86	7	7
I was satisfied with the way I received my results	81	9	9
The results of the test were explained to me in a way I could understand	82	11	8

### **GP Practice - referrals to another professional**

7.13 The referral process is an important component of quality care, which requires coordination and communication between different health and care services. Problems with referrals can lead to poor continuity of care and delayed treatment.

7.14 In this year's survey the questions regarding GP referrals have been modified to reflect the integration of health and social care services, which aims to ensure that health and social care provision across Scotland is joined-up and seamless. The questions now refer to care services as well as health services.

- 52% of patients had been referred to other health or care services
- 1% felt that they should have been referred to services, but were not.

7.15 Respondents who had been referred were asked how they would rate the arrangements for getting to see other health or care services.

- 78 per cent of patients who were referred by their GP in the last twelve months rated the referral arrangements as excellent or good;
- 14 per cent rated the arrangements as fair;
- 7 per cent rate the arrangements as poor or very poor

7.16 These results are more positive than for the equivalent question in the previous survey, (78% compared to 76%). This may in part be down to a broadening of the question wording, which as outlined above now includes care services.

### **Mistakes**

7.17 The 2013/14 survey questionnaire included new questions relating to mistakes made by GP practices in the treatment or care that they provided.

- 7.18 In line with the healthcare quality strategy outcome for NHS Scotland that '*Healthcare is safe for every person, every time*.' the questions were included in order to provide an insight into the incidence of mistakes as well as patients' experiences of how mistakes were dealt with.
- 7.19 Respondents were asked whether they believed a mistake was made in their treatment or care by their GP practice.
- 6% of respondents believed such a mistake had been made in their treatment or care.
- 7.20 Of those that felt a mistake had been made in their treatment or care:
- 7% indicated that it did not require a response
- 7.21 Of those that required a response:
- 19% were completely satisfied with how it was dealt with
  - 44% were satisfied to some extent
  - 38% of those where were not satisfied
- 7.22 These results would suggest that mistakes, where they do occur, are not always being consistently dealt with to patients' satisfaction.
- 7.23 It is not possible to establish the seriousness of the mistakes that patients are referring to when answering these questions. The survey question itself provided examples of mistakes occurring in 'test results, medicines prescribed [and] diagnosis'.

## 8 GP PRACTICE - OVERALL QUESTIONS

### How patients are treated by staff

- 8.1 Respondents were asked whether they agreed with two overall statements regarding their treatment by staff:
- I am treated with respect
  - I am treated with compassion and understanding
- 8.2 91 per cent of patients agreed or strongly agreed that they were treated with respect, a modest increase in positive scoring from the previous survey. However, it is worth noting that the question wording has been changed slightly since the previous survey (Table 6).
- 8.3 84 per cent of patients agreed or strongly agreed that they were treated with compassion and understanding. This represents a 4 percentage point decrease from the equivalent question in the previous survey. However, as with the above question, the wording of the question has been changed since the previous survey and this may account for some of the difference between the two results (Table 6).

Table 6: How are you treated by the staff at your GP practice\*

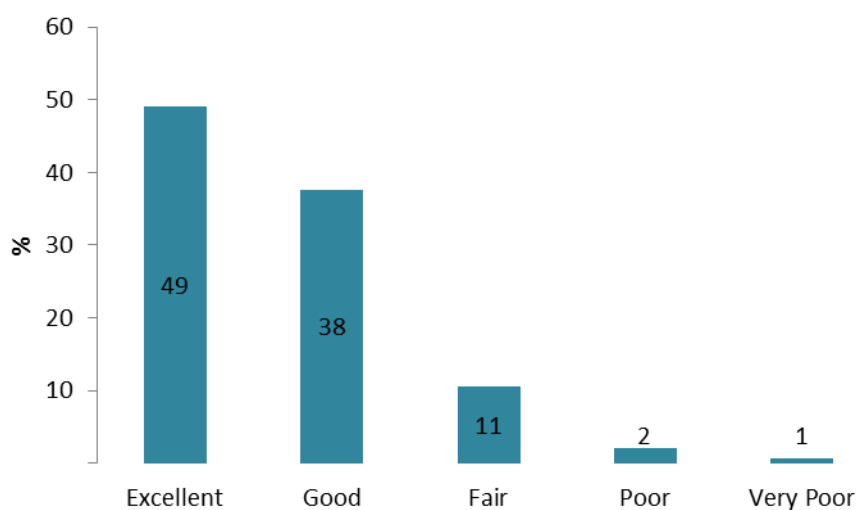
Statement	Strongly agree/agree (%)	Neither agree nor disagree (%)	Disagree/strongly disagree (%)	Change from 2011/12*
I am treated with respect	91	7	2	1
I am treated with compassion and understanding	84	12	3	-4

\*Question wordings have been updated since 2011/12

### Overall experience

- 8.4 Patients were asked to rate their overall experience of the care provided by their GP surgery.
- 8.5 87 per cent of patients rated their overall experience of care by the GP surgery as excellent or good, a fall of 2 percentage point from the 2011/12. This is not surprising given the fall in positive responses across many of the aspects relating to care provided by the GP surgery (Figure 12).

Figure 12: Overall rating of care provided by GP practice



### Top five and bottom five results

8.6 This section contains the top and bottom 5 questions for GP practices assessed using the percentage positive scoring used as the basis for NHS Board and GP practice reports. More details are available in the annex.

#### Top 5

8.7 The top four questions that respondents answered most positively were all related to medicines. The final question in the top 5 related to patients having enough time with the nurse (Table 7).

Table 7: Top five results

Question/statement	Strongly agree (%)	Agree (%)	Total positive (%)
I knew enough about how and when to take my medicines	60	38	98
I took my prescription as I was supposed to	61	37	98
I knew enough about what my medicines were for	57	39	97
It was easy enough for me to get my medicines	59	37	96
I had enough time with the nurse	54	42	96

#### Bottom 5

8.8 The bottom five questions highlight that, as in the previous survey, access to GP services is an issue for patients. 4 of the bottom 5 questions relate to this aspect of the survey. The other question, which was the most negatively answered, related to how mistakes are dealt with (Table 8).

Table 8: Bottom five results

<b>Question/statement</b>	<b>Negative responses (%)</b>
Were you happy with how any mistake was dealt with overall	38
Overall arrangement for getting to see a doctor	22
Can you usually see the doctor you prefer	18
How easy was it to get through on the phone	17
Could you see or speak to a doctor or nurse within 2 working days	15

### **Changes since the 2011/12 survey**

- 8.9 Taken as a whole, the results suggest slightly less positive experience across most aspects of GP care.
- 8.10 Of the 34 scored questions which are directly comparable to the previous survey, 9 have stayed the same, 25 have got worse, and only 2 have improved.
- 8.11 Not included in these figures is the question relating to referrals by the GP, which has been expanded to include social care referrals and was therefore considered not directly comparable. If included, this would represent a third question showing improvement since 2011/12.

## 9 VARIATION IN GP PRACTICE RESULTS

### Summary

9.1 This report focuses on the national results of the survey. However, results seen at a national level are not replicated exactly at every practice. Responses to the 'overall' questions relating to access arrangements and care provided by GP practices highlight that there is considerable variation in the results for individual GP practices.

9.2 GP practice results are available at:

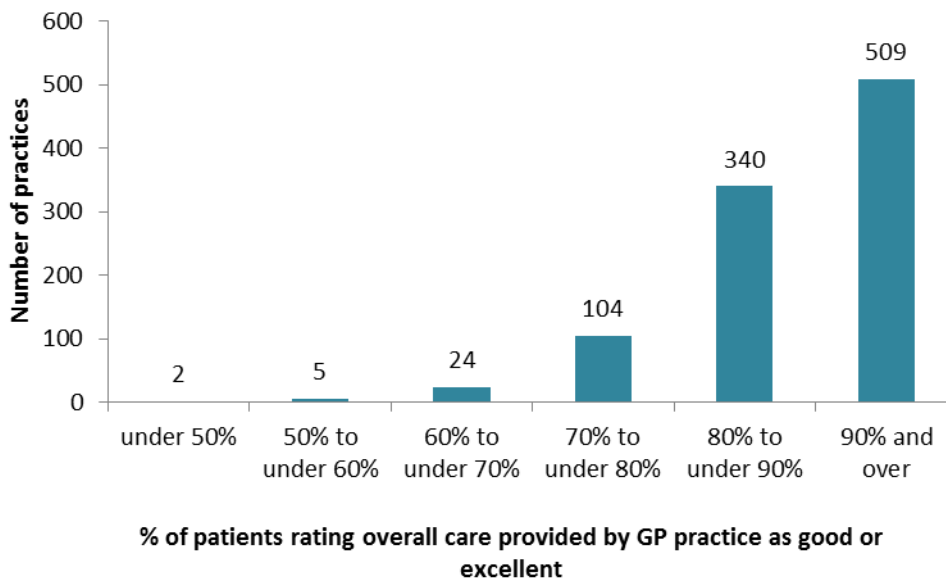
<http://www.healthcareexperienceresults.org/>

### Overall rating of care

9.3 Nationally 87% of patients rated the care provided by their GP practice as good or excellent. There was considerable variation in the equivalent results for individual practices with results ranging from 47% to 100%.

- At 509 practices, at least 90% of patients rated their overall care as good or excellent. This represents 52% of GP practices.
- At 135 practices less than 80% of patients rated their overall care as good or excellent. This represents 14% of GP practices.

Figure 13: Distribution of practice results for overall rating of care

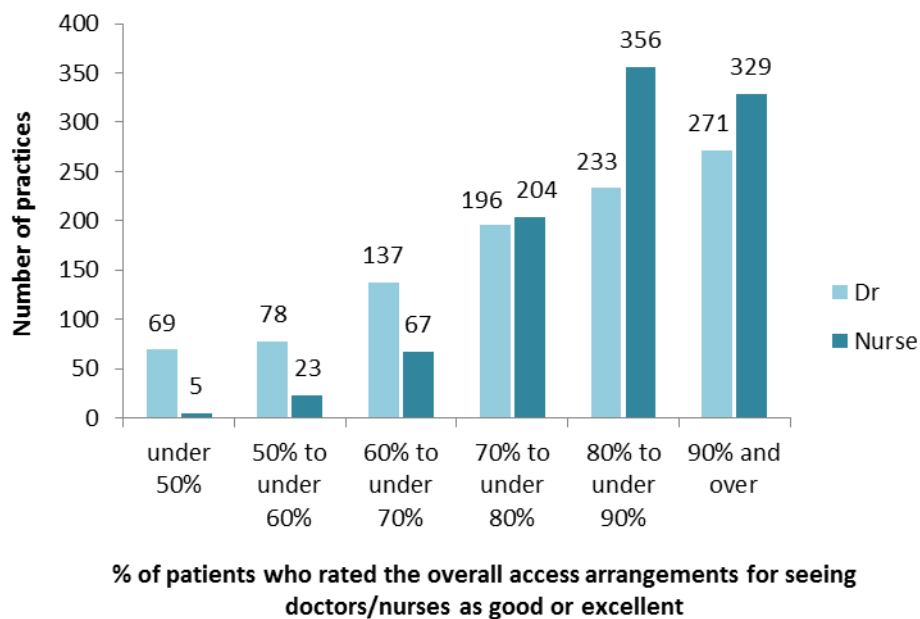


## Access arrangements

9.4 Nationally 72 per cent of patients rated the overall arrangements for seeing a doctor as good or excellent. Again there was considerable variation in the results for individual practices. Positive scores for access to a doctor ranged from 21% to 100%.

- At 271 practices at least 90% of patients rated the overall arrangements for seeing a doctor as good or excellent. This equates to 28% of GP practices.
- At 329 practices at least 90% of the patients rated the overall arrangements for seeing a nurse as good or excellent. This equates to 33% of GP practices.

Figure 14: Distribution of practice results for overall access arrangements





## 10 OUT OF HOURS HEALTHCARE

### Summary

- 10.1 Similar to other areas of the survey, results for out of hours questions are slightly less positive than in the previous survey. The overall rating of out of hours care has fallen slightly from 72% positive in 2011/12 to 71% in this survey.
- 10.2 By far the most common first port of call for out of hours care was NHS 24 (68% of patients contacted NHS 24 first). The out of hours services that most patients were ultimately treated by were A&E/Emergency department (30%) and Out of Hours Service (27%).
- 10.3 The most positively rated out of hours service were Ambulance/Paramedics, who received the highest positive results for each of the questions relating to out of hours care.

### Introduction

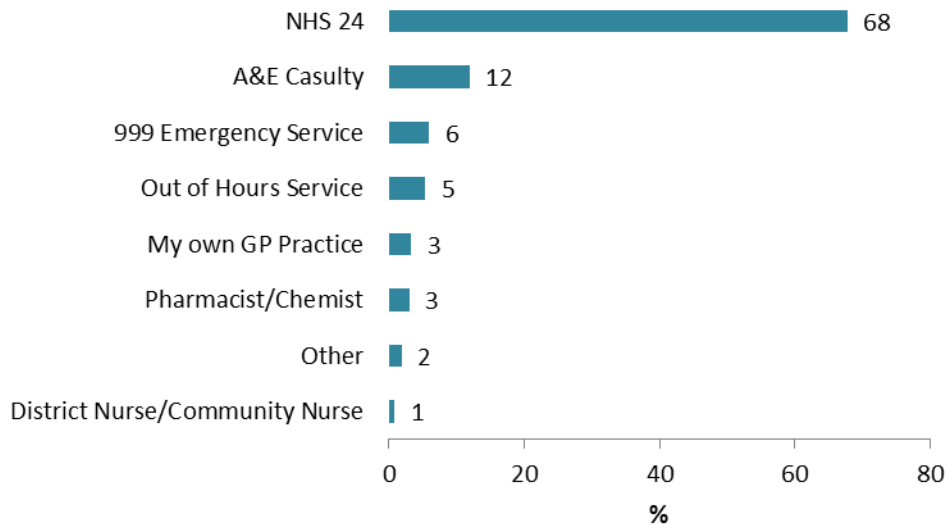
- 10.4 From 1 April 2004, the Primary Medical Services (Scotland) Act 2004 placed a duty on NHS boards to provide 'primary medical services' for everyone living in the NHS board area. These are the services provided by GP practices to patients registered with them. NHS boards have a legal responsibility to ensure these services are provided at all times, including out-of-hours.
- 10.5 The out-of-hours period is: the period beginning at 6.30pm from Monday to Thursday and ending at 8.00am the following day; the period between 6.30pm on Friday and 8.00am the following Monday; and Christmas Day, New Year's Day and other public or local holidays.
- 10.6 Since 2004, GPs have had the option of continuing to provide a service during the out-of-hours period or to opt out of providing this service on condition that there is an acceptable alternative. Over recent years alternative arrangements for providing out-of-hours care have been established. In many cases this involves a number of agencies and healthcare professionals working together to provide an integrated service for patients.
- 10.7 Many patients contact the NHS in a way that is unplanned, for example if they become ill during the day or night, or at the weekend. It is crucial that the NHS responds in a way that meets the needs of the patient in a timely, person centred, safe and clinically appropriate way. Often the journey of care will involve more than one part of the healthcare system so it is important for systems and process to be joined up, and for patient information to be shared by the healthcare professionals involved in supporting patients.

### Use of out-of-hours NHS services

- 10.8 Of patients surveyed, 25 per cent had tried to get medical help, treatment or advice, for themselves or someone they were looking after, when their GP surgery was closed.

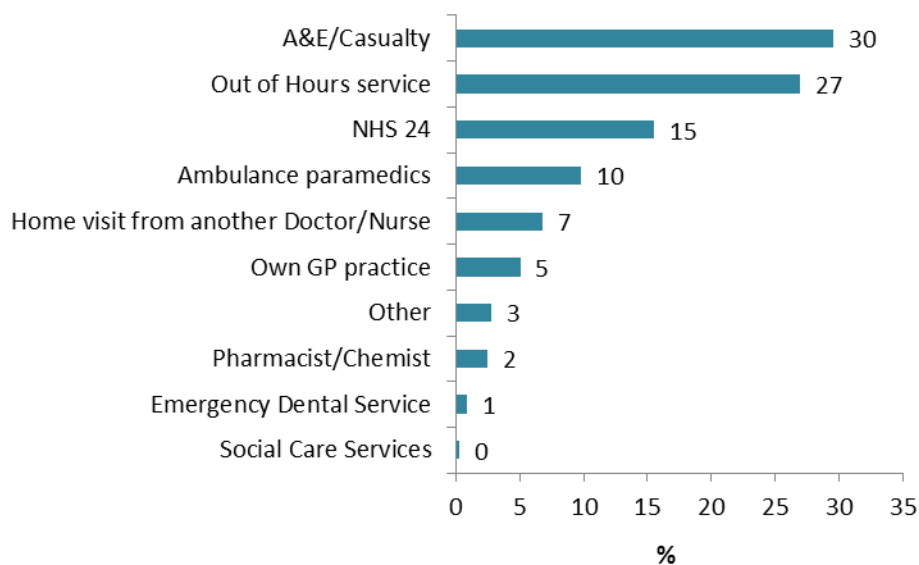
10.9 Of these patients, by far the most common first port of call was NHS 24, which was contacted first by 68% patients. The next most common was A&E/casualty services which 12% of patients approached first. (Figure 15)

Figure 15: Service patients spoke or went to first when they tried to get help out of hours



10.10 Over half of patients who contacted a service outside their GP surgery opening hours ended up being treated by either A&E/Casualty services or an out of hours service (30 per cent and 27 per cent respectively). Another 15 per cent of patients received phone advice only. (Figure 16)

Figure 16: Service patients ended up being treated by when they used out-of-hours services



10.11 The most common journeys through out-of-hours services, accounting for over 60% of instances were:

- Patients contacted NHS 24 first and were then seen by an out-of-hours service (21%);
- Patients contacted NHS 24 first and were then treated in A&E/ Casualty (14%);
- Patients contacted NHS 24 and received phone advice only (14%);
- Patients visited A&E / casualty first and were treated there (12%) (Table 9)

10.12 The last bullet point partially reflects the fact that 93% of patients who visited A&E as their first port of call were ultimately treated there. This is by far the highest percentage of patients being treated at their first port of call of any service (Table 10). This could suggest that patients are generally able to judge when a trip to A&E is appropriate, or alternatively could reflect a reluctance to redirect patients who present at A&E to alternative out of hours services.

Table 9: percentage of patients being treated by each service, by the service they spoke to first.

Service patient spoke to first	Service patient ended up being treated by									
	NHS 24	Pharmacist/ Chemist	Out of Hours Service	Own GP practice	Home visit from another doctor/nurse	Emergency Dental Service	Ambulance Paramedics	A&E/Casualty	Social Care services	Other
NHS 24	14	*	21	2	6	1	6	14	*	1
Pharmacist/Chemist	*	2	*	*	*	*	*	*	*	*
Out of Hours service	*	*	4	*	*	*	*	1	*	*
Own GP practice	*	*	*	3	*	*	*	*	*	*
District nurse/ community nurse	*	*	*	*	*	*	*	*	*	*
999 Emergency service	*	*	*	*	*	*	3	2	*	*
A&E/Casualty	*	*	*	*	*	*	*	12	*	*
Other	*	*	*	*	*	*	*	*	*	1

Note: \* denotes less than 1%

Table 10: Percentage of patients who approach each service that are ultimately treated by that service

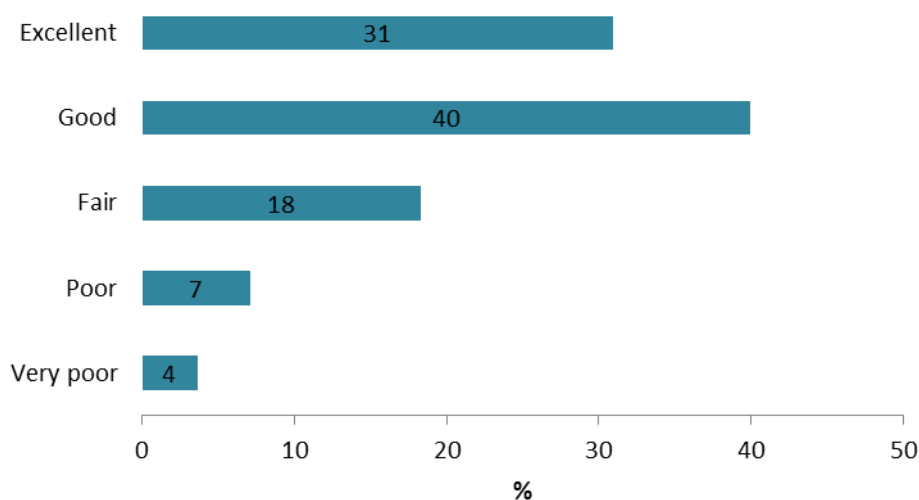
Service	%
NHS 24	22
Pharmacist/Chemist	61
Out of Hours service	62
Own GP practice	66
District nurse/community nurse	43
999 Emergency service (treated by ambulance/paramedics)	58
A&E/Casualty	93
Other	60

### Experience of out-of-hours healthcare

10.13 Patients were asked to rate their overall experience of the care provided by out-of-hours services.

10.14 In total 71 per cent of patients rated the overall care they received out of hours as excellent or good (a modest drop from 72% last year) (Figure 17). As in the previous survey fewer patients rated out-of-hours care positively than the overall care provided by their GP practice, where 87 per cent rated their care as good or excellent.

Figure 17: Overall rating of out-of-hours care



10.15 The survey also asked patients who had tried to get help out of hours how much they agreed or disagreed with six statements:

- The time I waited was reasonable
- I felt that the person had all the information needed to treat me
- I felt I was listened to
- Things were explained to me in a way I could understand

- I felt that I got the right treatment or advice
- I felt that people took account of the things that matter to me

- 10.16 The most positively rated statement were that things were explained to patients in a way they could understand (85%) and that they felt listened to (84%).
- 10.17 In line with results for GPs and nurses, the statement that the fewest patients agreed with was that people took account of the things that matter to them (74 per cent).
- 10.18 Consistent with most other aspects of the survey, responses for out of hours care are slightly less positive than the previous survey. Of the 5 statements comparable with the previous survey, 2 have worsened to a statistically significant degree and none have improved (Table 11).

Table 11: Summary results of out-of-hours services

<b>Statement</b>	<b>Strongly agree/ agree (%)</b>	<b>Neither agree nor disagree (%)</b>	<b>Disagree/ strongly disagree (%)</b>	<b>Change since 2011/12</b>
The time I waited was reasonable	75	9	16	<b>-1</b>
I felt that the person had all the information needed to treat me	76	12	12	<b>-1</b>
I felt I was listened to	84	9	8	0
Things were explained to me in a way I could understand	85	10	6	<b>-1</b>
I felt that I got the right treatment or advice	79	11	10	<b>-1</b>
I felt that people took account of the things that matter to me	74	16	10	N/A

Note: Only changes in bold are significant

### **Differences between services**

- 10.19 Responses varied depending on the out of hours service that patients were treated by. Ambulance/Paramedics received the most positive ratings for each of the specific statements. Those who were ultimately treated by Ambulance/paramedics also provided the most positive rating for overall out of hours care.
- 10.20 Those that ultimately received out of hours treatment from their own GP practice gave the lowest overall rating for out of hours care (61% positive). This is an interesting result when contrasted with the higher overall rating given by those seen by an out of hours service (74% positive), as the two services receive broadly similar results for the other questions (Table 12).

10.21 The difference in overall rating may therefore represent patient dissatisfaction with the process of accessing ‘out of hours’ care, which ultimately ends up being provided by their local GP – even though this may be clinically appropriate.

Table 12: Percentage of patients responding positively to out-of-hours questions, by service they were ultimately treated by.

<b>Service treated by</b>	Overall rating of out-of-hours care	Time waited was reasonable	Person had all the information needed to treat me	I felt listened to	Things were explained in way I could understand	I felt I got right treatment or advice	People took account of the things that matter to me
Phone advice from NHS24 only	63	71	70	80	80	72	69
Pharmacist/Chemist	71	88	80	90	89	83	77
Out of Hours service	74	77	77	86	87	81	76
Own GP practice	61	77	79	84	83	79	76
Home visit from another doctor/nurse	75	76	73	87	87	83	78
Emergency Dental Service	78	84	85	84	88	85	80
Ambulance paramedics	82	88	85	90	90	88	86
A&E Casualty	69	67	75	82	84	79	73
Other	60	66	65	71	74	66	63

## 11 OUTCOMES FROM NHS TREATMENTS

### Introduction

- 11.1 One of the key actions identified in the Quality Strategy<sup>14</sup> was to “Improve and embed patient-reported outcomes and experience across all NHS Scotland services”. Patient Reported Outcome Measures (PROMs) are recommended in the Quality Strategy for use across NHS Scotland for service improvement, as well as to track outcomes nationally as a quality outcome indicator.
- 11.2 This survey asks patients to report outcomes based around three dimensions of health status – pain, ability to do usual activities and anxiety/ depression. They ask people about their experience of the impact of treatment on these three dimensions separately. While it is recognised that people cannot easily quantify change in health status, they are able to identify whether or not they have experienced an improvement. The “too soon to say” option allowed an answer for people who have been treated but are not yet expected to see a benefit.
- 11.3 At the aggregate level these questions should give some measure of the impact of treatment. While the questions are not specific enough to be directly useful for local improvement (e.g. we do not know what treatments people have had, or where they had them), the results raise some interesting questions that merit further research with patients.

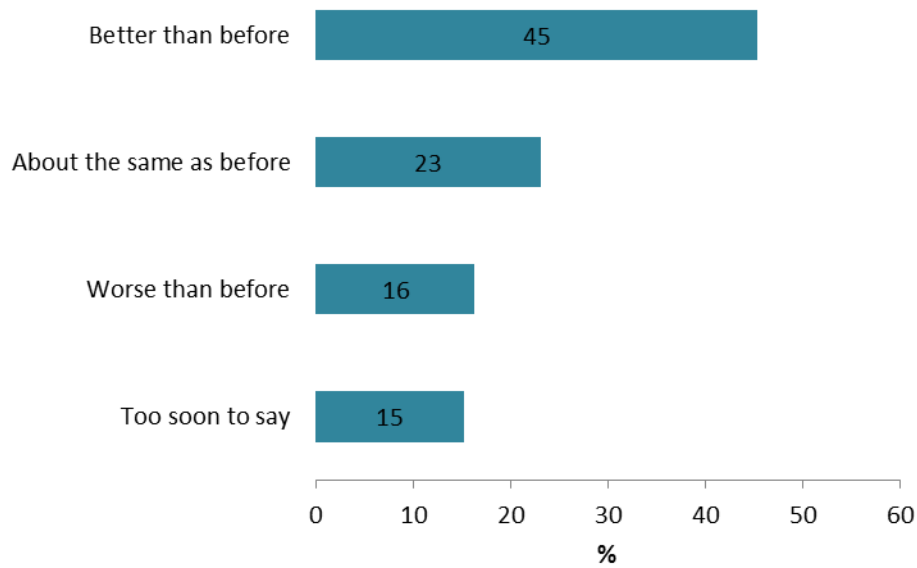
### People’s ability to do their usual activities

- 11.4 Respondents were asked if they had received NHS treatment or advice in the last year because of something that was affecting their ability to do their usual activities.
- 29 per cent of patients answered yes
- 11.5 Of patients who had sought treatment or advice, 45 per cent were able to go back to most of their usual activities. However 16 per cent were less able to do their usual activities (Figure 18).

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<sup>14</sup> <http://www.scotland.gov.uk/Publications/2010/05/10102307/0>

Figure 18: The effect of treatment of patients' ability to do their usual activities



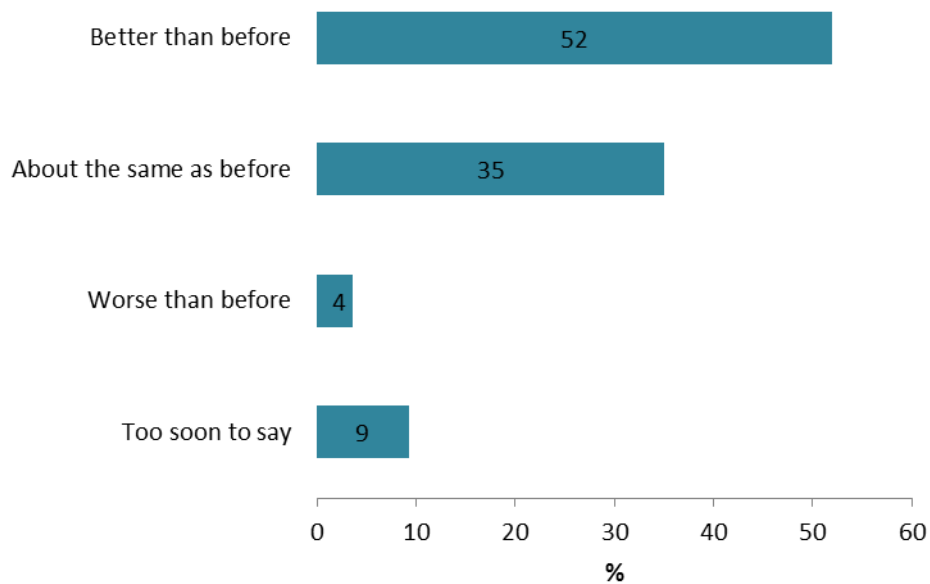
### Pain or discomfort

11.6 Patients were asked if they had received NHS treatment or advice because of something that was causing them pain or discomfort.

- 53 per cent of patients answered yes

11.7 Of patients who had sought treatment or advice, 52 per cent reported that the effect of the treatment was to make them feel better than before (Figure 19).

Figure 19: The effect of treatment on pain or discomfort





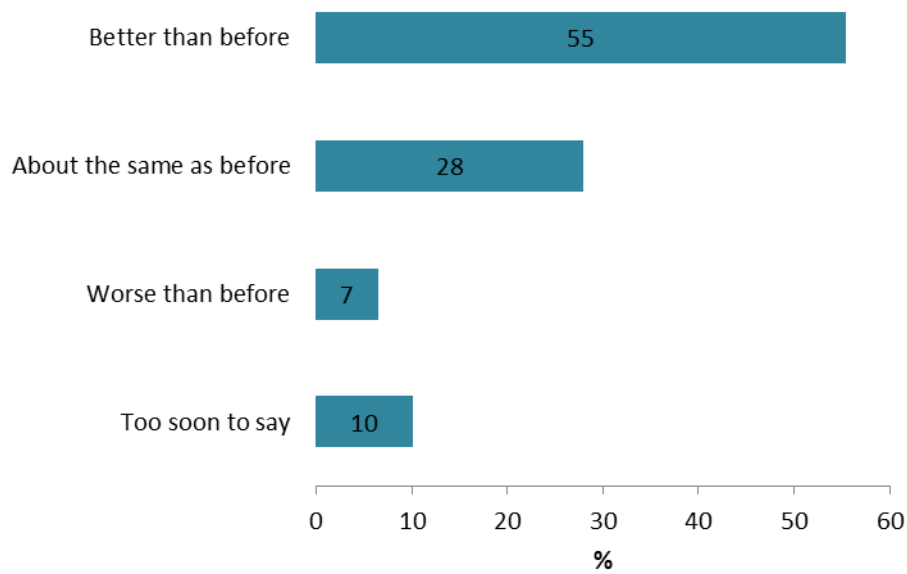
## Depression or anxiety

11.8 Patients were asked if they had received NHS treatment or advice because of something that was making them feel depressed or anxious.

- 16 per cent of patients answered yes

11.9 Of patients who had sought treatment or advice, 55 per cent reported that the effect of the treatment was to make them feel better than before (Figure 20).

Figure 20: The effect of treatment on depression or anxiety



## Quality Outcome Indicator

- 11.10 The Quality Strategy emphasises the importance of measurement, and a Quality Measurement Framework has been developed<sup>15</sup> in order to provide a structure for describing and aligning the wide range of measurement work with the Quality Ambitions and Outcomes. As part of this framework, 12 national Quality Outcome Indicators have been identified, which are intended to show national progress towards achievement of the Quality Ambitions.
- 11.11 One of these twelve Quality Outcome Indicators relates to Patient Reported Outcomes. While initial proposals envisaged that this indicator would be built up from local patient feedback information, it was recognised that this would require long term development and that therefore a high level indicator should be captured using this national survey. It was first reported in the previous survey.
- 11.12 The indicator is based on the outcomes questions reported above and provides a single score for patient reported outcomes. Further information on how the indicator has been calculated is available in the technical report. It should be kept in mind that this indicator represents a score and not a percentage value.
- 11.13 The value of the Healthcare Experience Quality Outcome Indicator has remained steady since the previous survey, with the same score of **75.2**. Only one NHS Board saw a statistically significant change in their score (Table 13).

Table 13: Outcome Indicator by NHS Board

	Outcomes indicator	95% Confidence interval		Change since 2011/12
		Lower limit	Upper limit	
NHS Ayrshire & Arran	74.0	72.9	75.2	-0.1
NHS Borders	78.3	76.5	80.0	2.0
NHS Dumfries & Galloway	75.7	74.0	77.4	0.9
NHS Fife	74.9	73.8	76.0	0.7
NHS Forth Valley	74.9	73.7	76.0	-0.2
NHS Grampian	76.4	75.3	77.4	-0.7
NHS Greater Glasgow and Clyde	74.3	73.7	74.8	0.2
NHS Highland	77.4	76.4	78.4	-0.3
NHS Lanarkshire	73.3	72.5	74.2	-0.3
NHS Lothian	76.2	75.5	77.0	0.2
NHS Orkney	82.8	79.1	86.6	4.3
NHS Shetland	78.4	75.0	81.7	0.0
NHS Tayside	75.7	74.7	76.8	-0.1
NHS Western Isles	75.3	72.1	78.4	<b>-4.1</b>
Scotland	75.2	74.9	75.5	0.0

<sup>15</sup> <http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/NHSQuality/MeasuringQualityS>

## **12 RESULTS FOR NHS BOARDS**

### **Overall results for NHS Boards**

12.1 Individual reports for each board are available at:

<http://www.healthcareexperienceresults.org/>

12.2 More detailed results for NHS Boards are shown in a spreadsheet on the Scottish Government website at:

<http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/GPPatientExperienceSurvey/Survey1314>

### **Overall access arrangements**

12.3 Since the previous survey in 2011/12, there has been a decrease in the percentage of patients rating the overall arrangements for seeing doctors and nurses as good or excellent. This decrease has been seen across almost all NHS Boards (Table 14, Table 15) suggesting that any root cause of the drop may well be Scotland wide.

12.4 The percentage of patients rating the overall arrangements for getting to see doctors as good or excellent ranged from 67 per cent in NHS Lanarkshire and NHS Shetland to 96 per cent in NHS Orkney.

12.5 The percentage of patients rating the overall arrangements for getting to see nurses as good or excellent ranged from 77 per cent in NHS Lanarkshire to 98 per cent in NHS Orkney.

Table 14: Rating of overall arrangements for getting to see a doctor

<b>NHS Board</b>	<b>Positive responses %</b>	<b>Difference from 2011/12</b>	<b>Difference from Scotland</b>
NHS Ayrshire & Arran	69	<b>-3</b>	<b>-3</b>
NHS Borders	72	<b>-5</b>	0
NHS Dumfries & Galloway	78	<b>-3</b>	<b>6</b>
NHS Fife	69	-1	<b>-4</b>
NHS Forth Valley	73	<b>-2</b>	1
NHS Grampian	68	<b>-4</b>	<b>-4</b>
NHS Greater Glasgow and Clyde	77	<b>-2</b>	<b>5</b>
NHS Highland	79	<b>-2</b>	<b>7</b>
NHS Lanarkshire	67	<b>-3</b>	<b>-6</b>
NHS Lothian	70	<b>-4</b>	<b>-2</b>
NHS Orkney	95	-1	<b>23</b>
NHS Shetland	68	-1	<b>-5</b>
NHS Tayside	74	<b>-4</b>	<b>2</b>
NHS Western Isles	79	<b>-3</b>	<b>7</b>
Scotland	72	-3	

Note: Statistically significant differences are in bold

Table 15: Rating of overall arrangements for getting to see a Nurse

<b>NHS Board</b>	<b>Positive responses %</b>	<b>Difference from 2011/12</b>	<b>Difference from Scotland</b>
NHS Ayrshire & Arran	81	<b>-3</b>	-1
NHS Borders	82	<b>-3</b>	1
NHS Dumfries & Galloway	88	-1	<b>7</b>
NHS Fife	80	-1	<b>-2</b>
NHS Forth Valley	79	<b>-2</b>	<b>-2</b>
NHS Grampian	81	<b>-2</b>	-1
NHS Greater Glasgow and Clyde	83	<b>-2</b>	1
NHS Highland	86	<b>-3</b>	<b>4</b>
NHS Lanarkshire	77	<b>-3</b>	<b>-5</b>
NHS Lothian	80	<b>-3</b>	<b>-1</b>
NHS Orkney	98	2	<b>17</b>
NHS Shetland	84	-1	2
NHS Tayside	85	-1	<b>3</b>
NHS Western Isles	91	<b>-2</b>	<b>10</b>
Scotland	82	-2	

Note: Statistically significant differences are in bold

## Arrangements for getting to see other health and care services

12.6 The percentage of patients rating the overall arrangements for getting to see other health or care services ranged from 73 per cent in NHS Grampian to 87 per cent in NHS Orkney. The question wording has been revised since the previous survey to include social care services and the previous results are presented for information (Table 16).

Table 16: Overall rating of referral process

<b>NHS Board</b>	<b>Positive responses 2013/14 (%)</b>	<b>Positive responses 2011/12 (%)</b>	<b>Difference from Scotland 2013/14</b>
NHS Ayrshire & Arran	76	77	<b>-3</b>
NHS Borders	79	81	1
NHS Dumfries & Galloway	82	82	<b>3</b>
NHS Fife	78	78	0
NHS Forth Valley	75	75	<b>-3</b>
NHS Grampian	75	73	<b>-3</b>
NHS Greater Glasgow and Clyde	80	77	<b>2</b>
NHS Highland	78	81	0
NHS Lanarkshire	77	73	-1
NHS Lothian	78	74	-1
NHS Orkney	90	87	<b>12</b>
NHS Shetland	79	75	1
NHS Tayside	82	81	<b>4</b>
NHS Western Isles	82	83	3
Scotland	78	76	

Note: Statistically significant differences in bold

## HEAT standards – 48 hour access and advance access

12.7 Every NHS Board in Scotland is required to meet a HEAT<sup>16</sup> standard that monitors the percentage of patients able to obtain access within two working days and book an appointment in advance to an appropriate healthcare professional. GP practices are expected to provide reasonable appropriate access for their patients as part of their services. The results for 48 hour and advance access HEAT standards are shown in Table 17. More information on the 48 hour HEAT standard is available at:

<http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance/GPAccessStandard>

12.8 For the 48 hour standard only one board, NHS Lanarkshire, was below the 90% standard, and their figure was 89.9%. The highest score was NHS Orkney with 97.1 per cent.

<sup>16</sup> <http://www.scotland.gov.uk/About/scotPerforms/partnerstories/NHSScotlandperformance>

12.9 With regards to advance booking, only NHS Orkney achieved the 90% standard.

Table 17: Heat Standards

NHS Board*	48 hour access		Advance access	
	2013/14	2011/12	2013/14	2011/12
NHS Ayrshire & Arran	91.6	92.5	76.8	77.6
NHS Borders	92.4	94.0	85.0	85.2
NHS Dumfries & Galloway	95.4	96.0	84.2	87.2
NHS Fife	91.1	89.3	78.8	79.6
NHS Forth Valley	91.6	91.8	80.6	82.5
NHS Grampian	91.0	92.0	79.9	83.4
NHS Greater Glasgow & Clyde	93.0	93.4	79.2	80.5
NHS Highland	94.8	95.2	84.3	86.6
NHS Lanarkshire	89.9	90.3	72.0	70.5
NHS Lothian	92.4	91.8	76.7	80.0
NHS Orkney	97.1	99.4	97.6	98.4
NHS Shetland	93.5	97.5	73.2	61.7
NHS Tayside	95.0	94.9	72.9	72.7
NHS Western Isles	96.2	97.2	86.7	89.1
NHS Scotland	92.4	92.6	78.1	79.6

## Overall care provided by GP practices

12.10 The decrease nationally in the percentage of patients rating the overall care provided by their GP surgery positively can also be seen in the scores for NHS Boards (Table 18). The percentage of patients rating the overall care provided by their GP surgery as good or excellent ranged from 83 per cent in NHS Shetland to 97 per cent in NHS Orkney.

Table 18: Rating of overall care provided by GP practice

<b>NHS Board</b>	<b>Positive responses %</b>	<b>Difference from 2011/12</b>	<b>Difference from Scotland</b>
NHS Ayrshire & Arran	87	-1	0
NHS Borders	90	0	3
NHS Dumfries & Galloway	90	-2	3
NHS Fife	86	0	-1
NHS Forth Valley	87	-1	1
NHS Grampian	85	-4	-1
NHS Greater Glasgow and Clyde	89	-1	2
NHS Highland	89	-2	2
NHS Lanarkshire	83	-2	-4
NHS Lothian	85	-3	-2
NHS Orkney	97	1	11
NHS Shetland	82	-2	-5
NHS Tayside	89	-2	2
NHS Western Isles	90	-3	3
Scotland	87	-2	

## Overall rating of care provided out of hours

12.11 The percentage of patients rating the care provided out of hours as good or excellent ranged from 67 per cent in NHS Fife and NHS Forth Valley to 76 per cent in NHS Shetland (Table 19).

Table 19: Rating of overall Out-of- Hours care

<b>NHS Board</b>	<b>Positive responses %</b>	<b>Difference from 2011/12</b>	<b>Difference from Scotland</b>
NHS Ayrshire & Arran	70	-3	0
NHS Borders	72	4	1
NHS Dumfries & Galloway	69	1	-2
NHS Fife	67	<b>-4</b>	<b>-4</b>
NHS Forth Valley	67	0	<b>-4</b>
NHS Grampian	70	<b>-4</b>	-1
NHS Greater Glasgow and Clyde	73	0	<b>2</b>
NHS Highland	73	-2	2
NHS Lanarkshire	68	-2	<b>-3</b>
NHS Lothian	73	-2	<b>2</b>
NHS Orkney	74	5	3
NHS Shetland	76	6	5
NHS Tayside	71	0	0
NHS Western Isles	68	1	-3
Scotland	71	-1	

Notes: Statistically significant differences are in bold



## 13 CARE SUPPORT AND HELP WITH EVERYDAY LIVING

### Summary

- Many people who get support for everyday living receive this outwith formal services – 41 per cent indicated that their help did not come from formal services.
- Overall rating of care services - 84 per cent of respondents rated the overall help, care or support services as either excellent or good.
- Users of care services were most positive about some person-centred aspects of care – 93 per cent reported that they were treated with respect.
- Users of care services were least positive about coordination of health and care services - only 80 per cent reported that services were well coordinated.
- Outcomes from care – 86 per cent reported that the help, care or support improved or maintained their quality of life.
- Services users who rated their quality of life more favourably tended to be more positive about their experiences of and impact from care services than those who rated their quality of life less favourably.
- There was considerable variation between CHPs on experiences of care services, especially around coordination of health and care services and on the impact of support on quality of life.

### Introduction

- 13.1 The survey was widened beyond primary care services to include aspects of care and support and caring relating to a number of the aspirations underpinning the integration of health and care in Scotland proposed under the Public Bodies (Joint Working) (Scotland) Bill<sup>17</sup>. The integration of health and care is part of an ambitious programme of reform to improve services for people who require health and social support. The Act will require Health Boards and Local Authorities to integrate their services with the aspiration that that health and social care provision is joined-up and seamless, especially for people with long term conditions and disabilities, many of whom are older people.
- 13.2 The health and care survey therefore asked users of social care about aspects of integration – whether health and care services were well coordinated – and the impact of services on outcomes (described below).

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<sup>17</sup> Public Bodies (Joint Working) (Scotland) Bill:  
<http://www.scottish.parliament.uk/parliamentarybusiness/Bills/63845.aspx>

- 13.3 The Act will also require health and care services to focus on outcomes not just system inputs or processes. An outcomes approach to assessment, planning and review aims to shift engagement with people who use services away from service-led approaches. This involves everyone working together to achieve the best possible impact on the individual's life. The philosophy of this approach is one that emphasises the strengths, capacity and resilience of individuals, builds upon natural support systems and includes consideration of wider community based resources.
- 13.4 Locally, use of personal outcomes approaches such as Talking Points<sup>18</sup>, provides a focus for tailoring services to improve people's quality of life, and at a service level the information can potentially be used to understand where more support is needed.
- 13.5 To support a shift in focus towards outcomes the draft Regulations<sup>19</sup> for the Public Bodies (Joint Working) (Scotland) Bill proposes a series of health and wellbeing outcomes to provide a consistent framework for health and care partners to plan for, report and account for its activities associated with improving outcomes locally. The draft outcomes, which are currently subject to consultation<sup>20</sup>, are:

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer.

Outcome 2: People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.

Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of service users.

Outcome 5. Health and social care services contribute to reducing health inequalities.

Outcome 6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.

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<sup>18</sup> Talking Points: Joint Improvement Team <http://www.jitscotland.org.uk/action-areas/talking-points-user-and-carer-involvement/>

<sup>19</sup> Proposals for National Health and Wellbeing outcomes relating to the Public Bodies (Joint Working) (Scotland) Act 2014 <http://www.scotland.gov.uk/Publications/2014/05/5284/17>

<sup>20</sup> Consultation on the Draft Regulations relating to the Public Bodies (Joint Working) (Scotland) Act 2014 <http://www.scotland.gov.uk/Publications/2014/05/5284/0>

Outcome 7. People who use health and social care services are safe from harm.

Outcome 8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.

Outcome 9. Resources are used effectively in the provision of health and social care services, without waste.

- 13.6 Some questions were added to the survey about the impact of care services on outcomes 2, 4, 7 above - independent living, feeling safe, and quality of life to capture improvements at population level.
- 13.7 Outcome 3 relates to experiences of using services and also reflects wider policies and legislation such as the Self-directed Support (SDS) strategy<sup>21</sup>, Social Care (Self-directed Support) (Scotland) Act 2013<sup>22</sup> and the Person-centred Health and Care Portfolio<sup>23</sup>. Taken together these aim to ensure that support is based around personal preferences, needs and values, not the service, and individuals and families have informed choice about how their support is provided. The survey therefore asks a series of questions around experiences of using care services such as being treated with respect, and with compassion and understanding; whether the things that mattered to people were taken into account; and having a say in care and support provision.

### **Use of care services**

- 13.8 Respondents were asked to indicate if they had received any help or support for everyday living in the last 12 months and the type of support they received. Of those surveyed, 21 per cent indicated that they had received support and this is broken down in the table below by different types of support. Seventy nine per cent indicated that they did not receive any help and of these 3 per cent indicated that they felt they required help.

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<sup>21</sup> Self-directed support: A National Strategy for Scotland (2010)  
<http://www.scotland.gov.uk/Publications/2010/11/05120810/0>

<sup>22</sup> Social Care (Self-directed Support) (Scotland) Act 2013-  
<http://www.legislation.gov.uk/asp/2013/1/contents/enacted>

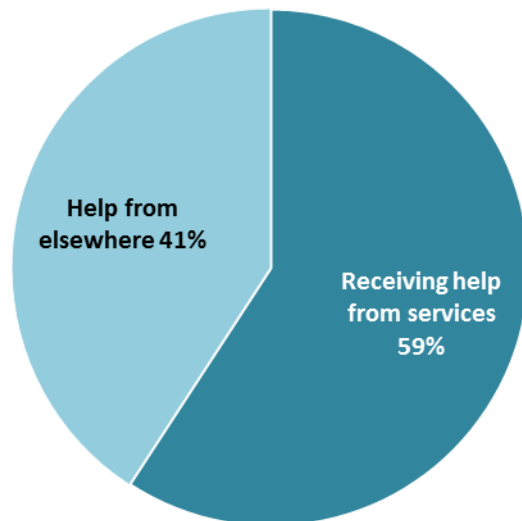
<sup>23</sup> Person-centred Health and Care Portfolio <http://www.scotland.gov.uk/Topics/Health/Policy/Quality-Strategy>

Table 20: Support including type of support for everyday living

<b>In the last 12 months have you had help or support with everyday living</b>	<b>%</b>
Yes personal and or household tasks	8
Yes adaptations/equipment for home	5
Yes activities outside home	4
Yes, help to look after someone else	3
No not had any help, but felt I needed it	3
No not had any help	76

13.9 Respondents who indicated that they received help and support for everyday living were asked to indicate whether this was from formal services (ie statutory, private or voluntary organisations including help they paid for). Fifty nine per cent indicated that their help was provided by services, suggesting that a sizeable proportion of people (41%) receive assistance with everyday living outwith formal service provision, perhaps from friends and family (Figure 21). This finding underlines the important contribution of unpaid carers to society in providing care to those that need it. In recognition of this, a major policy focus in recent years has been to enhance ways of protecting and supporting carers (see Section 14 on carers' experiences).

Figure 21: Did you get help from the services provided by, for example, the Council, NHS, voluntary organisations, or private agencies - including services you paid for?

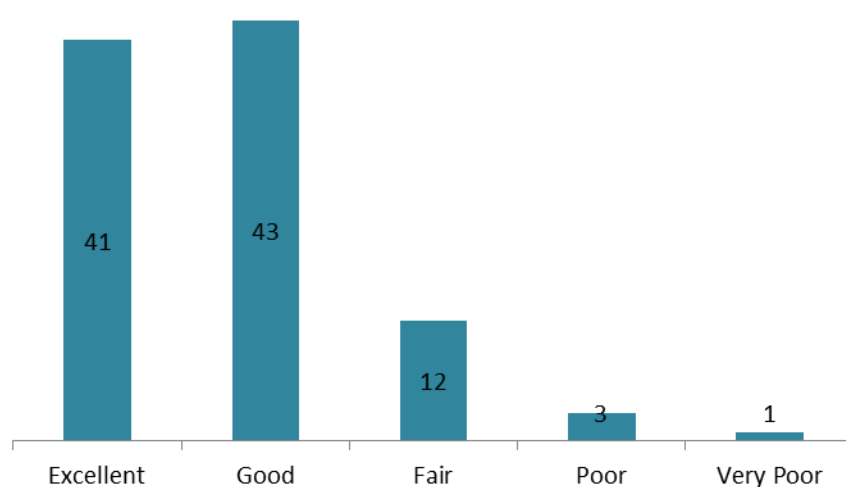


## Experiences of Care services

13.10 Respondents who indicated that they had received help and support for everyday living from services were asked to rate their overall experiences of these services. In total 84 per cent of respondents rated the overall help, care or support services as either excellent or good, with 4 per cent rating it as poor or very poor (Figure 22)

13.11 There was considerable variation between Community Health Partnerships (CHPs), with results ranging from 74 to 92 per cent.

Figure 22: Overall, how would you rate your help, care or support services



13.12 The survey also asked respondents about their experiences of care services by asking them how much they agreed or disagreed with the following eight statements:

- People took account of the things that matter to me
- I had a say in how my help, care or support was provided
- I was treated with respect
- I was treated with compassion and understanding
- My health and care services seemed to be well coordinated
- I was supported to live as independently as possible
- I felt safe
- The help, care or support improved or maintained my quality of life

13.13 Respondents were most positive about some aspects of person-centred care – 93 per cent reported that they were treated with respect, while 89 per cent indicated that they were treated with compassion and understanding (Table 21). Respondents also tended to be positive about service providers taking account of their preferences and values – 88 per cent reported that people took account of the things that matter to them.

- 13.14 On the other hand, respondents were less positive about other aspects of person-centred care, for example influencing how care is provided – 84 per cent indicated that they had a say in how their help, care or support was provided. These findings suggest that while many people are positive about the way they are treated, more could be done to ensure that people have a say in how their support is provided.
- 13.15 Respondents were least positive about the coordination of care - only 80 per cent indicated that their health and care services seemed to be well coordinated. A key aspiration of integration is to ensure that health and social care provision across Scotland is joined-up and seamless. However it appears that as the implementation of the integration policy and legislation approaches, one aspect of care about which users of care services are less positive is the co-ordination of that care.
- 13.16 Interestingly this is a consistent finding from the carers' questions in the survey; 19 per cent of carers felt that services were not well coordinated for the person they look after (see next section). Going forward it will be important to continue to monitor people's experiences of this aspect of care to assess whether the aspirations of joined-up care and seamless care are being realised.
- 13.17 On the questions around impact of services on user outcomes, 86 per cent indicated respectively that they felt safe and that the care or support improved or maintained their quality of life, while a similar proportion (84%) reported that they were supported to live as independently as possible (Table 21).
- 13.18 There was considerable variation between CHPs for all of these statements. The areas where there was most variation was on the coordination of health and care services - results ranged from 64 to 89 per cent across CHPs, and on the impact of support on quality of life – results ranged from 73 to 98 per cent.
- 13.19 The areas where there was least variation related to person-centred aspects of care for example 'people taking account of the things that matter to me' - results varied from 82 to 93 per cent. Similarly results to the statement about being treated with compassion and understanding varied from 81 to 95 per cent.
- 13.20 It's not clear the reasons for such variation between CHPs and whether they can be explained by differences in quality of services or in differences in individual respondent/ population characteristics such as deprivation and age within different CHPs or a combination of both. Further analysis of the data will be undertaken to explore the factors which influence variation in the experiences of social care service users.

Table 21: Summary of results of experiences of social care services

<b>Statement</b>	<b>Strongly agree/agree (% positive)</b>	<b>Neither agree/disagree (neutral)</b>	<b>Strongly disagree/disagree (% negative)</b>
People took account of the things that matter to me	88	9	3
I had a say in how my help, care or support was provided	84	12	4
I was treated with respect	93	6	2
I was treated with compassion and understanding	89	9	2
My health and care services seemed to be well coordinated	80	13	7
I was supported to live as independently as possible	84	12	3
I felt safe	86	11	3
The help, care or support improved or maintained my quality of life	86	11	3

### **The impact of quality of life on experiences**

13.21 We also looked at the influence of self-reported quality of life on the experiences of social care service users. In general positive scores tended to be higher amongst those who rated their quality of life more positively (Table 22). Perhaps unsurprisingly, the biggest difference can be seen in the responses to the statement ‘the help care or support improved or maintained my quality of life’; 91 per cent of those who rated their quality of life as very good indicated that their support improved their quality of life compared to 68 per cent of those who rated their quality of life as very bad.

13.22 Similarly, 90 per cent of those who rated their quality of life as very good rated their care services positively compared to 69 per cent of those who rated their quality of life as very bad (Table 22). Further analysis of the data will be undertaken to explore whether other factors influence variation in the experiences of social care service users.

Table 22: Breakdown of social care users positive scores by self-reported quality of life responses

<b>Question/ Statement</b>	<b>How would you rate your quality of life as a whole?</b>				
	Very good	Good	Alright	Bad	Very bad
How would you rate your help care and support services?	90	87	81	76	69
People took account of the things that matter to me	91	90	87	84	77
I had a say in how my help, care or support was provided	88	85	80	80	74
I was treated with respect	94	95	91	89	86
I was treated with compassion and understanding	91	91	87	84	84
My health and care services seemed to be well coordinated	87	83	76	72	67
I was supported to live as independently as possible	89	87	83	75	75
I felt safe	90	89	83	76	73
The help, care or support improved or maintained my quality of life	91	89	82	76	68



## 14 EXPERIENCES OF CARERS

### Summary

- Many people who need help for everyday living receive their support from friends and family not from formal services: our survey showed that 41 per cent did not receive their support from formal services.
- Carers were most positive about spending time with other people and having a good balance between caring and other activities.
- Carers were most negative about the impact of caring on their health (32% indicated that caring had a negative impact).
- Around 1 in 5 carers felt that they did not have a say in services provided for the cared for person, that services were not well coordinated and that they did not feel supported to continue caring.
- Those providing more hours of care were more negative about the balance of caring in their lives, being able to spend time with others and the impact of caring on their wellbeing compared to those providing fewer hours. However they were more positive than other groups about being able to influence services provided for the cared for person.
- There was considerable variation between CHPs for all of these statements, but particularly on the impact of caring on health and wellbeing and having a say in services for the cared for person.

### Introduction

- 14.1 The contribution of carers in looking after people including some of the most vulnerable in society is widely recognised. Many people who get help and support for everyday living receive it from friends and family instead of, or in addition to, formal services: our survey showed that 41 per cent did not receive their support from formal services, indicating that this may come from friends and family.
- 14.2 Caring can impact on carers in many ways and in doing so, affect their physical and mental health, resilience, finances, employment opportunities and the ability to strike a good balance between caring and participating in activities unrelated to the caring role. For those providing more intensive caring, they may have to consider making changes to their employment pattern or status such as reducing hours, stopping work or retiring early. Some carers get the support they need but others have difficulties accessing practical and emotional support to enable them to continue caring.

- 14.3 For some time a range of national and local organisations have been working together and individually to promote the important contribution made by carers in Scotland and to ensure that more is done to support carers. The Scottish Government with COSLA is implementing *Getting it Right for Young Carers*<sup>24</sup>, the Carers Strategy for Scotland, 2010-2015<sup>25</sup> and Local Authorities with Health Boards have local carers' strategies. Alongside this, the Scottish Government is investing nearly £114 million between 2007 and 2016 in a wide range of initiatives to support carers and young carers.
- 14.4 While it is recognised that progress has been made, the Scottish Government has recently consulted on whether to introduce specific legislation to improve support for carers, and to enhance carer wellbeing, thus promoting and extending the rights of carers and young carers. In addition as reported earlier the Scottish Government is currently consulting on a suite of health and wellbeing outcomes to provide a consistent framework for health and care partners to plan for, report and account for their activities around these outcomes. This includes a specific outcome relating to carers, although some of the other outcomes will also be relevant to carers. The draft carers' outcome is:
- Outcome 6: People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.
- 14.5 The health and care survey includes a series of questions on carers which encompass a number of different aspects of caring.

### **Caring responsibilities**

- 14.6 The survey asked respondents whether they had carried out any regular unpaid caring responsibilities for family members, friends, neighbours or others because of either a long-term physical /mental health/ disability or problem relating to old age.

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<sup>24</sup> Getting It Right For Young Carers: The Young Carers Strategy for Scotland: 2010 – 2015  
<http://www.scotland.gov.uk/Publications/2010/08/16095043/1>

<sup>25</sup> Caring Together: The Carers Strategy for Scotland 2010 – 2015:  
<http://www.scotland.gov.uk/Publications/2010/07/23153304/0>

14.7 Fifteen per cent of respondents indicated that they look after or provide regular help or support to others (Table 23). This figure is considerably higher than the Scottish Census (2011)<sup>26</sup> and Scottish Household Survey (SHS)<sup>27</sup> which both reported that 9 per cent of adults provide unpaid care in Scotland. The higher figure is likely to reflect the sample in the Health and Care survey which comprises people who have used GP services in the last year as well as the age profile of survey respondents. Older age groups are over represented in the survey as a whole compared to the population estimates and this group is more likely to provide unpaid care. Another reason for the difference is that it is recognised that the Census and the SHS undercount carers principally because of the effect of proxy responses in these surveys (i.e. where one member in the household answers the question on behalf of others). The Scottish Health Survey, which involves all household members answering the question directly, is currently the preferred source for estimating unpaid caring prevalence and this figure is 18 per cent<sup>28</sup>.

Table 23: Caring responsibilities

**Whether respondent provides regular help or support to others (family members, friends, neighbours or others) due to long-term physical / mental ill-health / disability or problems due to old age**

	%
No	85
Yes up to 4 hrs	4
Yes, 5-19hrs	4
Yes, 20-34hrs	1
Yes, 35-49hrs	1
Yes, 50+hours	5

14.8 Of those who provide care, the distribution of the number of hours per week is shown in Table 24. It shows that nearly 1 in 3 provided more than 50+ hours a week, while just over 1 in 4 reported that they provided up to 4 hours and 5-19 hours respectively:

Table 24: Distribution of number of hours of caring per week

<b>Hours of caring per week</b>	<b>%</b>
up to 4 hrs	28
5-19hrs	26
20-34hrs	10
35-49hrs	6
50+hours	31

<sup>26</sup> Census 2011: Release 2A. <http://www.scotlandscensus.gov.uk/news/census-2011-release-2a>

<sup>27</sup> Scotland's People Annual Report: Results from 2012 Scottish Household Survey: <http://www.scotland.gov.uk/Publications/2013/08/6973>

<sup>28</sup> Scottish Health Survey 2012 <http://www.scotland.gov.uk/Publications/2013/09/3684/0>

## Characteristics of carers

14.9 We looked at the age and gender of carers who responded to the survey. The breakdown of carers by age and gender is shown in Table 25. The highest proportion of carers (42%) is in the 50-64 year category while around one third of carers are over 65 years. The lowest proportion is among the younger adult group (6%) but this figure is much lower than other surveys as younger adults are under-represented in the health and care survey. A higher proportion of women respondents provide care (62% of women compared to 38% of men), although this is not matched in the 65 years or more group where a higher proportion of men provide care (42% of men compared to 28% of women) (Table 25).

Table 25: Characteristics of carers: age and gender

Age group	Male	Female	All adults
17-34	5	7	6
35-49	14	21	19
50-64	40	44	42
65+	42	28	33
All adults	38	62	

## Experiences of caring and impact on wellbeing

14.10 The survey asked carers about their experiences of caring and the impact on their wellbeing. Carers were asked how much they agreed or disagreed with the following 6 statements:

- I have a good balance between caring and other things in my life
- I am still able to spend enough time with people I want to spend time with
- Caring has had a negative impact on my health and wellbeing
- I have a say in services provided for the person I look after
- Services are well coordinated for the person(s) I look after
- I feel supported to continue caring

14.11 Table 26 sets out the positive, negative and neutral response to the above statements. We have reported per cent negative below, for example reporting the proportion of carers who felt that they didn't have a good balance between caring and other activities. This is because there was huge variability in the per cent positive responses which could be explained by a large proportion of the respondents ticking neutral ie neither agree or disagree.

- 14.12 In general responses were mixed. Carers were least negative about ability to spend enough time with others and balance between caring and other activities – 13 per cent reported that they were not able to spend enough time with other people and a similar proportion (14%) felt that they did not have a good balance between caring and other activities.
- 14.13 Carers were most negative about the impact of caring on their health (32% indicated that caring had a negative impact). In addition 1 in 5 carers indicated that did not have a say in services provided for the person they look after, while similar proportions of carers reported that these services were not well coordinated (19%) and that they did not feel supported to continue caring (18%) Table 26.
- 14.14 There was considerable variation between CHPs for all of these statements. The areas where there was most variation was on the following statements:
- Caring has a negative impact on my life – negative results ranged from 24% to 40%
  - I have a say in services for the person I look after – negative results ranged from 13% to 27%
- 14.15 It's not clear the reasons for such variation between CHPs and whether they can be explained by differences in quality and quantity of service provision or in differences in population characteristics such as deprivation and age within different CHPs or a combination of both. Further analysis of the data will be undertaken to explore the factors which influence variation in the experiences of carers.

Table 26: summary of carers experience of caring

<b>Statement</b>	<b>Positive %</b>	<b>Neutral (Neither agree/disagree) %</b>	<b>Negative %</b>
I have a good balance between caring and other things in my life	70	17	<b>13</b>
I am still able to spend enough time with people I want to spend time with	72	14	<b>14</b>
Caring has had a negative impact on my health and wellbeing	42	25	<b>32</b>
I have a say in services provided for the person I look after	49	30	<b>21</b>
Services are well coordinated for the person(s) I look after	48	33	<b>19</b>
I feel supported to continue caring	44	38	<b>18</b>

## Influence of intensity of caring and experience

- 14.16 We examined whether the intensity of caring makes a difference to the experience of carers. In general we found that those who provided more hours of care were more negative about the balance of caring in their lives, being able to spend time with others and the impact of caring on their wellbeing compared to those providing fewer hours. For example the balance in life gets worse as hours of caring increases - 4 per cent of carers who care for up to four hours per week responded negatively, while this increased to 20 per cent for those who care for more than 50 hours.
- 14.17 There were several exceptions to this. In particular the statement on influencing services for the cared for person - carers providing a higher level of support were more likely to indicate that they had a say in services: 16 per cent of those who provided 50 hours or more reported that they didn't have a say compared to 26 per cent of those who provided up to 4 hours.
- 14.18 There was also evidence that those in the middle groups, providing 5-49 hours, were slightly more negative around the coordination of services and support to continue caring compared to those in the bottom (4 hours) and top groups (over 50 hours). The latter finding may reflect that this 'middle' group of carers may receive little support from services or others to continue caring (Table 27).

Table 27: breakdown of carers experiences by intensity of caring

Statement	Up to 4 hours	5-19 hours	20-34 hours	35-49 hours	50+ hours	Scotland
I have a good balance between caring and other things in my life	4	13	17	20	20	<b>13</b>
I am still able to spend enough time with people I want to spend time with	5	13	18	20	24	<b>14</b>
Caring has had a negative impact on my health and wellbeing	21	30	36	39	41	<b>32</b>
I have a say in services provided for the person I look after	26	22	22	19	16	<b>21</b>
Services are well coordinated for the person(s) I look after	16	20	21	21	19	<b>19</b>
I feel supported to continue caring	11	21	22	23	21	<b>18</b>

## 15 PERSON CENTRED CARE

### Summary

- 15.1 Taken as a group, the survey results relating to person-centred care provided a mixed picture. Some characteristics reflective of person-centred care, such as staff listening to patients/service users and explaining things appropriately received amongst the most positive results in the survey.
- 15.2 However, questions relating to tailoring or involvement in services were less positively answered. Over a third of GP patients were not involved in decisions about their care and treatment as much as they would like, and users of care services scored 'I had a say in how my help, care or support was provided' as their lowest ranked statement.

### Introduction

- 15.3 An important element of the NHSScotland Quality Strategy<sup>4</sup> is to support person-centred care. Similarly, delivering person or patient centred care is one of the six core competencies required to be a trained general practitioner. It is based on the concepts of autonomy, human rights and choice.
- 15.4 The Person-centred Health and Care Portfolio has been established to support ways to enhance person centred care and support. This involves putting people at the centre of care, ensuring that care that is responsive to individual personal preferences, needs and values and assuring that individual values guide all care decisions.<sup>29</sup>

### Consultation with GP medical staff

- 15.5 A key area where person-centred would manifest itself is in consultations between patients and GP health professionals. In this regard, there were some very positive findings. There was high agreement that Doctors or Nurses listened to patients (95% and 96% respectively) and that the Doctor or Nurse talked to patients a way that helped them understand their condition and treatment (90% and 91% respectively).
- 15.6 Additionally, that staff had treated patients with respect was one of the few findings where responses had grown more positive since the last survey, albeit slightly (91% vs 90%).
- 15.7 However, a negative finding related to the involvement of patients in decisions about their care and treatment. Over a third of patients were not involved as much as they would like. The bulk of these were involved 'to some extent' however.

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<sup>29</sup> Person-centred Health and Care Portfolio <http://www.scotland.gov.uk/Topics/Health/Policy/Quality-Strategy>

- 15.8 Additionally, 'the doctor or nurse took account of the things that matter to me', a key aspect of person centred care, was the lowest scored statement in the set of questions for both doctors and nurses.

### **Out of Hours care**

- 15.9 Findings were very similar for out of hours care as for consultations with nurses and doctors. 'I felt I was listened to' and 'things were explained to me in a way I could understand' were the highest rated of the Out of Hours statements and 'taking account of the things that matter to me' was the least positively answered.

### **Social Care**

- 15.10 A high number of social care users agreed that they were treated with respect and were treated with compassion and understanding (93% and 89% respectively). However, their lowest scored statement again related to involvement in care: 'I had a say in how my help, care or support was provided' (84%).

### **Overall**

- 15.11 Taken together these findings suggest that health and care providers are generally good at listening to patients/service users, providing appropriate explanations and treating individuals well. All of which are foundations for person-centred care.
- 15.12 The findings relating to the involvement of patients and service users in their care and taking account of what matters to them suggest that these are being achieved to a lesser degree.
- 15.13 The question of what 'matters' is open to interpretation by the survey respondent. Further investigation would be required to establish the aspects of their situation that some respondents felt were not being taken account of. The free text comments left by respondents as part of the survey may offer some insight into this and these have been provided to GP practices, CHPs and Boards, and will be the subject of a separate Scottish Government report.



## **Annex 1: Survey Questionnaire**

## Annex 2: Positive Scoring

The table below shows which answers were classed as positive and which were classed as negative. The “Percent Positive Text” column shows how each question was rewritten for the Health and Care Survey report.

Answers such as “neither agree nor disagree” and “fair” were treated as neutral. Other answers such as “can’t remember / don’t know” and “not relevant” were excluded from the analysis.

2013/14 Question Number	Question Text	Percent Positive Text	High Positive	Low Positive	Negative
Q3	Thinking of the last time you contacted this GP practice by phone, how easy was it for you to get through?	It is easy to get through on the phone	Very easy	Fairly easy	Not easy
Q4	The last time you phoned the GP practice, how helpful was the person who answered?	Person answering the phone is helpful	Very helpful	Fairly helpful	Not very helpful; Not at all helpful
Q5	The last time you needed to see or speak to a doctor or nurse from your GP practice quite urgently, how long did you wait?	Can see or speak to a doctor or nurse within 2 working days	I saw or spoke to a doctor or nurse on the same day	I saw or spoke to a doctor or nurse within 1 or 2 working days	I waited more than 2 working days to see or speak to a doctor or nurse
Q7	If you ask to make an appointment with a doctor 3 or more working days in advance, does your GP practice allow you to?	Able to book a doctors appointment 3 or more working days in advance	N/A	Yes	No
Q8	When you arrange to see a doctor at your GP practice can you usually see the doctor you prefer?	Can usually see preferred doctor	N/A	Yes; I don't have a doctor I prefer to see	No

<b>2013/14 Question Number</b>	<b>Question Text</b>	<b>Percent Positive Text</b>	<b>High Positive</b>	<b>Low Positive</b>	<b>Negative</b>
Q9a	Overall how would you rate the arrangements for getting to see a doctor and/or nurse in your GP practice? Getting to see a doctor	Overall arrangements for getting to see a doctor	Excellent	Good	Poor; Very poor
Q9b	Overall how would you rate the arrangements for getting to see a doctor and/or nurse in your GP practice? Getting to see a nurse	Overall arrangements for getting to see a nurse	Excellent	Good	Poor; Very poor
Q11	Thinking about the last time your GP practice referred you to other health or care services, how would you rate the arrangements for getting to see other services?	Arrangements for getting to see other health and care services	Excellent	Good	Poor; Very poor
Q13	How helpful do you find the receptionists at your GP practice?	The receptionists are helpful	Very helpful	Fairly helpful	Not very helpful; Not at all helpful
Q14	How do you feel about how long you usually have to wait to be seen after you arrive at your GP practice?	Time waiting to be seen at GP practice	N/A	It is reasonable	It is too long
Q15b	Thinking about the last time you saw a doctor at your GP practice, how much do you agree or disagree with each of the following? The doctor listened to me	Doctors listen to patients	Strongly agree	Agree	Disagree; Strongly disagree
Q15c	Thinking about the last time you saw a doctor at your GP practice, how much do you agree or disagree with each of the following? I felt that the doctor had all the information needed to treat me	Patients feel that doctors have all the information they need to treat them	Strongly agree	Agree	Disagree; Strongly disagree

<b>2013/14 Question Number</b>	<b>Question Text</b>	<b>Percent Positive Text</b>	<b>High Positive</b>	<b>Low Positive</b>	<b>Negative</b>
Q15d	Thinking about the last time you saw a doctor at your GP practice, how much do you agree or disagree with each of the following? The doctor took account of the things that matter to me	Doctors take account of the things that matter to patients	Strongly agree	Agree	Disagree; Strongly disagree
Q15e	Thinking about the last time you saw a doctor at your GP practice, how much do you agree or disagree with each of the following? The doctor talked in a way that helped me understand my condition and treatment	Doctors talk in a way that helps patients to understand their condition and treatment	Strongly agree	Agree	Disagree; Strongly disagree
Q15f	Thinking about the last time you saw a doctor at your GP practice, how much do you agree or disagree with each of the following? I felt confident in the doctor's ability to treat me	Patients have confidence in doctors' ability to treat them	Strongly agree	Agree	Disagree; Strongly disagree
Q15g	Thinking about the last time you saw a doctor at your GP practice, how much do you agree or disagree with each of the following? I had enough time with the doctor	Patients have enough time with doctors	Strongly agree	Agree	Disagree; Strongly disagree
Q16b	Thinking about the last time you saw a nurse at your GP practice, how much do you agree or disagree with each of the following? The nurse listened to me	Nurses listen to patients	Strongly agree	Agree	Disagree; Strongly disagree
Q16c	Thinking about the last time you saw a nurse at your GP practice, how much do you agree or disagree with each of the following? I felt that the nurse had all the information needed to treat me	Patients feel that nurses have all the information they need to treat them	Strongly agree	Agree	Disagree; Strongly disagree

<b>2013/14 Question Number</b>	<b>Question Text</b>	<b>Percent Positive Text</b>	<b>High Positive</b>	<b>Low Positive</b>	<b>Negative</b>
Q16d	Thinking about the last time you saw a nurse at your GP practice, how much do you agree or disagree with each of the following? The nurse took account of the things that matter to me	Nurses take account of the things that matter to patients	Strongly agree	Agree	Disagree; Strongly disagree
Q16e	Thinking about the last time you saw a nurse at your GP practice, how much do you agree or disagree with each of the following? The nurse talked in a way that helped me understand my condition and treatment	Nurses talk in a way that helps patients to understand their condition and treatment	Strongly agree	Agree	Disagree; Strongly disagree
Q16f	Thinking about the last time you saw a nurse at your GP practice, how much do you agree or disagree with each of the following? I felt confident in the nurse's ability to treat me	Patients have confidence in nurses' ability to treat them	Strongly agree	Agree	Disagree; Strongly disagree
Q16g	Thinking about the last time you saw a nurse at your GP practice, how much do you agree or disagree with each of the following? I had enough time with the nurse	Patients have enough time with nurses	Strongly agree	Agree	Disagree; Strongly disagree
Q17	Are you involved as much as you want to be in decisions about your care and treatment?	Patients are involved as much as they want to be in decisions about their care and treatment	N/A	Yes, definitely	No, and I would like to be

2013/14 Question Number	Question Text	Percent Positive Text	High Positive	Low Positive	Negative
Q19	The last time this happened, did they have a discussion with you about your ability to work or get work?	Discussions about ability to work or get work	N/A	Yes, and it was useful	No, but I would have found it useful
Q21a	Thinking about the last time you had a blood test, x-ray or any other test arranged by your GP practice, how much do you agree or disagree with each of the following: It was explained to me why a test was needed	It is explained to patients why they need a test	Strongly agree	Agree	Disagree; Strongly disagree
Q21b	Thinking about the last time you had a blood test, x-ray or any other test arranged by your GP practice, how much do you agree or disagree with each of the following: I was satisfied with the length of time I waited for my test results	Patients are satisfied with the length of time they wait for results	Strongly agree	Agree	Disagree; Strongly disagree
Q21c	Thinking about the last time you had a blood test, x-ray or any other test arranged by your GP practice, how much do you agree or disagree with each of the following: I was satisfied with the way that I received the result	Patients are satisfied with the way they receive results	Strongly agree	Agree	Disagree; Strongly disagree
Q21d	Thinking about the last time you had a blood test, x-ray or any other test arranged by your GP practice, how much do you agree or disagree with each of the following: The results of the test were explained to me in a way I could understand	Test results are explained to patients in a way they can understand	Strongly agree	Agree	Disagree; Strongly disagree

<b>2013/14 Question Number</b>	<b>Question Text</b>	<b>Percent Positive Text</b>	<b>High Positive</b>	<b>Low Positive</b>	<b>Negative</b>
Q23a	Thinking about the last time you were prescribed medicines, how much do you agree or disagree with each of the following: It was easy enough for me to get my medicines	Patients find it easy enough for them to get their medicines	Strongly agree	Agree	Disagree; Strongly disagree
Q23b	Thinking about the last time you were prescribed medicines, how much do you agree or disagree with each of the following: I knew enough about what my medicines were for	Patients know enough about what their medicines are for	Strongly agree	Agree	Disagree; Strongly disagree
Q23c	Thinking about the last time you were prescribed medicines, how much do you agree or disagree with each of the following: I knew enough about how and when to take my medicines	Patients know enough about how and when to take their medicines	Strongly agree	Agree	Disagree; Strongly disagree
Q23d	Thinking about the last time you were prescribed medicines, how much do you agree or disagree with each of the following: I knew enough about possible side effects of my medicines	Patients know enough about side effects of medicines	Strongly agree	Agree	Disagree; Strongly disagree
Q23e	Thinking about the last time you were prescribed medicines, how much do you agree or disagree with each of the following: I would know what to do if I had any problems with my medicines	Patients know what to do if they have any problems with their medicines	Strongly agree	Agree	Disagree; Strongly disagree
Q23f	Thinking about the last time you were prescribed medicines, how much do you agree or disagree with each of the following: I took my prescription as I was supposed to	Patients take their prescription as they are supposed to	Strongly agree	Agree	Disagree; Strongly disagree

2013/14 Question Number	Question Text	Percent Positive Text	High Positive	Low Positive	Negative
Q24	In the past year do you believe a mistake was made in your treatment or care by your GP practice (including for example in test results, medicines prescribed, diagnosis)?	Patients believe a mistake was made in their treatment or care by their GP practice	N/A	No	Yes
Q25	Were you satisfied with how it was dealt with overall?	Overall rating of how mistakes are dealt with	N/A	Yes, completely	No
Q26a	How much do you agree or disagree with each of the following about how you are treated by the staff at your GP practice? I am treated with respect	Patients are treated with respect	Strongly agree	Agree	Disagree; Strongly disagree
Q26b	How much do you agree or disagree with each of the following about how you are treated by the staff at your GP practice? I am treated with compassion and understanding	Patients are treated with compassion and understanding	Strongly agree	Agree	Disagree; Strongly disagree
Q27	Overall, how would you rate the care provided by your GP practice?	Rating of overall care provided by GP practice	Excellent	Good	Poor; Very poor
Q31a	Thinking of the service in your answer to Q30, how much would you agree or disagree with the following about your experience? The time I waited was reasonable	The time patients wait for out of hours services is reasonable	Strongly agree	Agree	Disagree; Strongly disagree



2013/14 Question Number	Question Text	Percent Positive Text	High Positive	Low Positive	Negative
Q31b	Thinking of the service in your answer to Q30, how much would you agree or disagree with the following about your experience? I felt that the person had all the information needed to treat me	Patients feel that people have all the information they need to treat them	Strongly agree	Agree	Disagree; Strongly disagree
Q31c	Thinking of the service in your answer to Q30, how much would you agree or disagree with the following about your experience? I felt I was listened to	Patients feel that they are listened to	Strongly agree	Agree	Disagree; Strongly disagree
Q31d	Thinking of the service in your answer to Q30, how much would you agree or disagree with the following about your experience? Things were explained to me in a way I could understand	Things are explained to patients in a way they can understand	Strongly agree	Agree	Disagree; Strongly disagree
Q31e	Thinking of the service in your answer to Q30, how much would you agree or disagree with the following about your experience? I felt that I got the right treatment or advice	Patients feel they get the right treatment or advice	Strongly agree	Agree	Disagree; Strongly disagree
Q31f	Thinking of the service in your answer to Q30, how much would you agree or disagree with the following about your experience? I felt that people took account of the things that matter to me	Patients feel that people take account of the things that matter to them	Strongly agree	Agree	Disagree; Strongly disagree
Q32	Overall, how would you rate the care you experienced out of hours?	Rating of overall care provided out of hours	Excellent	Good	Poor; Very poor

2013/14 Question Number	Question Text	Percent Positive Text	High Positive	Low Positive	Negative
Q36a	How much do you agree or disagree with the following about your care, support and help services – excluding the care and help you get from friends and family - over the past 12 months? People took account of the things that matter to me	People take account of the things that matter to service users	Strongly agree	Agree	Disagree; Strongly disagree
Q36b	How much do you agree or disagree with the following about your care, support and help services – excluding the care and help you get from friends and family - over the past 12 months? I had a say in how my help, care or support was provided	Service users have a say in how their help, care or support is provided	Strongly agree	Agree	Disagree; Strongly disagree
Q36c	How much do you agree or disagree with the following about your care, support and help services – excluding the care and help you get from friends and family - over the past 12 months? I was treated with respect	Service users are treated with respect	Strongly agree	Agree	Disagree; Strongly disagree
Q36d	How much do you agree or disagree with the following about your care, support and help services – excluding the care and help you get from friends and family - over the past 12 months? I was treated with compassion and understanding	Service users are treated with compassion and understanding	Strongly agree	Agree	Disagree; Strongly disagree
Q36e	How much do you agree or disagree with the following about your care, support and help services – excluding the care and help you get from friends and family - over the past 12 months? My health and care services seemed to be well coordinated	Service users' health and care services seem to be well coordinated	Strongly agree	Agree	Disagree; Strongly disagree

2013/14 Question Number	Question Text	Percent Positive Text	High Positive	Low Positive	Negative
Q36f	How much do you agree or disagree with the following about your care, support and help services – excluding the care and help you get from friends and family - over the past 12 months? I was supported to live as independently as possible	Service users are supported to live as independently as possible	Strongly agree	Agree	Disagree; Strongly disagree
Q36g	How much do you agree or disagree with the following about your care, support and help services – excluding the care and help you get from friends and family - over the past 12 months? I felt safe	Service users feel safe	Strongly agree	Agree	Disagree; Strongly disagree
Q36h	How much do you agree or disagree with the following about your care, support and help services – excluding the care and help you get from friends and family - over the past 12 months? The help, care or support improved or maintained my quality of life	The help, care or support improves service users' quality of life	Strongly agree	Agree	Disagree; Strongly disagree
Q37	Overall, how would you rate your help, care or support services?	Rating of overall help, care or support services	Excellent	Good	Poor; Very poor
Q45a	How much do you agree or disagree with the following about how you feel as a carer most of the time? I have a good balance between caring and other things in my life	Carers have a good balance between caring and other things in their life	Strongly agree	Agree	Disagree; Strongly disagree

<b>2013/14 Question Number</b>	<b>Question Text</b>	<b>Percent Positive Text</b>	<b>High Positive</b>	<b>Low Positive</b>	<b>Negative</b>
Q45b	How much do you agree or disagree with the following about how you feel as a carer most of the time? I am still able to spend enough time with people I want to spend time with	Carers are still able to spend enough time with people they want to spend time	Strongly agree	Agree	Disagree; Strongly disagree
Q45c	How much do you agree or disagree with the following about how you feel as a carer most of the time? Caring has had a negative impact on my health and wellbeing	Caring has had a negative impact on carers' health and wellbeing	Strongly disagree	Disagree	Agree; Strongly agree
Q45d	How much do you agree or disagree with the following about how you feel as a carer most of the time? I have a say in services provided for the person I look after	Carers have a say in the services provided for the person they look after	Strongly agree	Agree	Disagree; Strongly disagree
Q45e	How much do you agree or disagree with the following about how you feel as a carer most of the time? Services are well coordinated for the person(s) I look after	Services are well coordinated for the people carers look after	Strongly agree	Agree	Disagree; Strongly disagree
Q45f	How much do you agree or disagree with the following about how you feel as a carer most of the time? I feel supported to continue caring	Carers feels supported to continue caring	Strongly agree	Agree	Disagree; Strongly disagree

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ISSN < ISSN number >

ISBN < ISBN number >

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ISBN: 978-1-78412-509-7 (web only)

The Scottish Government  
St Andrew's House  
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Produced for the Scottish Government by APS Group Scotland  
DPPAS30470 (05/14)

Published by the Scottish Government, May 2014