

# **Health and Care Experience Survey 2021/22**

## **National Results**

**May 2022**

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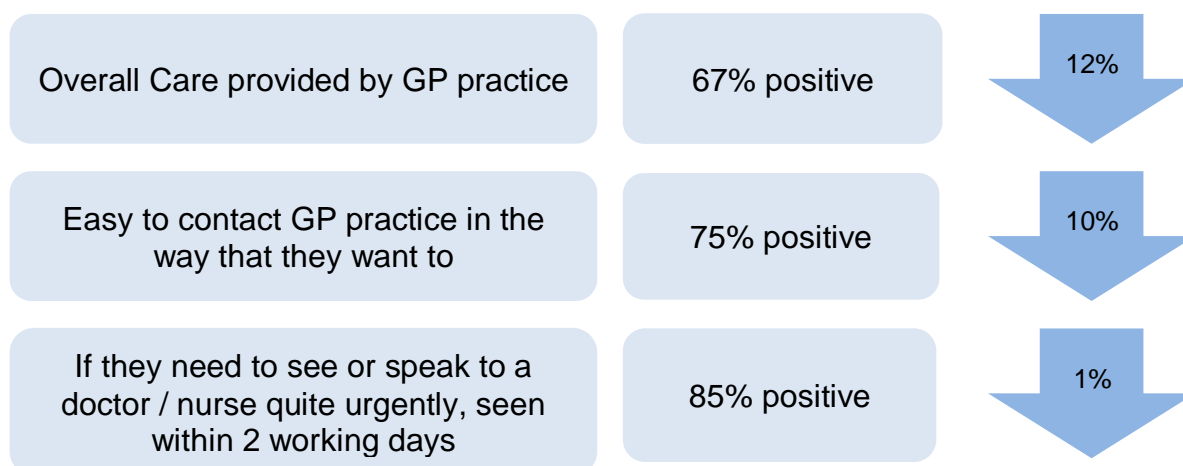
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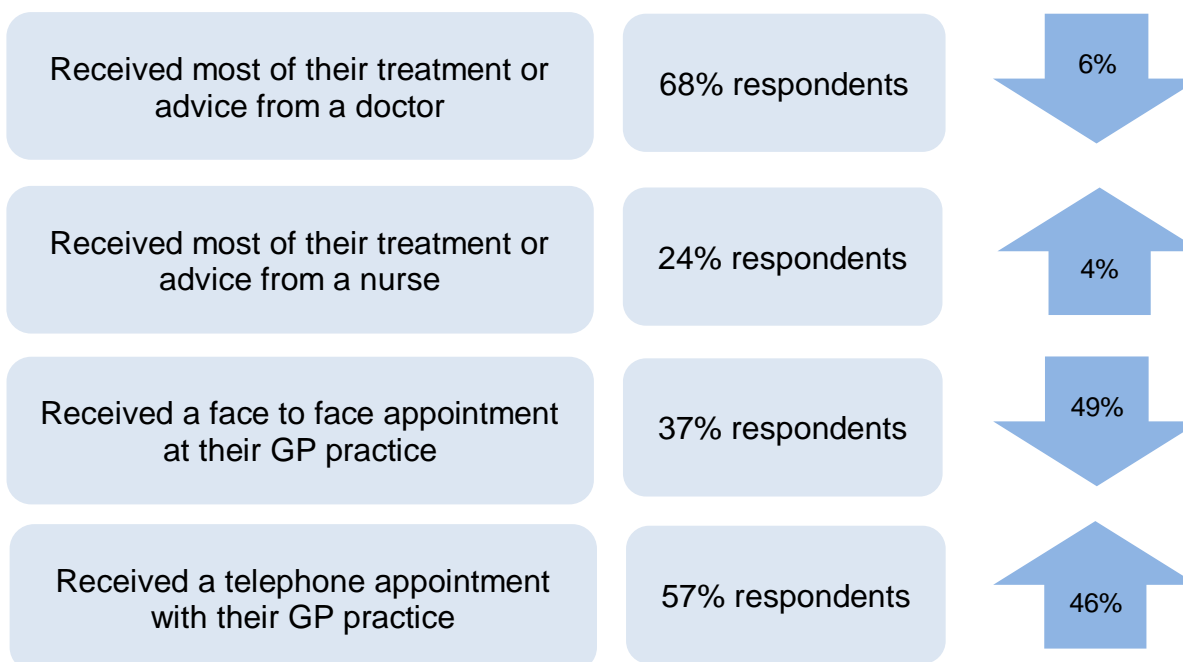
## 1. Key Findings

Over 130,000 individuals registered with a GP practice in Scotland responded to the 2021/22 Health and Care Experience Survey, giving an overall response rate of 24%. The survey asked about people's experiences, during the previous 12 months, of accessing and using their GP practice and other local healthcare services; receiving care, support and help with everyday living; and caring responsibilities. The main results from the 2021/22 survey, compared to the 2019/20 survey, are:

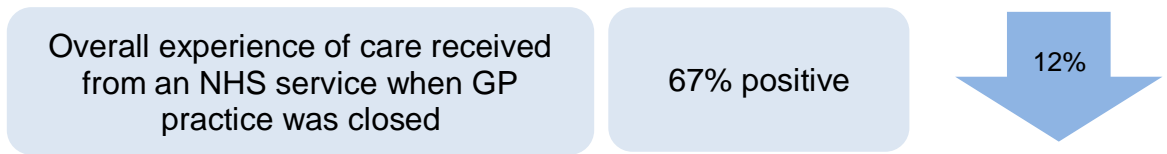
### The GP Practice



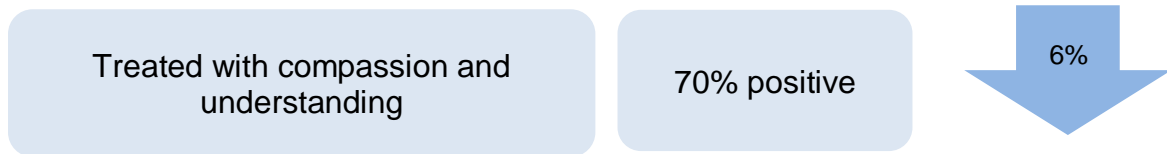
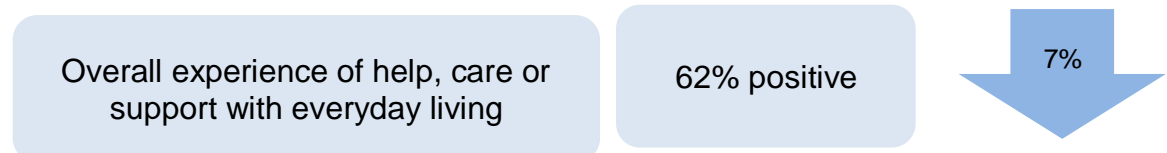
### Recent Treatment or Advice from the GP Practice



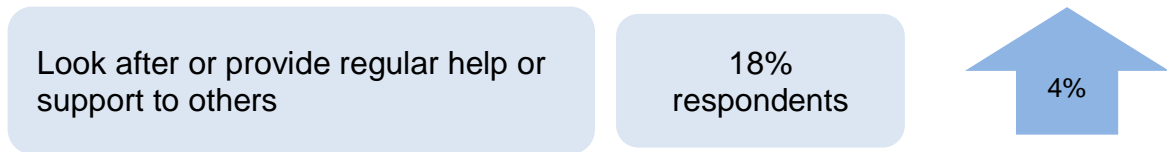
## Out of Hours Care



## Care, Support and Help with Everyday Living



## Experiences of Carers



## 2. About the Survey

The Scottish Health and Care Experience Survey is a postal survey which was sent to a random sample of people who were registered with a GP in Scotland on the 6<sup>th</sup> October 2021. The survey has been run every two years since 2009 and forms part of the **Scottish Care Experience Survey Programme**, which is a suite of national surveys aiming to provide local and national information on the quality of health and care services from the perspective of those using them.

Questionnaires were sent out in November 2021 asking about people's experiences during the previous 12 months.

The focus of this report is on the national results of the survey. Respondents were able to provide free-text comments at the end of each section of the questionnaire. Free-text comments have been added in speech bubbles to the report to provide contextual information. Comments selected for inclusion are those where there is no risk of identifying the respondents and the comment typical of other comments on the topic. A copy of the questionnaire can be found as a supporting file to the Technical Report.

Throughout this report, with the exception of the data in Annex B, analysis is presented as weighted average percentages. Weighting the results in this way provides results which are more representative of the population of Scotland as a whole.

Results for each GP practice, GP Cluster, Health and Social Care Partnership and NHS Board, as well as time series trends where applicable, are available via an [online dashboard hosted by Public Health Scotland](#).

### Aims

The survey's specific aims were to:

#### National results

- inform national planning and monitoring performance;
- monitor the NHS Scotland Local Delivery Plan standards<sup>1</sup> on accessing GP services;
- inform nine out of the 23 [health and wellbeing outcomes indicators](#) under the Public Bodies (Joint Working) (Scotland) Act 2014.

#### For local improvement

- provide GP practices with structured feedback on people's experiences of their service relative to other practices in Scotland;

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<sup>1</sup> [www.gov.scot/About/Performance/scotPerforms/NHSScotlandperformance/GP-LDP](http://www.gov.scot/About/Performance/scotPerforms/NHSScotlandperformance/GP-LDP)

- provide NHS Boards, Health & Social Care Partnerships and GP Clusters with information about people's experiences in their respective areas and between local areas.

## Context

The Care Experience Programme supports three strategic objectives for both the Scottish Government and NHS Scotland – that care be safe, effective and person centred. It does this by providing a basis for the measurement of quality as experienced by people across Scotland.

In addition, the programme supports the Chief Medical Officer's vision that, by 2025, we will support the Health and Social Care workforce to practice Realistic Medicine, thereby enabling the delivery of high quality and personalised care to the people of Scotland.

Fieldwork for the 2021/22 survey was carried out during the COVID-19 pandemic. Therefore, there were a number of important changes to how services are provided that should be taken into account when making comparisons with previous surveys:

- Guidance was issued to GP practices not to treat patients face to face unless clinically necessary.
- Social distancing was introduced in practices.
- While there were more remote consultations, electronic booking systems were used less as existing systems couldn't screen for COVID-19 symptoms.
- There was a requirement to wear face masks when attending GP practices. There is a general exemption to the legal requirement to wear face masks if you are seeking medical treatment, but masks were generally preferred.
- Practices were advised that they did not have to register patients if they already have a GP locally. This was to prevent patients swamping neighbouring practices if their own was temporarily afflicted by COVID-19 absences.
- Early in the pandemic, local carer organisations transitioned to remote working.
- There were changes to a range of social care services. Building based respite and day services were paused earlier on in the pandemic.

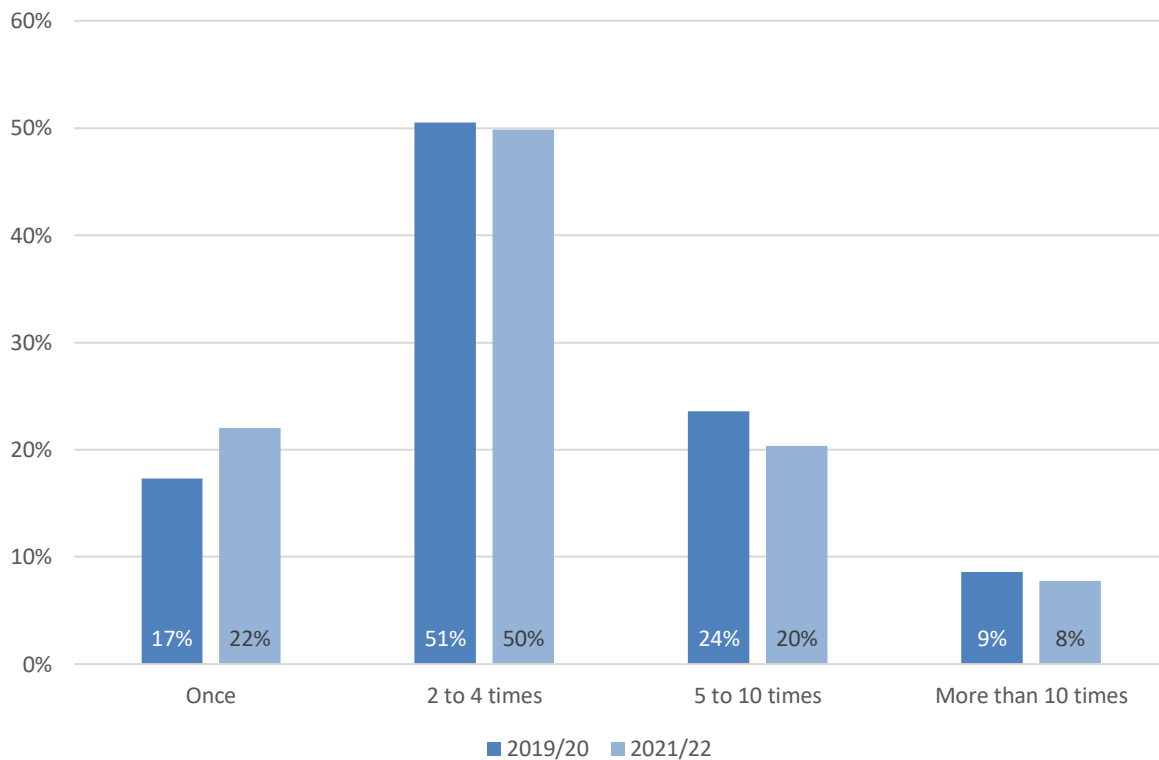
### 3. The GP Practice

#### Contacting the GP Practice

The survey asked respondents when they had last contacted the GP practice named on the survey letter. Fewer respondents (77%) had contacted the named GP practice in the last twelve months than in 2019/20 (86%).

For those who had contacted their GP practice in the last twelve months<sup>2</sup>, fewer patients contacted their GP practice on multiple occasions compared to previous years, with an increase in the percentage of patients contacting their practice on only one occasion, from 17% in 2019/20 to 22% in 2021/20.

**Figure 3.1: How often have you contacted this GP Practice in the last 12 months?**

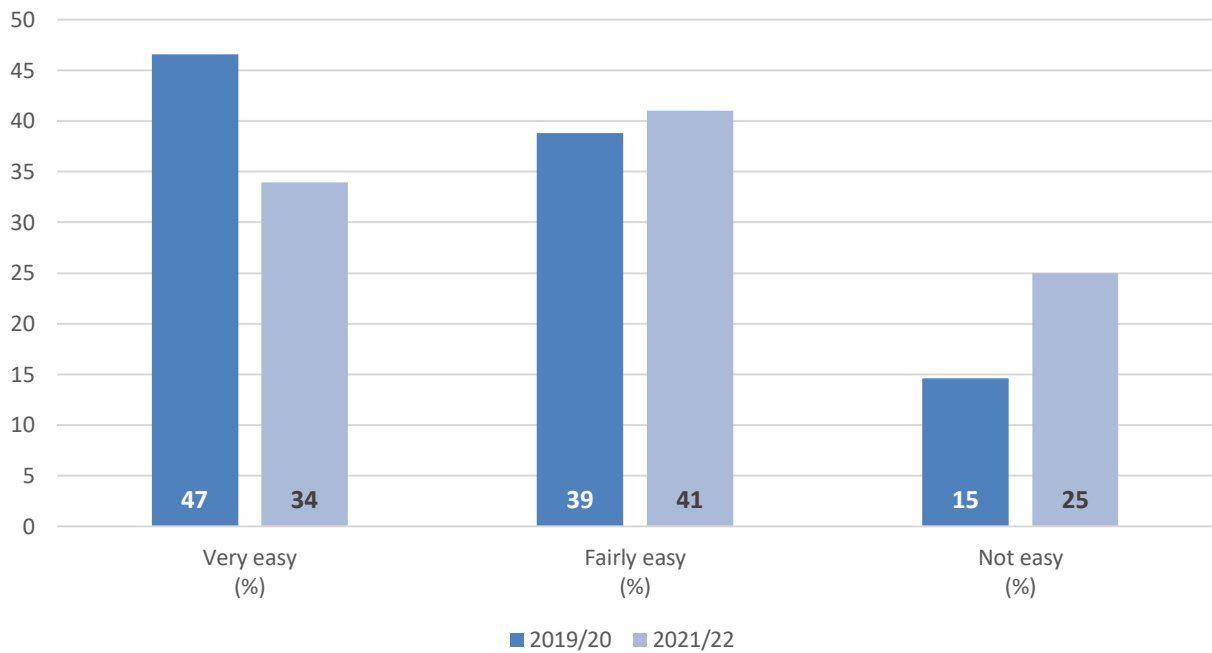


This increase in patients contacting their GP practice only once may be related to the sharp drop in percentage of people finding it easy to contact their GP practice in the way that they want. Three quarters of respondents (75%) found it easy to contact the GP practice in the way that they want compared to 85% in the 2019/20 survey. Conversely, the proportion of people who found it not easy to contact their GP Practice in the way that they want increased from 15% to 25%,

<sup>2</sup> Those who had not attended the GP practice named in the last twelve months or attend a different GP practice were asked to skip questions on the GP practice and move on to the next section.



**Figure 3.2: How easy is it for you to contact your GP Practice in the way that you want?**



## Receptionists

Respondents were asked how they would rate the quality of the information provided by the receptionist at their GP practice.

“Receptionists are helpful and give advice on the situation at the surgery.”

Just over two thirds of people (67%) rated the quality of information positively (‘Excellent’ or ‘Good’). This is a decrease of 10% compared with 2019/20 when 76% of respondents rated quality of information provided by the receptionist positively.

“Feel receptionists could be more compassionate and understanding when you ask to see a doctor face to face.”

## Access to Appointments

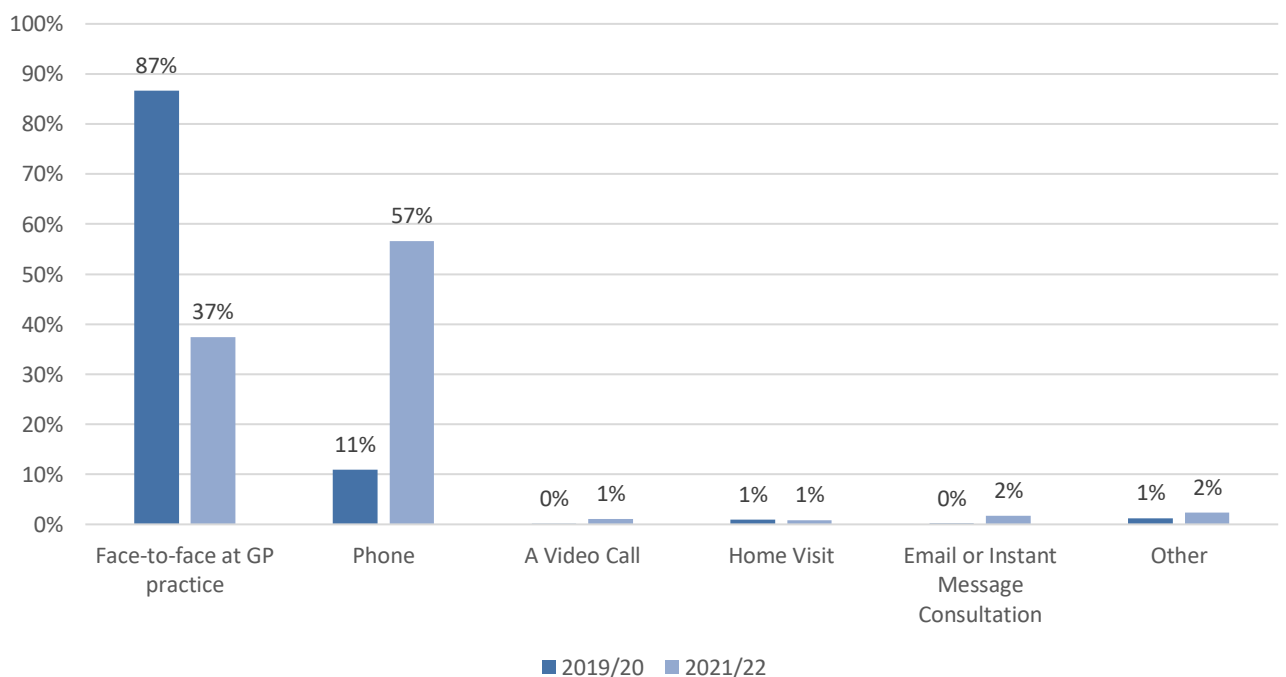
Respondents were asked how long they had to wait the last time they needed to see or speak to a doctor or a nurse from their GP practice quite urgently. Of those who had needed to see or speak to a doctor / nurse, 85% were able to do so within two working days. This is similar to 2019/20 (86%).

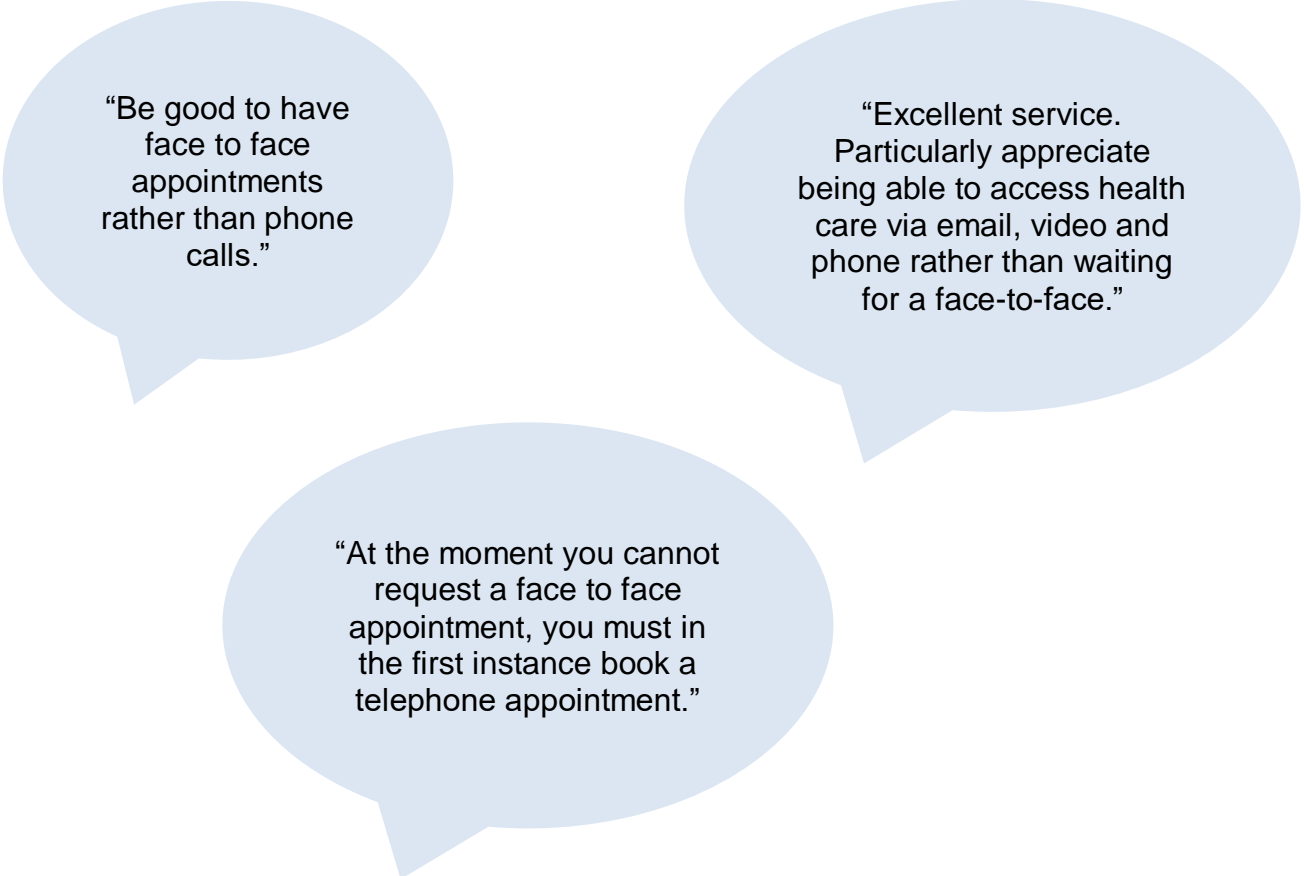
“Appointment availability more days in advance. At the moment have to call first thing in the morning to try and get an appointment and lines are always busy.”

“I do not understand why a routine appointment cannot be made well in advance.”

Respondents were asked whether the appointment they got was face to face at the GP practice or via phone or video call or a home visit. The majority (57%) of respondents had a telephone appointment (11% in 2019/20), with just 37% of respondents having a face-to-face appointment (87% in 2019/20). The number receiving home visits or video calls remained low (1% and 2% respectively). Similarly, only 2% of people reported having an email or instant message consultation.

**Figure 3.3: The last time you needed an appointment with your GP practice, what kind of appointment did you get?**





“Be good to have face to face appointments rather than phone calls.”

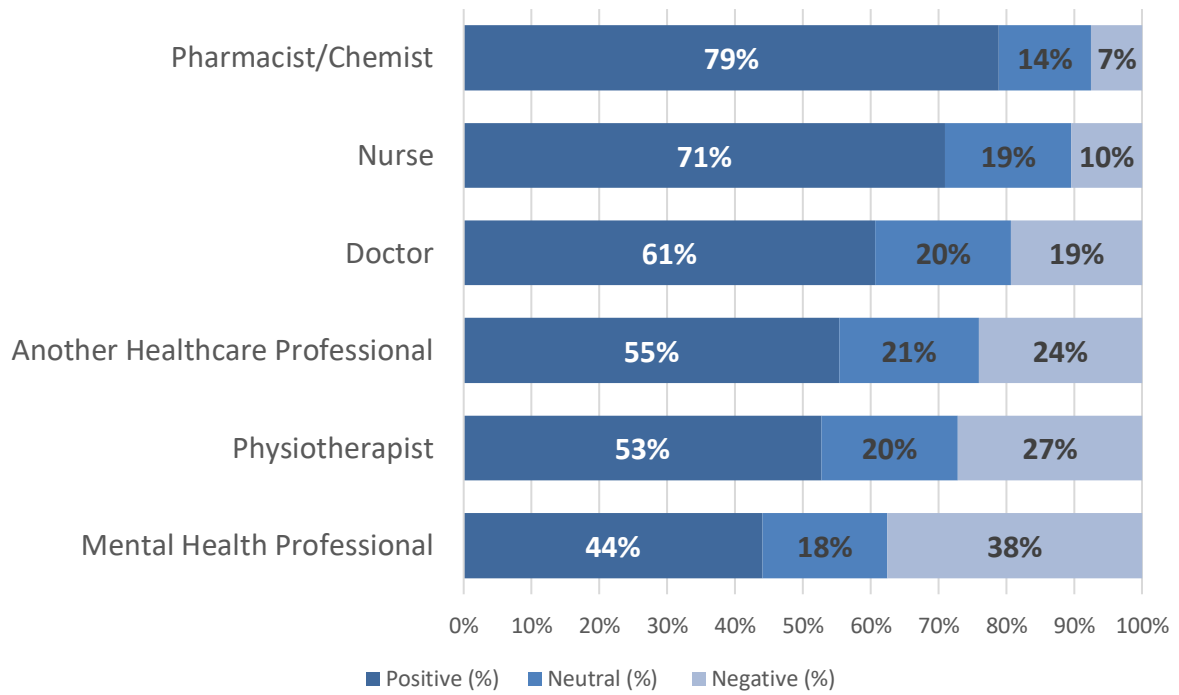
“Excellent service. Particularly appreciate being able to access health care via email, video and phone rather than waiting for a face-to-face.”

“At the moment you cannot request a face to face appointment, you must in the first instance book a telephone appointment.”

### **Overall Arrangements to See a Healthcare Professional**

Respondents were asked to rate the arrangements for getting to see various healthcare professionals in their GP practice. The most positive arrangements were those to see a Pharmacist/Chemist (79%), whilst the least positive arrangements were those for getting to see a Mental Health Professional (44%). Overall arrangements were rated similarly to 2019/20.

**Figure 3.4: Overall ratings for arrangements for getting to see a healthcare professional:**



## 4. Recent Treatment or Advice from the GP Practice

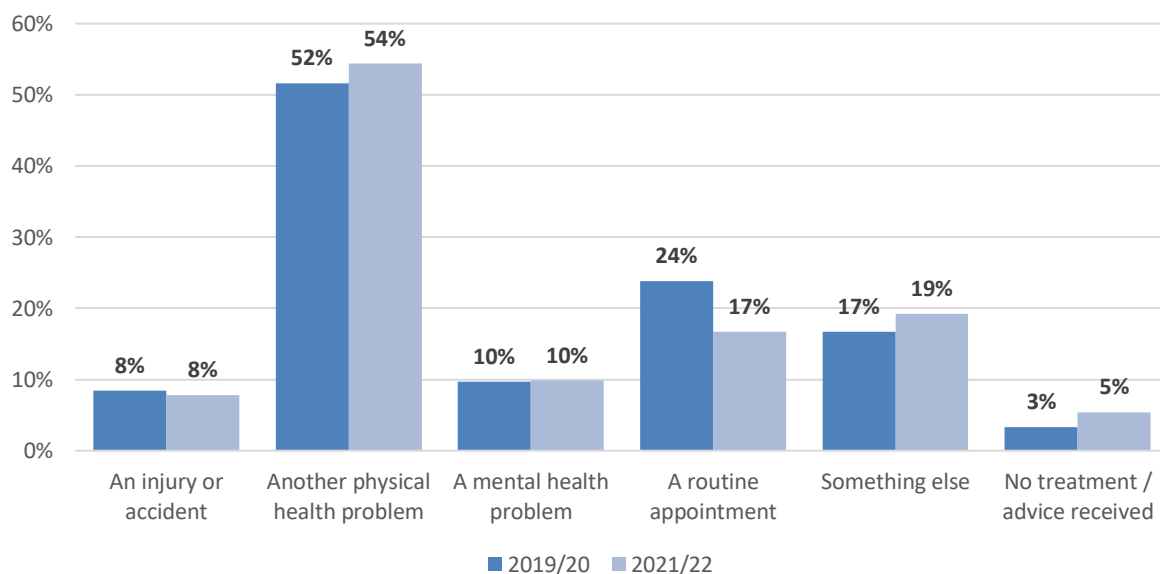
### Most Recent Treatment or Advice

Those who had contacted their GP practice within the last twelve months were asked, if they had received treatment or advice at their GP practice in this time and what they had received treatment or advice for.

Respondents were asked to tick all the reasons for treatment or advice that applied to them and Figure 4.1 details the total proportion of people selecting each reason. Five per cent of people did not receive any treatment or advice.

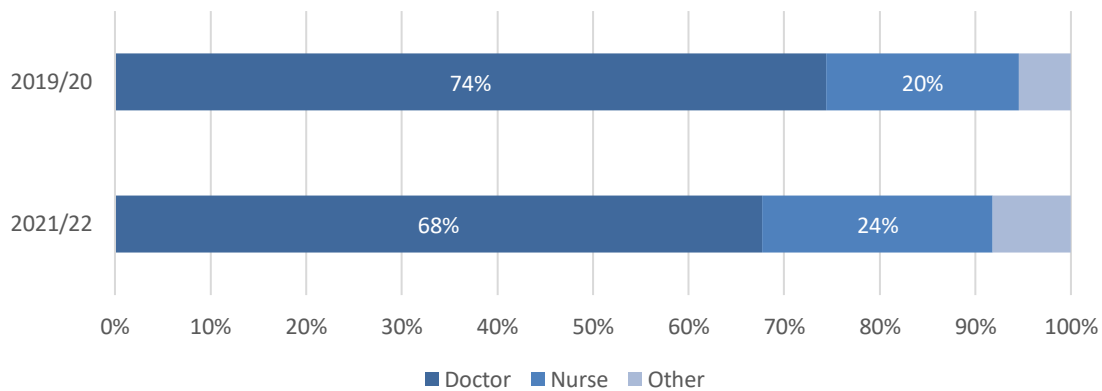
The vast majority (88%) of those who had received treatment or advice had selected only one reason for seeking treatment or advice. Only 2% of people selected three or more reasons for seeking treatment or advice.

**Figure 4.1: What did you receive treatment or advice for?**



The last time treatment or advice had been received from the GP practice, most of that treatment or advice was provided by a doctor (68%), a nurse (24%) or another healthcare professional (8%). This is a slight decrease in people seeing doctors compared to 2019/20 (74%), with a corresponding increase in patients being seen by nurses.

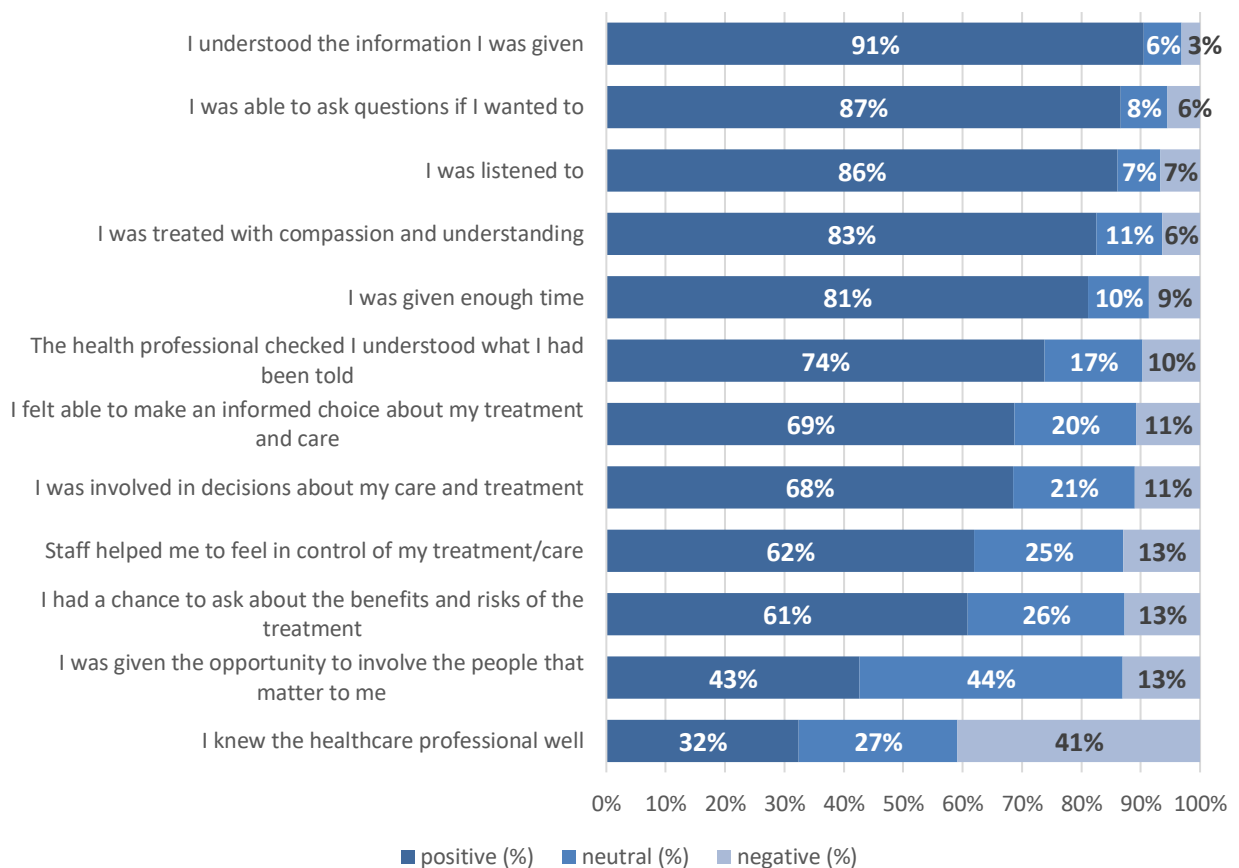
**Figure 4.2: What type of healthcare professional did you receive most of your treatment or advice from?**



### Experience of Care

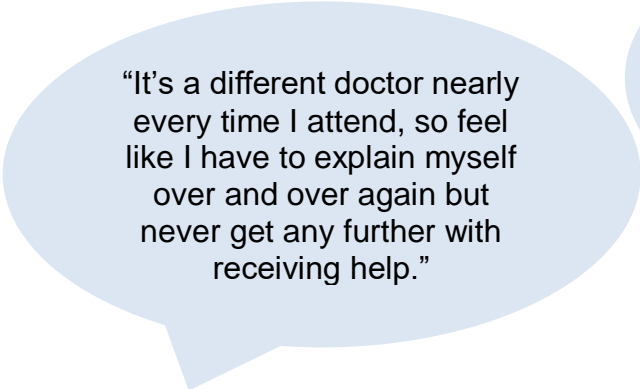
Respondents were asked whether they agreed or disagreed with twelve statements relating to their experience of care the last time they received treatment or advice at their GP practice.

**Figure 4.3: Summary of responses to person-centred statements**

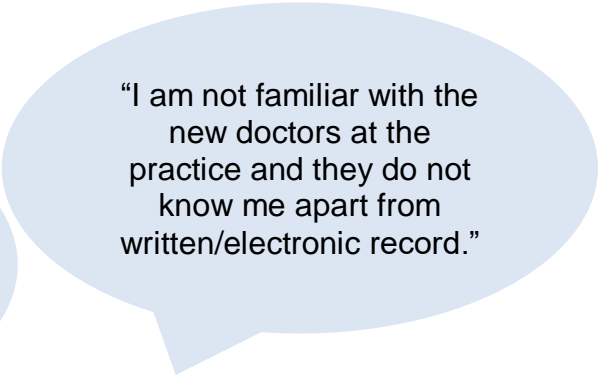


The most positively rated statements were 'I understood the information I was given' with 91% respondents rating it positively.

The statement with the lowest positive rating was 'I knew the healthcare professional well', with less than a third of people (32%) rating it positively. This statement also has a significantly higher negative rating (41%) than the other statements. However, those who had contacted their GP practice more frequently in the last twelve months were more likely to respond positively to this statement.

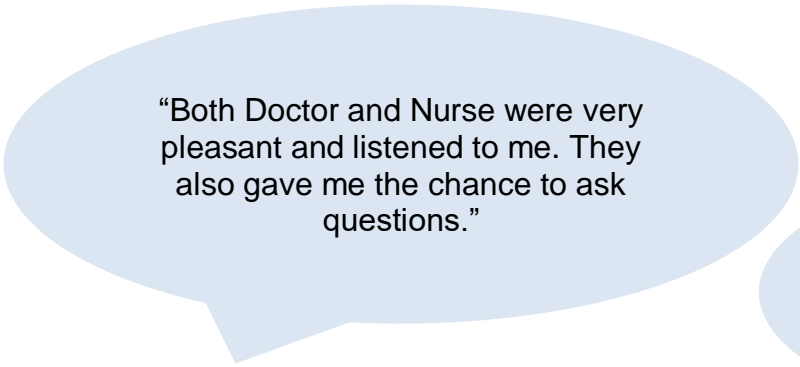


"It's a different doctor nearly every time I attend, so feel like I have to explain myself over and over again but never get any further with receiving help."




"I am not familiar with the new doctors at the practice and they do not know me apart from written/electronic record."

Looking at the per cent positive ratings based on whether most of the treatment or advice was provided by a doctor or a nurse, these were broadly consistent with the overall ratings as can be seen in Figure 4.3 with doctors consistently scoring slightly more positively than nurses.



"Both Doctor and Nurse were very pleasant and listened to me. They also gave me the chance to ask questions."



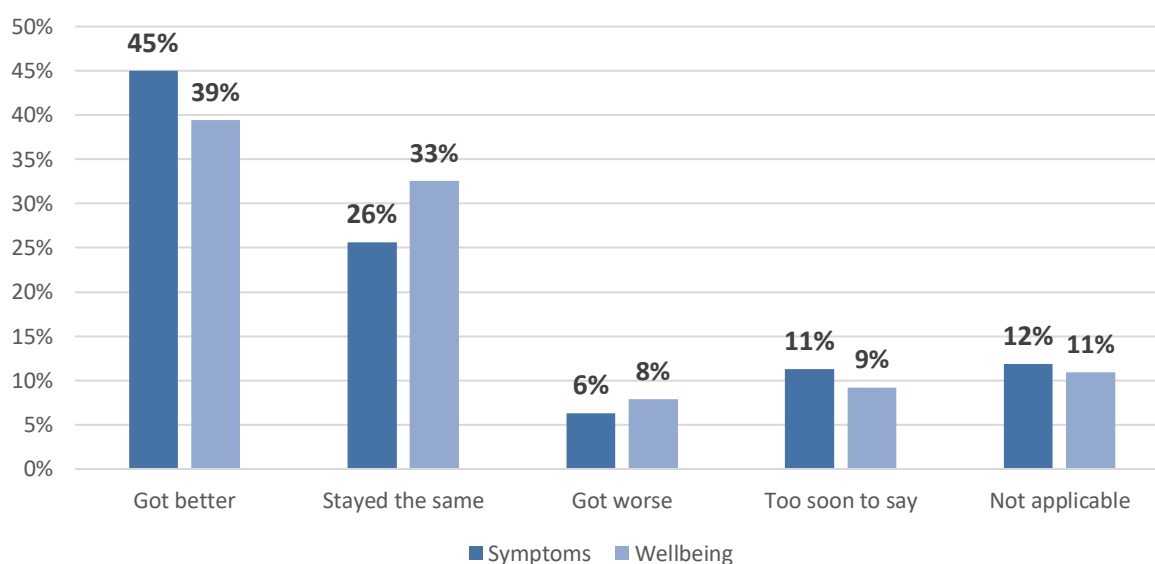
"My GP is excellent and involves me in any decisions/actions she takes."

## Effects of Treatment or Advice

Thinking about the care that they had received from a GP practice, people were asked to describe the effect that the treatment or advice had on both the symptoms they were experiencing and their overall wellbeing. Around a fifth of people either felt that it was too soon to say or that this was not applicable to them.

Of those who were able to describe the effects, most people reported that they had got better with their symptoms more likely to improve than their wellbeing (45% vs. 39%). Very few selected 'Got worse' but around a third reported that their wellbeing had remained about the same and around a quarter reported that their symptoms remained the same. See Figure 4.4.

**Figure 4.4: The effects of most recent instance of treatment or advice from the GP practice**

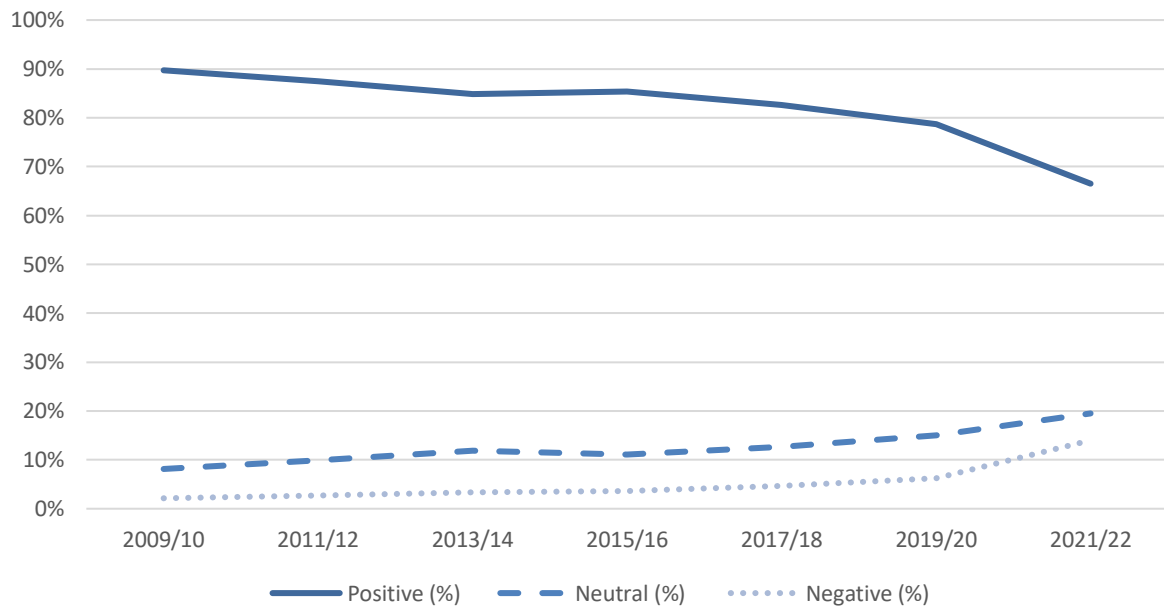




## Overall Experience of Care provided by the GP Practice

When asked to rate the care provided by their GP practice overall, 67% of people rated it positively. This is a decrease of twelve percentage points compared to the previous survey and a decrease of twenty three percentage points compared to the first Health & Care Experience Survey in 2009/10, as shown in Figure 4.5.

**Figure 4.5: Overall rating of care provided by the GP practice**



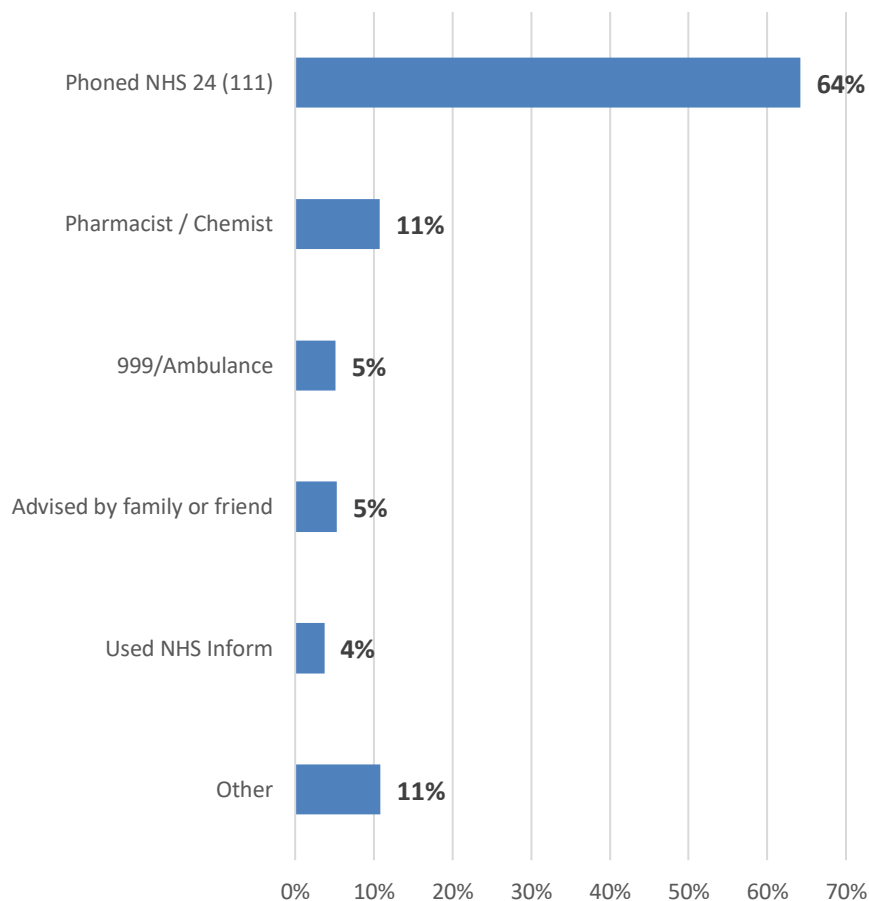
## 5. Out of Hours Healthcare<sup>3</sup>.

### NHS services contacted when the GP practice was closed

In the last 12 months 15% of people contacted an NHS service when they wanted to see a GP, but the GP practice was closed.

These respondents were asked to think about the last time they tried to get treatment when their GP practice was closed and asked whom they contacted first. The overwhelming majority (64%) contacted NHS 24 (111) first with only 4% using the NHS Inform website first.

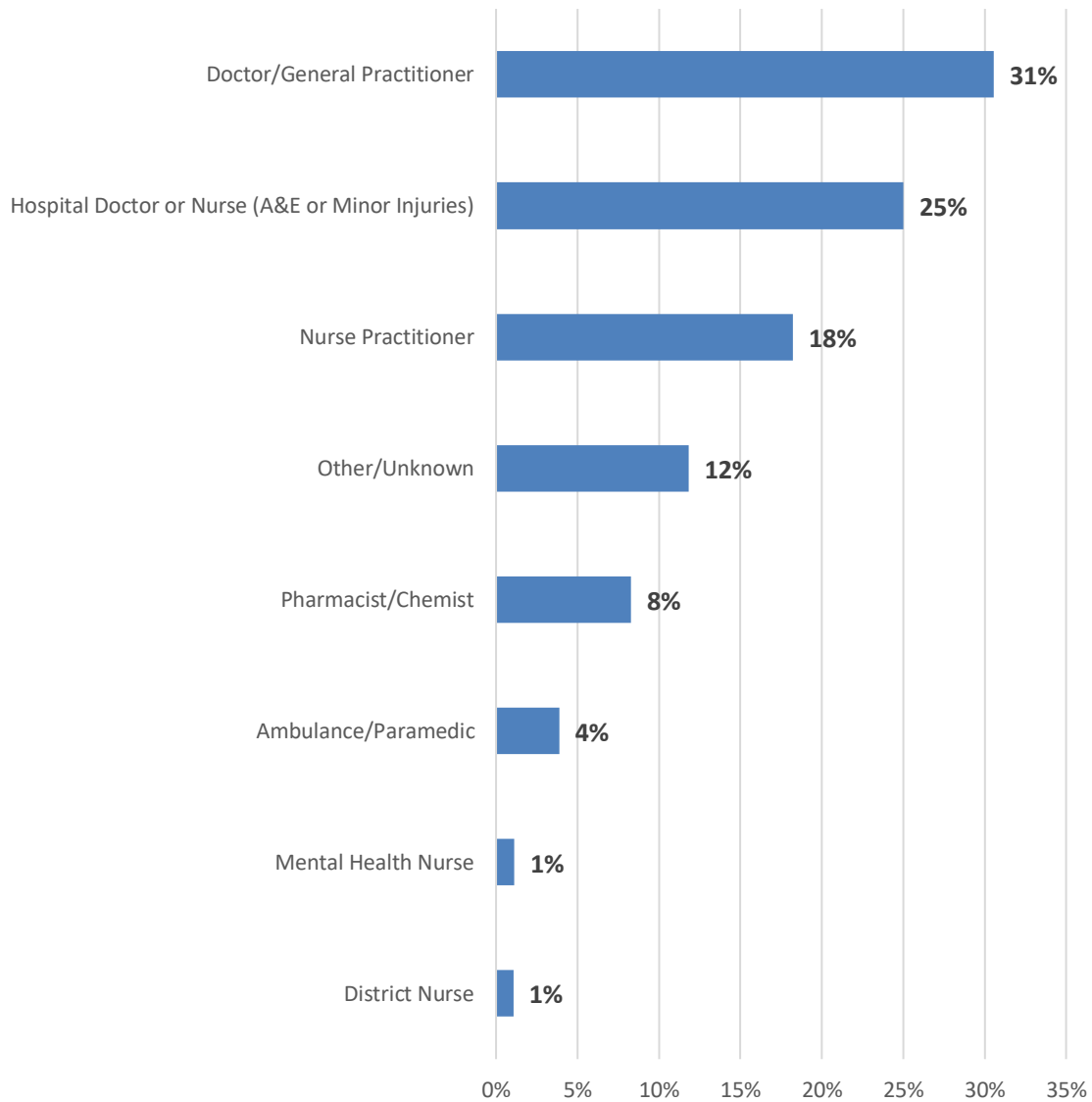
**Figure 5.1: ... the last time you tried to get treatment in the last 12 months when your GP practice was closed. Whom did you contact first?**



31% of respondents received their treatment or advice from a Doctor/General Practitioner with 25% receiving their treatment or advice from a Hospital Doctor or Nurse at A&E or Minor Injuries.

<sup>3</sup> The OOH period is defined as: the period beginning at 6.30 pm from Monday to Thursday and ending at 8.00 am the following day; the period between 6.30 pm on Friday and 8.00 am the following Monday; and Christmas Day, New Year's Day and other public or local holidays.

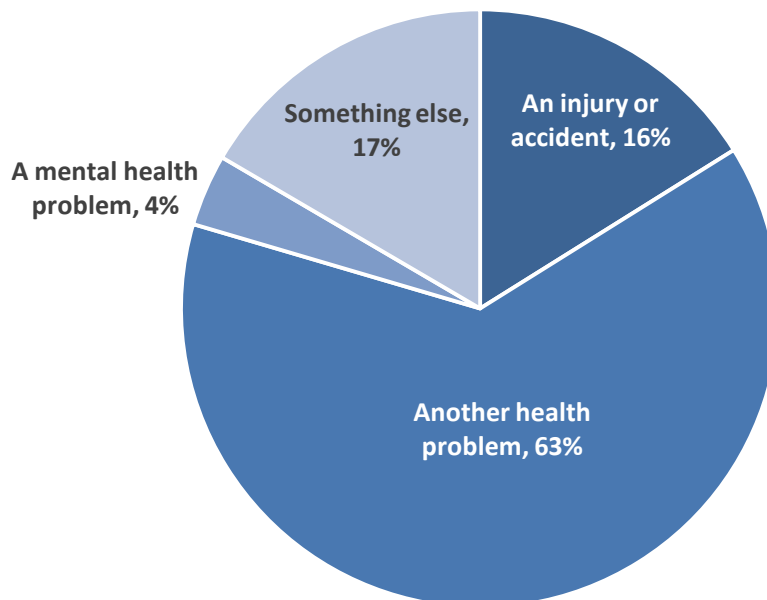
**Figure 5.2: Who did you receive most of your treatment or advice from?**



57% of respondents received that treatment or advice over the telephone while 37% travelled to a hospital/location. Only 1% of respondents received treatment or advice using a video call while 4% were seen at home.

Figure 5.3 shows that the majority of those who contacted an OOH service sought treatment or advice for a physical health problem (63%). Only 4% of people had received treatment or advice from an OOH service for a mental health problem.

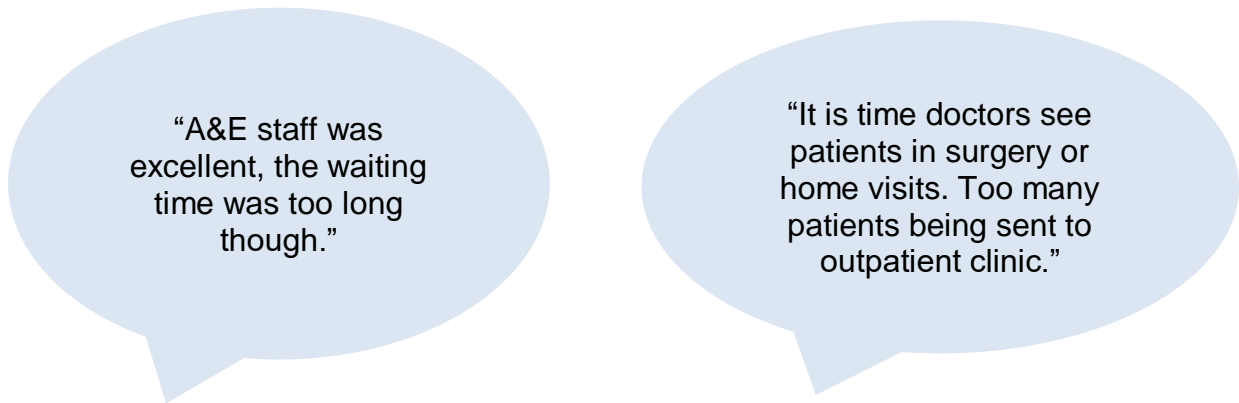
**Figure 5.3: What did you receive treatment or advice from this service for?**



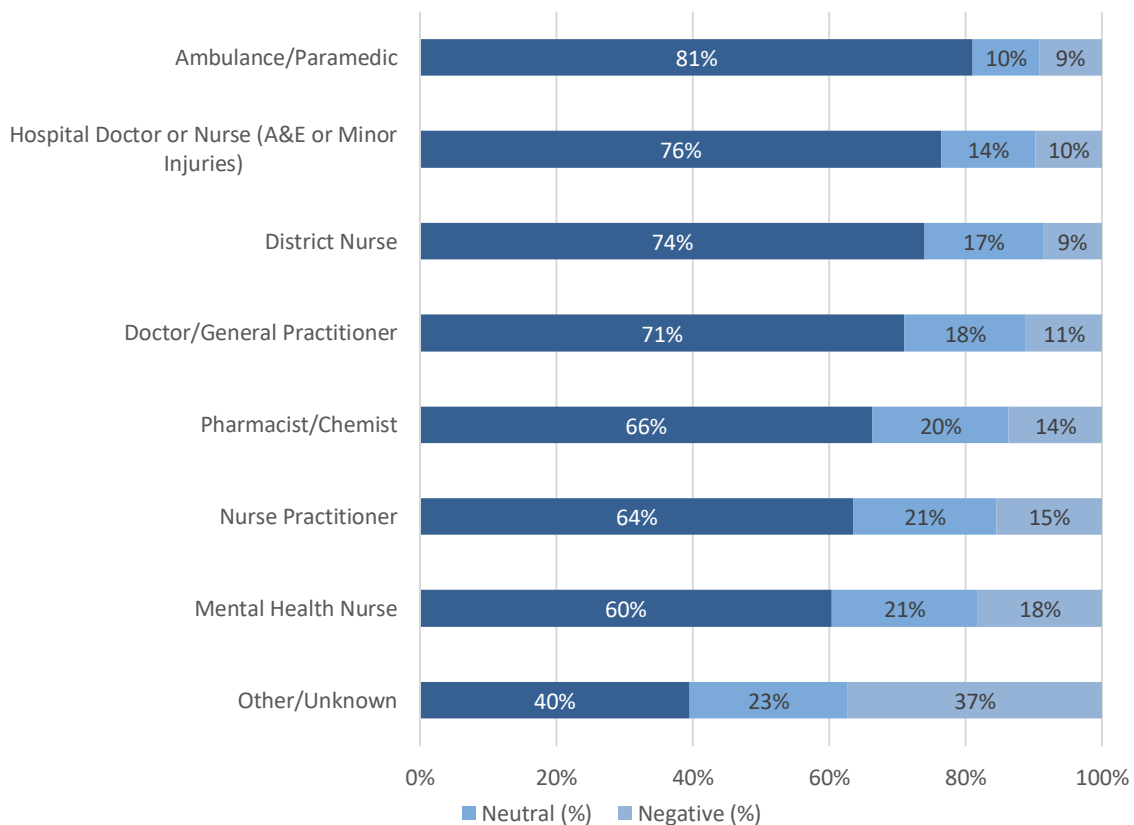
## Experience of Out of Hours Healthcare

Two thirds of people (67%) rated the overall care received from OOH positively.

Figure 5.4 shows how people had rated their care by the service they had used. Ambulance A&E crews had the highest proportion of positive ratings (81%) with mental health nurses receiving the lowest proportion of positive ratings (60%), for the professions known of.



**Figure 5.4: Overall rating of care experienced by service**

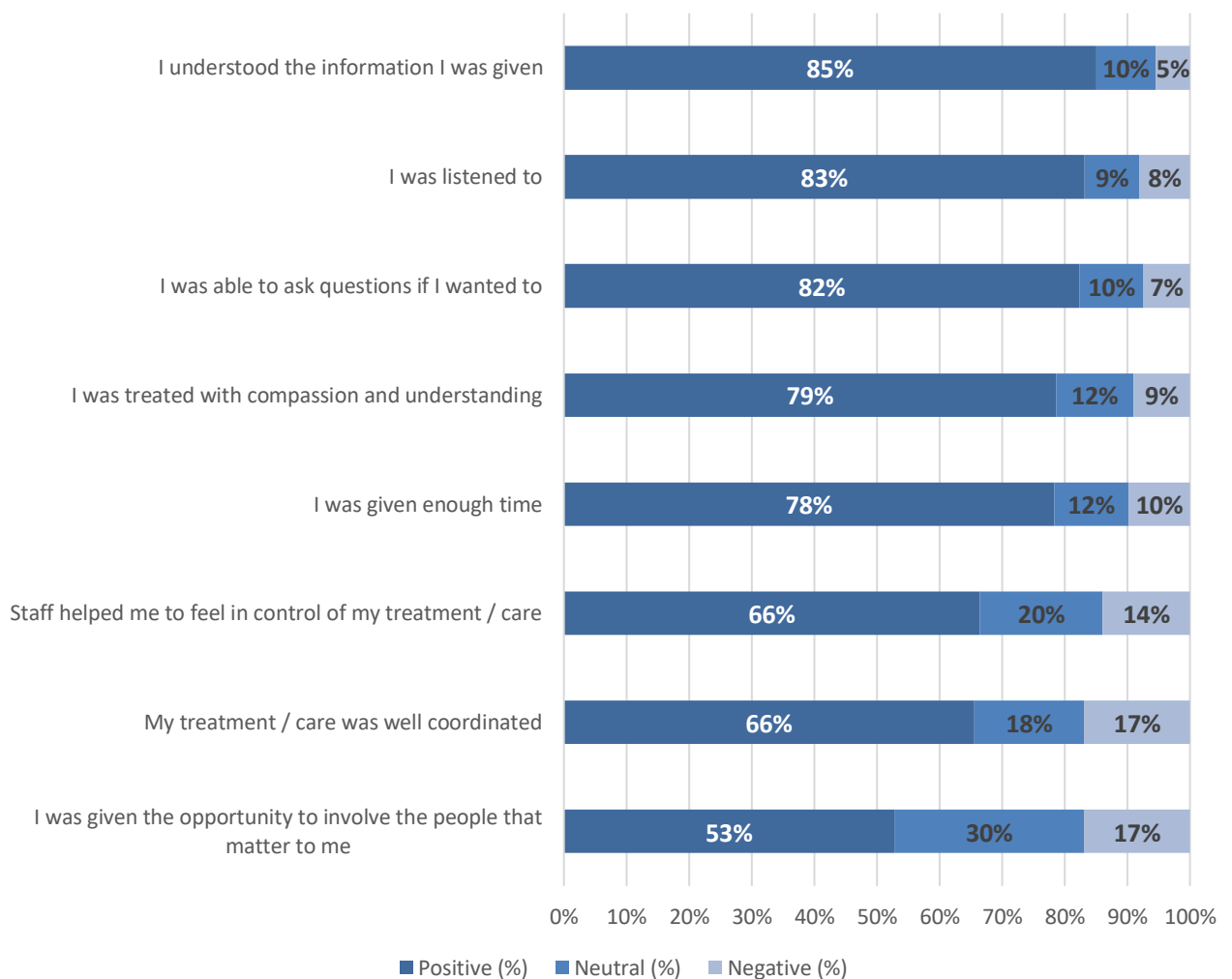


“I feel the NHS 24 is a good service but you can wait an incredibly long time to speak to someone and when you do they tell you to contact your GP as does the pharmacist so you end up in this endless loop where you cannot access help.”

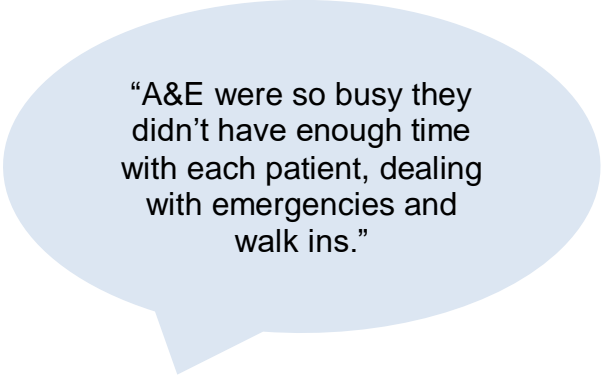
“I have great confidence in my local pharmacy. All staff are helpful and I find the pharmacist explains things in a way I can understand.”

The survey asked respondents whether they agreed or disagreed with seven statements relating to their experience the last time they used an OOH service. People were generally positive about their experience of an OOH service.


**Figure 5.5: Summary of responses to person-centred statements**



The most positively rated statements were 'I understood the information I was given' and 'I was listened to' (85% and 83% positive respectively), see Figure 5.5. This is consistent with the most positively rated statements asked about the GP practice.

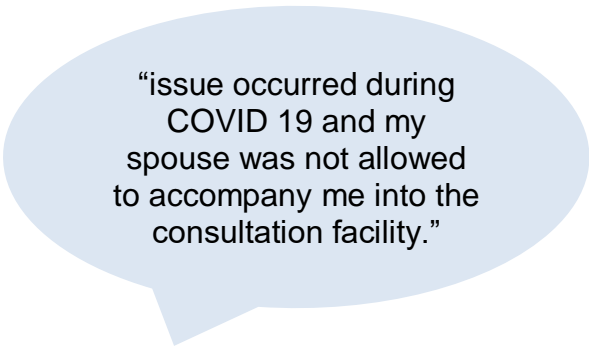


"A&E were so busy they didn't have enough time with each patient, dealing with emergencies and walk ins."




"Hospital care, appointments are excellent across a variety of coordinated consultants."

The statement with the lowest positive rating was 'I was given the opportunity to involve the people that matter to me' (53%). However, it should be noted that this statement also had the largest neutral response ('Neither agree nor disagree') suggesting that people may not have felt that the statement was relevant to them.



"issue occurred during COVID 19 and my spouse was not allowed to accompany me into the consultation facility."



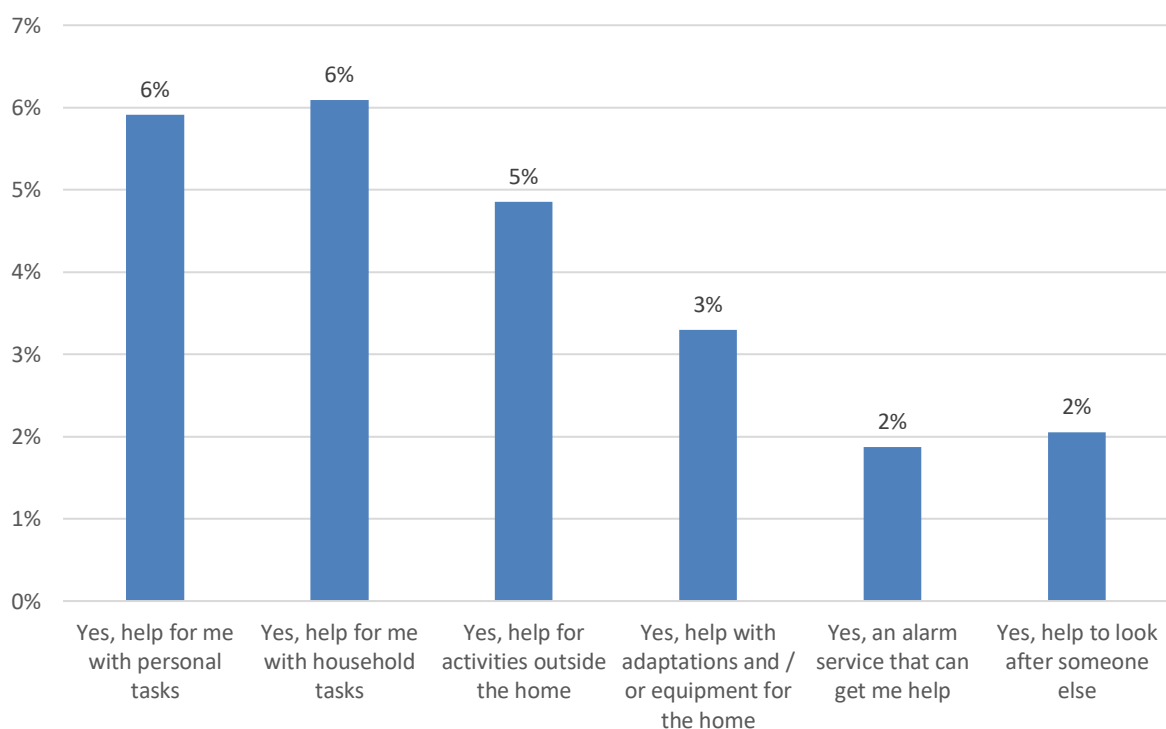
"Excellent care, family kept informed on plan of care."

## 6. Care, Support and Help with Everyday Living

### Use of Care Services

The survey asks respondents if they had received any help or support for everyday living in the last twelve months and the type of support they received; 10% said that they had received some form of support and 3% said that they had not received any help but felt that they needed it. Figure 6.1 details the different type(s) of support that the 10% indicated they received.

**Figure 6.1: In the last 12 months, have you had any help or support with everyday living? <sup>a</sup>**

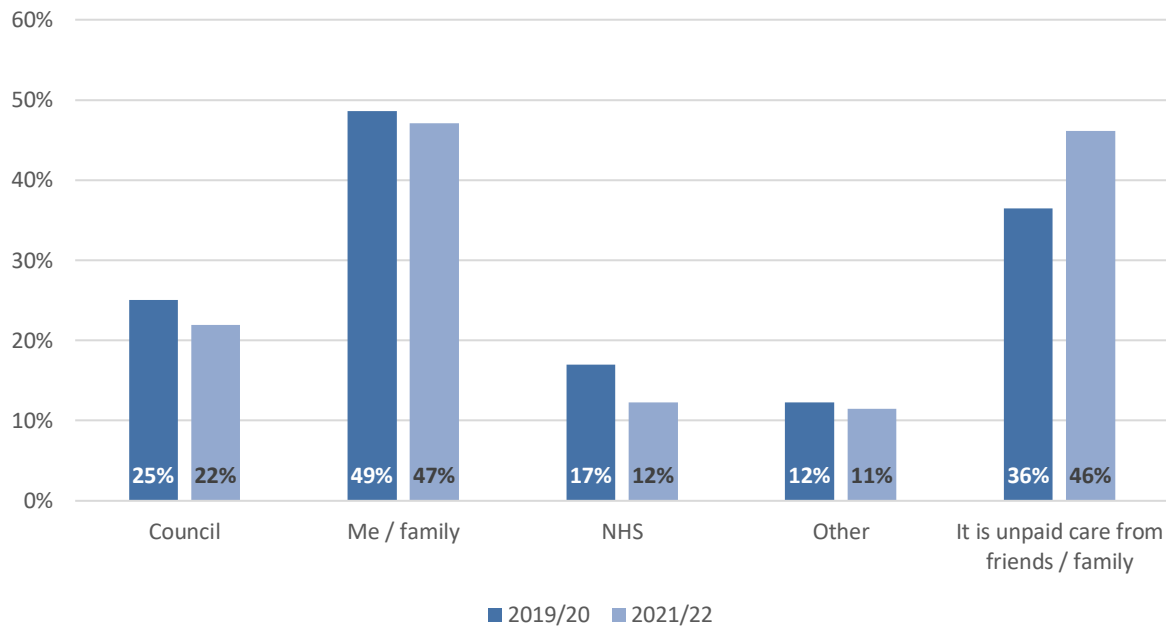


<sup>a</sup> Respondents were able to tick more than one response and the proportion who indicated 'no' (90%) are not presented.



The help and support that people receive is funded through the public, third or private sectors, by family/friends or is unpaid. Most of those who need help with everyday living said they or their family funded this or they received unpaid care from friends and family carers. Since the last survey there has been an increase in unpaid care received and a corresponding fall in respondents reporting funding from public sector organisations<sup>4</sup> and other sources.

**Figure 6.2: Who funds your help or support with everyday living?**



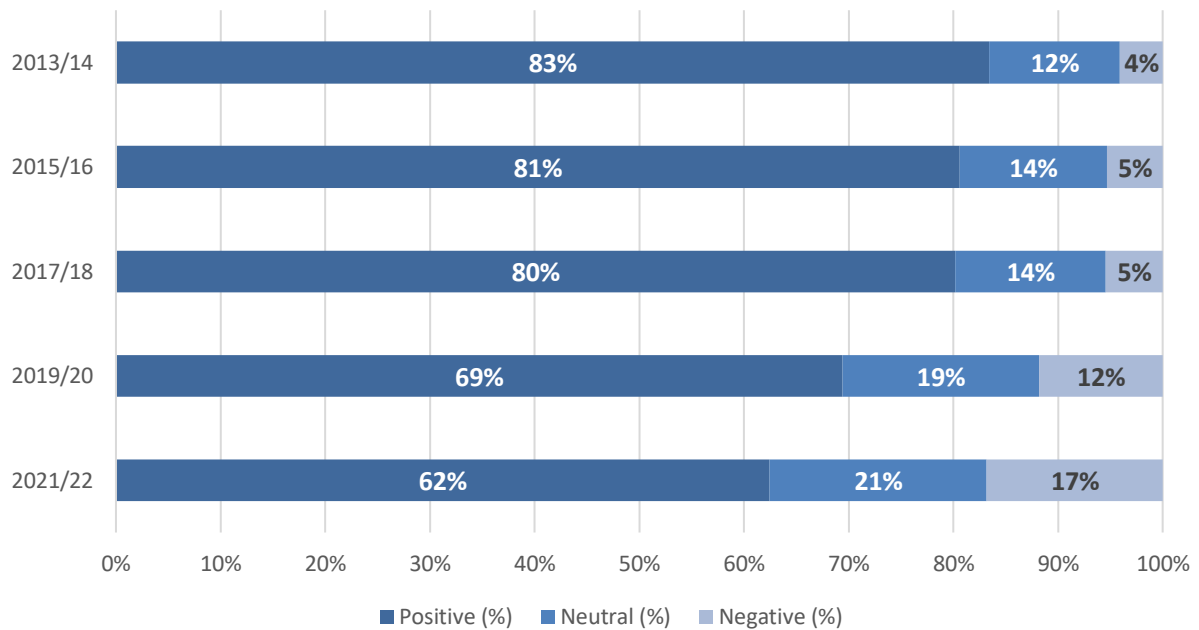
Note: respondents may receive care from more than one source so percentages don't add to 100.

## Experiences of Care Services

Of those who indicated that they had received help from services other than family and friends, 62% of people rated the overall help, care or support services as either excellent or good (Figure 6.3). This represents a continuing decline since the survey began.

<sup>4</sup> It is important to note that when someone's care is partly or entirely funded by a public sector organisation it might have been provided by the public sector, third (voluntary) sector, private sector, or a combination.

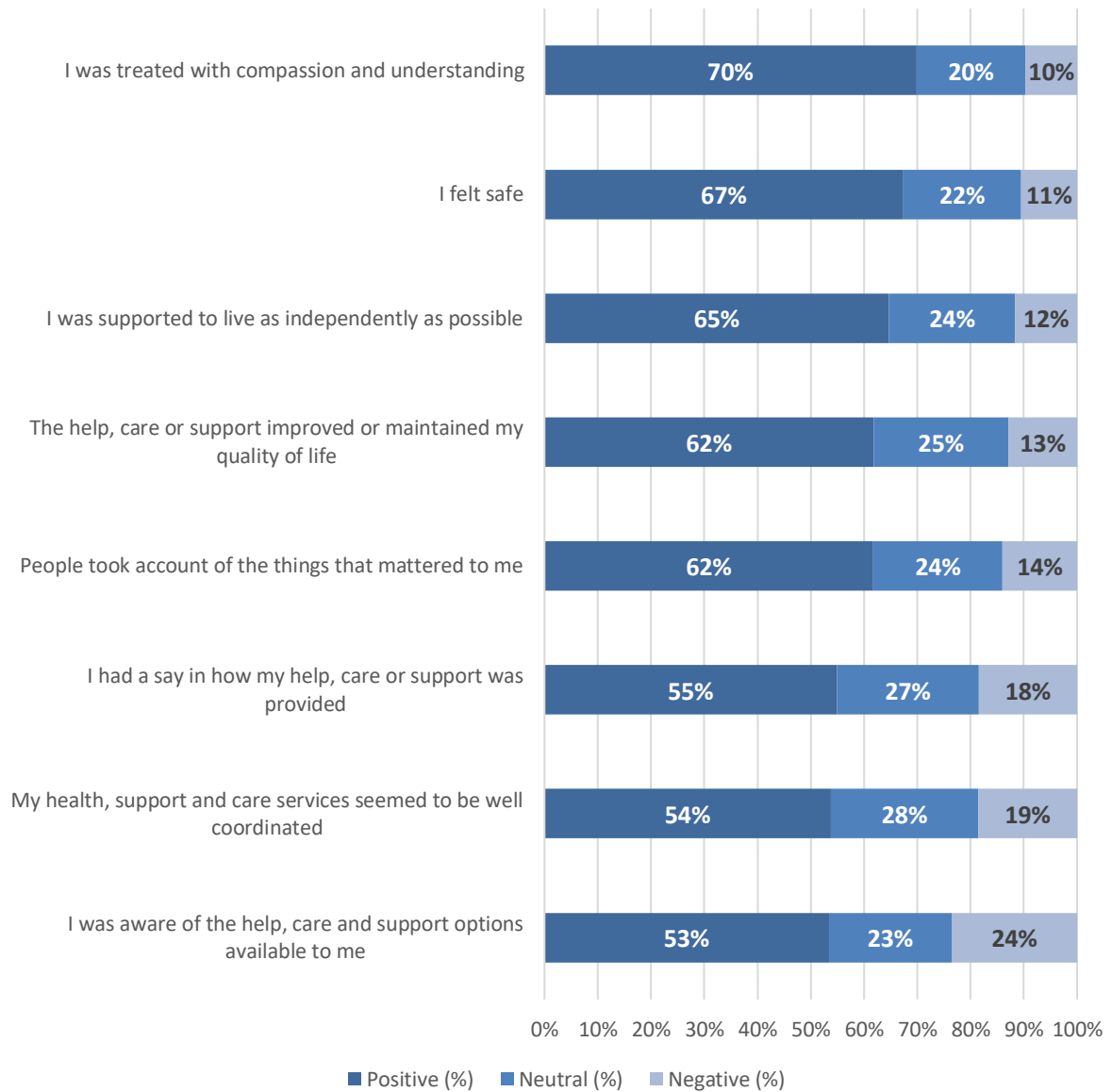
**Figure 6.3: Overall, how would you rate your help, care or support services?**



However, when looking at the reported experiences of specific aspects of care and support (Figure 6.4), people were generally positive about the care that they received:

- 70% of people indicated that they were treated with compassion and understanding;
- 67% of people reported they felt safe;
- 65% reported that they were supported to live as independently as possible.

**Figure 6.4: How much do you agree or disagree with the following about your care, support and help services over the past 12 months?**



People were least positive about the co-ordination of health and care services and awareness of the support options available to them. These were the lowest scoring statements, with 54% and 53% positive responses respectively.

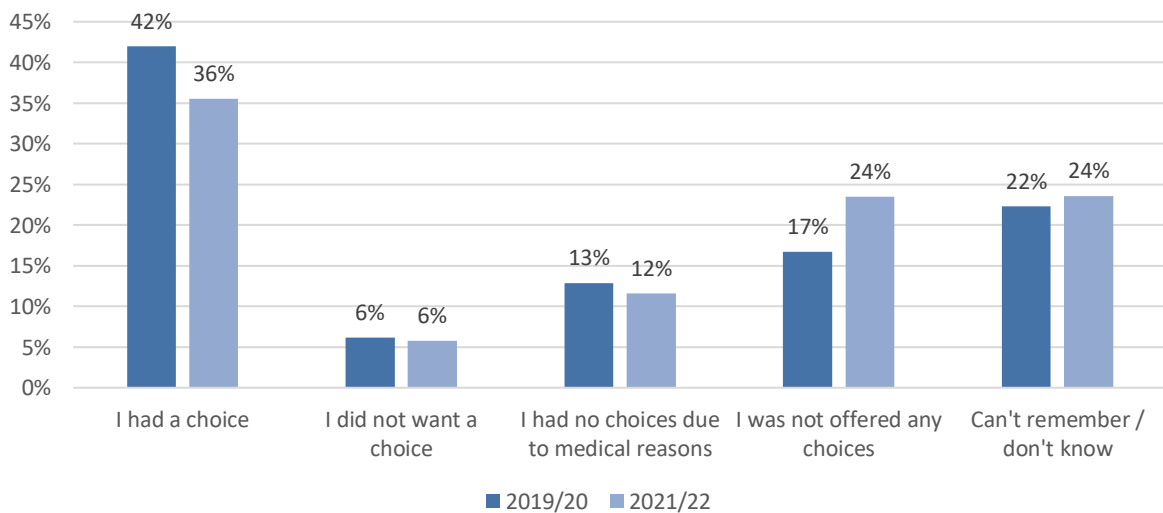
“GP did not provide information of which support services were available to me, once I approached them myself, services were not well coordinated.”

“Choices are limited and individual needs and wants are not prioritised. Existing disability services meet the needs of different service users and suit some disabled clients better than others.”

“The main issue is lack of coordination between the Council and the NHS.”

36% of people said that they had a choice in how their social care is arranged, while 24% said that they were not offered any choices. Choices appear to have been more restricted in 2020/21 compared to 2019/20.

**Figure 6.5: Which of the following applies to you and how your social care is arranged?**



## 7. Experiences of Carers

### Characteristics of Carers

The contribution of carers in looking after people, including some of the most vulnerable in society, is widely recognised. As the previous section showed, many people who get help and support for everyday living receive it from friends and family instead of, or in addition to, formal services: the survey indicates that 46% of people who received help received informal care from friends and family (see Figure 6.2 in section 6).

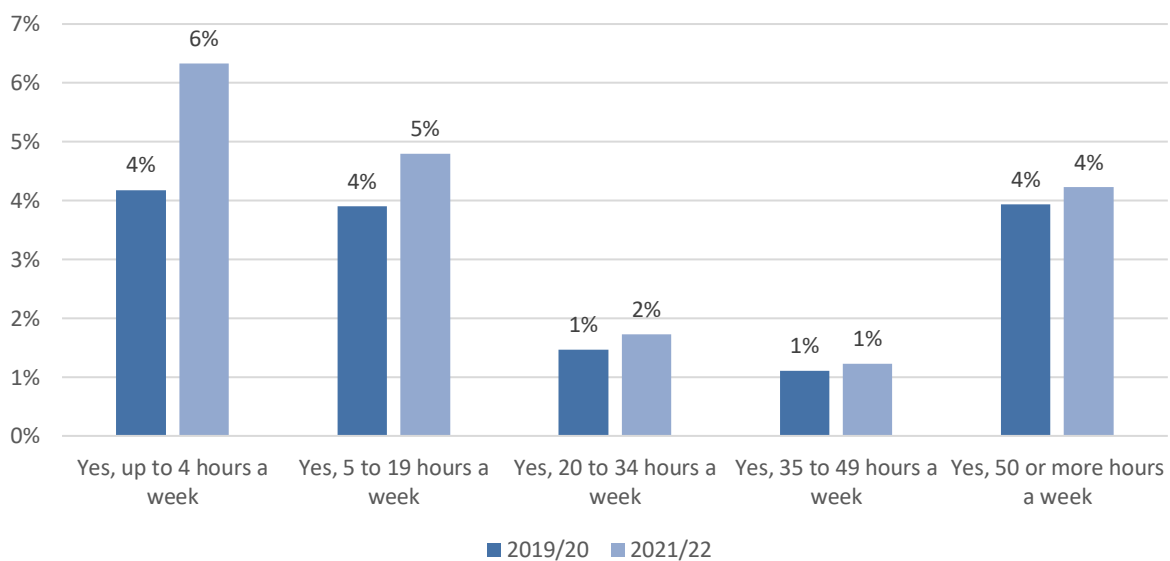
People were asked whether they had carried out any regular unpaid caring responsibilities for family members, friends, neighbours or others because of either a long-term physical / mental health / disability or problem relating to old age.

18% of people indicated that they look after or provide regular help or support to others.

### Caring Responsibilities

As can be seen in Figure 7.1, 6% of respondents provide up to four hours of care per week and 5% provide 5 to 19 hours of care a week. 4% provide 50 or more hours per week. In general, there is a small increase in the proportion of respondents providing care across all categories, although there is a noticeable increase in the proportion providing less than five hours compared with previous years.

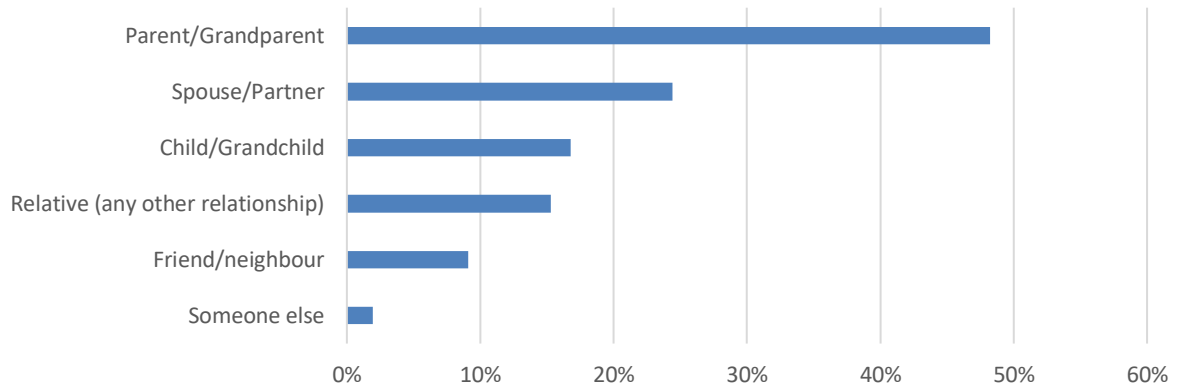
**Figure 7.1: Do you look after, or give any regular help or support to, family members, friends, neighbours or others because of either long-term physical / mental health / disability or problems related to old age?**



Note that the proportion of respondents who do not provide care is not presented.

This time spent was mostly to care for a parent or grandparent (48%), with 24% saying that they cared for a partner or spouse.

**Chart 7.2: Who do you care for?**



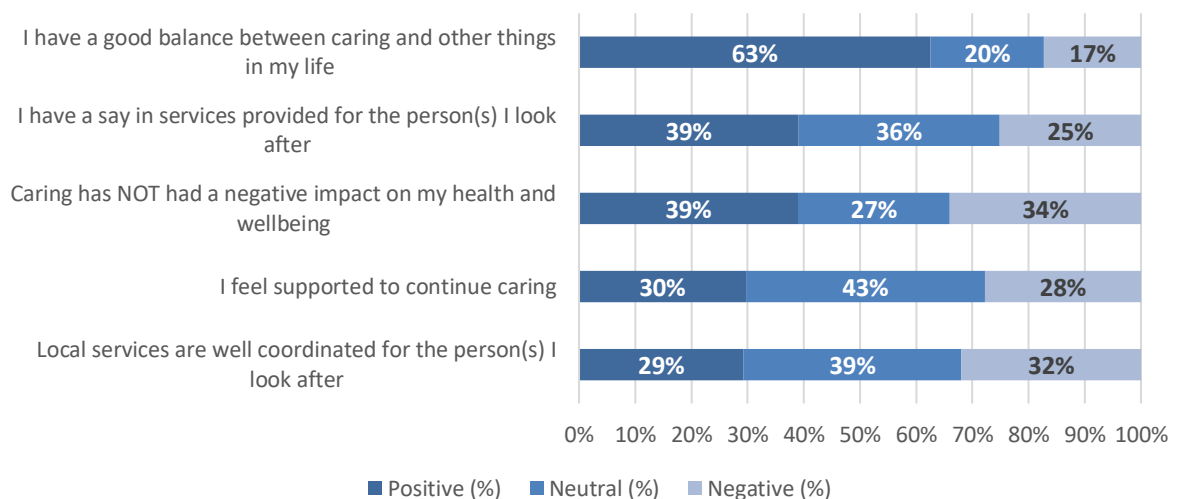
Note that percentages do not sum to 100 as people can care for more than one person.

## Experiences of Caring and Impact on Wellbeing

Carers were asked about their experiences of five specific aspects of caring and the impact on their wellbeing. As with the previous survey, the responses in 2021/22 were mixed. However, overall the results were less positive than in previous years. Carers were most positive about the balance between caring and other things in their life with 63% responding positively to this question in 2021/22.

Carers were least positive about local services being well coordinated for the person(s) they look after. Overall, 29% of carers said that they felt supported to continue caring which is a decrease of nine percentage points from 2019/20. 39% said that caring did not have a negative impact on their health and wellbeing, which is also five percentage points less than in 2013/14.

**Figure 7.3: Responses to Person-Centred statements regarding caring responsibilities**



## Annex A: Design and Response

The survey is a random sample of patients registered with a GP practice designed in such a way as to provide results for individual GP practices as well as providing information for use by NHS Boards; Health and Social Care Partnerships and GP Clusters.

People eligible to be sampled for the survey were those who were registered to a Scottish GP practice at 6<sup>th</sup> October 2021 and were aged seventeen or over at that date. A total of 537,924 survey packs were sent out and 130,352 were returned giving a response rate of 24%. This is an decrease in response compared with the previous survey which was 27%. The decrease in response is across all age groups and demographics.

The survey contains three free-text comment boxes asking respondents if there are any additional comments they would like to make about their experiences of their local GP practice, Out of Hours health care, or care and support services. A total of 47,614 respondents left a total of 56,846 comments, with 43,090 relating to the GP Practice, 7,469 relating to Out of Hours Healthcare, and 6,287 relating to Care, Support and Help with Everyday Living.

Throughout this report, with the exception of the data in Annex B, analysis is presented as weighted average percentages. Weighting the results in this way provides results which are more representative of the population of Scotland as a whole. Details of the weighting methodology can be found in this [weighting methodology paper](#).

All changes over time that are discussed in the report are statistically significant at the five per cent level. Due to the large sample size, even small changes of 1% in the national results may be statistically significant.

More information about the survey design, response rates and methodology can be found in the Technical Report available at on the [Scottish Government's website](#).

## Annex B. About the Respondents - Demographic & Health Information

A total of 130,352 people responded to the survey. This annex provides a summary of their responses. Unlike the rest of the survey results in this report, this analysis is based on unweighted data.

### Age and Gender

More women than men responded to the survey. 57% of responses to the survey were from women and 43% were from men. This compares to the 2020 mid-year population estimates from the National Records of Scotland<sup>5</sup> which show that 52% of the population aged seventeen and over are female.

Older age groups were more likely to respond to the survey than younger with the majority of respondents being aged 55 or more (64%). This is higher than the 2020 National Records of Scotland mid-year population estimates which show 40% of the population aged 55 or more (based on the population aged 17 and over).

The weighting methodology<sup>6</sup> attempts to adjust for these differences between the survey and population demographics.

### Deprivation and Rurality

Analysis of the Scottish Index of Multiple Deprivation (SIMD)<sup>7</sup> and Urban/Rural Indicator<sup>8</sup> was based on the datazone of respondents postcodes. Response levels were lower in deprived areas, with the most deprived quintile showing a 15% response rate, compared to 32% from the least deprived quintile.

There was a higher response rate from people living in rural areas than urban areas, with remote rural areas showing a response rate of 34% compared with 19% of those living in large urban areas.

A full breakdown responses and demographics can be found in the [Technical Report](#).

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<sup>5</sup> <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2020>

<sup>6</sup> <https://www.gov.scot/publications/health-and-care-experience-survey-materials/>

<sup>7</sup> [www.gov.scot/Topics/Statistics/SIMD](http://www.gov.scot/Topics/Statistics/SIMD)

<sup>8</sup> <https://www.gov.scot/publications/scottish-government-urban-rural-classification-2016/>



## Health Information

Respondents were asked if their day-to-day activities were limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months. Of those who answered the question:

- 13% responded with “Yes, limited a lot”;
- 24% responded with “Yes, limited a little”;
- 63% responded with “No”.

Just over half of respondents said that they had one or more long-term health conditions. The prevalence of these increased with age, from 39% of respondents aged between 17 and 24, to 61% aged over 65. The most commonly reported conditions were chronic pain lasting at least three months (reported by 16% of respondents) and a mental health condition (reported by 11% of respondents).

## People’s ability to look after their own health

People were asked how well in general they felt they were able to look after their own health. Most respondents (91%) said that they could look after their own health very well or quite well.

## A National Statistics Publication for Scotland

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.

Designation can be interpreted to mean that the statistics: meet identified user needs; are produced, managed and disseminated to high standards; and are explained well.

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### How to Access Background or Source Data

The data collected for this statistical publication are available in more detail through [www.gov.scot/HACE](http://www.gov.scot/HACE) and through an interactive dashboard at <https://beta.isdscotland.org/find-publications-and-data/health-services/primary-care/health-and-care-experience-survey/health-and-care-experience-survey-2020/>

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