



Health and Care Experience Survey 2015/16

Volume 2: Technical Report

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Scottish Care Experience
Survey Programme

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1 INTRODUCTION AND BACKGROUND

Introduction

- 1.1 This report provides information on the technical aspects of the 2015/16 Scottish Health and Care Experience Survey, including development, implementation, analysis and reporting.
- 1.2 The Health and Care Experience survey is one of a suite of 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 using their services.
- 1.3 Information about the other national care experience surveys is available at:
www.gov.scot/Topics/Statistics/Browse/Health/careexperience
- 1.4 The survey programme supports the three quality ambitions of the *2020 Vision*¹ - Safe, Effective, Person-centred - by providing a basis for the measurement of quality as experienced by service users across Scotland. In particular the surveys support the person-centred quality ambition which is focused on putting people at the centre of care, ensuring that care is responsive to individual personal preferences, needs and values and assuring that individual values guide all care decisions.
- 1.5 The survey asked about experiences of accessing and using GP and Out of Hours services, as well as outcomes from NHS treatments. In addition, there are a series of questions to ask about respondents' experiences of social care services and the experiences of carers.
- 1.6 National results as well as individual reports for NHS Boards, Health and Social Care Partnerships and GP practices were published on 17 May 2016.

¹ www.gov.scot/Topics/Health/Policy/2020-Vision

2 OUTPUTS FROM THE SURVEY

- 2.1 This section provides more details of the range of outputs from the Health and Care Experience Survey 2015/16. As described above, in addition to the national report, there are local reports for individual GP practices, NHS Boards, Health and Social Care Partnerships/Local Authorities and are available at:

www.gov.scot/Topics/Statistics/Browse/Health/GPPatientExperienceSurvey/HACE2015-16

GP practice reports

- 2.2 These reports contain local analyses for all questions in the survey. The results are compared to the Scottish weighted mean and to the equivalent figure from the last survey (where possible).
- 2.3 The first section of the report presents the top five results and bottom five results for the Practice. The top five questions are those with the highest per cent positive result. The bottom five are those questions with the highest per cent negative result. There is also a section summarising the results for some of the overarching questions from the survey.
- 2.4 The second section of the report presents results for the scored questions in the survey. Results are shown as the percentage of patients who answered each question positively. Bar charts show the percentage of patients answering positively as green (the darker green being very positive, the lighter green being positive), and the percentage negatively as red. Where answers are neither positive nor negative, the percentage is shown in yellow.
- 2.5 The results are compared to the Scottish weighted mean for 2015/16 and also with 2013/14 results for the same GP practice. Differences which are statistically significant are shown as “S” where the per cent positive score is significantly higher or lower than the comparison figure. Where a comparison has not been performed due to small numbers of responses in any category being compared this is denoted by “NT”.
- 2.6 An example is shown below. In the example 71 per cent of patients from the GP practice responded positively, which is 12 percentage points lower than the national average. The “S” symbol shows that this difference is statistically significant. The change since the previous survey is also shown. In this case the positive score has decreased by four percentage points, but this change is not significant.

Outputs from the survey

Number of responses	Very Positive	Positive	Neutral	Negative	% Positive Surgery 2011/12	% Positive Surgery 2013/14	% Positive Surgery 2015/16	Changes from 2013/14	Difference from Scotland
112	33%	38%		29%	-	75%	71%	-4%	-12% ^s

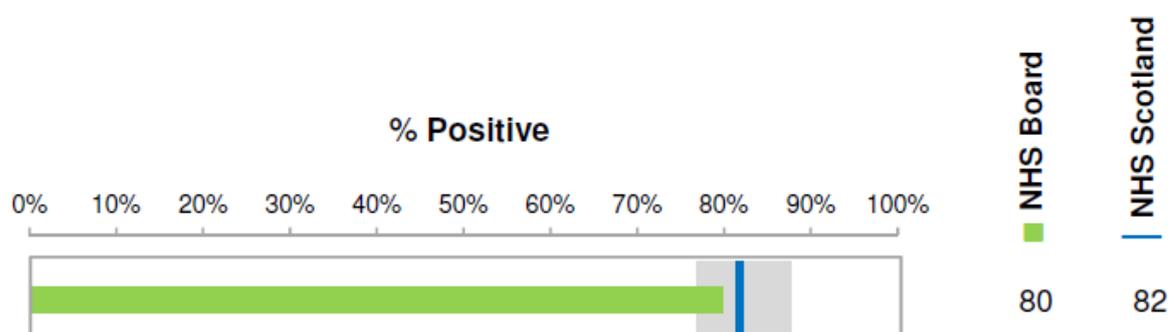
2.7 The next section presents tables of results for 'Information Questions' - questions that did not fit into the percentage positive format used elsewhere in the report.

2.8 The final section of the report provides full tables of results, including number of responses for each question.

NHS Board and Health and Social Care Partnership / Local Authority reports

2.9 The NHS Board and Health and Social Care Partnership / Local Authority (herein after referred to as Health and Social Care Partnership) reports are of a similar format to the GP practice results described above, but with an additional section showing variation in NHS Boards/Health and Social Care Partnerships.

2.10 For this section, the range of percentage positive results are shown as a grey bar from the lowest (on the left), to the highest (on the right). The Scottish average is shown as a blue line. The NHS Board/ Health and Social Care Partnership score is shown as a green bar. An example is shown below. In the example the highest performing area has a positive score of 87 per cent; the lowest performing area has a positive score of 78 per cent; the NHS Board/ Health and Social Care Partnership result is 80 per cent; and the national average is 82 per cent.



Outputs from the survey

Supporting data

- 2.11 Spreadsheets showing more detailed results will be released on the Scottish Government website at:

www.gov.scot/Topics/Statistics/Browse/Health/GPPatientExperienceSurvey/HACE2015-16

Health Board and Local Authority level data are also available on www.statistics.gov.scot

Online reporting system

- 2.12 The survey results are also available on an online reporting system that is accessible to GP practices, Health and Social Care Partnerships and NHS Boards.
- 2.13 The system allows users to view more detailed results and to benchmark GP practice results against demographically similar practices.
- 2.14 The system also displays the comments that patients left about their GP surgery, Out of Hours healthcare or the support that they receive. Details that could disclose the identity of a patient or member of staff were removed from the comments. Further information about this is available in section 6 of this report.

3 SURVEY DESIGN

Survey development

- 3.1 The survey was fundamentally redeveloped during summer 2013, details of which are available in the 2013/14 survey's technical report: www.gov.scot/Publications/2015/03/8892/0
- 3.2 Minimal changes were made to the 2015/16 survey to ensure comparability and allow reporting of trends over time. However, a few minor amendments were made, which are described below.

Changes to 2015/16 survey, compared with previous surveys

New questions

- 3.3 We added four new questions to the 2015/16 survey. They are shown in Table 1 below:

Table 1 New questions for the 2015/16 survey

Question number	Question	Reason the question was added
29	Who ended up providing most of your treatment or care	In order to report Out of Hours experiences by service provider
30	I felt that the person who treated me was the right person	In order to report Out of Hours experiences by service provider
35	Which of the following applies to you and how your social care is arranged	Question included to understand the extent to which people feel they have a choice in how their social care is arranged
36	I was aware of the help, care and support options available to me	Question included to inform Self Directed Support policy

Survey design

Changed questions

3.4 We changed three questions for the 2015/16 survey. They are shown in Table 2 below:

Table 2 Questions that were changed in 2015/16

Question No. 2015/16	Question 2015/16	Question No. 2013/14	Reason for Changes
27	Thinking about the last time you tried to get help out of hours, which NHS service did you speak to or go to first? - Response options amended.	29	Options were changed in light of responses given to previous survey and to reflect options that are currently available
28	Which service did you end up being treated or seen by? - Response options amended	30	Options were changed in light of responses given to previous survey and to reflect options that are currently available
37	Overall how would you rate your help, care or support services	37	Clarification that this should exclude the care and help from friends and family

Questions that were in the 2013/14 survey but not in the 2015/16 survey

3.5 The 2013/14 survey asked respondents whether they had seen any health professionals about something that affected their ability to work or get work and if this was useful. These two questions were removed, as insufficient use of the data was made to justify the question's continued inclusion.

3.6 The 2013/14 survey also asked carers whether or not they agreed with the statement "I am still able to spend enough time with people I want to spend time with". This question was removed from the survey because it was felt that this topic was adequately covered elsewhere in the survey.

Survey materials

3.7 The survey mail out included a questionnaire, an invitation letter, an information leaflet in a range of languages and a freepost return envelope. Respondents had the option to complete and return the questionnaire online or via a telephone helpline in a wide range of languages. The helpline was also available to handle questions or complaints about the survey.

3.8 A copy of the questionnaire and other survey materials can be found at: www.gov.scot/Topics/Statistics/Browse/Health/GPPatientExperienceSurvey/HACE2015-16

4 SAMPLE DESIGN

Sampling frame

- 4.1 Patients eligible to be sampled for the survey were those who were registered to a Scottish GP practice at 20 October 2015 and aged 17 or over at that date. Eligible patients were identified by ISD Scotland, using an October 2015 extract from the Community Health Index (CHI) database. All data was accessed, managed and stored in accordance with the data confidentiality protocols².
- 4.2 A small number of special practices, run by NHS Boards to provide primary care services to particular small groups of patients (e.g. practices for homeless people) were excluded from the survey. A small number of patients who had requested not to be included in this or other surveys were also removed from the survey sampling frame.

Sample design and sample size calculation

- 4.3 Sampling was done within GP practice lists, to aim for sufficient responses to achieve a reasonably reliable result for each practice. The reliability of the result depends on the number of questionnaires returned, and also the variability of the responses.
- 4.4 The sample size that was calculated for each practice was based on the minimum number of responses that would be required to achieve an estimate of a percentage that has a 95 per cent confidence interval with width +/- eight percentage points, sampled from a finite population. This level of acceptable uncertainty was agreed with stakeholders.
- 4.5 The formula for the minimum number of responses required (M) is

$$M = B/(1+(B-1)/N)$$

Where:

- N is the number of patients in a practice on the sampling frame (i.e. the number of patients aged 17 and over)
- $B = z^2p(1-p)/c^2$
- p = the proportion answering in a certain way (assume 0.5 as this gives maximum variability)
- z is 1.96 for a 95 per cent confidence interval (from standard normal distribution)
- c gives maximum acceptable size of confidence interval, in this case 0.08 (8 percentage points).

Based on the above, B=150

² www.gov.scot/Resource/0049/00490164.pdf

Sample design

- 4.6 Table 3 below shows examples of this minimum number of responses required (M) based on the assumptions above for some example practice population sizes.

Table 3 Minimum number of responses required for different practice list sizes

Practice Population	200	500	1,000	2,000	5,000	10,000	20,000
Minimum sample required	86	116	131	140	146	148	149
Percentage of population	43%	23%	13%	7%	3%	1%	1%

- 4.7 In practice, if the underlying proportion is actually higher, or lower, than 0.5, then these numbers of responses would give narrower confidence intervals (or fewer responses would be required for the same accuracy).
- 4.8 The minimum number of responses required is adjusted upwards to allow for assumed non-response to the survey. Estimated response rates to the 2015/16 survey were calculated using a model that took into account different factors, including age and deprivation, which had an effect on the likelihood of a person responding to the survey. The model considered response rates from the 2013/14 Health and Care Experience Survey. This provided the most efficient way of determining the sample size.
- 4.9 As in the 2013/14 survey, no reminders were issued because it proved to be most cost effective to send more surveys initially than to send fewer surveys and reminders.
- 4.10 The formula used to calculate the total sample size (S) for each practice can be simplified to

$$S = \frac{0.96N}{(0.0064(N-1)+0.96)R}$$

Where R is the assumed response rate for each practice.

- 4.11 A total of 711,159 patients were sampled for inclusion in the Health and Care Experience Survey 2015/16.

Sample selection

- 4.12 For the majority of practices in Scotland, a random sample of the required number of patients (S) from each practice was taken from the sampling frame by ISD Scotland. For some practices with very small numbers of eligible patients, all patients were included in the survey in order to meet the minimum sample size requirements identified from the

Sample design

calculation above. The sample was selected within SPSS software version 21.0.

- 4.13 Further references for this methodology are: Becker, R. A., Chambers, J. M. and Wilks, A. R. (1988) *The New S Language*. Wadsworth & Brooks/Cole.

5 FIELDWORK

- 5.1 The Scottish Government contracted Quality Health Ltd to administer the survey. Quality Health Ltd has in depth experience of NHS surveys, and has provided support for other patient experience survey work both in Scotland and elsewhere in the UK. ISD Scotland provided support for the administration of the survey along with Scottish Government analytical staff.

Mail-out

- 5.2 The fieldwork began on 25 November 2015. In total, 711,159 surveys were posted out in batches between 25 November 2015 and 03 December 2015. No reminder letters were sent out to those who did not initially respond. For the 2009/10 survey two reminders were sent to boost the response rate, but since 2010/11 the survey has been designed to achieve the required number of responses for each practice without reminders, as this proved to be more cost effective.

Data collection

- 5.3 Data was collected in the form of hardcopy returns and online returns.
- 5.4 During the fieldwork a telephone helpline answered queries from patients surveyed. In total, 1,128 telephone enquiry calls were answered by the telephone and language line. This was a decrease compared to the number received in 2013/14, which was 1,531.

Deceased patients

- 5.5 The patients included in the 2015/16 survey were sampled from an extract taken from the CHI database on 20 October 2015. The questionnaire printing and main mail-out process extended from this date through to the final mailing date of 03 December 2015. This meant that some patients would have died between the extract date and mail out dates.
- 5.6 As with all Care Experience surveys, ISD and the Scottish Government were keen that every possible effort was made to avoid questionnaires being sent to family members of deceased patients. Therefore, similar to previous surveys, a list of patients included in the initial sample was linked to the Community Health Index (CHI) database to identify patients who had recently died. This process also helped to identify patients who had died abroad and was carried out 13 times during the period between the initial sample being drawn and the surveys being mailed out. We are grateful to Atos Origin Alliance (who host the CHI database for NHS Scotland) for their support during this phase of the work.

Fieldwork

- 5.7 Also similar to previous surveys, an additional process was used during this survey to further minimise the risk of questionnaires being sent to deceased patients. A list of patients included in the survey was sent to the NHS Central Register (NHS CR) and linked to the National Records of Scotland (NRS) deaths database. This allowed NHS CR to provide regular extracts of deceased patients to ISD during the mail-out period. This process also helped to identify patients who had died elsewhere in the UK. Having access to death information greatly reduced the number of questionnaires being sent to addresses of deceased patients. We are grateful to NHS CR for their help and support during this stage of the project.
- 5.8 Between the CHI and NHS CR databases, a total of 1,104 records included in the initial survey sample were flagged as deceased between the time the 20 October 2015 CHI extract was taken and the final mail out date on 03 December 2015. These records were analysed by ISD and sent to Quality Health Ltd for removal from the mail-out process prior to dispatch. All of these deceased records were removed prior to mailing questionnaire to patients. In a further 23 cases a questionnaire was sent to a patient who had died shortly after the death checks had been made and the patient's family contacted Quality Health Ltd to notify them of this.
- 5.9 Any death which occurs in Scotland must be registered within eight days of the date of death. This means that there can be a delay between the actual date of death and the date that it is registered and updated on the CHI and NRS databases.
- 5.10 This delay, combined with the volume of the mail out process, made it extremely difficult to prevent all questionnaires being sent to addresses of deceased patients. However, as outlined above, efforts were made to avoid this as much as possible.

6 DATA ENTRY AND FIELDWORK QUALITY CONTROL

Data capture

- 6.1 Once the survey was issued, paper copies of questionnaires received were logged and scanned on a daily basis by staff at Quality Health Ltd. A verification process was then carried out for each batch scanned and a number of integrity checks were undertaken to ensure that the scanning process had worked correctly and all data had been captured as expected.
- 6.2 Data from online questionnaires is automatically stored alongside the data from the paper questionnaires.

Verification & upload process

- 6.3 Once captured, all data are checked in house by Quality Health Ltd according to pre-set verification rules, by staff who have been given training and detailed instructions about the survey. The data entry system ensured that only valid answer codes for each question could be entered and that the correct data appeared in each field. Other checks included ensuring that numeric data was the correct format and that fields were not truncated in error.

Secure disposal

- 6.4 Once processed, all returned questionnaires were immediately stored in labelled containers and archived in a secure room on-site until they reached their agreed destruction date. Once destroyed a certificate of destruction was received.

Free text

- 6.5 The survey asked respondents if there was anything else that they would like to tell us about their experiences of their local GP practice, Out of Hours health care, or care and support services.
- 6.6 Just over 36,000 respondents left comments with approximately 30,000 relating to the GP practice, roughly 12,000 relating to Out of Hours Healthcare, and roughly 8,000 relating to care and support services.
- 6.7 Disclosive details that could be used to identify patients were suppressed when the comments were entered. These details included personal names, addresses, ages, dates, medications and medical conditions. Staff names were also suppressed.
- 6.8 Quality checks were undertaken on records to ensure that the instructions for suppressing disclosive details were followed.

7 SURVEY RESPONSE

Overview

7.1 The response rate for the survey is the number of forms returned as a percentage of the number of people in the sample. In total, 711,159 surveys were sent to patients and 111,611 were returned completed, giving an overall response rate of 16 per cent. This was lower than the expected overall response rate of 19 per cent, which was the response rate to the previous survey.

Overall response rates for NHS Board areas

7.2 The highest response rate for an NHS Board was Orkney (29 per cent) and the lowest response rate was for Greater Glasgow and Clyde (12 per cent). No NHS Board met or exceeded their expected response rate (Table 4). The calculations for the expected response rates are detailed in section 4.8 of this report.

Table 4 Response rate by NHS Board

NHS Board	Total forms sent out	Number of Responses	Response Rate (%)	Expected Response Rate (%)
NHS Ayrshire & Arran	39,849	6,621	17	20
NHS Borders	12,160	2,970	24	27
NHS Dumfries & Galloway	18,049	4,306	24	27
NHS Fife	40,551	7,187	18	21
NHS Forth Valley	38,079	6,320	17	21
NHS Grampian	50,232	9,084	18	22
NHS Greater Glasgow and Clyde	224,152	26,662	12	15
NHS Highland	48,731	11,127	23	27
NHS Lanarkshire	87,714	11,483	13	18
NHS Lothian	94,184	14,365	15	19
NHS Orkney	3,937	1,123	29	31
NHS Shetland	5,081	1,069	21	26
NHS Tayside	43,735	8,354	19	22
NHS Western Isles	4,703	940	20	25
Total	711,157*	111,611	16	19

*Note 2 patients asked to be removed from the survey and are not included in this analysis.

Response rates for GP Practices

7.3 Patients at smaller practices were somewhat more likely to respond than those at larger practices (Table 5).

Survey response

Table 5 Response rate by practice list size

GP Practice List size	Total Forms sent out	Number of Responses	Response Rate (%)
<2500	100,700	18,004	18
2500-4999	212,403	32,250	15
5000-7499	181,318	28,444	16
7500-9999	126,628	19,869	16
1000+	90,108	13,044	14
Scotland	711,157	111,611	16

Response rate by patient characteristics

7.4 As seen in previous surveys, the response rate was lower for patients living in deprived areas. This was taken into account when the sample sizes were calculated (see section 4 on Sample Design). The response rate ranged from 11 per cent for the patients living in the most deprived areas to 21 per cent for patients living in the least deprived areas (Table 6).

Table 6 Response rate by deprivation quintile

Deprivation	Total Forms sent out	Number of Responses	Response Rate (%)
1=most deprived	162,840	17,860	11
2	156,025	22,196	14
3	148,078	24,347	16
4	130,820	24,072	18
5=least deprived	111,407	22,925	21
Unknown	1,987	211	11
Scotland	711,157	111,611	16

Note: Scottish Index of Multiple Deprivation (SIMD) 2012

Response rate by patient urban/rural location

7.5 The response rate ranged from 13 per cent of patients living in large urban areas to 25 per cent of patients living in remote rural areas (Table 7).

Table 7 Response rate by patient urban/rural location

Deprivation	Total forms sent out	Number of Responses	Response Rate (%)
Large Urban Areas	283,444	35,875	13
Other Urban Areas	207,092	31,108	15
Accessible Small Towns	49,474	8,856	18
Remote Small Towns	18,650	3,633	19
Accessible Rural	71,543	15,447	22
Remote Rural	61,077	15,188	25
Unknown	19,877	1,504	8
Scotland	711,157	111,611	16

Survey response

Response rate by patient age group

7.6 The response rate increased with age and was highest in the 65+ age group (31 per cent). This compared to a response rate of just five per cent for those aged 17-34 (Table 8).

Table 8 Response rate by age group

Age	Total Forms sent out	Number of Responses	Response Rate (%)
17 - 34	216,167	11,054	5
35 - 49	178,134	18,430	10
50 - 64	170,938	36,180	21
65 +	145,918	45,947	31
Scotland	711,157	111,611	16

Response rate by patient gender

7.7 The response rate was higher for females (18 per cent) than it was for males (13 per cent) (Table 9).

Table 9 Response rate by gender

Age	Total Forms sent out	Number of Responses	Response Rate (%)
Male	354,549	47,832	13
Female	356,608	63,779	18
Scotland	711,157	111,611	16

Method of response

7.8 Of the 111,611 respondents, the majority (90 per cent) sent their surveys back in the post. A total of 10,941 completed their survey online, 14 completed their survey over the telephone and 10 used the language line completion service (Table 10).

Table 10 Method of response

Method	No. of Questionnaires completed	Questionnaires completed (%)
Completed (hardcopy)	100,646	90
Completed (web)	10,941	10
Completed (telephone)	14	0
Completed (language line)	10	0
Scotland	111,611	100

8 ANALYSIS AND REPORTING

Introduction to analysis

- 8.1 The survey data collected and coded by Quality Health Ltd were securely transferred to ISD Scotland, where the information was analysed using the statistical software package SPSS version 21.0

Reporting Patient Gender

- 8.2 Analysis of survey response rates by gender was done using the gender of the sampled patients, according to their CHI record at the time of data extraction (20 October 2015).
- 8.3 For all other analyses by gender, where survey respondents had reported a valid gender in response to question 46, this information has been used in reporting. Where the respondents did not answer the question or gave an invalid response, gender information from the sampled patient's CHI record was used.
- 8.4 In total, 109,326 responders (98 per cent) provided a valid response to the question on gender (question 46). Of these, there was a difference between self-reported gender of the respondent and the gender of the originally sampled patient in 1,408 cases (1.3 per cent). Amongst this group it was more frequently the case that a survey questionnaire originally sent to a male was responded to by a female (n = 865), than it was that a questionnaire sent to a female was answered by a male (n = 543). As practice contact rates are generally higher in females than males, one possible reason for this is that some male survey recipients may not have been to their practice in the past 12 months and passed their questionnaire to a female member of their household.

Reporting patient age

- 8.5 Analysis of survey response rates by age was done using the age of the sampled patients, according to their CHI record at the time of data extraction.
- 8.6 For all other analyses by age where survey respondents had reported a valid age in response to question 47, this information has been used in reporting. Where the respondents did not answer the question or gave an invalid response, age information from the sampled patient's CHI record was used.
- 8.7 Valid age was taken to be anything between 17 and 108 years. A small proportion of cases where age was reported as less than 17 were treated as invalid responses to the question, although it is likely that in at least some of these instances the respondents were giving their

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feedback about their experience at the practice when making an appointment for their child, and in doing so reported the child's age rather than their own.

- 8.8 In total, 108,146 responders (97 per cent) provided a valid response to the question on age at last birthday (question 47). Of these, the self-reported age and the age calculated from the CHI record differed by two or more years in 2,149 cases (2 per cent). In a further 8,403 cases (8 per cent) there was a difference of one year. This is not unexpected, however, as many recipients would have had a birthday between 20 October 2015 and the date they responded to their questionnaire (November 2015 – February 2016).
- 8.9 In many instances where the age calculated from the CHI record differed from the age reported by the survey respondents, the associated age group used in the national report remained the same, whether based on CHI or based on the survey response. In 2,998 cases the record was however counted under a different age group for response rate analysis to the one used for all other analyses. Of these, 2,527 (84 per cent) were in an older group for the main analysis of results than for analysis of response rates. Some of this relates to individual recipients having a birthday and “moving up” by a single age group. In other instances this reflects the respondent being a different individual to the person sent the questionnaire and being more likely to be somewhat older than the originally sampled patient; older people were more likely to respond to the survey than younger people.

Table 11 Where reported age and CHI age groups are different

Age group derived from survey responses (Oct 2015 - Feb 2016)	Age group derived from CHI records as at 20 Oct 2015				Total
	17 - 34	35 - 49	50 - 64	65 and over	
17 - 34	0	87	41	39	167
35 - 49	121	0	98	60	279
50 - 64	184	196	0	146	526
65 +	255	591	1,180	0	2,026
Total	560	874	1,319	245	2,998

Reporting deprivation and urban/rural status

- 8.10 Patient postcodes were used to match records to deprivation and urban/rural status information as defined by the Scottish Government. The versions used were:-

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- The Scottish Government urban rural classification 2011/12. Further information on the classification is published at www.gov.scot/Topics/Statistics/About/Methodology/Geography
- The Scottish Index of Multiple Deprivation 2012. Further information on the index is published at www.gov.scot/Topics/Statistics/SIMD

8.11 A small minority of records were not matched to deprivation or urban/rural information, for example because the postcodes were not valid or recognised by the reference files used in the matching. Table 12 below shows the numbers and percentages of records that were not assigned to a deprivation or urban/rural category.

Table 12 Patients that could not be assigned urban/rural or deprivation categories

	No. of all responders	% of all responders	No. of sampled patients	% of sampled patients
Patient not assigned to a classification or quintile	211	0.2	1,989	0.3

Number of responses analysed

8.12 The number of responses that have been analysed for each question is often lower than the total number of responses received. This is because not all of the questionnaires that were returned could be included in the calculation of results for every individual question. In each case this was for one of the following reasons:-

- The specific question did not apply to the respondent and so they did not answer it. For example if they did not see a nurse in the previous 12 months and therefore did not answer questions about their experience with the practice nurse(s)
- The respondent did not answer the question for another reason (e.g. refused). Patients were advised that if they did not want to answer a specific question they should leave it blank
- The respondent answered that they did not know or could not remember the answer to a particular question
- The respondent gave an invalid response to the question, for example they ticked more than one box where only one answer could be accepted.

8.13 The number of responses that have been analysed nationally for each of the per cent positive questions are shown in Annex A: Per cent positive and negative results.

Weighting

- 8.14 Results at Scotland, NHS Board and Health and Social Care Partnership level are weighted. Weighted results were calculated by first weighting each GP Practice result for each question by the relative practice size. The weighted practice results were then added together to give an overall weighted percentage at Scotland, NHS Board and Health and Social Care Partnership level. The weight for each practice is calculated as the practice patient list size (of patients aged 17 or over and therefore eligible for being included in the sample survey) as a proportion of the entire population (Scotland, NHS Board or Health and Social Care Partnership) of patients eligible for inclusion in the survey.
- 8.15 Weighting the results in this way provides results more representative of the population (at Scotland, NHS Board or Health and Social Care Partnership level) than would be the case if all practices (small and large) were given equal weighting in the calculation of aggregation results.

Percentage positive and negative

- 8.16 Per cent or percentage positive is frequently used in the reporting. This means the percentage of people who answered in a positive way. For example, when patients were asked how helpful the receptionists are, if patients answered “Very helpful” or “Fairly helpful”, these have been counted as positive answers. Similarly those patients who said they found the receptionist “Not very helpful” or “Not at all helpful” have been counted as negative. Annex A details which answers have been classed as positive and negative for each question.
- 8.17 Percentage positive is mainly used to allow easier comparison rather than reporting results on the five point scale that patients used to answer the questions. There is also a belief that differences between answers on a five point may be subjective. For example there may be little or no difference between a person who “strongly agrees” and one who “agrees” with a statement. In fact some people may never strongly agree or strongly disagree with any statements.

Outcomes of NHS treatment indicator

- 8.18 The Quality Strategy emphasises the importance of measurement, and a Quality Measurement Framework has been developed³ 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

³ www.gov.scot/Topics/Health/NHS-Scotland/NHSQuality/MeasuringQualityS

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identified, which are intended to show national progress towards achievement of the Quality Ambitions.

- 8.19 One of these twelve Quality Outcome Indicators relates to Patient Reported Outcomes. This is reported in section 11 of the national report.
- 8.20 An average score is calculated for each respondent based on the outcomes questions they have answered. (Patients answering none of the 3 questions are not included.) These average scores are weighted by the number of patients registered at each GP practice to give scores for NHS Boards and Scotland.
- 8.21 The three outcomes questions and how the responses were scored are presented below.
- In the last 12 months, have you received NHS treatment or advice because of something that was affecting your ability to do your usual activities? ...how would you describe the effect of the treatment on your ability to do your usual activities?

Table 13 Scores for outcomes for something affecting ability to undertake usual activities

Outcome	Score
I was able to go back to most of my usual activities	100
There was no change in my ability to do my usual activities	50
I was less able to do my usual activities	0
It is too soon to say	Don't include

- In the last 12 months, have you received NHS treatment or advice because of something that was causing you pain or discomfort

Table 14 Scores for outcomes for something causing pain or discomfort

Outcome	Score
It was better than before	100
It was about the same as before	50
It was worse than before	0
It is too soon to say	Don't include

- In the last 12 months, have you received NHS treatment or advice because of something that was making you feel depressed or anxious?

Table 15 Scores for outcomes for something making patients feel depressed or anxious

Outcome	Score
I felt less depressed or anxious than before	100
I felt about the same as before	50
I felt more depressed or anxious than before	0
It is too soon to say	Don't include

Quality assurance of the national report

- 8.22 A small group of Scottish Government policy leads were sent a draft version of the national report for quality assurance. Feedback included suggestions on ways in which to report data as well as comments about the context for the survey. These were taken into account in finalising the national report. In addition ISD Scotland carried out quality checks of all figures used in the report.
- 8.23 A statement on data quality for all of the patient experience surveys is available at www.gov.scot/Resource/0049/00493714.pdf

Revisions to previous publication

- 8.24 A copy of our revisions policy is available at: www.gov.scot/Resource/0049/00490163.pdf.
- 8.25 Some revisions have been made to the Health Board level results for the Quality Outcome Indicator on Care Experience for 2013/14, due to an error in the previous calculation. The size of the revisions are shown in the table below. The main impact was for NHS Orkney and NHS Western Isles. In particular, the latter was incorrectly presented as 'significantly worse' between 2013/14 and 2011/12, but there was in fact no statistically significant difference between the scores for the two years.

Table 16 Revisions to the Quality Outcome Indicator by NHS Board, 2013/14

	2013/14 previously published figure	2013/14 revised figure	Difference
NHS Ayrshire & Arran	74.0	74.1	-0.1
NHS Borders	78.3	78.2	0.1
NHS Dumfries & Galloway	75.7	75.9	-0.2
NHS Fife	74.9	74.8	0.1
NHS Forth Valley	74.9	75.1	-0.2
NHS Grampian	76.4	76.4	0.0
NHS Greater Glasgow and Clyde	74.3	74.3	0.0
NHS Highland	77.4	77.3	0.1
NHS Lanarkshire	73.3	73.4	-0.1
NHS Lothian	76.2	76.2	0.0
NHS Orkney	82.8	80.8	2.0
NHS Shetland	78.4	78.4	0.0
NHS Tayside	75.7	75.6	0.1
NHS Western Isles	75.3	76.1	-0.8
Scotland	75.2	75.2	0.0

Annex A

Annex A: Per cent positive and negative results

The table below shows which answers were classed as positive, and which were classed as negative. The “Per cent Positive Text” column shows how each question was rewritten for the GP practice 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.

The table also shows how many respondents there were nationally, for each of the per cent positive questions.

Question	Question Text	Codes for Categories					
		No. of respondents	High Positive Values	Low Positive Values	Neutral Values	Negative values	Exclude
3	Thinking of the last time you contacted this GP practice by phone, how easy was it for you to get through?	98,626	1	2		3	4,5
4	The last time you phoned the GP practice, how helpful was the person who answered?	98,496	1	2		3,4	5
5	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?	75,442	1	2		3	4,5
7	If you ask to make an appointment with a doctor 3 or more working days in advance, does your GP practice allow you to?	76,803		1		2	3
8	When you arrange to see a doctor at your GP practice can you usually see the doctor you prefer?	97,601		1,3		2	4
9a	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)	100,354	1	2	3	4,5	6

Annex A

Question	Question Text	Codes for Categories					
		No. of respondents	High Positive Values	Low Positive Values	Neutral Values	Negative values	Exclude
9b	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)	85,538	1	2	3	4,5	6
11	Thinking about the last time your GP practice referred you to other health care services, how would you rate the arrangements for getting to see other services?	54,561	1	2	3	4,5	
13	How helpful do you find the receptionists at your GP practice?	101,296	1	2		3,4	5
14	How do you feel about how long you usually have to wait to be seen after you arrive at your GP practice?	100,332		1		2	3
15b	The doctor listened to me	93,302	1	2	3	4,5	
15c	I felt that the doctor had all the information needed to treat me	92,519	1	2	3	4,5	
15d	The doctor took account of the things that matter to me	92,263	1	2	3	4,5	
15e	The doctor talked in a way that helped me understand my condition and treatment	92,734	1	2	3	4,5	
15f	I felt confident in the doctors ability to treat me	92,896	1	2	3	4,5	
15g	I had enough time with the doctor	92,854	1	2	3	4,5	
16b	The nurse listened to me	74,014	1	2	3	4,5	
16c	I felt that the nurse had all the information needed to treat me	73,775	1	2	3	4,5	

Annex A

Question	Question Text	Codes for Categories					Exclude
		No. of respondents	High Positive Values	Low Positive Values	Neutral Values	Negative values	
16d	The nurse took account of the things that matter to me	73,372	1	2	3	4,5	
16e	The nurse talked in a way that helped me understand my condition and treatment	73,520	1	2	3	4,5	
16f	I felt confident in the nurses ability to treat me	73,951	1	2	3	4,5	
16g	I had enough time with the nurse	73,879	1	2	3	4,5	
17	Are you involved as much as you want to be in decisions about your care and treatment?	98,318		1	2	3	4
19a	It was explained to me why a test was needed	73,380	1	2	3	4,5	
19b	I was satisfied with the length of time I waited for my results	72,707	1	2	3	4,5	
19c	I was satisfied with the way I received my results	72,444	1	2	3	4,5	
19d	The results of the test were explained to me in a way I could understand	72,277	1	2	3	4,5	
21a	It was easy enough for me to get my medicines	87,053	1	2	3	4,5	
21b	I knew enough about what my medicines were for	86,687	1	2	3	4,5	
21c	I knew enough about how and when when to take my medicines	86,617	1	2	3	4,5	
21d	I knew enough about the possible side effects of my medicines	86,346	1	2	3	4,5	
21e	I would know what to do if I had any problems with my medicines	86,391	1	2	3	4,5	
21f	I took my prescription as I was supposed to	86,700	1	2	3	4,5	

Annex A

Question	Question Text	Codes for Categories					Exclude
		No. of respondents	High Positive Values	Low Positive Values	Neutral Values	Negative values	
22	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)?	99,097		1		2	3
23	Were you satisfied with how it was dealt with overall?	5,906		1		2	3
24a	I am treated with respect	100,890	1	2	3	4,5	
24b	I am treated with compassion and understanding	98,836	1	2	3	4,5	
25	Overall, how would you rate the care provided by your GP practice?	101,090	1	2	3	4,5	
30a	The time I waited was reasonable	26,992	1	2	3	4,5	
30b	I felt that the person had all the information needed to treat me	26,673	1	2	3	4,5	
30c	I felt I was listened to	26,711	1	2	3	4,5	
30d	Things were explained to me in a way I could understand	26,656	1	2	3	4,5	
30e	I felt that the person who treated me was the right person	26,657	1	2	3	4,5	
30f	I felt that I got the right treatment or advice	26,672	1	2	3	4,5	
30g	I felt that people took account of the things that matter to me	26,609	1	2	3	4,5	
31	Overall, how would you rate the care you experienced out of hours?	26,529	1	2	3	4,5	
36a	People took account of the things that matter to me	8,832	1	2	3	4,5	

Annex A

Question	Question Text	Codes for Categories					Exclude
		No. of respondents	High Positive Values	Low Positive Values	Neutral Values	Negative values	
36b	I had a say in how my help, care or support was provided	8,515	1	2	3	4,5	
36c	I was aware of the help, care and support options available to me	8,613	1	2	3	4,5	
36d	I was treated with respect	8,827	1	2	3	4,5	
36e	I was treated with compassion and understanding	8,668	1	2	3	4,5	
36f	My health and care services seemed to be well coordinated	8,589	1	2	3	4,5	
36g	I was supported to live as independently as possible	8,490	1	2	3	4,5	
36h	I felt safe	8,466	1	2	3	4,5	
36i	The help, care or support improved or maintained my quality of life	8,479	1	2	3	4,5	
37	Overall, how would you rate your help, care or support services - excluding the care and help you get from friends and family?	9,639	1	2	3	4,5	
45a	I have a good balance between caring and other things in my life	15,494	1	2	3	4,5	
45b	Caring has had a negative impact on my health and wellbeing	14,402	5	4	3	1,2	
45c	I have a say in services provided for the person I look after	14,047	1	2	3	4,5	
45d	Local services are well coordinated for the person(s) I look after	13,912	1	2	3	4,5	
45e	I feel supported to continue caring	14,001	1	2	3	4,5	

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