



# Health and Care Experience Survey 2013/14

## Volume 2: Technical Report

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Scottish Care Experience  
Survey Programme



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SCOTTISH GOVERNMENT

**HEALTH AND CARE EXPERIENCE SURVEY 2013/14  
VOLUME 2: TECHNICAL REPORT**

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# 1 INTRODUCTION AND BACKGROUND

## Introduction

- 1.1 The Health and Care Experience Survey is a postal survey which was sent to a random sample of patients who were registered with a GP in Scotland in October 2013. The survey is the successor to the 2011/12 Patient Experience Survey of GP and Local NHS Services.
- 1.2 Like its predecessor, the survey asked patients about their experience of accessing their GP practice, making an appointment, visiting reception, seeing either a doctor and/or nurse at the surgery, receiving medication, the overall care provided by the practice, out of hours care and outcomes from NHS treatment. New questions were added this year to find out about patients' experiences of tests organised by their GP practice and addressing mistakes made in their care.
- 1.3 In addition a series of questions were added to capture respondents' experience of social care services and the experience of carers to reflect the principles underpinning the integration of health and care in Scotland proposed under The Public Bodies (Joint Working) (Scotland) Bill 2014<sup>1</sup>.
- 1.4 The focus of this report is on the survey development, design and analysis. The national report provides the national results and is available at:
- 1.5 <http://www.gov.scot/Topics/Statistics/Browse/Health/GPPatientExperienceSurvey/Survey1314>
- 1.6 Individual reports for each GP practice, Community Health Partnership (CHP) /Local Authority and NHS Board are available at:  
<http://www.healthcareexperienceresults.org/>

## Scottish Care Experience Survey Programme

- 1.1 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.
- 1.2 The other national care experience surveys are:  
[Patient Experience Inpatient Survey](#)  
[Maternity Patient Experience Survey](#)  
Radiotherapy Survey

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<sup>1</sup> Public Bodies (Joint Working) (Scotland) Bill  
<http://www.scottish.parliament.uk/parliamentarybusiness/CurrentCommittees/65592.aspx>

- 1.3 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 support 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**

- 1.4 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 and CHPs / 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 on 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**

- 1.5 The survey was redeveloped during summer 2013 with an aim of widening it beyond primary care 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.

- 1.6 Consultation workshops were held with members of the public to test out any potential changes and find out what was important to them. 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**

- 1.7 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.
- 1.8 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>2</sup>. The survey was administered by [Picker Europe](#)<sup>3</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.
- 1.9 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.
- 1.10 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.
- 1.11 The response rates have been analysed by ISD and are discussed in Chapter 8 of this report.
- 1.12 More information on the survey design, response rates and methodology can be found in Chapters 4, 8 and 9 of this report.

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<sup>2</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>3</sup> <http://www.pickereurope.org/>

## Survey fieldwork and response

- 1.13 The survey data collected and coded by Picker Institute Europe were securely transferred to ISD. The main analysis contained in the national report was carried out by ISD. In addition, ISD prepared the supplementary tables showing analysis of results for NHS Boards and CHPs / local authorities in conjunction with Scottish Government.
- 1.14 The national report was released on 27 May 2014. It presents national results for each survey question and compares the results with those from the 2011/12 survey. It is available at:
- 1.15 <http://www.gov.scot/Topics/Statistics/Browse/Health/GPPatientExperienceSurvey/Survey1314>
- 1.16 Throughout the national report, weighted average percentages have been presented. This accounts for the different sizes of GP practices. Weighting the results in this way provides results that are more representative of the population at Scotland, NHS Board and CHP / Local Authority level.
- 1.17 Changes from the 2011/12 national results that are discussed in the national report are statistically significant at the 5% level, unless otherwise indicated. Due to the large sample size, even 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 within the national report.
- 1.18 The national report also explores the variation in results between GP practices, NHS Boards, CHPs/ Local Authorities.

## 2 OUTPUTS OF THE SURVEY

2.1 This section provides more details of the range of outputs from the Health and Care Experience Survey 2013/2014. As described above, in addition to the national report, there are local reports for individual GP practices, NHS Boards, CHPs /Local Authorities and are available at:

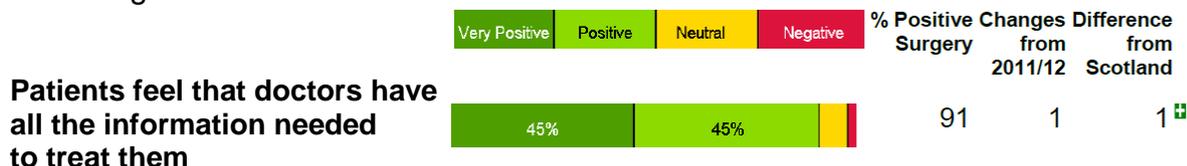
<http://www.healthcareexperiencesresults.org/>

### GP practice reports

2.2 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.

2.3 The results are compared to the Scottish average. Differences which are statistically significant are shown as + where the percent positive score is significantly higher than the national average; and - where the percent positive score is significantly lower than the national average. An example is shown below. In the example 91% of patients for the GP practice responded positively, which is 1 percentage point higher than the national average. The plus symbol a shows that this difference is statistically significant.

2.4 The change since the previous survey is also shown. In this case the positive score has increased by one percentage point but this is not statistically significant.



2.5 There is a section that presents the top five results and bottom five results. The top five questions are those with the highest percentage positive result. The bottom five are those questions with the highest percentage negative result.

2.6 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.

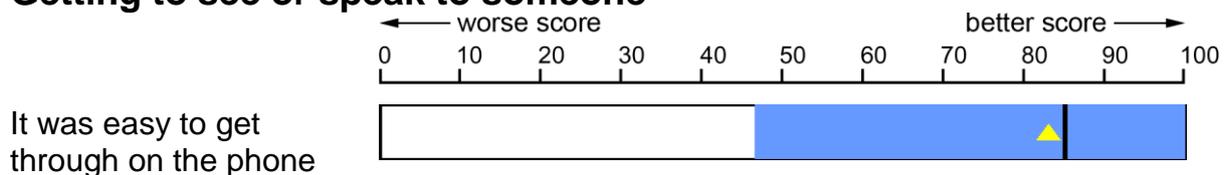
2.7 A further section of the GP practice report compares the latest results with those from previous surveys. Changes are marked as + where the percent positive score has increased from the 2011/12 survey and the increase is statistically significant; and - where the percent positive score has decreased from the 2011/12 survey and the decrease is statistically significant.

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

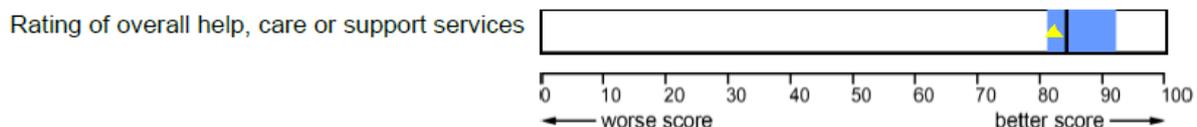
## NHS Board and CHP / Local Authority reports

- 2.9 The NHS Board and CHP / Local Authority (herein after referred to as CHP) reports are of a similar format to the GP practice results described above, but with an additional section showing variation between and within NHS Boards/CHPs.
- 2.10 For GP-related results, the additional section shows variation within the relevant Board/CHP. The range of GP practice results within the NHS Board/CHP are displayed, as well as a comparison with Scotland.
- 2.11 The range of percentage positive results for practices within the NHS Board/CHP are shown as a blue bar from the worst score (to the left), to the best (to the right). The Scottish average is shown as a black line. The NHS Board/CHP score is shown as a yellow triangle. An example is shown below. In the example the best performing practice has a positive score of 100%; the worst performing practice has a positive score of 46%; the NHS Board/CHP result is 83%; and the national average is 85%.

### Getting to see or speak to someone



- 2.12 For results not related specifically to GP practices, for example out of hours care, experiences of social care users and carers, the section shows variation between Boards/CHPs.
- 2.13 The range of percentage positive results for Boards/CHPs are shown as a blue bar from the worst score (to the left), to the best (to the right). The Scottish average is the black line. The NHS Board/CHP score is shown as the yellow triangle.
- 2.14 An example is shown below. In the example the best performing CHP/Board has a positive score of 92%; the worst performing CHP/Board has a positive score of 82%; the Board/CHP result is 83%; and the national average is 84%.



## **Supporting spreadsheets**

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

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

## **Online reporting system**

- 2.16 The survey results are also available on an online reporting system that is accessible to GP practices, CHPs and NHS Boards.
- 2.17 The system allows users to view slightly more detailed results and to benchmark GP practice results against demographically similar practices.
- 2.18 The system also displays the comments that patients left about their GP surgery and other aspects of the survey. Details that could disclose the identity of a patient were removed from the comments. Further information about this is available in section 6 of this report.

## **Availability of data for further research**

- 2.19 An anonymised dataset will be made available for further research at: <http://www.data-archive.ac.uk>

### 3 SURVEY DESIGN

#### Survey development

- 3.1 The survey was redeveloped during summer 2013 with an aim of widening it beyond primary care to cover local care and support services as well as the experience of unpaid carers. These new areas reflect a number of aspirations underpinning the integration of Health and Care in Scotland proposed under the Public Bodies (Joint Working) (Scotland) Bill<sup>4</sup>. A series of health and wellbeing outcomes are proposed under the Bill<sup>5</sup> and it is anticipated that the survey findings relating to users' experience of social care services and carers' experiences will be used to understand how services are impacting on people, and where improvements are required.
- 3.2 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. The existing primary care questions were largely based on the ones used for the 2011/12 Patient Experience Survey of GP and Local NHS Services, which was itself based on the questionnaire for the preceding survey. Details on the development of the 2011/12 questionnaire are available in the previous survey's technical report at:
- <http://www.gov.scot/Publications/2012/05/1477>
- 3.3 The redevelopment of the survey involved discussions with a range of policy leads to find out what areas they would like the survey to cover. For the social care and carers questions, we 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 and the Convention of Scottish Local Authorities (COSLA). We also took into account our experience of using the questions previously and feedback from users.
- 3.4 Consultation workshops were held with members of the public to test out any potential changes and find out what was important to them. 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.

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<sup>4</sup> Public Bodies (Joint Working) (Scotland) Bill  
<http://www.scottish.parliament.uk/parliamentarybusiness/CurrentCommittees/65592.aspx>

<sup>5</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>

## **Cognitive testing**

- 3.5 Over the 16<sup>th</sup> and the 17<sup>th</sup> of October, Picker Institute Europe carried out 21 interviews with Scottish General Practitioner (GP) patients. The interviews were completed over two days, to allow discussions to be had and amendments to be made during the evening between days.
- 3.6 Participants were recruited via a local recruitment agency, and screened to allow for the most diverse group of age, gender and ethnicity. The group consisted of
- 10 males and 11 females
  - 17 people describing themselves as 'white British', the remaining 4 indicating they were Indian/Pakistani, Chinese, Portuguese and mixed race
  - Ages ranging from 23 to 73
  - 7 participants indicated they had a degree or higher

## **Changes to 2013/14 survey, compared with previous surveys**

### ***New questions***

- 3.7 While the 2011/12 survey was specifically about primary care health services, new sections were added relating to social care and to carers. A copy of the 2013/14 patient survey can be found in Annex B. The 2011/12 survey can be found as an annex of the previous technical report:
- <http://www.gov.scot/Publications/2012/05/1477>
- 3.8 New questions in 2013/14 are shown in Table 1 below:

Table 1 New questions for the 2013/14 survey

Question number	Question	Reason the question was added
15d	The doctor took account of the things that matter to me	In order to capture a key aspect of person-centred care policy, additional questions relating to taking account of the things that matter to patients/service users were added.
16d	The nurse took account of the things that matter to me	
20	In the last twelve months have you had any blood tests, x-rays or any other tests arranged by your GP practice?	In previous surveys, recurring themes in the free text comments related to tests arranged by GP practices and how results were communicated.
21a	It was explained to me why a test was needed	
21b	I was satisfied with the length of time I waited for my results	
21c	I was satisfied with the way I received my results	
21d	The results of the test were explained to me in a way I could understand	In response to this, and in recognition that tests are a common and important aspect of primary care, we included a number of questions relating to tests arranged by the GP practice.
24	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)?	In line with the healthcare quality strategy outcome for NHS Scotland that 'Healthcare is safe for every person, every time', questions were included to provide an insight into the prevalence of mistakes as well as patients' experiences of how mistakes were dealt with.
25	Were you satisfied with how it was dealt with overall?	
31f	[with regards out-of-hours service] I felt that people took account of the things that matter to me	In order to capture a key aspect of person-centred care policy, additional questions relating to taking account of the things that matter to patients/service users were added.
34	In the last 12 months have you had help or support with everyday living	In light of the integration of health and care in Scotland proposed under the Public Bodies (Joint Working) (Scotland) Bill, the survey was widened beyond primary care services to include aspects of care and support, and caring. Questions were therefore included to establish the experience of social care users and to explore aspects of particular interest to users: integration – whether health and care services were well coordinated – and the impact of services on outcomes.
35	Did you get help from the services provided by, for example, the Council, NHS, voluntary organisations, or private agencies - including services you paid for?	
36a	People took account of the things that matter to me	
36b	I had a say in how my help, care or support was provided	
36c	I was treated with respect	
36d	I was treated with compassion and understanding	
36e	My health and care services seemed to be well coordinated	
36f	I was supported to live as independently as possible	

<b>36g</b>	I felt safe	
<b>36h</b>	The help, care or support improved or maintained my quality of life	
<b>37</b>	Overall, how would you rate your help, care or support services?	
<b>44</b>	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 ill-health / disability or problems related to old age?	In light of the integration of health and care in Scotland proposed under the Public Bodies (Joint Working) (Scotland) Bill new questions were added to capture the experiences of carers. One of the proposed health and wellbeing outcomes relates to carers and therefore a series of questions were added to provide a better understanding of the wellbeing of carers and the impact of caring on people's lives.
<b>45a</b>	I have a good balance between caring and other things in my life	
<b>45b</b>	I am still able to spend enough time with people I want to spend time with	
<b>45c</b>	Caring has had a negative impact on my health and wellbeing	
<b>45d</b>	I have a say in services provided for the person I look after	
<b>45e</b>	Services are well coordinated for the person(s) I look after	
<b>45f</b>	I feel supported to continue caring	
<b>46c</b>	Comments about care and support services [comments box]	In line with the rationale for additional sections relating to care and support services, an additional comments box was included to allow respondents to leave free text comments on the subject of care and support services
<b>52</b>	In general, how well do you feel that you are able to look after your own health?	One of the outcomes proposed under the Public Bodies (Joint Working) (Scotland) Bill is around people being able to look after and improve their own health and wellbeing and live in good health for longer. It is anticipated that the results from question will used alongside other information sources to provide a greater understanding of the health and wellbeing of the local population.

53	Thinking about the good and the bad things that make up your quality of life, how would you rate your quality of life as a whole?	This question was added to provide more information on the health and wellbeing of people in addition to information on about how people rate their health. Quality of life is complex area and will be impacted by a range of factors and so this question allows respondents to make a judgement about their quality of life based on their individual circumstances and experiences. It will be used to see whether quality of life influences people's experiences and outcomes.
58	What best describes the accommodation you live in?	This question was added to better understand the circumstances in which people live. It will be used to understand whether factors such living circumstances influences people's experiences and outcomes.

### **Changed questions**

3.9 A number of changes were made to the survey questionnaire to take into account feedback from patients and stakeholders during cognitive testing interviews and consumer panels. All tested well with patients and stakeholders and were therefore introduced in the 2013/14 questionnaire.

3.10 Changed questions for 2013/14 are shown below:

Table 2 Questions that were changed in 2011/12

Question no. in 2013/14	Question in 2013/14	Question no. in 2011/12	Question in 2011/12	Reason for Changes
Change applied throughout the whole questionnaire	All questions or answers/statements containing 'GP practice'.	Change applied to all questionnaire	All questions or answers/statements containing 'GP surgery'.	All references to 'GP surgery' have been replaced by 'GP practice' as this term is more commonly used in Scotland.
17	Are you involved as much as you want to be in decisions about your care and treatment?  Options were changed to : - Yes, definitely - Yes, to some extent	19	Options were: - I am involved more than I want to be - I am involved as much as I want to be - I am not involved enough - I do not wish to be involved - Not relevant.	Options were changed to make them to improve understanding and make them shorter too.

Question no. in 2013/14	Question in 2013/14	Question no. in 2011/12	Question in 2011/12	Reason for Changes
	- No, and I would like to be - No, but I do not want to be involved.			
18	Question text was changed to:  'Did you see any health professionals at your GP practice in the last 12 months about something that affected your ability to work or get to work?'	20	'Did you see any health professionals in the last 12 months about something that affected your ability to work?'	Question was broadened out to definitively encompass those who were not currently in employment, but that had a condition that would affect their ability to work or find work.
19	Question text was changed to:  'The last time this happened, did they have a discussion with you about your ability to work or get work?'  Options were changed to:  - Yes, and it was useful - Yes, but it was not useful - No, but I would have found it useful - No, but I did not want to	21	The last time this happened, did they <b>discuss</b> your ability to work with you?  - Yes, we had a useful discussion about my ability to work - Yes, we discussed my ability to work but it was not useful - No, we did not discuss my ability to work, but I would have found it useful - No, we did not discuss my ability to work but I did not want to	Question was broadened out to definitively encompass those who were not currently in employment but that had a condition that would affect their ability to work or find work.  As part of this, the response options were shortened to make the question more readily understandable to respondents.
26a	'How much do you agree or disagree with each of the following about how you are treated by the staff at your GP practice?'  Statement was changed to: 'I am treated with respect'.	24	Statement was: 'I am treated with respect and dignity'.	This was simplified as the previous statement encompassed two slightly different areas. The change also brought the survey in line with other experience surveys using similar statements.
26b	'How much do you agree or disagree	24	Statement was: 'I am treated with	This was changed in order to be in line with

Question no. in 2013/14	Question in 2013/14	Question no. in 2011/12	Question in 2011/12	Reason for Changes
	with each of the following about how you are treated by the staff at your GP practice?  Statement was changed to: 'I am treated with compassion and understanding'.		kindness and understanding'.	other surveys using similar statements.
56	'Which of the following options best describes how you think of yourself?'  Option 2 was changed to: 'Gay or Lesbian'.	46	Option 2 was: Homosexual / Gay or Lesbian.	We changed this option to bring the question in line with current guidance for demographic questions relating to how individuals think of themselves.

**Questions that were in the 2011/12 survey but not in the 2013/14 survey**

- 3.11 The 2011/12 survey asked respondents to select all the NHS services that they had used in the past 12 months. This question was removed, as insufficient use of the data was made to justify the question's continued inclusion.
- 3.12 In the 2011/12 survey, patients were asked "How clean is your GP surgery of health centre". This question was removed from the survey because it was simply not an issue for the vast majority of practices: 99% of respondents felt that their practice was very clean or fairly clean. Where this was an issue, the problem will have been identified by the 2011/12 survey.

## 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 22 October 2013 and aged 17 or over at that date. Eligible patients were identified by ISD Scotland, using an October 2013 extract from the Community Health Index (CHI) database.
- 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 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% confidence interval with width +/- 8 percentage points, sampled from a finite population. This level of acceptable uncertainty was agreed with stakeholders. For the 2009/10 survey the sample sizes were based on a 95% confidence interval with width +/-7 percentage points. The small reduction in the required accuracy of the results reduced respondent burden and costs. Unlike the 2009/10 survey, the results will not be used to allocate any funding to GP practices so they do not have to be quite as accurate.
- 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)
- $B = z^2 p(1-p)/c^2$
- p = the proportion answering in a certain way (assume 0.5 as this gives maximum variability)
- z is 1.96 for a 95% 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

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 2013/14 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 2011/12 Patient Experience Survey of GP and Local NHS Services. This provided the most efficient way of determining the sample size.

4.9 For the 2009/10 survey two reminders were sent to boost the response rate, but the 2010/11 survey was designed to achieve the required number of responses for each practice without reminders. It proved to be cost effective to send more surveys initially than to send fewer surveys and reminders. The 2013/14 survey was designed using the same methodology as was applied in 2011/12.

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 584,070 patients were sampled for inclusion in the Health and Care Experience Survey 2013/14.

### Patient 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 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 Picker Institute Europe<sup>6</sup> to administer the survey. Picker Institute Europe is an independent, not for profit research and development institute with charitable status, and has provided support for other patient experience survey work elsewhere in the UK. For this survey Picker employed a specialist company Ciconi Ltd to design, print and mail surveys and to process survey returns. ISD Scotland provided day-to-day support for the administration of the survey along with Scottish Government analytical staff.

### Mail-out

- 5.2 The fieldwork began on 25 November 2013. In total, 584,070 surveys were posted out in four batches between 25 November 2013 and 02 December 2013. Patients were asked to complete the questionnaire by 28 February 2014. Reminder letters were not sent out to those who did not initially respond. For the 2009/10 survey two reminders were sent to boost the response rate, but the 2010/11 survey was designed to achieve the required number of responses for each practice without reminders.
- 5.3 It proved to be cost effective to send more surveys initially than to send fewer surveys and reminders and the same methodology was used for this survey. As the response rate was observed to be lower than previous surveys a targeted reminder utilising excess questionnaires from the initial mail-out was sent on 27 January 2014. These questionnaires were targeted at GP practices with low response rates and those which had yet to reach the minimum number of responses required to produce a practice level report.

### Data collection

- 5.4 Data was collected in the form of hardcopy returns and online returns (including online returns completed by people using JAWS readers<sup>7</sup>).
- 5.5 During the fieldwork a FREEPHONE helpline answered queries from patients surveyed. In total 1,531 telephone enquiry calls were answered by the telephone and language line. This was an increase compared to the number received in 2011/12 (821) and could be explained by the widening out of the survey to social care users and carers.

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<sup>6</sup> Picker Europe used Ciconi Ltd as part of the contract to assist with data entry and reporting

<sup>7</sup> JAWS is a screen reading software product that is accessible to the visually impaired.

## Deceased patients

- 5.6 The patients included in the 2013/14 survey were sampled from an extract taken from the Community Health Index (CHI) database<sup>8</sup> on 22 October 2013. The questionnaire printing and main mail-out process extended from this date through to the final mailing date of 02 December 2013 and then to the targeted reminder date of 27 January 2014. This meant that some patients would have died between the extract date and mail out dates.
- 5.7 As in previous surveys, 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 CHI database to identify patients who had recently died. This process also helped to identify patients who had died abroad and was carried out seven 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.
- 5.8 As was the case for the 2011/12 survey, 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 (NHSCR) and linked to the National Records of Scotland (NRS) deaths database. This allowed NHSCR to provide regular extracts of deceased patients to ISD during the main mail-out period and again before the targeted mail-out on 27 January 2014. 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 NHSCR for their help and support during this stage of the project.
- 5.9 Between the CHI and NHSCR databases, a total of 872 records included in the initial survey sample were flagged as deceased between the time the 22 October 2013 CHI extract was taken and the final mail out date on 27 January 2014. These records were analysed by ISD and sent to Ciconi Ltd for removal from the mail-out process prior to dispatch. All of the 872 deceased records were removed prior to mailing questionnaire to patients. In a further 28 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 Ciconi Ltd to notify them of this. This is a substantial drop on the number of such cases compared to the 2011/12 survey when 137 such notifications were received.
- 5.10 The targeted reminder sent on the 27<sup>th</sup> January 2014 was sent to respondents following an additional death checking process.

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<sup>8</sup> For more information on the CHI database please go to <http://www.shsc.scot/meetings/chi-advisory-group/>

- 5.11 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.
- 5.12 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**

### **Scanning process**

- 6.1 Once the survey was issued, paper copies of questionnaires received were scanned on a daily basis by staff at Ciconi Ltd. A verification process was then carried out for each batch scanned and a number of checks were undertaken to ensure that the scanning process had worked correctly.

### **Data capture**

- 6.2 To ensure clarity of information and ultimately accuracy, the following were set up and tested before the data entry began:

- Data structure
- Data entry spreadsheet
- Data capture instructions
- Capture questionnaire

- 6.3 The people entering the data were required to enter data into a test environment prior to commencing work. The test data files were individually checked, matching each questionnaire to each record, to ensure accuracy. Once the test files had been verified and approved, the person was allowed to commence work. A number of formal procedures were used to help increase accuracy including name of the person who entered the data recorded against each entry and the unique reference numbers that link a survey to a patient were entered twice.

### **Verification & upload process**

- 6.4 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**

- 6.5 Once confirmation had been received that the scanned batch of completed surveys had been verified; trays containing the hardcopy forms were tipped into a locked cage and stored for collection. Periodically the cages were collected and sent for secure shredding. Batches that were destroyed were logged and a certificate of destruction was received.

## Free text

- 6.6 The survey asked respondents if there was anything else that they would like to tell us about their experiences of their local GP or other local healthcare services, or care and support services.
- 6.7 Just over 90,000 comments were left with approximately 50,000 relating to the GP practice, roughly 28,000 relating to other local NHS services, and roughly 14,000 relating to care and support services.
- 6.8 Disclosive details that could be used to identify patients were suppressed when the comments were entered. These details included names, addresses, ages, dates, medications and medical conditions. Staff names were also suppressed.
- 6.9 Checks were undertaken on 10% of records to ensure that the free text comments were linked to the correct record and that the instructions for suppressing disclosive details were followed.

## **7 DATA SECURITY AND CONFIDENTIALITY**

### **Information Governance Framework**

- 7.1 Data to support the survey were provided by ISD Scotland, Atos Origin Alliance (who host the CHI database for NHS Scotland) and the NHS Central Register (NHSCR). NHS National Services Scotland (NSS) and NHSCR staff adhere to an NHS Scotland Information Governance Framework, which brings together all of the statutory requirements, standards and best practice that apply to the handling of personal information. This includes requirements set out in the Data Protection Act. Similarly, as the appointed survey contractors, Picker Institute Europe and Ciconi Ltd were required to comply with the principles covered by the Scottish Information Governance Toolkit.<sup>6</sup>

### **Application for use of data**

- 7.2 The Community Health Index (CHI) is an NHS Scotland database containing personal information about every patient registered with a general practice in Scotland. This database is maintained by PSD and Atos Origin Alliance on behalf of each Scottish NHS Board. The Scottish Government, with input from ISD, submitted an application to the CHI Advisory Group seeking authorisation to obtain the necessary CHI information to be used as a sampling frame for the Survey. Permission to access CHI data for the purpose of the survey was granted in June 2011 for the 2011/12 survey and for future versions of this survey.

### **Data sample**

- 7.3 The sample of patients to whom the survey was sent was drawn randomly from CHI. The sampling method and process are described in more detail in Chapter 4. Each patient selected for the survey was allocated a survey-specific unique ID number. This ID number was shown on the questionnaire sent to each patient, and used to link individual survey responses back to the original list of sampled patients.

### **Data transfer**

- 7.4 The names, addresses and survey-specific unique ID numbers of sampled patients, along with the code, name and location of their registered GP practice, were sent electronically by secure FTP (File Transfer Protocol) link to Picker Institute Europe. Once the file was successfully transferred, it was immediately deleted from the FTP site.

<sup>6</sup> <http://www.gov.scot/Publications/2008/07/01082955/5>

- 7.5 On completion of survey fieldwork and data capture (described in more detail in Chapters 5 and 6), the coded questionnaire responses were sent electronically by secure FTP from the survey contractors to ISD Scotland.
- 7.6 In addition to this, to help support the process of identifying deceased patients, patient details were also sent to Atos Origin Alliance and NHSCR (described in more detail in Chapter 5). The CHI numbers of sampled patients were sent electronically by secure FTP link to and from ISD and Atos. The survey-specific unique ID number, CHI number, GP practice details, names and addresses of sampled patients were also sent electronically via secure nhs.net transfer to and from NHSCR.

### **Access to data**

- 7.7 Only named personnel within ISD, the survey contractors, PSD and NHSCR had access to the name and addresses of the people who were sent the questionnaire. Only named individuals within ISD and the survey contractors had access to details of those who responded. All personnel are governed by the previously mentioned Information Governance Framework. No access to patient name and address details has, or will be given to general practices, Community Health Partnerships, NHS Boards, the Scottish Government or any other organisation or individual.

## 8 SURVEY RESPONSE

### Overview

8.1 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, 584,070 surveys were sent to patients and 112,970 were returned completed, giving an overall response rate of 19 per cent. This was lower than the expected overall response rate of 23 per percent, based on response rates to previous surveys of this type.

### Overall response rates for NHS Board areas

8.2 The highest response rate for an NHS Board was Orkney (31%) and the lowest response rate was for Greater Glasgow and Clyde (15%). 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

<b>NHS Board</b>	<b>Total Forms sent out</b>	<b>Number of Responses</b>	<b>Response Rate (%)</b>	<b>Expected Response Rate (%)</b>
NHS Ayrshire & Arran	32,450	6,530	20	25
NHS Borders	9,434	2,576	27	35
NHS Dumfries & Galloway	14,679	3,945	27	33
NHS Fife	30,453	6,358	21	28
NHS Forth Valley	31,021	6,538	21	26
NHS Grampian	38,847	8,720	22	29
NHS Greater Glasgow and Clyde	189,291	29,062	15	18
NHS Highland	41,122	11,138	27	32
NHS Lanarkshire	72,811	12,837	18	22
NHS Lothian	77,371	14,429	19	23
NHS Orkney	3,074	963	31	40
NHS Shetland	3,936	1,015	26	33
NHS Tayside	35,090	7,726	22	28
NHS Western Isles	4,491	1,133	25	30
<b>Scotland</b>	<b>584,070</b>	<b>112,970</b>	<b>19</b>	<b>23</b>

## Response rates for GP Practices

8.3 Patients at smaller practices were no more likely to respond than those at larger practices (Table 5).

Table 5 Response rate by practice list size

GP Practice List size	Total Forms sent out	Number of Responses	Response Rate (%)
<2500	92,722	19,799	21
2500 – 4999	173,270	32,659	19
5000 – 7499	143,477	27,246	19
7500 – 9999	103,164	20,218	20
10000+	71,437	13,048	18
<b>Scotland</b>	<b>584,070</b>	<b>112,970</b>	<b>19</b>

## Response rate by patient characteristics

8.4 As expected, the response rate was lower for patients living in deprived areas. This was taken into account when the sample sizes were calculated (see Chapter 4 on Sample Design). The response rate ranged from 13 per cent for the patients living in the most deprived areas to 24 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	147,805	19,443	13
2	119,995	20,639	17
3	122,860	26,566	22
4	102,139	24,237	24
5 - Least Deprived	89,101	21,763	24
Unknown	2,170	322	15
<b>Scotland</b>	<b>584,070</b>	<b>112,970</b>	<b>19</b>

Note: Scottish Index of Multiple Deprivation (SIMD) 2012

## Response rate by patient urban/rural location

8.5 The response rate ranged from 16 per cent of patients living in large urban areas to 29 per cent of patients living in remote rural areas (Table 7).

Table 7 Response rate by patient urban/rural location

<b>Urban/Rural</b>	<b>Total Forms sent out</b>	<b>Number of Responses</b>	<b>Response Rate (%)</b>
Large Urban Areas	275,369	43,255	16
Other Urban Areas	139,731	27,151	19
Accessible Small Towns	39,479	8,651	22
Remote Small Towns	15,331	3,583	23
Accessible Rural	58,361	14,466	25
Remote Rural	53,629	15,542	29
Unknown	2,170	322	15
<b>Scotland</b>	<b>584,070</b>	<b>112,970</b>	<b>19</b>

### Response rate by patient age group

8.6 The response rate increased with age and was highest in the 65+ age group (37%). This compared to a response rate of just seven per cent for those aged 17-34 (Table 8).

Table 8 Response rate by age group

<b>Age</b>	<b>Total Forms sent out</b>	<b>Number of Responses</b>	<b>Response Rate (%)</b>
17 - 34	180,062	12,634	7
35 - 49	150,525	20,674	14
50 - 64	137,713	36,499	27
65 +	115,770	43,163	37
<b>Scotland</b>	<b>584,070</b>	<b>112,970</b>	<b>19</b>

### Response rate by patient gender

8.7 The response rate was higher for females (22%) than it was for males (17%) (Table 9).

Table 9 Response rate by gender

<b>Age</b>	<b>Total Forms sent out</b>	<b>Number of Responses</b>	<b>Response Rate (%)</b>
Male	290,658	48,688	17
Female	293,412	64,282	22
<b>Scotland</b>	<b>584,070</b>	<b>112,970</b>	<b>19</b>

## Method of response

8.8 Of the 112,970 respondents, the majority (91%) sent their surveys back in the post. A total of 9,615 completed their survey online, of which 456 completed the survey using a JAWS reader (Table 10).

Table 10 Method of response

<b>Method</b>	<b>Number of Questionnaires completed</b>	<b>Questionnaires completed (%)</b>
Completed (hardcopy)	103,355	91
Completed (web)	9,159	8
Completed (web - JAWS)	456	0
<b>Scotland</b>	<b>112,970</b>	<b>100</b>

Note: JAWS is a screen reading software product that is accessible to the visually impaired. It is believed that many of those who completed the JAWS version of the online survey did not actually have a visual impairment.

## **ANALYSIS AND REPORTING**

### **Introduction to analysis**

- 9.1 The survey data collected and coded by Picker Institute Europe and Ciconi Ltd were securely transferred to ISD Scotland, where the information was analysed using the statistical software package SPSS version 21.0.

### **Reporting Patient Gender**

- 9.2 Analysis of survey response rates by gender was done using the gender of the sampled patients, according to their CHI record.
- 9.3 For all other analyses by gender, where survey respondents had reported a valid gender 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, gender information from the sampled patient's CHI record was used.
- 9.4 Self-reported gender was used where possible as in a small proportion of responses the reported information and the information on CHI differed. The most likely reason for this is that the questionnaire was sent to one patient but was completed by or on behalf of another one registered to the same practice (e.g. a recipient passing their questionnaire to a spouse).
- 9.5 In total, 111,682 responders (98.1%) provided a valid response to the question on gender (question 47). Of these, there was a difference between self-reported gender of the respondent and the gender of the originally sampled patient in 1,167 cases (1.0%). 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 = 671), than it was that a questionnaire sent to a female was answered by a male (n = 491). 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**

- 9.6 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 (22 October 2013).
- 9.7 For all other analyses by age where survey respondents had reported a valid age in response to question 48, 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 (as at 22nd October 2013) was used.

- 9.8 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 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.
- 9.9 Self-reported age was used where possible in preference to age derived from the CHI record as in a proportion of responses the reported information and the information on CHI differed. Reasons for this include the questionnaire being sent to one patient but being completed by or on behalf of another one registered to the same practice (e.g. a recipient passing their questionnaire to a family member or spouse). In some of these instances, where the survey recipient and another member of their household had the same name (e.g. a father and son), the questionnaire may have been answered by the namesake of the individual sent the questionnaire.
- 9.10 In total, 110,736 responders (98%) provided a valid response to the question on age at last birthday (question 48). Of these, the self-reported age and the age calculated from the CHI record differed by two or more years in 2,001 cases (1.8%). In a further 17,722 cases (16%) there was a difference of one year. This is not unexpected, however, as many recipients would have had a birthday between 22<sup>nd</sup> October 2013 and the date they responded to their questionnaire (November 2013 – March 2014).
- 9.11 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 1,875 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, 1,461 (77.9%) 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 2013 - Apr 2014)	Age group derived from CHI records as at 22nd Oct 2013				
	17 - 34	35 - 49	50 - 64	65 and over	Total
17 - 34	0	63	31	32	<b>126</b>
35 - 49	216	0	84	61	<b>361</b>
50 - 64	182	361	0	143	<b>686</b>
65 +	57	127	518	0	<b>702</b>
<b>Total</b>	<b>455</b>	<b>551</b>	<b>633</b>	<b>236</b>	<b>1,875</b>

### Reporting deprivation and urban/rural status

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

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

9.13 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

	n of all responders	% of all responders	n of sampled patients	% of sampled patients
<b>Patient not assigned to a classification or quintile</b>	322	0.3	2,170	0.4

## Number of responses analysed

9.14 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.

9.15 The number of responses that have been analysed nationally for each of the percent positive questions are shown in Annex A.

## Weighting

9.16 Results at Scotland, NHS Board and CHP 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 CHP 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 CHP) of patients eligible for inclusion in the survey. Many of the questions in the survey relate to the specific practice that the patient attended during 2013/14. Therefore, weighting the results in this way provides results more representative of the population (at Scotland, NHS Board or CHP 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**

- 9.17 Percent 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.
- 9.18 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.

## **Quality of these statistics - Sources of bias and other errors**

### **Sampling error**

- 9.19 It should be kept in mind that because the results are based on a survey of sampled patients and not the complete population of Scotland, the results are affected by sampling error. More information on sampling can be found in chapter 4. However due to the large sample size the effect of sampling error is very small for the national estimates. Confidence intervals (95%) for the percentage of patients responding positively to a particular statement are generally less than +/- 1%.
- 9.20 When comparisons have been made, the effects of sampling error are taken into account by the tests for statistical significance. Only differences that are statistically significant, that is that they are unlikely to have occurred by random variation, are reported as differences.

### **Non-response bias**

- 9.21 The greatest source of bias in the survey estimates is due to non-response. Non-response bias will affect the estimates if the experiences of respondents differ from those of non-respondents.
- 9.22 We know that some groups (e.g. men and younger people) are less likely to respond to the survey. This is partly explained by the fact that men and younger people are less likely to visit their GP practice. We also believe that there are differences in the reported experiences of different groups (e.g. from the 2011/12 Patient Experience Survey of GP and Local NHS Services we found that younger people tend to be less positive about their experiences

and women tend to be less positive<sup>9</sup>). An example of the effects of this type of bias is that with more older people responding, who are generally more positive, the estimates of the percentage of patients answering positively will be slightly biased upwards.

- 9.23 The comparisons between different years of the survey should not be greatly affected by non-response bias as the characteristics of the sample are reasonably similar for each year.
- 9.24 Some non-response bias is adjusted for by weighting the results. The response rates differ between GP practices, but weighting the results by patient numbers means that GP practices with lower response rates are not under-represented in the national results. Results could have been weighted by patient factors such as age and gender.

### **Other sources of bias**

- 9.25 There are potential differences in the expectations and perceptions of patients with different characteristics. Patients with higher expectations will likely give less positive responses. Similarly patients will perceive things in different ways which may make them more or less likely to respond positively. When making comparisons between NHS Boards it should be remembered that these may be affected by differences in patient characteristics. This should not affect comparisons between years.

### **Sample design**

- 9.26 The survey used a stratified sample design rather than a simple random sample approach. Those included in a simple random sample are chosen randomly by chance giving an equal probability of being selected. Simple random samples can be highly effective if all subjects return a survey; giving precise estimates and low variability. However, simple random samples are expensive and cannot guarantee that all groups are represented proportionally in the sample.
- 9.27 Stratified sampling involves separating the eligible population into groups (i.e. strata) and then assigning an appropriate sample size to each group to ensure that a representative sample size is taken. This survey was stratified by GP Practice and was based on a disproportionate stratified sample design because the sampling fraction was not the same within each of the practices. Some practices were over-sampled relative to others (i.e. had a higher proportion of their patients included in the sample) in order to achieve the minimum number of responses required for analysis (please see Chapter 4 for more information on the sample size).

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<sup>9</sup> <http://www.scotland.gov.uk/Publications/2013/03/2822/1>

## Design factor

- 9.28 Results at National, NHS Board and CHP level were weighted by relative size of each practice (stratum). One of the effects of using stratification and weighting is that this can result in standard errors for survey estimates being generally higher than the standard errors that would be derived from an unweighted simple random sample of the same size.
- 9.29 Features of using a disproportionate stratified sampling design can affect the standard errors that are used to calculate confidence intervals and test statistics. Calculating the design factor (Deft) can tell us by how much the standard error is increased or decreased compared to a simple random sample design, given the design that we have used. The design factor has been incorporated into the confidence interval calculations at National, NHS Board and CHP level (please see Annex D for more information).

## Design effect

- 9.30 The design effect (Deff) is the square of the design factor and can tell us how much information we have gained or lost by using a complex survey design rather than a simple random sample.<sup>10</sup> For example, a design effect of two would mean that we would need to have a survey that is twice the size of a simple random sample to obtain the same volume of information and precision of a simple random sample. A design effect of 0.5 would mean that we would gain the precision from a complex survey of only half the size of a simple random sample. The design effect has been incorporated into the test statistic calculations at National, NHS Board and CHP level.

## Confidence Intervals

- 9.31 The reported results for the percentages of patients answering positively have been calculated from the patients sampled. As with any sample, if we had asked a different group of patients, we could have ended up with different results.
- 9.32 Confidence intervals provide a way of quantifying this sampling uncertainty. A 95% confidence interval gives a range that we can be 95% sure contains the “true” result i.e. the results we would have obtained had we asked the same question to all of the practices’ patients.
- 9.33 If, for example, the percentage positive result for a particular question is 80% and the confidence interval is +/-5%, this means we are 95% sure that the result should be between 75% and 85%.

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<sup>10</sup> <http://www.scotland.gov.uk/Resource/Doc/933/0079282.doc>

9.34 Confidence intervals have been calculated for the percent positive results of question 27 (the overall rating of care provided by the GP surgery) by NHS Board in table 14. This provides an example of the accuracy of the estimates provided in Table 14 of the National report. More details on this calculation are available in Annex D.

Table 13 Percentage of patients rating the overall care provided by their GP surgery as excellent or good, by NHS Board, with 95% confidence intervals

NHS Board	Percentage	95% confidence interval	
		Lower Limit	Upper Limit
Ayrshire and Arran	86.8	85.8	87.7
Borders	89.8	88.4	91.2
Dumfries and Galloway	89.9	88.7	91.0
Fife	86.0	85.0	87.0
Forth Valley	87.3	86.3	88.3
Grampian	85.4	84.4	86.3
Greater Glasgow and Clyde	88.7	88.2	89.1
Highland	88.7	87.9	89.6
Lanarkshire	83.1	82.3	83.9
Lothian	85.1	84.4	85.8
Orkney	97.3	95.9	98.8
Shetland	82.2	78.8	85.6
Tayside	88.7	87.9	89.5
Western Isles	89.7	87.3	92.2
<b>SCOTLAND</b>	<b>86.8</b>	<b>86.5</b>	<b>87.0</b>

### Tests for Statistical Significance

9.35 A result can be described as statistically significant if it is unlikely to have occurred by random variation. Testing for statistical significance allows us to assess whether there have been significant increases or decreases in performance between one time period and another. Similarly it can allow us to assess whether a result for an NHS Board or CHP is significantly higher or lower than the result for Scotland as a whole. The effects of sampling error (please see section 9.19) are taken into account by the tests for statistical significance.

9.36 Where possible, comparisons with percent positive results from the 2011/12 GP patient experience survey have been made at NHS Board, CHP and practice level within individual reports. Scores which have significantly improved since the 2011/12 survey have been reported as . Scores which have significantly worsened since the 2011/12 survey have been reported as .

- 9.37 Comparisons with the 2011/12 percentage positive results at national level are discussed within the national report on the basis that differences are statistically significant.
- 9.38 Comparisons with the 2011/12 national (i.e. Scotland) percent positive results have also been made at NHS Board, CHP and practice level and can be found within the individual reports. Differences which are statistically significant are shown as ■ where the percent positive score is significantly higher than the national average; and ■ where the percent positive score is significantly lower than the national average.
- 9.39 All significance testing was carried out at 5% level. The normal approximation to the binomial theorem was used for this. This approach is equivalent to constructing a 95% confidence for the difference between the results.
- 9.40 As discussed in section 9.29, when calculating the test statistics at national, NHS Board and CHP level, the standard error has been multiplied by the design factor (Deft).
- 9.41 More details on tests for statistical significance are available in Annex E.

### **Outcomes of NHS treatment indicator**

- 9.42 The Quality Strategy emphasises the importance of measurement, and a Quality Measurement Framework has been developed<sup>11</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.
- 9.43 One of these twelve Quality Outcome Indicators relates to Patient Reported Outcomes. This is reported in chapter 11 of the national report.
- 9.44 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.
- 9.45 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?

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<sup>11</sup> <http://www.gov.scot/Topics/Health/Policy/Quality-Strategy/Quality-Measurement-Framework>

Table 14 Scores for outcomes for something affecting ability to undertake usual activities

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 15 Scores for outcomes for something causing pain or discomfort

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 16 Scores for outcomes for something making patients feel depressed or anxious

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

9.46 A small group of Scottish Government policy leads and practitioners 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.

## ANNEX A PERCENT POSITIVE AND NEGATIVE RESULTS

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 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 percent positive questions.

Question Number	Question text	Percent Positive Text	Positive	Negative	Respondents
3	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	98,114
4	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	97,950
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?	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 1-2 working days	I waited more than 2 working days to see or speak to a doctor or nurse	74,573
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?	Able to book a doctor’s appointment 3 or more working days in advance	Yes	No	76,882
8	When you arrange to see a doctor at your GP practice can you usually see the doctor you prefer?	Can usually see preferred doctor	Yes; I don't have a doctor I prefer to see	No	96,931
9a	Overall how would you rate the arrangements for getting to see a doctor in your GP practice?	Overall arrangements for getting to see a doctor	Excellent; Good	Poor; Very poor	99,963

<b>Question Number</b>	<b>Question text</b>	<b>Percent Positive Text</b>	<b>Positive</b>	<b>Negative</b>	<b>Respondents</b>
9b	Overall how would you rate the arrangements for getting to see a nurse in your GP practice?	Overall arrangements for getting to see a nurse	Excellent; Good	Poor; Very poor	81,803
11	Thinking about the last time your GP 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	52,398
13	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	100,700
14	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	It is reasonable	It is too long	99,771
15b	The doctor listened to me	Doctors listens to patients	Strongly agree; Agree	Disagree; Strongly disagree	93,570
15c	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	92,801
15d	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	92,711
15e	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	93,111
15f	I felt confident in the doctor's ability to treat me	Patients have confidence in the doctor's ability to treat them	Strongly agree; Agree	Disagree; Strongly disagree	93,250
15g	I had enough time with the doctor	Patients have enough time with the doctor	Strongly agree; Agree	Disagree; Strongly disagree	93,259
16b	The nurse listened to me	Nurses listen to patients	Strongly agree; Agree	Disagree; Strongly disagree	71,704

Question Number	Question text	Percent Positive Text	Positive	Negative	Respondents
16c	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	71,454
16d	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	71,103
16e	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	71,133
16f	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	71,603
16g	I had enough time with the nurse	Patients have enough time with nurses	Strongly agree; Agree	Disagree; Strongly disagree	71,579
17	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	Yes, definitely	No, but I would like to be	97,349
19	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	Yes, and it was useful	No, but I would have found it useful	8,741
21a	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	71,057
21b	I was satisfied with the length of time I waited for my test results	It is explained to patients why they need a test	Strongly agree; Agree	Disagree; Strongly disagree	70,435
21c	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	70,227
21d	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	70,015

Question Number	Question text	Percent Positive Text	Positive	Negative	Respondents
23a	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	86,416
23b	I knew enough about what my medicines were for	Patients know enough about what their medicines are for	Strongly agree; Agree	Disagree; Strongly disagree	85,986
23c	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	85,944
23d	I knew enough about possible side effects of my medicine	Patients know enough about side effects of medicines	Strongly agree; Agree	Disagree; Strongly disagree	85,683
23e	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	85,727
23f	I took my prescription as I was supposed to	Patients take their prescription as they are supposed to	Strongly agree; Agree	Disagree; Strongly disagree	86,105
24	In the past year do you believe a mistake was made in your treatment or care by your GP practice?	Patients believe a mistake was made in their treatment or care by their GP practice	No	Yes	98,548
25	Were you satisfied with how it was dealt with overall?	Overall rating of how mistakes are dealt with	Yes, completely	No	5,968
26a	I am treated with respect	Patients are treated with respect	Strongly agree; Agree	Disagree; Strongly disagree	100,263
26b	I am treated with compassion and understanding	Patients are treated with compassion and understanding	Strongly agree; Agree	Disagree; Strongly disagree	98,420
27	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	100,397

Question Number	Question text	Percent Positive Text	Positive	Negative	Respondents
31a	The time I waited was reasonable	The time patients wait for out of hours services is reasonable	Strongly agree; Agree	Disagree; Strongly disagree	27,529
31b	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	27,082
31c	I felt I was listened to	Patients feel that they are listened to	Strongly agree; Agree	Disagree; Strongly disagree	27,127
31d	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	27,125
31e	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	27,190
31f	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	27,081
32	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	27,346
36a	People took account of things that matter to me	People take account of the things that matter to service users	Strongly agree; Agree	Disagree; Strongly disagree	9,554
36b	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	9,224
36c	I was treated with respect	Service users are treated with respect	Strongly agree; Agree	Disagree; Strongly disagree	9,540
36d	I was treated with compassion and understanding	Service users are treated with compassion and understanding	Strongly agree; Agree	Disagree; Strongly disagree	9,418
36e	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	9,349

Question Number	Question text	Percent Positive Text	Positive	Negative	Respondents
36f	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	9,095
36g	I felt safe	Service users feel safe	Strongly agree; Agree	Disagree; Strongly disagree	9,102
36h	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	9,137
37	Overall, how would you rate your help, care or support services?	The help, care or support improves service users' quality of life	Excellent; Good	Poor; Very poor	10,085
45a	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	15,891
45b	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 with	Strongly agree; Agree	Disagree; Strongly disagree	15,781
45c	Caring has had a negative impact on my health and wellbeing	Caring has had a negative impact on carers' health and wellbeing	Disagree; Strongly disagree	Strongly agree; Agree	15,381
45d	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	14,833
45e	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	14,702
45f	I feel supported to continue caring	Carers feels supported to continue caring	Strongly agree; Agree	Disagree; Strongly disagree	14,844

## **ANNEX B THE QUESTIONNAIRE**

Please see next page.

# Health and Care Experience Survey

**Please read the enclosed letter for more information about this survey.**



If you would prefer, you can fill in this survey online at [www.experiencesurvey.org.uk](http://www.experiencesurvey.org.uk)

To do this, you will need to enter your ID and password shown here:

## This survey asks about:

- your experiences at your GP practice
- out of hours services
- care and support to help with everyday living including services that you may have used from your Council or other organisations

There is space towards the end of the survey for you to provide any other comments you have about your experience of health and care services.

## Instructions

Please answer all questions, unless the instructions ask you to skip a question.

For each question, please put a tick in the box next to the answer that most closely matches your own experience.

For example, if your answer is yes:

Yes

No

Don't worry if you make a mistake. Simply cross it out and tick the correct answer.



**Helpline**  
**0800 783 2896**

**Monday – Friday**  
**11am – 8pm**

**Saturday**  
**10am – 2pm**

## 1: Your GP Practice: getting to see or speak to someone

**Q1** Have you contacted the **named GP practice on the enclosed letter** in the last 12 months?

- No → Go to Q28  
 Yes

**Q2** Approximately **how often** have you contacted this GP practice in the last 12 months (either for yourself or someone you look after)?

- Once  
 2 - 4 times  
 5 - 10 times  
 More than 10 times  
 Can't remember / don't know

**Q3** Thinking of the last time you contacted this GP practice by **phone**, how easy was it for you to get through?

- Very easy  
 Fairly easy  
 Not easy  
 I haven't tried to phone → Go to Q5  
 Can't remember / don't know

**Q4** The last time you phoned the GP practice, how helpful was the person who answered?

- Very helpful  
 Fairly helpful  
 Not very helpful  
 Not at all helpful  
 Can't remember / don't know

**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?

*Please tick **ONE** box only*

- I saw or spoke to a doctor or nurse on the same day → Go to Q7  
 I saw or spoke to a doctor or nurse within 1 or 2 working days → Go to Q7  
 I waited more than 2 working days to see or speak to a doctor or nurse → Go to Q6  
 I haven't needed to see or speak to a doctor or nurse from my GP practice urgently in the last 12 months → Go to Q7  
 Can't remember → Go to Q7

**Q6** What was the **main reason** you waited longer than 2 working days?

*Please tick **ONE** box only*

- The person I wanted to see was not available in the next 2 days  
 The times available in the next 2 days were not convenient for me  
 I was not offered a chance to see or speak to anyone within 2 working days.  
 Another reason

**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?

- Yes  
 No  
 Don't know

**Q8** When you arrange to see a doctor at your GP practice can you **usually** see the doctor you prefer?

- Yes  
 No  
 I don't have a doctor I prefer to see  
 There is usually only one doctor in my GP practice

**Q9**

Overall how would you rate the arrangements for getting to see a doctor and/or nurse in your GP practice?

Please tick **ONE** box in each list

Getting to see a doctor	Getting to see a nurse
<input type="checkbox"/> Excellent	<input type="checkbox"/> Excellent
<input type="checkbox"/> Good	<input type="checkbox"/> Good
<input type="checkbox"/> Fair	<input type="checkbox"/> Fair
<input type="checkbox"/> Poor	<input type="checkbox"/> Poor
<input type="checkbox"/> Very poor	<input type="checkbox"/> Very poor
<input type="checkbox"/> I did not try to see a doctor	<input type="checkbox"/> I did not try to see a nurse

## Your GP Practice: referrals

**Q10**

Has your GP practice **referred** you to see any **other health or care services** in the last 12 months?

- Yes → Go to **Q11**
- No, as it wasn't necessary → Go to **Q12**
- No, but I wanted to → Go to **Q12**

**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?

- Excellent
- Good
- Fair
- Poor
- Very poor

## At your GP Practice

Thinking about your visits to the GP practice in the last 12 months...

**Q12**

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

- Yes, but I don't mind
- Yes, and I am not happy about it
- No, other patients can't overhear
- Don't know

**Q13**

How helpful do you find the receptionists at your GP practice?

- Very helpful
- Fairly helpful
- Not very helpful
- Not at all helpful
- There are no receptionists at my practice

**Q14**

How do you feel about how long you **usually** have to wait to be seen after you arrive at your GP practice?

- It is reasonable
- It is too long
- I can't remember / I don't know

**Q15** Have you **seen a doctor** from your GP practice in the last 12 months?

No → Go to Q16

Yes → 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?

Please tick **ONE** box on each line

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The doctor listened to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that the doctor had all the information needed to treat me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The doctor took account of the things that matter to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The doctor talked in a way that helped me understand my condition and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt confident in the doctor's ability to treat me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had enough time with the doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q16** Have you **seen a nurse** from your GP practice in the last 12 months?

No → Go to Q17

Yes → 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?

Please tick **ONE** box on each line

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The nurse listened to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that the nurse had all the information needed to treat me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The nurse took account of the things that matter to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The nurse talked in a way that helped me understand my condition and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt confident in the nurse's ability to treat me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had enough time with the nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q17** Are you involved as much as you want to be in **decisions about your care and treatment**?

- Yes, definitely
- Yes, to some extent
- No, and I would like to be
- No, but I do not want to be involved

**Q18** Did you see any health professionals at your GP practice in the last 12 months about something that affected **your ability to work or get work**?

- No → *Go to Q20*
- Yes

**Q19** The last time this happened, did they have a discussion with you about your **ability to work or get work**?

- Yes, and it was useful
- Yes, but it was not useful
- No, but I would have found it useful
- No, but I did not want to

**Q20** In the last twelve months have you had any **blood tests, x-rays or any other tests** arranged by your GP practice?

- No → *Go to Q22*
- Yes

**Q21** 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:

*Please tick **ONE** box on each line*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
It was explained to me why a test was needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was satisfied with the length of time I waited for my test results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was satisfied with the way that I received the result	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The results of the test were explained to me in a way I could understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q22** Have you been **prescribed medicines** by your GP practice in the last 12 months?

- No → *Go to Q24*
- Yes

**Q23** Thinking about **the last time you were prescribed medicines**, how much do you agree or disagree with each of the following:

Please tick **ONE** box on each line

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
It was easy enough for me to get my medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I knew enough about what my medicines were for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I knew enough about how and when to take my medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I knew enough about possible side effects of my medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would know what to do if I had any problems with my medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I took my prescription as I was supposed to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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)?

- No → Go to **Q26**  
 Yes  
 Can't remember / Don't know

**Q25** Were you satisfied with how it was dealt with overall?

- Yes, completely  
 Yes, to some extent  
 No, it was not needed  
 No  
 Don't know / can't remember

**Q26** How much do you agree or disagree with each of the following about **how you are treated by the staff at your GP practice?**

Please tick **ONE** box on each line

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I am treated with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am treated with compassion and understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q27** Overall, how would you rate the care provided by your **GP practice?**

Please tick **ONE** box only

Excellent     Good     Fair     Poor     Very poor

## 2: Out of hours healthcare

The next few questions are about when you have needed healthcare advice or treatment and your GP practice was closed (for example, in the evening, overnight, at the weekend or on public holidays). These times when GP practices are closed are called “out of hours”.

**Q28** In the last 12 months, have you tried to get medical help, treatment or advice, for yourself or someone you were looking after, when your GP practice was closed (out of hours)?

- Yes  
 No → Go to **Q33**

**Q29** Thinking about the **last time** you tried to get help **out of hours**, which NHS service did you speak to or go to **first**?

*Please tick **ONE** box only*

- NHS 24  
 Pharmacist / Chemist  
 Out of Hours service  
 My own GP practice  
 District nurse / Community nurse  
 999 Emergency service  
 A&E / Casualty  
 Other

**Q30** Which service did you **end up** being treated or seen by?

*Please tick **ONE** box only*

- Got phone advice only from 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

**Q31** Thinking of the **service in your answer to Q30**, how much would you agree or disagree with the following about your experience?

*Please tick **ONE** box on each line*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The time I waited was reasonable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that the person had all the information needed to treat me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt I was listened to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Things were explained to me in a way I could understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that I got the right treatment or advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that people took account of the things that matter to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q32 Overall, how would you rate the care you experienced out of hours?**

Please tick **ONE** box only

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Very poor
------------------------------------	-------------------------------	-------------------------------	-------------------------------	------------------------------------

**Q33** What do you think about the **opening hours of your GP practice?**

Please tick **ONE** box only

- I am happy with the opening hours of my GP practice
- It is too difficult for me to get time away from work during my practice opening hours
- The opening hours are not convenient for me for another reason
- I am not sure when my GP practice is open

### 3: Care, support and help with everyday living

This section asks questions about **help and care services for everyday living**. This may include services from your local Council, the NHS, voluntary organisations, groups or private care agencies, and help that you may or may not pay for. It might also include help that you get from friends and family.

**Q34** In the last 12 months have you had help or support with everyday living?

Please tick **ALL** that apply

- Yes, help for me with personal and/or household tasks
- Yes, help for me with adaptations and/or equipment for my home
- Yes, help for me for activities outside my home
- Yes, help to look after someone else
- No, not had any help but I feel that I needed it → **Go to Q38**
- No, not had any help → **Go to Q38**

**Q35** Did you get help from services provided by, for example, the Council, NHS, voluntary organisations, or private agencies - including services you paid for?

- Yes
- No → **Go to Q38**

**Q36** 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?

Please tick **ONE** box on each line

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
People took account of the things that matter to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had a say in how my help, care or support was provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was treated with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was treated with compassion and understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My health and care services seemed to be well coordinated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was supported to live as independently as possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The help, care or support improved or maintained my quality of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q37** Overall, how would you rate your help, care or support services?

Please tick **ONE** box only

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Very poor
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## 4: Health and care effectiveness

**Q38** 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?**

- Yes
- No → Go to Q40

**Q39** Thinking about the last time this happened, how would you describe the effect of the treatment on your ability to do your usual activities?

- I was able to go back to most of my usual activities
- There was no change in my ability to do my usual activities
- I was less able to do my usual activities
- It is too soon to say

**Q40** In the last 12 months, have you received NHS treatment or advice because of something that was causing you **pain or discomfort?**

- Yes
- No → Go to Q42

**Q41** Thinking about the last time this happened, how would you describe the effect of the treatment on your pain or discomfort?

- It was better than before
- It was about the same as before
- It was worse than before
- It is too soon to say

**Q42** In the last 12 months, have you received NHS treatment or advice because of something that was making you feel **depressed or anxious**?

- Yes
- No → Go to Q44

**Q43** Thinking about the last time this happened, how would you describe the effect of the treatment on how you felt?

- I felt less depressed or anxious than before
- I felt about the same as before
- I felt more depressed or anxious than before
- It is too soon to say

## 5: Caring responsibilities

**Q44** 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 ill-health / disability or problems related to old age?

*Exclude any caring that is done as part of any paid employment or formal volunteering.*

- No → Go to Q46
- Yes, up to 4 hours a week
- Yes, 5 - 19 hours a week
- Yes, 20 - 34 hours a week
- Yes, 35 – 49 hours a week
- Yes, 50 or more hours a week

**Q45** How much do you agree or disagree with the following about how you feel as a **carer** most of the time?

*Please tick **ONE** box on each line*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I have a good balance between caring and other things in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am still able to spend enough time with people I want to spend time with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caring has had a negative impact on my health and wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a say in services provided for the person I look after	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services are well coordinated for the person(s) I look after	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel supported to continue caring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 6: Your comments

**Q46**

If there is anything else you would like to tell us about your experiences of your GP, other local healthcare services or care and support services in the last 12 months, please write them in below:

### Comments about your GP Practice

### Comments about other local NHS services

### Comments about care and support services

## 7: About you

This information will help us to find out if different groups of people in Scotland have different experiences at their GP practices and other health and care services. Nobody at your GP practice will be able to see your answers. If you would prefer not to answer a particular question then you can miss it out.

**Q47**

Are you male or female?

- Male
- Female

**Q48**

What was your **age** on your last birthday?

**Q49**

How would you rate your **health** in general?

- Good
- Fair
- Bad

**Q50**

Do you have any of the following?

*Please tick **ALL** that apply*

- Deafness or severe hearing impairment
- Blindness or severe vision impairment
- A physical disability
- A learning disability
- A mental-health condition
- Chronic pain lasting at least 3 months
- Another long-term condition
- None of the above

**Q51** Are your **day-to-day activities limited** because of a health problem or disability which has lasted, or is expected to last, **at least 12 months**?

(Include problems related to old age).

- Yes, limited a lot
- Yes, limited a little
- No

**Q52** In general, how well do you feel that you are able to look after your own health?

- Very well
- Quite well
- Not very well
- Not at all well

**Q53** Thinking about the good and the bad things that make up your quality of life, how would you rate your quality of life as a whole?

- Very good
- Good
- Alright / Neither good or bad
- Bad
- Very bad

**Q54** What best describes your **work status**?  
*Please tick **ONE** box only*

- Work full time
- Work part time
- In full-time education or training
- Unemployed / looking for work
- Don't work due to illness or disability
- Retired
- Other

**Q55** What is your **ethnic group**?  
*Tick **ONE** box which **best describes** your ethnic group*

- White
- Mixed or multiple ethnic groups
- Asian, Asian Scottish or Asian British
- African, Caribbean or Black
- Other ethnic group

**Q56** Which of the following options best describes how you think of yourself?

- Heterosexual / Straight
- Gay or Lesbian
- Bisexual
- Other

**Q57** What religion, religious denomination or body do you belong to?  
*Please tick **ONE** box only*

- None
- Church of Scotland
- Roman Catholic
- Other Christian
- Muslim
- Buddhist
- Sikh
- Jewish
- Hindu
- Pagan
- Another religion (non-Christian)

**Q58** What best describes the **accommodation** you live in?  
*Please tick **ONE** box only*

- Buying with a mortgage or loan
- Own it outright
- Part rent and part mortgage
- Rent from a private landlord
- Rent from local Council/Housing Association or similar
- Supported accommodation (including for example care home, sheltered housing)
- Other

**Thank you for completing  
this survey.**

**Please post it in the envelope  
provided (no stamp needed)**

## **ANNEX C THE COVERING LETTER**

Please see next page.

# Health and Care Experience Survey

<<firstname middlename surname>>  
<<Patient address 1>>  
<<Patient address 2>>  
<<Patient address 3>>  
<<Patient address 4>>  
<<POSTCODE>>

«UID Number»



<<Date>>

Dear <<firstname middlename surname>>

We are writing to invite you to take part in a survey about health and care services in your local community. It is important that we get the opinions of as many people as possible so please take a few minutes to complete the survey if you can.

The survey is being carried out to help us understand more about the quality of health and care services offered in Scotland, and what needs to be improved.

Some of the questions in the survey are about your GP practice. Records show that you are registered at «**GP practice name**», «**GP practice location**». Please think about **your experiences at this GP practice** when answering the questions about GPs. There are also some questions about local care and support services for those who have used care services provided by local Councils or other organisations. Finally there are some questions aimed specifically at carers about their experiences of caring and support.

You can complete the survey online at [www.experiencesurvey.org.uk](http://www.experiencesurvey.org.uk). Alternatively you can complete the enclosed questionnaire and return it in the FREEPOST envelope provided. Your responses will be completely **confidential** and none of the health professionals involved in your care will see them.

If you have any questions or need help filling in the survey, please phone the **survey helpline** on **0800 783 2896**.

Please return your completed survey in the envelope provided (or you can complete it online at [www.experiencesurvey.org.uk](http://www.experiencesurvey.org.uk)) by 31st January 2014. We will not write to you again but we do hope that you help us by completing the questionnaire. Thank you very much for your time.

Yours sincerely

John Connaghan  
Acting Director General Health and  
Social Care and Chief Executive NHS Scotland

Ron Culley  
Chief Officer Health & Social Care, Convention  
of Scottish Local Authorities (COSLA)

## Some Questions & Answers

### What is this survey for?

The survey asks about your experiences of your local health and care services in the last year. It includes questions about your GP practice and local care and support services provided by your local council and other organisations. You can take part in this survey even if you've just used one of these services. The information that you give is important because it will help us to understand more about the quality of services, and what needs to be improved.

### How do I complete the survey?

You can complete the survey online at [www.experiencesurvey.org.uk](http://www.experiencesurvey.org.uk); alternatively you can complete the enclosed questionnaire and return it in the FREEPOST envelope provided. Your responses will be completely **confidential** and none of the health professionals involved in your care will see them.

### Can someone help me with the survey?

A relative, friend or carer may help you to fill in the survey, but please remember that you should give all of the answers from your own point of view. If you would prefer, you can give your answers over the phone instead, by calling the helpline on **0800 783 2896**. The person on the phone will need you to tell them the number that is on the front of this letter.

### What if I only used local NHS or social care services for someone else?

If you have contacted NHS or local care services on behalf of a child or someone else that you were looking after, but not for yourself, then please answer the questions based on your experiences of doing this. When answering questions about your GP practice, please make sure you are thinking about the one named on this letter. We have included some questions for carers which ask about their experiences of caring and support.

### Do I have to answer every question?

No, taking part is voluntary, and you don't have to answer every question if you don't want to. Please fill in as much as you can though, because the more that people answer, the more we can understand about the different experiences of people across Scotland. Sometimes we will ask you to skip a question if it doesn't apply to you.

### How did you get my name and address?

We picked names at random from the NHS database of patients registered with a GP practice. The NHS stores your contact details securely and confidentially under the terms of the Data Protection Act. This database has no information about your medical history. Your contact details have been passed to a patient survey contractor, only so that they can send you this questionnaire. The survey contractor does not have access to information about your medical details and they will destroy your contact details once the survey is completed. We have given you a unique ID number which lets us know if you have returned your form. The person reading your reply will only be able to see this number, not your name or address.

### Will my GP practice or other local care support services see my answers?

No. Staff from your GP practice and other care and support services do not know who has been sent this letter. They will only see anonymous summary results.

### What happens to the results?

The survey results will be published on <http://www.scotland.gov.uk> in May 2014. GP Practices, Local Authorities and NHS Boards will use their results to understand and improve the quality of the services they provide.



You can fill in the survey online at  
[www.experiencesurvey.org.uk](http://www.experiencesurvey.org.uk)

## ANNEX D CALCULATION OF CONFIDENCE INTERVALS

The 95% Confidence Intervals for NHS Boards in Table 13 were calculated using the following formula:

$$p \pm 1.96 * s.e.$$

The s.e (standard error) was calculated as:  $Deft * \sqrt{\frac{(p(1-p))}{n}}$

Where:

p= point estimate (i.e. proportion who answered positively)

n= achieved sample size (i.e. number who answered the question).

And the design factor (*Deft*) was calculated as:

$$Deft = \sqrt{Deff}$$

Where Deff is the design effect and is calculated as:

$$Deff = \frac{\left( \sum_h n_h w_h^2 \right)}{n}$$

$w_h$  = weight given to each stratum h, where each GP practice was a stratum

n= achieved sample size (i.e. number who answered the question)

$n_h$ = achieved sample size in each stratum h.

(Example calculation overleaf)

Example of calculation of confidence interval for NHS Ayrshire and Arran (Table 13)

For NHS Ayrshire and Arran, where the result (proportion of patients rating the overall rating of care provided by GP Surgery as excellent or good) is equal to 86.79%, and the total sample size is 6,530.

Then  $p = 0.8679$ ,  $n = 6,530$

deft= 1.10154

$$\begin{aligned} SE &= \text{deft} \cdot \sqrt{(p(1-p))/n} \\ &= 1.1054 \cdot \sqrt{(0.8679(1-0.8679))/6,530} \\ &= 1.1054 \cdot 0.00441 \\ &= 0.00486 \end{aligned}$$

95% Confidence Interval (CI) =  $1.96 \times SE$

$$\begin{aligned} CI &= 1.96 \times 0.00486 \\ &= 0.00953 \end{aligned}$$

Therefore the CI, expressed as a percentage (i.e. multiplied by 100) is  $\pm 0.95\%$

The 95% confidence interval for NHS Ayrshire and Arran, where the proportion is 86.8%, is 85.8% - 87.7%.

## ANNEX E SIGNIFICANCE TESTING

### **a. Comparison of results at National, NHS Board and CHP over the two survey periods (2011/12 and 2013/14)**

For each question (where comparison is possible), the test statistic can be calculated as follows:

$$Z_{cal} = \frac{p_2 - p_1}{error}$$

For a result in 2013/14 to be not statistically significantly different from 2011/12, then

$$-Z_{\alpha/2} < Z_{cal} < Z_{\alpha/2}$$

To illustrate this, let the:

- percentage positive score in 2011/12 and 2013/14 for Scotland, an NHS Board or CHP be denoted by  $p_1$  and  $p_2$  respectively.
- number of valid responses in 2011/12 and 2013/14 be denoted by  $n_1$  and  $n_2$  respectively.
- design effect in years 2011/12 and 2013/14 be denoted as  $deff_1$  and  $deff_2$  respectively.

Then the standard error can be calculated as:

$$error = \sqrt{deff_1 * \left[ \frac{p_1 * (1 - p_1)}{n_1} \right] + deff_2 * \left[ \frac{p_2 * (1 - p_2)}{n_2} \right]}$$

### **b. Comparison of results for NHS Board and CHP with Scotland**

For each question (where comparison is applicable), the test statistic can be calculated as follows:

$$Z_{cal} = \frac{p_{geog} - p_{Scotland}}{error}$$

For the NHS Board or CHP to be not statistically significantly different from Scotland results, then

$$-Z_{\alpha/2} < Z_{cal} < Z_{\alpha/2}$$

To illustrate this, let the:

- percentage positive score for NHS Board or CHP be denoted by  $p_{geog}$ .

- percentage positive score for Scotland be denoted by  $p_{S\ cot\ land}$  .
- number of valid responses for NHS Board or CHP (geography) be denoted by  $n_{geog}$  .
- number of valid responses for Scotland be denoted by  $n_{S\ cot\ land}$  .
- design effect for NHS Board or CHP and Scotland be denoted by  $deff_{geog}$  and  $deff_{S\ cot\ land}$  respectively.

Then the standard error can be calculated as

$$serror = \sqrt{deff_{geog} * \left[ \frac{p_{geog} * (1 - p_{geog})}{n_{geog}} \right] + deff_{S\ cot\ land} * \left[ \frac{p_{S\ cot\ land} * (1 - p_{S\ cot\ land})}{n_{S\ cot\ land}} \right]}$$

## 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 broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.

Further information about Official and National Statistics can be found on the UK Statistics Authority website at [www.statisticsauthority.gov.uk](http://www.statisticsauthority.gov.uk)

## SCOTTISH GOVERNMENT STATISTICIAN GROUP

### Our Aim

To provide relevant and reliable information, analysis and advice that meet the needs of government, business and the people of Scotland.

For more information on the Statistician Group, please see the Scottish Government website at <http://www.gov.scot/Topics/Statistics>

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EDINBURGH EH1 3DG  
Telephone: (0131) 244 0442  
e-mail: [statistics.enquiries@scotland.gsi.gov.uk](mailto:statistics.enquiries@scotland.gsi.gov.uk)

Further contact details, e-mail addresses and details of previous and forthcoming publications can be found on the Scottish Government Website at <http://www.gov.scot/Topics/Statistics>

### Complaints and suggestions

If you are not satisfied with our service, please write to the Chief Statistician, 4N.06, St Andrews House, Edinburgh, EH1 3DG, Telephone: (0131) 244 0302, e-mail [statistics.enquiries@scotland.gsi.gov.uk](mailto:statistics.enquiries@scotland.gsi.gov.uk). We also welcome any comments or suggestions that would help us to improve our standards of service.

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