Scottish Government
Riaghaltas na h-Alba

Public Understanding and Expectations of Primary Care in Scotland: Survey Analysis Report

HEALTH AND SOCIAL CARE

social research

Contents

Summary

Background

This report presents findings from a survey run by the Scottish Government and The Scottish Centre for Social Research to understand public perceptions of primary care in Scotland. The survey covered three research themes: awareness and understanding of different ways of accessing primary care; trust and confidence in different professionals; and barriers to accessing and receiving care. A nationally representative sample of 1,136 people aged 18 and over living in Scotland took part in the survey. The survey ran between 4th Feb – 7th March 2022 and was primarily self-completed online with a telephone option offered.

Key findings

Key findings are presented under the three research themes:

What & Where: finding health and service information

- The majority of people surveyed (92%) have accessed at least one primary care service in the last 12 months.
- Friends and family and the internet were cited as common sources of initial health information, with around 7 in 10 respondents reporting they would use these resources to find out about a new, non-threatening health condition.
- Respondents reported high confidence in finding information about NHS services. Between 78-90% of respondents reported they knew or could easily find information about different services, their opening hours and where to go out of hours.
- Respondents reported mixed confidence in finding information about specific health problems, with 61% finding this very or fairly easy.
- Most respondents would still use General Practitioners as the first point of contact for primary care. Whilst 61% saw community pharmacy as an appropriate place to access treatment, far fewer people (18-33%) said they would go a pharmacy for a new, non-life threatening health problem.
- People with fewer formal qualifications and people with a limiting long term illness were more likely to report finding it difficult to find health information.

Who: trust, confidence and experience with professionals

- Awareness of doctors and nurses working in general practice was high (87-92% of respondents aware) but was more mixed for other primary care professionals (51-56%). Awareness was lowest of healthcare staff who refer patients to social and community services (33% aware).
- Over 75% of respondents reported trusting doctors, nurses and dentists but trust in other others professionals in the multi-disciplinary team was more

mixed (52-66% reporting trust). Those living with a limiting long term condition reported lower trust in professionals.

- Whilst 66% of respondents reported they were happy for a practice receptionist to decide which professional they would see, 76% would still prefer this decision to be made by a GP.
- Although 85% of respondents were given the chance to ask questions about their care and treatment on their most recent visit, only 70% of respondents found it easy to ask questions of healthcare professionals in general.
- While 92% of respondents felt that they were listened to on their most recent interaction with a primary care professional, only 66% found it easy to articulate their health concerns so that they were understood.
- Those living in the least deprived areas were more likely to feel informed and empowered when using primary care: they were more likely to report finding it easy to find information about specific health problems, express their health concerns, understand healthcare professionals and to ask questions until they understand.
- By contrast, those with a limiting long term illness were less likely to report finding it easy to find health information, express their health concerns and ask questions of health professionals.
- Despite these concerns, 78% respondents reported feeling satisfied with their most recent interaction with primary care and there were no differences in satisfaction with different professional groups.

How: access and barriers in primary care

- Nearly half of respondents (46%) reported that it was difficult to get an appointment at their general practice, while around a third of respondents found it difficult to be available during practice opening times.
- 30% of respondents had not contacted general practice in the last 12 months. Of those, 70% had not needed to and 24% had accessed other services. However, not wanting to burden the NHS (17%), general avoidance (14%) and anxiety (10%) were other reasons for not contacting a general practice.
- 68% of respondents reported having their most recent interaction with a primary care provider face to face while only 3% had a video call appointment.
- Satisfaction was higher for face to face interactions (84%) than over the phone (68%) or video appointments (64%).
- Whilst the majority of healthcare services are free, 75% of respondents who had been to the dentist in the last 12 months felt that they were given clear information about treatment options and costs. However, only 54% thought the costs involved were reasonable and 16% thought cost was a barrier.

1. Background

Primary care offers the first point of contact with health services when people need additional support to maintain their health. Primary care is provided by a wide range of professionals, including nurses, general practitioners (GPs), optometrists, pharmacists, dentists, service managers, receptionists and care coordinators. Primary care is the part of the National Health Service (NHS) that the most people have interactions with, providing over 20 million consultations per year[i]. Primary care also provides access to more specialist services (such as hospital doctors) and coordinates care for individuals over time, providing continuity and supporting access. Therefore, primary care is key to the prevention and early intervention of disease, which is needed to improve population health and address health inequity.

In recent years, the Scottish Government has been working with health boards, Health and Social Care Partnerships (HSCPs) and the Scottish General Practitioner Committee (SGPC) of the British Medical Association (BMA) and other key stakeholders to transform how primary care is delivered in communities across Scotland. These reforms are intended to ensure that people see the right professional at the right time for their condition and circumstances and that highly skilled staff are deployed appropriately. Key features of primary care reform include:

- An expansion of the workforce to include more health care professionals in a wider range of roles in general practice working as part of a multi-disciplinary team (MDT), in addition to the traditional model of doctors and nurses. This means that patients have more opportunities to see someone other than a doctor where this is appropriate (e.g. a pharmacist who can review their medication).
- Increased numbers of staff within general practices in non-clinical roles (e.g. community link workers or welfare advisers) who advise and support people in relation to the social issues which are often the root causes of ill-health in Scotland[ii].
- Shifting public understanding of where they can access the care they need. For example, people can often get all the care and advice they need from a community pharmacist rather than having to see a GP. Similarly, going directly to an optometrist, dentist or physiotherapist can be a faster and more direct route for getting the right care.

In addition to these reforms, the COVID-19 pandemic has dramatically changed the way primary care has been delivered over the past two years. At the start of the pandemic in Scotland (March 2020), strict “stay at home”, physical distancing and hygiene measures (cleaning, aeration, mask-wearing) were introduced. These measures were then eased and reintroduced at different rates across Scotland, depending on infection risk. These measures affected the number and type of appointments available across primary care and the way in which the public perceive and interact with services.

2. Aims and Objectives

The Scottish Government is committed to tracking the implementation and impact of these changes through the national primary care monitoring and evaluation strategy[iii].

This includes two outcomes which focus on people:

- We are more informed and empowered when accessing primary care.
- Our experience of primary care is enhanced.

In order for primary care reform to meet these intended outcomes, the public need to be aware, willing and able to adapt to these changes.

Therefore, in January 2022, the Scottish Government commissioned research to understand the outcome of reforms for Scottish people. Specifically, it commissioned a survey to assess public understanding, perceptions and experiences of primary care in the context of recent reforms and the COVID-19 pandemic. This work sought to understand questions related to three research themes:

1. **What & Where: finding health and service information**
    - Are the public aware of the increasingly diverse range of services and ways of accessing them?
    - Are the public aware of the different professionals available through primary care?

2. **Who: trust, confidence and experience with professionals**
    - How are the public accessing and using these different services?
    - How do the public perceive different primary care professionals and the advice they offer?

3. **How: access and barriers to primary care**
    - Who is not accessing these services?
    - What factors or barriers might be preventing people from accessing care?

3. Method

Following internal ethical approval, the Scottish Government commissioned The Scottish Centre for Social Research (ScotCen) to undertake the fieldwork and early stages of analysis for this standalone survey. Fieldwork took place between **4th February and 7th March 2022**. It is worth noting that fieldwork was carried out after a national letterbox campaign on knowing who to go to in primary care was run and before the national media campaign "right care, right place"[iv] on the role of receptionists in coordination of care. The questionnaire was developed jointly by the Scottish Government and ScotCen and is outlined in Annex 1. This report highlights key findings and does not present data from every question in the survey. Full results may be provided upon request.

A nationally representative sample of 1,136 people aged 18 and over living in Scotland took part in the survey. Participants were recruited using an existing survey panel created and maintained by ScotCen. In order to achieve the target number of 1,000 responses, invitations to participate were issued to 2,300 members of the panel. All participants were initially invited to self-complete the survey online, with the survey taking approximately 15 minutes to complete. During the course of the fieldwork, multiple attempts were made to reach panellists by post, email, text and phone to encourage participation. After two weeks, those who had not completed the survey were contacted by telephone to encourage/support an online completion or conduct an interview over the phone. 10% of interviews were conducted over the phone, and this option was offered to facilitate the inclusion of potentially under-represented groups and people who do not have access to the internet. A £5 incentive was offered to all participants.

Demographic information about the panel members (such as age, sex, and income) is collated, stored and updated by ScotCen. This was shared with the Scottish Government in an anonymised format on the basis of informed consent. Additionally, self-assessed health status and caring status were collected for the purposes of this survey. A summary of demographic variables is provided in Annex 2. This list includes the Scottish Index of Multiple Deprivation (SIMD)[v] which factors a number of variables such as income, housing, employment, and education into a single geographical measure of relative deprivation.

ScotCen presented raw data (survey results and demographic information) and summary data tables (with significance testing between demographic groups) in Excel spread sheets and a summary of key findings in PowerPoint presentation format to the Scottish Government in April 2022. Government officials then conducted the analysis, interpretation and write up of the data. All reported differences are statistically significant at the level of 5%. More detailed information on the methodology can be found in Annex 2.

This study makes a number of references and comparisons to the Health and Care Experience Survey (HACE)[vi]. HACE covers similar themes, asking people about their experiences of general practice in addition to caring responsibilities and

services. HACE has been run every two years since 2009 and most recent data was collected earlier than this survey (November 2021-January 2022) and was published in May 2022. HACE differs from the survey presented in this report in a number of ways, which are also outlined in Annex 2.

4. Results

Results are presented for each research theme in turn, followed by a summary of differences between demographic groups.

What & Where: Finding health and service information

The majority of people surveyed have accessed primary care in the last 12 months

Respondents were asked if they had contacted, visited or had an appointment with a range of primary care services in the last 12 months. The results are shown in Figure 1.

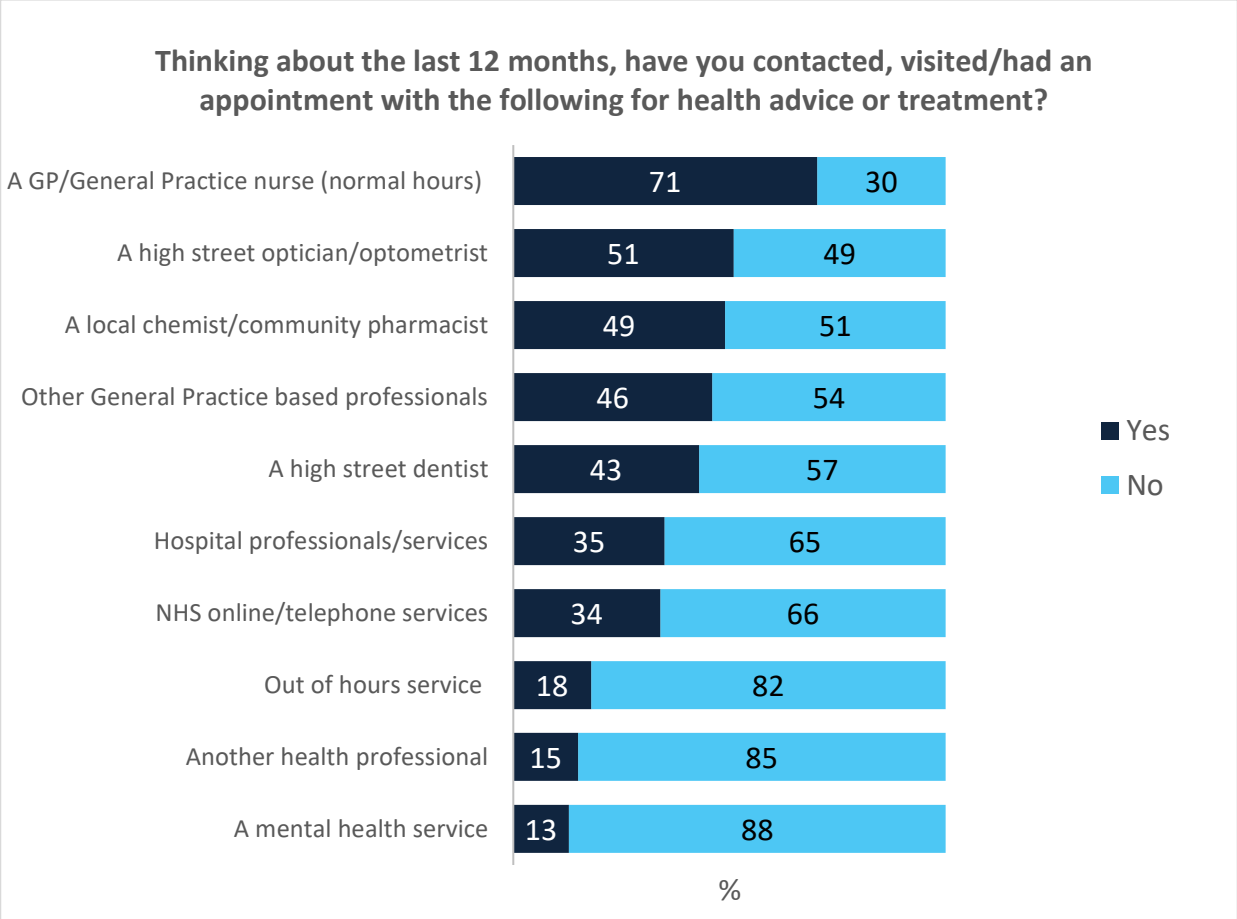

Figure 1: Contact with primary care services over the last 12 months. Base = all respondents

Most people (92%, n=1040) reported contacting at least one healthcare service in the last 12 months. The largest proportion of respondents had contacted a GP or a general practice nurse (71%), which is slightly lower than the number reported in HACE (77%). Contact was lowest for mental health services (13%).

Some variation between groups was noted:

- Contact with healthcare professionals was higher across services for those who were aged 60 and above and for people with limiting long term illnesses.
- Use of community pharmacy services was higher for those who had not contacted their GP in the last 12 months (57%) than those who had (20%).
- Single adult households with children were more likely to report seeing a local chemist than other respondents, however this was a small sample.

Friends and family are a common source of initial health advice

When asked what they would do about a hypothetical, non-threatening unexpected health concern, around seven in ten respondents (69%) indicated that they would ask family or friends what they should do about it. This varied by age and health status:

- This proportion was lower for those with a limiting long-term condition (60%).
- People aged 60 and above were less likely (61%) to ask friends and family for advice than those aged 39 and below (78%).

Those who had contacted a general practice in the last 12 months (71%, n=899), were asked if they had done anything else before they had visited their practice. Figure 2 shows these results.

- 28% indicated that they had asked for advice from a family member or a friend
- Around a third of respondents tried to treat themselves first (33%).
- Those educated to Advanced Highers (or equivalent) and above were more likely to treat themselves first.

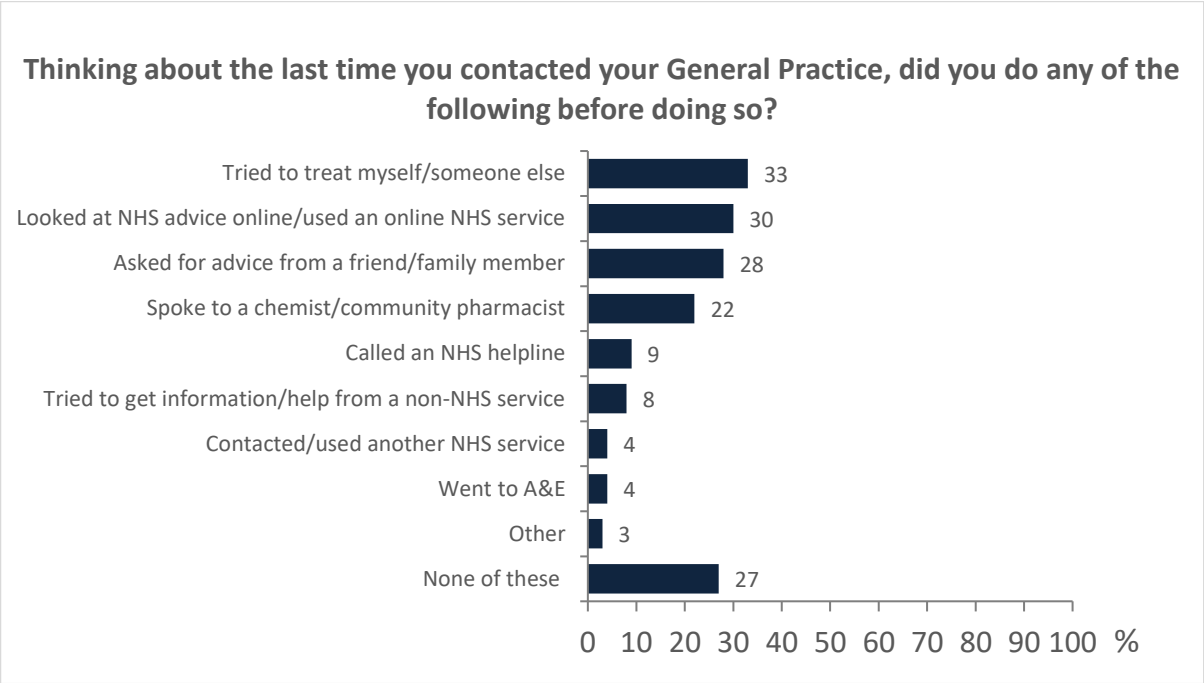

Figure 2: Actions prior to contacting general practice. Base = all respondents who contacted a General Practice in the last 12 months (n=899). Note that respondents could select more than one option.

The internet is a well-used source of health information

Figure 3 shows that respondents were more likely to use the internet as a source of health information rather than advice.

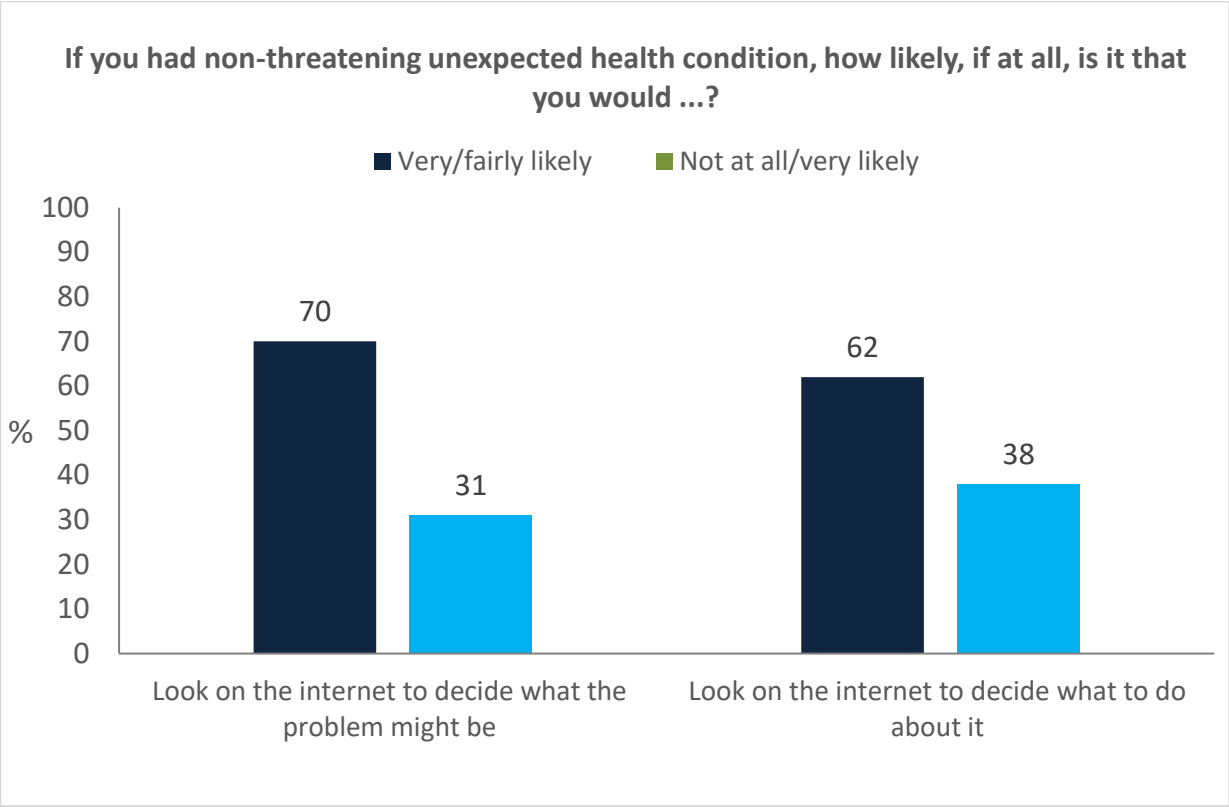

Figure 3: Likelihood of using the internet in relation to an unexpected health condition. Base = all respondents

70% of respondents said they would look on the internet to find out what a new, non-life threatening health problem might be. This proportion was significantly higher for:

- Females (74%) than males (65%).
- Those qualified to degree level or above (82%) compared to those with no qualifications (43%).
- People aged 49 and below (80%) compared to those aged 60 and above (57%).

Respondents were less likely to use the internet to decide what to do about a new health problem (62%). This also varied by demographics:

- As above, females (67%) were more likely to report this than males (57%).
- Those educated to degree level or higher were more likely to use the internet to decide what to do about a new health problem (76%) than those with no qualifications (35%).
- Those aged 60 and above were much less likely to use the internet (47%) than those aged 18-29 (71%), 30-39 (83%) or 40-49 (69%).
- Households with 2 adults and 2 children were significantly more likely than other household types to use the internet. No differences were detected for other households with children but these groups had smaller sample sizes.

Those who had actually visited a general practice in the last 12 months were asked if they had done anything else before they had visited their practice (Figure 2). Three in ten had looked online for NHS advice first (30%). This varied by age and ranged from 49% of those aged 18-29 to 14% of those aged 70 and over. Just 2% of those who used the internet on a weekly basis or less often had done so compared with 34% who used the internet several times a day and 28% who used it on a daily basis.

Mixed confidence finding information about specific health problems

When asked how easily respondents could find information about a specific health problem, a small majority of people found this easy (61%) whereas 14% found it difficult. This varied by:

- Health status - fewer people with a limiting long-term illness found it easy to find information compared to those without long-term illness (49%).
- Socio-economic deprivation - those with no qualifications (41%) found it harder to find information than those educated to degree level or above (71%). Similarly, fewer people on a household income of £1000 or less per month reported finding it easy to find information (51%) than those on an income of £2500 or more (74%).
- Responses did not very with internet use, suggesting that digital access was not a key barrier to finding information about health problems.

High confidence in finding information about NHS services

Respondents were asked questions on their knowledge of the range of services, opening hours and where to go when NHS services were closed. Figure 4 shows these results. Respondents reported greatest confidence in finding opening hours (90%). This varied by internet use from 93% among those who used the internet several times a day versus 80% who used it weekly or less often.

The majority of respondents also knew about the range of services available such as NHS 111, minor injuries, local pharmacy etc. (79%) and where to go when their practice was closed (78%). Those living in the most deprived SIMD decile were more likely to report feeling confident that they knew about the range of services available (90%).

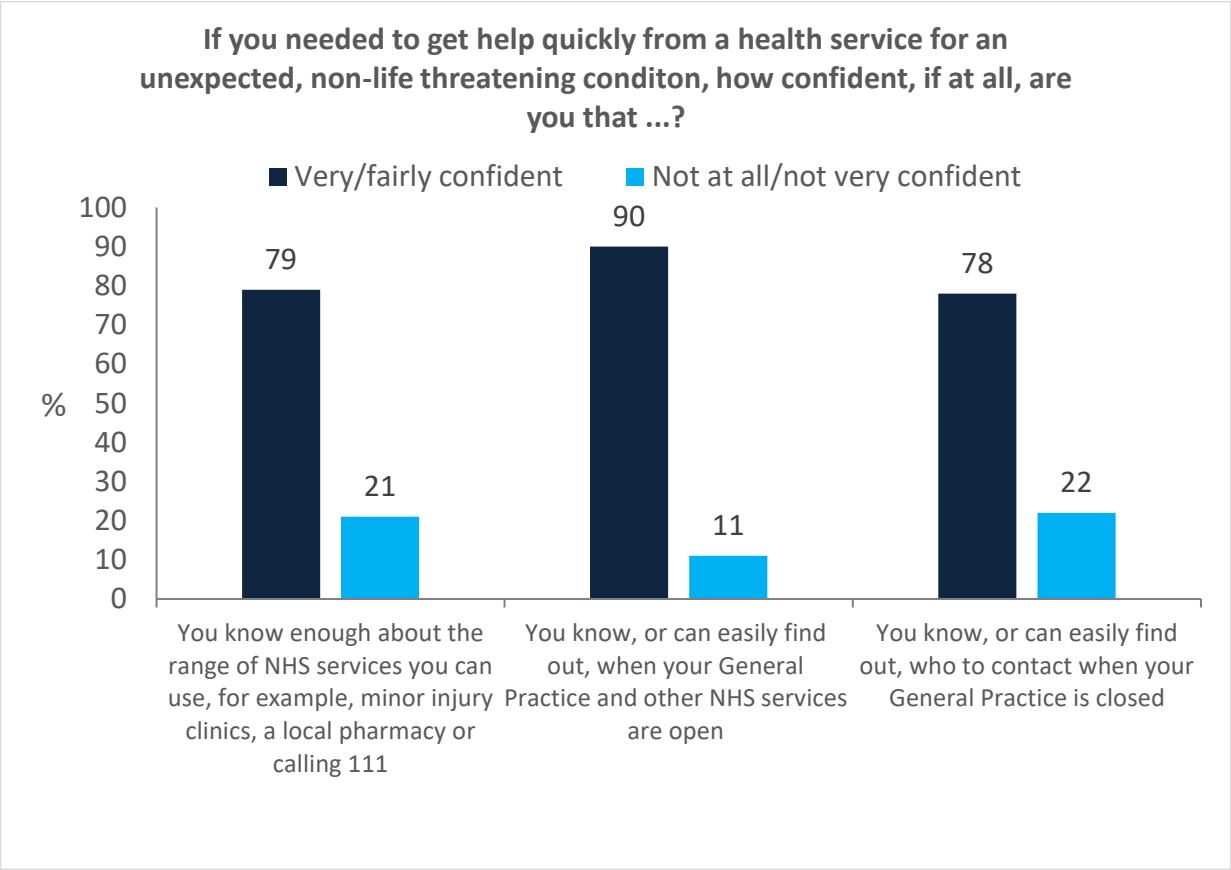

Figure 4: Confidence in finding information about general practice closing hours and where to get help out of hours. Base = all respondents

22% of respondents reported not knowing who to contact when their general practice was closed, which may be a factor contributing to unnecessary trips to hospital accident and emergency departments (A&E). This figure was higher for those on a household income of £1,500 or less per month (26%) than those on an income of £2,500 or more (14%). This may suggest a discrepancy between confidence and competence in accessing services for some.

General Practitioners are still seen as the first point of contact

When asked to imagine what respondents would do if they had back pain that prevented them from sleeping (Figure 5), the most common response was still to see a GP (63%) rather than self-refer directly to a physio (either privately (20%) or through the NHS (18%)).

People educated to degree level or above were more likely to treat the problem themselves (33%) than those with no qualifications (15%), who were significantly more likely to go A&E (13%) than other respondents (5%). People living in the most deprived SIMD decile and in urban areas were more likely to call 111.

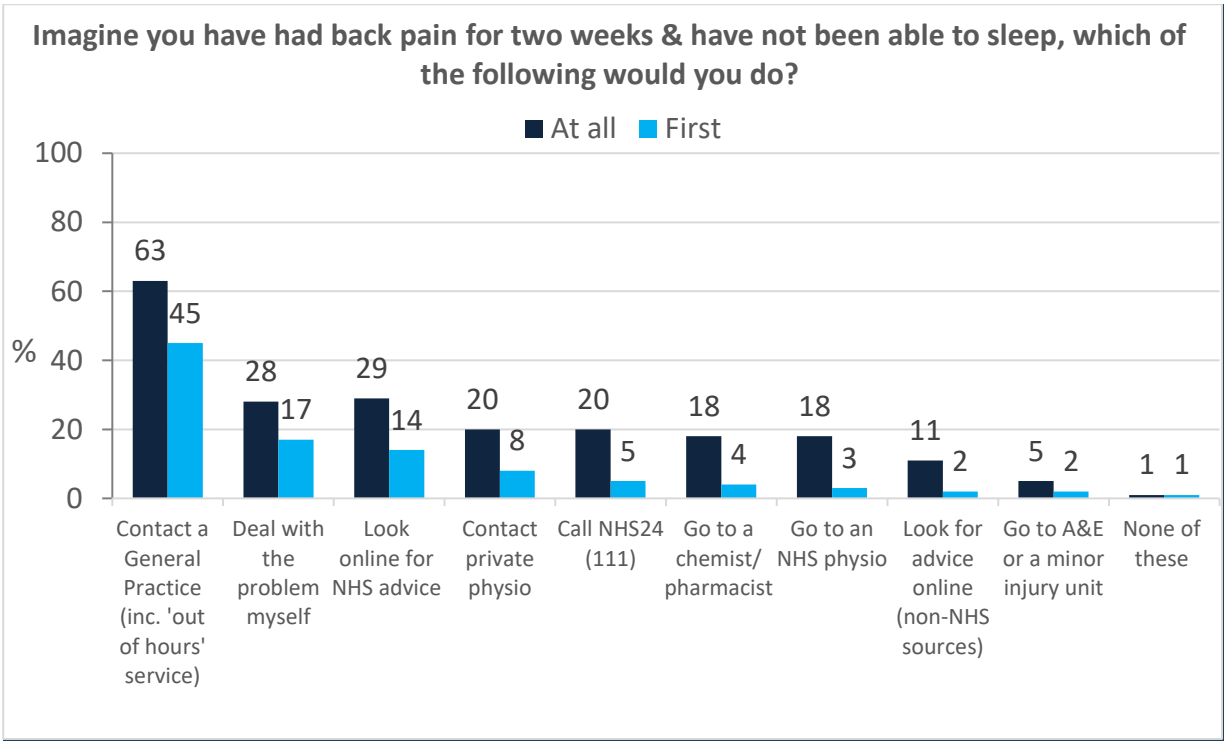

Figure 5: Use of services in response to back pain. Base = all respondents. Respondents could choose more than one option for the “at all” response.

Responses also varied depending on the scenario presented, for example, when people were asked to imagine they had vomiting and diarrhea for two days (Figure 6), they were more likely to deal with the problem themselves (51%) or look on the internet (39%) than see a GP (31%).

Seeing a GP at all was more likely for those living in the least deprived SIMD decile and people aged over 70. In this scenario, 14% would contact their GP first. One third (33%) of people said they would go to a chemist at all, and this was significantly more likely for those aged over 70 (50%) and those living with a limiting long term illness (76%). However, only 11% of people said they would go to their chemist first and a higher proportion (14%) would still go to their GP first.

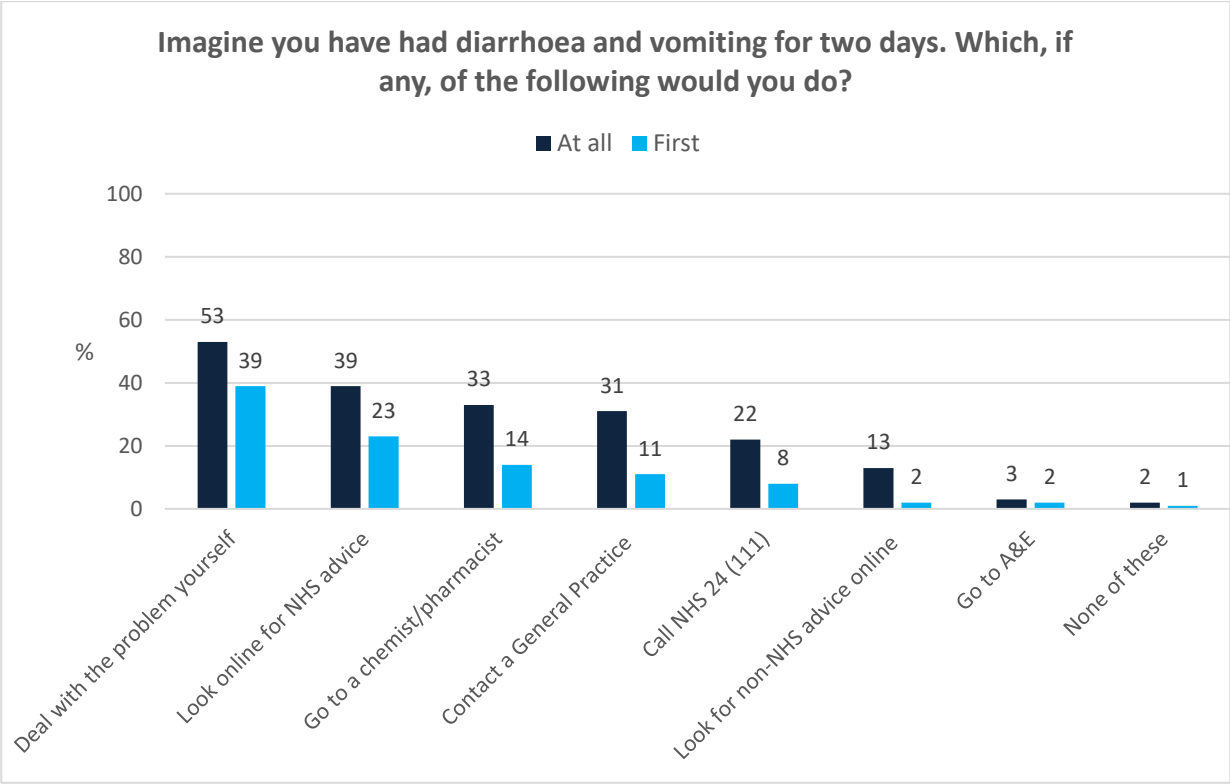

Figure 6: Use of services in response to vomiting and diarrhoea. Base = all respondents. Respondents could choose more than one option for the “at all” response.

The respondents who had visited a general practice in the last 12 months (71%, n=899) were asked if they had used any other services first (Figure 2). One third of people (27%) did nothing else first and relied solely on their GP. 22% of people said they had gone to see a chemist first, which is higher than the hypothetical scenario above (11%). This may be due to different responses depending on the condition, or issues around availability and accessibility.

This interpretation is supported by the fact that people living in rural areas were more likely to agree that their chemist/community pharmacist was an appropriate place to access treatment. Those living as single adults with children were also more likely to have visited their local pharmacy in the last 12 months. However both these groups had small sample sizes and the results should be interpreted with caution. Overall, when accessing primary care, most people across a range of scenarios were more likely to go to their GP than directly to another service.

Who: Trust, Confidence and Experience with Professionals

Mixed awareness of professionals in general practice

Respondents were asked if they were aware of the range of professionals they may be offered an appointment with at a general practice, depending on their health condition (Figure 7).The vast majority of the respondents were aware that they could be offered an appointment with a doctor (94%) or with a nurse (87%). 17% of

those with no formal qualifications were not aware they could be offered an appointment with a doctor.

Around half of respondents were aware that they could be offered an appointment with a physiotherapist (56%), a mental health professional (53%) and/or a pharmacist/pharmacy technician (51%) based at the practice. Respondents were least aware that they could be offered an appointment with a member of the multi-disciplinary team who provides advice or links to other services (33%).

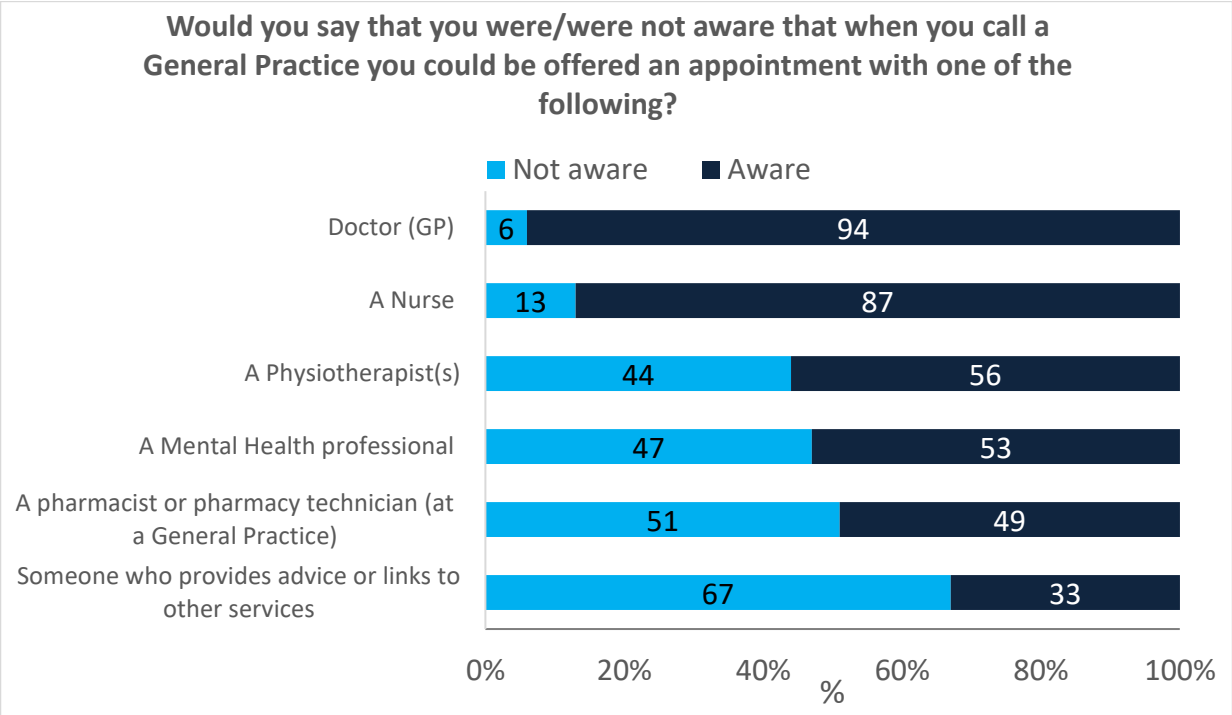

Figure 7: Awareness of professionals in general practice. Base = all respondents

Awareness may be shaped by both experience and prevalence of services. For example, community link workers provide information about, and support patients to access, social and community services. They are mainly (but not exclusively) located in areas of deprivation and not every practice has access to one. Awareness of these roles was significantly higher for those with a limiting long term illness (78%) but did not vary by education or income.

Some groups had more awareness of mental health professionals than others. Awareness was higher among those aged 18-29 (75%) compared with those aged 70 and over (41%). This could be related to the higher rates of diagnosis[vii] and awareness[viii] of mental health conditions in younger people.

High trust in doctors, nurses and dentists

Figure 8 shows trust in information and advice provided by different professionals. High levels of trust were reported in A&E doctors and nurses (78%), general practice nurses (76%), GPs (75%) and dentists (75%). Trust was lower across professional groups for those with a limiting long-term illness.

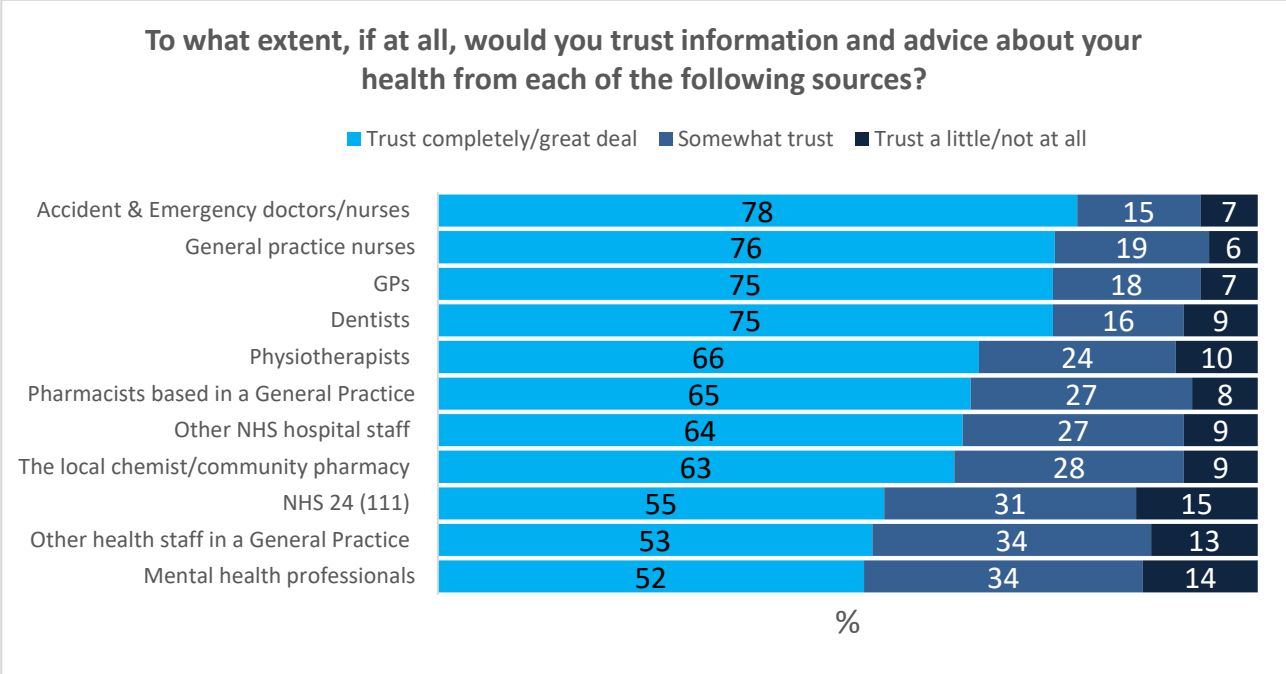

Figure 8: Trust in different professionals. Base = all respondents

Trust in GPs varied across deprivation and income levels. Trust was higher among those living in the least deprived areas (84%) and with a household income of £2,500 or more per month (86%).

Mixed trust in the broader multi-disciplinary team

Trust in multi-disciplinary team staff was mixed, with around two thirds saying they trusted physiotherapists (66%) and pharmacists (65% for those based in practice versus 63% in the community). However, in response to a later question, 79% of people said they felt confident that the staff in community pharmacies could provide health advice and care while 13% did not think their community pharmacy was an appropriate place to access care.

Differences in trust were reported for non-clinical staff such as receptionists depending on location (64% in hospitals versus 53% in practices). Despite high reported usage of NHS 24 (which includes online and telephone information), respondents reported lower levels of trust in this service (55%).

The lowest level of trust was in mental health professionals, with 52% of people stating that they trusted them completely or a great deal. This varied by age, with

those aged 60 and above and/or with a limiting long term illness reporting lower levels of trust.

Trust may be related to awareness and/or experience (e.g. professional groups that had higher levels of awareness also had higher levels of trust), however this survey did not gather sufficient data to test this statistically. No differences in satisfaction were found between professional groups.

Preference for signposting by a General Practitioner

Trust in non-clinical general practice staff was mixed (53%). Despite this, the majority of people (66%) said they were happy for a receptionist to signpost them to the most appropriate person to meet their needs. However, around a third (34%) reported they were quite or very unhappy about this. This was more likely for households with a single adult and children (note: small sample size). Although many people were happy for this decision to be made by a receptionist, the majority (76%) would still *prefer* a GP to make this decision, as shown in Figure 9.

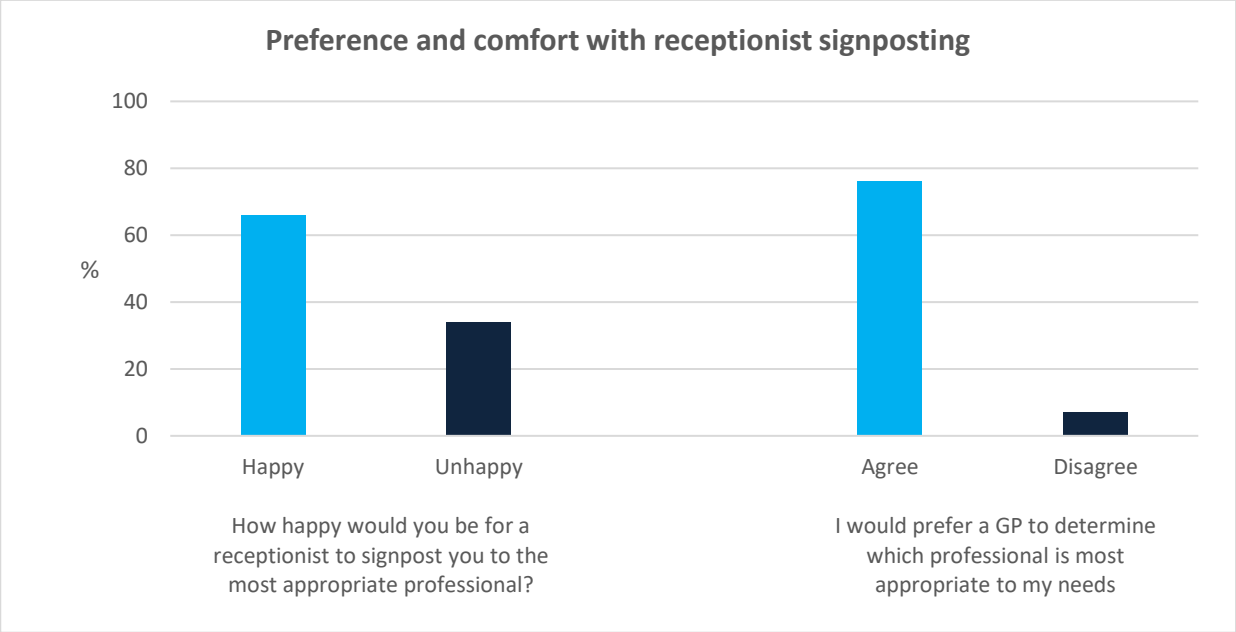

Figure 9: Preference and comfort with receptionist signposting. Base = all respondents

Most people feel listened to, while not everyone feels understood

Figure 10 shows how easy or difficult respondents found communicating with healthcare professionals. Most respondents understood the healthcare advice and treatment given to them by providers in general (78%). Understanding healthcare advice was reported as more difficult among those with no qualifications (18%) than the overall sample (5%).

By contrast, 84% of respondents said that, on their most recent visit to primary care, the professional they saw *made sure* they understood the information they were being given. This suggests that a small proportion of respondents do not communicate when they don't fully understand the information given.

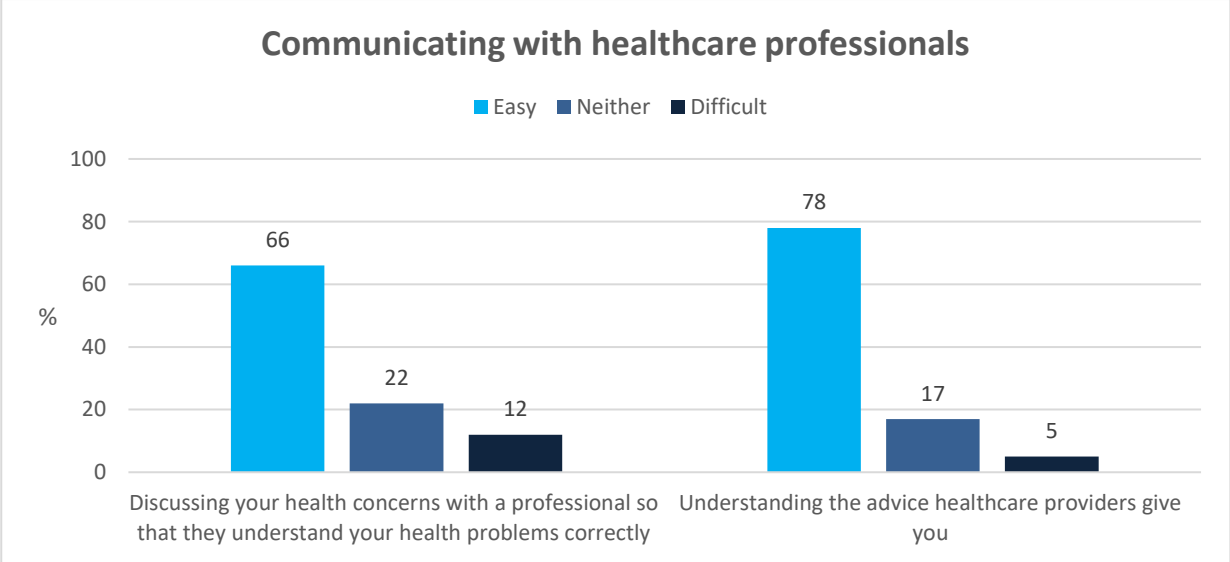

Figure 10: Ease of communicating with and understanding healthcare professionals. Base = all respondents

Whilst the vast majority of respondents (92%) indicated that they felt listened to on their most recent interaction with a primary care professional, only 66% of people generally found it easy to discuss their health concerns so that they were understood correctly, while 12% of respondents reported this being difficult (Figure 10). Those living with a limiting long-term condition reported greater levels of difficulty expressing their concerns whilst those living in the least deprived SIMD decile reported finding this significantly easier.

Asking questions may be difficult, even when given the opportunity

Figure 11 shows how respondents felt about asking questions of healthcare providers. 85% of people who had contacted primary care in the last 12 months (n=1040) reported being given the chance to ask questions about their care and treatment on their most recent visit. However, in general, only 70% of all respondents (n=1136) reported finding it easy to ask questions of healthcare providers until they understood the information they were being given. People living with a limiting long term illness reported finding this more difficult while those living in the least deprived SIMD decile reported finding this easier.

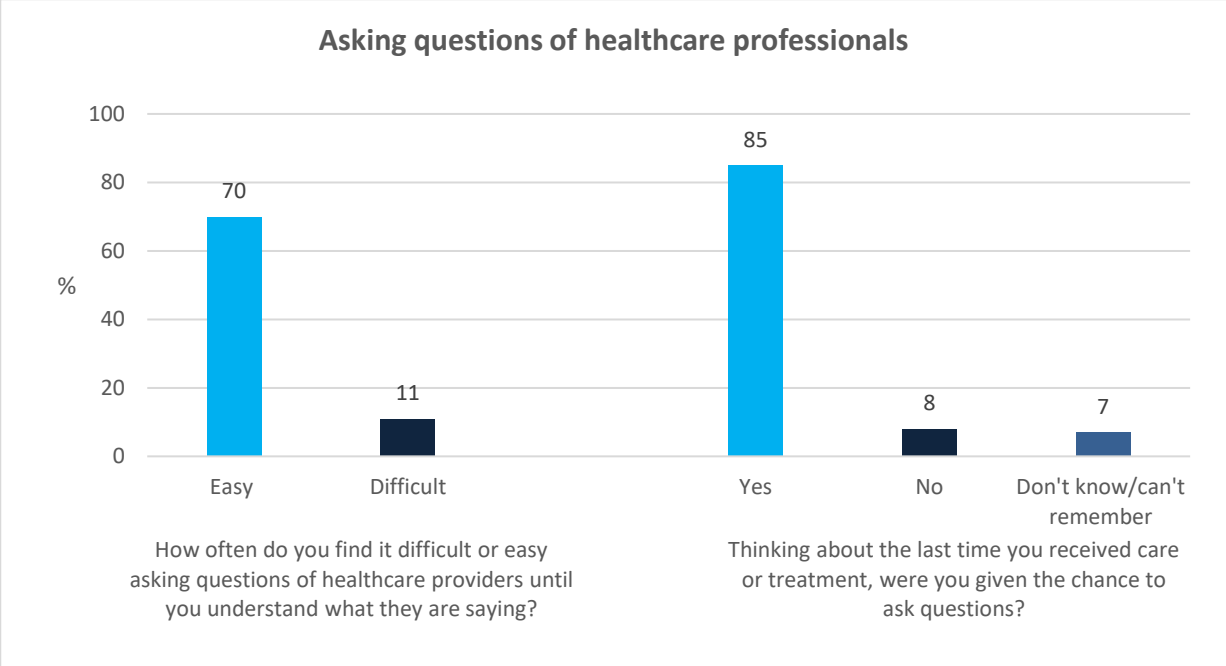

Figure 11: Asking questions of healthcare professionals in primary care. Base for first question (left) = all respondents. Base for second question (right) = all respondents who contacted any health provider in the last 12 months (n=1040).

This suggests that respondents may not feel comfortable or able to ask questions, even when they are given the opportunity to do so. This result should be interpreted with caution however, as these questions have slightly different samples – one based on a specific experience and one generalising across experience – and are therefore not directly comparable.

High satisfaction overall

When asked how satisfied or dissatisfied they were with their most recent experience, generally good levels of satisfaction were reported, with 78% either very satisfied or satisfied with this experience. This is more positive than results from HACE, where 67% of respondents rated the overall care provided by their general practice as positive (note: slightly different wording of the question used). Respondents living in single adult households with children were less likely (56%) than the overall proportion to indicate that they were very satisfied/satisfied (note: small sample).

How: Access and Barriers

Availability of services may be limiting access for some

Nearly half of respondents (46%) reported that it was fairly or very difficult to get an appointment at their GP practice, suggesting that the availability of services was limiting access for some people (Figure 12). Around one third (29-32%) of

respondents found it difficult to be available to contact or have an appointment with NHS services (by any mode of consultation) during regular opening hours.

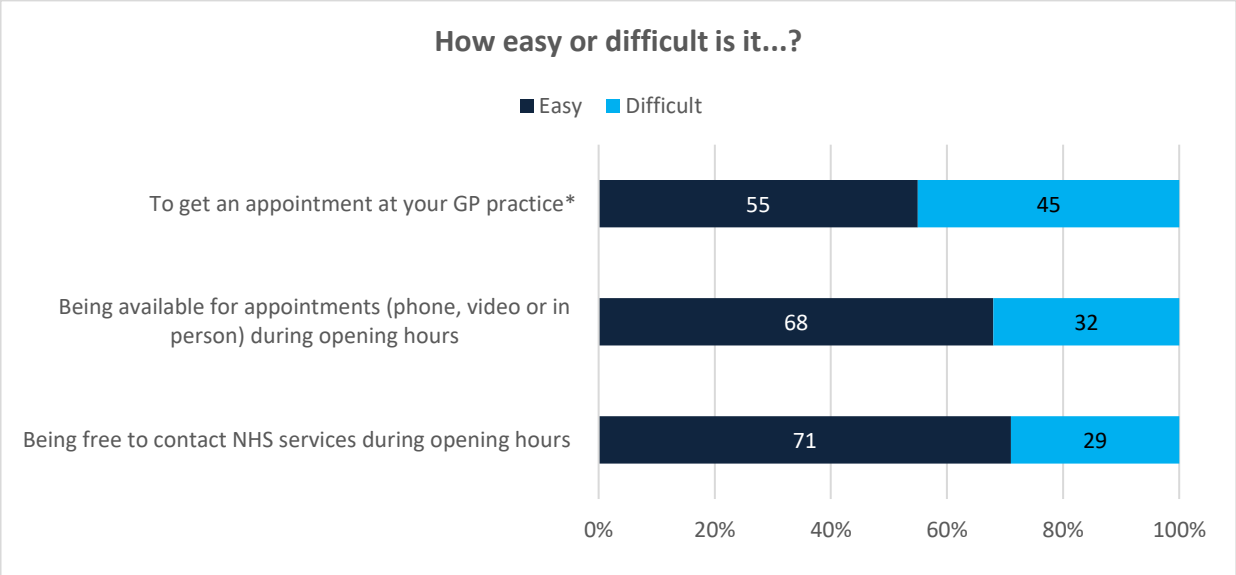

Figure 12: Availability for appointments in general practice. Base = respondents *Base = all currently aged 18+ and registered with a General Practice (1119)

A lower proportion of those aged 18-29 indicated that it was easy to contact a GP practice during regular opening hours (51%) compared with those aged 70 and over (85%). Those with a limiting (73%) or non-limiting long-term condition (81%) were more likely to report it being easy to be available for appointments.

Avoidance and anxiety prevent access for some

29% (n=224) of respondents reported that they had not contacted a GP practice in the last 12 months. Of those:

- The majority (70%) said it was because they hadn't needed to.
- 24% said they had accessed other services: this was primarily using online (10%), friends and family (7%), other services (not online, 4%) or private services (3%).
- However, other reasons for not contacting a practice included not wanting to burden the NHS (17%), general avoidance (14%) and anxiety (10%).
- No variations were found between groups, but this could be due to the small sample size for this question.

Some return to face-to-face consultation

Figure 13 shows the consultation mode of the most recent interaction respondents had. 68% of respondents reported having their most recent meeting face to face. This is higher than the number reported in HACE (37%), suggesting there have been more face to face appointments happening across primary care than in

general practice. 23% of respondents received a consultation over the phone while only 3% (n=14) had an appointment using a video call.

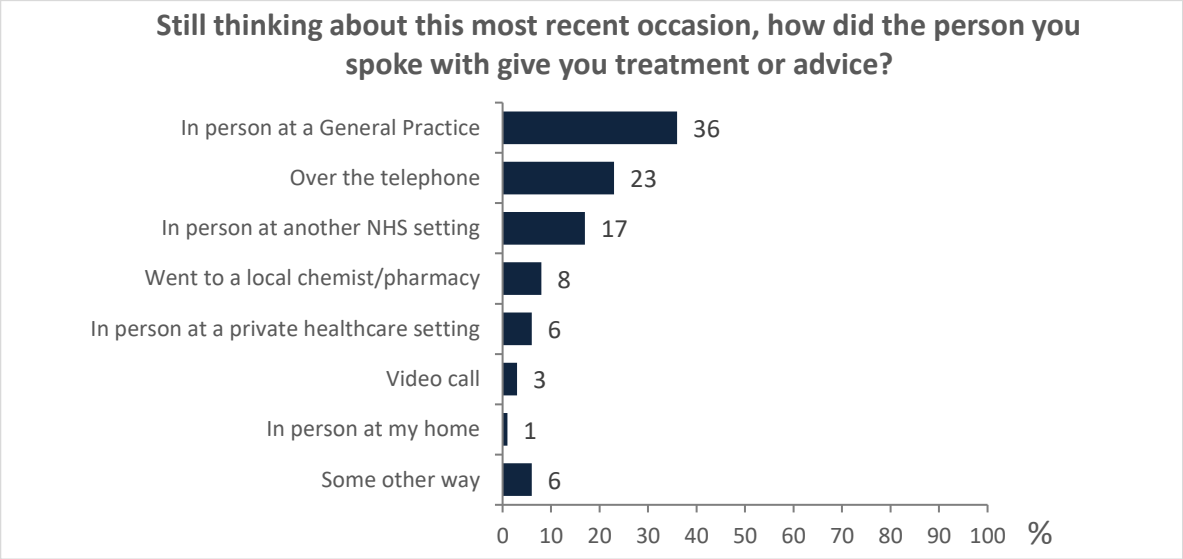

Figure 13: Consultation mode of most recent appointment. Base = all respondents who contacted any health provider in the last 12 months (1,075).

Respondents with a limiting long-term illness were more likely than the overall total to report that their most recent mode of treatment/advice was by telephone (32%). This is in line with the preference for clinicians to use telephone appointments for ongoing conditions than new diagnoses[ix]. The data was also indicative of a higher proportion of those in single adult households with children having received treatment or advice by phone, but this was a small sample.

Satisfaction higher for in-person consultations

Satisfaction was significantly higher for face to face consultations (84%) than over the phone (68%) or video appointments (64%). Satisfaction was lowest for video appointments, with around one third of respondents feeling very or quite dissatisfied with this mode of interaction. However, this should be interpreted with caution due to the very small sample size (n=14).

Dental costs clear but not necessarily reasonable

Whilst the majority of primary care services are free in Scotland, respondents were asked questions about dentistry and the related costs of treatment. The majority of participants felt they were given clear information about their treatment options and the costs involved (75%). 54% of respondents felt that the cost of treatment was reasonable whereas 16% felt it was unreasonable. 13% reported this was not applicable.

5. Demographic variation

This section collates the differences highlighted throughout the report found between demographic groups for the variables collected, which are listed in Annex 2. All reported differences are statistically significant, though the analysis did not control for correlation between variables (for example, older adults and people experiencing socio-economic disadvantage are more likely to have one or more long term health conditions). It is therefore not possible to determine which variable explains the differences in responses. No other significant variations by demographic group were found, though this may be due to low sample sizes, especially for those not registered with a GP practice, families with over 3 children, single parent households and people with non-limiting long term conditions. Information on ethnicity was collected but not analysed due to the vast majority of the respondent population being white (96%). Sexual and gender identity were not collected and represent a gap in the analysis.

Age

Older participants (70+) were more likely to report:

- Having had contact with primary care across services in the past 12 months.
- Being available to contact their general practice.
- Less likely to use the internet (Figure 14) or friends and family as a source of health advice.
- Lower awareness and trust in mental health professionals.

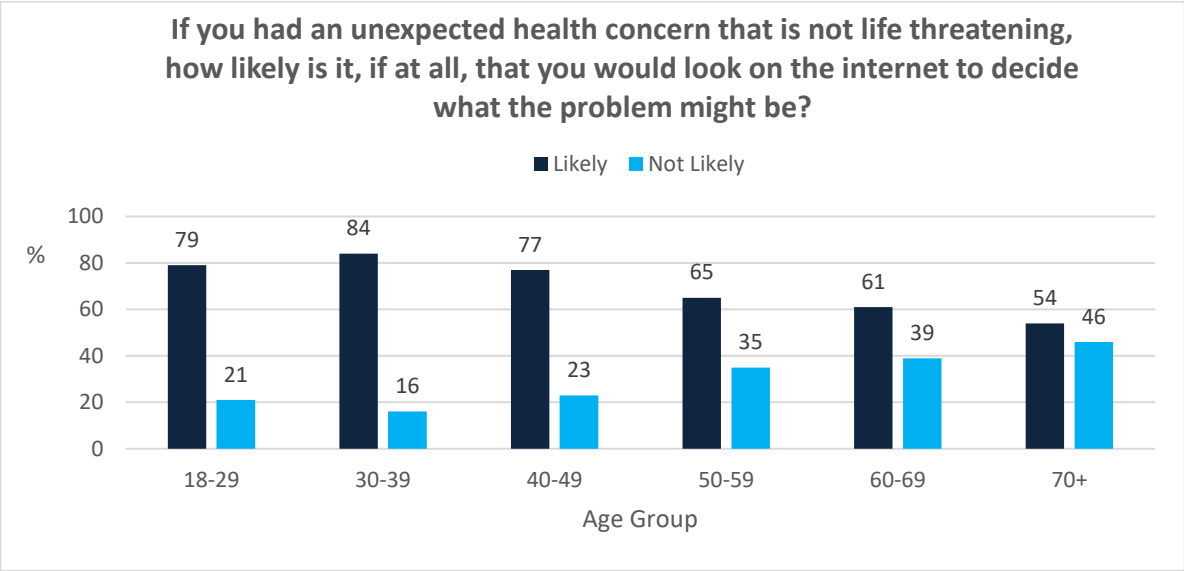

Figure 14: Likelihood of using the internet to decide what a health problem might be for different age groups. Base = all respondents

Younger participants (aged 18-25) were more likely to report:

- Using the internet and asking friends and family as a source of health advice.

- Higher awareness of and trust in mental health professionals.
- Being less available to contact and have appointments at their general practice (Figure 15).

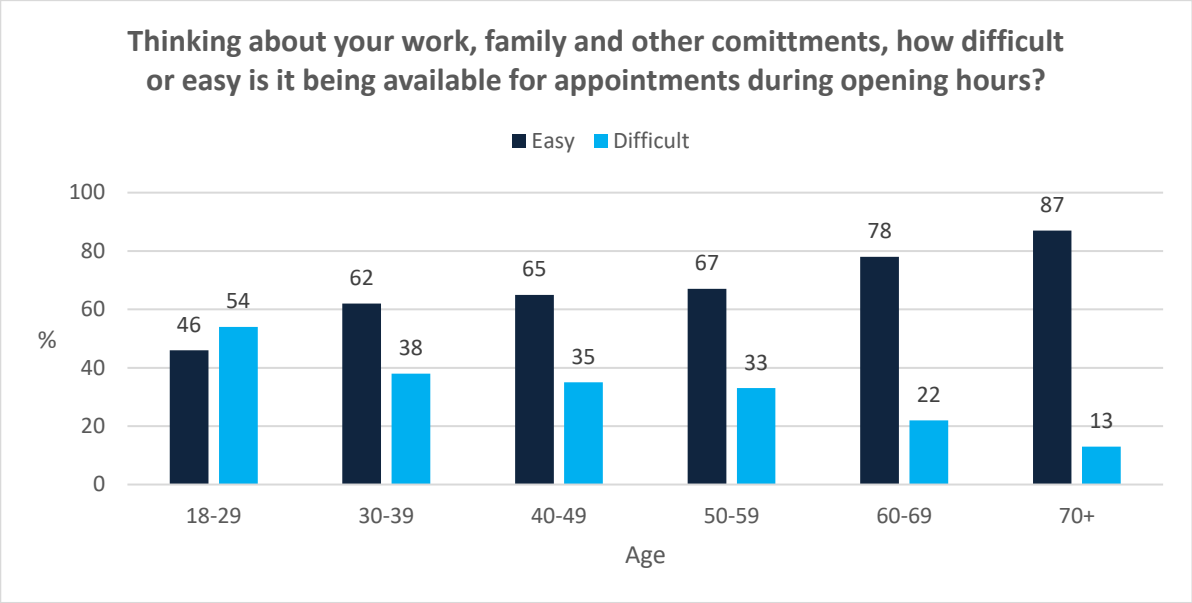

Figure 15: Availability for appointments by age group. Base = all respondents

Limiting long-term illness

Those experiencing a long-term condition were more likely to report:

- Contact with primary care over the past 12 months.
- Receiving care over the phone.
- Lower confidence in finding information about specific health problems.
- Lower levels of trust across professions, as compared in figures 16 and 17 (excluding pharmacists based in general practice and NHS 24 where no significant difference was observed).
- Greater difficulty expressing their concerns and asking questions of health professionals.
- Greater availability for appointments.

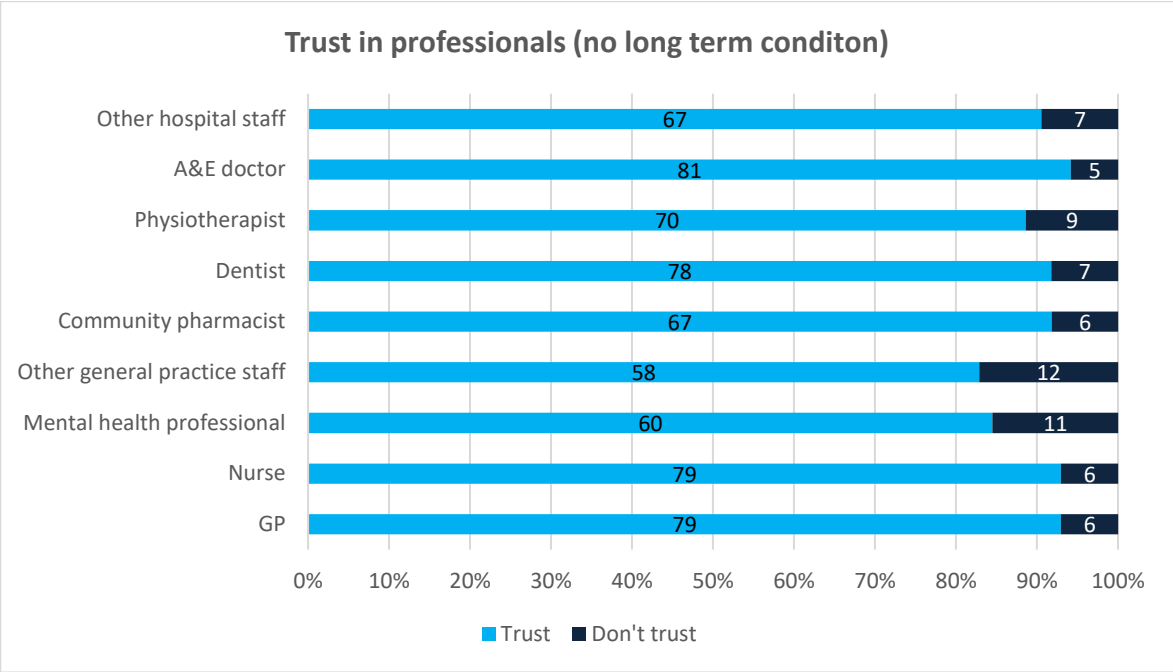

Figure 16: Trust in professionals for respondents with no long term condition Base = 606

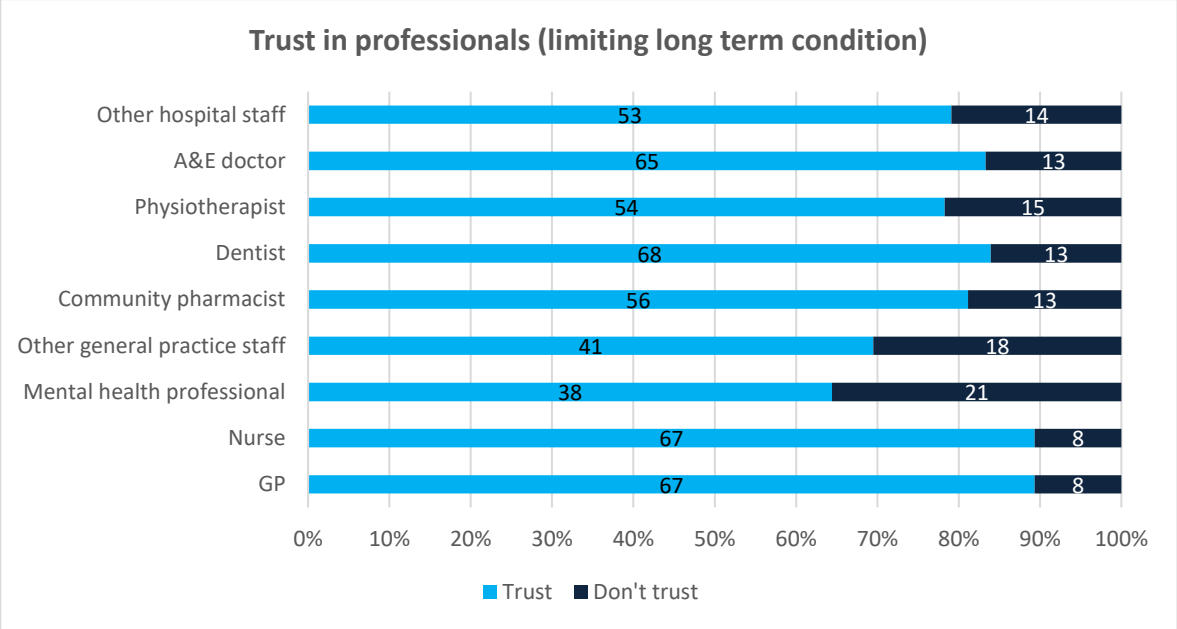

Figure 17: Trust in professionals for those with a limiting long term condition. Base = 309

Socio-economic deprivation

Some differences were noted based on respondents' social and/or economic status:

- Those with no or few qualifications were less likely to treat themselves first or using the internet before contacting their general practice
- People from the most deprived SIMD decile were more likely to report feeling confident they knew about a range of NHS services such as 111 and minor

injuries, but those on lower incomes reported less confidence knowing who to contact when their general practice was closed. This may represent a discrepancy between confidence and competence.

- Respondents from more deprived areas reported less trust in GPs compared to other respondents and were more likely to say they would go to A&E and call 111 in response to a new, non-life threatening health concern.
- Those living in the least deprived SIMD decile reported finding it easy to engage in their health care: they were more likely to report finding it easy to find information about specific health problems (Figure 18), express their health concerns, understand healthcare professionals and to ask questions of them until they understand (Figure 19).

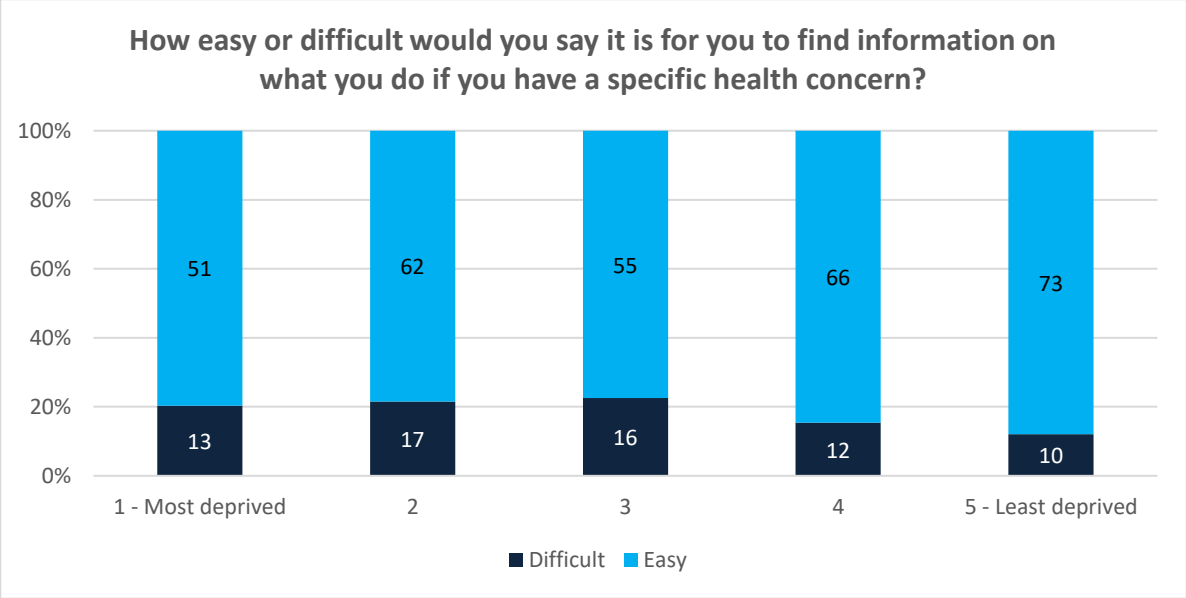

Figure 18: Ease of finding health information by SIMD. Base = all respondents

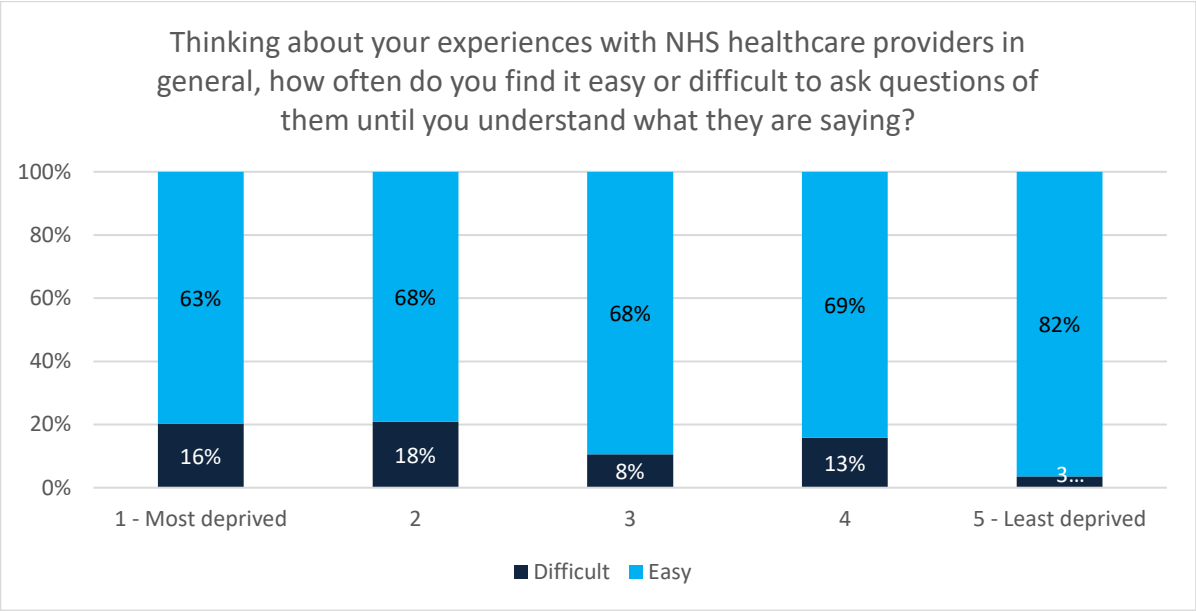

Figure 19: Ease of asking questions of health care professionals by SIMD. Base = all respondents

Single-parent households

The survey indicated that single adults living in households with children may report being:

- More likely to visit a local pharmacy than other respondents
- More likely to receive care over the phone
- Less likely to be happy with a receptionist making a decision about who they should see
- And lower satisfaction with their most recent interaction with primary care.

However, as this group had a weighted sample size of only 32, these results may not be as generalizable or robust as other findings and should be treated with caution.

Other

The only differences found for other variables were:

- People living in rural areas were more likely to recommend their local pharmacy and think it was an appropriate place to receive care
- Females were more likely to use the internet as a source of health information and advice.

6. Conclusions

This report has presented findings from a nationally representative sample of 1,136 people aged 18 and over living in Scotland. The results offer insights into the three research themes in primary care, with a focus on general practice: finding health and service information; trust, confidence and experience with different professionals; and barriers to accessing and receiving care. These themes are related to the primary care outcomes for people; that we feel more informed and empowered when using primary care and that our experience of primary care is enhanced.

What & Where: Finding health and service information

Although self-reported knowledge of services and where to go to access primary care was high (78-90%), most respondents did not utilise the full range of primary care services and still saw General Practitioners as the first point of contact for primary care. For example, although the majority of respondents thought that community pharmacy was an appropriate place to access care, few people said they would contact their local pharmacist before seeing a GP. This suggests that, despite the work of recent campaigns, more work is needed to shift public knowledge and perception of the multi-disciplinary team, the availability of care via pharmacy and other parts of primary care, and how more appropriate care can be accessed, often more quickly and closer to home.

Respondents found it harder to find information about health problems than services, and those with fewer formal qualifications and limiting long term conditions reported both finding and understanding health information more difficult. Therefore, services (such as NHS inform) and primary care professionals need to continue to work to make health information as accessible as possible to ensure that certain groups are not excluded from feeling informed about their health.

Who: trust, confidence and experience with professionals

Awareness and trust was lower for other professionals in the general practice multi-disciplinary team than for doctors and nurses, and especially low for people providing links to non-clinical support and services and mental health workers. This may be linked to lower levels of awareness and experiences of these staff, but this survey did not gather sufficient data to test this. However, more time, awareness raising and trust building is likely needed for the public to engage fully in the new model of care. This may be especially true for people living in greater deprivation and those living with limiting long term illnesses.

While the majority of respondents reported a preference for GP signposting, most would be happy for this decision to be made by a receptionist. However, one third of people felt unhappy with this. It may be interesting to run these questions again to discern any impact of the national media campaign on the role of receptionists.

Those living in the least deprived SIMD decile found it easier to engage in their health care: they were more likely to report finding it easy to find information about specific health problems, express their health concerns, understand healthcare professionals and to ask questions of them until they understand. By contrast, those living with a limiting long term illness found engaging in their healthcare in this way more challenging. This suggests that different groups have different levels of agency and empowerment when accessing primary care.

These differences are complex and likely reflective of power structures and inequalities in Scottish society more broadly[x]. This makes them difficult for primary care to tackle; these were results were found in spite of healthcare professionals giving an opportunity to ask questions, making sure their patients understood and displaying a high level of listening skills. This suggests that a different, more targeted and nuanced approach may be needed to empower patients with equity.

How: access and barriers in primary care

Despite significant disruptions to services due to COVID-19, the majority of people surveyed had accessed primary care service in the last 12 months, with the majority of most recent appointments happening face to face. Satisfaction ratings were significantly higher for face to face than phone or video appointments.

However, nearly half of people reported it was difficult to get an appointment at their general practice, suggesting that access issues are ongoing.

Avoidance, anxiety and not wanting to burden the NHS are creating barriers for some people who may not be accessing healthcare when they need it.

Despite the challenges outlined in this report, the majority of respondents felt satisfied with their most recent interaction with primary care.

Limitations

This survey was conducted with a thorough and robust methodology. However, it has some significant limitations outlined below:

- Although the survey asked about dentistry and community pharmacy, the majority of the questions focused on general practice and therefore generalisations across primary care are limited.
- Although the sample is a reasonable size, nationally representative and collected using robust methods, all methods are subject to bias. Additionally, some demographic variables could not be reported on due to low sample sizes (e.g. families with small children, ethnicity) and others were not collected (e.g. sexual and gender identity) and therefore any differences in the views of those groups are not reflected in the data. More work would need to be conducted to understand the views of these groups.
- This was a one-off, standalone survey and therefore no comparisons can be drawn across time. The primary care outcomes aim to measure *improvements* in experience and how informed and empowered people feel, and therefore

the contribution this survey makes to measuring these outcomes is currently limited, as it only provides a single snapshot in time. It may be interesting to repeat parts or all of this survey in the future to discern how public perceptions change as recovery from the pandemic progresses and primary care reform becomes embedded across Scotland.

- This survey collected information about what, where, who and how people access care. However, as a quantitative survey with limited options and responses, it cannot say anything meaningful about why public perceptions are as they are or how to shift them. More detailed and qualitative work would be needed to address these questions.

Annexes

Annex 1: Questionnaire

Note: Guidance on 'don't know' and 'prefer not to say' responses

The default is that 'don't know' and 'prefer not to say' options are 'hidden', that is, they appear if a person tried to proceed past a question without answering it. For some questions, a decision may be made that these answer options should not be hidden. Unhidden 'don't know' and 'prefer not to say' will been included in the documentation that follows. If 'don't know' or 'prefer not to say' is not listed then this means the options were 'hidden'.

Introductory text:

"Hi, welcome to our survey.

Even if you do not feel sure of your answer, we still value your opinion, but please answer as honestly as you can. Once you have finished the survey, we'll send you a £5 shopping voucher as a thank you for your time.

The survey should take you around 15 minutes to complete, but this may be a little longer or shorter depending on your circumstances. You don't have to complete the whole survey in one go – any progress you make will be saved and you can start where you left off when you next log in.

To get started, simply click the 'Next' button below."

Demographic Information

"First we would like to ask you a few questions about yourself to help us understand if, and how, using healthcare differs across different groups of people living in Scotland. As with all the questions in the survey, you can choose not to answer any question if you don't want to by selecting next."

How is your health in general? Would you say it was ...
Please select one answer
Very good
Good
Fair
Bad
Very bad

Do you have a physical or mental health condition or illness lasting, or expected to last, 12 months or more?
Please select one answer

Yes
No
Prefer not to say [Display on screen]

Thinking about the last 12 months, have you had or experienced any of the following?

Please do not include any experiences of Covid-19

Please select all that apply

Deafness or severe hearing impairment
Blindness or severe vision impairment
Chronic pain lasting at least 3 months
A physical disability
A learning disability
A mental health condition
Full or partial loss of voice or significant difficulty speaking
Another health condition (specify)
None of the above [EXCLUSIVE]

Does this condition limit your activities in any way?
Yes, a lot
Yes, a little
Not at all

Are you currently registered with a General Practice?
You might also think of this as your doctor's surgery or local health centre.

Please select one answer
Yes
No
Not sure

Apart from anything you do as part of paid employment, 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?
Please select one answer
Yes
No

Awareness and confidence of different sources of health advice and information

How easy or difficult would you say it is for you to find information on what to do if you have a specific health concern?

Please select one answer

Scale {reverse between interviews}:
Very easy
Fairly easy
Neither easy nor difficult
Fairly difficult
Very difficult

Imagine you had an unexpected health concern that was not life threatening. If you needed to get help quickly from a health service, how confident, if at all, are you that ...?
Please select one answer

You know enough about the range of NHS services you can use, for example, minor injury clinics, a local pharmacy or calling 111
You know, or can easily find out, when your General Practice and other NHS services are open
You know, or can easily find out, who to contact when your General Practice is closed

Scale {reverse between interviews}:
Very confident
Fairly confident
Not very confident
Not at all confident

Still thinking about if you had an unexpected health concern that is not life threatening. How likely, if at all, is it that you would ...?
Please select one answer
Check what family or friends think you should do about it
Look on the internet to decide what the problem might be
Look on the internet to decide what to do about it

Scale {reverse between interviews}:
Very likely
Fairly likely
Not very likely
Not at all likely

Sources would take for particular conditions

The following questions describes some health problems you could have and ask you what you would do in that situation.

First, imagine you have had diarrhoea and vomiting for two days.

Which, if any, of the following would you do?

Please select all that apply

{Randomise codes keeping 1 and 2 together ‘none of these’ at the end}
Look online for advice from the NHS
Look for advice online from non-NHS sources
Go to the Accident and Emergency department (A&E) or a minor injury unit
Contact a General Practice (including General Practice 'out of hours' service)
Go to a chemist/pharmacist
Call NHS24 (111)
Deal with the problem myself
None of these [EXCLUSIVE]

And which one of those would you do first?
Please select one answer

Look online for advice from the NHS
Look for advice online from non-NHS sources
Go to the Accident and Emergency department (A&E) or a minor injury unit
Contact a General Practice (including General Practice 'out of hours' service)
Go to a chemist/pharmacist
Call NHS24 (111)
Deal with the problem myself
None of these [EXCLUSIVE]

Second, imagine you have had back pain for two weeks and have not been able to sleep.
Which, if any, of the following would you do?
Please select all that apply

{Randomise codes keeping ‘none of these’ at the end}
Look online for advice from the NHS
Look for advice online from non-NHS sources
Go to the Accident and Emergency department (A&E) or a minor injury unit
Contact a General Practice (including General Practice 'out of hours' service)
Go to a chemist/pharmacist
Contact an NHS physiotherapist (through General practice or self-referral)
Contact a private physical therapist (e.g. physiotherapist, osteopath, chiropractor)
Call NHS24 (111)
Deal with the problem myself
None of these [EXCLUSIVE]

And which one of those would you do first?

Look online for advice from the NHS
Look for advice online from non-NHS sources
Go to the Accident and Emergency department (A&E) or a minor injury unit
Contact a General Practice (including General Practice 'out of hours' service)
Go to a chemist/pharmacist

Contact an NHS physiotherapist (through General practice or self-referral)
Contact a private physical therapist (e.g. physiotherapist, osteopath, chiropractor)
Call NHS24 (111)
Deal with the problem myself
None of these [EXCLUSIVE]

Awareness and understanding of services in General Practice

Now we would like to ask about appointments that you might get through a General Practice. An appointment could be by phone, by video (e.g. NearMe or Skype) or in person at the surgery.

You do not need to be currently registered with a General Practice to answer these questions

Before today, would you say that you were, or were not, aware that when you call a General Practice you could, depending on your health concern, be offered an appointment with one of the following?

Please select one answer per row

Rows:
Doctor (GP)
A pharmacist or pharmacy technician based in a General Practice
A Mental Health professional
A Physiotherapist(s)
Someone who provides advice or links to other services e.g. a community link worker, a welfare advisor etc.)
A Nurse (e.g. general practice nurse, an advanced nurse practitioner, or health care assistant)

Columns:
Aware
Not aware

In the last 12 months, how many times have you contacted, visited or had an appointment with the following for health advice or treatment?
Please do not include any advice or treatment you sought for COVID-19.
Please select one answer on each row
[Please split across three separate screens/grids]
Grid 1:
A GP or General Practice nurse during normal hours
An out of hours service
A pharmacist or pharmacy technician based in a General Practice
A physiotherapist
Someone who provides advice or links to other services (e.g. a community link worker, a welfare advisor)

Another NHS service or professional in a General Practice
NHS/hospital outpatient services
A Health visitor/ district nurse
NHS 24 (111)
NHS Inform
999/Ambulance/Accident and Emergency

Which of the following, if any, are reasons why you have not contacted your General Practice in the last 12 months?
Please select all that apply

{Randomise codes leaving don't know, other and none of these at the end}
I have not needed to
I have been able to access the information I needed online
I have been able to access advice/care through other services (not online)
I don't want to burden the NHS/ I think other people might need the service more
I generally avoid contacting a General Practice (even before the Covid-19 pandemic)
l feel anxious or uncomfortable about doing things like contacting a General Practice
I used private/alternative healthcare services
I spoke to family or friends
Other
None of these [EXCLUSIVE]

Thinking about the last time you contacted your General Practice, did you do any of the following before doing so?
Please select all that apply

{Randomise codes leaving Other and 'none of these' at end. {} around several codes means keep together when randomising}
Looked at NHS advice online/used an online NHS service (e.g. NHS Inform)
Called an NHS helpline, such as NHS 24 (111)
Contacted or used another NHS service}
Spoke to a chemist/community pharmacist
Went to A&E
Tried to treat myself / the person I was making this appointment for (for example with medication)
Asked for advice from a friend or family member
Tried to get information or help from a non-NHS service
Other (specify)
None of these [EXCLUSIVE]

Still thinking about the last 12 months, how many times have you contacted, visited or had an appointment with the following for health advice or treatment?

Please **do not**include any advice or treatment you sought for COVID-19.

A member of a Community Mental Health Team during normal hours (e.g. community psychiatric nurse, psychiatrist, psychologist)
A member of a Community Mental Health Team in an out-of-hours service (e.g. community psychiatric nurse, psychiatrist, psychologist)
A Telehealth Service for Mental Health and Wellbeing (e.g. Breathing Space)

Still thinking about the last 12 months, how many times have you contacted, visited or had an appointment with the following for health advice or treatment?

Please **do not** include any advice or treatment you sought for COVID-19.

A local chemist/community pharmacy
A high street dentist
A high street optician/optometrist
A health charity

Scale:
Never
Once
2-4 times
5-9 times
10 times or more

And which of these did you contact or visit most recently?
A GP/doctor or practice nurse during normal hours
An out of hours service
A pharmacist or pharmacy technician based in a General Practice
A physiotherapist
Someone who provides advice or links to other services (e.g. a community link worker, a welfare advisor)
Another NHS service or professional in a General Practice
NHS/hospital outpatient services
Health visitor/ district nurse
NHS 24 (111)
NHS Inform
999/Ambulance/Accident and Emergency
A member of a Community Mental Health Team during normal hours (e.g. community psychiatric nurse, psychiatrist, psychologist)
A member of a Community Mental Health Team in an out-of-hours service (e.g. community psychiatric nurse, psychiatrist, psychologist)
Telehealth Service for Mental Health and Wellbeing (e.g. Breathing Space)
A local chemist/community pharmacy
A high street dentist
A high street optician/optometrist
A health charity

Thinking about the most recent time you received health treatment or advice, what was this for?

Please do not include any advice or treatment you sought for COVID-19.
Please select all that apply.

An injury or accident
A dental/oral health problem
Another physical health problem
Maternity care/birth control
A mental health problem
A routine check up
Something else (please specify)
Prefer not to say

Still thinking about this most recent occasion, how did the person you spoke with give you treatment or advice?
Please select one answer

Video call
Over the telephone
In person at a General Practice
Went to a local chemist/community pharmacy
In person appointment in another NHS setting (e.g. a hospital)
In person at a private healthcare setting
In person in my home
Some other way (specify)

And how satisfied or dissatisfied were you with your overall experience on this occasion?
Very Satisfied
Satisfied
Neither Satisfied nor Dissatisfied
Dissatisfied
Very Dissatisfied

Still thinking about the most recent time you received treatment or advice about your health <u>in the last 12 months…</u>

Would you say that you were listened to…?
Please select one answer.

Scale {reverse between interviews}
Very well
Quite well
Not very well
Not at all

And were you given the chance to ask questions about your care and treatment?
Please select one answer

Yes
No
Don’t know/can’t remember

Did the person you spoke to check to make sure that you understood the information they gave you?
Please select one answer

Yes
No
Don’t know/can’t remember

How involved did you feel in decisions about your care and treatment?
Please select one answer

Very involved
Somewhat involved
Not at all involved

Trust and confidence in general practice

To what extent, if at all, would you trust information and advice about your health from each of the following sources?

Rows {Randomise rows}:
GPs
General practice nurses
Mental health professionals
Pharmacists based in a General Practice
Other health staff in a General Practice
The local chemist/community pharmacy
Dentists
Physiotherapists
NHS 24 (111)
Accident & Emergency doctors/nurses
Other NHS hospital staff

Scale {reverse between interviews with not applicable always at end}:
Completely
A great deal
Somewhat
Only a little
Not at all

If you were to call a General Practice, how happy or unhappy would you be for the receptionist to ask you questions and to signpost you to the person or service that is most appropriate for your needs?
Please select one answer

Scale {reverse between interviews}
Very happy
Quite happy
Quite unhappy
Very unhappy

How much do you agree or disagree with the statement:

If I were to call a General Practice, I would prefer a GP to determine which healthcare professional is most appropriate for me to see based on my needs

Scale (reverse between interviews):
Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree

Now a few questions about how easy or difficult you find it talking to healthcare providers.

In this part of the questionnaire, the term healthcare providers means doctors, nurses, physiotherapists, dieticians, pharmacists, dentists, opticians and any other NHS health worker you seek advice or treatment from.

Thinking about your experiences with NHS healthcare providers in general, how often do you find each of the following difficult or easy?

Please select one answer per statement
Scale {reverse between interviews}
Always difficult
Usually difficult
Equally difficult and easy
Usually easy
Always easy

a. Discussing your health concerns with a professional so that they understand your health problems correctly
b. Asking questions of them until you understand what they are saying
c. Understanding the advice healthcare providers give you

Barriers/facilitators

In general, how difficult or easy is it for you to get an appointment at your General Practice?

An appointment could be by phone, by video (e.g. NearMe or Skype) or in person at the surgery.

Please select one answer

Very easy
Quite easy
Quite difficult
Very difficult

Thinking about your work, family and other commitments, how difficult or easy are the following for you generally when trying to use NHS services?

Please select one answer per row:

Being free to contact NHS services during opening hours
Being available for appointments (phone, video or in person) during opening hours

Scale {reverse between interviews}
Very easy
Quite easy
Quite difficult
Very difficult

Beyond general practice: dentistry and community pharmacy

Thinking of the last time you received treatment or advice from a dentist, how much do you agree or disagree with the following?

Please select all that apply

I was happy with the quality of the care/advice I received
I was given clear information about any treatment options, including costs
The costs of any treatment needed were reasonable
I trusted the information/advice the dentist gave me

Scale (reverse between interviews):
Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
Not applicable

Thinking about local/community pharmacies/chemists in your area or that you visit regularly, how much do you agree or disagree with the following statements…?
Please choose one answer
Statements:
My chemist/community pharmacy is an appropriate place to access treatment and support
I would recommend my chemist/community pharmacy to others for advice and support

Scale {reverse between interviews}
Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree

Still thinking about local/community pharmacies/chemists in your area or that you visit regularly…

How confident or not are you that the staff in these pharmacies/chemists can provide you with health advice and care?
Please select one answer

Scale {reverse between interviews}
Very confident
Quite confident
Not very confident
Not at all confident

{end of questions}

Annex 2: Technical methods and sample demographics

Recruitment

Set up in 2015, the ScotCen Panel is a part of the NatCen Panel with a specific focus of research with people living in Scotland. The Panel allows the efficient gathering of robust survey data from a nationally representative sample of adults living in Scotland. ScotCen Panel members are recruited through the Scottish Social Attitudes survey, for which participants are selected at random from the general population using the Postcode Address File (PAF) as sample frame. The ScotCen Panel is not based on an opt-in approach, reducing the risk of bias in the sample.

The ScotCen Panel is recruited through face-to-face fieldwork, rather than 'push-to-web' or random digit dialling approaches. This increases the sample quality in several ways, including:

- Increasing the overall response rate (going back to the original issued sample) and therefore reducing the risk of bias
- Allowing low internet users to join, meaning the sample is not biased at the point of recruitment
- A larger proportion of non-response occurs after the participant is recruited, meaning it can be more effectively modelled and adjusted for in weighting;
- Allowing for the proper enforcement of probability-based selection of individuals within the household.

1,136 surveys were completed between the 4th of February and the 7th of March 2022 against target of at least 1,000 responses. Invitations to participate were issued to c.2,300 members of the ScotCen Panel. As all eligible panel members were invited to take part and no quotas were used, the population had a known and non-zero chance of being selected, thus utilising a random probability design.

Data weighting and demographics

The ScotCen Panel's fieldwork design helps to ensure a representative sample is recruited. However, as with all quantitative surveys, the risk of bias is never fully eliminated. To further minimise the impact of bias on results, a post-fieldwork weight was implemented.

The use of face-to-face fieldwork for panel recruitment meant that much of the non-response could be effectively modelled using the wealth of data available from the recruitment survey (in this case Scottish Social Attitudes or SSA), accounting for much of the bias that occurs during the panel survey process.

As a random probability sample, estimates are affected by non-coverage and non-response. In order to ensure the sample is representative of the population, a set of non-response weights has been computed. Non-response to one of NatCen's probability panel surveys can occur at any one of three stages: (I) refusal to take

part in the recruitment survey, (II) refusal to join the Panel, and (III) refusal to take part in a survey issued to panel members (including through attrition). To account for this, ScotCen produced a final weight that is the product of three separate weights, each of which is designed to adjust for non-response at the three stages described above.

The sample for this survey was recruited from Scottish Social Attitudes Survey 15, 16, 17, and 19, and British Social Attitudes (BSA) Survey 21. All recruitment surveys used weights to adjust for differential selection probabilities (design weights), non-response at household level (non-response weights) and weights to adjust the profile of respondents to match population estimates (calibration weights). You can find more information about the weighting approach for SSA https://www.gov.scot/collections/scottish-social-attitudes-survey/.[xi]

The subsequent two weights were developed using separate logistic regression models to compute the probabilities of response of each participant, with the weight being equal to the inverse of the probabilities of response. The model is based on a number of variables, including: age and sex groups, region, BSA/SSA year, household type, household income, education level, ethnicity, tenure, social class group, economic activity, political party identification, and interest in politics. The weighted and unweighted sample size for key demographics is shown in table 1.

		Unweighted sample size (n)	Unweighted %	Weighted sample size (n)	Weighted %
Sex	**Male**	512	55	543	52
	Female	622	55	592	48
Age	**18-29**	55	5	190	17
	30-39	119	10	182	16
	40-49	159	14	169	15
	50-59	257	23	201	18
	60-69	288	25	180	16
	70+	258	23	214	19
Rural/ urban	**Urban**	724	64	887	78
	Rural	412	36	249	22
SIMD* quintile	**1 – most deprived**	155	14	218	19
	2	176	15	188	17
	3	274	24	265	23
	4	286	25	227	20
	5 – least deprived	245	21	238	21

Table 1: Weighted and unweighted sample size by demographic

As a nationally representative sample, the ScotCen Panel provides sufficient sample sizes for sub-group analysis shown in Table 2.

	Unweighted primary care survey sample size
Older people (60 and over)	546
People with a long-term health condition	534
Households with children	245

Table 2: unweighted sample size for target groups

Data Analysis

The data collected was cleaned and checked for data quality by a third party and provided to the ScotCen and Scottish Government research teams. Analysis was undertaken by ScotCen to produce a set of data tables, which included a table for each survey question along with ten different crossbreak variables (some demographic and some based on survey data), as well as NET rows (where applicable) and indicators of significance at the 95% confidence level (using a weighted equivalent of a t-test with pooled variance).

In addition, a dataset was provided in Excel and SPSS formats. This dataset included data for all participants who have completed the survey and for all funded questions. In addition, it includes sampling and weighting variables for analysis, design variables (mode and date of completion) and socio-demographic information.

These data outputs were accompanied by a summary slide deck in PowerPoint with graphical representations of the survey questions, which formed the basis of a presentation to the Scottish Government Research Advisory Group (RAG).

Scottish Government analysts then conducted further analysis and interpretation of the data (including additional crossbreaks) to compile this report.

Comparison with Health and Care Experience (HACE) survey methodology

- HACE has been run every two years since 2009 and can provide insight into changes over time. The most recent data was collected earlier than this survey (November 2021-January 2022), asked about experience during the previous 12 months and was published in May 2022.
- The sample size for HACE is much larger, with over 130,000 respondents in the 2021/22 survey.

- HACE is also representative, but uses a different methodology. Respondents are selected from the Community Health Index using probability sampling, whereas the panel used in this survey selected people at random from the general population using the Postcode Address File (PAF).
- HACE samples people who are registered with a Scottish general practice, whereas this survey includes a very small number of people not registered with a general practice.
- HACE includes those aged 17.
- HACE asks primarily about general practice (in and out of hours) and caring experiences, whereas this survey asked questions about general practice and other primary care services such as community pharmacy and dentistry.

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How to access background or source data

☒ may be made available on request, subject to consideration of legal and ethical factors. Please contact socialresearch@gov.scot for further information.

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