



Health and Care Experience Survey 2015/16

Volume 1: National Results

A National Statistics Publication for Scotland published by the Scottish Government



Scottish Care Experience
Survey Programme



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1 EXECUTIVE SUMMARY

Introduction

- 1.1 Over 100,000 individuals registered with a GP practice in Scotland responded to the 2015/16 Health and Care Experience Survey.
- 1.2 The survey asked respondents to feed back their experiences of their GP practices and out of hours care. The survey also asked about experiences of social care services and asked specific questions of those with caring responsibilities.

GP Care

- 1.3 As in the previous survey, most patients were positive about the care and treatment they received at GP practices. The overall positive rating of GP care has remained the same as last year at 87 per cent.
- 1.4 Patients were particularly positive about their experiences in consultations with doctors and nurses. Questions relating to the doctor 'listening to me' (95 per cent positive) and having 'enough time with the nurse' (96 per cent positive) were amongst the best results in the survey.
- 1.5 Medication was another area of the survey which received very positive responses, with the four most positive questions all relating to medication. However, whilst patients were very positive about understanding 'how and when to take [their] medicines' (98 per cent positive), they were less positive about understanding their potential side effects (82 per cent positive)
- 1.6 The most negatively answered question in this section related to how perceived mistakes were dealt with. The question was only asked of the small number of patients that believed they had experienced a mistake. However, only 46 per cent of them were satisfied with how it was dealt with.

GP Access

- 1.7 Whilst most patients do report positive experiences of accessing GP services, this continues to be an area of relative concern for respondents. Four of the five most negatively answered GP questions related to issues of access.
- 1.8 For a number of access questions this survey continues a downward trend in results. For example, the overall positive rating of 'arrangements for getting to see a doctor' (71 per cent) has dropped

one percentage point since the previous survey. However, this continues a trend that has seen the rating drop each survey since 2009/10. The positive rating is now ten percentage points below the 2009/10 figure of 81 per cent.

Out of Hours Care

- 1.9 The overall positive rating for out-of-hours healthcare has remained steady from the previous survey at 71 per cent.
- 1.10 Responses varied depending on the out of hours service that patients were treated by. Taken as a whole, the results for patients treated by Primary Care Emergency Centres and by ambulance/paramedics were the most positive.
- 1.11 In addition, patients that were treated by doctors (as opposed to nurses, pharmacists, or 'someone else') were generally the most positive in their responses. This included a noticeably more positive response to the survey question relating to whether patients felt it was 'the right person' treating them (84 per cent for doctors, 75 per cent for nurses and pharmacists).

Social Care

- 1.12 Many people who get support for everyday living receive this outside of formal services – 43 per cent indicated that their help did not come from formal services.
- 1.13 Of those who received formal help and support, 81 per cent rated the overall help, care or support services as either excellent or good. This is a decrease from 84 per cent in 2013/14.
- 1.14 As in the last survey, users of care services were most positive about some person-centred aspects of care. Ninety per cent reported that they were treated with respect.
- 1.15 Users of care services were least positive about coordination of health and care services. Seventy five per cent reported that services were well coordinated, which is a decrease of four percentage points from 2013/14.
- 1.16 There was considerable variation across Scotland in experiences of care services, especially around co-ordination of health and care services and awareness of the help, care and support options that are available.

Carers

- 1.17 The survey indicated that 15 per cent of respondents look after or provide regular help or support to others.
- 1.18 Carers were most positive about having a good balance between caring and other activities, with around two thirds agreeing.
- 1.19 Carers were least positive about the impact of caring on their health; 35 per cent of people indicated that caring had a negative impact on their health and wellbeing.
- 1.20 Just over 40 per cent of people felt that services were well co-ordinated and that they felt supported to continue caring.

2 INTRODUCTION AND BACKGROUND

Introduction

- 2.1 The Scottish Health and Care Experience is a postal survey which was sent to a random sample of patients who were registered with a GP in Scotland in October 2015. The survey repeats the 2013/14 Health and Care Experience Survey and uses a very similar questionnaire.
- 2.2 The survey asked people about their experiences of access and using GP practice and out-of-hours services, and their outcomes from NHS treatments. It also asked about other aspects of care and support provided by local authorities and other organisations, to support the principles underpinning the integration of health and care in Scotland outlined in The Public Bodies (Joint Working) (Scotland) Act 2014¹. There are also some questions aimed specifically at carers about their experiences of caring and support.
- 2.3 The focus of this report is on the national results of the survey. Individual reports for each GP Practice, Health and Social Care Partnership/ Local Authority and NHS Board are available at: www.gov.scot/Topics/Statistics/Browse/Health/GPPatientExperienceSurvey/HACE2015-16
- NHS Health Board and Local Authority results have also been made available on www.statistics.gov.scot.
- 2.4 Within the national report, comparisons have been made with the previous survey(s) where this is possible.

Scottish Care Experience Survey Programme

- 2.5 The Health and Care Experience survey is one of a suite of national surveys which are part of the Scottish Care Experience Survey Programme. The surveys aim to provide local and national information on the quality of health and care services from the perspective of those using them. They allow local health and care providers to compare with other areas of Scotland and to track progress in improving the experiences of people using their services.
- 2.6 Information about the other national care experience surveys is available at: www.gov.scot/Topics/Statistics/Browse/Health/careexperience

¹ Public Bodies (Joint Working) (Scotland) Act
www.legislation.gov.uk/asp/2014/9/contents/enacted

2.7 The survey programme supports the three quality ambitions of the 2020 *Vision*² - Safe, Effective, Person-centred - by providing a basis for the measurement of quality as experienced by service users across Scotland. In particular the surveys support the person-centred quality ambition which is focused on putting people at the centre of care, ensuring that care is responsive to individual personal preferences, needs and values and assuring that individual values guide all care decisions. More information about the context for this survey is provided in Chapter 4 of this report.

Aims of the survey

2.8 The survey's specific objectives were:

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, Health & Social Care Partnerships and Local Authorities with information about people's experiences in their respective areas and on variation within and between local areas;

National results

- For informing national planning and monitoring performance. More information about this context is provided in Chapter 4 of this report;
- identify variation within and between local areas and if and how the level of positive and negative experiences have changed over time;
- highlight areas of best practice and areas for improvement;
- monitor the NHSScotland LDP standards³ on accessing GP services;
- inform around half of the health and wellbeing outcomes indicators under the Public Bodies (Joint Working) (Scotland) Act 2014;
- assess the types of outcomes patients had from any NHS treatment to inform the quality outcome indicator on patient reported outcomes.

² www.gov.scot/Topics/Health/Policy/2020-Vision

³

www.gov.scot/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance/GPAccessStandard

Survey methods

- 2.9 The survey was designed to provide results for individual GP practices as well as providing information for use by NHS Boards and Health and Social Care Partnerships.
- 2.10 People eligible to be sampled for the survey were those who were registered to a Scottish GP practice at 20 October 2015 and were aged 17 or over at that date. A total of 711,159 questionnaires were sent out and 111,611 were returned giving a response rate of 16 per cent. This response may seem low compared to other, similar, surveys. This is largely because most surveys of this type include reminder letters, but this sample was designed to achieve the required number of responses for each GP practice without sending any reminders.
- 2.11 Throughout this report, with the exception of the data in Chapter 3, analysis is presented as weighted average percentages. Weighting the results in this way provides results which are more representative of the population of Scotland as a whole.
- 2.12 All changes over time that are discussed in the report are statistically significant at the five per cent level. Due to the large sample size, even small changes of one per cent in the national results are statistically significant. For tables showing changes in results at a more local level, statistically significant differences are highlighted in bold.
- 2.13 More information about the survey design, response rates and methodology can be found in the technical report available at:

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

3 DEMOGRAPHIC AND HEALTH INFORMATION FROM SURVEY RESPONDENTS

Introduction

- 3.1 We asked patients a number of questions about their demographic characteristics. This chapter provides a summary of their responses. Unlike the rest of the survey results in this report, this analysis is based on unweighted data.
- 3.2 Overall, the profile of respondents was very similar to that in 2013/14, although there was a slightly larger proportion of older respondents to this most recent survey.

Age and Gender

- 3.3 Women were over represented in the survey compared to the 2014 population estimates from the National Records of Scotland⁴. These estimates show that 52 per cent of the population aged 16 and over are female, however 57 per cent of respondents to the survey were female.
- 3.4 Similarly, the majority of respondents were aged 65 or more (41 per cent) or between 50 and 64 (33 per cent). Fewer respondents were aged between 35 and 49 (16 per cent) or between 16 and 34 (ten per cent). The older age groups are over represented compared to the 2014 population estimates. The estimates show a smaller proportion of population in the age groups 65 and more (22 per cent) and 50-64 (24 per cent) based on the population aged 16 and over.

Employment and Accommodation

- 3.5 Respondents were asked to describe their work status and also the accommodation in which they live. In line with the age profile for respondents, 45 per cent said that they were retired. A further 42 per cent work either full or part time. Six per cent said that they didn't work due to illness or disability.
- 3.6 Half of respondents reported that they owned their home outright and 23 per cent said they were buying their home with a mortgage or loan. Twenty per cent lived in rented accommodation (either from their local council/Housing Association or from a private landlord).

⁴ www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2014

Health Information

- 3.7 People were asked to rate their health in general. Sixty one per cent rated their health as good, 34 per cent rated it as fair and five per cent rated it as bad.
- 3.8 Just over half of respondents said that they had one or more long-term health conditions. The prevalence of these increased with age, from 32 per cent of respondents aged between 17 and 34, to 62 per cent aged over 65. Just over a third of respondents said that their day-to-day activities were limited because of a health problem or disability which had lasted, or was expected to last, at least 12 months.
- 3.9 People were also asked how well in general they felt they were able to look after their own health. Most patients (94 per cent) responded they could look after their own health very well or quite well.
- 3.10 Finally, people were asked to rate their quality of life as a whole (based on the good and bad things that made up their quality of life). Of those who responded:
- 45 per cent of patients rated their quality of life as very good;
 - 35 per cent of patients rated it as good;
 - 16 per cent of patients rated it as alright / neither good or bad;
 - four per cent of patients rated it as bad or very bad.

4 CONTEXT

- 4.1 There have been wide reaching programmes of reform to health and social support services in recent years, which are consistent with the wider principles of Public Service Reform⁵. This chapter provides an overview of the key developments.
- 4.2 This survey supports and informs all of these, by describing their impact from a user perspective. It is worth noting, however, that this survey relates to experiences in 2015, which is while some of these programmes were in the process of being implemented.

The 2020 Vision

- 4.3 In 2011, the Scottish Government set out a 2020 Vision⁶ for achieving sustainable quality in the delivery of healthcare services across Scotland, in the face of the significant challenges of Scotland's public health record, our changing population and the economic environment. All healthcare policy in Scotland drives the delivery of this Vision, which states:

By 2020 everyone is able to live longer healthier lives at home, or in a homely setting and, that we will have a healthcare system where:

- We have integrated health and social care
- There is a focus on prevention, anticipation ('forward planning'?) and supported self-management
- Hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm
- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions
- There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission

⁵ The approach to reform is guided by a commitment that public services will exhibit three key characteristics; that people can expect their services to be **person-centred**, **assets based** and **values driven**. For more information see

www.gov.scot/Topics/Government/PublicServiceReform/Christie

⁶ www.gov.scot/Topics/Health/Policy/2020-Vision

And which will be delivered according to three [Quality Ambitions](#):

- **Safe** - There will be no avoidable injury or harm to people from healthcare, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all time
- **Person-Centred** - Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrates compassion, continuity, clear communication and shared decision-making
- **Effective** - The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated

Integration of Health and Social Care

- 4.4 The integration of health and social care is one of Scotland's major programmes of reform and is central to the achievement of the 2020 vision and Public Sector Reform priorities described above. At its heart, health and social care integration is about ensuring that those who use services get the right care and support whatever their needs, at any point in their care journey. It places a greater emphasis on community-based, more joined-up, anticipatory and preventative care which aims to improve care and support for those who use health and social care services.
- 4.5 All health and social care partnerships became fully operational on 1 April 2016, bringing together NHS and local council care services under one partnership arrangement for each area. Whilst a number of these Partnerships were established earlier in 2015/16, for the most part this survey took place before health and social care integration was fully in place, and the results should be interpreted in that context.
- 4.6 The National Health and Wellbeing Outcomes provide the strategic framework for the planning and delivery of health and social care services. They focus on the experiences and quality of services for people using those services, carers and their families. The outcomes are shown below.

- 4.7 They are supported by a Core Suite of Integration Indicators which provide an indication of progress towards the outcomes that can be described at Partnership and Scotland level. Indicators 1-9 of this suite draw on questions from the Health and Care Experience Survey, and therefore results from the 2015/16 survey will form part of the baseline from which improvements in people's experience of care which arise from health and social care integration can be monitored.

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

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

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

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

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

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

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

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

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

Self-directed Support

- 4.8 The Social Care (Self-directed Support) (Scotland) Act 2013 embeds a new approach to social care which gives adults, children and carers more choice, control and flexibility over how their care and support is delivered.

- 4.9 The primary contribution [Self-directed Support](#) makes to delivering the Health and Wellbeing Outcomes is empowering people to have greater choice and control of their lives.

Carers Strategy

- 4.10 The Health and Wellbeing Outcomes also includes a specific outcome (Outcome 6) relating to carers, although some of the other outcomes will also be relevant to those with caring responsibilities.

The [Carers Strategy](#) published in 2010, describes the following vision:

- carers are recognised and valued as equal partners in care;
- carers are supported and empowered to manage their caring responsibilities with confidence and in good health and to have a life of their own outside of caring;
- carers are fully engaged as participants in the planning and development of their own personalised, high-quality, flexible support and are not shoe-horned into unsuitable support. The same principle applies to carers' involvement in the services provided to the people they care for;
- carers are not disadvantaged, or discriminated against, by virtue of being a carer.

Primary Care Strategy

- 4.11 In June 2015, the Scottish Government announced a Primary Care Fund to support the transformation of primary care⁷, including General Practice, and to improve patient access to these services. Part of this investment is supporting GP practices to develop new models of care which align with the 2020 vision for Health and Social Care⁸. These involve working as part of multidisciplinary teams, which will enable the patient to receive the right care, from the right health care professional, at the right time and place

⁷ <http://news.scotland.gov.uk/News/Primary-care-investment-1a90.aspx>

⁸ www.gov.scot/Topics/Health/Policy/2020-Vision

Out of Hours review

- 4.12 An independent review of out-of-hours primary care services and a new approach to unplanned, urgent care was launched by the Scottish Government in January 2015. The report⁹ was published in November 2015. It recommended a model for out of hours and urgent care in the community that is clinician led delivered by a multi-disciplinary team; thus enabling patients to be seen by the most appropriate professional to meet their individual needs.

⁹ www.gov.scot/Publications/2015/11/9014/0

5 GP PRACTICES - ACCESSING SERVICES

Summary

- The majority of patients report positive experiences of accessing GP services. However, these results are generally less positive than results relating to the actual care received at the practice.
- The access results have tended to have grown less positive since the previous survey, continuing a downward trend for a number of questions.
- An example of this the overall rating for 'arrangements for getting to see a doctor'. The positive rating has only dropped one percentage point since the previous survey, but this continues a trend that has seen the rating drop each survey since 2009/10. At 71 per cent, the positive rating is now ten percentage points below the 2009/10 figure of 81 per cent.

Introduction

- 5.1 Often a patient's first and only contact with the NHS is through their GP practice. It is vital, therefore, that every member of the public has ready and appropriate access to their local primary medical services to ensure better outcomes and experiences for patients.¹⁰
- 5.2 In recognition of the importance of providing appropriate access, a toolkit was developed in 2010 by the Royal College of General Practitioners (RCGP) Scotland, the Scottish Government and other partners to help practices improve access to appointments, treatments and information and the Scottish Government made available to practices supporting material via the Productive General Practice website.¹¹
- 5.3 A review of patient access to GP services across the country in partnership with the British Medical Association (BMA) was also included in the GP contract agreement for 2014-15, in order to support practices and NHS Boards to both better understand the challenges and to make any necessary improvements to Access.^{12, 13}

¹⁰

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

¹¹ <http://www.rcgp.org.uk/rcgp-near-you/rcgp-scotland/treating-access.aspx>

¹² <https://scottishgovernment.presscentre.com/News/GP-contract-agreed-7c9.aspx>

¹³ <http://news.scotland.gov.uk/News/Improving-GP-access-5d9.aspx>

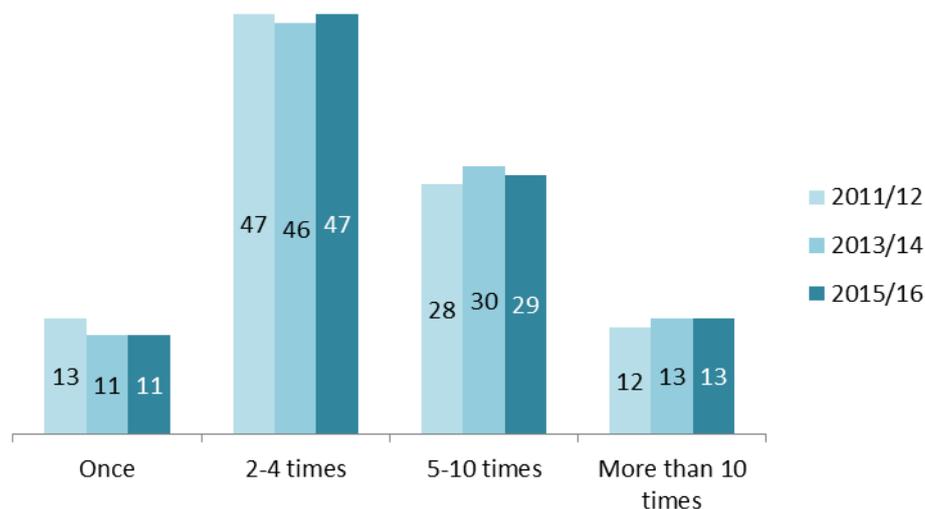
GP practices - getting to see or speak to someone

5.4 Ninety-one per cent of survey respondents had contacted their GP practice in the last 12 months. Of those people who could remember how many times they had contacted their GP practice:

- 58 per cent contacted it up to four times during the last 12 months;
- 42 per cent contacted it five or more times during the last 12 months.

5.5 These results are similar to the previous survey, which showed an increase in the percentage of patients contacting their GP practice 5 times or more from 2011/12 (Figure 1).

Figure 1: How often patients contacted their GP practice in the last 12 months (%)



Phoning the GP practice

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

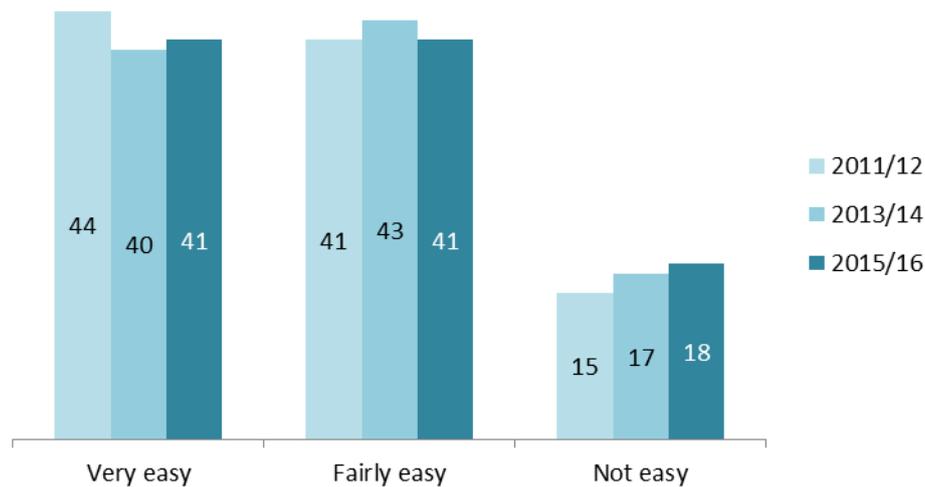
5.7 Of those patients who could remember their last experience of phoning the practice:

- 82 per cent responded positively (41 per cent responded very easy and 41 per cent fairly easy);
- 18 per cent responded they did not find it easy.

5.8 This is a one percentage point drop in positive responses from the previous survey and follows a further two percentage point drop since

2011/12. The results now suggest that one in six patients find it difficult to get through to their practice on the phone (Figure 2).

Figure 2: How easy was it to get through on the phone (%)



Helpfulness of staff on the phone

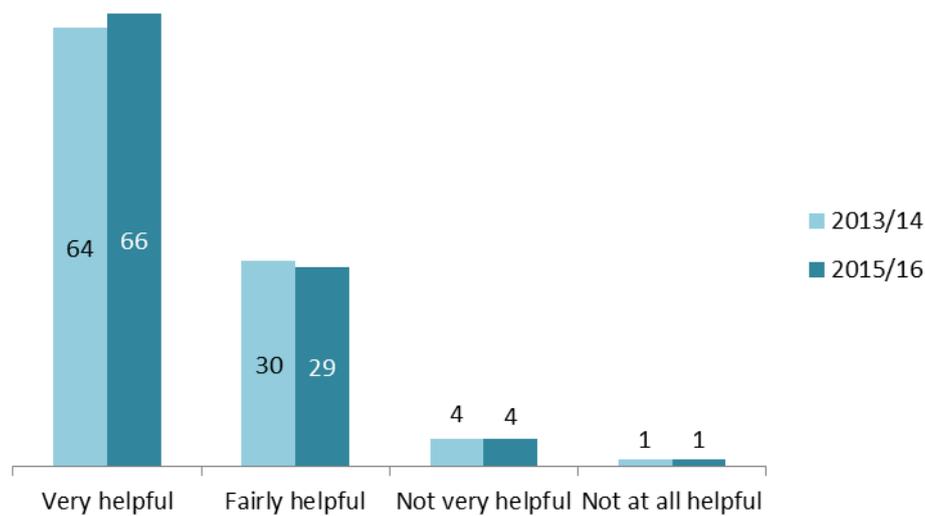
5.9 Patients were asked 'The last time you phoned the GP practice, how helpful was the person who answered?'

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

- 94 per cent found the person who answered very helpful or fairly helpful (66 per cent responded very helpful and 29 per cent fairly helpful);
- six per cent found the person was not very helpful or not at all helpful (Figure 3).

5.11 This is the same overall percentage of people responding positively as in the previous survey. Although within this, those responding 'very helpful' has increased from 64 per cent to 66 per cent.

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



Two working day access to see a doctor or a nurse

5.12 Each territorial NHS Board in Scotland is required to meet an LDP¹⁴ standard that monitors the percentage of patients able to obtain access within two working days and to book an appointment in advance to an appropriate healthcare professional. GP practices are expected to provide reasonable and appropriate access for their patients as part of their services.

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

5.14 Of those patients who needed to see or speak to a nurse/doctor and were able to remember:

- 84 per cent could see or speak to a doctor or nurse within two working days. This is not statistically different from the previous survey

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

- 49 per cent said they had not been offered a chance to see or speak to anyone within two working days;

¹⁴

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

- 35 per cent reported that the person they wanted to see was not available in the next two days;
- 11 per cent reported that the times available were not suitable for them;
- six per cent were unable for another reason.

5.16 This is a higher percentage reporting that they were not offered any chance to see or speak to anyone than in the previous survey (49 per cent versus 46 per cent).

5.17 For the LDP standard patients are considered to have been able to obtain two working day access if they were offered an appointment, but turned the appointment down due to the person they wanted to see being unavailable or the time not suiting them.

5.18 Considering the results in this way, 91.8 per cent of patients were able to see or speak to a doctor or nurse within two working days, or were offered an appointment but either the person they wanted to see was unavailable or the time was not suitable. This is above the LDP standard of 90 per cent. However, it is also a modest drop from the previous survey (92.4 per cent). All but one NHS board met the 90 per cent standard¹⁵.

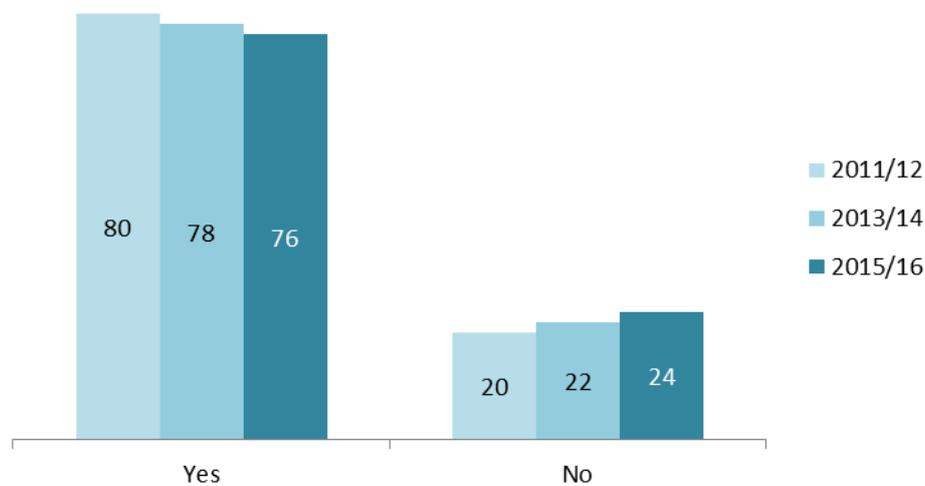
Booking an appointment in advance

5.19 Patients were asked if their GP practice allowed them to make an appointment with a doctor three or more working days in advance. Almost a quarter of respondents (24 per cent) did not know whether this was the case or not.

Of those people who did know, 76 per cent responded that their GP practice allowed them to book an appointment three or more working days in advance. This is a decrease of two percentage points compared with the 2013/14 survey which was itself a drop of two percentage points from 2011/12 (Figure 4).

¹⁵ <http://www.gov.scot/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance/GP-LDP>

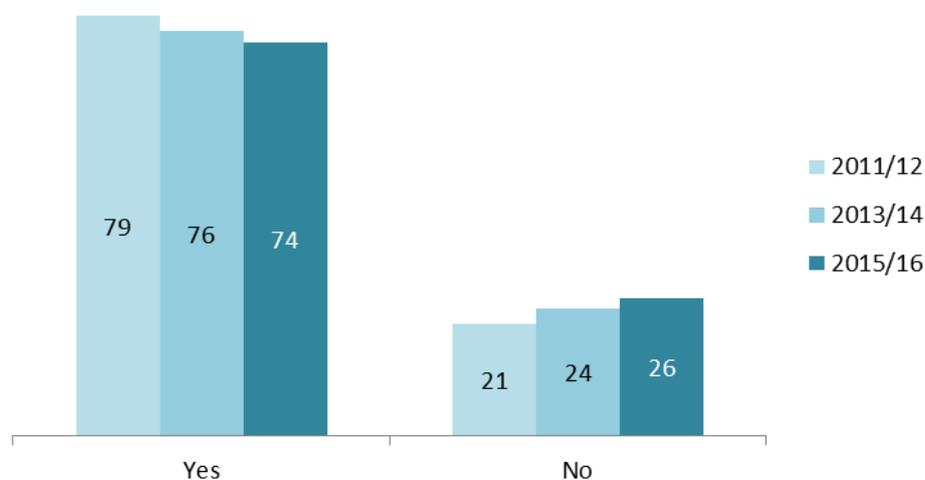
Figure 4: Does GP practice allow booking an appointment with a doctor 3 or more working days in advance? (%)



Ability to see preferred doctor

- 5.20 The survey asked patients if they usually saw the doctor they preferred when making an appointment.
- 5.21 For patients at GP practices where there is usually more than one doctor, 25 per cent of patients indicated that they do not have a preferred doctor.
- 5.22 Of the patients who have a preferred doctor, 74 per cent reported that they are usually able to see the doctor that they prefer. This is a two percentage point decrease from 2013/14 which itself had fallen three percentage points from 2011/12. In all the positive rating for this question has fallen six percentage points since 09/10 (Figure 5).
- 5.23 The ability of patients to see their preferred doctor is likely to be affected by the workforce of each individual practice. GP contractual arrangements are generally practice-based with an emphasis on patient care being provided by the whole clinical team.

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



Opening hours of the GP practice

5.24 Since 2008 an enhanced service arrangement has been in place to extend GP surgery opening hours beyond core hours. Participation in enhanced services are optional for GP practices.

5.25 As part of the 2014/15 GP contract settlement the Scottish Government agreed to a review of GP access, the results of which were shared with patients and Health Boards in order that they could be used as the basis for discussion to make any necessary changes/improvements.

5.26 Patients were asked what they thought of the opening hours of their GP surgery.

- 80 per cent were happy with the opening hours;
- 11 per cent found it too difficult to get time away from work during opening hours;
- two per cent responded that the opening hours were not convenient for another reason;
- six per cent were not sure when their GP practice was open.

5.27 This is a two percentage point increase in those that were happy with the opening hours. Consistent with previous surveys, people who found practice opening hours inconvenient attributed this overwhelmingly to difficulty getting time away from work.

Overall arrangements to see a doctor or a nurse

5.28 Patients were asked to rate the overall arrangements for getting to see a doctor or a nurse in their GP practice.

5.29 71 per cent of patients rated the overall arrangements for getting to see a doctor positively ('excellent' or 'good') . This is a one percentage point drop from the previous survey and continues a downward trend, which has seen the positive rating drop ten percentage points since 2009/10 (Figure 6)

5.30 Eighty-two per cent of patients rated the overall arrangements for getting to see a nurse as excellent and good. This has remained steady from the previous survey having previously dropped from 84 per cent in 2011/12 and 87 per cent in 2009/10 (Figure 7). As in previous surveys, patients rated the overall arrangements for getting to see a nurse more positively than getting to see a doctor.

Figure 6: Overall arrangements for getting to see a doctor (%)

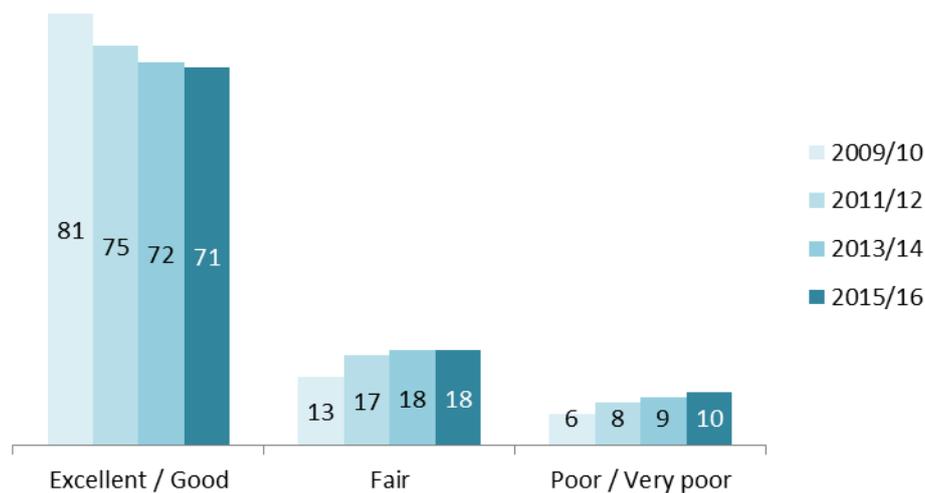
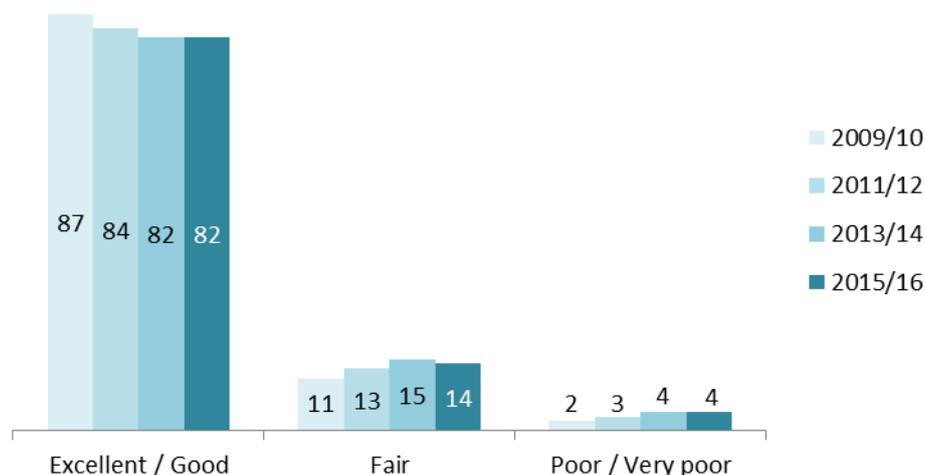


Figure 7: Overall arrangements for getting to see a nurse (%)



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

Summary

- Once in the GP practice, patients rated the helpfulness of reception staff very highly (94 per cent positive). This follows the similarly high rating of helpfulness over the phone in the previous chapter.
- As in the previous survey, one in five patients were not happy that other patients could overhear what they said to staff in the reception area.
- One in seven patients felt that the wait to be seen once they had arrived at the practice was too long.

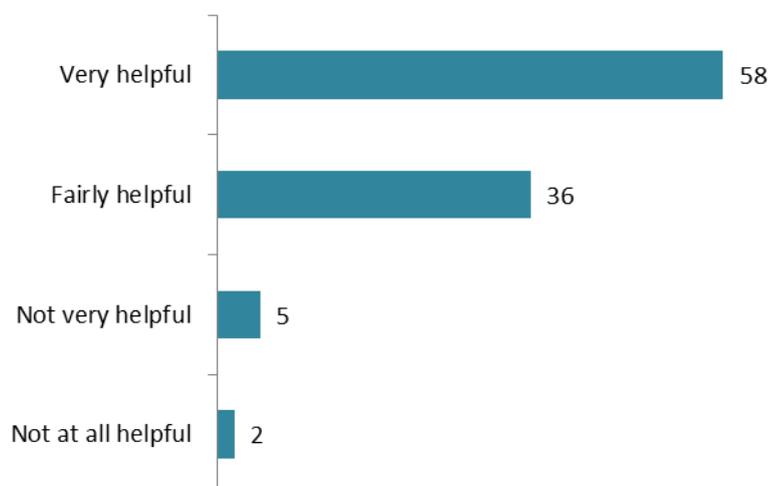
Receptionists

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

- 94 per cent of patients responded positively (58 per cent found the receptionists very helpful and 36 per cent fairly helpful);
- six per cent found the receptionist not very helpful or not helpful at all (Figure 8).

6.2 These results are the same as the previous survey.

Figure 8: How helpful the patients found the receptionists (%)



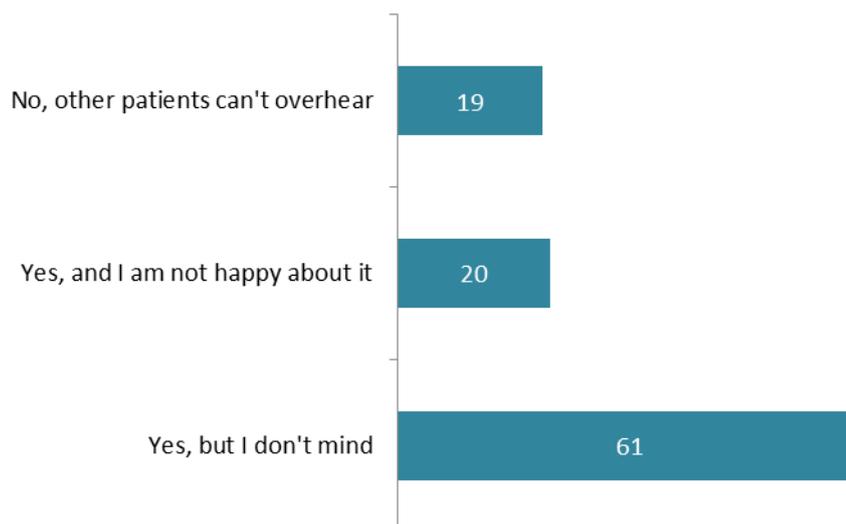
Privacy in the reception area

6.3 Patients were asked whether, during their visits to the GP practice in the last twelve months, other patients could overhear what they said to the staff in the reception area. Excluding patients that didn't know:

- 19 per cent of patients said they could not be overheard by other patients while talking to staff
- 20 per cent said that other patients could overhear them and were not happy about it;
- 61 per cent said they could be overheard but did not mind (Figure 9)

6.4 Around four in five of patients therefore believe that they can be overheard at the GP practice reception area. These results are the same as those recorded in the previous two surveys.

Figure 9: In the reception area, can other patients overhear what you say to the staff? (%)



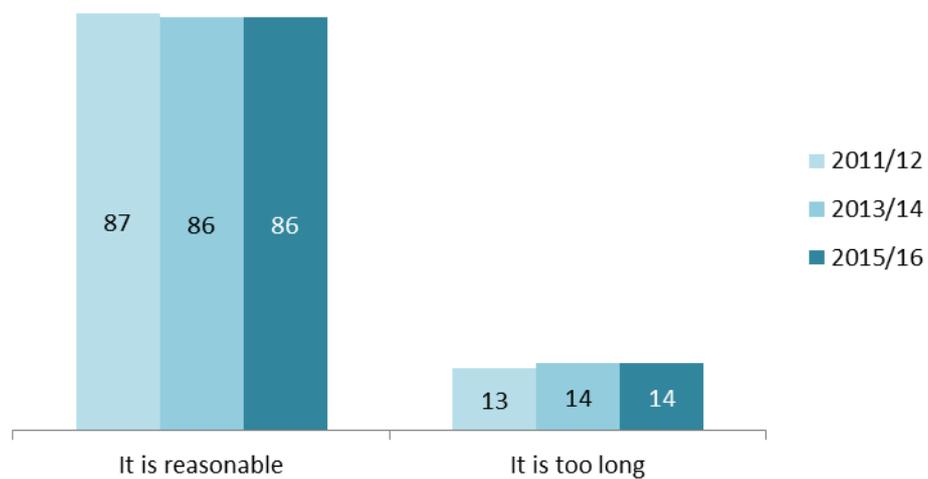
Waiting to be seen after arriving at the GP practice

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

6.6 Of the patients who could remember, 86 per cent thought that the time they had usually waited to be seen after arriving at their GP practice was reasonable while 14 per cent thought this was too long (Figure 10);

6.7 These figures are also very similar to previous surveys.

Figure 10: How patients felt about the time they usually had to wait after arriving at their GP practice (%)



7 GP PRACTICES – CARE

Summary

- In general, patients' experiences of the care they received at their GP practice remained stable with the previous survey. The overall positive rating of care and treatment remained at 87 per cent.
- Patients continued to be highly positive about their experiences in consultation with doctors and nurses, with responses slightly more positive for nurses.

Introduction

- 7.1 The Charter of Patient Rights and Responsibilities was introduced through the Patient Rights (Scotland) Act 2011¹⁶ and sets out what patients can expect when they use services and receive care from the NHS in Scotland. It also details what the NHS in Scotland expects of patients in return. It aims to support good communication between patient and their carers and health staff in order to deliver high quality, person centred, effective and safe care. This is to empower and support people in their own self-management and self-care where relevant.
- 7.2 This survey asks a series of questions on experiences of consultation with doctors and nurses, which encompass a number of these aspects of care.

Doctors

- 7.3 Of patients who had visited their GP surgery in the last year, 92 per cent had seen a doctor.
- 7.4 Patients were asked how much they agreed or disagreed with six statements about the last time they saw a doctor at their GP surgery:
- The doctor listened to me
 - I felt that the doctor had all the information needed to treat me
 - The doctor took account of the things that matter to me
 - The doctor talked in a way that helped me understand my condition and treatment
 - I felt confident in the doctor's ability to treat me
 - I had enough time with the doctor.
- 7.5 In general the responses were highly positive. The lowest scoring statement (that the doctor 'took account of the things that matter to me') still received a response of 87 per cent positive, whilst the highest

¹⁶ <http://www.gov.scot/Publications/2012/04/6273>

scoring statement ('the doctor listened to me') received 95 per cent positive (Table 1).

- 7.6 The results for five of these questions have remained steady since the previous survey. The only question to have changed to statistically significant degree relates to having 'enough time with the doctor', which has dropped by one percentage point (Table 1).
- 7.7 This is interesting in the context of worsening of access scores, as time with the doctor is something that could conceivably be affected by increased demand.

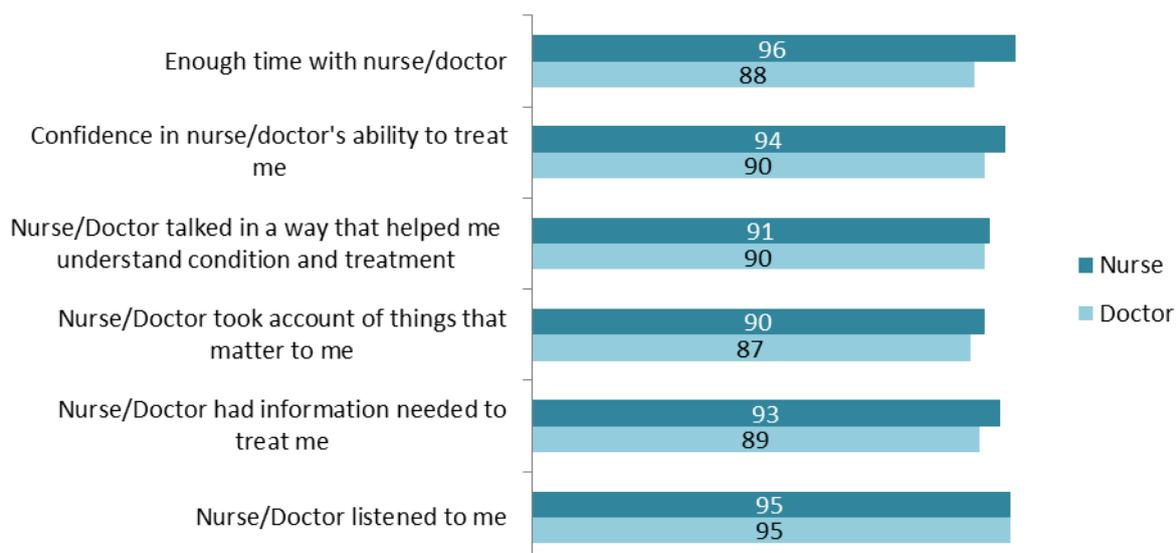
Table 1: Summary results of questions about doctors

| Statement | Strongly agree /agree (%) | Neither agree nor disagree (%) | Disagree/ strongly disagree (%) | Change from 2013/14 |
|---|---------------------------|--------------------------------|---------------------------------|---------------------|
| The doctor listened to me | 95 | 3 | 2 | 0 |
| I felt that the doctor had all the information needed to treat me | 89 | 7 | 4 | 0 |
| The doctor took account of the things that matter to me | 87 | 10 | 3 | 0 |
| The doctor talked in a way that helped me understand my condition and treatment | 90 | 7 | 3 | 0 |
| I felt confident in the doctor's ability to treat me | 90 | 7 | 4 | 0 |
| I had enough time with the doctor. | 88 | 7 | 5 | -1 |

Nurses

- 7.8 Of patients who had visited their GP surgery in the last year, 74 per cent had seen a nurse.
- 7.9 Equivalent statements were asked for nurses as were asked for doctors:
- I felt that the nurse listened to me
 - I felt that the nurse had all the information needed to treat me
 - The nurse took account of the things that matter to me
 - The nurse talked in a way that helped me understand my condition and treatment
 - I felt confident in the nurse's ability to treat me
 - I had enough time with the nurse.
- 7.10 As in previous surveys, responses for nurses were highly positive, and as in previous survey nurses received slightly more positive responses than Doctors for equivalent questions (Figure 11).

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



7.11 The most positive result for nurses was that 96 per cent of respondents agreed that they had enough time with the nurse, eight percentage points higher than the equivalent figure for doctors (Table 2).

7.12 Results for nurses showed a similar pattern to those for doctors, in that they remained steady compared to the previous survey with the 'things that matter to me' statement rated the least positively (Table 2).

Table 2: Summary results of questions about nurses

| Statement | Strongly agree /agree (%) | Neither agree nor disagree (%) | Disagree/strongly disagree (%) | Change from 2013/14 |
|--|---------------------------|--------------------------------|--------------------------------|---------------------|
| The nurse listened to me | 95 | 4 | 1 | 0 |
| I felt that the nurse had all the information needed to treat me | 93 | 5 | 2 | 0 |
| The nurse took account of the things that matter to me | 90 | 9 | 2 | 0 |
| The nurse talked in a way that helped me understand my condition and treatment | 91 | 7 | 2 | 0 |
| I felt confident in the nurse's ability to treat me | 94 | 4 | 2 | 0 |
| I had enough time with the nurse. | 96 | 3 | 1 | 0 |

Patient involvement in decisions about their care and treatment

7.13 Patients were asked whether they were involved as much as they wanted to be in decisions about their care and treatment.

- two per cent of patients had not been involved and had not wanted to be.

7.14 Of those that had wanted to be involved:

- 62 per cent of patients stated that they were definitely involved as much as they wanted to be;
- 33 per cent answered they had been involved to some extent;
- five per cent answered they had not been involved and would have liked to have been.

7.15 These results are very similar to the previous survey and therefore continue to suggest that over a third of individuals are not involved as much as they would like. The bulk of these are involved 'to some extent'.

How patients are treated by staff

7.16 Respondents were asked whether they agreed with two overall statements regarding their treatment by staff:

- I am treated with respect
- I am treated with compassion and understanding

7.17 92 per cent of patients agreed or strongly agreed that they were treated with respect, which is the second successive modest increase in positive scoring for this question.

7.18 85 per cent of patients agreed or strongly agreed that they were treated with compassion and understanding. This also represents a modest increase from the previous survey (Table 3).

Table 3: How are you treated by the staff at your GP practice

| Statement | Strongly agree/agree (%) | Neither agree nor disagree (%) | Disagree/strongly disagree (%) | Change from 2013/14* |
|--|--------------------------|--------------------------------|--------------------------------|----------------------|
| I am treated with respect | 92 | 6 | 2 | 0.4 |
| I am treated with compassion and understanding | 85 | 12 | 3 | 0.7 |

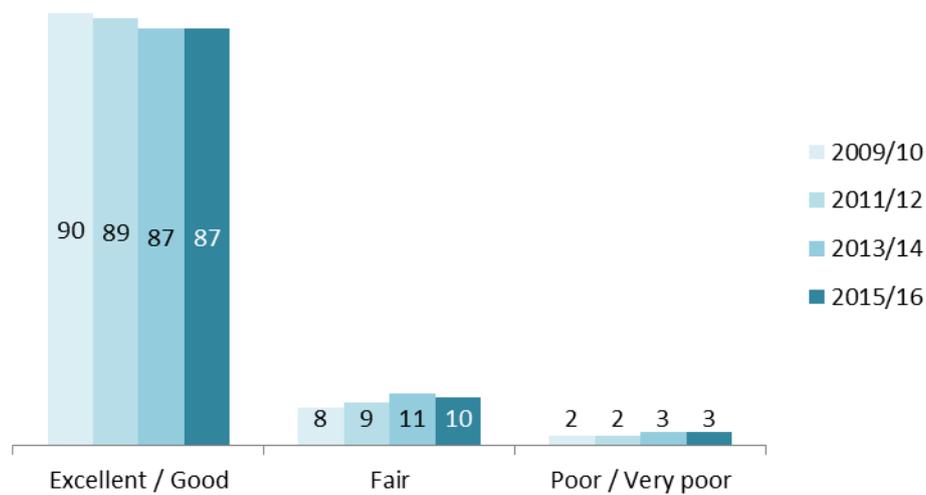
*figures in this column are reported to one decimal place in order to prevent a significant change being presented as '0'

Overall experience of care

7.19 Patients were asked to rate their overall experience of the care provided by their GP surgery.

7.20 87 per cent of patients rated their overall experience of care by the GP surgery as excellent or good, this is the same as in the [previous survey](#). This 'overall' assessment remaining static is unsurprising given that many of the more detailed questions regarding care and treatment questions have also remained similar to the previous survey.

Figure 12: Overall rating of care and treatment provided by GP practice (%)



8 GP PRACTICES – MEDICINES, TESTS, REFERRALS AND MISTAKES

Summary

- Patients responded very positively to the questions about medications. The statements ‘I knew enough about how and when to take my medicines’ and ‘I took my prescription as I was supposed to’ received the highest positive responses in the survey. Ninety-eight per cent of respondents in agreement or strong agreement with them.
- Patients also responded positively to questions about tests arranged by their GP practice. However, they were noticeably more positive about the need and purpose of the test being explained to them (96 per cent) than they were about the results being explained in a way they could understand (81 per cent).

Medicines

- 8.1 Medicines are the most frequently used intervention in healthcare. In primary care, there are some 101 million prescriptions dispensed each year with an annual drugs bill of around £1.2 billion¹⁷ (around ten per cent of the annual healthcare budget).
- 8.2 Policies centre on promoting a healthier Scotland, and that everyone can access the medicines they need and make choices about managing and improving their health.
- 8.3 Importantly, more effective medicine use can help
- deliver better care outcomes for patients
 - reduce the incidence of avoidable hospital admissions and
 - improve the efficiency and effectiveness of treatment.
- 8.4 Central to this is supporting the patient with the right level of information and advice in taking his/her medicine as prescribed by a doctor or other trained healthcare prescribers (such as a pharmacist or specialist nurse). This is an objective common to a range of healthcare professionals, including GPs and community pharmacists / chemists and aims to improve health outcomes as well as reduce waste in prescribed medicines.

¹⁷ See www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Community-Dispensing/Prescription-Cost-Analysis/

8.5 Patients were asked how much they agreed or disagreed with six statements about the last time they had been prescribed medicines at their GP surgery:

- It was easy enough for me to get my medicines
- I knew enough about what my medicines were for
- I knew enough about how and when to take my medicines
- I knew enough about possible side effects of my medicines
- I would know what to do if I had any problems with my medicines
- I took my prescription as I was supposed to.

8.6 In general, patients responded very positively about medication. The four most positively answered GP questions all related to medication. Fully 98 per cent agreed or strongly agreed with the statements 'I knew enough about how and when to take my medicines' and 'I took my prescription as I was supposed to'.

8.7 However, as in the previous surveys, the side effects of medication were less well understood. Compared with the highs of 98 per cent for the questions highlighted above only 82 per cent agreed or strongly agreed that they knew enough about possible side effects. The next least positive question was knowing what to do if they had any problems with their medicine (89 per cent) (Table 4).

Table 4: Summary results of questions about medicines

| Statement | Strongly agree/agree (%) | Neither agree nor disagree (%) | Disagree/strongly disagree (%) | Change since 2013/14 |
|---|--------------------------|--------------------------------|--------------------------------|----------------------|
| It was easy enough for me to get my medicines | 96 | 2 | 2 | 0 |
| I knew enough about what my medicines were for | 97 | 2 | 1 | 0 |
| I knew enough about how and when to take my medicines | 98 | 1 | 1 | 0 |
| I knew enough about the possible side effects of my medicines | 82 | 12 | 6 | 0 |
| I would know what to do if I had any problems with my medicines | 89 | 7 | 4 | -1 |
| I took my prescription as I was supposed to | 98 | 1 | 1 | 0 |

GP Practices – Tests arranged by the practice

8.8 In response to a significant number of freetext comments relating to blood tests, x-rays and other tests arranged by GP practices new questions were added to the 2013/14 survey to explore patients' experiences of such tests - a common feature of primary care.

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

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

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

8.10 The most positive result was that 96 per cent of patients agreed or strongly agreed that it had been explained to them why a test was needed. This was also the only question of the four that did not get worse from the previous survey.

8.11 Responses for the other questions were noticeably less positive. 80 per cent agreed or strongly agreed that they were satisfied with the way that they received the result and 81 per cent felt that the test were explained in way that they could understand. These are both modest drops from the previous survey (Table 5).

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

Table 5: Summary results of questions about tests

| Statement | Strongly agree/ agree (%) | Neither agree nor disagree (%) | Disagree/ strongly disagree (%) | Change since 2013/14 |
|--|---------------------------|--------------------------------|---------------------------------|----------------------|
| It was explained to me why a test was needed | 96 | 3 | 1 | 0 |
| I was satisfied with the length of time I waited for my results | 85 | 8 | 7 | -1 |
| I was satisfied with the way I received my results | 80 | 10 | 10 | -1 |
| The results of the test were explained to me in a way I could understand | 81 | 11 | 8 | -1 |

GP Practice - referrals to another professional

8.13 General Practitioners have a role as the gateway to secondary care. The referral process is therefore an important component of quality care, which requires coordination and communication between different health and care services. Problems with referrals can lead to poor continuity of care and delayed treatment.

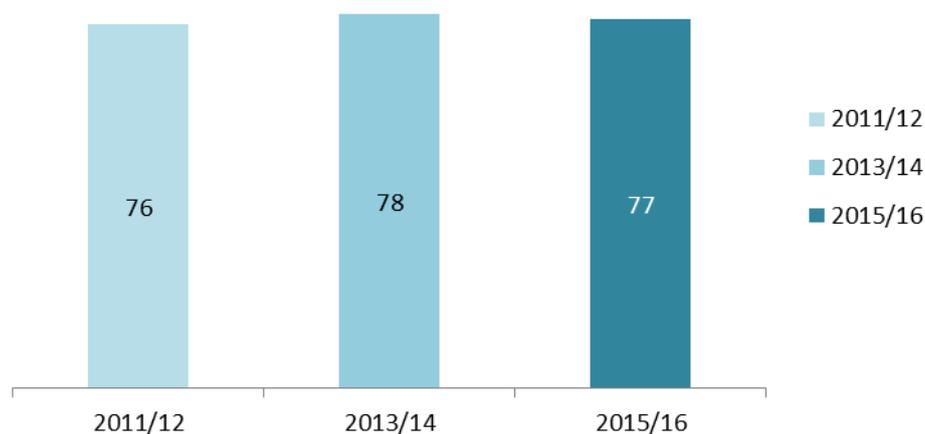
- 54 per cent of patients had been referred to other health or care services and a further one per cent felt that they should have been referred to services, but were not.

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

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

8.15 These results are slightly less positive than the previous survey, but have remained broadly similar over the last three surveys (Figure 13).

Figure 13: Positive rating of referral arrangements (%)



Mistakes

8.16 In line with the healthcare quality strategy outcome for NHS Scotland that '*Healthcare is safe for every person, every time*', questions regarding mistakes were introduced to the 2013/14 survey in order to provide an insight into the incidence of mistakes as well as patients' experiences of how mistakes were dealt with.

8.17 Respondents were asked whether they believed a mistake was made in their treatment or care by their GP practice.

- seven per cent of respondents believed such a mistake had been made in their treatment or care, a modest increase from the previous survey (six per cent).

8.18 Of those that felt a mistake had been made in their treatment or care:

- 46 per cent were satisfied with how it had been dealt with overall
- 54 per cent were not satisfied

8.19 These are the least positive GP results in the survey. It is worth noting however, that they only apply to the seven per cent of respondents who believe that they experienced a mistake.

8.20 The results would suggest that mistakes, where they do occur, are not consistently dealt with to patients' satisfaction. It is not possible to establish the seriousness of the mistakes that patients are referring to when answering these questions. The survey question itself provided examples of mistakes as occurring in 'test results, medicines prescribed [and] diagnosis'.

9 OUT-OF-HOURS HEALTHCARE

Summary

- The overall positive rating for out-of-hours healthcare has remained steady from the previous survey at 71 per cent.
- Responses varied depending on the out of hours service that patients were treated by. Taken as a whole, the results for patients treated by Primary Care Emergency Centres and by ambulance/paramedics were the most positive.
- In addition, patients that were treated by doctors were generally more positive in their response than those treated by pharmacists, chemists or someone else.

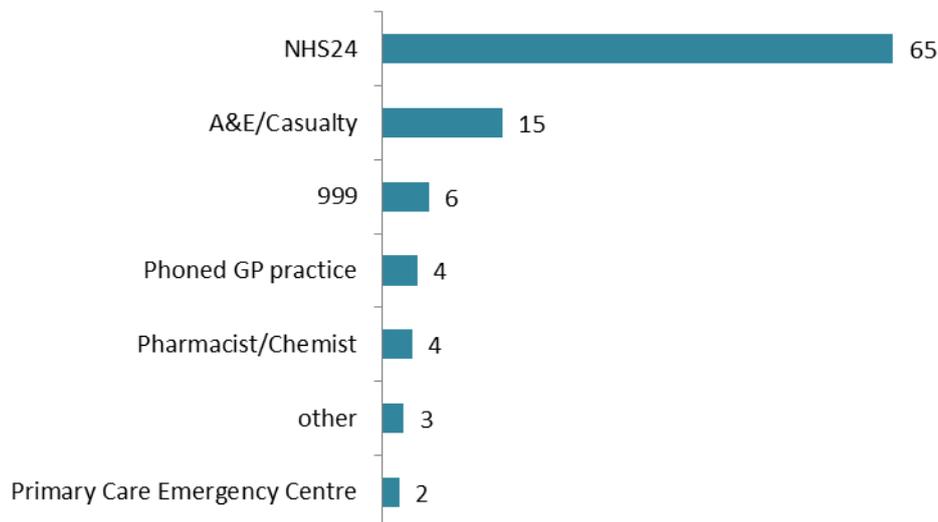
Introduction

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

Use of out-of-hours NHS services

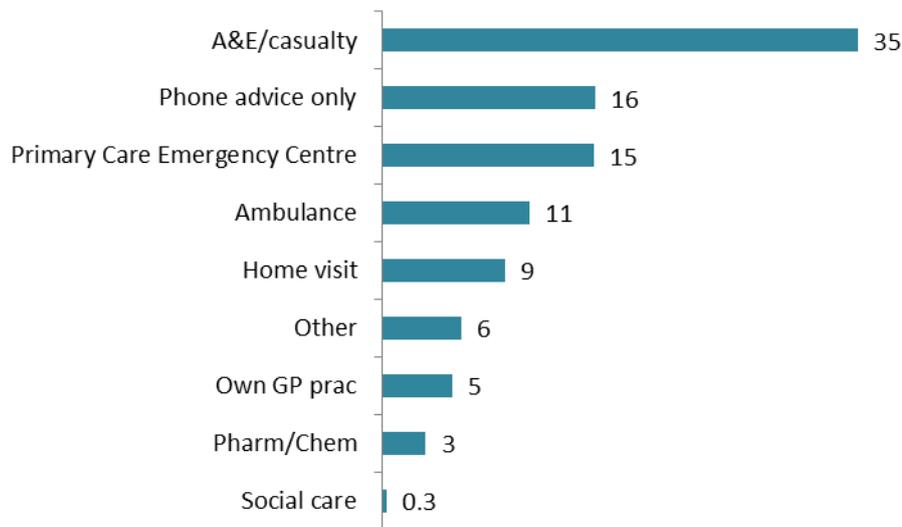
- 9.5 Of patients surveyed, 25 per cent had tried to get medical help, treatment or advice, for themselves or someone they were looking after, when their GP surgery was closed. This is the same as the previous survey.
- 9.6 For these patients by far the most common first port of call was NHS 24, which was contacted first by 65 per cent patients (Figure 14). The response options for this question have changed slightly since the previous survey so direct comparisons are not advisable.
- 9.7 The next most common was A&E/casualty services which 15 per cent of patients approached first. (Figure 14)

Figure 14: Service patients spoke or went to first when they tried to get help out of hours (%)



- 9.8 Over half of patients who contacted a service outside their GP surgery opening hours ended up being treated by either A&E/Casualty services or an out of hours service (35 per cent and 15 per cent respectively). Another 16 per cent of patients received phone advice only (Figure 15).

Figure 15: Service patients ended up being treated by when they used out-of-hours services (%)



9.9 For the respondents to the survey, the most common journeys through out-of-hours services, accounting for around 60 per cent of instances were:

- Patients contacted NHS 24 first and were then treated in A&E/ Casualty (17 per cent);
- Patients contacted NHS 24 and received phone advice only (15 per cent);
- Patients visited A&E / casualty first and were treated there (14 per cent);
- Patients contacted NHS 24 first and were then seen by an out-of-hours service (13 per cent)

9.10 The third bullet point partially reflects the fact that 91 per cent of patients who visited A&E as their first port of call were ultimately treated there. This is by far the highest percentage of patients being treated at their first port of call of any service (Table 6). This could suggest that patients are generally able to judge when a trip to A&E is appropriate, or alternatively could reflect a reluctance to redirect patients who present at A&E to alternative out of hours services.

Table 6: Percentage of patients who approach each service that are ultimately treated by that service

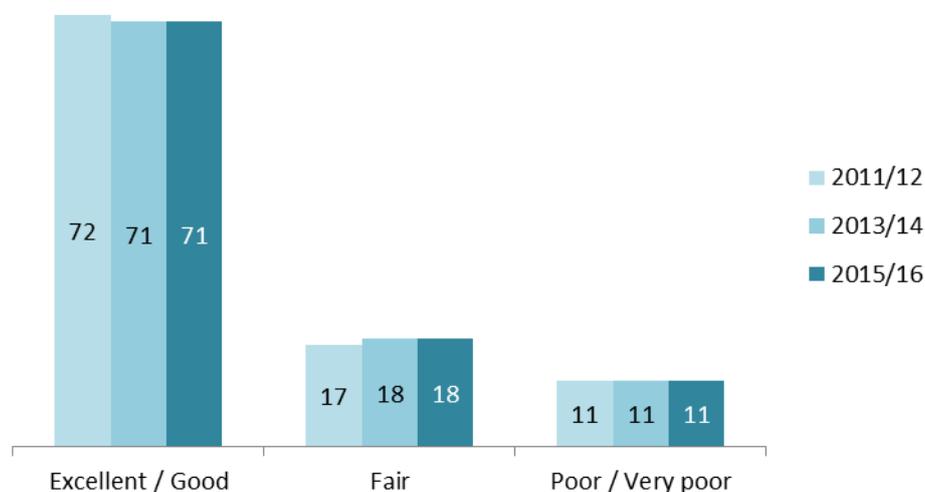
| Service | % |
|---|----|
| A&E/Casualty | 91 |
| Primary Care Emergency Centre | 79 |
| Pharmacist/Chemist | 62 |
| Other | 55 |
| 999 Emergency service (treated by ambulance/paramedics) | 54 |
| Own GP practice | 38 |
| NHS 24 | 23 |

Experience of out-of-hours healthcare

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

9.12 In total 71 per cent of patients rated the overall care they received out of hours as excellent or good (Figure 16). This is the same figure as last year and noticeably lower than the overall positive rating for care and treatment from GP practices (87 per cent).

Figure 16: Overall rating of out-of-hours care (%)



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

- The time I waited was reasonable
- I felt that the person had all the information needed to treat me
- I felt I was listened to
- Things were explained to me in a way I could understand
- I felt that the person who treated me was the right person
- I felt that I got the right treatment or advice

- I felt that people took account of the things that matter to me

9.14 The most positively rated statement were that things were explained to patients in a way they could understand (85 per cent) and that they felt listened to (84 per cent).

9.15 In line with results for GPs and nurses, the statement that the fewest patients agreed with was that people took account of the things that matter to them (74 per cent). (Table 7)

9.16 The statement regarding whether treatment was received from ‘the right person’ is a new addition to the survey and therefore comparisons with the previous survey are not possible. Of the six statements where comparisons are available, the results for four have grown more positive (Table 7).

Table 7: Summary results of out-of-hours services

| Statement | Strongly agree/ agree (%) | Neither agree nor disagree (%) | Disagree/ strongly disagree (%) | Change since 2013/14 |
|---|---------------------------|--------------------------------|---------------------------------|----------------------|
| The time I waited was reasonable | 74 | 10 | 17 | -1 |
| I felt that the person had all the information needed to treat me | 78 | 12 | 10 | 2 |
| I felt I was listened to | 84 | 9 | 7 | 0 |
| Things were explained to me in a way I could understand | 86 | 9 | 5 | 1 |
| I felt that the person who treated me was the right person | 80 | 12 | 7 | N/A |
| I felt that I got the right treatment or advice | 81 | 11 | 8 | 1 |
| I felt that people took account of the things that matter to me | 75 | 16 | 9 | 1 |

Differences between services

9.17 Responses varied depending on the out of hours service that patients were treated by. Taken as a whole, the results for patients treated by Primary Care Emergency Centres and by ambulance/paramedics were the most positive (Table 8).

9.18 Those that ultimately received out of hours treatment from their own GP practice or received only phone advice via NHS24 gave the lowest overall ratings for out of hours care (62 per cent positive) (Table 8).

Table 8: Percentage of patients responding positively to out-of-hours questions, by service they were ultimately treated by.

| | Time waited was reasonable | Person had all information to treat me | Felt listened to | Things were explained in a way I could understand | I felt it was right person treating me | I felt I got right treatment or advice | People took account of the things that matter to me | Overall rating of out-of-hours care |
|-------------------------------|----------------------------|--|------------------|---|--|--|---|-------------------------------------|
| Phone advice only from NHS24 | 69 | 72 | 79 | 80 | 71 | 73 | 68 | 62 |
| Pharmacist /chemist | 85 | 83 | 91 | 90 | 77 | 83 | 77 | 68 |
| Primary Care Emergency Centre | 80 | 81 | 88 | 90 | 85 | 85 | 79 | 79 |
| Own GP practice | 78 | 81 | 85 | 87 | 82 | 81 | 77 | 62 |
| Home visit from GP or Nurse | 75 | 78 | 87 | 87 | 83 | 84 | 80 | 75 |
| Ambulance Paramedics | 80 | 82 | 85 | 87 | 84 | 85 | 79 | 79 |
| A&E / Casualty | 69 | 78 | 84 | 86 | 81 | 81 | 75 | 72 |
| Social Care Services | 62 | 72 | 72 | 76 | 70 | 73 | 69 | 63 |
| Other | 71 | 76 | 80 | 82 | 76 | 76 | 73 | 67 |

Practitioner that provided treatment

9.19 A new question was included in this survey relating to who actually provided the patient's out-of-hours care. Patients were asked: 'who ended up providing most of your treatment or care?'

- 71 per cent of patients received most of their care from a doctor
- 17 per cent received most of their care from a nurse
- four per cent received most of their care from a pharmacist
- eight per cent received most of their care from 'someone else'

Table 9: Percentage of patients responding positively to out-of-hours questions, by practitioner that provided most of their treatment.

| | Time waited was reasonable | Person had all information to treat me | Felt listened to | Things were explained in a way I could understand | I felt it was right person treating me | I felt I got right treatment or advice | People took account of the things that matter to me | Overall rating of out-of-hours care |
|--------------|----------------------------|--|------------------|---|--|--|---|-------------------------------------|
| Doctor | 75 | 80 | 87 | 88 | 84 | 84 | 79 | 74 |
| Nurse | 71 | 77 | 83 | 86 | 75 | 78 | 72 | 70 |
| Pharmacist | 81 | 79 | 86 | 86 | 75 | 80 | 73 | 68 |
| Someone else | 60 | 62 | 67 | 70 | 61 | 62 | 57 | 51 |

9.20 Patients that were treated by doctors were generally the most positive in their responses. This included a noticeably more positive response for the new question relating to whether it was ‘the right person’ treating the patient (84 per cent for doctors, 75 per cent for nurses and pharmacists) (Table 9).

9.21 Patients treated by someone other than a doctor, nurse or pharmacist were the least positive in their responses (Table 9). It is not possible to say what sort of practitioner these patients were treated or seen by.

10 OUTCOMES FROM NHS TREATMENTS

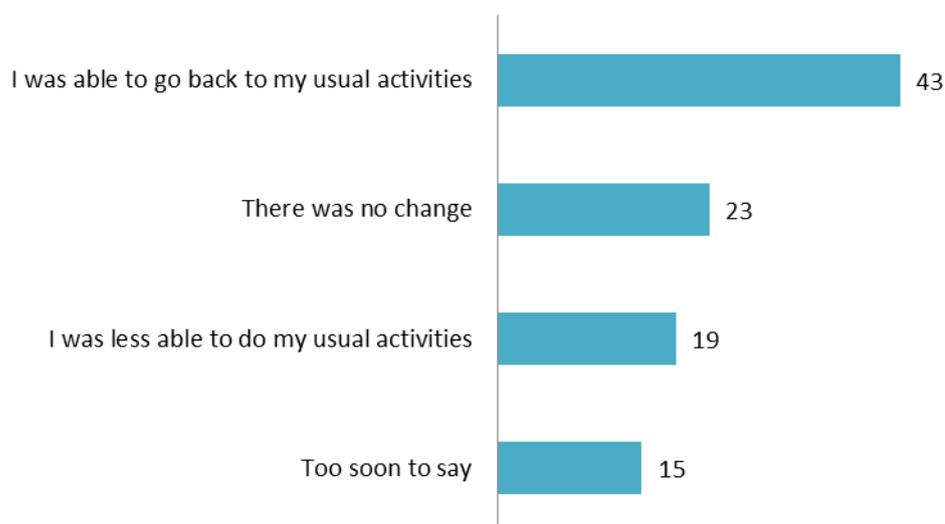
Introduction

- 10.1 One of the actions identified in the Quality Strategy¹⁸ was to “Improve and embed patient-reported outcomes and experience across all NHS Scotland services”.
- 10.2 This survey asks patients to report outcomes based around three dimensions of health status – pain, ability to do usual activities and anxiety/ depression. They ask people about their experience of the impact of treatment on these three dimensions separately. While it is recognised that people cannot easily quantify change in health status, they are able to identify whether or not they have experienced an improvement. The “too soon to say” option allowed an answer for people who have been treated but are not yet expected to see a benefit.

People’s ability to do their usual activities

- 10.3 Just over a quarter of respondents said that they had received NHS treatment or advice in the last year because of something that was affecting their ability to live their normal life.
- 10.4 Of these, 43 per cent were able to go back to most of their usual activities. However 19 per cent were less able to do their usual activities (Figure 17).

Figure 17: The effect of treatment of patients’ ability to live their normal live (%)

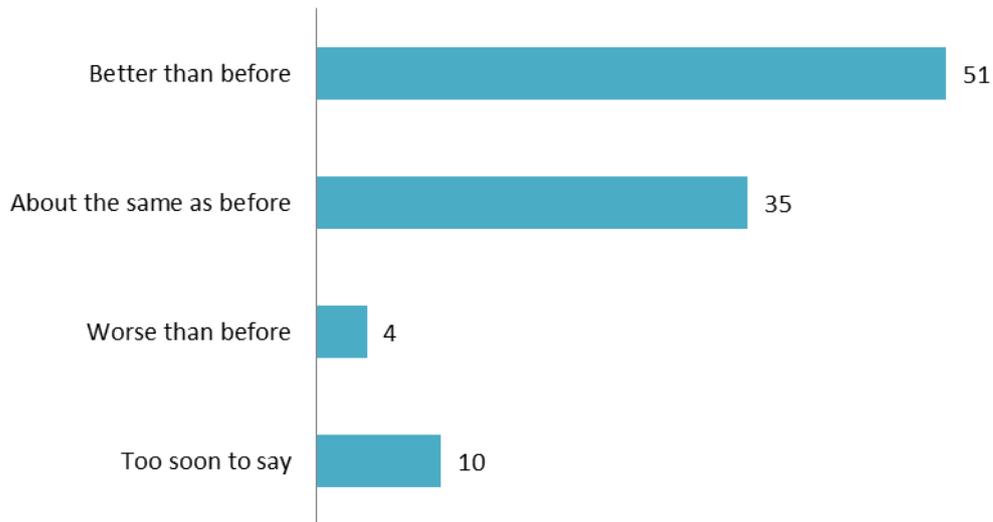


¹⁸ www.gov.scot/Publications/2010/05/10102307/0

Pain or discomfort

- 10.5 Just over half of respondents said they had received NHS treatment or advice because of something that was causing them pain or discomfort.
- 10.6 Of these, 51 per cent reported that the effect of the treatment was to make them feel better than before and four per cent felt worse than before (Figure 18).

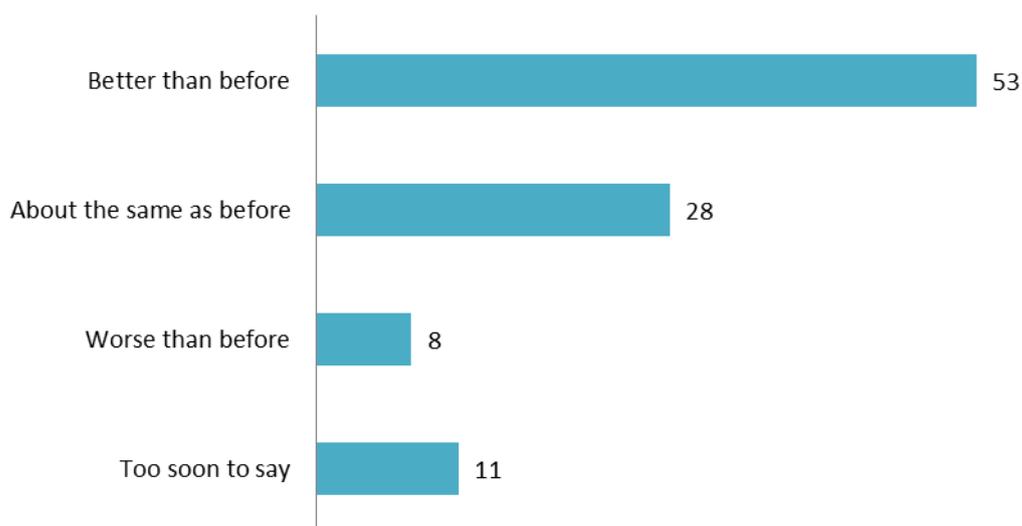
Figure 18: The effect of treatment on pain or discomfort (%)



Depression or anxiety

- 10.7 About one in six respondents said that they had received NHS treatment or advice because of something that was making them feel depressed or anxious.
- 10.8 Of these, 53 per cent reported that the effect of the treatment was to make them feel better than before and 8 per cent felt worse than before (Figure 19).

Figure 19: The effect of treatment on depression or anxiety (%)



Quality Outcome Indicator

10.9 The Quality Strategy emphasises the importance of measurement, and a Quality Measurement Framework has been developed¹⁹ 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, twelve national Quality Outcome Indicators have been identified, which are intended to show national progress towards achievement of the Quality Ambitions.

10.10 One of these twelve Quality Outcome Indicators relates to Patient Reported Outcomes. While initial proposals envisaged that this indicator would be built up from local patient feedback information, it was recognised that this would require long term development and that therefore a high level indicator should be captured using this national survey. It was first reported in the 2011/12 survey.

10.11 The indicator is based on the outcomes questions reported above and provides a single score for patient reported outcomes. Further information on how the indicator has been calculated is available in the technical report. It should be kept in mind that this indicator represents a score and not a percentage value.

¹⁹ www.gov.scot/Topics/Health/Policy/Quality-Strategy/Quality-Measurement-Framework

10.12 The value of the Healthcare Experience Quality Outcome Indicator has remained broadly steady since its introduction, with a slight fall in 2015/16 to 74.0. (Table 10).

10.13 In the 2013/14 publication this table contained a calculation error. Whilst the scores for Scotland and the majority of the NHS Boards were accurate, the scores of some of the smaller NHS Boards were affected. The main impact of this was that the 2013/14 score for NHS Western Isles was incorrectly presented as ‘significantly worse’ than 2011/12. There was in fact no statistically significant difference between the scores for the two years. More information about this revision is available in Chapter 8 of the technical report²⁰

Table 10: Outcome Indicator by NHS Board

| Health Board | Outcomes indicator | 95% confidence interval | | Change since 2013/14 ^R |
|-------------------------------|--------------------|-------------------------|-------------|-----------------------------------|
| | | Lower limit | Upper limit | |
| NHS Ayrshire & Arran | 72.7 | 71.7 | 73.8 | -1.3 |
| NHS Borders | 77.0 | 75.4 | 78.7 | -1.2 |
| NHS Dumfries & Galloway | 74.8 | 73.4 | 76.2 | -1.1 |
| NHS Fife | 73.2 | 72.1 | 74.2 | -1.6 |
| NHS Forth Valley | 73.9 | 72.8 | 75.1 | -1.2 |
| NHS Grampian | 75.6 | 74.6 | 76.7 | -0.7 |
| NHS Greater Glasgow and Clyde | 73.1 | 72.5 | 73.8 | -1.2 |
| NHS Highland | 75.6 | 74.6 | 76.6 | -1.7 |
| NHS Lanarkshire | 71.2 | 70.3 | 72.0 | -2.2 |
| NHS Lothian | 75.1 | 74.4 | 75.9 | -1.1 |
| NHS Orkney | 80.1 | 77.1 | 83.0 | -0.7 |
| NHS Shetland | 75.6 | 72.0 | 79.2 | -2.8 |
| NHS Tayside | 74.9 | 73.9 | 75.9 | -0.7 |
| NHS Western Isles | 78.6 | 75.2 | 82.0 | 2.5 |
| Scotland | 74.0 | 73.7 | 74.3 | -1.3 |

^R Figures from 2013/14 have been revised to correct a previous calculation error

²⁰ www.gov.scot/stats/bulletins/01218

11 CARE, SUPPORT AND HELP WITH EVERYDAY LIVING

Summary

- Many people who get support for everyday living receive this outside of formal services – 43 per cent indicated that their help did not come from formal services.
- Of those who received formal help and support, 81 per cent rated the overall help, care or support services as either excellent or good. This is a decrease from 84 per cent in 2013/14.
- As in the last survey, users of care services were most positive about some person-centred aspects of care. Ninety per cent reported that they were treated with respect.
- Users of care services were least positive about coordination of health and care services. Seventy five per cent reported that services were well coordinated, which is a decrease of four percentage points from 2013/14.
- There was considerable variation across Scotland in experiences of care services, especially around co-ordination of health and care services and awareness of the help, care and support options that are available.

Introduction

- 11.1 Chapter 4 of this report describes the wide reaching and ambitious programme of reform which has been put in place to improve services for people who require health and social care support. This focuses on the aim of providing joined up care provision and, crucially, empowering people to be in control of the support that they receive. These reforms are being delivered through newly created Health and Social Care Partnerships. Whilst a number of these Partnerships were established in 2015, for the most part this survey took place before health and social care integration was fully in place, and the results should be interpreted in that context.
- 11.2 This survey includes questions about experiences of care and support to inform these aspirations, in particular focusing on feeling safe, quality of life, being treated with respect and having a choice in care and support provision. These questions were first asked in the 2013/14 survey and were repeated in 2015/16.

Use of care services

11.3 Respondents were asked to indicate if they had received any help or support for everyday living in the last 12 months and the type of support they received. Of those surveyed, 13 per cent said that they had received some form of support; Table 11 below details the different type(s) of support. Two per cent said that they had not received any help but felt that they needed it. These are similar percentages to those reported in the previous survey.

Table 11: In the last 12 months have you had help or support with everyday living? (*note that respondents were able to select one or more of these options*)

| Help required | % |
|--|----|
| Yes, personal and or household tasks | 8 |
| Yes, adaptations/equipment for home | 5 |
| Yes, activities outside home | 4 |
| Yes, help to look after someone else | 3 |
| No, not had any help, but felt I needed it | 2 |
| No, not had any help | 76 |
| Response missing or invalid | 10 |

11.4 Respondents who indicated that they received help and support for everyday living were asked whether this was from formal services²¹. Fifty seven per cent of those who need help with everyday living said that their help was provided by formal services, suggesting that a sizeable proportion of people (43 per cent) receive assistance with everyday living outside of formal service provision, perhaps from friends and family. This finding underlines the important contribution of unpaid carers to society in providing care to those that need it. In recognition of this, a major policy focus in recent years has been to enhance ways of protecting and supporting carers (see Section 12 on carers' experiences).

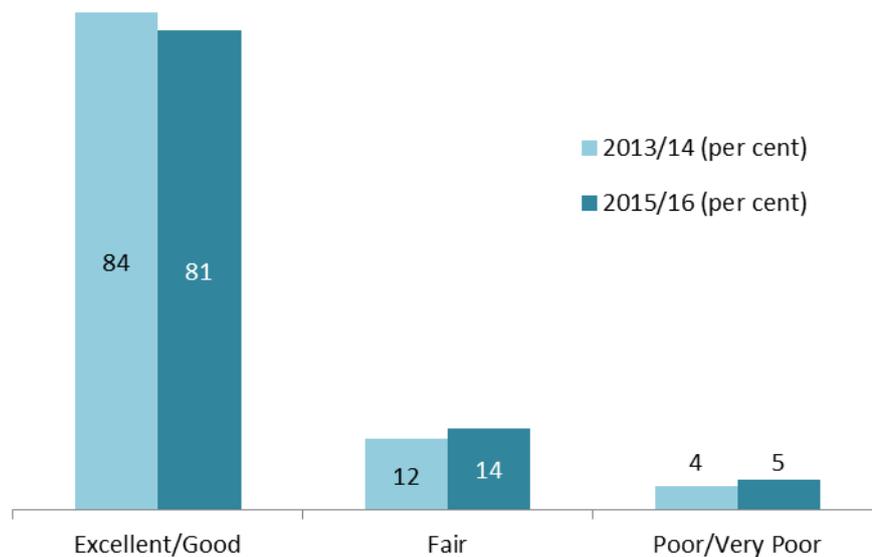
Experiences of care services

11.5 Respondents who indicated that they had received help and support from formal services were asked to rate their overall experiences of these services. In total 81 per cent of respondents rated the overall help, care or support services as either excellent or good, which is a decrease from 84 per cent in 2013/14. Five per cent rated it as poor or very poor (Figure 20).

11.6 There was wide variation in experience between Health & Social Care Partnerships, with results ranging from 73 per cent to 88 per cent. A fuller analysis of variations in care experience will be undertaken and published in Autumn 2016.

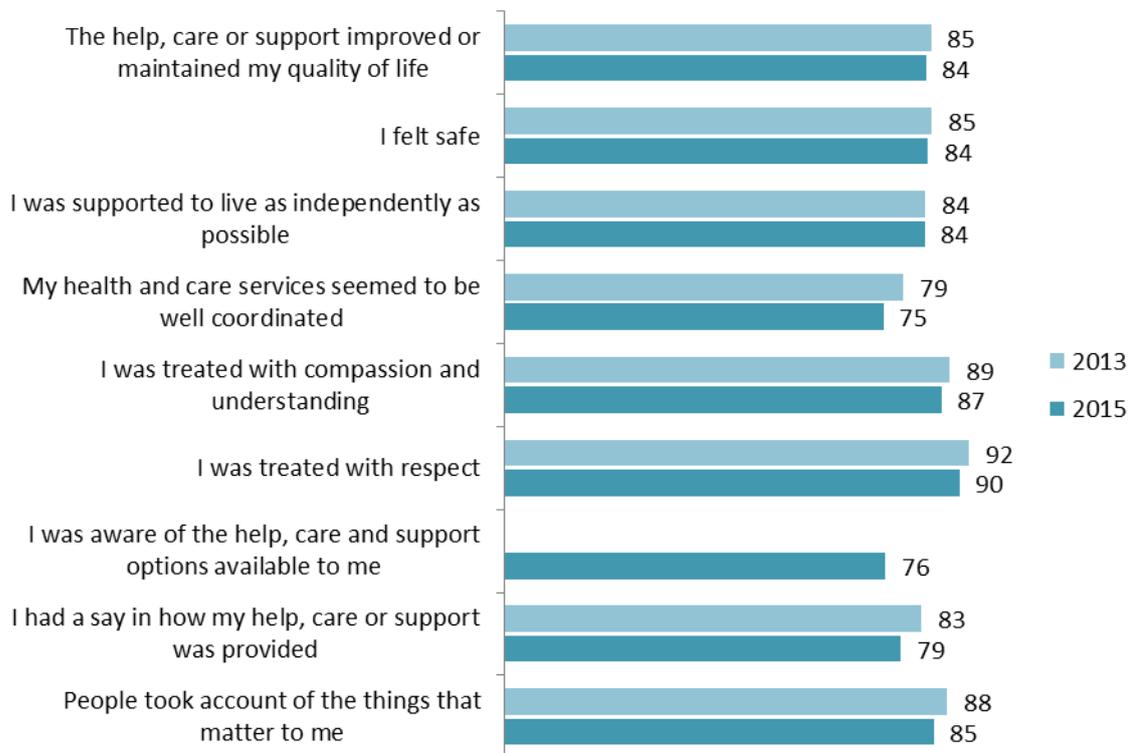
²¹ that is: from statutory, private or voluntary organisations including help that is paid for

Figure 20: Overall, how would you rate your help, care or support services?



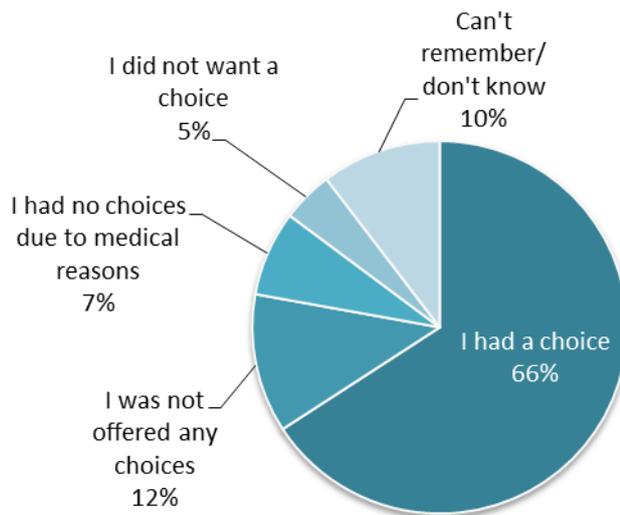
11.7 Looking at the reported experiences of specific aspects of care and support (Figure 21), respondents were less positive about the co-ordination of health and care services in particular. This was the lowest scoring statement, with 75 per cent positive response in 2015/16 which is four percentage points lower than the equivalent figure in 2013/14. A new question, which asked whether people were aware of the help, care and support options available, had a similar level of positive response of 76 per cent. These aspects of care provision also had the widest variation in experiences between Health & Social Care Partnerships; positive results for service co-ordination varied from 60 per cent to 85 per cent.

Figure 21: Percentage of people strongly agreeing/agreeing with statements about the help, care and support that they receive



11.8 Respondents were also less positive in this survey about their experiences of influencing how care is provided than they were in 2013/14. Seventy nine per cent indicated that they had a say in how their help, care or support was provided, which is a 4 percentage point decrease since 2013/14. A new question in 2015/16 specifically asked respondents whether or not they had a choice in how their social care was arranged (Figure 22). Twelve per cent of respondents said that they were not offered any choices in their care, seven per cent said that they had no choice due to medical reasons and four per cent said that they didn't want a choice.

Figure 22: Which of the following applies to you and how your social care is arranged?



11.9 Respondents remained very positive, however, about some of the person-centred aspects of the care that they received. Ninety per cent reported that they were treated with respect, while 87 per cent indicated that they were treated with compassion and understanding. Respondents also tended to be positive about service providers taking account of their preferences and values, although less so than in 2013/14. Eighty five per cent reported that people took account of the things that matter to them.

12 EXPERIENCES OF CARERS

Summary

- As described in Chapter 11, many people who need help for everyday living receive their support from friends and family not from formal services. The survey indicated that 15 per cent of respondents look after or provide regular help or support to others.
- Carers were most positive about having a good balance between caring and other activities, with around two thirds agreeing that they did.
- Carers were least positive about the impact of caring on their health; 35 per cent of people indicated that caring had a negative impact on their health and wellbeing.
- Just over 40 per cent of people felt that services were well co-ordinated and that they felt supported to continue caring.
- There was considerable variation across Scotland for all of these statements, but particularly around the co-ordination of services and support for caring.

Introduction

- 12.1 The contribution of carers in looking after people, including some of the most vulnerable in society, is widely recognised. Many people who get help and support for everyday living receive it from friends and family instead of, or in addition to, formal services: the survey indicates that 43 per cent of people who received help did so out with formal services.
- 12.2 Chapter 4 of this report describes a vision in which people who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing. This vision is being delivered now but will be given further impetus through the implementation of the Carers (Scotland) Act 2016. Alongside other Scottish Government and partners' policy commitments and initiatives, this aims to support carers in their roles.

Characteristics of carers

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

12.4 Fifteen per cent of respondents indicated that they look after or provide regular help or support to others. The recent Scotland's Carers publication²² describes in some detail the latest data from a variety of sources to show the diverse profile of carers in Scotland. It identifies the Scottish Health Survey as the current preferred source for estimating unpaid caring prevalence, which reports that 17 per cent of Scotland's population have caring responsibilities.

12.5 The age and gender distribution of carers who responded to the survey is shown in Table 12. It is broadly the same as reported in the 2013/14 survey, although there was a slightly higher proportion of carers aged over 65 year old in 2015/16 and correspondingly fewer 35 to 49 year olds (35 per cent of carers were aged over 65 in 2015 compared to 33 per cent in 2013/14).

Table 12: Characteristics of carers: age and gender

| Age | Male | Female | All adults |
|-------------|------|--------|------------|
| 17 - 34 | 1% | 4% | 6% |
| 35 - 49 | 4% | 11% | 16% |
| 50 - 64 | 15% | 28% | 43% |
| 65 and over | 17% | 19% | 35% |
| All adults | 37% | 63% | |

12.6 As in the 2013/14 survey, the highest proportion of carers (43 per cent) is in the 50 to 64 year group and the lowest proportion is among the younger adult group (6 per cent). This latter figure is much lower than other surveys, as younger adults are under-represented in the Health and Care Experience survey. Overall, there was a higher proportion of carers who were women (63 per cent compared to 37 per cent of men).

Caring responsibilities

12.7 Of those who provide care, the distribution of the number of hours per week is shown in Table 13. It shows that very similar proportions (30 per cent) of respondents provided up to four hours and more than 50 hours a week, with slightly fewer providing between five and 19 hours a week. It was less common for respondents to provide between 20 to 49 hours of caring per week. This distribution is very similar to the one reported in 2013/14.

²² www.gov.scot/Resource/0047/00473691.pdf

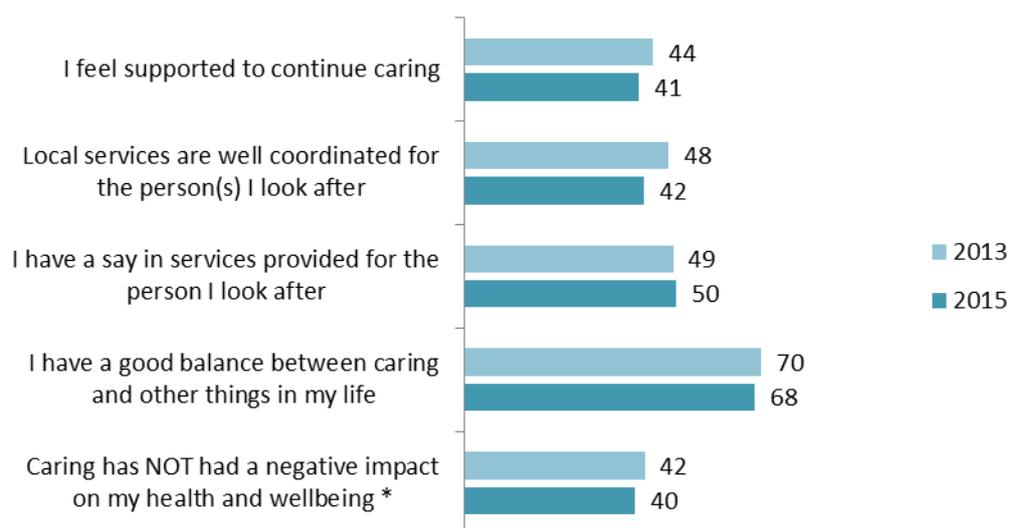
Table 13: Distribution of number of hours of caring per week

| Hours of caring per week | % |
|--------------------------|----|
| up to 4 hours | 30 |
| 5-19 hours | 25 |
| 20-34 hours | 9 |
| 35-49 hours | 6 |
| 50+ hours | 30 |

Experiences of caring and impact on wellbeing

12.8 The survey asked carers about their experiences of five specific aspects of caring and the impact on their wellbeing. Figure 23 sets out the percentage of positive responses to these statements in both 2013/14 and 2015/16.

Figure 23: Percentage of people responding positively to statements regarding caring responsibilities (%)



(*) note that this question is reported as the percentage of people who disagreed with the statement "Caring has had a negative impact on my health and wellbeing".

12.9 As with the previous survey, the responses in 2015/16 were mixed. Carers were most positive about the balance between caring and other things in their life, although the percentage has decreased from 70 per cent in 2013/14 to 68 per cent in 2015/16 agreeing.

12.10 Carers were least positive about the impact of caring on their health and wellbeing; 35 per cent of people said that caring had a negative impact on their health and wellbeing. Only 40 per cent said that caring did not have a negative impact, which is two percentage points less than in 2013/14. The remaining 25 per cent neither agreed nor disagreed with the statement.

12.11 In line with the question in Section 11 (relating to care and support services received), fewer carers thought that services were well coordinated (42 per cent in 2015/16 compared with 48 per cent in 2013/14). Again, there was considerable variation between Health & Social Care Partnerships, ranging from 35 per cent to 58 per cent. Overall, 41 per cent of carers said that they felt supported to continue caring, ranging from 34 per to 59 per cent.

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ISBN 978-1-78652-262-7

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ISBN: 978-1-78652-262-7 (web only)

Published by the Scottish Government, May 2016

The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

Produced for the Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS70949 (05/16)