

Scottish Cancer Patient Experience Survey 2024

Technical Report

September 2024

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Introduction

This report provides information on the technical aspects of the 2024 Scottish Cancer Patient Experience Survey (SCPES), including development, implementation, analysis and reporting.

An Official Statistics Publication for Scotland

These statistics are official statistics. Official statistics are statistics that are produced by crown bodies, those acting on behalf of crown bodies, or those specified in statutory orders, as defined in the [Statistics and Registration Service Act 2007](#).

Scottish Government statistics are regulated by the Office for Statistics Regulation (OSR). OSR sets the standards of trustworthiness, quality and value in the [Code of Practice for Statistics](#) that all producers of official statistics should adhere to.

The national report also includes new thematic analysis of the free-text comments. This is not a statistical analysis, but we have applied the Code of Practice for Statistics pillars of trustworthiness, quality and value to it. More information on the thematic analysis is available in the Analysis and Reporting section of this report.

More information about Scottish Government statistics is available on the [Scottish Government website](#).

Background

The Scottish Cancer Patient Experience Survey (SCPES) asks people across Scotland about their experience of cancer care. The survey is jointly funded by the Scottish Government and Macmillan Cancer Support. The survey is run in partnership by the Scottish Government, Macmillan Cancer Support and Public Health Scotland (PHS). The Scottish Government, Macmillan Cancer Support and Public Health Scotland are involved in the planning and organisation of the survey. The Scottish Government and Public Health Scotland analysed the survey responses and produced the survey publication and associated materials. A survey contractor, IQVIA, was appointed to administer the survey fieldwork.

The SCPES 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. Information about the other national care experience surveys is available at the [Health and Social Care Analysis collections page](#).

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

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

This is the third iteration of SCPES, with previous surveys run in 2015 and 2018.

The [Cancer Action Plan for Scotland 2023-2026](#) outlines the following actions associated with SCPES:

- Action 96: Complete the Scottish Cancer Patient Experience Survey (SCPES), working with Macmillan Cancer Support.
- Action 97: Work with Macmillan alongside other third sector organisations and Health Boards to determine any new actions required to improve the experience of people diagnosed with cancer and how best to measure this.

SCPES and these associated actions will support and measure progress towards Ambition 7 as set out in the [Cancer Strategy for Scotland 2023-2033](#):

- Our 10-year vision is that people with cancer are at the heart of all decisions and actions involving them. They are given the opportunity to co-design their own care plan, and information including a treatment summary is readily

available. A single point of contact is at the centre of this. Where possible, diagnostic tests and treatment are situated close to home and travel to specialist care is fully supported, making use of the continued advancement in new technologies.

Survey results, including the National Report and spreadsheets containing detailed results from the survey can be found on the [Scottish Cancer Patient Experience Survey](#) webpage. An [interactive dashboard](#) has been developed by PHS.

Survey Development

The content of the questionnaire and survey materials were reviewed and updated ahead of the 2024 survey. The review sought to ensure user needs were met, and reflected changes in how services are accessed and provided. Representatives from Scottish Government, Macmillan, PHS, and the Scottish Cancer Coalition were involved in the review.

The survey materials were cognitively tested with patient representatives recruited through the Scottish Cancer Coalition and the survey materials were updated based on their feedback.

Details of the changes made to the questionnaire can be found in Annexes A to C.

The survey packs consisted of the following:

- Initial Mailout: A survey invite letter with a link and QR code to the online questionnaire, and an information leaflet including details of the survey helpline in a range of languages.
- First Reminder: A survey invite letter, a paper questionnaire, a freepost return envelope and an information leaflet including details of the survey helpline in a range of languages.
- Second Reminder: A survey invite letter with a link and QR code to the online questionnaire, and an information leaflet including details of the survey helpline in a range of languages.

Copies of all of the survey materials, including the privacy notice, can be found on the [Cancer Patient Experience Survey materials](#) webpage.

Survey Design

The survey design for the 2024 SCPES was based on the 2018 survey. Improvements in the systems used to draw the sample meant that there was a shorter time period between hospital admission and receiving a survey pack, more up to date address information and more timely notifications of deaths. Small changes were made to the survey cohort selection criteria in response to feedback received on the 2018 survey and following a review of the cancer types to be included in the survey. Using the same sampling methodology between surveys ensures a consistent approach and allows for robust comparisons over time.

The sampling was carried out by PHS using the statistical software package R and was designed to:

- provide results at national, Regional Cancer Network, NHS Board and Cancer Centre levels;
- provide feedback relating to recent experiences;
- include people who had experienced the range of cancer care services; and
- minimise the chances of sending the survey to individuals who did not have cancer or who had died since leaving hospital.

PHS used a national dataset containing records of acute hospital activity (SMR01) to identify people aged 16 or over with an inpatient or day case record with any mention of cancer and a discharge date between 1st October 2022 and 30th June 2023.

Where a person had more than one hospital record meeting the above criteria, the most recent hospital episode was selected. This ensured that each person only appeared in the sample once.

In order to confirm the diagnosis of cancer, and to minimise the risk of sending surveys to patients who did not have cancer, the sample was validated using the Scottish Cancer Registry. Individuals who were identified from the hospital records but did not have a confirmed Scottish Cancer Registry diagnosis date between 1st April 2022 and 31st December 2022 were excluded from the sample.

The types of cancer to be included in the survey were reviewed and advice on which groups should be included in the survey was sought from the PHS Cancer Team. In the 2015 CPES, patients with an ICD10 code of D05 (carcinoma in situ of breast) were included in the survey cohort. They were not included in the 2018 or the 2024 survey cohort.

In response to feedback received during the 2018 survey, patients whose tumour morphology is defined within the Scottish Cancer registry as benign, uncertain or in situ were excluded from the 2024 survey, as were patients with insulinomas (ICD10

code C25; ICD03 code 81513). This was due to the variation in the clinical definition of these types of tumours, difficulties in identifying malignant tumours and the language used by clinicians to describe some of these cancer types. Excluding these cancer types from the survey cohort would lessen the likelihood of selecting patients who may not recognise their diagnosis as cancer and thereby minimise the chance of causing distress to survey recipients.

The following patients were excluded from the sample:

- Patients who do not have a confirmed diagnosis of cancer according to SMR06.
- Patients with an ICD10 code of C44 (other malignant neoplasms of skin) and all other C44 classifications (C44.0 to C44.9).
- Patients with an ICD10 code of C84 (some haematology codes) and all other C84 classifications (C84.0 to C84.9).
- Patients with an ICD10 code of C25 and ICD03 code of 81513 (insulinoma). Identified using SMR06.
- Patients with non-malignant morphology. Identified using SMR06.
- Stays with an ICD10 code of D05 (carcinoma in situ of breast) and all other D05 classifications (D05.0 to D05.9) as the main diagnosis.
- Patients aged 15 years or less (on discharge).
- Patients treated in a hospice.
- Patients known to be deceased.
- Privately funded stays in an NHS or private hospital.

The following inpatient or day case admissions were excluded from the sample:

- Stays in a private hospital / hospice.
- Stays for Scottish NHS patients treated in hospitals outside of Scotland, but whose care was commissioned by a NHS board.
- Stays for patients who were not resident in Scotland at the time of the episode. This includes Northumberland residents treated in NHS Borders and patients where it is unknown whether they were resident in Scotland or not.
- Stays for termination of pregnancy and/or other conditions relating to pregnancy and childbirth.
- Stays in a hospital maternity unit.
- Stays in a long-stay hospital.

- Stays for a mental health condition in a hospital for mental illness.
- Stays in a learning disabilities unit.

Addresses were obtained from the CHI database and checked to ensure that they were complete. Any records where the address was incomplete were removed from the sample.

To ensure a sufficiently large response to the survey, a census approach was taken. This means that surveys were sent to all qualifying patients, rather than just a restricted sample of them. A total of 8,945 people were identified for inclusion in SCPES 2024.

Access to Individuals' Names & Addresses

Approval was given by the Public Benefit and Privacy Panel (PBPP) to use NHS data to identify a survey sample and approach individuals. A copy of the approval letter is available in the [supporting documents](#) for the survey.

Data containing individuals' names and addresses were transferred securely and were limited to variables required to mail the survey pack to the individual and identify which hospital their sample record related to. All data was accessed, managed and stored in accordance with the data confidentiality protocols described in the [privacy notice](#) for the survey.

Fieldwork

The Scottish Government contracted IQVIA to administer the survey following a procurement process. IQVIA has in-depth experience of NHS surveys, and has provided support for other care experience survey work both in Scotland and elsewhere in the UK. Public Health Scotland provided support for the administration of the survey along with Scottish Government statisticians.

Respondents had the option to complete the survey by post, online, via a telephone helpline in a wide range of languages or via text phone. The helpline was also available to help with questions or complaints about the survey.

Mail-out

Survey fieldwork began on 14th February 2024 with the mailout of the survey invite letter. This mailing consisted of a survey invite letter inviting recipients to complete the survey online and an information leaflet including details of the survey helpline in a range of languages. The letter also informed people that a reminder would be issued in a couple of weeks containing a paper version of the questionnaire.

In total, 8,800 invite letters were sent out. Of the 8,945 people identified in the original sample, 114 died between sample selection and the initial mailout, and a further 31 people were excluded for administrative reasons, such as an incomplete address.

A reminder was sent to those who had not responded to the initial survey pack on the 6th March 2024. This mailing included a survey letter, a paper questionnaire, a freepost return envelope and an information leaflet including details of the survey helpline in a range of languages. Between the invite letter and the first reminder, 78 people were identified as being ineligible due to either having died or for administrative reasons.

A second reminder, containing a survey letter and an information leaflet including details of the survey helpline in a range of languages, was sent to those who had still not responded on 20th March 2024. Between the first reminder and the second reminder, a further 56 people were removed from the sample due to either having died or administrative reasons.

The survey closed on 30th April 2024.

Survey Helpline Calls

During the fieldwork, the survey helpline received a total of 298 calls. The most common reason for calling the helpline was to request assistance with completing the survey.

The total number of helpline calls in 2024 (298) is comparable to the number received in 2018 (291), however the number of calls received from individuals advising that they did not want to participate in the survey fell from 164 in 2018 to

70 in 2024, while the number of general enquiries increased from 42 to 159. These changes could be attributed to the changes to the eligibility criteria for the survey and the move to a 'push-to-online' model where the initial mailing does not contain a paper questionnaire and survey recipients are initially encouraged to complete the survey online.

The number of calls to advise that the respondent had died increased from 4 in 2018 to 12 in 2024. Although, this is still a low number, the increase is likely explained by the shorter time between hospital admission and survey sampling. This may have resulted in a higher number of people with less survivable cancers being included in the sample.

Due to differences in the way that helpline calls were categorised compared to previous rounds, care should be taken when comparing the number of general enquiries and calls for help to complete the survey with previous rounds of the survey (Table 1).

Table 1: The total number of helpline calls is comparable to previous rounds of the survey

Number of calls to the survey helpline, by main reason for the call

Main reason for call	2015	2018	2024
To opt out of the survey	164	164	70
To complete the survey by phone	17	53	28
General query	39	42	159
To query eligibility – not escalated	31	18	13
To query eligibility – escalated	12	7	16
To advise respondent deceased	7	4	12
Complaint	0	3	0
Total	270	291	298

People who recently died

In any survey, there is a risk of sampling and sending survey material to people who have recently died. This can cause distress to the family members of the person who has died and every effort is made to minimise the risk of this occurring.

For this survey, the survey recipient's address was obtained from the Community Health Index (CHI) database, which is a source generally up to date with regard to death events. Nevertheless, any death which occurs in Scotland must be registered within eight days of the date of death. This means that there can be a delay

between the actual date of death and the date that it is registered and updated on the CHI and National Records of Scotland databases.

In order to address this gap, a specialised team at National Records of Scotland (NRS) run multiple death checks of the people sampled, one after the sample is drafted, and one prior to each mail out.

Notifications of death were sent to Public Health Scotland on each of the three mail out days. Public Health Scotland subsequently passed this information on to the survey contractor, who removed survey packs as required prior to mail out.

Having access to information about recent deaths minimises the number of questionnaires being sent to addresses of people who had died.

The people included in the 2024 survey were identified using an extract taken from a national dataset containing records of acute hospital activity (SMR01) by Public Health Scotland analysts on 8th January 2024. Following eligibility checks against the Scottish Cancer Registry and the CHI database, the initial survey cohort was established on the 18th January. The questionnaire printing and mail-out process extended from this date through to the final mailing date of the 20th March 2024. This meant that some people would have died between the date the sample was extracted and the dates the survey packs were mailed out.

As with all Care Experience Programme surveys, every possible effort was made by the survey contractor, Public Health Scotland and the Scottish Government to avoid letters being sent to family members of people who had died. Therefore, in the same way to previous surveys, a list of people included in the initial sample was sent to NHS Central Register (NHSCR) and linked to the National Records of Scotland deaths database register to identify people who had recently died and remove them from the sample.

The list of people sampled for the survey was shared with the Community Health Index Linkage and Indexing (CHILI) team in PHS (who host the CHI database) for further death checks.

A total of 114 people were identified as deceased by NHSCR and CHILI checks and removed from the sample prior to and on the initial mail-out day of the survey on the 14th February 2024. These individuals were not sent survey packs. In addition, 31 people were identified through these checks as no longer eligible for the survey.

NHSCR and CHILI checks identified 78 people as deceased or no longer eligible prior to the first reminder mail out (6th March 2024). NHSCR and CHILI checks identified 56 people as deceased or no longer eligible prior to the second and final reminder mail out (20th March 2024). All of these records were removed prior to mailing survey packs to people. We are grateful to NHSCR and CHILI team for their help and support during this stage of the project.

In 12 cases, we were notified that a questionnaire was sent to someone who had died. In the majority of these cases, the death occurred very close to the mail-out

dates and the death notification was received after the letters had been mailed out. Of those 12 cases, there were 4 cases where this was reported to the helpline by the family after the last mailout day. These deaths were not picked up in the NHSCR/CHILI checks, however, these cases were removed from the sample during analysis.

Data Entry and Fieldwork Quality Control

Data Capture

Once respondents received the initial letter, they could complete the questionnaire online or via the survey helpline. Data from these responses was captured automatically for the online questionnaire, or by the helpline team for telephone completions.

Following the reminder letter, paper copies of questionnaires received were logged and scanned on a daily basis by the survey contractor. A verification process was then carried out for each batch scanned and a number of integrity checks were undertaken to ensure that the scanning process had worked correctly and all data had been captured as expected.

Data from online questionnaires was automatically stored alongside the data from the paper questionnaires, and held separately from the names and addresses of people who were sampled for the survey.

Verification and Upload Process

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

Once the survey responses were transferred to Public Health Scotland and Scottish Government statisticians, further validation checks were run on the data to ensure data integrity was maintained.

Secure Disposal

The names and addresses of people who were selected for the survey were stored securely by the survey contractor until the survey fieldwork was completed and then deleted.

Once processed, all returned questionnaires were immediately stored by the survey contractor in labelled containers and archived in a secure room on-site. Once the survey fieldwork was complete and all questionnaires had been scanned in, the paper copies of the questionnaires were securely destroyed. The data files containing the survey responses and scanned copies of the questionnaires which were held by the survey contractor were deleted once the data had been transmitted to Public Health Scotland and the Scottish Government, and Public Health Scotland and the Scottish Government had completed their checks on the survey data.

On the 27th June 2024, the survey contractor provided the Scottish Government with a Certificate of Data Destruction confirming that all data related to survey recipients or their responses to the survey had been securely destroyed.

Free Text Comments

The survey asked respondents if there was anything that was particularly good about their care, if there was anything that could be improved and for any other comments they may have.

3,321 survey respondents left a total of 6,965 free-text comments. Details that could be used to identify people were redacted by the survey contractor. These details included personal names, addresses, medical conditions and dates. Staff names and unique details were also redacted.

Quality checks were undertaken on records to ensure that the instructions for redacting details that might identify an individual were followed.

Survey Response

Response Rates

The response rate is calculated as the number of forms returned as a percentage of the number of eligible survey invite letters sent out.

Of the 8,800 invite letters initially mailed out, 16 people had moved, 124 people died during fieldwork and 20 were deemed ineligible for other reasons. After excluding these groups, 8,640 people were eligible to complete the survey. 10 people completed their questionnaire before dying. These responses are included in both the final eligible group and the completed surveys figure.

We received 4,540 completed surveys back, which gives a response rate of 53%. This is lower than the response rate achieved in the 2018 survey (62%).

The fall in the response rate is consistent with response rate trends seen in other surveys. The move to 'push to online' methodology, where the initial mailing encouraged survey recipients to complete the survey online and did not include a paper questionnaire may partially explain the fall in response rates. The benefit of the 'push to online' methodology is reduced mailing costs. Sampling from more up date databases so that there was a shorter period between hospital admission and being invited to complete the survey was expected to help survey response.

This section describes the differences in response rates by a range of variables.

Response Rates by Age Group

The response rate was the highest among the 65-74 age group (60%) and the lowest among the 16-64 age group (45%).

Table 2: Those aged 65-74 were more likely to respond to the survey

Response rate by age group

Age Group	Total number of forms sent out	Number of responses	Response rate
16-64	3,715	1,684	45%
65-74	2,674	1,610	60%
75 plus	2,251	1,246	55%
Total	8,640	4,540	53%

Response Rates by Sex

Table 3: Men were more likely to respond to the survey.

Response rate by sex

Sex	Total number of forms sent out	Number of responses	Response rate
Female	4,714	2,439	52%
Male	3,925	2,101	54%
Unknown	1	-	0%
Total	8,640	4,540	53%

Response Rates by NHS Board of Residence

Response rates by the NHS Board of residence ranged from 48% in NHS Forth Valley and NHS Greater Glasgow & Clyde to 68% in NHS Borders.

Table 4: NHS Borders had the highest response rate

Response rate by NHS Board of residence

NHS Board of Residence	Total number of forms sent out	Number of responses	Response rate
NHS Ayrshire & Arran	635	320	50%
NHS Borders	201	136	68%
NHS Dumfries & Galloway	223	126	57%
NHS Fife	613	318	52%
NHS Forth Valley	420	200	48%
NHS Grampian	932	537	58%
NHS Greater Glasgow & Clyde	1,925	921	48%
NHS Highland	581	320	55%
NHS Lanarkshire	1,089	529	49%
NHS Lothian	1,325	748	56%
NHS Tayside	555	305	55%
NHS Orkney, Shetland and Western Isles	141	80	57%
Total	8,640	4,540	53%

Response Rates by Scottish Index of Multiple Deprivation

Generally, response rates were higher from less deprived areas. A response rate of 40% was achieved for the most deprived quintile, while the least deprived quintile had a response rate of 59%. The highest response rate was in quintile 4 with 60% (Table 5).

Table 5: The most deprived areas had the lowest response rate.

Response rate by Scottish Index of Multiple Deprivation (SIMD) Quintile

SIMD Quintile	Total number of forms sent out	Number of responses	Response rate
1 (most deprived)	1,524	608	40%
2	1,626	769	47%
3	1,871	1,007	54%
4	1,798	1,074	60%
5 (least deprived)	1,821	1,082	59%
Total	8,640	4,540	53%

Response Rates by 6-fold Urban/Rural Classification

The response rate was lowest in Large Urban Areas (49%) and highest in Accessible Rural and Remote Rural (both at 57%) (Table 6).

Table 6: Large Urban Areas had the lowest response rate.

Response rate by 6-fold Urban/Rural Classification

Urban/Rural Classification	Total number of forms sent out	Number of responses	Response rate
Large Urban Areas	2,929	1,445	49%
Other Urban Areas	2,954	1,557	53%
Accessible Small Towns	792	430	54%
Remote Small Towns	261	138	53%
Accessible Rural	1,129	643	57%
Remote Rural	575	327	57%
Total	8,640	4,540	53%

Response Rates by Cancer Group

The response rate by Cancer Group ranged from 44% for 'other' cancers to 57% for prostate cancer (Table 7). Other cancers include sarcomas, secondary cancers, malignant neoplasm of gall bladder and/or malignant neoplasm of other and unspecified parts of biliary tract, malignant neoplasm of peripheral nerves and autonomic nervous system, malignant neoplasm of eye and adnexa, and any other rarer cancers which are not classed as Less Survivable Cancers within the 2023 to 2033 Cancer Strategy for Scotland. Lung and oesophageal cancers are also classed as Less Survivable Cancers within the 2023 to 2033 Cancer Strategy for Scotland, however we have a sufficient number of responses from these groups to be able to report on them separately.

Table 7: The highest response rate was from people with Prostate Cancer

Response rate by Cancer Group

Cancer Group	Total number of forms sent out	Number of responses	Response rate
Breast	2,043	1,154	56%
Colorectal / Lower Gastrointestinal	1,388	730	53%
Gynaecological	702	355	51%
Haematological	746	395	53%
Head and Neck	514	250	49%
Less Survivable Cancers	256	123	48%
Lung	593	283	48%
Oesophageal	146	68	47%
Other	141	62	44%
Prostate	1,217	693	57%
Skin	306	160	52%
Urological	588	267	45%
Total	8,640	4,540	53%

Method of Response

More than half (56%) of responses were submitted through the online questionnaire (Table 8). 33 telephone completions were submitted (1% of responses) and 1,970 (43%) paper responses were returned by post. No returns were completed through the language line.

Table 8: More than half of responses were submitted online

The number of questionnaires completed, broken down by mode of response.

Method of completion	Number of questionnaires completed	Questionnaires completed
Online	2,537	56%
Post	1,970	43%
Telephone	33	1%
Total	4,540	100%

About the respondents

The survey asks a number of questions about the characteristics of the survey respondents. Results for these questions are presented unweighted and are intended to illustrate the demographic profile of the survey respondents.

Excluding those who prefer not to say, 99% of respondents described themselves as straight / heterosexual, and 1% of respondents described themselves as another sexual orientation. Those who described themselves as bisexual, gay or lesbian, or other sexual orientation have been grouped into other sexual orientation to ensure that the number of responses in each category for this question is greater than 50.

Table 9: The vast majority of respondents described themselves as straight / heterosexual

Question 57: Which of the following best describes your sexual orientation?

Response Option	Number of Responses	Percentage
Straight / Heterosexual	4,142	96%
Other sexual orientation	56	1%
Prefer not to say	121	3%
Total	4,319	100%

Excluding those who prefer not to say, 98% of respondents described their ethnicity as white.

Table 10: The majority of respondents described their ethnicity as white

Question 58: What is your ethnic group?

Response Option	Number of Responses	Percentage
White	4,087	96%
Minority ethnic groups	69	2%
Prefer not to say	115	3%
Total	4,271	100%

For the purposes of the analysis presented above, 'Minority ethnic groups' includes 'Mixed or multiple ethnic groups', 'Asian, Scottish Asian or British Asian', 'African, Scottish African or British African', 'Caribbean or Black', or 'Other ethnic group (any other ethnic group including Arab, Sikh, Jewish)'.

For the purposes of the analysis presented above, 'White' includes 'Gypsy/Traveller', 'Roma', 'Showman/Showwoman' and other white ethnic groups.

The majority (63%) of respondents described themselves as retired. 4% said that they couldn't work due to cancer and 3% said they couldn't work due to another illness or disability.

Table 11: The majority of respondents were retired

Question 59: What best describes your work status?

Response Option	Number of Responses	Percentage
Employed (full or part time)	976	22%
Self-employed (full or part time)	242	5%
Don't work due to cancer	194	4%
Don't work due to another illness or disability	147	3%
Retired	2,778	63%
Other	100	2%
Total	4,437	100%

Excluding those who prefer not to say, 58% of respondents said that they did not have a physical or mental health condition lasting or expecting to last 12 months or more.

Table 12: More than half of respondents said that they did not have a physical or mental health condition lasting or expecting to last 12 months or more.

Question 60: Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

Response Option	Number of Responses	Percentage
Yes	1,739	41%
No	2,391	56%
Prefer not to say	148	3%
Total	4,278	100%

Those who said they had a physical or mental health condition lasting or expected to last 12 months or more were asked which condition or illness they were affected by. Respondents were able to tick more than one response option to this question, so the total number of responses is not equal to the sum of the individual conditions.

The most common answer was mobility (59%), followed by stamina or breathing, or fatigue (51%). The least common responses were vision (10%) and learning or understanding, or concentrating (11%). Detailed results are available in Table 13 below.

Table 13: The most common area affected by the respondents' conditions was mobility

Question 61: Do any of these conditions or illnesses affect you in any of the following areas? Tick all that apply

Response Option	Number of Responses	Percentage
Vision (for example, blindness or partial sight)	164	10%
Hearing (for example, deafness or partial hearing)	320	20%
Mobility (for example, walking short distances or climbing stairs)	955	59%
Dexterity (for example, lifting or carrying objects, or using a keyboard)	380	23%
Learning or understanding, or concentrating	177	11%
Memory	331	20%
Mental Health	395	24%
Stamina or breathing, or fatigue	830	51%
Other	314	19%
Prefer not to say	24	1%

Note: respondents can tick more than one option, so we have not provided the total number of responses.

Excluding those who prefer not to say, 86% of those with a physical or mental health condition lasting or expected to last 12 months or more said that it reduced their ability to carry out day-to-day activities.

Table 14: 14% of those with a long-term condition said that it did not reduce their ability to carry out day-to-day activities

Question 62: Does your condition or illness / do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?

Response Option	Number of Responses	Percentage
Yes, a lot	598	35%
Yes, a little	865	50%
Not at all	240	14%
Prefer not to say	23	1%
Total	1,726	100%

Analysis and Reporting

The survey data collected and coded by the survey contractor were securely transferred to Public Health Scotland (PHS) and then from PHS to the Scottish Government. The information was analysed by PHS and the Scottish Government using the statistical software package R.

Reporting the Sex of Respondents

Analysis of survey response rates by sex was undertaken using the sex of people in the sample according to their SMR01 record at the time the survey cohort was established (18th January 2024). Sex and gender questions were not asked in the survey to reduce the respondent burden.

Reporting the Age Group of Respondents

Respondents age group was calculated from their date of birth in their CHI record. The age group of respondents reported in the survey is as at 18th January 2024. i.e. the date when the survey cohort was established. Survey recipients were not asked for their age group in the survey to reduce the respondent burden.

Reporting the Cancer Group

The cancer group used in analysis is taken from the Scottish Cancer Registry (SMR06) record. Cancer types have been grouped to align to the definition of Less Survivable Cancers in the 2023 to 2033 Cancer Strategy for Scotland, while retaining as much comparability with previous surveys as possible and ensuring that no cancer group contains fewer than 50 responses so that any analysis by Cancer Group is robust and reduce the risk of someone being identifiable in the data set.

The survey results can be analysed by the following Cancer Groups:

- Breast
- Colorectal / lower gastrointestinal
- Gynaecological
- Haematological
- Head and neck
- Less Survivable Cancers
- Lung
- Oesophageal
- Other

- Prostate
- Skin
- Urological

More detail on the ICD codes used to determine Cancer Group can be found in the Glossary of this report.

Number of Responses Analysed

The number of responses that have been analysed for each question is often lower than the total number of survey responses received. This is because not all of the questionnaires that were returned could be included in the calculation of results for every individual question. Respondents are instructed to skip any questions they do not wish to answer. Respondents may skip a question or their response may be excluded from analysis because:

- The respondent did not feel that a specific question was relevant to their experience and so they did not answer it.
- The respondent did not answer the question because they did not wish to share that information (e.g. refused).
- The respondent answered that they did not know or could not remember the answer to a particular question.
- Responses may be removed following validation checks, for example if a respondent selected an invalid combination of responses. Validation rules are automatically applied at the point of data collection through the online questionnaire (for example through enforcing “tick one box only” instructions) and validation checks are applied to ensure consistency between online and paper responses.

Weighting

When conducting a survey, it is important to have a representative sample of the population we are interested in.

Weighting was introduced for the 2018 survey to take account of any non-response bias in the survey and ensure responses were representative of the sample population. Applying weighting methods reduces potential bias by making the results more representative of the population.

Survey weights are numbers associated with the responses that specify the influence the various observations should have in the analysis. The final survey weight associated with a particular response can be thought of as a measure of the number of population units represented by that response.

Details of the methodology used to calculate the weights is set out in Annex D.

Results at national, Regional Cancer Network and NHS Board levels have been weighted. Results at Cancer Centre level are presented unweighted.

The “about you” questions are unweighted. This is because the “about you” questions are intended to provide an indication of the demographic profile of the survey’s respondents, and hence how representative the survey sample is, rather than provide results on the demographic profile of cancer patients.

Analysis Software

Both the Scottish Government and Public Health Scotland use the software package R to analyse the data.

Percentage Positive and Percentage Negative

The term ‘percentage positive’ is frequently used in reporting results from this survey. This means the percentage of people who answered that they had a positive experience. For example, when people were asked to rate the administration of their care, if they answered “Very good” or “Good”, their answers were counted as positive answers. Similarly, if people answered “Bad” or “Very bad”, their answers were counted as negative answers.

We report results in terms of per cent or percentage positive because they are easier to interpret, compared with reporting results on the five point scale that people used to answer the questions. There is also a belief that differences between answers on a five-point scale may be subjective. For example there may be little or no difference between a person who “strongly agrees” and one who “agrees” with a statement. In fact, some people may never strongly agree or strongly disagree with any statements.

Respondents overall rating of care, on a scale from 0 to 10, is presented as an average score and also presented as a percentage positive score. Presenting it as an average score aligns with the reporting of this measure by other countries within the UK, while presenting it as a percentage positive statistic allows comparisons over time.

Sampling Error

All sample surveys are affected by sampling error. When comparisons have been made in the analysis of the survey results, the effects of sampling error have been taken into account by the use of confidence intervals and tests for statistical significance. Only differences that are statistically significant are reported as differences within the analysis and all significance testing is carried out at the 5% level.

More information on confidence intervals, significance testing and how they’re calculated can be found in Annex E.

Analysis of the Free-Text Comments

A thematic analysis of the free-text comments has been included in the National Report for the first time. This is in response to user demand for insights from the free-text comments to complement, support and provide context to the quantitative analysis of results.

The thematic analysis of the free-text comments is not a statistical analysis, but we have applied the Code of Practice for Statistics pillars of trustworthiness, quality and value to it. Below are details of how we have applied each of the pillars:

Trustworthiness: We have followed all the principles under the trustworthiness pillar of the Code.

Quality: We have used appropriate data, methods, and assured the quality of the analysis. However, the nature of the analysis means that we have not used statistical methods.

Value: The analysis is relevant to users as it has been produced in response to user feedback. It has been made equally available to all, is presented clearly to provide insights, and takes an innovative approach. We have made use of existing data, although we are unable to publish any of the underlying data for re-use because we need to ensure confidentiality.

Microsoft Excel was used to manage and analyse the data. Thematic analysis with an inductive coding approach was the method chosen to maintain the organic and rich nature of the data. Braun and Clarke's (2006) 6-step method for thematic analysis was followed throughout to ensure a consistent approach to each survey question. Comments could be assigned multiple codes if the comment covered several aspects of the cancer care experience. These assigned codes were then collated into sub-themes and organised into key themes.

Quality Assurance of the National Report

A small group of Scottish Government analysts, Macmillan analysts and Scottish Government clinical advisors were sent a draft version of the National Report and the Technical Report for quality assurance.

Scottish Government analysts and Public Health Scotland analysts carried out quality checks of figures used in the report.

Outputs from the Survey

On the [Cancer Patient Experience Survey collection page](#), the following outputs are available:

- A National Report on the Cancer Patient Experience Survey results and an excel spreadsheet with data used for the tables and charts in the National Report.
- An excel spreadsheet showing results at national level and broken down by Health Board of Treatment, Health Board of Residence, Cancer Group, Scottish Index of Multiple Deprivation, 6-fold Urban/Rural Classification, sex and age group.
- An excel spreadsheet with data used for the tables in this technical report.

Public Health Scotland developed [an interactive dashboard](#) showing the survey results at local level, by cancer group and time trends. The dashboard includes:

- Results by organisation / area of residence of the respondent at the time of treatment.
- Results by cancer group.

More detailed notes on how to navigate and interpret the dashboards are provided within the dashboard itself.

Survey Materials

Survey materials, including covering letters, leaflets and privacy notices are available online through the [Scottish Cancer Patient Experience Survey collection page](#).

Glossary

- CHI – The Community Health Index (CHI) is a register of all patients in NHS Scotland.
- SMR01 – A database held by Public Health Scotland that contains information on general/acute inpatient and day cases.
- SMR06 – The Scottish Cancer Registry (SMR06) cancer-related information from across NHS Scotland.
- Cancer Groupings – The cancer groupings used in the survey have been created to allow analysis of the survey results by Less Survivable Cancers as defined in the Cancer Strategy for Scotland 2023 to 2033, while maintaining as much comparability with previous surveys as possible and ensuring that each cancer group contains a sufficiently large number of survey responses to allow for robust analysis. They are defined in terms of the following ICD10 codes:
 - Breast: C50
 - Colorectal / lower gastrointestinal: C17 to C21 and C26
 - Gynaecological: C51 to C58
 - Haematological: C81 to C83, C85, C86, C88 and C90-C96
 - Head and neck: C00 to C14, C30 to C32 and C73
 - Less Survivable Cancers: C16, C22, C25, C70 to C72 and C75
 - Lung: C33, C34 and C45
 - Oesophageal: C15
 - Other: C23, C24, C37, C38, C40, C41, C46 to C49, C69, C74 and C76 to C80
 - Prostate: C61
 - Skin: C43
 - Urological: C60 and C62 to C68
- ICD codes – The International Classification of Diseases (ICD) is a standardised set of diagnosis classification codes.
- PBPP – The Public Benefit and Privacy Panel for Health and Social Care (PBPP) is a patient advocacy panel which scrutinises applications for access to NHS Scotland health data for non direct care.

Tell us what you think

We are always interested to hear from our users about how our statistics are used, and how they can be improved.

Enquiries

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More information about Scottish Government statistics is available on the [Scottish Government website](#).

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Future publications

Details of future publications can be found on our [forthcoming publications](#) page.

Annex A – New questions for the 2024 survey

Question number	Topic	Question Text
Introduction	Deciding the best treatment for you	Individual treatment plans should be based on individual risk assessment, choice and expected outcome. When any of these factors change, the best treatment for you may also change, but this should always be discussed before decisions are made.
32	Wider Support	During your cancer treatment, were you given enough care and support from health or social services, for any of the following issues:
32a	Wider Support	Mobility
32b	Wider Support	Washing / Dressing
32c	Wider Support	Usual activities (work, study, housework, shopping, cooking, family or leisure activities)
32d	Wider Support	Eating
32e	Wider Support	Managing medications
32f	Wider Support	Pain / Discomfort
32g	Wider Support	Mental or emotional wellbeing
34	Wider Support	After your cancer treatment, were you given enough care and support from health or social services, for any of the following issues:
34a	Wider Support	Mobility
34b	Wider Support	Washing / Dressing

Question number	Topic	Question Text
34c	Wider Support	Usual activities (work, study, housework, shopping, cooking, family or leisure activities)
34d	Wider Support	Eating
34e	Wider Support	Managing medications
34f	Wider Support	Pain / Discomfort
34g	Wider Support	Mental or emotional wellbeing
36	Information and Other Support	Looking back, did you fully understand what you were told about the impact of cancer and / or its treatment on your day-to-day activities?
41	Information and Other Support	Do you feel you were supported practically, emotionally or psychologically by charity, voluntary or community groups after your cancer treatment?
47	Your Overall Experience	How far did you have to travel for each of the following, and how did you travel? Please tick all that apply and leave those that do not apply blank.
49	Your Overall Experience	When you were not able to bring someone with you to an appointment or test, were alternative arrangements made so they could support you (e.g., were they able to join by phone or video call, or was a written summary of the discussion provided)?
50	Your Overall Experience	How did the health and care team communicate with you at each stage?
51	Your Overall Experience	What would have been your preferred method of communication for each of these
56	Other Comments	If there is anything else you would like to say about any aspect of your experiences of cancer care in Scotland, please do so on the following page.
56a	Other Comments	What was particularly good about your care?
56b	Other Comments	What could have been improved?

Question number	Topic	Question Text
56c	Other Comments	Any other comments?
60	About You	Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?
62	About You	Does your condition or illness / do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?

Annex B – Questions that were changed in the 2024 survey

2024 Question number	2024 Topic	2024 Question Text	Comment
1	Getting diagnosed	How long was it from the time you first thought something might be wrong with you until you first contacted a healthcare professional or your General Practice?	Question order changed to improve question flow.
2	Getting diagnosed	Before you were told you needed to go to hospital about cancer, how many times did you see a healthcare professional at your General Practice about the health problem caused by cancer? You should count telephone, video and face to face consultations in your answer	Additional instructions added to reflect changes in how patients may consult with healthcare professionals.
3	Getting diagnosed	How do you feel about the length of time you had to wait before your first appointment with a healthcare professional at the hospital?	Phrasing of question changed to accommodate the possibility that patients may see other types of healthcare professional when they have their first appointment at a hospital.
7	Finding out you had cancer	When you were first told that you had cancer, were you told in advance that you could bring a family member or friend with you? Please tick all that apply.	Question wording, instructions and response options updated so that more detailed information can be collected.
10	Finding out you had cancer	When you were told you had cancer, were you given written information about the type of cancer you had? Written information could include printed information handed to you or posted to you, or online information you were directed towards by your clinical team.	Additional instructions added to clarify to the survey recipient the types of information that were relevant to the question
11	Deciding the best treatment for you	Before your treatment started, were your treatment options explained to you?	Response options simplified

2024			
Question number	2024 Topic	2024 Question Text	Comment
13	Deciding the best treatment for you	Were the possible side effects of treatment(s) explained in a way you could understand?	Response options simplified
15	Deciding the best treatment for you	Before you started your treatment(s), were you also told about any side-effects of the treatment that could affect you in the future rather than straight away?	Response options simplified
22	Operations, Radiotherapy and Chemotherapy	Knowing what you know now, did you have all the information you needed about your radiotherapy treatment beforehand?	Response options simplified
23	Operations, Radiotherapy and Chemotherapy	Have you had chemotherapy treatment?	Minor change to the response options to reflect changes to where chemotherapy treatment may be provided
24	Operations, Radiotherapy and Chemotherapy	Knowing what you know now, did you have all the information you needed about your chemotherapy treatment beforehand?	Response options simplified
25f	Hospital Care	They did not talk in front of me as if I wasn't there	Wording changed to ensure that all questions are consistent within this section.
28	Hospital Care	Did a healthcare professional tell you who to contact if you were worried about your condition or treatment?	Response options updated to collect more information
29	Hospital Care	A Clinical Nurse Specialist is a specialist cancer nurse who helps you get the right care and gives you help and advice on coping with cancer. Were you given the name of a Clinical Nurse Specialist, or another named contact, who would support you through your treatment?	Minor wording change to reflect that patients may not know that the contact was a CNS or that they have been given the contact for a different type of healthcare professional. Question has moved to a different section. Response options have been updated to collect more detail.

2024			
Question number	2024 Topic	2024 Question Text	Comment
31	Hospital Care	When you have had important questions to ask your Clinical Nurse Specialist, or named contact, how often did you get answers you could understand?	Minor wording change to reflect that patients may not know that the contact was a CNS or that they have been given the contact for a different type of healthcare professional. Question has moved to a different section.
33	Wider Support	Thinking about the last time you left the hospital named on the covering letter for cancer treatment, did healthcare professionals give your family, or someone close to you, all the information they needed to help care for you at home?	Question and response options updated following feedback from stakeholders.
35	Information and Other Support	Did healthcare professionals discuss with you or give you information about the impact cancer could have on your day-to-day activities?	Response options updated to collect more information
38	Information and Other Support	During your cancer treatment, were you given timely information about charity, voluntary or community groups that could support you?	Question changed to broaden the scope and better reflect the types of groups and support available to patients.
39	Information and Other Support	Do you feel you were supported practically, emotionally or psychologically by charity, voluntary or community groups during your cancer treatment?	Scope of question expanded to include more types of support that may be provided.
40	Information and Other Support	Once your cancer treatment finished, were you given information about charity, voluntary or community groups that could support you?	
41	Information and Other Support	Do you feel you were supported practically, emotionally or psychologically by charity, voluntary or community groups after your cancer treatment?	Scope of question expanded to include more types of support that may be provided.

2024			
Question number	2024 Topic	2024 Question Text	Comment
43	Your Overall Experience	A care plan is a document received after diagnosis which sets out your needs and goals. This may include what treatment has been planned for you and the emotional, practical and financial support you will receive. It is an agreed plan between you and your health or social care professionals. Have you been offered a written care plan?	Minor changes to the question wording.
46	Your Overall Experience	Which of the following difficulties did you experience when travelling to appointments relating to your cancer care? Please tick all that apply.	List of response options expanded
52	Your Overall Experience	Overall, how would you rate the administration of your care, for example getting letters at the right time, doctors having the right notes / test results, etc.?	Question rephrased to cover more than only communication about appointments.
54	Your Overall Experience	Since your diagnosis, has anyone discussed with you whether there are any cancer research opportunities that you could take part in (for example: clinical trials, tissue donation, additional scans, sharing data)?	Question rephrased to include more detail on the types of research that a cancer patient may be invited to participate in.
57	About You	Which of the following best describes your sexual orientation? Please tick one box only.	Question changed to better align to current equalities guidance on asking this question.
58	About You	What is your ethnic group?	Question changed to better align to current equalities guidance on asking this question.
61	About You	Do any of these conditions or illnesses affect you in any of the following areas?	Question changed to better align to current equalities guidance on asking this question.

Annex C – Questions that were removed from the survey in 2024

2018 Question Number	2018 Question Text	Comment
11	If there is anything else you would like to tell us about the lead-up to your cancer diagnosis, or the way you found out you had cancer, please do so here.	Free-text comments are now grouped together at the end of the survey and have been restructured so that respondents provide more useful feedback.
17	Were you involved as much as you wanted to be in decisions about your care and treatment?	Question removed due to little use being made of the results.
18	If there is anything else you would like to tell us about the way decisions were made about your treatment, please do so here.	Free-text comments are now grouped together at the end of the survey and have been restructured so that respondents provide more useful feedback.
28	If there is anything else you would like to tell us about your operation / radiotherapy / chemotherapy treatment, please do so here.	Free-text comments are now grouped together at the end of the survey and have been restructured so that respondents provide more useful feedback.
30	The last time you received hospital treatment for your cancer, did the healthcare professionals caring for you call you by your preferred name?	Question removed due to the vast majority of respondents answering the same way.
34	If there is anything else you would like to tell us about the care you received when you were in hospital for cancer care, please do so here.	Free-text comments are now grouped together at the end of the survey and have been restructured so that respondents provide more useful feedback.
38	Do you think your GP Practice did everything they could to support you while you were having cancer treatment?	Question removed due to little use being made of the results.
39	During your cancer treatment, have you been given enough care and support from health or social services, for example district nurses, home carers or physiotherapists?	Question removed due to little use being made of the results.
40	Once your cancer treatment finished were you given enough care and support from health or social services?	Question replaced with more detailed questions on care and support received.
44	Did healthcare professionals give your family or someone close to you all the information they needed to help care for you at home?	Question replaced with more detailed questions on care and support received.

2018		
Question Number	2018 Question Text	Comment
45	Do you feel you have been supported emotionally and psychologically by healthcare professionals during your cancer treatment?	Replaced with more detailed questions on support.
46	During your cancer treatment, have you been given information or support from third sector organisations, such as charities or voluntary / community groups?	Question replaced with more detailed questions on care and support received.
49	If there is anything else you would like to tell us about any of the support you received during your cancer care, including from your GP Practice and third sector organisations, please do so here.	Free-text comments are now grouped together at the end of the survey and have been restructured so that respondents provide more useful feedback.
55	Overall, how would you rate the communication around how long appointments relating to your cancer care would take?	Replaced with more detailed questions on communication.
61	If there is anything else you would like to say about your experiences of cancer care, please do so here.	Free-text comments are now grouped together at the end of the survey and have been restructured so that respondents provide more useful feedback.
62	What best describes your gender?	Information on sex is now linked from administrative sources.

Annex D – Weighting methodology

When conducting a survey, it is important to have a representative sample of the population you are interested in to reduce bias in the estimates produced. Applying weighting methods reduces the potential bias by making the results more representative of the population but also increases the variation in the estimates.

Survey weights are numbers associated with the responses that specify the influence the various observations should have in the analysis. The final survey weight can be thought of as a measure of the number of population units represented by the response.

The first Scottish Cancer Patient Experience Survey (SCPES) was run in 2015 and the results for this survey were presented unweighted. Feedback from a UK Statistics Authority (UKSA) review of the Care Experience Survey publications prompted a review of the weighting methodologies employed by the other Care Experience Surveys in the programme in 2018. Following these reviews, it was agreed that weighting for SCPES should be implemented.

Weighting to account for non-response bias enables us to make the results more representative of the survey population in a statistically robust way that is consistent with the methodologies applied to other Care Experience Surveys.

Each respondent has one weight. This differs slightly to the methodology applied to the other Care Experience Surveys which have had one weight per routed section. There is no administrative data available to estimate population totals for the routed sections in SCPES. Additionally, exploratory analysis suggests that using the national survey response to estimate population totals – as has been done for some routed sections in other Care Experience Surveys where population total estimates were not available from other sources – would not be appropriate here due to variation between areas.

The weight will be calculated to account for non-response by weighting up to the sample frame population based on age, sex and tumour group.

Trimming will be applied such that the maximum weight is calculated as:

Mean + (x * Standard Deviation)

where x is an integer such that less than 5% of respondents have their weight trimmed for each reporting level.

SCPES results are published at National, Network (of treatment and of residence), NHS Board (of treatment and of residence) and Cancer Centre levels. The weighting strategy described has been applied to all levels except Cancer Centre level, which are presented unweighted. The following groupings will be used at each reporting level:

- National – Two sex groupings (male and female), three age bands (16 to 64, 65 to 74 and 75+) and twelve tumour groups (Breast; Colorectal / Lower

Gastrointestinal; Gynaecological; Haematological; Head & Neck; Lung; Prostate; Skin; Upper Gastrointestinal; Urological; Other, including Brain / Central Nervous System and Sarcoma; and Tumour Group Unknown).

- Network – Two sex groupings (male and female), three age bands (16 to 64, 65 to 74 and 75+) and twelve tumour groups (as for National level).
- NHS Board – Two sex groupings (male and female), two age bands (16 to 64 and 65+) and twelve tumour groups (as for National level).

In the 2024 CPES, the Cancer groups were reviewed and updated to reflect the interest in less survivable cancers in the 2023 to 2033 Cancer Strategy for Scotland. The tumour groups used to calculate the weights were not changed and are consistent with those used in 2018 to ensure methodological consistency over time and so that the overall survey results are comparable with previous rounds of the survey.

Annex E – Confidence Intervals and Statistical Significance

Confidence intervals provide a way of quantifying sampling uncertainty. A 95% confidence interval means that, over many repeats of a survey under the same conditions, one would expect that the confidence interval would contain the true population value 95 times out of 100.

For example, given a results of 80% and a confidence interval of +/-3%, there is 95% confidence that the true result is between 77% and 83%.

Standard errors and confidence intervals have been calculated using the statistical software R and the R survey package.

Statistical Significance

A result can be described as statistically significant if it is unlikely to have occurred by random variation. Testing for statistical significance allows us to assess whether there have been significant changes in performance between two time periods or areas (e.g. between a specific Health Board and Scotland as a whole).

For each question where a comparison is possible – for example, between two different survey periods or between two areas – a test statistic is calculated to test the statistical significance of the difference between the two results.

The test statistic is calculated as:

$$Z_{cal} = \frac{P_2 - P_1}{error}$$

where p_1 = the first point estimate or proportion
 p_2 = the comparable second point estimate or proportion

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

where n_1 = the number of valid responses for point estimate 1
 n_2 = the number of valid responses for point estimate 2
 $deff_1$ = the design effect for point estimate 1
 $deff_2$ = the design effect for point estimate 2

For point estimate 1 not to be statistically significantly different from point estimate 2 with 95% confidence, then the test statistic must be between ± 1.96 .



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