



Health and Care Experience Survey 2017/18

National Results

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1. Executive Summary

Over 130,000 individuals registered with a GP practice in Scotland responded to the 2017/18 Health and Care Experience Survey. The survey asked about people's experiences of accessing and using their GP practice and other local healthcare services; receiving care, support and help with everyday living; and caring responsibilities. The main results from the 2017/18 survey are:

The GP Practice

- Eighty three per cent of people rated the overall care provided by their GP practice positively, this was down two percentage points from the last survey.
- Eighty seven per cent of people found it easy to contact their GP practice in the way that they want to and around three quarters were happy with their GP practice opening hours.
- Sixty seven per cent of people rated the arrangements for getting to see a doctor positively and 70 per cent of people rated the arrangements for getting to see another medical professional positively.
- Ninety three per cent of people were able to obtain two working day access to their GP practice; this is a slight increase from the previous survey. Around two thirds of people were allowed to book an appointment at their GP practice three or more working days in advance – a significant decrease from the previous survey.

Recent Treatment or Advice from the GP Practice

- The vast majority of people who had contacted their GP practice in the last 12 months had also received treatment or advice. Around three quarters of people had most of their treatment or advice provided by a doctor.
- People were generally positive about their experience of person-centred behaviours. They were most positive about understanding information they were given and feeling listened to.
- People were more likely to report that their symptoms had got better than their overall wellbeing.

Referrals

- Just over two fifths of people were referred to another NHS health professional in the last 12 months, with the vast majority of those being referred by their GP practice.
- People were referred to a very wide range of health professionals. Of the health professionals described, physiotherapist was the most common.
- Seventy eight per cent of people rated the coordination of their treatment / care positively.
- Four in five people were positive about the care they experienced from the service they were last referred to.

Out of Hours Care

- In the last year, 45 per cent of people got advice or treatment from an Out of Hours (OOH) service. The most common service people ended up receiving treatment or advice from was pharmacists / chemists.
- People were most positive about experiences of person-centred behaviours around understanding the information they were given and being listened to. People were least positive about having the opportunity to involve the people that mattered to them.
- Most people (83 per cent) rated the overall care they had experienced from the service they ended up receiving treatment or advice from positively.

Care, Support and Help with Everyday Living

- Of those who received formal help and support, 80 per cent rated the overall help, care or support services as either excellent or good. This is slightly lower than the results from the 2015/16 survey and a decrease from 83 per cent in 2013/14.
- As in previous surveys, users of care services were generally positive about some of the person-centred aspects of the care that they received. For example, 87 per cent said that they were treated with compassion and understanding. Eighty two per cent reported that people took account of the things that matter to them, although this has decreased from 88 per cent in 2013/14.
- Users of care services were least positive about being aware of the help, care and support options available (73 per cent were positive) and the co-ordination of services (74 per cent). These results are similar to those from the previous survey.
- There has been a continued decrease in the percentage of people who said that they had a say in how their help, care or support was provided, from 83 per cent in 2013/14 to 76 per cent in 2017/18.

Experiences of Carers

- The survey indicated that 16 per cent of people look after or provide regular help or support to others.
- Forty per cent of carers said they looked after a parent, with 27 per cent saying that they cared for a partner or spouse.
- Overall, when asked about specific aspects of caring, people were less positive than they were in previous years.
- 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 support to continue caring. Overall, 37 per cent of carers said that they felt supported to continue caring which is a decrease of six percentage points from 2013/14.

2. Introduction and Background

The Scottish Health and Care Experience Survey is a postal survey which was sent to a random sample of people who were registered with a GP in Scotland in October 2017. The survey has been run every two years since 2009.

The survey asked about people's experiences of accessing and using their GP practice and other local healthcare services; receiving care, support and help with everyday living; and caring responsibilities. The survey supports the principles underpinning the integration of health and care in Scotland outlined in The Public Bodies (Joint Working) (Scotland) Act 2014¹.

The focus of this report is on the national results of the survey. Comparisons have been made with the previous iterations of this survey where this is possible.

Individual reports for each GP practice, GP Cluster, Health and Social Care Partnership and NHS Board are available via an online dashboard at: www.gov.scot/GPsurvey.

Scottish Care Experience Survey Programme

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.

Information about the other national care experience surveys is available at www.gov.scot/Topics/Statistics/Browse/Health/careexperience.

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 ensuring that care is responsive to people's individual preferences, needs and values. More information about the context for this survey is provided in Chapter 4 of this report.

¹ www.legislation.gov.uk/asp/2014/9/contents/enacted

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

Aims of the Survey

The survey's specific objectives were:

For local improvement

- provide GP practices with structured feedback on people's experiences of their service, relative to other practices in Scotland and to previous results;
- provide NHS Boards, Health & Social Care Partnerships and GP Clusters with information about people's experiences in their respective areas and about 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 NHS Scotland LDP standards³ on accessing GP services;
- informs nine out of the 23 health and wellbeing outcomes indicators under the Public Bodies (Joint Working) (Scotland) Act 2014.

Survey Methods

The survey was designed to provide results for individual GP practices as well as providing information for use by NHS Boards; Health and Social Care Partnerships and GP Clusters.

People eligible to be sampled for the survey were those who were registered to a Scottish GP practice at 19 October 2017 and were aged 17 or over at that date. A total of 611,638 survey packs were sent out and 132,972 were returned giving a response rate of 22 per cent.

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. A review of the weighting methodology was undertaken in advance of the 2017/18 survey, leading to some changes in the weights applied. Details of the review, the full methodology applied to the 2017/18 results and the impacts of the change are available at www.gov.scot/Resource/0053/00533823.pdf.

Results from previous surveys have been backdated where appropriate to ensure comparability over time.

³ www.gov.scot/About/Performance/scotPerforms/NHSScotlandperformance/GP-LDP

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 may be statistically significant.

More information about the survey design, response rates and methodology can be found in the Technical Report available at: www.gov.scot/ISBN/9781788517676.

3. Demographic & Health Information from Survey Respondents

We asked respondents a number of questions about themselves. 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 unless otherwise noted.

Age and Gender

Women were over represented in the survey compared to the 2016 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.

Similarly, the majority of respondents were aged 65 or more (43 per cent) or between 45 and 64 (39 per cent). These older age groups are over represented compared to the 2016 population estimates. Those estimates show a smaller proportion of population in the age groups 65 and more (22 per cent) and 45-64 (33 per cent) based on the population aged 16 and over.

The new weighting methodology⁵ introduced in this survey attempts to adjust for these differences between the survey and population demographics.

Deprivation and Rurality

Analysis of the Scottish Index of Multiple Deprivation (SIMD)⁶ and Urban/Rural Indicator⁷ was based on the datazone of respondents. Respondents were fairly evenly distributed across SIMD quintiles, although there was a slightly lower proportion of respondents from the most deprived quintile (17 per cent) and more from the middle quintile (24 per cent).

The distribution of respondents by rurality is broadly in line with that for the population as a whole, although the most rural areas were slightly over-represented. The “other urban areas” category, on the other hand, was slightly under-represented.

⁴ www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2016

⁵ www.gov.scot/Resource/0053/00533823.pdf

⁶ www.gov.scot/Topics/Statistics/SIMD

⁷ www.gov.scot/Topics/Statistics/About/Methodology/UrbanRuralClassification

Health Information

Respondents were asked to rate their health in general. Sixty six per cent rated their health as good or excellent, 26 per cent rated it as fair and eight per cent rated it as bad.

Just under half of respondents said that they had one or more long-term health conditions. The prevalence of these increased with age, from 30 per cent of respondents aged between 17 and 34, to 57 per cent aged over 65. The most commonly reported conditions were chronic pain lasting at least three months (reported by 15 per cent of respondents) and deafness or a severe hearing impairment (reported by 12 per cent of respondents).

Finally, people were asked to rate their quality of life as a whole. Of those who responded, 78 per cent said that their quality of life was good or excellent, 17 per cent said it was fair, and four per cent rated it as poor or very poor.

People's ability to look after their own health

People were asked how well in general they felt they were able to look after their own health. Most respondents (92 per cent) said that they could look after their own health very well or quite well.

This question informs one of the Core Suite of Integration Indicators referred to in Section 4 of this report. In order to ensure that this Indicator accurately represents everyone in Scotland, the results for this question have also be calculated as a weighted percentage. On this basis, 93 per cent of people said that they could look after their own health very well or quite well.

4. Context

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 Reform⁸. This chapter provides an overview of the key developments.

This survey supports and informs all of these developments, by describing their impact from a user perspective. It is worth noting, however, that this survey relates to care experiences in 2017, which is while some of these programmes were at the early stages of implementation.

The 2020 Vision

In 2011, the Scottish Government set out a *2020 Vision*⁹ 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, forward planning and supported self-management;
- ❖ Where 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.

The Vision will be delivered according to three **Quality Ambitions**¹⁰:

- **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.

⁸ 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

⁹ www.gov.scot/Topics/Health/Policy/2020-Vision

¹⁰ www.gov.scot/Resource/Doc/311667/0098354.pdf

- **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.

Scotland's **Chief Medical Officer** articulated her vision for delivering care in this context through her Annual Reports '*Realistic Medicine*'¹¹ and '*Realising Realistic Medicine*'¹². She said:

“ You should expect the doctor (or other health professional) to explore and understand what matters to you personally and what your goals are, to explain to you the possible treatments or interventions available with a realistic explanation of their potential benefits and risks for you as an individual, and to discuss the option and implications of doing nothing. You should expect to be given enough information and time to make up your mind. You should consider carefully the value to you of anything that is being proposed whether it be a treatment, consultation or diagnostic investigation and be prepared to offer challenge if you feel it appropriate. ”

Recent Changes to Health and Social Care Policy

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.

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.

The National Health and Wellbeing Outcomes¹³ 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.

¹¹ www.gov.scot/Resource/0049/00492520.pdf

¹² www.gov.scot/Publications/2017/02/3336

¹³ www.gov.scot/Topics/Health/Policy/Health-Social-Care-Integration/National-Health-WellbeingOutcomes

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. Nine of this suite of indicators draw on questions from the Health and Care Experience Survey.

Self-directed Support¹⁴ 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. 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.

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 (Scotland) Act 2016¹⁵ took effect on 1 April 2018. The Act extends and enhances the rights of carers. The new legislation will help ensure better and more consistent support for both adult carers and young carers so that they can continue to care, if they so wish, in better health and to have a life alongside caring.

As set out in the Health and Social Care Delivery Plan¹⁶, the Scottish Government's vision for the **future of primary care services** is for multi-disciplinary teams, made up of a variety of health professionals, to work together to support people in the community and free up GPs to spend more time with people in specific need of their expertise. It aims to ensure that people who need care are more informed and empowered, with access to the right person at the right time, and remaining at or near home wherever possible. Six primary care outcomes¹⁷ have been developed to support this vision.

¹⁴ www.selfdirectedsupportscotland.org.uk/

¹⁵ www.gov.scot/Topics/Health/Support-Social-Care/Unpaid-Carers

¹⁶ www.gov.scot/Publications/2016/12/4275

¹⁷ www.gov.scot/Resource/0051/00514411.pdf

5. The GP Practice

Summary

- Eighty three per cent of people rated the overall care provided by their GP practice positively, this was down two percentage points from the last survey.
- Eighty seven per cent of people found it easy to contact their GP practice in the way that they want to and around three quarters were happy with their GP practice opening hours.
- Sixty seven per cent of people rated the arrangements for getting to see a doctor positively and 70 per cent of people rated the arrangements for getting to see another medical professional positively.
- Ninety three per cent of people were able to obtain two working day access to their GP practice; this is a slight increase from the previous survey. Around two thirds of people were allowed to book an appointment at their GP practice three or more working days in advance – a significant decrease from the previous survey.

Introduction

Often an individual'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.

A review of patient access to GP services across the country in partnership with the British Medical Association (BMA) was 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. This focus has been maintained in the new GP General Medical Services (GMS) contract¹⁸ (from April 2018), which is underpinned by the principle of ensuring patients can see the right person at the right place at the right time.

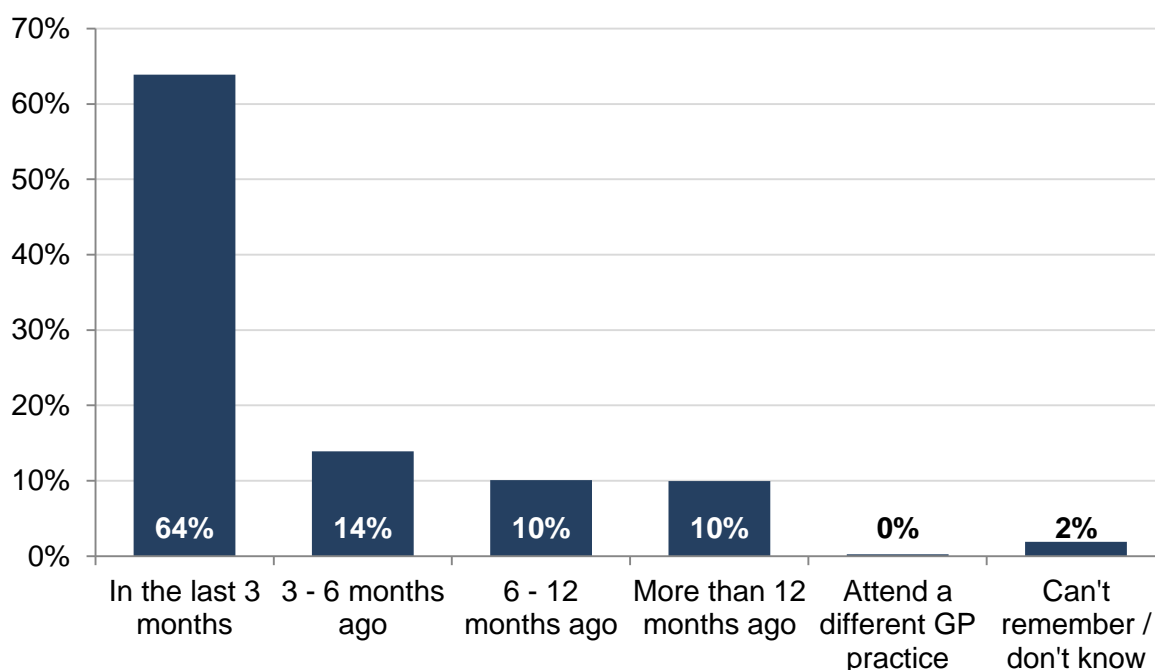
Contacting the GP Practice

The survey asked respondents when they had last contacted the GP practice named on the survey letter. Those who had not attended the GP practice named in the last 12 months or attend a different GP practice were asked to skip questions on the GP practice and move on to the next section.

Almost nine in ten people had contacted the named GP practice in the last 12 months (88 per cent) which is a similar to proportion to previous surveys. As shown in Figure 5.1, most people who had contacted their GP practice in the last 12 months had last contacted it within the last three months.

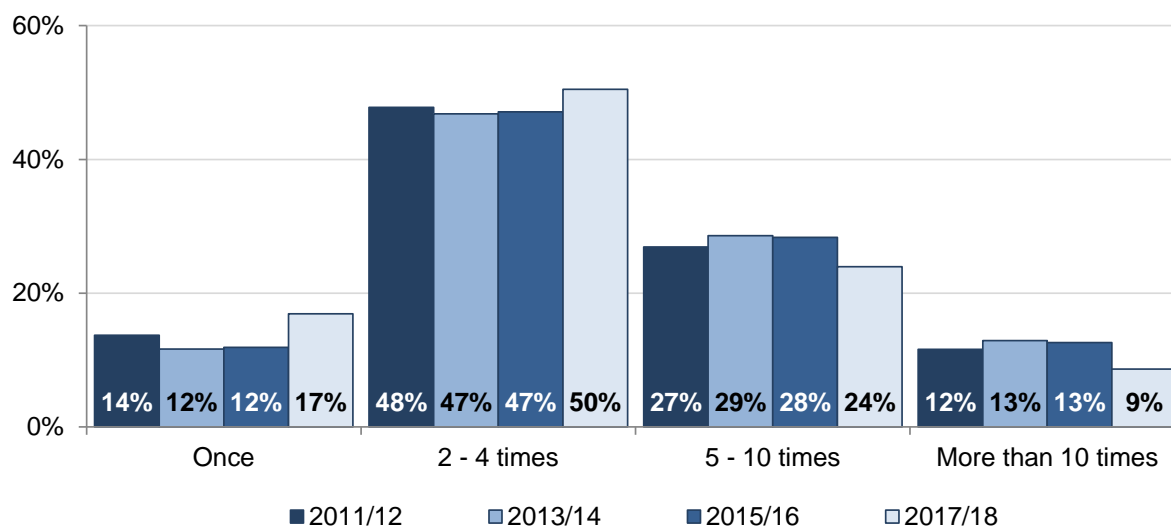
¹⁸ www.gov.scot/Resource/0052/00527530.pdf

Figure 5.1: Last time contacted named GP practice



For those who had contacted their GP practice in the last 12 months, Figure 5.2 shows the distribution of number of contacts people had over the last 12 months. A third of people (33 per cent) had contacted their GP practice five or more times. This shows a decrease from previous years where around two fifths of people (41, 42 and 39 per cent in 2015/16, 2013/14 and 2011/12 respectively) had contacted their GP practice five or more times.

Figure 5.2: Number of contacts in the last 12 months



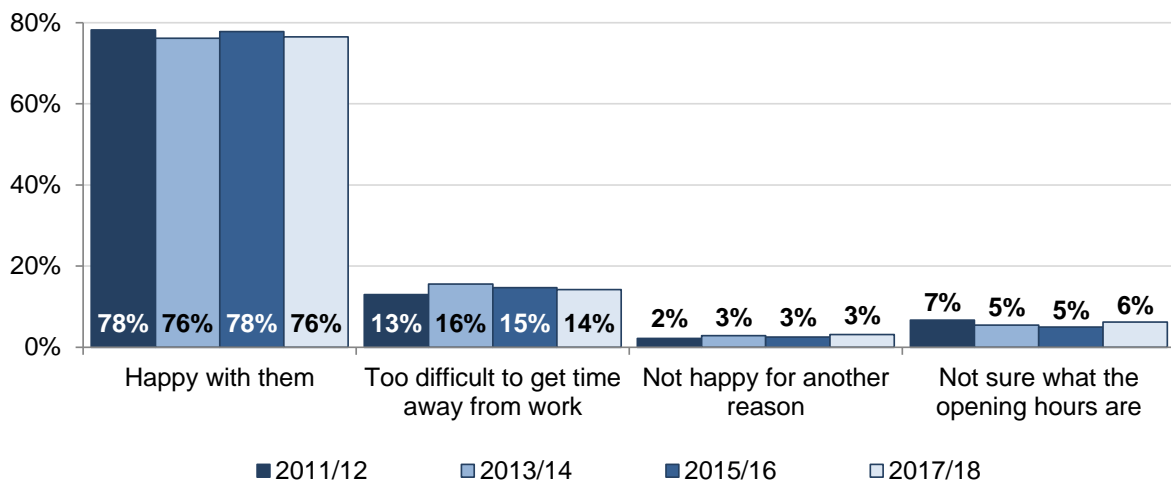
The majority of people (87 per cent) found it easy to contact their GP practice in the way that they want, with half of people finding it very easy. In previous surveys, respondents were asked how easy they found it to get through to their GP practice on the phone specifically and this was also rated very positively, with 82 per cent of people saying they found it easy in both 2015/16 and 2013/14.

Respondents were asked what they thought of the opening hours of their GP practice:

- Seventy six per cent of people were happy with them;
- Seventeen per cent of people were not happy with the opening hours – for most of these people this was because it was too difficult to get time away from work during the practice’s opening hours (14 per cent compared to 3 per cent who did not like the opening hours for another reason); and
- Six per cent of people were not sure what the opening hours of their GP practice were.

This is consistent with responses to this question in previous years, as shown in Figure 5.3.

Figure 5.3: GP practice opening hours



Receptionists

Practice receptionists have an important role in helping people to access the most appropriate source of help, advice or information for them; this may include information about services available from different members of the team within the practice or about services available in the community.

A new question was included in the 2017/18 survey asking respondents how they would rate the quality of the information provided by the receptionist at their GP practice. Just over three quarters of people (77 per cent) rated the quality of information positively ('Excellent' or 'Good'); 17 per cent rated it as 'Fair' and six per cent rated it negatively ('Poor' or 'Very poor').

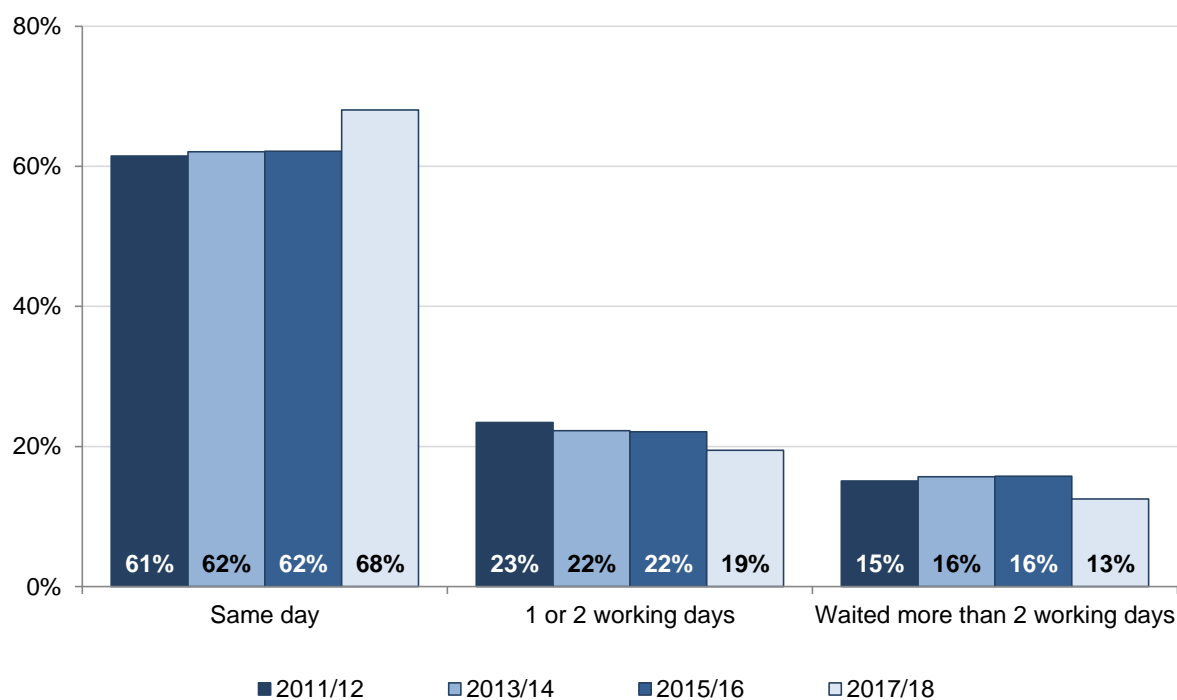
Access to Appointments

GP practices are expected to provide reasonable and appropriate access for their patients as part of their services. To monitor this, each NHS board in Scotland is required to meet an Local Delivery Plan (LDP) Standard¹⁹ on the percentage of individuals able to:

- obtain access to a doctor or nurse within two working days; and
- book an appointment in advance.

Respondents were asked how long they had to wait the last time they needed to see or speak to a doctor or a nurse from their GP practice quite urgently. Of those who had needed to see or speak to a doctor / nurse and were able to remember, 87 per cent were able to do so within two working days. This is higher than in previous years (84 per cent in both 2015/16 and 2013/14).

Figure 5.4: Length of wait to see a doctor or nurse at the GP practice urgently



Of those who were unable to see or speak to a doctor / nurse within two working days, almost three fifths (59 per cent) were not offered a chance to. Just over a quarter of people (26 per cent) waited longer than two working days because the person they wanted to see was not available and eight per cent of people waited because the times available were not convenient for them. The remaining eight per cent waited for another reason.

¹⁹ <http://www.gov.scot/About/Performance/scotPerforms/NHSScotlandperformance/GP-LDP>

For the LDP Standard, individuals are considered to have been able to obtain two working day access if they were offered an appointment within two working days, even if they then turned the appointment down. Considering the results in this way, 93 per cent of people who needed to see or speak to a doctor or nurse quite urgently were able to do so or were offered an appointment within two working days. This is above the LDP Standard of 90 per cent and is a slight increase from the last survey (91 per cent).

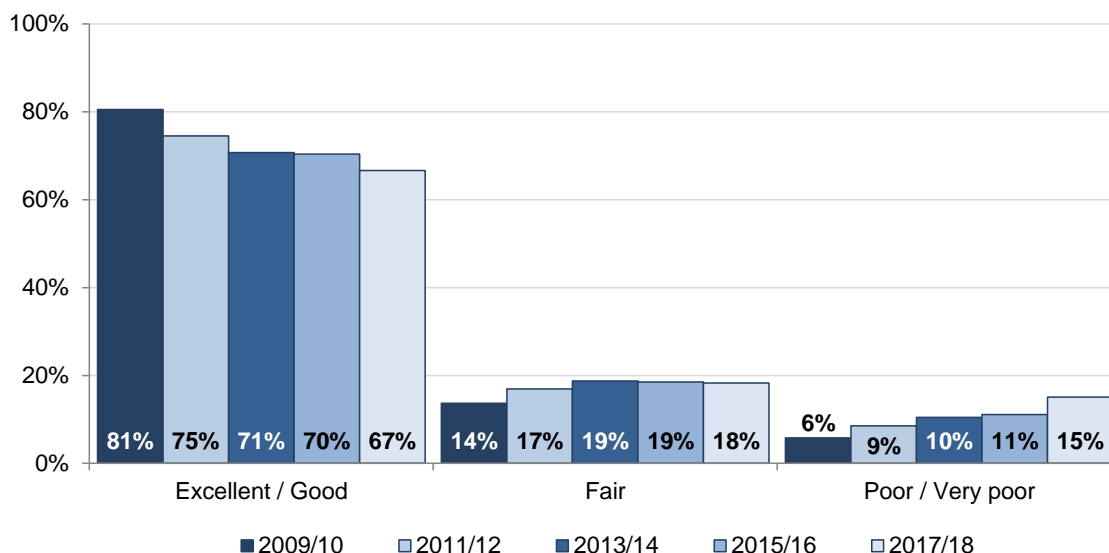
The survey also asked respondents if their GP practice allowed them to make an appointment with a doctor three or more working days in advance. A quarter of people (25 per cent) did not know – this is consistent with previous surveys (26 and 25 per cent in 2015/16 and 2013/14 respectively).

Of those who did know, 68 per cent of people said that they were allowed to book an appointment three or more working days in advance. This is a significant decrease from previous surveys where over three quarters of people were allowed to book an appointment three or more working days in advance (77 per cent in both 2015/16 and 2013/14). This continues to be significantly below the LDP Standard.

Overall Arrangements to See Someone

Respondents were asked to rate the arrangements for getting to see a doctor in their GP practice. Around two thirds of people (67 per cent) rated the arrangements positively, this is a decrease from the previous surveys as shown in Figure 5.5.

Figure 5.5: Overall ratings for arrangements to see a doctor

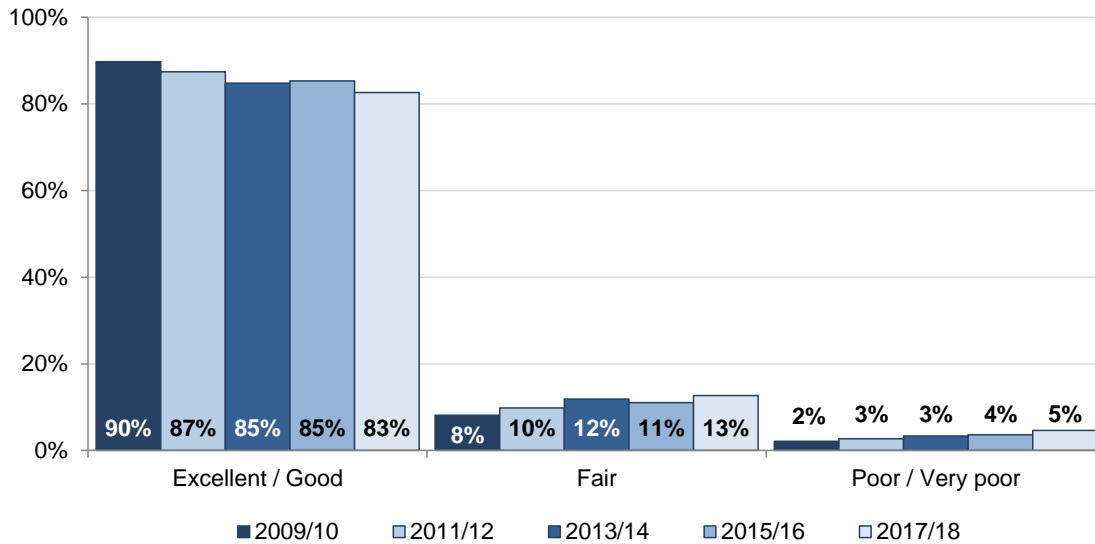


The survey then asked respondents to rate the arrangements for getting to see another medical professional in their GP practice – seven in ten people (70 per cent) rated these arrangements positively. In previous surveys this question specifically asked about the arrangements for getting to see a nurse. This question had a higher positive rating (81 and 80 per cent in 2015/16 and 2013/14 respectively) which may indicate that people find the arrangements for getting to see medical professionals excluding nurses less positive than they do for nurses.

Overall Experience of Care

When asked to rate the care provided by their GP practice overall, 83 per cent of people rated it positively. This shows a decrease of two percentage points compared to the previous survey and a decrease of seven percentage points compared to the first Health & Care Experience Survey in 2009/10, as shown in Figure 5.6.

Figure 5.6: Overall rating of care provided by the GP practice



6. Recent Treatment or Advice from the GP Practice

Summary

- The vast majority of people who had contacted their GP practice in the last 12 months had also received treatment or advice. Around three quarters of people had most of their treatment or advice provided by a doctor.
- People were generally positive about their experience of person-centred behaviours. They were most positive about understanding information they were given and feeling listened to.
- People were more likely to report that their symptoms had got better than their overall wellbeing.

Introduction

The Memorandum of Understanding²⁰ between Health and Social Care Partnerships, the British Medical Association, NHS Boards and the Scottish Government sets out the principles underpinning Primary Care in Scotland. It describes seven key principles for service redesign, one of which is about Person-Centred care:

“ Partnerships between patients, their families and those commissioning and delivering healthcare services work to provide care which is appropriate and based on an assessment of individual needs and values and is outcome focussed, demonstrates continuity of care (in the context of both professionals and services), clear communication and shared decision making. Having regard to the five principles underpinning the Health and Social Care Standards: dignity and respect, compassion, to be included, responsive care and support and wellbeing. ”

Most Recent Treatment or Advice

Those who had contacted their GP practice within the last 12 months were asked, if they had received treatment or advice at their GP practice in this time, what they had received treatment or advice for.

Respondents were asked to tick all the reasons for treatment or advice that applied to them and Table 1 details the total proportion of people selecting each reason. Only four per cent of people did not receive any treatment or advice.

The vast majority (87 per cent) of those who had received treatment or advice had selected only one reasons for seeking treatment or advice. Only two per cent of people selected three or more reasons for seeking treatment or advice.

²⁰ www.gov.scot/Resource/0052/00527517.pdf

Table 1: What did you receive treatment or advice for?

Reason for treatment or advice ²¹	%
An injury or accident	8
Another physical health problem	52
A mental health problem	9
A routine appointment	25
Something else	17
No treatment / advice received	4

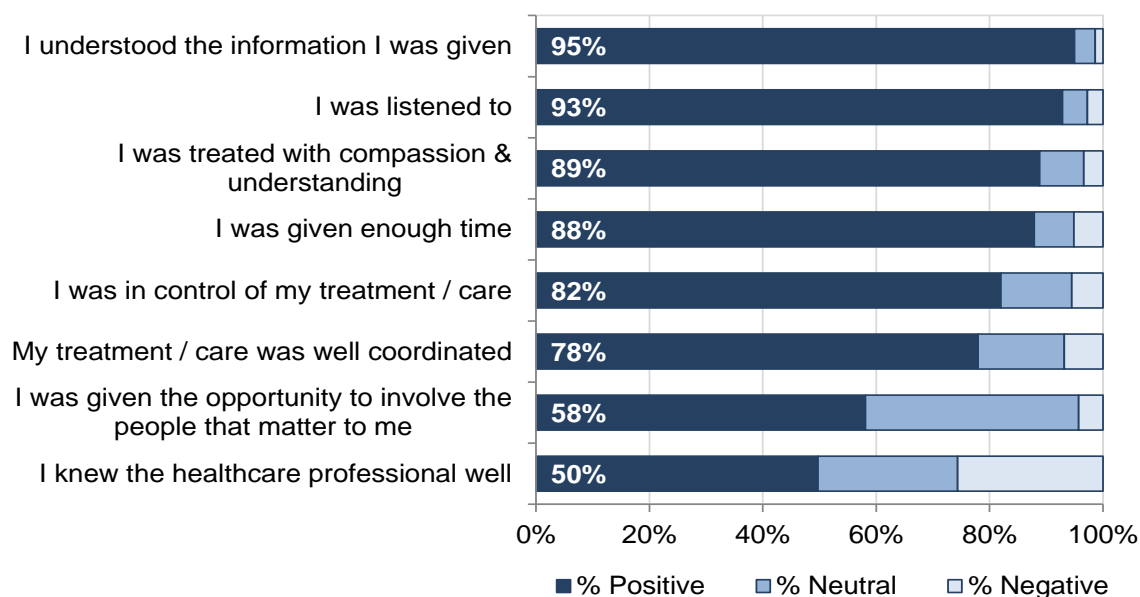
The last time treatment or advice had been received from the GP practice, most of that treatment or advice was provided by:

- a doctor for just over three quarters of people (76 per cent);
- a nurse for one fifth of people (20 per cent);
- a pharmacist for only one per cent of people; and
- someone else for three per cent of people.

Person-centred Care

Respondents were asked whether they agreed or disagreed with eight statements relating to person-centred behaviours they experienced the last time they received treatment or advice at their GP practice. People were generally positive about their experience of person-centred behaviours with more than 75 per cent of people rating six out of the eight statements positively, as shown in Figure 6.1.

Figure 6.1: Summary of responses to person-centred statements



²¹ Respondents were able to select one or more of these options

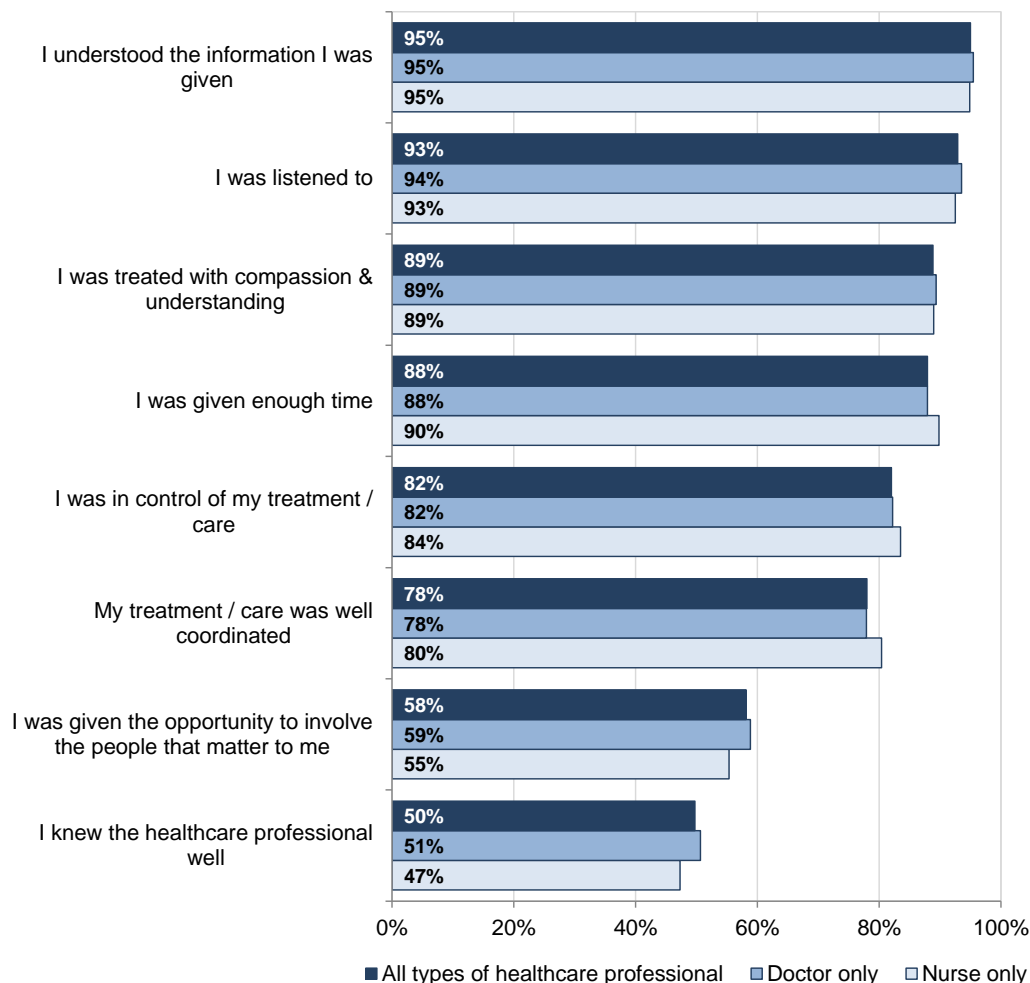
The most positively rated statements were 'I understood the information I was given' and 'I was listened to' (95 and 93 per cent positive respectively).

The statement with the lowest positive rating was 'I knew the healthcare professional well', with half of people (50 per cent) rating it positively. This statement also has a significantly higher negative rating (26 per cent) than the other statements. However, those who had contacted their GP practice more frequently in the last 12 months were more likely to respond positively to this statement.

People were also less positive about the statement 'I was given the opportunity to involve the people that matter to me', with a per cent positive rating of 58 per cent. However this statement has the highest neutral response of all the statements (38 per cent) and has a negative rating consistent with the other, more positively rated, statements (four per cent). This question also had a noticeably lower response rate than the other statements which suggests people may have felt the statement was not applicable to them and so chose to leave it blank.

Looking at the per cent positive ratings based on whether most of the treatment or advice was provided by a doctor or a nurse, these were broadly consistent with the overall ratings as can be seen in Figure 6.2.

Figure 6.2: Summary of responses to person-centred statements by healthcare professional providing most of the treatment / advice



Previous surveys asked similar questions around the statements 'I was listened to' and 'I was given enough time' specifically in relation to doctors and nurses. The proportion of people agreeing with the statements in relation to doctors remains broadly steady. There has been a small decrease in relation to nurses:

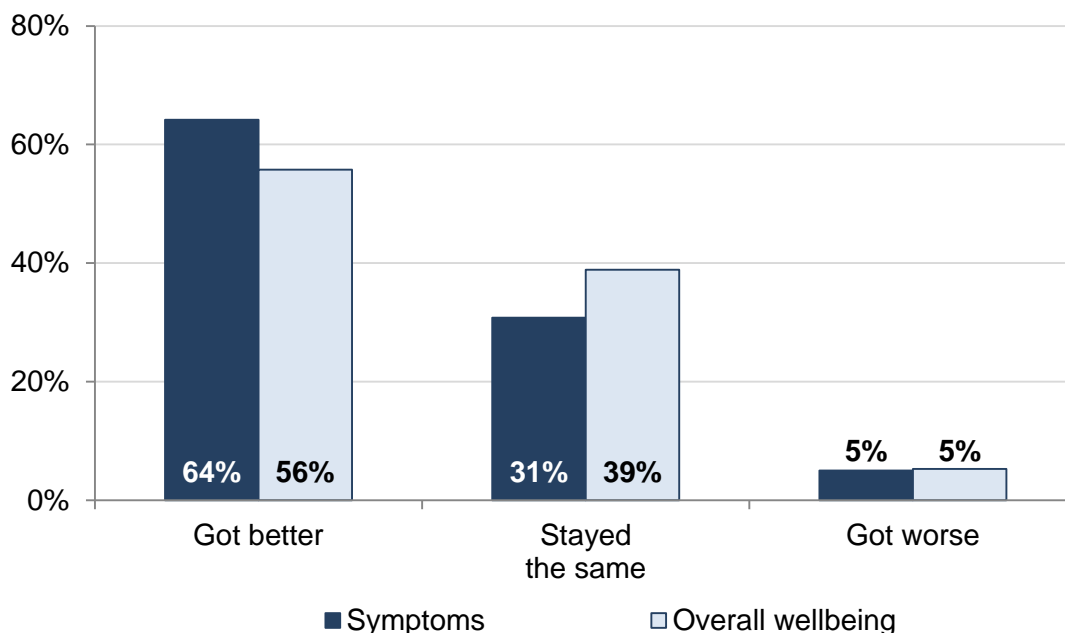
- 'I was given enough time' was rated positively by 90 per cent of people in 2017/18, a decrease from 95 per cent in 2015/16; and
- 'I was listened to' was rated positively by 93 per cent of people in 2017/18, a decrease from 95 per cent in 2015/16.

Effects of Treatment or Advice

Respondents were then asked to describe the effect that the treatment or advice had on both the symptoms they were experiencing and their overall wellbeing. Around a fifth of people either felt that it was too soon to say or that this was not applicable to them (22 and 19 per cent for symptoms and overall wellbeing respectively).

Figure 6.3 shows the responses for those who were able to describe the effects. People were more likely to report that their symptoms had got better than their overall wellbeing (64 per cent vs. 56 per cent). The proportion of people selecting 'Got worse' was the same for both symptoms and overall wellbeing (five per cent).

Figure 6.3: The effects of most recent instance of treatment or advice from the GP practice



Those who were treated or advised by a doctor were more likely to report that both their symptoms and overall wellbeing had got better (65 and 57 per cent respectively) compared to those who were treated or advised by a nurse (62 and 51 per cent respectively).

7. Referrals

Summary

- Just over two fifths of people were referred to another NHS health professional in the last 12 months, with the vast majority of those being referred by their GP practice.
- People were referred to a very wide range of health professionals. Of the health professionals described, physiotherapist was the most common.
- Seventy eight per cent of people rated the coordination of their treatment / care positively.
- Four in five people were positive about the care they experienced from the service they were last referred to.

Introduction

The Memorandum of Understanding between Health and Social Care Partnerships, the British Medical Association, NHS Boards and the Scottish Government also describes the importance of good communication and understanding across the wider health and social care interfaces with both services and professional groups (e.g. primary/secondary, community health and social care services, district nursing, out of hours services, mental health services). This should ensure that people do not fall through gaps in the health and care system.

Due to the increased emphasis on integration of care, additional questions around referrals to other NHS healthcare professionals were included in the 2017/18 survey. The questions were also moved to a standalone 'Referrals' section – previously they were included in the GP practice section – to ensure experiences of those who may have self-referred (without visiting their GP practice within the last 12 months) would be included.

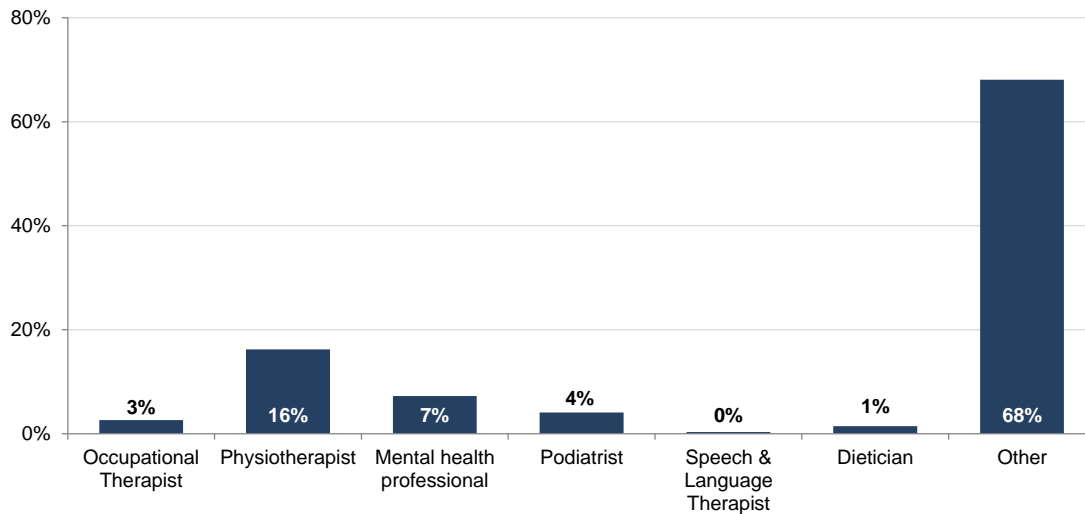
Number and Type of Referrals

Just over two fifths of people (42 per cent) had been referred to another NHS health professional in the last 12 months. Of those who had been referred, 90 per cent were referred by their GP practice and ten per cent had self-referred.

In previous surveys, respondents were only asked whether their GP practice had referred them to see any other health or care service in the last 12 months. Just over half of people had been referred (52 and 51 per cent in 2015/16 and 2013/14 respectively) which is notably higher than the proportion referred in the 2017/18 survey. An instruction was added to the latest survey asking respondents to exclude any private referrals and this may account for the difference in response.

Respondents who had been referred in the last 12 months were then asked what type of health professional they were referred to the last time they were referred. Of the health professionals given, physiotherapist was the most common with 16 per cent of people referred to this service. However, just over two thirds of people (68 per cent) were referred to a service not listed and selected the 'Other' response, as shown in Figure 7.1.

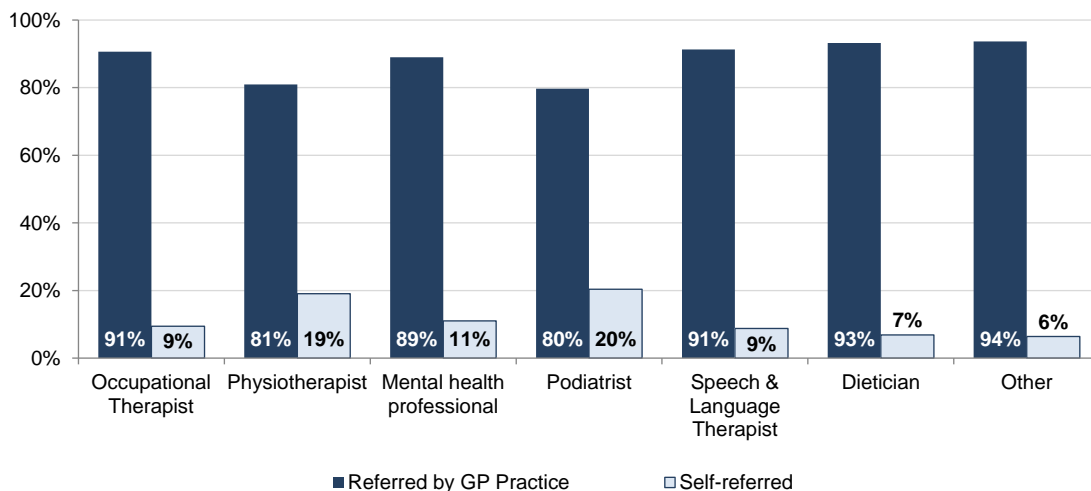
Figure 7.1: Type of health professional referred to



Those who selected the response option 'Other' were asked to provide the type of health professional they were last referred to in a free-text box. Initial analysis of these free-text responses looking at common words shows that the most common other types of health professional that people were referred to were Ear, Nose and Throat specialists and consultants. More detailed analysis of these responses will be carried out separately from this report.

It can be seen from Figure 7.2 that, although referral from the GP practice was most common across all the health professions, there were more self-referrals for physiotherapists and podiatrists.

Figure 7.2: Split of referral by GP practice and self-referral by type of health professional



Coordination of Treatment and Care

The survey asked respondents to rate the coordination of their treatment / care. Seventy eight per cent of people rated the coordination positively ('Excellent' or 'Good'), with 13 per cent rating it as 'Fair'.

The wording of this question has been changed from that used in previous years to place more emphasis on the overall coordination of the treatment / care²². However the results are broadly consistent, with 76 and 77 per cent of people rating the arrangements positively in 2015/16 and 2013/14 respectively, compared to the 78 per cent rating given for coordination in 2017/18.

Those who self-referred were less positive about the coordination of their treatment / care, with 70 per cent rating it positively, compared to 79 per cent for those who were referred by their GP practice.

Looking at the responses by the types of health professional referred to, the proportion rating the coordination positively was lowest for those being referred to a mental health professional (69 per cent) and highest for those being referred to a Speech & Language Therapist (92 per cent).

Overall Experience of Care

Respondents were asked to rate the overall care they experienced from the service they were last referred to. Just over four fifths of people (82 per cent) rated the care they experienced positively (either 'Excellent' or 'Good') and one in ten people (11 per cent) rated the care they experienced as 'Fair'.

Looking at the responses to this question by type of referral and type of health professional referred to showed similar patterns to those seen for coordination of treatment and care:

- those who self-referred were less positive with 77 per cent rating their overall experience positively, compared to 82 per cent for those who were referred by their GP practice;
- those referred to a mental health professional were had the lowest per cent positive rating for overall care (70 per cent) and those referred to a Speech & Language Therapist had the highest (92 per cent).

²² Previously respondents were asked how they would rate arrangements for getting to see other services.

8. Out of Hours Care

Summary

- In the last year, 45 per cent of people got advice or treatment from an Out of Hours (OOH) service. The most common service people ended up receiving treatment or advice from was pharmacists / chemists.
- People were most positive about experiences of person-centred behaviours around understanding the information they were given and being listened to. People were least positive about having the opportunity to involve the people that mattered to them.
- Most people (83 per cent) rated the overall care they had experienced from the service they ended up receiving treatment or advice from positively.

Introduction

Many people 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.

While many of these unplanned contacts will involve a patient's GP practice, NHS boards have a legal responsibility to ensure the services provided by GP practices are provided at all times, including OOH services²³. OOH services include NHS 24, emergency services and pharmacies and can often be accessed by individuals at any time, whether their GP practice is open or closed.

A National Review of Primary Care Out of Hours Services was undertaken in 2015. The resulting report²⁴ contained a number of recommendations, including a focus on ensuring that primary care out of hours services:

- are person-centred, sustainable, high quality, safe and effective;
- provide access to relevant urgent care when needed; and
- deliver the right skill mix of professional support for patients during the OOH period.

²³ The OOH period is defined as: the period beginning at 6.30 pm from Monday to Thursday and ending at 8.00 am the following day; the period between 6.30 pm on Friday and 8.00 am the following Monday; and Christmas Day, New Year's Day and other public or local holidays.

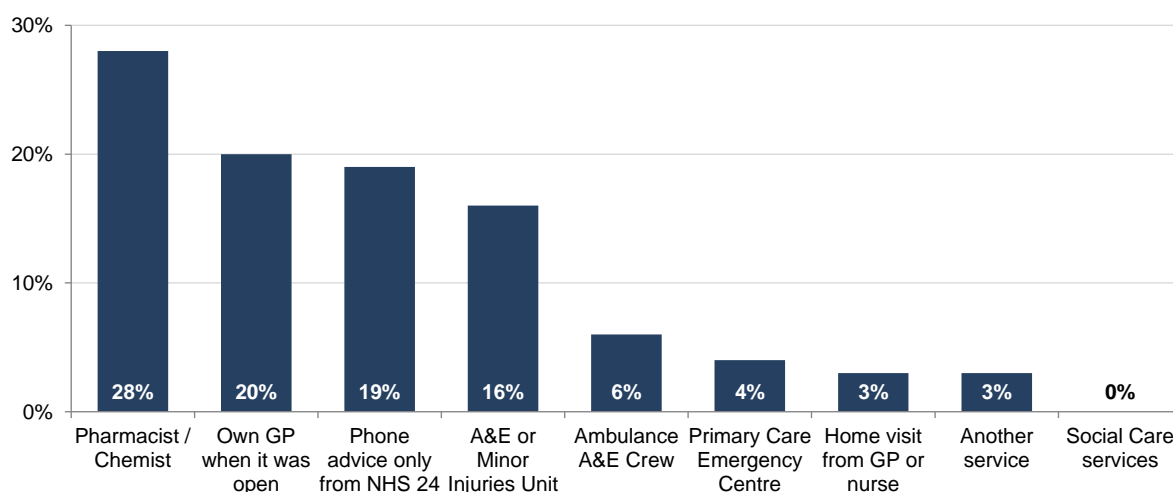
²⁴ www.gov.scot/Publications/2015/11/2184

Use of OOH Services

Forty five per cent of people had tried to get treatment or advice from a pharmacy, NHS 24 or an emergency service in the last 12 months. This is a much higher proportion than had been reported as using OOH services in previous surveys (27 per cent in both 2015/16 and 2013/14) as the wording of the question has been revised to be clearer about which services it is asking about and to incorporate those who had used an OOH service when their GP practice was open. This means the results will not be comparable with those from previous surveys.

Respondents were asked to specify which service they had **ended up** being treated or advised by the last time they used an OOH service. Figure 8.1 shows that the most common services that people **ended up** being treated or advised by were pharmacists/chemists (28 per cent), their own GP practice when it was open (20 per cent) and phone advice only from NHS 24 (19 per cent).

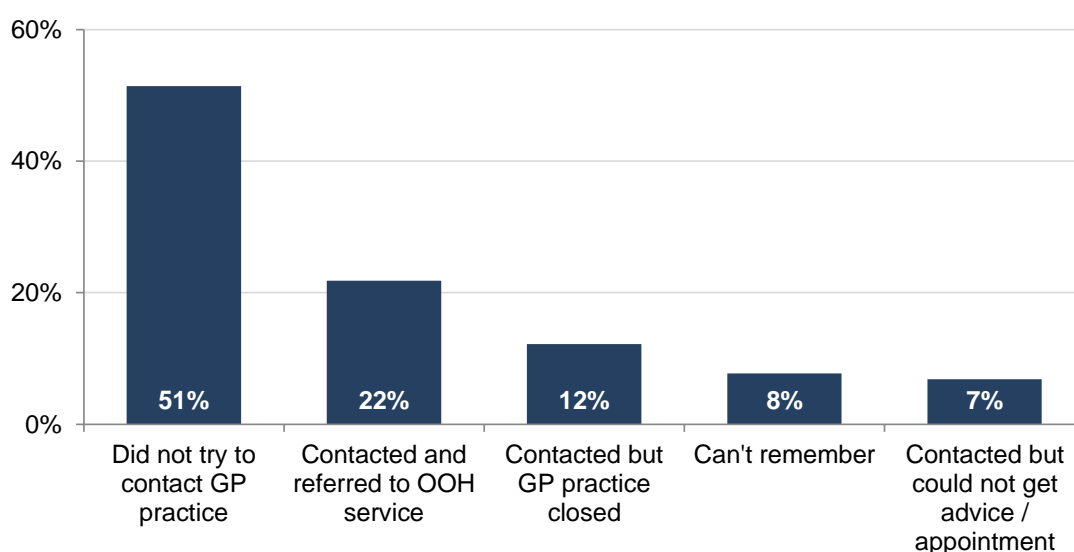
Figure 8.1: Which service did you end up being treated or advised by?



The proportion of people ending up receiving treatment / advice from a pharmacist or chemist and their own GP practice has been much lower in previous years (three and five per cent respectively in 2015/16). Conversely, the proportion of people ending up receiving treatment / advice from A&E or a Minor Injuries Unit and from Primary Care Emergency Centres has been much higher in previous years (35 and 17 per cent respectively in 2015/16). These changes are most likely due to reframing the OOH questions in the 2017/18 survey, rather than a real change in advice provision.

Half of those who had used an OOH service did not try to contact their GP practice first (51 per cent), see Figure 8.2. The proportion of people who did not try to contact their GP practice first was highest for those who had ended up being treated / advised by a pharmacist / chemist, an ambulance A&E crew or at A&E / a Minor Injuries Unit (74, 66 and 63 per cent respectively). It was lowest for those who ended up being treated / advised by their own GP practice when it was open (8 per cent).

Figure 8.2: Contact with GP practice before contacting an OOH service



Fifty eight per cent of both those who ended up being treated / advised by their own GP practice when it was open and those who received a home visit had contacted their GP practice first and had been referred. This was noticeably higher than the national figure for those who had contacted their GP practice first and had been referred (22 per cent).

Seven in ten people had received treatment or advice for a physical health problem – 17 per cent for an injury or accident and 52 per cent for another type of physical health problem. Only three per cent of people had received treatment or advice from an OOH service for a mental health problem.

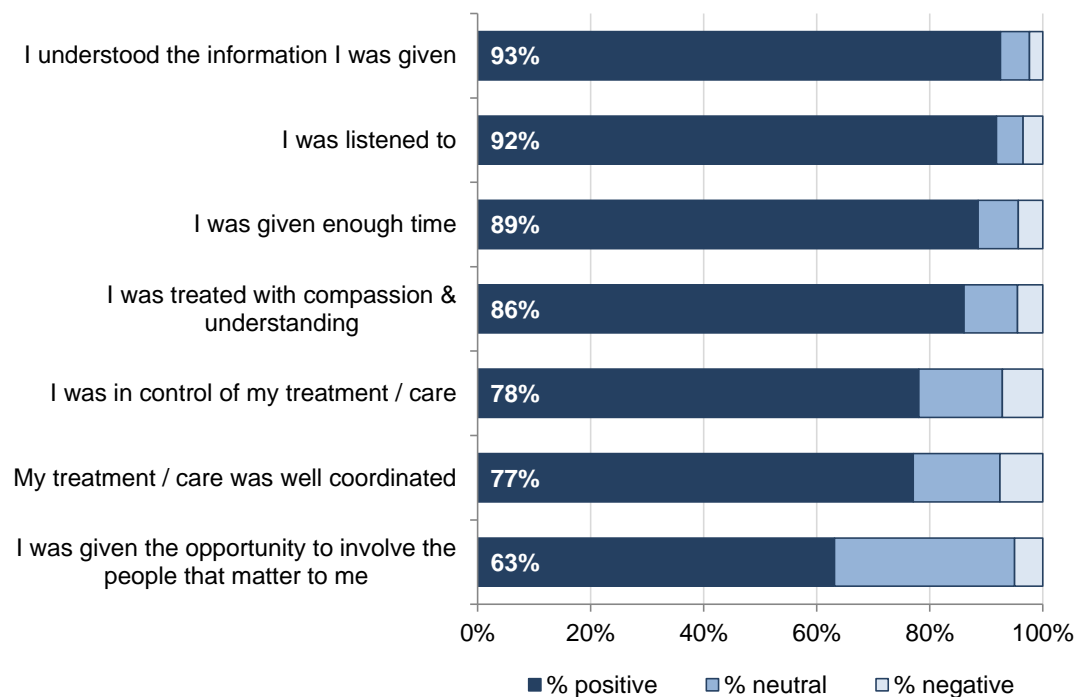
Person-centred Care

The survey asked respondents whether they agreed or disagreed with seven statements relating to person-centred behaviours they experienced the last time they used an OOH service, mirroring those asked about experiences at the GP practice. People were generally positive about their experience of an OOH service.

The most positively rated statements were 'I understood the information I was given' and 'I was listened to' (93 and 92 per cent positive respectively), see Figure 8.3. This is consistent with the most positively rated person-centred statements asked about the GP practice. The statement with the lowest positive rating was 'I was given the opportunity to involve the people that matter to me' (63 per cent). However, it should be noted that this statement also had the largest neutral response ('Neither agree nor disagree') and the proportion of people rating the statement negatively was still relatively low (5 per cent).

Responses varied depending on the service that individuals had ended up receiving treatment or advice from. Looking across all the statements, those who had a home visit were the most positive, with the per cent positive responses higher than the national figure for six out of the seven statements. People who ended up receiving treatment or advice from social care services or by phone from NHS 24 were the least positive, with the per cent positive responses higher than the national figure for only one out of the seven statements for both services.

Figure 8.3: Summary of responses to person-centred statements

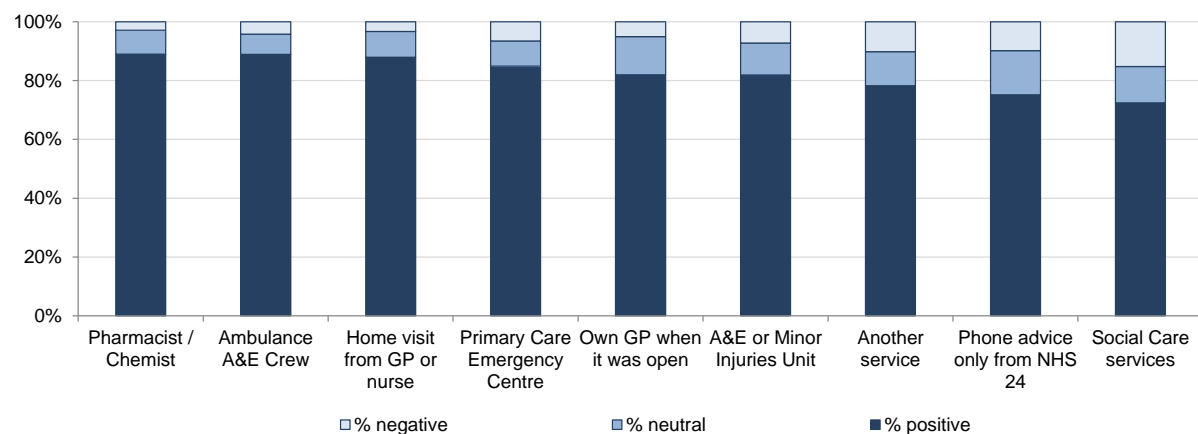


Overall Experience of Care

Most people (83 per cent) rated the overall care they had experienced from the service they ended up receiving treatment or advice from positively. This shows a notable increase from the proportion of people rating the care they experienced from OOH services positively in previous years (70 per cent in both 2015/16 and 2013/14). This is likely due to the reframing of the questions in this section rather than a real improvement in experiences.

Figure 8.4 shows how people had rated their care by the service they had used. Pharmacists / chemists, ambulance A&E crews and home visits all had the highest proportions of positive ratings (89, 89 and 88 per cent respectively). Social care services had highest proportion of negative ratings (15 per cent) however only a very small number of people had used this service.

Figure 8.4: Overall rating of care experienced by service



9. Care, Support and Help with Everyday Living

Summary

- Of those who received formal help and support, 80 per cent rated the overall help, care or support services as either excellent or good. This is slightly lower than the results from the 2015/16 survey and a decrease from 83 per cent in 2013/14.
- As in previous surveys, users of care services were generally positive about some of the person-centred aspects of the care that they received. For example, 87 per cent said that they were treated with compassion and understanding. Eighty two per cent reported that people took account of the things that matter to them, although this has decreased from 88 per cent in 2013/14.
- Users of care services were least positive about being aware of the help, care and support options available (73 per cent were positive) and the co-ordination of services (74 per cent). These results are similar to those from the previous survey.
- There has been a continued decrease in the percentage of people who said that they had a say in how their help, care or support was provided, from 83 per cent in 2013/14 to 76 per cent in 2017/18.

Introduction

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 the Health and Social Care Partnerships, created in 2015 and 2016.

Use of Care Services

People 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; Table 2 details the different type(s) of support.

Of those surveyed, nine per cent said that they had received some form of support and two per cent said that they had not received any help but felt that they needed it.

Table 2: Help or support with everyday living in the last 12 months

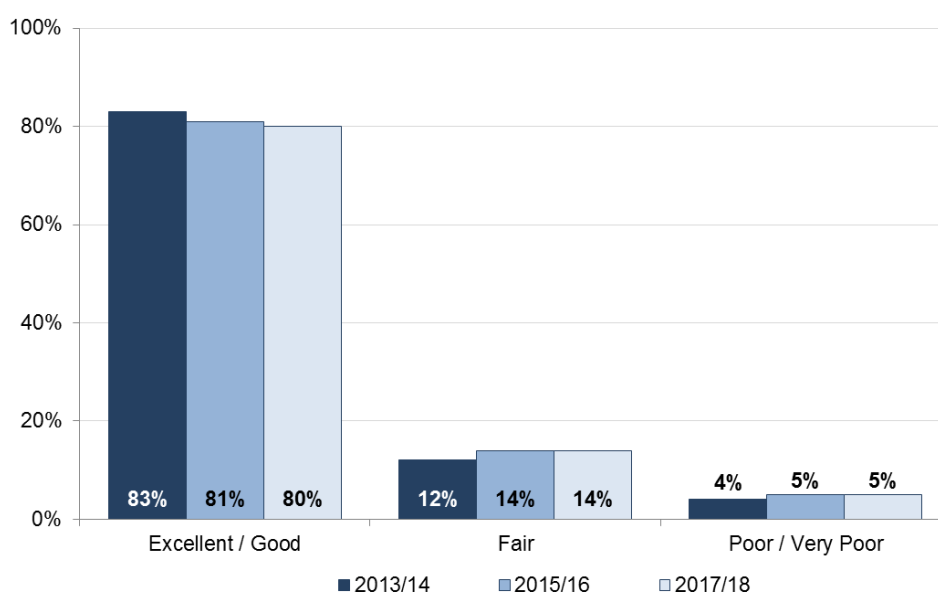
Help required ²⁵	%
Yes, for personal and or household tasks	6
Yes, for activities outside home	4
Yes, for adaptations / equipment for home	3
Yes, for help to look after someone else	2
No, not had any help but felt it was needed	2
No, not had any help	88

People who indicated that they received help and support for everyday living were asked whether this was from formal services²⁶. Sixty 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 (40 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.

Experiences of Care Services

People who indicated that they had received help and support from formal services were asked to rate their overall experiences of these services. In total 80 per cent of people rated the overall help, care or support services as either excellent or good, which is slightly lower than the results from the 2015/16 survey and a decrease from 83 per cent in 2013/14. Five per cent rated it as poor or very poor, which is also similar to previous surveys (Figure 9.1).

Figure 9.1: Overall, how would you rate your help, care or support services?



²⁵ Respondents were able to select one or more of these options

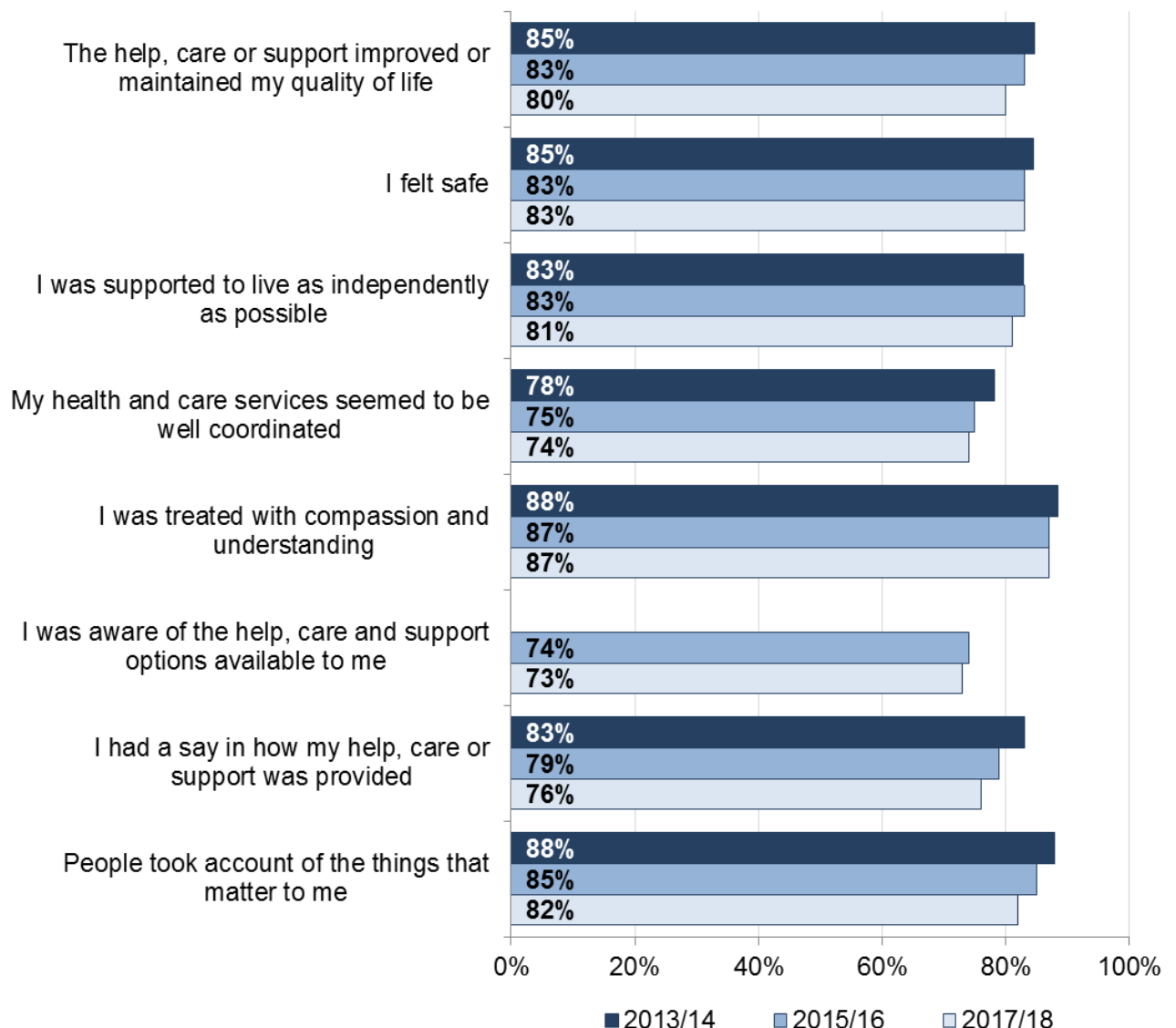
²⁶ Defined as help from statutory, private or voluntary organisations including help that is paid for.

Looking at the reported experiences of specific aspects of care and support (Figure 9.2), people were generally positive about some of the person-centred aspects of the care that they received:

- 87 per cent of people indicated that they were treated with compassion and understanding, which is the same as the last survey;
- 83 per cent of people reported they felt safe, similar to the previous survey;

Although 82 per cent reported that people took account of the things that matter to them, this has decreased from 88 per cent in 2013/14.

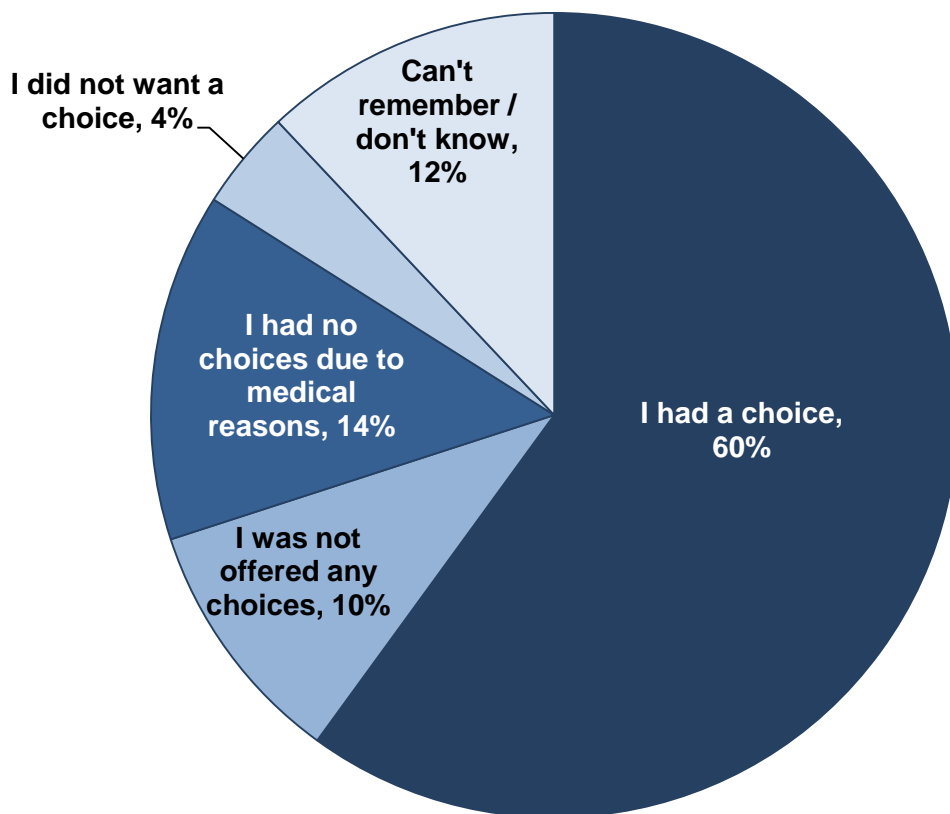
Figure 9.2: Percentage of people strongly agreeing or agreeing with statements about the help, care and support that they receive



People were least positive about the co-ordination of health and care services and awareness of the support options available to them. These were the lowest scoring statements, with a 74 and 73 per cent positive response respectively in 2017/18.

There has been a continued decrease in the percentage of people who said that they had a say in how their help, care or support was provided, from 83 per cent in 2013/14 to 76 per cent in 2017/18. When specifically asked whether or not they had a choice in how their social care was arranged, 60 per cent of social care users said that they did; a seven percentage point fall from the previous survey. Fourteen per cent of people said that they didn't have a choice because of medical reasons, which is twice as many as in the last survey. Ten per cent said that they were not offered any choices in their care and four per cent said that they didn't want a choice.

Figure 9.3: Which of the following applies to you and how your social care is arranged?



10. Experiences of Carers

Summary

- As described in Chapter 9, many people who need help for everyday living receive their support from friends and family instead of, or in addition to, formal services. The survey indicated that 16 per cent of people look after or provide regular help or support to others.
- Forty per cent of carers said they looked after a parent, with 27 per cent saying that they cared for a partner or spouse.
- Overall, when asked about specific aspects of caring, people were less positive than they were in previous years.
- 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 support to continue caring. Overall, 37 per cent of carers said that they felt supported to continue caring which is a decrease of six percentage points from 2013/14.

Introduction

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 40 per cent of people who received help did so out with formal services.

Chapter 4 of this report describes a vision in which people who provide unpaid care are supported to reduce the potential negative 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

The survey asked people 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.

Sixteen per cent of people indicated that they look after or provide regular help or support to others. The 2015 Scotland's Carers publication²⁷ 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 reported that 17 per cent of Scotland's adult population had caring responsibilities in 2012/13²⁸.

²⁷ www.gov.scot/Publications/2015/03/1081

²⁸ The 2016 Scottish Health Survey provides a more recent estimate of 15 per cent – www.gov.scot/Publications/2017/10/2970/345763

The age and gender distribution of carers who responded to the survey is shown in Table 3. It is broadly the same as reported in the 2015/16 survey. Thirty six per cent of carers who responded to the survey were aged 65 and over, and six per cent were aged 17 to 34. This latter figure is much lower than other sources, because there is a lower response rate by younger adults to the Health and Care Experience survey. Overall, there was a higher proportion of carers who are women (62 per cent compared to 38 per cent of men).

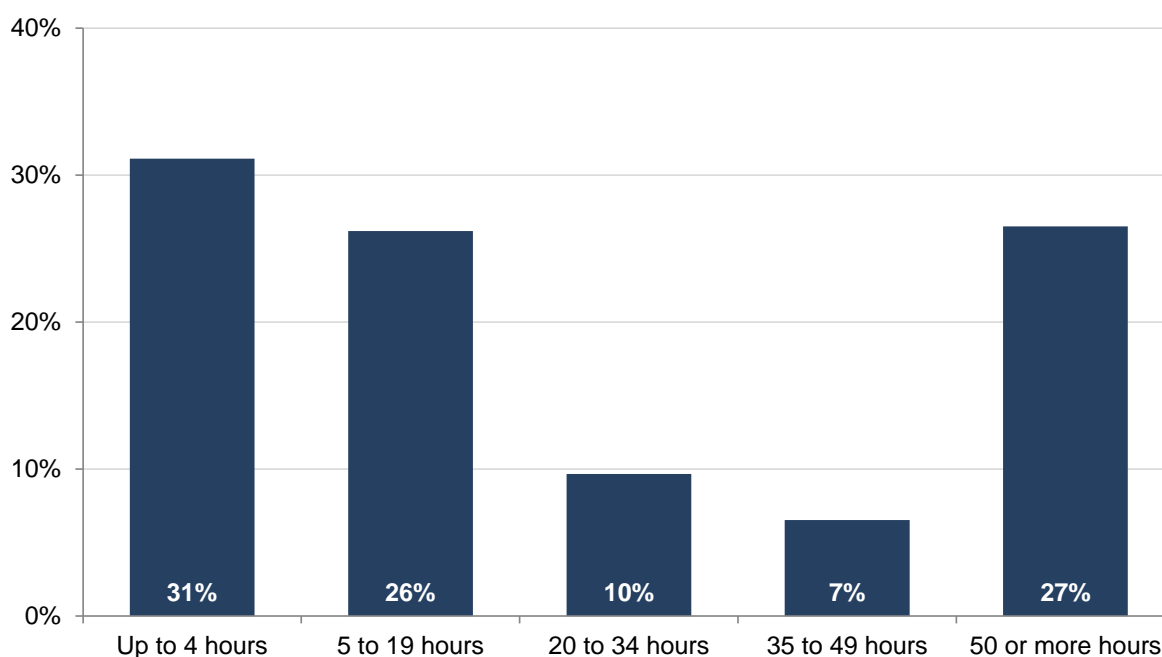
Table 3: Characteristics of carers: age and gender

Age Group	Male	Female	Other	All
17 to 34	2%	4%	0%	6%
35 to 64	19%	39%	0%	58%
65 and over	17%	19%	0%	36%
All adults	38%	62%	0%	100%

Caring Responsibilities

Of those who provide care, the distribution of the number of hours per week is shown in Table 4. It shows that very similar proportions (30 per cent) of people provided up to four hours and more than 50 hours of care a week, with slightly fewer providing between five and 19 hours of care a week. It was less common for people to provide between 20 to 49 hours of caring per week. This distribution is very similar to the one reported in previous surveys.

Figure 10.1: Distribution of hours of caring per week



A new question in 2017/18 asked carers who they cared for. Their responses are shown in Table 5. Forty per cent of carers said that they looked after a parent, with 27 per cent saying that they cared for a partner or spouse.

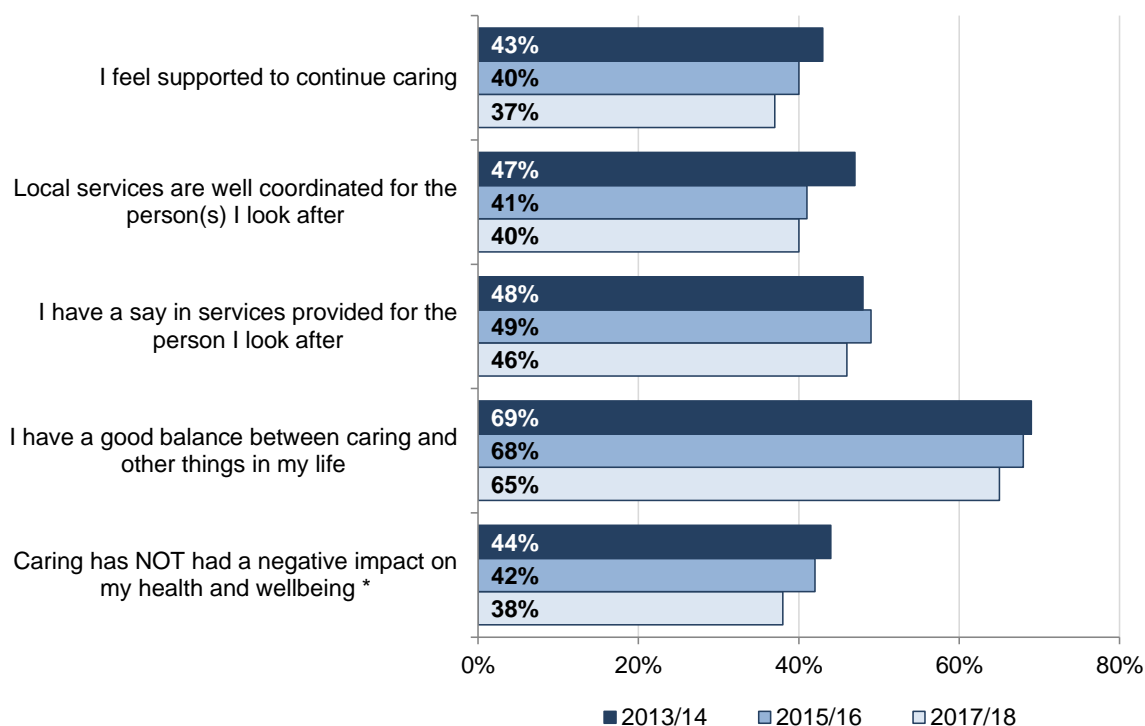
Table 4: Who do you care for?

Who do you care for? ²⁹	%
Partner or Spouse	27
A parent	40
A child	14
Another relative	19
A friend or neighbour	8
Someone else	2

Experiences of Caring and Impact on Wellbeing

The survey asked carers about their experiences of five specific aspects of caring and the impact on their wellbeing. Figure 10.1 sets out the percentage of positive responses to these statements.

Figure 10.2: Percentage of people responding positively to statements regarding caring responsibilities



* this is asked as a negative statement in the survey and has been reversed for reporting purposes

²⁹ Respondents were able to select one or more of these options

As with the previous survey, the responses in 2017/18 were mixed. However, overall the results were less positive than in previous years. Carers were most positive about the balance between caring and other things in their life, although the percentage agreeing has decreased from 69 per cent in 2013/14 to 65 per cent in 2017/18.

Carers were least positive about support to continue caring. Overall, 37 per cent of carers said that they felt supported to continue caring which is a decrease of six percentage points from 2013/14. Only 38 per cent said that caring did not have a negative impact on their health and wellbeing, which is also six percentage points less than in 2013/14.

In line with the question in Chapter 9 (relating to care and support services received), fewer carers thought that services were well coordinated (40 per cent in 2017/18 compared with 47 per cent in 2013/14).

A National Statistics Publication for Scotland

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Correspondence and Enquiries

For enquiries about this publication please contact:

The Care Experience Survey Team,
Health and Social Care Analysis

Telephone: 0131 244 3201

e-mail: patientexperience@gov.scot

For general enquiries about Scottish Government statistics please contact:

Office of the Chief Statistician

Telephone: 0131 244 0442,

e-mail: statistics.enquiries@gov.scot

How to Access Background or Source Data

The data collected for this statistical publication are available in more detail through www.gov.scot/GPsurvey

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