



Health and Care Experience Survey 2019/20

National Results

A National Statistics Publication for Scotland published by the Scottish Government

Contents

1. Key Findings	1
The GP Practice	1
Recent Treatment or Advice from the GP Practice	1
Out of Hours Care	1
Care, Support and Help with Everyday Living	1
Experiences of Carers	2
2. About the Survey	3
Aims	3
Context	4
Design and Response	4
3. About the Respondents - Demographic & Health Information	5
Age and Gender	5
Deprivation and Rurality	5
Health Information	6
People's ability to look after their own health	6
4. The GP Practice	7
Contacting the GP Practice	7
Receptionists	8
Access to Appointments	8
Overall Arrangements to See a Healthcare Professional	10
Overall Experience of Care provided by the GP Practice	11
5. Recent Treatment or Advice from the GP Practice	12
Most Recent Treatment or Advice	12
Experience of Care	13
Effects of Treatment or Advice	16
6. Out of Hours Healthcare	17
NHS services contacted when the GP practice was closed	17
Experience of Out of Hours Healthcare	19
7. Care, Support and Help with Everyday Living	21

Use of Care Services.....	21
Experiences of Care Services	23
8. Experiences of Carers	26
Characteristics of Carers	26
Caring Responsibilities	26
Experiences of Caring and Impact on Wellbeing	27

1. Key Findings

Over 160,000 individuals registered with a GP practice in Scotland responded to the 2019/20 Health and Care Experience Survey. The survey asked about people's experiences during the previous 12 months 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 2019/20 survey are:

The GP Practice

- Seventy nine per cent of people rated the overall care provided by their GP practice positively, down four percentage points from the last survey.
- Eighty five per cent of people found it easy to contact their GP practice in the way that they want to and seventy seven per cent were happy with their GP practice opening hours.
- Ninety two per cent of people were able to obtain two working day access to their GP practice¹; this is a slight decrease from the previous survey. Sixty four per cent of people were allowed to book an appointment at their GP practice three or more working days in advance, down from sixty eight per cent in the previous survey.

Recent Treatment or Advice from the GP Practice

- Around three quarters of people who had contacted their GP practice in the last 12 months received most of their treatment or advice from a doctor.
- People were generally positive about their experience of care. They were most positive about understanding information they were given and being able to ask questions.

Out of Hours Care

- Of the people who received treatment or advice from an NHS service when their GP practice was closed, seventy nine per cent rated the overall care they had experienced positively.

Care, Support and Help with Everyday Living

- Of those who received care, support and help with everyday living, sixty nine per cent rated the overall help, care or support services as either excellent or good.
- Seventy six per cent of those receiving care, support and help with everyday living said they were treated with compassion and understanding.

¹ Using LDP standard definition: <https://www.gov.scot/publications/nhsscotland-performance-against-ldp-standards/pages/gp-access/>

Experiences of Carers

- The survey indicated that fifteen per cent of people look after or provide regular help or support to others.
- Of those providing care, thirty four per cent say they feel supported to continue care, this was down three percentage points from the previous survey.

2. About the Survey

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 August 2019. The survey has been run every two years since 2009 and forms part of the **Scottish Care Experience Survey Programme**, which is a suite of national surveys aiming to provide local and national information on the quality of health and care services from the perspective of those using them.

Questionnaires were sent out in October 2019 asking about people's experiences during the previous 12 months. The survey asks 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 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. A copy of the questionnaire can be found here <https://www.gov.scot/publications/health-and-care-experience-survey/>

Results for each GP practice, GP Cluster, Health and Social Care Partnership and NHS Board are available via an online dashboard at: <https://beta.isdscotland.org/find-publications-and-data/health-services/primary-care/health-and-care-experience-survey/health-and-care-experience-survey-2020/>

Aims

The survey's specific aims were:

National results

- for informing national planning and monitoring performance;
- monitor the NHS Scotland Local Delivery Plan standards² on accessing GP services;
- informs nine out of the 23 [health and wellbeing outcomes indicators](#) under the Public Bodies (Joint Working) (Scotland) Act 2014.

For local improvement³

- provide GP practices with structured feedback on people's experiences of their service relative to other practices in Scotland;
- provide NHS Boards, Health & Social Care Partnerships and GP Clusters with information about people's experiences in their respective areas and between local areas.

² www.gov.scot/About/Performance/scotPerforms/NHSScotlandperformance/GP-LDP

³ <https://beta.isdscotland.org/find-publications-and-data/health-services/primary-care/health-and-care-experience-survey/health-and-care-experience-survey-2020/>

Context

The survey supports the three quality ambitions of the 2020 Vision⁴ – 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.

Design and Response

The survey is a random sample of patients registered with a GP practice designed in such a way as 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 20th August 2019 and were aged seventeen or over at that date. A total of 604,127 survey packs were sent out and 160,372 were returned giving a response rate of twenty seven per cent. This is an increase in response compared with the previous survey which was twenty two per cent. The increase in response is across all age groups and demographics.

Throughout this report, with the exception of the data in section 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. Details of the weighting methodology can be found at www.gov.scot/HACE.

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/978-1-80004-187-5

⁴ <https://www.gov.scot/publications/nhsscotland-performance-against-ldp-standards/pages/gp-access/>

3. About the Respondents - Demographic & Health Information

A total of 160,372 people responded to the survey. 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.

Age and Gender

More women than men responded to the survey. Fifty seven per cent of responses to the survey were from women and forty three per cent were from men. This compares to the 2019 population estimates from the National Records of Scotland⁵ which show that fifty two per cent of the population aged seventeen and over are female.

Older age groups were more likely to respond to the survey than younger with the majority of respondents being aged fifty five or more (sixty two per cent). This is higher than the 2019 National Records of Scotland population estimates which show thirty nine per cent of the population aged fifty five or more (based on the population aged seventeen and over).

The weighting methodology⁶ attempts to adjust for these differences between the survey and population demographics.

Deprivation and Rurality

Analysis of the Scottish Index of Multiple Deprivation (SIMD)⁷ and Urban/Rural Indicator⁸ was based on the datazone of respondents postcodes. Response levels were lower in deprived areas, with the most deprived quintile showing an eighteen per cent response rate, compared to thirty four per cent from the least deprived quintile.

There was a higher response rate from people living in rural areas than urban areas, with remote rural areas showing a response rate of thirty seven per cent compared with twenty one per cent of those living in large urban areas.

A full breakdown responses and demographics can be found in the Technical Report available at: www.gov.scot/ISBN/978-1-80004-187-5

⁵ <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2019>

⁶ <https://www2.gov.scot/Resource/0053/00533823.pdf>

⁷ www.gov.scot/Topics/Statistics/SIMD

⁸ www.gov.scot/Topics/Statistics/About/Methodology/UrbanRuralClassification

Health Information

Respondents were asked to rate their health in general. Sixty nine per cent rated their health as good or very good, twenty five per cent rated it as fair and six per cent rated it as bad or very bad.

Just over half of respondents said that they had one or more long-term health conditions. The prevalence of these increased with age, from thirty eight per cent of respondents aged between seventeen and twenty four, to sixty five per cent aged over sixty five. The most commonly reported conditions were chronic pain lasting at least three months (reported by sixteen per cent of respondents) and deafness or a severe hearing impairment (reported by eleven per cent of respondents).

Finally, people were asked to rate their quality of life as a whole. Of those who responded, seventy eight per cent said that their quality of life was good or excellent, seventeen per cent said it was fair, and five 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 (ninety two per cent) said that they could look after their own health very well or quite well.

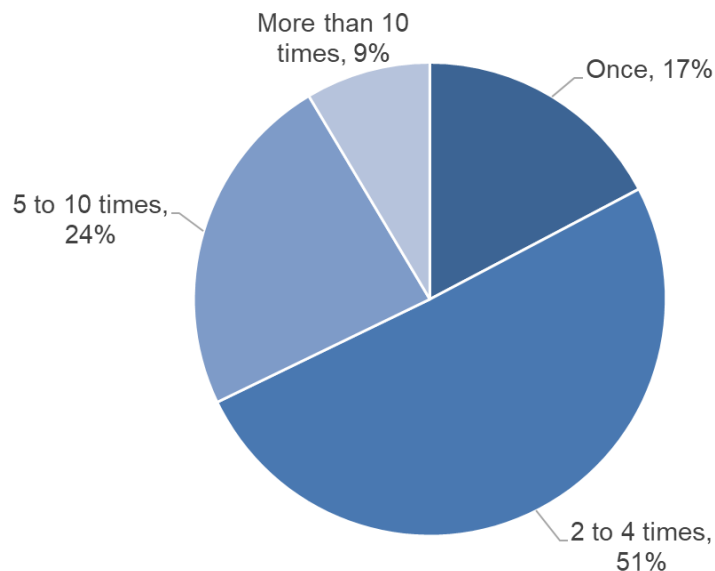
4. The GP Practice

Contacting the GP Practice

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

For those who had contacted their GP practice in the last twelve months, roughly a third of people (thirty two per cent) had contacted it five or more times, around half had contacted it between two and four times and around seventeen per cent had contacted it once. This a very similar pattern to that seen in the 2017/18 survey.

Figure 4.1: How often have you contacted this GP Practice in the last 12 months?



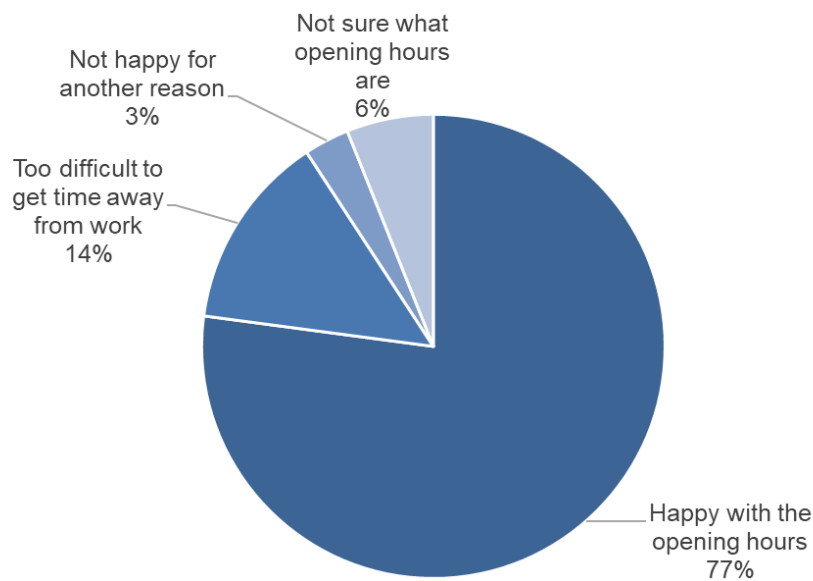
The majority of people (eighty five per cent) found it easy to contact their GP practice in the way that they want, with almost half of people finding it very easy.

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

- Seventy seven 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; 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 surveys.

Figure 4.2: What do you think of the opening hours of your GP Practice?



Receptionists

Respondents were asked how they would rate the quality of the information provided by the receptionist at their GP practice. Just over three quarters of people (seventy six per cent) rated the quality of information positively ('Excellent' or 'Good'); seventeen per cent rated it as 'Fair' and six per cent rated it negatively ('Poor' or 'Very poor').

Access to Appointments

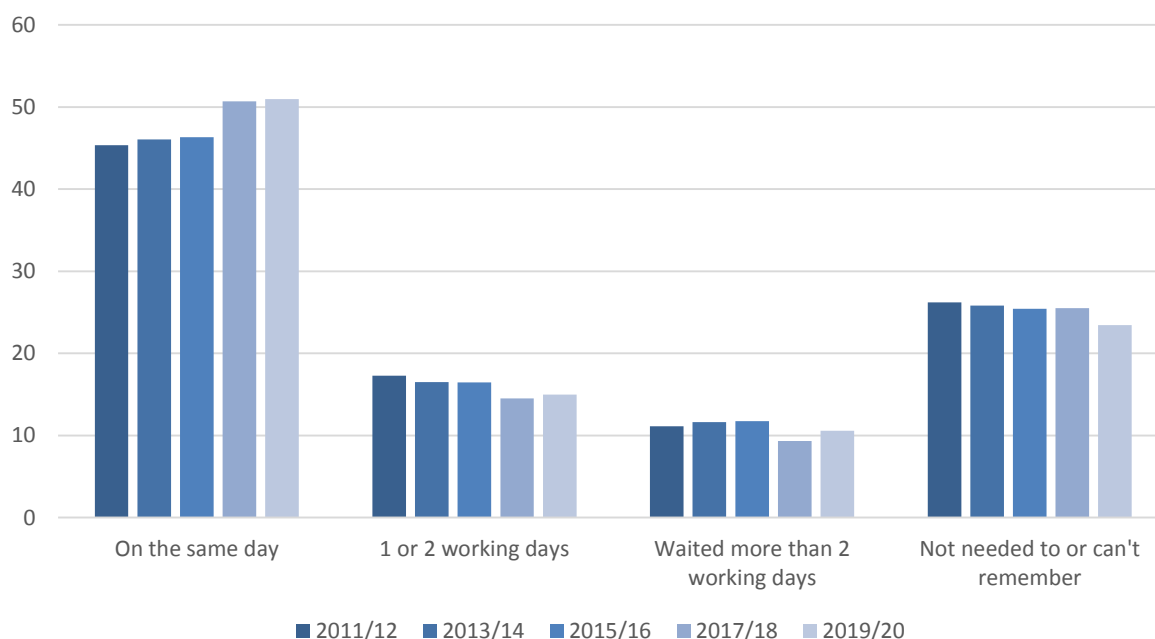
GP practices are expected to provide reasonable and appropriate access for their patients as part of their services. To monitor this, each NHS board in Scotland is required to meet a Local Delivery Plan (LDP) Standard⁹ on the percentage of individuals able to:

- 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, eighty six per cent were able to do so within two working days. This is slightly lower than in 2017/18 (eighty seven per cent), but higher than earlier years (eighty four per cent in both 2015/16 and 2013/14).

⁹ <http://www.gov.scot/About/Performance/scotPerforms/NHSScotlandperformance/GP-LDP>

Figure 4.3: 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, around three fifths (sixty one per cent) were not offered a chance to. Just under a quarter of people (twenty three per cent) waited longer than two working days because the person they wanted to see was not available and seven per cent of people waited because the times available were not convenient for them. The remaining nine per cent waited for another reason.

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, ninety two 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 ninety per cent and is a slight decrease from the last survey (ninety three 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 (twenty six per cent) did not know – this is consistent with previous surveys (twenty five and twenty six per cent in 2017/18 and 2015/16 respectively).

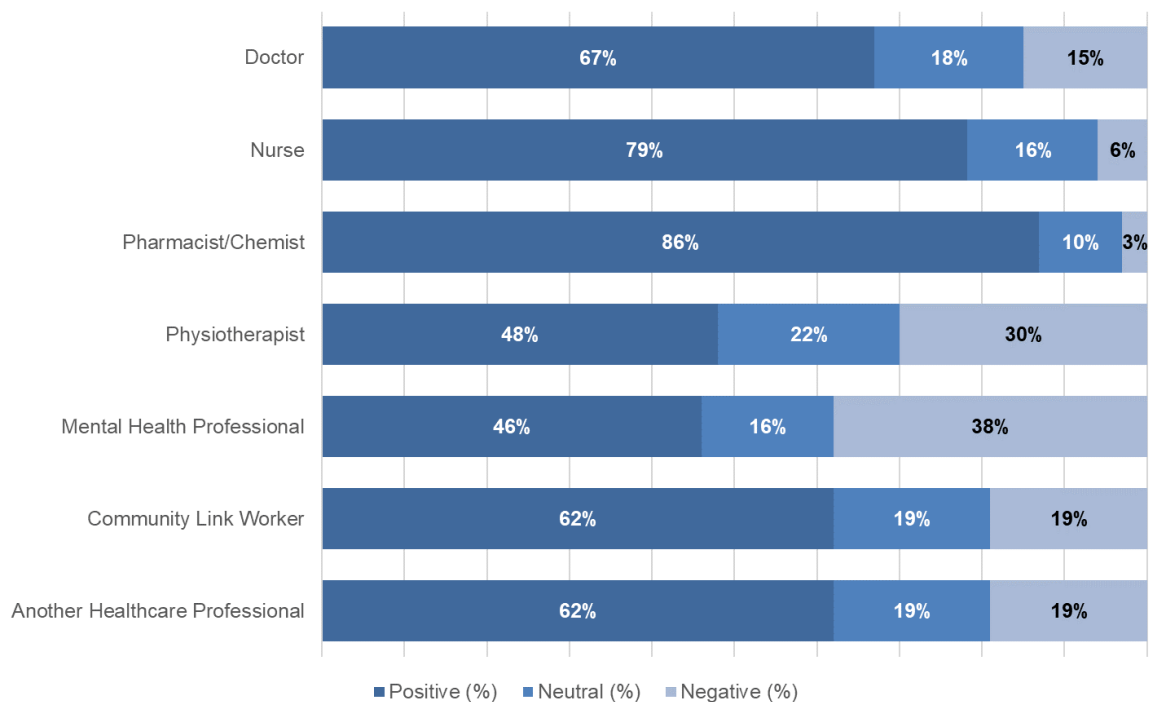
Of those who did know, sixty four per cent of people said that they were allowed to book an appointment three or more working days in advance. This is a decrease from previous surveys where sixty eight per cent of people in 2017/18 were allowed to book an appointment three or more working days in advance (seventy seven per cent in both 2015/16 and 2013/14). This continues to be significantly below the [LDP Standard](#).

Respondents were asked whether the appointment they got was face to face at the GP practice or via phone or video call or a home visit. The majority (eighty seven per cent) of respondents had a face-to-face appointment, with eleven per cent of respondents having a phone appointment. Only around one per cent had a home visit and even fewer reported having a video call or email consultation (less than half a percent combined).

Overall Arrangements to See a Healthcare Professional

Respondents were asked to rate the arrangements for getting to see various healthcare professionals in their GP practice. Around two thirds of people (sixty seven per cent) rated the arrangements to see a doctor positively compared with seventy nine per cent seeing a nurse.

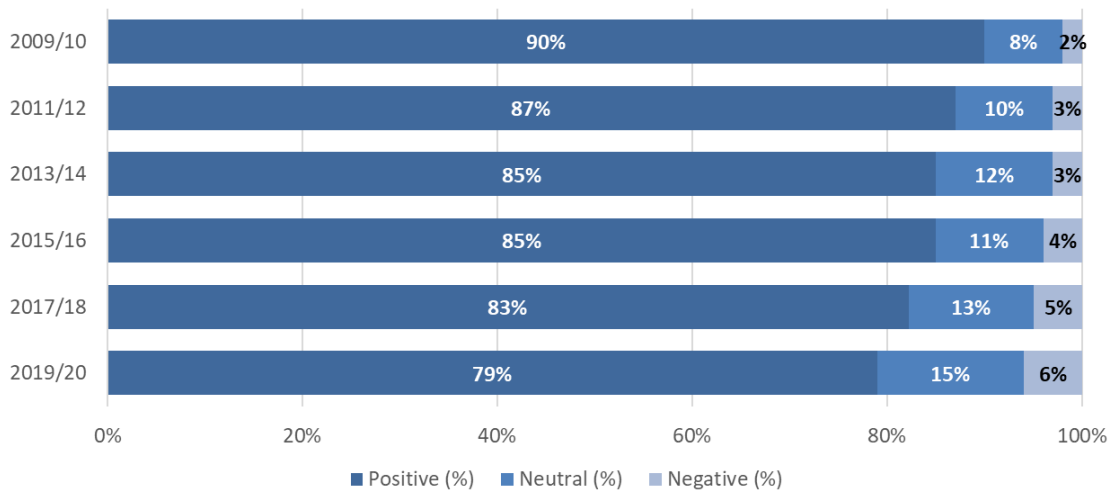
Figure 4.4: Overall ratings for arrangements for getting to see a healthcare professional:



Overall Experience of Care provided by the GP Practice

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

Figure 4.5: Overall rating of care provided by the GP practice



5. Recent Treatment or Advice from the GP Practice

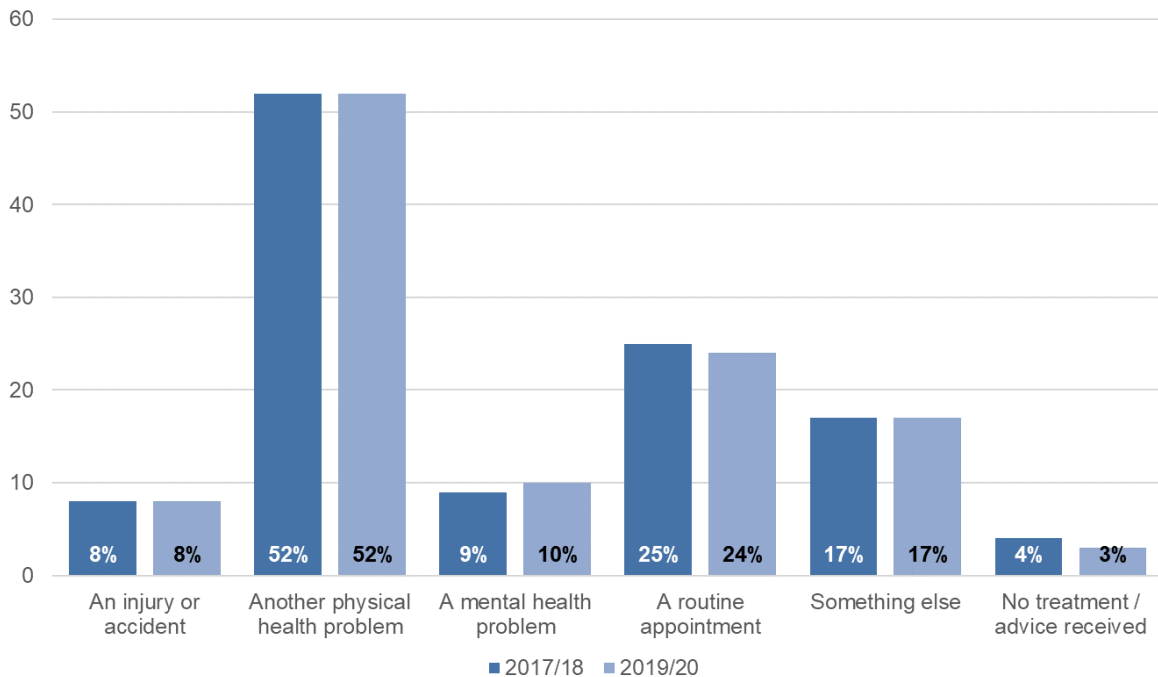
Most Recent Treatment or Advice

Those who had contacted their GP practice within the last twelve 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 Figure 5.1 details the total proportion of people selecting each reason. Only three per cent of people did not receive any treatment or advice.

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

Figure 5.1: What did you receive treatment or advice for?



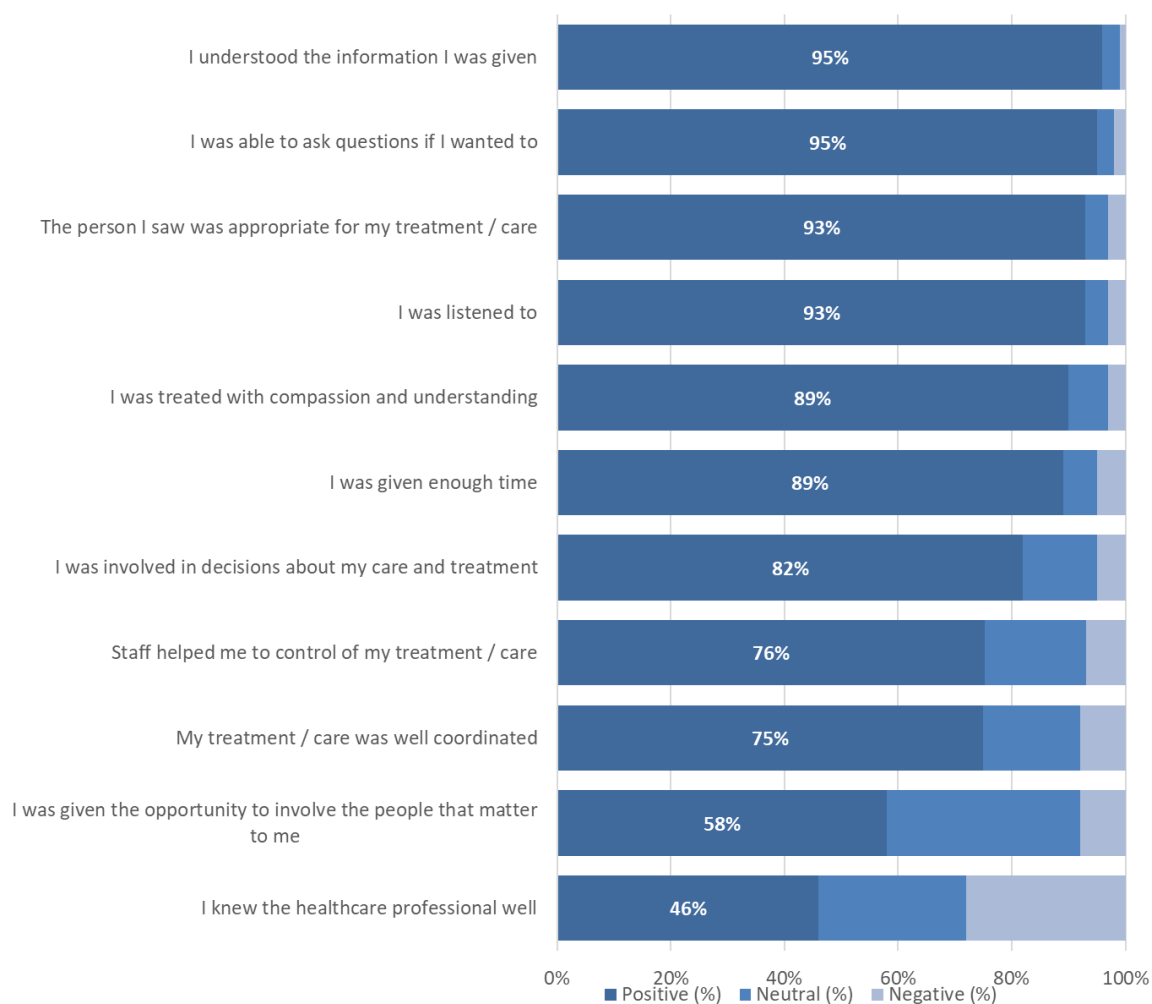
The last time treatment or advice had been received from the GP practice, most of that treatment or advice was provided by:

- a doctor for just over three quarters of people (seventy four per cent);
- a nurse for one fifth of people (twenty per cent);
- other healthcare professional for five per cent of people.

Experience of Care

Respondents were asked whether they agreed or disagreed with eight statements relating to their experience of care the last time they received treatment or advice at their GP practice. People were generally positive about their experience with more than seventy five per cent of people rating nine out of the eleven statements positively, as shown in Figure 5.2.

Figure 5.2: Summary of responses to person-centred statements



The most positively rated statements were 'I understood the information I was given' and 'I was able to ask questions if I wanted to (both ninety five per cent positive).

The statement with the lowest positive rating was 'I knew the healthcare professional well', with less than half of people (forty six per cent) rating it positively. This statement also has a significantly higher negative rating (twenty eight per cent) than the other statements. However, those who had contacted their GP practice more frequently in the last twelve 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 fifty eight per cent. However this statement has the highest neutral response of all the statements

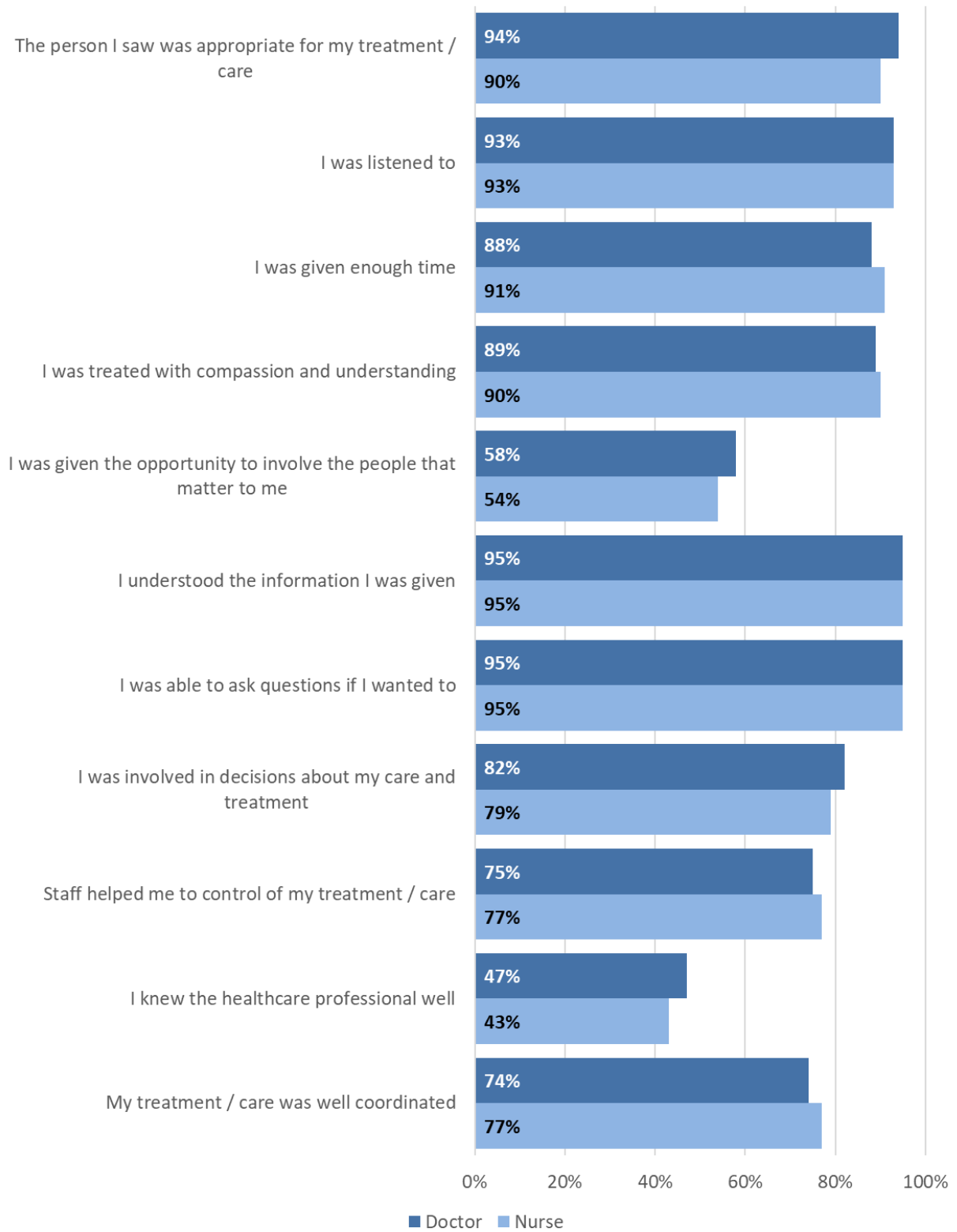
(thirty four per cent) and has a negative rating consistent with the other, more positively rated, statements (eight per cent). This question also had a noticeably lower response rate than the other statements which suggests people may have felt the statement was not applicable to them and so chose to 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 5.3.

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:

- 'I was listened to' was rated positively by ninety three per cent of people in 2019/20, the same as in 2017/18; and
- 'I was given enough time' was rated positively by eighty eight per cent of people in 2019/20, compared to ninety per cent in 2017/18.

Figure 5.3: Percentage of positive responses to person-centred statements by whether a doctor or nurse provided most of the treatment / advice

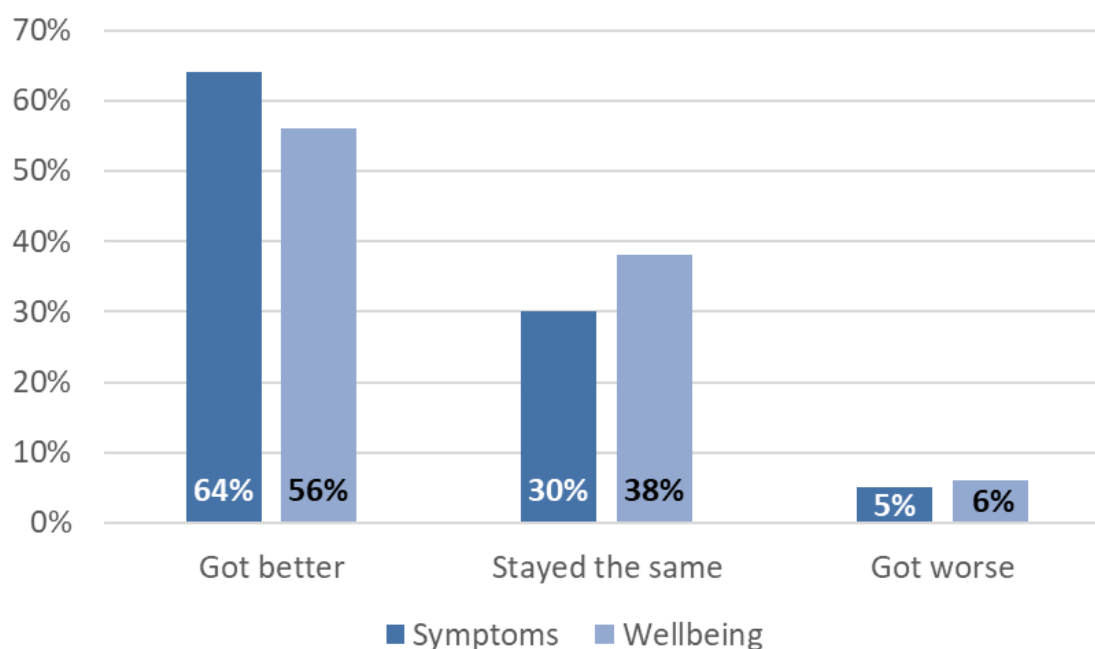


Effects of Treatment or Advice

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 (twenty one and eighteen per cent for symptoms and overall wellbeing respectively).

Figure 5.4 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 (sixty four per cent vs. fifty six per cent). The proportion of people selecting 'Got worse' was five per cent for symptoms and six per cent for overall wellbeing.

Figure 5.4: 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 (sixty five and fifty seven per cent respectively) compared to those who were treated or advised by a nurse (sixty two and fifty one per cent respectively).

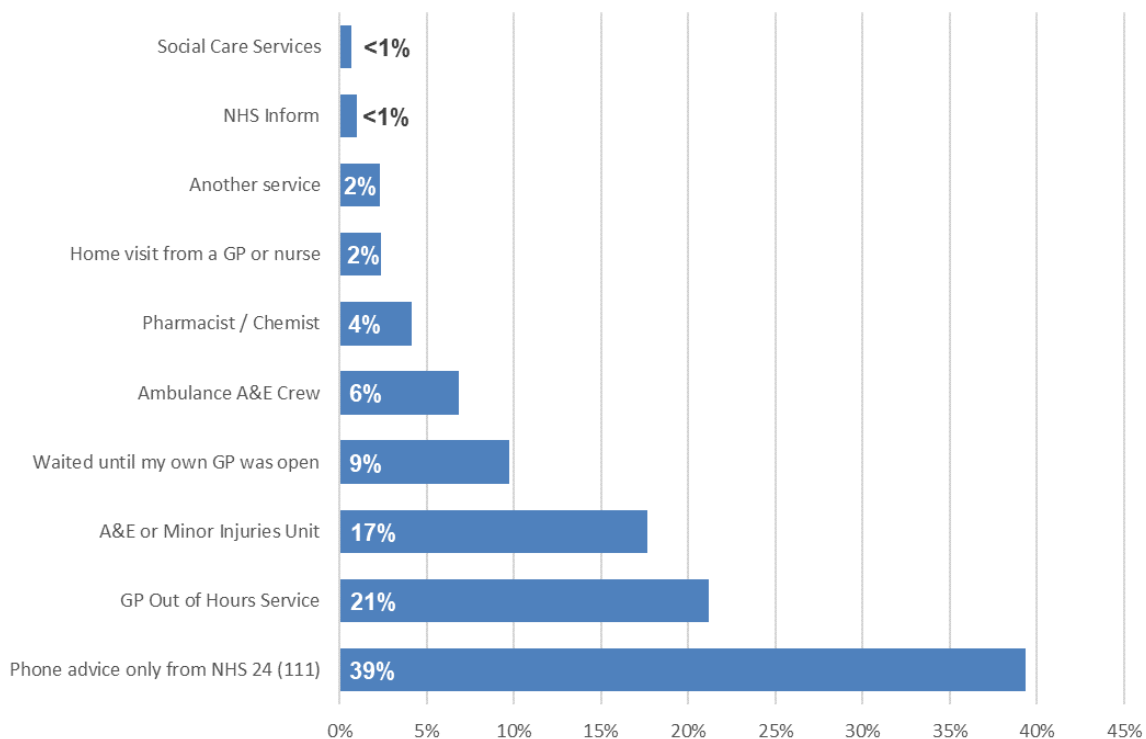
6. Out of Hours Healthcare¹⁰.

NHS services contacted when the GP practice was closed

In the last twelve months seventeen per cent of people contacted an NHS service when they wanted to see a GP but the GP practice was closed. Note, the results are not comparable with those from last year's survey as the wording of question has been revised. The question last year incorporated those who had used an Out of Hours Service (OOH) service when their GP practice was open.

Respondents were asked which service they received most of their treatment or advice from and Figure 6.1 shows thirty nine per cent of people received phone advice only from NHS24 (111), twenty one per cent received treatment or advice from GP out of Hours Services and seventeen per cent from A&E or Minor Injuries Units.

Figure 6.1: Which service did you receive most of your treatment or advice from?



¹⁰ 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.

Figure 6.2 shows that around three quarters of people treated or advised by an Out of Hours service phoned NHS24 (111) when their GP practice was closed before receiving their treatment.

Figure 6.2: How did you end up in the service you ticked above?

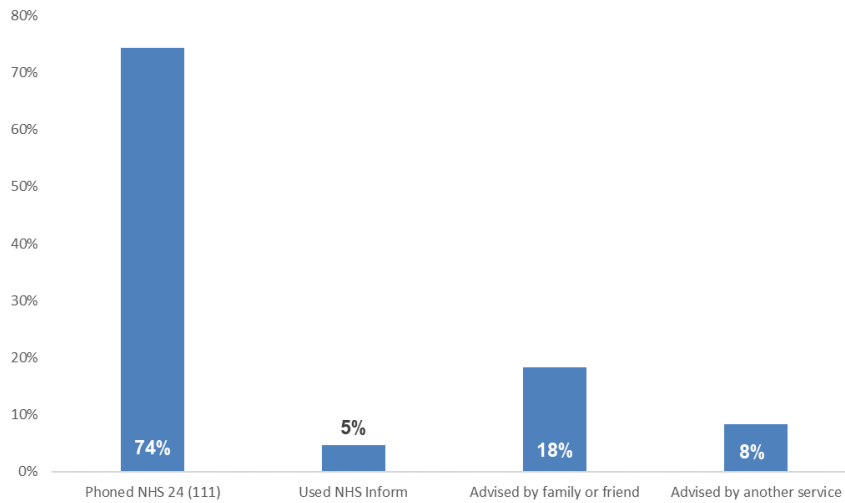
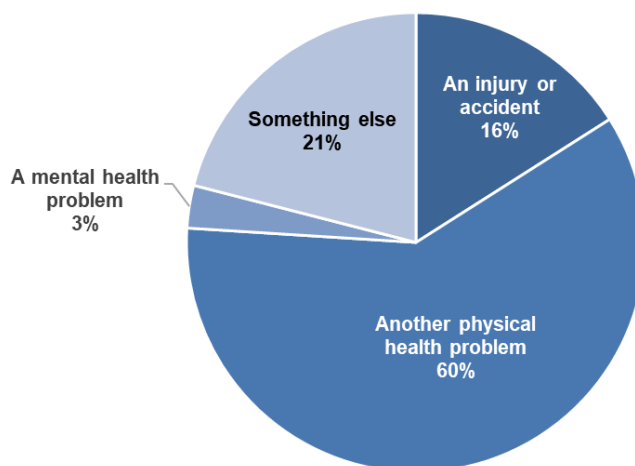


Figure 6.3 shows that the majority of those who contacted an OOH service sought treatment or advice for a physical health problem; sixteen per cent for an injury or accident and sixty per cent for another physical health problem. Three per cent of people had received treatment or advice from an OOH service for a mental health problem.

Figure 6.3: What did you receive treatment or advice from this service for?

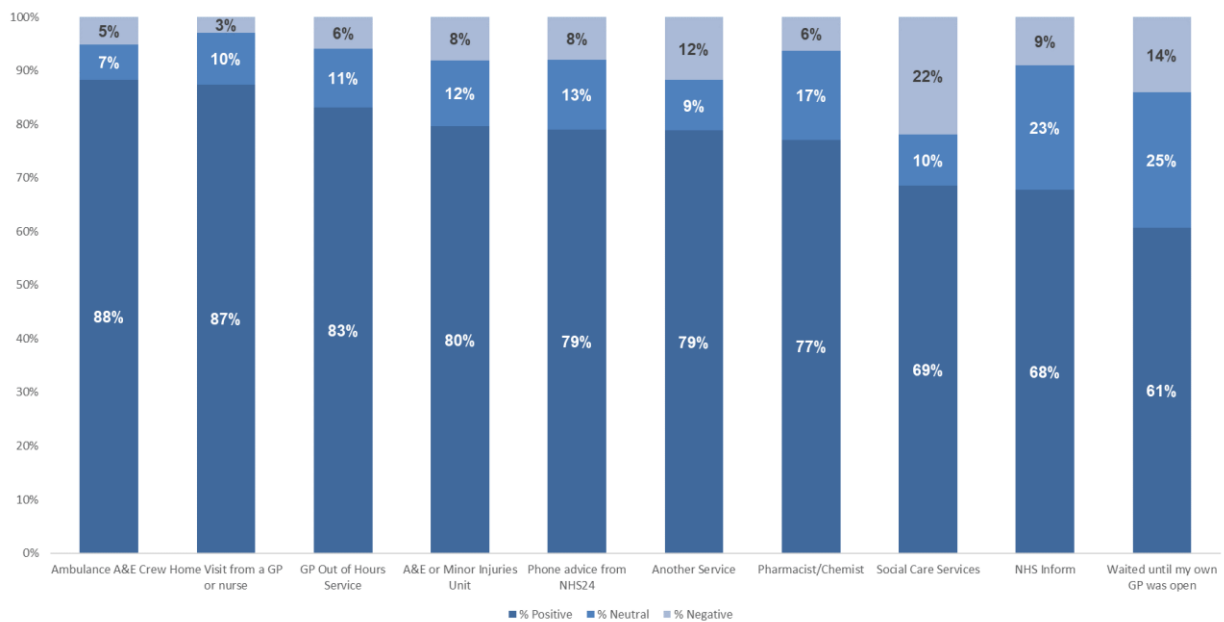


Experience of Out of Hours Healthcare

Most people (seventy nine per cent) rated the overall care positively.

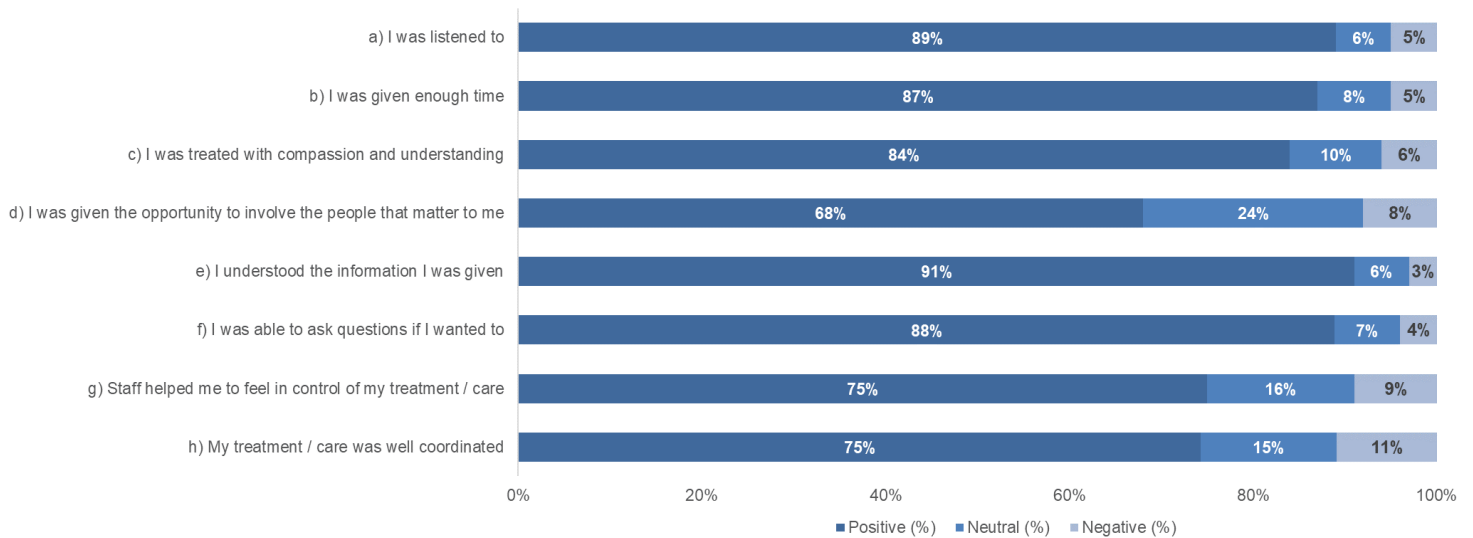
Figure 6.4 shows how people had rated their care by the service they had used. Ambulance A&E crews, home visits from a GP and the GP Out of Hours Service all had the highest proportions of positive ratings (eighty eight, eighty seven and eighty three per cent respectively). Social care services had highest proportion of negative ratings (twenty two per cent) however only a very small number of people had used this service.

Figure 6.4: Overall rating of care experienced by service



The survey asked respondents whether they agreed or disagreed with seven statements relating to their experience the last time they used an OOH service. People were generally positive about their experience of an OOH service.

Figure 6.5: Summary of responses to person-centred statements



The most positively rated statements were ‘I understood the information I was given’ and ‘I was listened to’ (ninety one and eighty nine per cent positive respectively), see Figure 6.5. This is consistent with the most positively rated 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’ (sixty eight 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 (eight per cent).

Responses can be analysed by the service that people ended up receiving treatment or advice from. Looking across all the statements, those who had a home visit from a GP or received treatment or advice from an ambulance A&E crew were the most positive. People who ended up receiving treatment or advice from social care services, from NHS Inform or by phone from NHS 24 were the least positive.

7. Care, Support and Help with Everyday Living

Use of Care Services

People were asked to indicate if they had received any help or support for everyday living in the last twelve months and the type of support they received; Table 7.1 details the different type(s) of support.

Of those surveyed, ten per cent said that they had received some form of support and three per cent said that they had not received any help but felt that they needed it. Eighty seven per cent said they'd had no help.

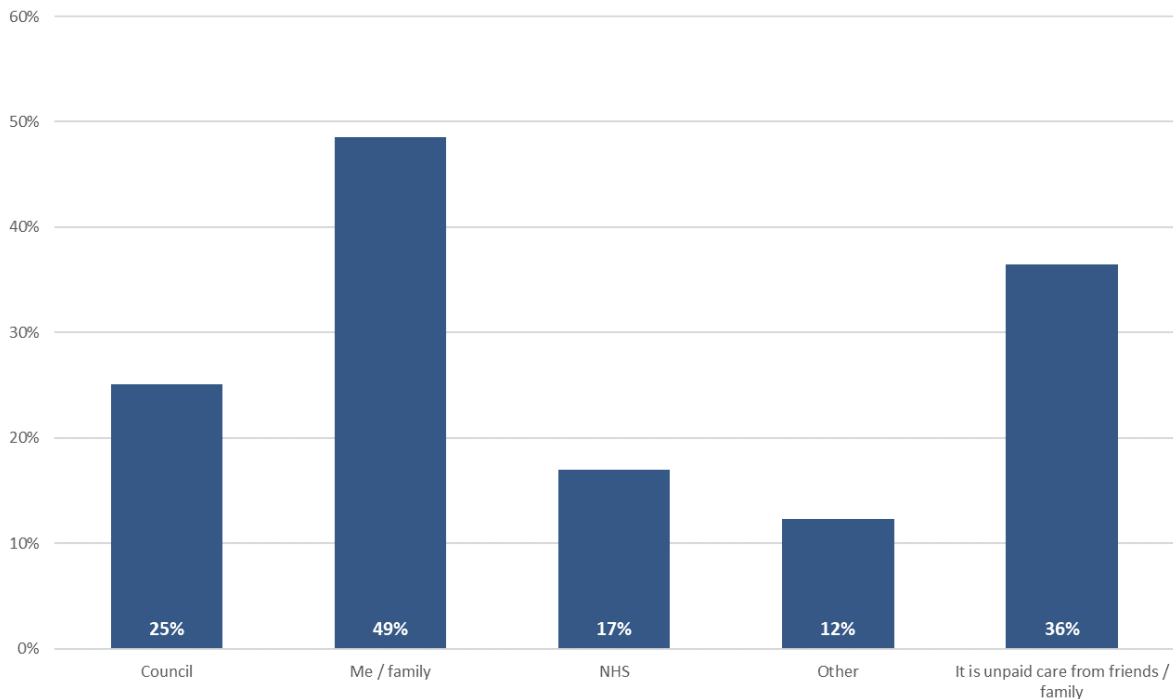
Table 7.1: In the last 12 months, have you had any help or support with everyday living?

	2013/14 ^a	2015/16 ^a	2017/18 ^a	2019/20 ^a
Yes, help with personal and / or household tasks	7	7	6	7
Yes, help for activities outside the home	4	4	4	4
Yes, help with adaptations and / or equipment for the home	4	4	3	4
Yes, help to look after someone else	3	3	2	2
No, not had any help but felt they needed it	3	2	2	3
No, not had any help	85	86	88	87
Total no. of respondents	103,406	100,795	123,104	143,438

^a Respondents were able to tick more than one response so percentages will not sum to 100.

People who indicated that they received help and support for everyday living were asked who funds their help and support.

Figure 7.1: Who funds your help or support with everyday living?



Note: respondents were able to tick more than one choice so percentages don't add to 100.

Twenty five per cent of those who need help with everyday living said that they received funding from the council and seventeen per cent said that they received funding from the NHS. Almost half (forty nine per cent) said that they funded help with everyday living themselves or from family. A significant proportion received unpaid care from friends and family carers with thirty six per cent saying they received unpaid care from friends and family. Note that percentages do not sum to one hundred per cent as people could tick more than one box to this question.

We have noted above that people can receive their care from more than one source. It is important to note that when someone's care is partly or entirely funded by a public sector organisation, it might have been provided by the public sector, third (voluntary) sector, private sector, or a combination. This will vary depending on the person's support needs, which organisations are available to provide care in their area of residence, and in many cases on the choice that the person may have exercised as to who they want to provide their support.

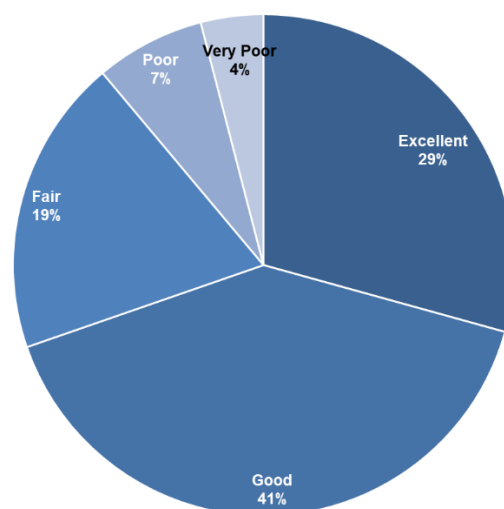
The questionnaire was amended in 2019/20 to better reflect the fact that people can receive complex social care packages from multiple sources. This has allowed the HACE survey to collect more detailed information than previously on whether people's care was supported by funding from by public sector organisations, and/or whether they self-funded, or received informal care (such as from a family member).

The integration indicators¹¹ relating to social care are based only on the responses from those who receive care funded by the council or the NHS. As such, the social care indicators below are not directly comparable with the results from previous surveys and differ from the Health and Social Care Integration indicators, which will be reported on separately through further analysis of responses from those who indicated that their care is funded by the council or NHS.

Experiences of Care Services

People who indicated that they had received help were asked to rate their overall experiences of these services, excluding help and care they receive from friends and family. Almost seventy per cent of people rated the overall help, care or support services as either excellent or good (Figure 7.2).

Figure 7.2: Overall, how would you rate your help, care or support services?



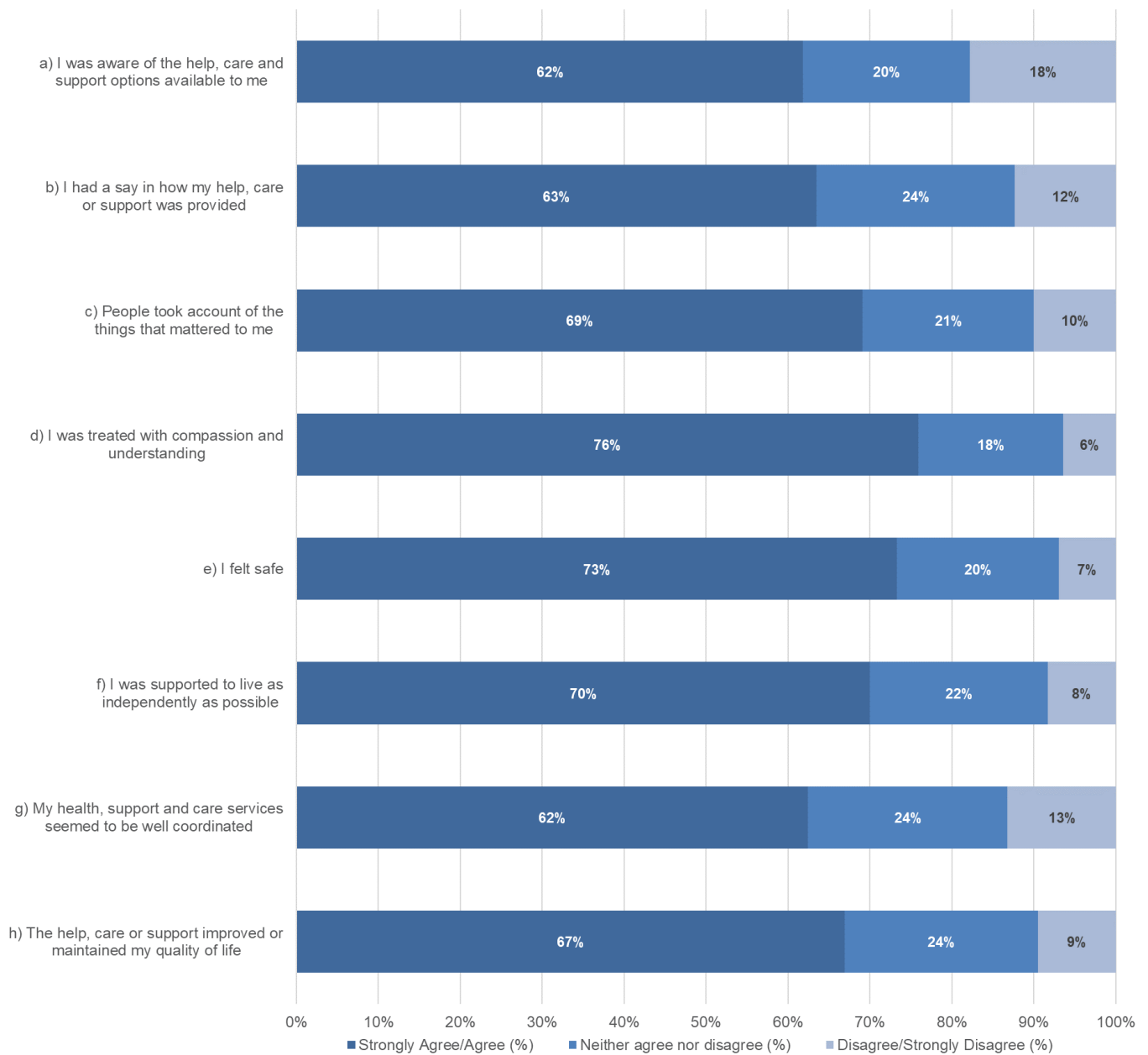
Looking at the reported experiences of specific aspects of care and support (Figure 7.3), people were generally positive about the care that they received:

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

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

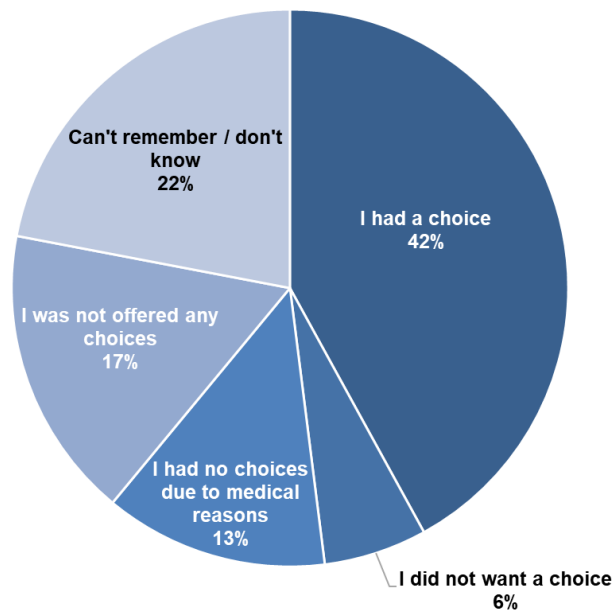
¹¹ <https://www.gov.scot/publications/health-social-care-integration-core-suite-indicators/>

Figure 7.3: How much do you agree or disagree with the following about your care, support and help services over the past 12 months?



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 sixty two per cent positive response in 2019/20.

Figure 7.4: Which of the following applies to you and how your social care is arranged?



Forty two per cent of people said that they had a choice in how their social care is arranged, while seventeen per cent said that they were not offered any choices and six per cent said that they did not want a choice.

8. Experiences of Carers

Characteristics of Carers

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 thirty six per cent of people who received help did so out with formal services (see chart in section 7).

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.

Fifteen per cent of people indicated that they look after or provide regular help or support to others. The 2015 Scotland's Carers publication¹² 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 15 per cent of Scotland's adult population had caring responsibilities in 2018¹³.

The age and gender distribution of carers who responded to the survey is shown in Table 8.1. It is broadly the same as reported in the 2017/18 survey. Thirty three per cent of carers who responded to the survey were aged 65 and over, and sixteen per cent were aged 17 to 44. Overall, there was a higher proportion of carers who are women (sixty three per cent compared to thirty seven per cent of men).

Table 8.1: Characteristics of carers: age and gender

Age Group	Male	Female	Other	All
17 to 44	4%	12%	0%	16%
45 to 64	17%	34%	0%	51%
65 and over	15%	17%	0%	33%
All adults	37%	63%	0%	100%

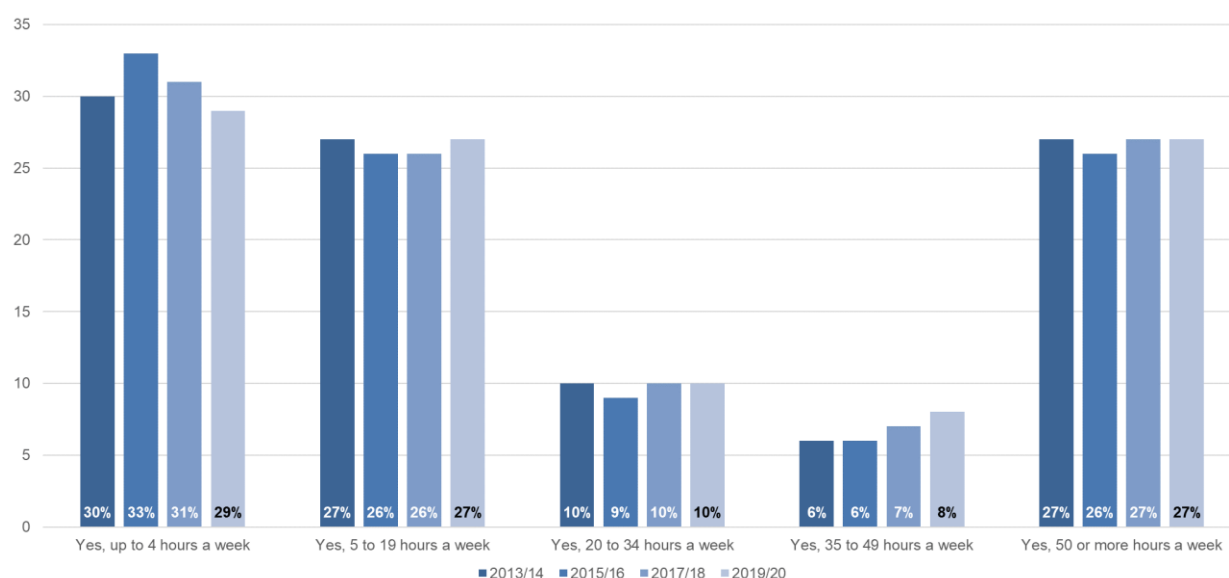
Caring Responsibilities

Of those who provide care, the distribution of the number of hours per week is shown in Figure 8.1. It shows that very similar proportions (around thirty per cent) of people provided up to four hours and more than fifty hours of care a week, with slightly fewer providing between five and nineteen hours of care a week. It was less common for people to provide between twenty to forty nine hours of caring per week. This distribution is similar to the one reported in previous surveys.

¹² www.gov.scot/Publications/2015/03/1081

¹³ <https://www.gov.scot/collections/scottish-health-survey/>

Figure 8.1: Distribution of hours of caring per week



The survey asked carers who they cared for. Their responses are shown in Table 4. Forty per cent of carers said that they looked after a parent, with twenty nine per cent saying that they cared for a partner or spouse.

Table 8.2: Who do you care for?

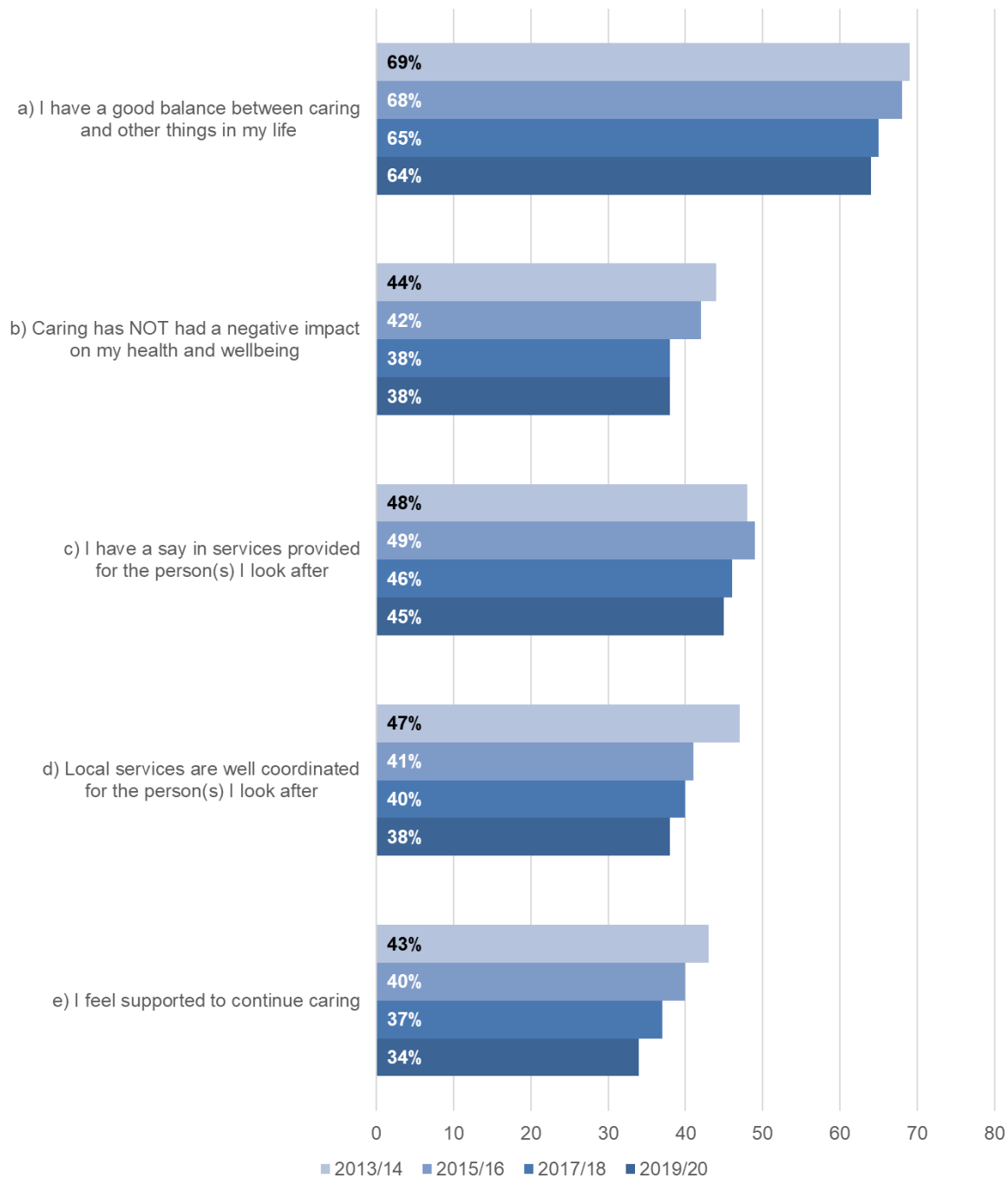
	2017/18 ^a	2019/20 ^a
Partner or spouse	27%	29%
A parent	40%	40%
A child	14%	16%
Another relative	19%	18%
A friend or neighbour	8%	7%
Someone else	2%	2%
Total no. of respondents	20,678	23,254

Note that percentages do not sum to 100 as people can care for more than one person.

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 8.2 sets out the percentage of positive responses to these statements.

Figure 8.2: Percentage of people responding positively to statements regarding caring responsibilities



As with the previous survey, the responses in 2019/20 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 with sixty four per cent responding positively to this question in 2019/20.

Carers were least positive about support to continue caring. Overall, thirty four per cent of carers said that they felt supported to continue caring which is a decrease of nine percentage points from 2013/14. Only thirty eight per cent said that caring did

not have a negative impact on their health and wellbeing, which is also nine percentage points less than in 2013/14.

In line with the question in section 7 (relating to care and support services received), fewer carers thought that services were well coordinated (thirty eight per cent in 2019/20 compared with forty seven per cent in 2013/14).

A National Statistics Publication for Scotland

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.

Designation can be interpreted to mean that the statistics: meet identified user needs; are produced, managed and disseminated to high standards; and are explained well.

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How to Access Background or Source Data

The data collected for this statistical publication are available in more detail through www.gov.scot/HACE and through an interactive dashboard at <https://beta.isdscotland.org/find-publications-and-data/health-services/primary-care/health-and-care-experience-survey/health-and-care-experience-survey-2020/>

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