

Health and Care Experience Survey 2021/22

Technical Report

May 2022

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1. Introduction and Background

This report provides information on the technical aspects of the 2021/22 Health and Care Experience Survey, including development, implementation, analysis and reporting.

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 through the [Health and social care analysis statistics webpage](#).

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

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

This survey asks about peoples' experiences of accessing and using their GP Practice and other local healthcare services; receiving care, support and help with everyday living; and caring responsibilities. In addition, a section in relation to COVID-19 was added to the 2021/22 survey.

The survey is run in partnership by the Scottish Government and Public Health Scotland. Both the Scottish Government and Public Health Scotland are involved in the planning and organisation of the survey, as well as analysing and reporting on the survey responses.

National results, as well as individual results for NHS Boards, Health and Social Care Partnerships, GP Clusters and GP Practices, were published on 10 May 2022.

2. Outputs from the Survey

This section provides more details of the range of outputs from the Health and Care Experience Survey 2021/22.

Interactive Dashboard

As described above, in addition to the national report, there are local results for NHS Boards, Health and Social Care Partnerships, GP Clusters and GP Practices which are available via interactive dashboards on the [PHS website](#).

Eight interactive dashboards present the results from the 2021/22 survey along with time trends for all surveys since 2014, where questions are comparable.

- **Summary of Results:** This dashboard presents a high level summary for some of the overarching questions from the survey. At Scotland, NHS Board and Health & Social Care Partnership level, the results are displayed for headline questions from each section of the questionnaire. At GP Practice and GP Cluster level the results are displayed for six key questions.
- **Most Positive and Negative Experience Ratings:** This dashboard presents the questions which received the five most positive and the five most negative experience ratings for selected report areas.
- **Detailed Experience Ratings – Results:** This dashboard presents results for the ratings questions in the survey. Results are shown as the percentage of people who gave a positive, neutral or negative answer. The user can select a question to compare the result to the equivalent 2020 result and the Scotland result, and display a time trend for all surveys since 2014, where questions are comparable. Statistical comparisons against 2020 are available at Scotland, NHS Board and Health & Social Care Partnership level.
- **Detailed Experience Ratings – Results (side by side):** This dashboard presents results for the ratings questions in the survey, where the user can select two report areas to view side-by-side. Results are shown as the percentage of people who gave a positive, neutral or negative answer. Please note that no statistical significance testing has been carried out to compare results between local areas.
- **Rating Questions Comparisons:** This dashboard provides an overview of the results for each question within a survey section. It presents the per cent positive results for a selected area compared to the equivalent results for Scotland and the equivalent results from the 2020 survey where comparable.
- **Information Questions – Results:** This dashboard presents results for the information questions in the survey. Results are shown as the percentage of people who gave that response to each question. The user can select two report areas to view side-by-side. Please note that no statistical significance testing has been carried out to compare results between local areas.

- **COVID-19:** This dashboard presents results for each of the questions within the COVID-19 section. These analyses are available at Scotland, NHS Board and Health & Social Care Partnership level, with results for question 20 only available at Scotland level. Please note that no statistical significance testing has been carried out to compare results between local areas.
- **About the Respondents:** This dashboard presents the demographic characteristics of survey respondents, and analyses of questions relating to respondents' health. These analyses are available at Scotland, NHS Board and Health & Social Care Partnership level.

More detailed explanatory notes on how to navigate and interpret the dashboards are available on the website text accompanying the dashboards.

Supporting Data

Spreadsheets showing more detailed results are available on the Scottish Government website as supporting documents to the [2021/22 Health and Care Experience Survey National Report](#).

3. Survey Design

Survey Development

The questionnaire was reviewed in 2021 to ensure continued relevance of survey questions, reflect changes to the way that health and care services are provided, and to incorporate feedback from the 2019/20 survey. Details of the changes to the questionnaire can be found in Annex A. The information provided to survey recipients in the covering letter was also updated and improved along with the privacy notice for the survey which is available at the [Health and Care Experience Survey page of the Scottish Government's website](#).

Survey Materials

The initial survey pack included a letter and an information leaflet in a range of languages. Respondents were asked to complete the survey online and told that a paper questionnaire would follow with the reminder if they were unable to complete it online. A helpline was also available to handle questions or complaints about the survey.

A reminder pack was sent to people who had not responded to this initial letter after a couple of weeks. This pack included a reminder letter, an information leaflet and a paper copy of the questionnaire.

A copy of the privacy notice can be found on the [Scottish Government's website](#).

4. Sample Design

Sampling Frame

Eligible people were identified using an extract from the Community Health Index (CHI) database provided to the Survey Team of Public Health Scotland on the 6th October 2021. Public Health Scotland receive daily updates to the CHI database and therefore the most up to date information available was used for the sample. People eligible to be sampled for the survey were those registered to a Scottish GP practice and were aged 17 or over on 6th October 2021, the date when the sampling procedure commenced. Patients with non-Scottish postcodes were excluded from the sampling frame. All data was accessed, managed and stored in accordance with the data confidentiality protocols described in the privacy notice for the survey¹.

A small number of special practices, run by NHS Boards to provide primary care services to particular small groups of people (e.g. practices for homeless people and associated with universities) were excluded from the survey.

Sampling Design and Sample Size Calculation

Sampling was done within GP practice lists, to aim for sufficient responses to achieve a reasonably reliable result for each practice. The reliability of the result depends on the number of questionnaires returned, and also the variability of the responses.

The sample size that was calculated for each practice was based on the minimum number of responses that would be required to achieve an estimate of a percentage that has a 95 per cent confidence interval with width +/- eight percentage points, sampled from a finite population.

The formula for the minimum number of responses required (M) is

$$M = B / (1 + (B - 1) / N)$$

Where:

- N is the number of people registered with a practice on the sampling frame (i.e. the number of people aged 17 and over);
- $B = z^2 p(1-p) / c^2 = 150$ using the following definitions:
 - p is the proportion answering in a certain way, assume 0.5 to give maximum variability;
 - z is 1.96 for a 95 per cent confidence interval (using the standard normal distribution);
 - c gives maximum acceptable size of confidence interval, in this case 0.08 (eight percentage points).

Table 4 shows the minimum number of responses required (M) based on the assumptions above for some example practice population sizes.

¹ <https://www.gov.scot/publications/health-and-care-experience-survey-2021-privacy-notice/>

Table 4: Examples of the minimum number of responses required for different GP practice list sizes

Practice List Size (N)	200	500	1,000	2,000	5,000	10,000	20,000
Min. required responses (M)	86	116	131	140	146	148	149
Percentage of GP practice population required to respond	43%	23%	13%	7%	3%	1%	1%

In practice, if the underlying proportion is actually higher or lower than 0.5, then these numbers of responses would give narrower confidence intervals (or fewer responses would be required for the same accuracy).

The minimum number of responses required is adjusted upwards to allow for assumed non responses to the survey. Estimated response rates to the 2021/22 survey for each individual GP practice were based on the average of the response rates for the 2017/18 and 2019/20 surveys. Where response rates were not available i.e. for a new practice assumed response rates were used based on the proportion of the eligible population living in the most deprived 15% of data zones (based on the Scottish Index of Multiple Deprivation 2020²), which affect the likelihood of a person responding to the survey. Estimated required sample sizes were capped at a maximum of 1,000 for individual practices.

The addresses from CHI were cross checked against the Scottish Postcode Directory to ensure that they were complete. Any instances of invalid, deleted or incomplete postcodes were removed prior to sample selection, as were a small number of people who had requested not to be included in this or other surveys. A total of 538,993 people were sampled for inclusion in the Health and Care Experience Survey 2021/22.

PHS checked for any cases where the same name (first name, middle name and surname) and address appear. Each of these cases within the “duplicate” are removed prior to sample selection. The duplicates may be relatives living together or errors in the source data. Removing them ensures there is no ambiguity as to who is being asked to participate in the survey and reduces the risk of questionnaires being sent out in error.

Sample Selection

For the majority of practices in Scotland, a random sample of the required number of people from each practice was taken from the CHI database using the sampling frame by Public Health Scotland. For some practices with very small numbers of eligible people, all were included in the survey in order to meet the minimum sample

² <https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/>

size requirements identified from the calculation above. The sample was selected using the statistical software package SPSS version 24.0.

Further references for this methodology are: Becker, R. A., Chambers, J. M. and Wilks, A. R. (1988) *The New S Language*. Wadsworth & Brooks/Cole.

5. Fieldwork

The Scottish Government contracted Quality Health Ltd to administer the survey. Quality Health Ltd has in-depth experience of NHS surveys, and has provided support for other care experience survey work both in Scotland and elsewhere in the UK. Public Health Scotland provided support for the administration of the survey along with Scottish Government analytical staff.

Mail-out

The fieldwork began on 3rd November 2021. In total, 537,924 letters and information sheets were posted out in batches between 3rd and 4th November 2021. These initial letters asked respondents to complete the survey online, but also included a helpline number. 1,069 of those initially sampled were identified as deceased or no longer eligible for the survey via checks with NHS CR and Atos Origin Alliance between the sample being drawn and prior to the first day of mail-out.

Reminder letters including a paper version of the questionnaire, were sent out from the 17th November until the 26th November 2021.

Survey Helpline Calls

During the fieldwork a telephone helpline answered queries from people surveyed. In total, 2,071 telephone enquiry calls were answered by the telephone and language line. This was a substantial decrease on the number received in 2019/20 (which was 3,390), which is likely due to improvements in the survey materials which made the URL of the online survey easier to read. Calls fell into the broad categories shown in Table 5. The number of helpline calls regarding telephone completions is greater than the number of telephone completions received (Table 12) as respondents are able to start a telephone completion, take a break and then call back later to complete the questionnaire, resulting in more than one call to the helpline for some telephone completions.

Table 5: Number of calls to the survey helpline, by main reason for the call

Main reason for call	Number of calls
General enquiry	44
Help to complete the survey	1,204
To say someone had moved house	214
To say someone had died	37
To decline to take part	429
Person sampled is ineligible	6
Translation request	38
Complaint	8
Other	91
Total	2,071

People who were recently deceased

The people included in the 2021/22 survey were sampled from an extract taken from the CHI database provided to Public Health Scotland on 6th October 2021. The sampling, questionnaire printing and mail-out process extended from this date through to the final mailing date of the 26th November 2019. This meant that some people would have died between the extract date and mail out dates.

As with all Care Experience surveys, every possible effort was made by Quality Health Ltd, Public Health Scotland and the Scottish Government to avoid questionnaires being sent to family members of people who had died. Therefore, in the same way to previous surveys, a list of people included in the initial sample was sent to NHS Central Register (NHS CR³) and linked to the National Records of Scotland deaths database register to identify people who had recently died and remove them from the sample.

The list of people sampled for the survey was shared with Atos Origin Alliance (who host the CHI database).

This approach provided a check on a daily basis for people who had died and notifications to be sent to Public Health Scotland throughout the mail-out period. Public Health Scotland subsequently passed this information on to Quality Health Ltd, who removed survey packs as required prior to mail out. Having access to information about recent deaths greatly reduced the number of questionnaires being sent to addresses of people who had died. We are grateful to NHS CR and Atos Origin Alliance for their help and support during this stage of the project.

A total of 645 people were identified as deceased by NHS CR and Atos checks and removed from the sample prior to and on the initial mail-out day of the survey on the 3rd November 2021. These individuals were not sent survey packs. In addition, 424 people were identified through these checks as no longer eligible for the survey. NHS CR and Atos Origin Alliance identified a further 32 people as deceased on the second mail-out day (4th November 2021). Public Health Scotland subsequently passed this information on to Quality Health Ltd, who removed remaining survey packs as required prior to mail out.

NHS CR and Atos Origin Alliance checks identified 516 people as deceased during the reminder mail out period (up to the 26th November 2021). Public Health Scotland passed this information to Quality Health Ltd, who ensured these people were not sent survey packs. These figures include a small number of cases where the death status of individuals could not be confirmed or patients were no longer eligible for the survey.

In 39 cases a questionnaire was sent to someone who had died and the person's family had contacted Quality Health. Note that this includes a small number of instances where deaths were picked up via the death checking process after the mail-out of these letters and notification by relatives.

³ [NHS Central Register \(NHSCR\) | National Records of Scotland \(nrscotland.gov.uk\)](https://nhs.uk/central-register)

Any death which occurs in Scotland must be registered within eight days of the date of death. This means that there can be a delay between the actual date of death and the date that it is registered and updated on the CHI and National Records of Scotland databases. This delay, combined with the volume of the mail out process, made it extremely difficult to prevent all questionnaires being sent to addresses of people who had died. However, as outlined above, efforts were made to avoid this as much as possible.

6. Data Entry and Fieldwork Quality Control

Data Capture

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

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

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

Verification and Upload Process

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

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

Secure Disposal

The names and addresses of people who were selected for the survey were stored securely by Quality Health Ltd until the survey work was completed.

Once processed, all returned questionnaires were immediately stored by Quality Health Ltd in labelled containers and archived in a secure room on-site until they reached their agreed destruction date. Scanned completed questionnaires will be held by the survey contractor for three years then destroyed as there will no longer be a need for them.

Quality Health Ltd keep a copy of the pseudonymised respondent dataset for five years as a back-up; this will not contain any patient identifiable information.

Free Text Comments

The survey asked respondents if there was anything else that they would like to tell us about their experiences of their local GP practice, Out of Hours health care, or Care and Support services.

Just over 47,614 respondents left comments with 43,090 relating to the GP Practice, 7,469 relating to Out of Hours Healthcare, and 6,287 relating to Care, Support and Help With Everyday Living.

Details that could be used to identify people were redacted when the comments were entered by staff at Quality Health Ltd. These details included personal names, addresses, medical conditions and dates. Staff names were also redacted.

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

Analysis on the free text comments will be carried out and reported separately from the national results published on 10th May 2022.

7. Survey Response

Overview

The response rate for the survey is the number of forms returned as a percentage of the number of people in the sample. In total, 537,924 surveys were sent out and 130,352 were returned completed, giving an overall response rate of 24 per cent.

This section describes the differences in response rates by a range of variables. Many of these differences were also evident in previous surveys, and were taken into account when the sample sizes were calculated – see Section 4 on Sample Design for more information about this.

Method of Response

Of the 130,352 respondents, 59 per cent completed the survey online with 41 per cent sending their surveys back by post. This represents a large increase in online completions compared with 2019/20 when 51 per cent of respondents completed it online. Changing behaviours as a result of the COVID pandemic and the national lockdown are likely to have contributed to this shift. One hundred and sixty six people completed their survey via the telephone (Table 6) and nineteen people completed their survey via the language line.

Table 6: Response by method

Method	Number of questionnaires completed	Questionnaires completed (%)
Online	76,418	59
Post	53,749	41
Telephone helpline	166	0
Language line	19	0
Scotland	130,352	100

Response Rates for GP Practices

Larger practices had a slightly higher response rate than small or medium sized practices (Table 7).

Table 7: Response rate by practice list size

GP Practice List Size	Total number of forms sent out	Number of Responses	Response rate (%)
< 2,500	67,060	16,426	24
2,500 to 4,999	148,730	34,365	23
5,000 to 7,499	139,315	33,281	24
7,500 to 9,999	107,152	26,664	25
10,000 +	75,667	19,616	26
Scotland	537,924	130,352	24

Response rates for Health and Social Care Partnerships

Response rates by the Health and Social Care Partnership of the GP practice are shown in Table 8. The highest response rate was 38 per cent; achieved in Orkney. The lowest response rate was for Glasgow City at 16 per cent.

Table 8: Response rate by Health and Social Care Partnership

Partnership	Total number of forms sent out	Number of responses	Response rate (%)
Aberdeen City	15,219	3,663	24
Aberdeenshire	12,783	4,196	33
Angus	7,928	2,444	31
Argyll and Bute	12,970	4,070	31
Clackmannanshire and Stirling	12,654	3,578	28
Dumfries and Galloway	13,761	4,565	33
Dundee City	14,989	3,186	21
East Ayrshire	9,659	2,387	25
East Dunbartonshire	8,146	2,425	30
East Lothian	6,866	2,156	31
East Renfrewshire	9,962	2,458	25
Edinburgh	43,282	10,102	23
Falkirk	13,417	3,489	26
Fife	29,834	8,019	27
Glasgow City	116,978	18,562	16
Highland	27,629	9,008	33
Inverclyde	8,401	1,949	23
Midlothian	6,346	1,772	28
Moray	5,375	1,862	35
North Ayrshire	11,138	2,772	25
North Lanarkshire	36,606	7,327	20
Orkney Islands	2,583	971	38
Perth and Kinross	11,049	3,519	32
Renfrewshire	19,428	4,375	23
Scottish Borders	10,168	3,528	35
Shetland Islands	3,587	1,197	33
South Ayrshire	9,554	2,756	29
South Lanarkshire	29,748	7,457	25
West Dunbartonshire	10,739	2,302	21
West Lothian	13,095	3,094	24
Western Isles	4,030	1,163	29
Scotland	537,924	130,352	24

Response Rate by Deprivation

Those who were sent a survey were assigned to a deprivation quintile based on their postcode using the 2020 Scottish Index of Multiple Deprivation (SIMD)⁴. As seen in previous surveys, the response rate was lower for people living in deprived areas. The response rate ranged from 15 per cent for people living in the most deprived areas to 32 per cent for people living in the least deprived areas (Table 9).

Table 9: Response rate by deprivation quintile

SIMD Quintile	Total number of forms sent out	Number of Responses	Response rate (%)
1 (Most deprived)	137,214	21,251	15
2	109,071	23,497	22
3	114,241	31,151	27
4	95,929	28,629	30
5 (Least deprived)	81,469	25,824	32
Scotland	537,924	130,352	24

Response Rate by Urban / Rural Location

Respondents were assigned to an Urban / Rural category based on their postcode using the Scottish Government's 2016 six-fold Urban / Rural classification⁵. The response rate ranged from 19 per cent of people living in large urban areas to 34 per cent of people living in remote rural areas (Table 10).

Table 10: Response rate by urban / rural location

Urban / Rural Category	Total number of forms sent out	Number of Responses	Response rate (%)
Large urban areas	225,694	43,665	19
Other urban areas	156,507	37,916	24
Accessible small towns	36,381	10,053	28
Remote small towns	14,572	4,160	29
Accessible rural	56,186	17,876	32
Remote rural	48,584	16,682	34
Scotland	537,924	130,352	24

⁴ www.gov.scot/Topics/Statistics/SIMD

⁵ <https://www.gov.scot/publications/scottish-government-urban-rural-classification-2016/pages/1/>

Response Rate by Age Group⁶

The response rate increased with age and was highest in the 65+ age group (44 per cent). This compared to a response rate of 10 per cent for those aged 17-34 (Table 11).

Table 11: Response rate by age group

Age Group	Total number of forms sent out	Number of Responses	Response rate (%)
17 to 24	57,152	5,464	10
25 to 34	93,029	9,577	10
35 to 44	89,621	12,886	14
45 to 54	88,226	19,323	22
55 to 64	91,119	30,326	33
65 +	118,777	52,776	44
Scotland	537,924	130,352	24

Response Rate by Sex⁶

The response rate was higher for females (27 per cent) than it was for males (21 per cent) (Table 12).

Table 12: Response rate by sex

Sex	Total number of forms sent out	Number of Responses	Response rate (%)
Female	270,606	73,759	27
Male	267,318	56,593	21
Scotland	537,924	130,352	24

⁶ Based on information held on the CHI database

8. Analysis and Reporting

The survey data collected and coded by Quality Health Ltd were securely transferred to Public Health Scotland and then the Scottish Government. The information was analysed by Public Health Scotland and the Scottish Government using the statistical software package R.

Reporting the Sex and Gender of Respondents

Analysis of survey response rates by sex was undertaken using the sex of people in the sample according to their CHI record at the time of data extraction (6th October 2021). This source was also used in the calculation of the survey weights (more information about this is provided later in this section).

For all other analyses by gender, the respondents' answer to question 42 "What best describes your gender?" has been used. In total, 129,351 responders (99 per cent) provided a valid response to question 42.

Reporting the Age of Respondents

Respondent date of birth was taken from their CHI record at the time of data extraction (6th October 2021). This source was used for all stages of the analysis. The age of respondents used for reporting purposes was calculated as at 6th October 2021 the date when the sampling procedure commenced.

Number of Responses Analysed

The number of responses that have been analysed for each question is often lower than the total number of survey responses received. This is because not all of the questionnaires that were returned could be included in the calculation of results for every individual question. In each case this was for one of the following reasons:

- The specific question did not apply to the respondent and so they did not answer it. For example if they did not use Out of Hours services in the previous 12 months and therefore did not answer questions about their experience of it.
- The respondent did not answer the question for another reason (e.g. refused). People were advised that if they did not want to answer a specific question they should leave it blank.
- The respondent answered that they did not know or could not remember the answer to a particular question.
- Responses may be removed following validation checks, for example if a respondent selected an invalid combination of responses. Validation rules are automatically applied at the point of data collection through the online questionnaire (for example though enforcing "tick one box only" instructions) and validation checks are applied to ensure consistency between online and paper responses.

The number of responses that have been analysed nationally for each of the positive / negative questions are shown in Annex B.

Weighting

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

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

A review of the weighting methodology was undertaken in 2017, leading to some changes in the weights applied. Details of the review, the full methodology applied to the results and the impacts of the change are available in this [weighting methodology paper](#).

Results at all levels of reporting are weighted.

Analysis Software

In previous surveys, the Scottish Government used SAS to analyse the data while Public Health Scotland used SPSS. For 2021/22, both organisations used the software package R to analyse the data. This makes it easier for the Scottish Government and PHS to collaborate on the project, share code and reduces duplication of effort.

Backdating of Previous Surveys

A new weighting methodology was introduced in 2018. Figures from previous surveys were backdated in 2018 where appropriate to ensure comparisons over time are available.

Reports specifically relating to previous surveys **will not** be updated to include the backdated figures.

Percentage Positive and Negative

Per cent or percentage positive is frequently used in reporting results from this survey. This means the percentage of people who answered in a positive way. For example, when people were asked to rate the care provided by their GP practice, if they answered “Excellent” or “Good”, these have been counted as positive answers. Similarly those people who said their Care was “Poor” or “Very poor” have been counted as negative. Annex A details which answers have been classed as positive and negative for each question.

Percentage positive is mainly used to allow easier comparison rather than reporting results on the five point scale that people used to answer the questions. There is

also a belief that differences between answers on a five point may be subjective. For example there may be little or no difference between a person who “strongly agrees” and one who “agrees” with a statement. In fact some people may never strongly agree or strongly disagree with any statements.

As described in Section 4 of this report, these results are based on a sample of patients and are therefore affected by sampling error. The effect of this sampling error is relatively small for the national estimates. However, when comparisons have been made in the analysis of the survey results, the effects of sampling error have been taken into account by the use of confidence intervals and tests for statistical significance. Only differences that are statistically significant are reported as differences within the analysis and all significance testing is carried out at the 5% level.

More information on confidence intervals, significance testing and how they’re calculated can be found in this [Confidence Intervals and Statistical Testing paper](#).

Quality Assurance of the National Report

A small group of Scottish Government policy leads were sent a draft version of the national report for quality assurance. Feedback included suggestions on ways in which to report data as well as comments about the context for the survey. These were taken into account in finalising the national report. In addition staff at Quality Health Ltd and Public Health Scotland carried out quality checks of figures used in the report.

Revisions to previous publications

A copy of our revisions policy is available in this [Revisions and Corrections note](#).

9. Compliance with the National Statistics Code of Practice

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.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.

National Statistics status means that our statistics meet the highest standards of trustworthiness, quality and public value, and it is our responsibility to maintain compliance with these standards.

Changes to these statistics

Since the latest review by the Office for Statistics Regulation, we have continued to comply with the Code of Practice for Statistics, and have:

- Reviewed the survey questionnaire to ensure that the data collected continue to meet user needs;
- Removed survey questions that are not well used to reduce respondent burden;
- Added a new section to the survey on COVID to provide valuable contextual information on the patients experience during the pandemic;
- Begun taking steps towards making the survey analysis process a Reproducible Analytical Pipeline by analysing the data using R;
- Reviewed and updated the Privacy Notice to ensure that it is compliant with GDPR and good practice.

Respondent Burden

The UK Code of Practice for Official Statistics requires all producers of National and Official Statistics to report annually the estimated costs of responding to statistical surveys.

The respondent burden for the Health and Care Experience Survey is calculated in line with Government Statistical Service Guidance on Calculating Compliance

Costs⁷. The survey is a household survey of patients registered with a GP practice in Scotland, respondents are not contacted again to validate their survey responses and it is not expected that respondents would incur any external costs when completing the questionnaire. The respondent burden is therefore calculated on the basis of time taken.

The survey achieved a total of 130,352 completed return. The time for completion of the survey is estimated to range from 2 to 10 minutes, depending on which health and social care services the respondent has used and whether they have caring responsibilities. The median time for completion is taken to be 6 minutes. Calculating the burden as the total number of responses multiplied by the median time for completion gives a respondent burden of 782,112 minutes.

⁷ <https://gss.civilservice.gov.uk/wp-content/uploads/2015/12/Guidance-on-Calculating-Compliance-Costs.pdf>

Annex A: Changes to 2021/22 Questionnaire

Table 1: New questions for the 2021/22 survey

Qu est. No.	Topic	Question Text	Reason
8	GP Practice	Were you offered a choice in the kind of appointment you received?	Added to better understand the patient experience given changes in the way that people are directed towards care following and during the pandemic.
13	GP Practice	Thinking about that healthcare professional, how much do you agree or disagree with the following statements? <ul style="list-style-type: none"> • I had a chance to ask about the benefits and risks of the treatment; • The health professional checked I understood what I had been told; • I felt able to make an informed choice about my treatment and care 	Added to better understand the patient journey, collect baseline information to inform the BRAN (Benefits, Risks, Alternatives and do Nothing) policy and to collect information that informs our understanding of the conversations that healthcare professionals are having with patients.
16	COVID	Do you know or think that you have had COVID-19?	Added to better understand the context of the experiences given that the information will have been collected during the pandemic.
17	COVID	Have you fully recovered from COVID-19 and returned to your previous level of health?	Added to better understand the context of the experiences given that the information will have been collected during the pandemic and to provide evidence on the experience of those with long-COVID.
18	COVID	How long have you experienced any COVID-19 symptoms that have not been explained by something else.	Added to better understand the context of the experiences given that the information will have been collected during the pandemic and to provide evidence on the experience of those with long-COVID.

Que st. No	Topic	Question Text	Reason
19	COVID	Have you received a COVID-19 vaccination?	Added to better understand the context of the experiences given that the information will have been collected during the pandemic.
20	COVID	What are your reasons for not being vaccinated?	Added to better understand the context of the experiences given that the information will have been collected during the pandemic and to provide information on patient attitudes towards vaccinations.
22	Out of Hours	For this section you should think about the last time you tried to get treatment in the last 12 months when your GP practice was closed. Whom did you contact first?	New question introduced to provide some clarity on the patients journey following the increased emphasis on primary care services other than the GP practice during the pandemic.
23	Out of Hours	Thinking back to your consultation above, who did you receive most of your treatment or advice from?	New question introduced to provide some clarity on the patients journey following the increased emphasis on primary care services other than the GP practice during the pandemic.
24	Out of Hours	How did you consult with the healthcare professional?	New question introduced to provide some clarity on the patients journey following the increased emphasis on primary care services other than the GP practice during the pandemic.
37	Caring Responsibilities	Have you received any support to help with your caring role?	New question to provide context on the respondents caring role.
41	About You	Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? Include problems related to old age.	New question on disability to improve the quality of evidence available on equalities characteristic on a comparable basis to other data sources.

Table 2: Questions that were changed in the 2021/22 survey

2019 /20 Q.	2021 /22 Q.	Topic	Question Text	Reason
8	7	GP Practice	The last time you needed an appointment with your GP practice, what kind of appointment did you get	Minor change to response options to reflect increased awareness of Near Me and changes in technology.
9	9	GP Practice	The arrangements for getting to speak to a:	Minor change to wording to reflect the increased usage of video consultations and fewer face-to-face appointments.
12	12	GP Practice	What type of healthcare professional did you receive most of your treatment or advice from?	Removed “Community Link Worker” from the list of response options due to a low response in 19/20.
13	13	GP Practice	Thinking about that healthcare professional, how much do you agree or disagree with following statements?	Statements reordered to better reflect the order of events during a consultation following feedback from cognitive testing of the questionnaire.
19	25	Out of Hours	What did you receive treatment or advice from this service for?	Minor change to response options following feedback received during cognitive testing of the questionnaire.
23	23	Care	In the last 12 months, have you had any help or support with everyday living?	Separate response options for “help with personal tasks” and “help with household tasks”, and a new response option on alarm services. Changes made at the request of policy colleagues and stakeholder to allow for a better understanding of the respondents circumstances.
30	36	Caring Responsibilities	Who do you help or support?	Question wording and response options aligned to the Carers Census wording to allow for better comparability between data sources.

2019/ 20 Q. No.	2021/ 22 Q. No.	Topic	Question Text	Reason
36	40	About You	Do you have any of the following?	New response option for “Full or partial loss of voice or significant difficulty speaking” to support the data and evidence work on Augmentative & Alternative Communication.
39	44	About You	Which of the following options best describes your sexual orientation?	Question wording updated to align with equalities data collection guidance.

Table 3: Questions that were removed for the 2021/22 survey

2019 /20 Q. No.	Topic	Question Text	Reason
4	GP Practice	What do you think about the opening hours of your GP practice?	Removed to make space for new questions. Little use has been made of this question in previous surveys.
9	GP Practice	The arrangements for getting to see a: <ul style="list-style-type: none"> • Community Link Worker 	Very low response rate to this question in 2019/20.
13	GP Practice	Thinking about that healthcare professional, how much do you agree or disagree with the following statements? <ul style="list-style-type: none"> • The person I saw was appropriate for my treatment / care • My treatment / care was well coordinated 	Removed to make space for new questions. Little use has been made of this question in previous surveys.
17	Out of Hours	Which service did you receive most of your treatment or advice from?	Replaced with a new question that better reflects the changes to OOH care that have occurred since the start of the pandemic.
18	Out of Hours	How did you end up in the service you ticked above?	Replaced with a new question that better reflects the changes to OOH care that have occurred since the start of the pandemic.
25	Caring Responsibilities	Have you had a carers assessment, now known as an Adult Carers Support Plan or Young Carers Statement (for carers under 18)?	Replaced with a new question that provides more detail on the types of support the respondent receives.
33	About You	How is your health in general	Removed to make space for new questions. Little use has been made of this question in previous surveys.

201
9/20
Q.
No.

Topic

Question Text

Reason

35

About
You

How would you rate your quality of life as
a whole?

Removed to make space for
new questions. Little use has
been made of this question in
previous surveys.

Annex B: Per cent Positive and Negative Responses

Table A1 shows which responses were classed as positive and negative. Answers such as ‘neither agree nor disagree’ and ‘fair’ were treated as neutral. Other answers such as ‘can’t remember / don’t know’ and ‘not relevant’ were excluded from the analysis.

Table A1 also shows how many respondents there were nationally for each of the per cent positive questions.

Table A1: Number of respondents and response codes for per cent positive style questions

Question Number	Topic	Question Text	High positive values	Low positive values	Neutral values	Negative values	Excluded values	Number of responses analysed
3	GP Practice	How easy is it for you to contact your GP practice in the way that you want?	1	2	-	3	-	102,260
4	GP Practice	If you ask to make an appointment with a doctor 3 or more working days in advance, does your GP practice allow	1	-	-	2	3	66,222
5	GP Practice	The last time you needed to see or speak to a doctor or nurse from your GP practice quite urgently, how long did you wait?	1	2	-	3	4	101,950
9a	GP Practice	The quality of information provided by the receptionist?	1	2	3	4, 5	6	94,122
9b	GP Practice	The arrangements for getting to see a doctor?	1	2	3	4, 5	6	94,344
9c	GP Practice	The arrangements for getting to see a nurse?	1	2	3	4, 5	6	67,446
9d	GP Practice	The arrangements for getting to see a Pharmacist / Chemist?	1	2	3	4, 5	6	44,044

Question Number	Topic	Question Text	High positive values	Low positive values	Neutral values	Negative values	Excluded values	Number of responses analysed
9e	GP Practice	The arrangements for getting to see a Physiotherapist?	1	2	3	4, 5	6	19,118
9f	GP Practice	The arrangements for getting to see a Mental Health Professional?	1	2	3	4, 5	6	14,309
9g	GP Practice	The arrangements for getting to see a Another Healthcare	1	2	3	4, 5	6	16,624
10	GP Practice	Overall, how would you rate the care provided by your GP practice?	1	2	3	4, 5	-	101,564
13a	GP Practice	I was given the opportunity to involve the people that matter to me.	1	2	3	4, 5	-	64,504
13b	GP Practice	I was listened to.	1	2	3	4, 5	-	89,292
13c	GP Practice	I was given enough time	1	2	3	4, 5	-	86,920
13d	GP Practice	I was treated with compassion and understanding.	1	2	3	4, 5	-	88,153
13e	GP Practice	I knew the healthcare professional well	1	2	3	4, 5	-	80,215

Question Number	Topic	Question Text	High positive values	Low positive values	Neutral values	Negative values	Excluded values	Number of responses analysed
13f	GP Practice	I had a chance to ask about the benefits and risks of the treatment	1	2	3	4, 5	-	77,021
13g	GP Practice	I was able to ask questions if I wanted to	1	2	3	4, 5	-	88,949
13h	GP Practice	I understood the information I was given	1	2	3	4, 5	-	89,559
13i	GP Practice	The health professional checked I understood what I had been	1	2	3	4, 5	-	84,778
13j	GP Practice	Staff helped me to feel in control of my treatment/care	1	2	3	4, 5	-	77,106
13k	GP Practice	I was involved in decisions about my care and treatment	1	2	3	4, 5	-	78,770
13l	GP Practice	I felt able to make an informed choice about my treatment and care	1	2	3	4, 5	-	79,040

Question Number	Topic	Question Text	High positive values	Low positive values	Neutral values	Negative values	Excluded values	Number of responses analysed
26a	OOH	I was listened to	1	2	3	4, 5	-	16,200
26b	OOH	I was given enough time	1	2	3	4, 5	-	15,689
26c	OOH	I was treated with compassion and understanding	1	2	3	4, 5	-	15,820
26d	OOH	I was given the opportunity to involve the people that matter to me	1	2	3	4, 5	-	13,920
26e	OOH	I understood the information I was given	1	2	3	4, 5	-	15,907
26f	OOH	I was able to ask questions if I wanted to	1	2	3	4, 5	-	15,798
26g	OOH	Staff helped me to feel in control of my treatment/care	1	2	3	4, 5	-	15,056
26h	OOH	My treatment/care was well coordinated	1	2	3	4, 5	-	15,308
27	OOH	Overall, how would you rate the care you experienced from this service?	1	2	3	4, 5	-	16,755

Question Number	Topic	Question Text	High positive values	Low positive values	Neutral values	Negative values	Excluded values	Number of responses analysed
32a	Social Care	I was aware of the help, care and support options available to me	1	2	3	4, 5	-	11,029
32b	Social Care	I had a say in how my help, care or support was provided	1	2	3	4, 5	-	9,917
32c	Social Care	People took account of the things that matter to me	1	2	3	4, 5	-	9,818
32d	Social Care	I was treated with compassion and understanding	1	2	3	4, 5	-	10,087
32e	Social Care	I felt safe	1	2	3	4, 5	-	9,813
32f	Social Care	I was supported to live as independently as possible	1	2	3	4, 5	-	9,647
32g	Social Care	My health, support and care services seemed to be well coordinated	1	2	3	4, 5	-	9,649
32h	Social Care	The help, care or support improved or maintained my quality of life	1	2	3	4, 5	-	9,745
33	Social Care	Overall, how would you rate your help, care or support services? Please exclude the care and help you get from friends and family.	1	2	3	4, 5	-	10,899

Question Number	Topic	Question Text	High positive values	Low positive values	Neutral values	Negative values	Excluded values	Number of responses analysed
38a	Social Care	I have a good balance between caring and other things in my life	1	2	3	4, 5	-	21,614
38b	Social Care	Caring has had a negative impact on my health and wellbeing	5	4	3	1, 2	-	20,404
38c	Social Care	I have a say in services provided for the person(s) I look after	1	2	3	4, 5	-	18,704
38d	Social Care	Local services are well coordinated for the person(s) I	1	2	3	4, 5	-	18,486
38e	Social Care	I feel supported to continue caring	1	2	3	4, 5	-	18,910
39	About You	In general, how well do you feel that you are able to look after your own health?	1	2		3, 4	-	128,609

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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 7552

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

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