

## 06/13: SPSCC

### Scottish Health Survey Review Update – June 2006

A consultation paper was sent out to stakeholders in January 2006 with a deadline of 31 March 2006 seeking views on the 12 recommendations for the future of the survey. Responses were received from around 40 individuals and organisations.

An analysis of the responses received was carried out and the main conclusions were as follows:

- There was general support for the proposal that the survey should generate reliable results at national and at NHS Board level. However, questions were raised over the funding of additional samples and we need to calculate likely costs of potential boosts.
- There was general support for moving to a modular structure to the survey, although there had been some confusion caused by the consultation document over the terminology used to describe the modules. However, there were also some concerns raised that the modular structure may be too complex and lead to an inefficient design.
- There were mixed views about the content of the different modules. Some respondents felt that the biological data collected in the nurse visit was necessary for analysis at NHS Board level and others felt it was only necessary at a national level. The final decision on this will inevitably come down to one of costs.
- The main preference amongst respondents was to move to a continuous survey which would provide robust national results annually and NHS Board level results would require aggregation of 2 or more years of data. The number of years required will, of course, depend on the sample sized agreed upon.
- There was some disagreement over the suggested minimum sample sizes per Board of 800 adults. This would provide a minimum precision of +/- 3.5% points for a point-in-time estimate and +/- 4.9% points for a difference. A number of respondents felt this was too small. Again, this decision will be influenced by finance.
- There were two opposing views on the issue of a clustered sample versus an unclustered sample. An unclustered sample will benefit analysis at HB area over time whereas a clustered sample will benefit multi-level analysis examining the effect of local area on health. Cost will also be an issue in the final decision here as unclustered is likely to be more expensive.
- There was general support for harmonisation with other SE surveys as long as stakeholders are involved in decisions.

A Review Steering Group meeting is currently being organised for early July. The group will discuss the consultation responses and make decisions on some of these key areas. Once a way forward is agreed, we will move towards questionnaire design and the commissioning process.

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