



Patient Experience Survey of GP and Local NHS Services 2011/12

Volume 2: Technical Report

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1 INTRODUCTION AND BACKGROUND

Introduction

- 1.1 The Better Together Patient Experience Survey of GP and Local NHS Services is a postal survey which was sent to a random sample of patients who were registered with a GP in Scotland in October 2011. The survey is the successor to the 2009/10 GP Patient Experience Survey.
- 1.2 Like the 2009/10 GP Patient Experience Survey, it asked patients about their experience of accessing their GP practice, making an appointment, visiting reception, seeing either a doctor and/or nurse at the surgery, receiving medication and the overall care provided by the practice. New questions were added to find out about patients' experiences of referrals to other health professionals, out-of-hours services and outcomes from NHS treatments.
- 1.3 The focus of this report is on the survey development, design and analysis. The national report provides the national results and is available at: <http://www.scotland.gov.uk/gp-survey-national-report-2012>
- 1.4 Individual reports for each GP practice, Community Health Partnership (CHP) and NHS Board are available at: <http://surveyresults.bettertogetherscotland.com>.

Better Together Programme

- 1.5 Better Together is Scotland's Patient Experience Programme, using the people's experiences of NHSScotland to improve health services.
- 1.6 The Better Together programme supports the *Healthcare Quality Strategy for NHSScotland* (or *Quality Strategy*) by providing a basis for the measurement of quality as experienced by service users across Scotland, in addition to support for local improvement.
- 1.7 The ultimate aim of the *Quality Strategy* is to deliver the highest quality health and care services to people in Scotland, and through this to ensure that NHSScotland is recognised by the people of Scotland as amongst the best in the world. Through the Better Together programme, people in Scotland are being given the opportunity to comment systematically on their experience of healthcare and its impact on their quality of life. The Scottish GP / local NHS services survey is one example of this work. The Scottish Inpatient Patient Experience Survey also allows patients to comment on inpatient services. Further information on the inpatient survey can be found at: <http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/InpatientSurvey>
- 1.8 Further information about the Quality Strategy can be found at: <http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/NHSQuality>

Aims of the survey

The survey's specific objectives were to:

- Provide GP practices with structured feedback on their patients' experience of their service, relative to other practices in Scotland;
- Provide information on patients' use and experience of local NHS services;
- Identify areas of best practice and areas for improvement;
- Monitor the NHSScotland HEAT standards on accessing GP services;
- Assess if and how the level of positive and negative experiences change over time, between GP practices and between NHS Boards;
- Assess the types of outcomes patients had from any NHS treatment to inform the quality outcome indicator on patient reported outcomes;
- Contribute to the patient experience quality outcome indicator;
- Explore if there are variations in the experiences of different groups of patients.

Survey design

- 1.9 The survey was redeveloped during summer 2011 with an aim to cover other local NHS Services as well as general practice. We included questions on local NHS services in this survey to help address the growing interest in understanding how people use a range of local NHS services and help support further improvement outside general practice. Consultation workshops were held with members of the public to find out what was important to them. We also consulted key stakeholders from NHSScotland, Scottish Government and Royal College of General Practitioners (RCGP).
- 1.10 The survey was then cognitively tested with patient and public panels to ensure that the new questions worked well in terms of understanding the purpose of the questions and the response scales.

Survey fieldwork and response

- 1.11 The sample was designed to provide results for individual GP practices as well as providing information for use by NHSScotland, NHS Boards and CHPs. Patients who were sent the survey were randomly sampled from the lists of patients registered with each GP practice in Scotland. This was done confidentially by the [Information Services Division \(ISD\) of the NHS National Services Scotland](#)¹. The survey was administered by [Picker Institute Europe](#)², a charity which provides support for patient experience surveys, with assistance from ISD and SG. Fieldwork for the survey began on 4 November, 2011 and ended on 31 January, 2012.
- 1.12 In total 605,896 surveys were sent to patients and 145,569 were returned completed, giving an overall response rate of 24 per cent. The expected response rate was 23 per cent. This response rate appears low compared to

¹ <http://www.isdscotland.org/> The Information Services Division (ISD) is a division of National Services Scotland, part of NHSScotland. ISD provides health information, health intelligence, statistical services and advice that support the NHS in progressing quality improvement in health and care and facilitates robust planning and decision making.

² <http://www.pickereurope.org/>

that achieved for the previous survey (38 per cent). This is because we sent two reminders for the previous survey, but this year's survey was designed to achieve the required number of responses for each practice without reminders. It proved to be cost effective to send more surveys initially than to send fewer surveys and reminders. The response rates have been analysed by ISD and are discussed in Chapter 8 of this report.

- 1.13 More information on the survey design, response rates and methodology can be found in Chapters 4, 8 and 9 of this report.

Data analysis and reporting

- 1.14 The survey data collected and coded by Picker Institute Europe were securely transferred to ISD. The main analysis contained in the national report was carried out by ISD. In addition, ISD prepared the supplementary tables showing analysis of results for NHS Boards and CHPs in conjunction with Scottish Government.
- 1.15 The national report was released on 29 May 2012. It presents national results for each survey question and compares the results with those from the 2009/10 survey. It is available at: <http://www.scotland.gov.uk/gp-survey-national-report-2012>
- 1.16 Throughout the national report, weighted average percentages have been presented. This accounts for the different sizes of GP practices. Weighting the results in this way provides results more representative of the population at Scotland and NHS Board level.
- 1.17 All changes from the 2009/10 national results that are discussed in the national report are statistically significant at the 5% level. Due to the large sample size, even small changes of one per cent in the national results are statistically significant. For tables showing changes in results for NHS Boards, statistically significant differences are highlighted in bold within the national report.
- 1.18 The national report also explores the variation in results between GP practices and NHS Boards. Comparisons are made with the results from similar surveys undertaken in England, Wales and Northern Ireland. International comparisons are made using the results of the 2010 Commonwealth Fund International Health Policy Survey³.

³ <http://www.commonwealthfund.org/Surveys/2010/Nov/2010-International-Survey.aspx>

2 OUTPUTS OF THE SURVEY

- 2.1 In addition to the national report, there are a number of other outputs from the Scottish Patient Experience Survey of GP and Local NHS Services 2011/2012. Reports for individual GP practices, NHS Board, Community Health Partnership (CHP) have been produced and are available at <http://surveyresults.bettertogetherscotland.com/>

GP practice reports

- 2.2 Results are shown as the percentage of patients who answered each question positively. Bar charts show the percentage of patients answering positively as green, and the percentage negatively as red. Where answers are neither positive nor negative, the percentage is shown in yellow.
- 2.3 The results are compared to the Scottish average. Differences which are statistically significant are shown as \pm where the percent positive score is significantly higher than the national average; and \mp where the percent positive score is significantly lower than the national average. An example is shown below. In the example 83% of patients for the GP practice responded positively, which is 2 percentage points lower than the national average. The minus symbol a shows that this difference is statistically significant.

Getting to see or speak to someone

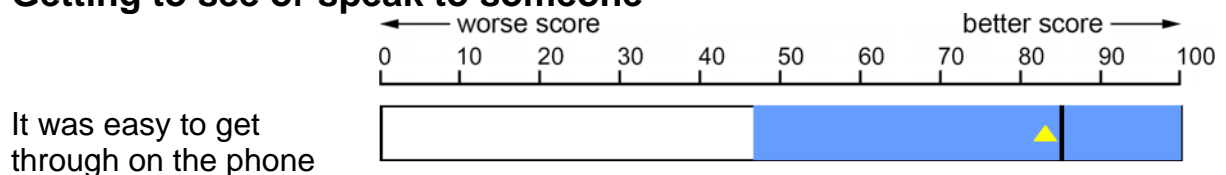


- 2.4 There is a section that presents the top five results and bottom five results. The top five questions are those with the highest percentage positive result. The bottom five are those questions with the highest percentage negative result.
- 2.5 The next section of the GP practice report compares the latest results with those from the 2009/10 survey. Changes are marked as \pm where the percent positive score has increased and the increase is statistically significant; and \mp where the percent positive score has decreased and the decrease is statistically significant.
- 2.6 The final section of the report presents tables of results from three questions that did not fit into the percentage positive format used elsewhere. These questions were about being overheard in the reception area, patients discussing their ability to work and GP surgery opening hours.

NHS Board and CHP reports

- 2.7 The NHS Board and CHP reports are of a similar format to the GP practice results described above, but with two additional sections. The NHS Board and CHP reports also present results from the questions on out-of-hours and outcomes from NHS treatments. These results were not presented in GP practice reports because they did not specifically relate to the GP practice.
- 2.8 The first additional section shows how the NHS Board/CHP compared to Scotland. The range of percentage positive results for practices within the NHS Board/CHP are shown as a blue bar from the worst score (to the left), to the best (to the right). The Scottish average is shown as a black line. The CHP score is shown as a yellow triangle. An example is shown below. In the example the best performing practice has a positive score of 100%; the worst performing practice has a positive score of 46%; the NHS Board/CHP result is 83%; and the national average is 85%.

Getting to see or speak to someone



- 2.9 The second additional section displays tables of results for all questions included in the survey. This section includes the results from three questions that did not fit into the percentage positive format used elsewhere. These questions were about being overheard in the reception area, patients discussing their ability to work and GP surgery opening hours.

Supporting spreadsheets

- 2.10 Spreadsheets showing more detailed results will be released on the Scottish Government website at:
<http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/GPPatientExperienceSurvey>

Online reporting system

- 2.11 The survey results are also available on an online reporting system that is accessible to GP practices, CHPs and NHS Boards.
- 2.12 The system allows users to view slightly more detailed results and to benchmark GP practice results against demographically similar practices.
- 2.13 The system also displays the comments that patients left about their GP surgery and other local NHS services. Details that could disclose the identity of a patient were removed from the comments. Further information about this is available in section 6 of this report.

Availability of data for further research

2.14 An anonymised dataset will be made available for further research at:
<http://www.data-archive.ac.uk>

3 SURVEY DESIGN

Survey development

- 3.1 The questionnaire was based on the one used for the 2009/10 GP Patient Experience Survey. Details on the development of the 2009/10 questionnaire are available in the survey technical report at:
<http://www.scotland.gov.uk/Publications/2010/07/27085118/0>
- 3.2 The redevelopment of the 2009/10 survey involved discussions with policy areas to find out what areas they would like the survey to cover. We also took into account feedback from users and our experiences of where there had been problems with the questions.
- 3.3 Early on in the redevelopment we organised a consumer panel to give members of the public a chance to say what was important to them. We also showed them an early draft of the questionnaire for them to complete and offer comments.

Cognitive testing

- 3.4 Picker Institute Europe cognitively tested the questionnaire. In the two weeks spanning the 12th and the 23rd of September, Picker Institute Europe carried out 24 interviews with Scottish general practitioner (GP) patients. The interviews were completed in three rounds of eight, to allow discussions to be had and amendments to be made in between rounds.
- 3.5 Participants were recruited via a local recruitment agency, and screened to allow for the most diverse group of age, gender and ethnicity. The group consisted of:
- 12 males and 12 females;
 - 19 people describing themselves as 'white', 4 describing themselves as 'Asian' and 1 as 'other';
 - Ages ranging from 20 to 77;
 - 6 participants whose first language was not English.

Changes to patient survey 2011/12, compared with 2009/10 survey

New questions

- 3.6 While the 2009/10 survey was specifically about GP practices, the survey was widened in 2011/12 to ask about more health services in the community. The new sections include outcomes from NHS treatment, as well as questions on out-of-hours services.
- 3.7 A copy of the 2011/12 patient survey can be found in Annex B. The 2009/10 survey can be found here:
<http://www.bettertogetherscotland.com/bettertogetherscotland/1061.141.583.html>

3.8 New questions in 2011/12 are shown in Table 1 below:

Table 1 New questions for the 2011/12 survey

Question Number	Question	Reason for new question
1	What local health services have you used in the last 12 months when you needed treatment or advice about your health?	Because the survey is widening out to cover more health services, there was a need to find out what services people had used or accessed during the preceding twelve months.
3	Approximately how often have you contacted this GP surgery in the last 12 months (either for yourself or someone you look after)?	Users of the survey results felt that it was important to understand whether people are regular users of the GP surgery.
11	Has your GP referred you to see any other health professionals (including at your GP surgery or local health centre, at home or at another clinic or hospital) in the last 12 months?	The questions about referral to other services were added as this was raised as a key concern by people in the patient panels. There were also a reasonable number of comments criticising the referrals process from respondents to the 2009/10 survey. These questions seek to find out whether patients are finding problems with referrals in any geographical areas.
12	Thinking about the last time your GP referred you, how would you rate the arrangements for getting to see another NHS health professional?	
15	How clean is your GP surgery or health centre?	This question was added because patients identified clean facilities as very important to them. There were also a reasonable number of comments complaining that GP practices were not clean, from respondents to the 2009/10 survey. The question mirrors the English survey.
17a	Have you seen a doctor at your GP surgery in the last 12 months?	This filter question was added as it was found that some people had been to the GP surgery but were not seen by a doctor.
20	Did you see any health professionals in the last 12 months about something that affected your ability to work?	These questions were requested by the Scottish Government Health Works policy team, in order to understand one of the key aspects of implementation which is having conversations about getting back to work.
21	The last time this happened, did they discuss your ability to work with you?	
23a	It was easy enough for me to get my medicines	There have been some reported issues with availability of prescription medicines with patients sometimes only having prescriptions partially filled and needing to return to collect the balance, especially for medicines that are not dispensed frequently.
23f	I took my prescription as I was supposed to	This was added in response to patient and clinician views about the importance of compliance.

Question Number	Question	Reason for new question
26	In the last 12 months, have you tried to get medical help, treatment or advice, for yourself or someone you were looking after, when your GP surgery was closed (out of hours)?	The out of hours questions were added in order to provide data to a national programme of work on Quality indicators for Out of Hours Primary Medical Care Services which includes an indicator on healthcare experience.
27	Thinking about the last time you tried to get help out of hours, which NHS service did you speak to or go to first?	This was added to gain some understanding of routes to care that people choose or were directed to.
28	Which service did you end up being treated or seen by?	This was needed so it is clear what service people are answering about in the experience questions (questions 29a-29e).
29a	The time I waited was reasonable	This represents the need for timeliness of care or treatment – one of the six quality dimensions that underpin the Quality Strategy.
29b	I felt that the person had all the information needed to treat me	This mirrors the doctor/ nurse questions about the consultation and is important because out of hours practitioners should be able to access the necessary information about the patient.
29c	I felt I was listened to	This mirrors the doctor/ nurse questions about the consultation and is an important aspect of high quality, effective communication.
29d	Things were explained to me in a way I could understand	
29e	I felt that I got the right treatment or advice	This question was intended to provide an indication of respondents' feelings about the treatment or advice they received.
30	Overall, how would you rate the care you experienced out of hours?	The overall rating question mirrors the one for the GP surgery.
31	What do you think about the opening hours of your GP surgery?	This was added to inform discussions about improving access to General Practice.
32	In the last 12 months, have you received NHS treatment or advice because of something that was affecting your ability to do your usual activities?	These questions were added on an experimental basis in order to inform the quality outcome indicator on patient reported outcomes. They were developed through consultation with a range of people and reflect three dimensions of health status.
33	Thinking about the last time this happened, how would you describe the effect of the treatment on your ability to do your usual activities?	
34	In the last 12 months, have you received NHS treatment or advice because of something that was causing you pain or discomfort?	
35	Thinking about the last time this happened, how would you describe the effect of the treatment on your pain or discomfort?	
36	In the last 12 months, have you received NHS treatment or advice because of something that was making you feel depressed or anxious?	
37	Thinking about the last time this happened, how would you describe the effect of the treatment on how you felt?	

Question Number	Question	Reason for new question
41	How would you rate your health in general?	Self assessed health is known to be related to reported experience so this question was added to investigate this aspect.
44	What best describes your work status?	This was added to tie in with the new Health Works questions, and also to support further investigation of access issues. Available answer options used in other surveys (e.g. Labour Force Survey) were felt to be too detailed for this purpose so these simplified options were developed.
45	Do you look after, or give any regular help or support to family members, friends, neighbours or others because of either long-term physical / mental ill-health / disability or problems related to old age? Exclude any caring that is done as part of any paid employment.	The question about carers was added to enhance national information about experiences of carers as this is a key area for improvement across Scotland.

Changed questions

3.9 Changes were made to questions where feedback was received that they were difficult to answer – either based on the results of the previous survey or via patient panels or cognitive testing. In addition, the questions about access to the GP practice were reduced to emphasise that these are no longer being used for practice assessment under the Quality & Outcomes Framework (QOF). Therefore the very specific questions were no longer required. The questions could therefore be shortened and also provide more meaningful data.

3.10 Questions that were changed in 2011/12 are shown in below:

Table 2 Questions that were changed in 2011/12

Question Number in 2011/12	Question	Question Number in 2009/10	Question	Reason for changes
4	Thinking of the last time you contacted this GP surgery by phone, how easy was it for you to get through?	2	In the last 12 months, when you have phoned your GP surgery, could you get through on the phone?	The previous question was on an always/ never scale recalling the last 12 months. This was changed to the last time to make the question easier and to make sense with the following question.
5	The last time you phoned the GP surgery, how helpful was the person who answered?	3	When you have phoned your GP surgery, was the person who answered polite and helpful?	This was also changed to last time because it was felt that general recall is difficult especially if different people answer the phone. The answers now mirror the

Question Number in 2011/12	Question	Question Number in 2009/10	Question	Reason for changes
				question about receptionists when contacting the practice and avoid asking about 2 concepts (polite and helpful)
6	The last time you needed to see or speak to a doctor or nurse from your GP surgery quite urgently, how long did you wait?	4	In the last 12 months, have you contacted your GP surgery because you needed advice fairly quickly because you felt unwell or were worried about something?	These questions were specifically included to provide information about the 48 hour access points in the QOF. The questions have been changed as this information is no longer required. The opportunity to ask more about times to wait was taken.
		5	The last time this happened, did you see or speak to a doctor or nurse within 2 working days?	
7	What was the main reason you waited longer than 2 working days?	6	Why did you not see or speak to a doctor or nurse within 2 working days?	This was changed slightly so that people were more likely to only tick one answer.
8	If you ask to make an appointment with a doctor 3 or more working days in advance, does your GP practice allow you to?	7	In the last 12 months, have you tried to book a doctor's appointment in advance? (For example, have you tried to book an appointment for when you get back from a holiday or to fit in with other commitments)	With the removal of the points on patient experience results on advance access from the QOF, the opportunity has been taken to cut down the amount of space used for these questions.
		8	The last time you tried to book in advance, were you able to get an appointment?	
		9	Why did you not get an appointment in advance?	
13	In the reception area, can other patients overhear what you say to the staff?	13b	I was worried because other people could overhear me talking to the receptionist	This was previously asked along with other reception questions as <i>When you attended your GP surgery, how often did you experience each of the following?</i> This has been changed to fit with the revised questionnaire layout and to be comparable to the question in the English survey.
14	How helpful do you find the receptionists at your GP surgery?	13a	The receptionist was polite and helpful	This was previously asked along with other reception questions as <i>When you attended your GP surgery,</i>

Question Number in 2011/12	Question	Question Number in 2009/10	Question	Reason for changes
				<i>how often did you experience each of the following?</i> This has been changed to fit with the questionnaire layout and to be comparable to the question in the English survey. It was also recognised that there was no need to ask patients about the receptionist being polite and helpful – as they may be considered to be two different things.
17b	The doctor listened to me	14a	The doctor listens to me	<p>These statements have all been changed to past tense as the question was changed from <i>How much do you agree or disagree with the following about the doctor or doctors you have seen at your GP surgery?</i> to <i>Thinking about the last time you saw a doctor at your GP surgery, how much do you agree or disagree with each of the following?</i></p> <p>The reason for this change was that further testing showed that it was too difficult for people to generalise about the doctors in the practice, if they had seen more than one and easier to think of a specific occasion.</p> <p>The question on consideration for personal circumstances was found to be difficult to understand in testing so was changed.</p>
17c	I felt that the doctor had all the information needed to treat me	14b	I feel the doctor has all the information they need to treat me	
17d	The doctor was considerate and understanding	14c	The doctor shows consideration for my personal circumstances in treating me	
17e	The doctor talked in a way that helped me understand my condition and treatment	14d	The doctor talks in a way that helps me understand my condition and treatment	
17f	I felt confident in the doctor's ability to treat me	14e	I am confident in the doctor's ability to treat me	
17g	I had enough time with the doctor	14f	I have enough time with the doctor	
18b	The nurse listened to me	15b	The nurse listens to me	
18c	I felt that the nurse had all the information needed to treat me	15c	I feel the nurse has all the information they need to treat me	<p>As with the doctors question (questions 17a-17g), these statements have all been changed to past tense as the question was changed from <i>How much do you agree or disagree with the following about the doctor or doctors you have seen at your GP surgery?</i> to <i>Thinking about the last time you saw a</i></p>
18d	The nurse was considerate and understanding	15d	The nurse shows consideration for my personal circumstances in treating me	

Question Number in 2011/12	Question	Question Number in 2009/10	Question	Reason for changes
18e	The nurse talked in a way that helped me understand my condition and treatment	15e	The nurse talks in a way that helps me understand my condition and treatment	<i>doctor at your GP surgery, how much do you agree or disagree with each of the following?</i>
18f	I felt confident in the nurse's ability to treat me	15f	I am confident in the nurse's ability to treat me	The questions here are the same as for the doctor questions
18g	I had enough time with the nurse	15g	I have enough time with the nurse	
19	Are you involved as much as you want to be in decisions about your care and treatment?	17	How do you feel about being involved in decisions about your care and treatment?	
23b	I knew enough about what my medicines were for	16b	How often have you experienced the following? I know enough about what my medicines are for	The response scale for the medicines questions was changed from a never/always scale to an agree/disagree scale. The previous question was <i>How often have you experienced the following?</i> This was changed to <i>Thinking about the last time you were prescribed medicines, how much do you agree or disagree with each of the following:</i> This ties in with the move to "last time" for the doctor and nurse questions.
23c	I knew enough about how and when to take my medicines	16c	How often have you experienced the following? I know enough about how and when to take my medicines	
23d	I knew enough about possible side effects of my medicines	16d	How often have you experienced the following? I know enough about possible side effects of my medicines	
23e	I would know what to do if I had any problems with my medicines	16e	How often have you experienced the following? I would know what to do if I had any problems with my medicines	
24b	I am treated with kindness and understanding	18b	My personal values and beliefs are respected	
42	Do you have any of the following?	26	Do you have any of the following?	The response options for this question were changed. The specific examples of conditions were removed as based on analysis of the "other" written answers in the previous survey, these had

Question Number in 2011/12	Question	Question Number in 2009/10	Question	Reason for changes
				perhaps discouraged people from ticking the correct option. For this reason the "other" category was removed. An option on chronic pain was added to provide information in support of the development of a SIGN guideline and new service model for chronic pain services in Scotland.
46	Which of the following options best describes how you think of yourself?	23	Which of the following options best describes how you think of yourself?	There was a very small change in that homosexual was added to the Gay/ Lesbian answer option.
47	What religion, religious denomination or body do you belong to?	24	What religion, religious denomination or body do you belong to?	There was a small change to the answer options Based on analysis of the previous survey, the "Another religion (please write in)" option was changed to "Another religion (non-Christian)", with no option to write in. This was because many of the answers provided could be categorised in the other Christian box which had been missed out.
48	What is your ethnic group?	25	What is your ethnic group?	In order to create space for the new questions the short form of this question using the 5 main categories was used rather than the full length question.

Questions that were in the 2009/10 survey but not in the 2011/12 survey

3.11 Question 13 asked "When you attended your GP surgery, how often did you experience each of the following?" and then presented several statements. One of these statements was "I felt bothered or threatened by other patients". This question was removed from the survey because it was not an issue for the vast majority of practices. Where this was an issue, this had been identified in the previous survey.

4 SAMPLE DESIGN

Sampling frame

- 4.1 Patients eligible to be sampled for the survey were those who were registered to a Scottish GP practice at 17 October 2011 and aged 17 or over at that date. Eligible patients were identified by ISD Scotland, using an October 2011 extract from the Community Health Index (CHI) database.
- 4.2 A small number of special practices, run by NHS Boards to provide primary care services to particular small groups of patients (e.g. practices for homeless people) were excluded from the survey. A small number of patients who had requested not to be included in this or other surveys were also removed from the survey sampling frame.

Sample size calculation

- 4.3 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.
- 4.4 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% confidence interval with width +/- 8 percentage points, sampled from a finite population. This level of acceptable uncertainty was agreed with stakeholders. For the 2009/10 survey the sample sizes were based on a 95% confidence interval with width +/-7 percentage points. The small reduction in the required accuracy of the results reduced respondent burden and costs. Unlike the 2009/10 survey, the results will not be used to allocate any funding to GP practices so they do not have to be quite as accurate.
- 4.5 The formula for the minimum sample required (M) is

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

Where:

- N is the number of patients in a practice on the sampling frame (i.e. the number of patients aged 17 and over)
- $B = z^2p(1-p)/c^2$
- p = the proportion answering in a certain way (assume 0.5 as this gives maximum variability)
- z is 1.96 for a 95% confidence interval (from standard normal distribution)
- c gives maximum acceptable size of confidence interval, in this case 0.08 (8 percentage points).

Based on the above, B=150

4.6 Table 3 below shows examples of this minimum number of responses required (M) based on the assumptions above for some example practice population sizes.

Table 3 Minimum sample size required for different practice list sizes

Practice Population	200	500	1,000	2,000	5,000	10,000	20,000
Minimum sample required	86	116	131	140	146	148	149
Percentage of population	43%	23%	13%	7%	3%	1%	1%

4.7 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).

4.8 The minimum sample size required (Table 3) is adjusted upwards to allow for assumed non-response to the survey. Estimated response rates to the 2011/12 survey were calculated using a model that took into account different factors, including age and deprivation, which had an effect on the likelihood of a person responding to the survey. The model considered response rates from the 2009/10 GP Patient Experience Survey and 2010/11 GP Access Survey. This provided the most efficient way of determining the sample size.

4.9 The model also showed that response rates were lower the closer to Christmas that the survey was sent to people. Possible explanations for this may be surveys getting caught up in the Christmas post or people not being able to return the survey due to bad weather. This finding influenced the timetable for the 2011/12 survey. We sent surveys earlier than previously (all surveys were sent by 17 November 2011, whereas in 2009 the last mailing date was 4 December) to ensure that the response rate was not affected by sending surveys too close to Christmas. The estimated response rate was 23 per cent and the achieved response rate was 24 per cent.

4.10 For the previous survey two reminders were sent to boost the response rate, but this year's survey was designed to achieve the required number of responses for each practice without reminders. It proved to be cost effective to send more surveys initially than to send fewer surveys and reminders.

4.11 The formula used to calculate the total sample size (S) for each practice can be simplified to

$$S = \frac{0.96N}{(0.0064(N-1)+0.96)R}$$

Where R is the assumed response rate for each practice.

4.12 A total of 605,896 patients were sampled for inclusion in the Patient Experience Survey of GP and Local NHS Services 2011/12.

Patient selection

- 4.13 For the majority of practices in Scotland, a random sample of the required number of patients (S) from each practice was taken from the sampling frame by ISD Scotland, using the “sample” function within the R software package. For some practices with very small numbers of eligible patients, all patients were included in the survey in order to meet the minimum sample size requirements identified from the calculation above.
- 4.14 The R software is free software and we acknowledge the following source: R Development Core Team (2007). R: A language and environment for statistical computing. R Foundation for Statistical Computing, Vienna, Austria. ISBN 3-900051-07-0, <http://www.R-project.org>.
- 4.15 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

- 5.1 The Scottish Government contracted Picker Institute Europe⁴ to administer the survey. Picker Institute Europe is an independent, not for profit research and development institute with charitable status, and has provided support for other patient experience survey work elsewhere in the UK. ISD Scotland provided day-to-day support for the administration of the survey along with Scottish Government staff.

Mail-out

- 5.2 The fieldwork began on 04 November 2011. In total, 605,896 surveys were posted out in four batches between 04 November 2011 and 17 November 2011. Patients were asked to complete the questionnaire by 31 January 2012. Reminder letters were not sent out to those who did not initially respond. For the previous survey two reminders were sent to boost the response rate, but this year's survey was designed to achieve the required number of responses for each practice without reminders. It proved to be cost effective to send more surveys initially than to send fewer surveys and reminders.

Data collection

- 5.3 Data was collected in the form of hardcopy returns and online returns (including online returns completed by people using JAWS readers⁵). For more information on the format of returns refer to section 8.8 of this report.
- 5.4 During the fieldwork a freephone helpline answered queries from patients surveyed. In total, 821 telephone enquiry calls were answered by the telephone and language line. This was a noticeable reduction compared to the number received in 2009/10 (3,668). A possible reason for this decrease could be attributed to better supporting documentation and instructions being sent with the questionnaire. Another possible explanation could be that patient experience surveys are now fairly common and people may simply be more familiar with completing them.

Deceased patients

- 5.5 The patients included in the 2011/12 survey were sampled from an extract taken from the CHI database on 17 October 2011. The questionnaire printing and mail-out process extended from this date through to the final mailing date of 17 November 2011. This meant that some patients would have died between the extract and mail out dates.

⁴ Picker Europe used Ciconi Ltd as part of the contract to assist with data entry and reporting

⁵ JAWS is a screen reading software product that is accessible to the visually impaired.

- 5.6 As in previous surveys, the Scottish Government were keen that every possible effort was made to avoid questionnaires being sent to family members of deceased patients. Therefore, similar to previous surveys, a list of patients included in the initial sample was linked to the Community Health Index (CHI) database to identify patients who had recently died. This process also helped to identify patients who had died abroad and was repeated three times during the period between the initial sample being drawn and the surveys being mailed out. We are grateful to Practitioner Services Division (PSD) of NHS National Services Scotland and Atos Origin Alliance (who host the CHI database for NHS Scotland) for their support during this phase of the work.
- 5.7 This year, an additional process was introduced to further minimise the risk of questionnaires being sent to deceased patients. A list of patients included in the survey was sent to the NHS Central Register (NHSCR) and linked to the National Records of Scotland (NRS) deaths database. This allowed NHSCR to provide daily extracts of deceased patients to ISD. This process also helped to identify patients who had died elsewhere in the UK. Having access to daily death information greatly reduced the number of questionnaires being sent to addresses of deceased patients. We are grateful to NHSCR for their help and support during this stage of the project.
- 5.8 Between the CHI and NHSCR databases, a total of 659 records included in the initial survey sample were flagged as deceased between the time the 17 October 2011 CHI extract was taken and the final mail out date. These records were analysed by ISD and sent to Ciconi Ltd for removal from the mail-out process prior to dispatch. Of the 659 deceased records, a total of 459 questionnaires (70%) were suppressed and removed from the postal mail out. Analysis of those records not suppressed showed that a quarter of patients had died on the day or the day after the mail out. The analysis also highlighted that majority of the remaining cases died within two weeks of the mail out.
- 5.9 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 NRS databases.
- 5.10 This delay, combined with the volume of the mail out process, made it extremely difficult to prevent all questionnaires being sent to addresses of deceased patients. However, as outlined above, efforts were made to avoid this as much as possible.

6 DATA ENTRY AND FIELDWORK QUALITY CONTROL

Scanning process

6.1 Once the survey was issued, paper copies of questionnaires received were scanned on a daily basis by staff at Ciconi Ltd. A verification process was then carried out for each batch scanned and a number of checks were undertaken to ensure that the scanning process had worked correctly.

Data capture

6.2 To ensure clarity of information and ultimately accuracy, the following were set up and tested before the data entry began:

- Data structure
- Data entry spreadsheet
- Data capture instructions
- Capture questionnaire

6.3 The people entering the data were required to enter data into a test environment prior to commencing work. The test data files were individually checked, matching each questionnaire to each record, to ensure accuracy. Once the test files had been verified and approved, the person was allowed to commence work. A number of formal procedures were used to help increase accuracy including name of the person who entered the data recorded against each entry and the unique reference numbers that link a survey to a patient were entered twice.

Verification & upload process

6.4 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.

Secure disposal

6.5 Once confirmation had been received that the scanned batch of completed surveys had been verified; trays containing the hardcopy forms were tipped into a locked cage and stored for collection. Periodically the cages were collected and sent for secure shredding. Batches that were destroyed were logged and a certificate of destruction was received.

Free text

6.6 The survey asked respondents if there was anything else that they would like to tell us about their experiences of their local GP or other local healthcare

services. Almost 100,000 comments were left with approximately 60,000 relating to the GP practice and 40,000 about other local health services.

- 6.7 Disclosive details that could be used to identify patients were suppressed when the comments were entered. These details included names, addresses, ages, dates, medications and medical conditions. Staff names were also suppressed.
- 6.8 Checks were undertaken on 10% of records to ensure that the free text comments were linked to the correct record and that the instructions for suppressing disclosive details were followed.

7 DATA SECURITY AND CONFIDENTIALITY

Information Governance Framework

- 7.1 Data to support the survey were provided by ISD Scotland, PSD (both divisions of NHS National Services Scotland) and the NHS Central Register (NHSCR). NHS National Services Scotland (NSS) and NHSCR staff adhere to an NHS Scotland Information Governance Framework, which brings together all of the statutory requirements, standards and best practice that apply to the handling of personal information. This includes requirements set out in the Data Protection Act. Similarly, as the appointed survey contractors, Picker Institute Europe and Ciconi Ltd were required to comply with the principles covered by the Scottish Information Governance Toolkit (published at <http://www.scotland.gov.uk/Publications/2008/07/01082955/5>)

Application for use of data

- 7.2 The Community Health Index (CHI) is an NHS Scotland database containing personal information about every patient registered with a general practice in Scotland. This database is maintained by PSD and Atos Origin Alliance on behalf of each Scottish NHS Board. The Scottish Government, with input from ISD, submitted an application to the CHI Advisory Group seeking authorisation to obtain the necessary CHI information to be used as a sampling frame for the Survey. Permission to access CHI data for the purpose of the survey was granted in June 2011.

Data sample

- 7.3 The sample of patients to whom the survey was sent was drawn randomly from CHI. The sampling method and process are described in more detail in Chapter 4. Each patient selected for the survey was allocated a survey-specific unique ID number. This ID number was shown on the questionnaire sent to each patient, and used to link individual survey responses back to the original list of sampled patients.

Data transfer

- 7.4 The names, addresses and survey-specific unique ID numbers of sampled patients, along with the code, name and location of their registered GP practice, were sent electronically by secure FTP (File Transfer Protocol) link to Picker Institute Europe.
- 7.5 On completion of survey fieldwork and data capture (described in more detail in Chapters 5 and 6), the coded questionnaire responses were sent electronically by secure FTP from the survey contractors to ISD Scotland.
- 7.6 In addition to this, to help support the process of identifying deceased patients, patient details were also sent to PSD and NHSCR (described in

more detail in Chapter 5). The CHI numbers of sampled patients were sent electronically by secure FTP link to and from ISD and PSD. The survey-specific unique ID number, CHI number, GP practice details, names and addresses of sampled patients were also sent electronically via secure nhs.net transfer to and from NHSCR.

Access to data

- 7.7 Only named personnel within ISD, the survey contractors, PSD and NHSCR had access to the name and addresses of the people who were sent the questionnaire. Only named individuals within ISD and the survey contractors had access to details of those who responded. All personnel are governed by the previously mentioned Information Governance Framework. No access to patient name and address details has, or will be given to general practices, Community Health Partnerships, NHS Boards, the Scottish Government or any other organisation or individual.

8 SURVEY RESPONSE

Overview

8.1 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, 605,896 surveys were sent to patients and 145,569 were returned completed, giving an overall response rate of 24 per cent. This exceeded the expected overall response rate of 23 per cent, based on response rates to previous surveys of this type.

Overall response rates for NHS Board areas

8.2 The highest response rate for an NHS Board was Orkney (37%) and the lowest response rate was for Greater Glasgow and Clyde (19%). Ten of the 14 NHS Boards met or exceeded the expected response rate for their NHS Board (Table 4). The calculations for the expected response rates are detailed in section 4.8 of this report.

Table 4 Response rate by NHS Board

NHS Board	Total forms sent out	Number of Responses	Response Rate (%)	Expected Response Rate (%)
Ayrshire and Arran	34,687	8,672	25	24
Borders	9,360	3,292	35	35
Dumfries and Galloway	13,392	4,418	33	36
Fife	27,994	7,555	27	30
Forth Valley	28,862	7,657	27	28
Grampian	40,645	11,938	29	28
Greater Glasgow and Clyde	202,905	38,354	19	19
Highland	45,674	14,555	32	29
Lanarkshire	68,969	14,805	21	20
Lothian	87,598	20,782	24	21
Orkney	4,193	1,540	37	37
Shetland	4,192	1,395	33	31
Tayside	32,033	8,976	28	30
Western Isles	5,392	1,630	30	25
Scotland	605,896	145,569	24	23

Response rate (actual and expected) by NHS Board

Response rates for GP Practices

8.3 Patients at smaller practices were more likely to respond than those at larger practices (Table 5).

Table 5 Response rate by practice list size

GP Practice list size	Total forms sent out	Number of responses	Response rate (%)
< 2,500	102,007	27,388	27
2,500 - 4,999	179,495	41,541	23
5,000 - 7,499	148,719	34,917	23
7,500 - 9,999	101,766	24,724	24
10,000+	73,909	16,999	23
Scotland	605,896	145,569	24

Response rate by patient characteristics

8.4 As expected, the response rate was lower for patients living in deprived areas. This was taken into account when the sample sizes were calculated (see Chapter 4 on Sample Design). The response rate ranged from 17 per cent for the patients living in the most deprived areas to 30 per cent for patients living in the least deprived areas (Table 6).

Table 6 Response rate by deprivation quintile⁶

Deprivation	Total forms sent out	Number of responses	Response rate (%)
1 - Most deprived	151,275	25,133	17
2	127,133	28,078	22
3	127,248	34,323	27
4	105,824	30,399	29
5 - Least deprived	92,188	27,191	30
Scotland	605,896	145,569	24

8.5 The response rate ranged from 20 per cent of patients living in large urban areas to 35 per cent of patients living in remote rural areas (Table 7).

⁶ Scottish Index of Multiple Deprivation (SIMD) 2009 version 2. Total Forms sent out and number of responses by deprivation quintile will not sum to the national totals because for some patients it was not possible to match their postcode to SIMD data.

Table 7 Response rate by patient urban/rural location

Urban / Rural	Total forms sent out	Number of responses	Response rate (%)
Large Urban Areas	284,067	55,979	20
Other Urban Areas	141,491	34,216	24
Accessible Small Towns	39,669	10,571	27
Remote Small Towns	17,769	5,191	29
Accessible Rural	59,435	18,279	31
Remote Rural	58,967	20,516	35
Scotland	605,896	145,569	24

Response rate by patient urban/rural location

8.6 The response rate increased with age and was highest in the 65-74 year olds (46%). This compared to a response rate of just eight per cent for those aged 17-24 (Table 8).

Table 8 Response rate by age group

Age	Total forms sent out	Number of responses	Response rate (%)
17 - 24	79,308	6,718	8
25 - 34	105,973	11,524	11
35 - 44	105,577	17,748	17
45 - 54	110,065	26,461	24
55 - 64	88,746	33,313	38
65 - 74	64,069	29,430	46
75 and over	52,158	20,375	39
Scotland	605,896	145,569	24

Response rate by patient age group

8.7 The response rate was higher for females (28%) than it was for males (20%) (Table 9).

Table 9 Response rate by gender

Gender	Total forms sent out	Number of responses	Response rate (%)
Male	301,570	61,273	20
Female	304,326	84,296	28
Scotland	605,896	145,569	24

Method of response

8.8 Of the 145,569 respondents, the majority (95%) sent their surveys back in the post. A total of 7,550 completed their survey online, of which 667 completed the survey using a JAWS⁷ reader (Table 10).

Table 10 Method of response

Method of response	Number of questionnaires completed	Questionnaires completed (%)
Post	138,019	95
Online	6,883	5
Online via JAWS	667	<1
Total number of respondents	145,569	100

8.9 Of the patients who were sent a questionnaire, 19,566 (3%) were returned as undeliverable or the address was insufficient. A list of these patients has been sent to PSD for investigation. It is likely that this list will include patients who moved away from their address without notifying their general practice. Therefore, feedback of information on these surveys assists the NHS in identifying and correcting administrative records that may require updating.

⁷ JAWS is a screen reading software product that is accessible to the visually impaired. It is believed that many of those who completed the JAWS version of the online survey did not actually have a visual impairment.

9 ANALYSIS AND REPORTING

Introduction to analysis

- 9.1 The survey data collected and coded by Picker Institute Europe and Ciconi Ltd were securely transferred to ISD Scotland, where the information was analysed using the statistical software package SPSS version 17.0.

Reporting patient gender

- 9.2 Analysis of survey response rates by gender was done using the gender of the sampled patients, according to their CHI record.
- 9.3 For all other analyses by gender, where survey respondents had reported a valid gender in response to question 39, this information has been used in reporting. Where the respondents did not answer the question or gave an invalid response, gender information from the sampled patient's CHI record was used.
- 9.4 Self-reported gender was used where possible as in a small proportion of responses the reported information and the information on CHI differed. The most likely reason for this is that the questionnaire was sent to one patient but was completed by or on behalf of another one registered to the same practice (e.g. a recipient passing their questionnaire to a spouse).
- 9.5 In total, 143,696 responders (98.7%) provided a valid response to the question on gender (question 39). Of these, there was a difference between self-reported gender of the respondent and the gender of the originally sampled patient in 2,043 cases (1.4%). Amongst this group it was more frequently the case that a survey questionnaire originally sent to a male was responded to by a female (n = 1,161), than it was that a questionnaire sent to a female was answered by a male (n = 882). As practice contact rates are generally higher in females than males, one possible reason for this is that some male survey recipients may not have been to their practice for some time and passed their questionnaire to a female member of their household.

Reporting patient age

- 9.6 Analysis of survey response rates by age was done using the age of the sampled patients, according to their CHI record at the time of data extraction (17 October 2011).
- 9.7 For all other analyses by age where survey respondents had reported a valid age in response to question 40, this information has been used in reporting. Where the respondents did not answer the question or gave an invalid response, age information from the sampled patient's CHI record was used.
- 9.8 Valid age was taken to be anything between 17 and 108 years. When reporting question results by age group, a small proportion of cases where

age was reported as 16 or less were treated as invalid responses to the question. However, it is likely that in at least some of these instances the respondents were giving their feedback about their experience at the practice when making an appointment for their child, and in doing so reported the child's age rather than their own.

- 9.9 Self-reported age was used where possible in preference to age derived from the CHI record as in a proportion of responses the reported information and the information on CHI differed. Reasons for this include the questionnaire being sent to one patient but being completed by or on behalf of another one registered to the same practice (e.g. a recipient passing their questionnaire to a family member or spouse). In some of these instances, where the survey recipient and another member of their household had exactly the same forename(s) and surname (e.g. a father and son), the questionnaire may have been answered by the namesake of the individual sent the questionnaire.
- 9.10 In total, 139,489 responders (95.8%) provided a valid response to the question on age at last birthday (question 40). Of these, the self-reported age and the age calculated from the CHI record differed by two or more years in 3,494 cases (2.5%). In a further 15,919 cases (11.4%) there was a difference of one year. This is not unexpected, however, as many recipients would have had a birthday between 17th October 2011 and the date they responded to their questionnaire (November 2011 – January 2012).
- 9.11 In many instances where the age calculated from the CHI record differed from the age reported by the survey respondents, the associated age group used for analysis remained the same, whether based on CHI or based on the survey response. In 3,956 cases the record was however counted under a different age group for response rate analysis to the one used for all other analyses. Of these, 2,543 (64.3%) were in an older group for the main analysis of results than for analysis of response rates (Table 11). Some of this relates to individual recipients having a birthday and “moving up” by a single age group. In other instances this reflects the respondent being a different individual to the person sent the questionnaire and being more likely to be somewhat older than the originally sampled patient; older people were more likely to respond to the survey than younger people.

Table 11 Where reported age and CHI age groups are different

Age group calculated from survey responses (Nov 2011 – Jan 2012)	Age group calculated from CHI record as at 17 th October 2011							Total
	17 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 and over	
17 - 24	0	37	17	38	19	24	13	148
25 - 34	118	0	103	28	18	19	26	312
35 - 44	38	181	0	173	61	114	32	599
45 - 54	97	55	239	0	191	53	115	750
55 - 64	34	101	66	373	0	155	19	748
65 - 74	25	29	86	54	520	0	158	872
75 and over	16	24	36	63	36	352	0	527
Total	328	427	547	729	845	717	363	3956

Reporting deprivation and urban/rural status

9.12 Patient postcodes were used to match records to deprivation and urban/rural status information as defined by the Scottish Government. The versions used were:-

- The Scottish Government urban rural classification 2009/10. Further information on the classification is published at <http://www.scotland.gov.uk/Topics/Statistics/About/Methodology/Geography>
- The Scottish Index of Multiple Deprivation 2009 (version 2). Further information on the index is published at <http://www.scotland.gov.uk/Topics/Statistics/SIMD>

9.13 A small minority of records were not matched to deprivation or urban/rural information, for example because the postcodes were not valid or recognised by the reference files used in the matching. Table 12 below shows the numbers and percentages of records that were not assigned to a deprivation or urban/rural category.

Table 12 Patients that could not be assigned urban/rural or deprivation categories

	All responders		Sampled patients	
	<i>n</i>	%	<i>n</i>	%
Urban/Rural: Patient not assigned to a classification	817	0.56	4,498	0.74
Deprivation: Patient not assigned to a quintile	445	0.31	2,228	0.37

Number of responses analysed

9.14 The number of responses that have been analysed for each question is often lower than the total number of 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 their GP had not referred them to see any other health professionals in the last 12 months, they did not therefore have to rate the arrangements for getting to see another NHS health professional.
- The respondent did not answer the question for another reason (e.g. refused). Patients 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
- The respondent gave an invalid response to the question, for example they ticked more than one box where only one answer could be accepted.

9.15 The number of responses that have been analysed nationally for each of the percent positive questions is shown in Annex A.

Weighting

9.16 Results at Scotland, NHS Board and CHP level are weighted. Weighted results were calculated by first weighting each GP Practice result for each question by the relative practice size. The weighted practice results were then added together to give an overall weighted percentage at Scotland, NHS Board and CHP level. The weight for each practice is calculated as the practice patient list size (of patients aged 17+ and therefore eligible for being included in the survey sample) as a proportion of the entire population (Scotland, NHS Board or CHP) of patients eligible for inclusion in the survey. Many of the questions in the survey relate to the specific practice that the patient attended during 2011/12. Therefore, weighting the results in this way provides results more representative of the population (at Scotland, NHS Board or CHP level) than would be the case if all practices (large and small) were given equal weighting in the calculation of aggregate results.

Percentage positive and negative

9.17 Percent or percentage positive is a term frequently used in the reporting. This means the percentage of people who answered in a positive way. For example, when people were asked how helpful the receptionists are, if people said 'very helpful' or 'fairly helpful', these have been counted as positive answers. Similarly those patients who said they found the receptionists 'not very helpful' or 'not at all helpful' have been counted as negative. Annex A details which answers have been classed as positive and negative for each question.

- 9.18 Percentage positive is mainly used to allow easier comparison rather than reporting results on the five point scale that patients used to answer most of 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.

Quality of these statistics - Sources of bias and other errors

Sampling error

- 9.19 It should be kept in mind that because the results are based on a survey of sampled patients and not the complete population of Scotland, the results are affected by sampling error. More information on sampling can be found Chapter 4. However due to the large sample size the effect of sampling error is very small for the national estimates. Confidence intervals (95%) for the percentage of patients responding positively to a particular statement are generally less than +/- 1%.
- 9.20 When comparisons have been made, the effects of sampling error are taken into account by the tests for statistical significance. Only differences that are statistically significant, that is that they are unlikely to have occurred by random variation, are reported as differences.

Non-response bias

- 9.21 The greatest source of bias in the survey estimates is due to non-response. Non-response bias will affect the estimates if the experiences of respondents differ from those of non-respondents.
- 9.22 We know that some groups (e.g. men and younger people) are less likely to respond to the survey. This is partly explained by the fact that men and younger people are less likely to visit their GP practice. We also believe that there are differences in the reported experiences of different groups (e.g. from the Scottish Inpatient Patient Experience Survey we found that younger people tend to be less positive about their experiences and women tend to be less positive⁸). An example of the effects of this type of bias is that with more older people responding, who are generally more positive, the estimates of the percentage of patients answering positively will be slightly biased upwards. Another example is that with more women responding, who are generally less positive, the estimates of the percentage of patients answering positively will be slightly biased downwards.
- 9.23 The comparisons between different years of the survey should not be greatly affected by non-response bias as the characteristics of the sample are reasonably similar for each year.

⁸ <http://www.scotland.gov.uk/Publications/2011/08/29131615/0>

9.24 Some non-response bias is adjusted for by weighting the results. The response rates differ between GP practices, but weighting the results by patient numbers means that GP practices with lower response rates are not under-represented in the national results. Results could have been weighted by patient factors such as age and gender.

Other sources of bias

9.25 There are potential differences in the expectations and perceptions of patients with different characteristics. Patients with higher expectations will likely give less positive responses. Similarly patients will perceive things in different ways which may make them more or less likely to respond positively. When making comparisons between NHS Boards it should be remembered that these may be affected by differences in patient characteristics. This should not affect comparisons between years.

Sample design

9.26 The survey used a stratified sample design rather than a simple random sample approach. Those included in a simple random sample are chosen randomly by chance giving an equal probability of being selected. Simple random samples can be highly effective if all subjects return a survey; giving precise estimates and low variability. However, simple random samples are expensive and can not guarantee that all groups are represented proportionally in the sample.

9.27 Stratified sampling involves separating the eligible population into groups (i.e. strata) and then assigning an appropriate sample size to each group to ensure that a representative sample size is taken. This survey was stratified by GP practice and was based on a disproportionate stratified sample design because the sampling fraction was not the same within each of the practices. Some practices were over-sampled relative to others (i.e. had a higher proportion of their patients included in the sample) in order to achieve the minimum number of responses required for analysis (please see Chapter 4 for more information on the sample size calculation).

Design factor

9.28 Results at national, NHS Board and CHP level were weighted by relative size of each practice (stratum). One of the effects of using stratification and weighting is that this can result in standard errors for survey estimates being generally higher than the standard errors that would be derived from an unweighted simple random sample of the same size.

9.29 Features of using a disproportionate stratified sampling design can affect the standard errors that are used to calculate confidence intervals and test statistics. Calculating the design factor (Deft) can tell us by how much the standard error is increased or decreased compared to a simple random sample design, given the design that we have used. The design factor has been incorporated into the confidence interval calculations at national, NHS Board and CHP level.

Design effect

9.30 The design effect (Deff) is the square of the design factor and can tell us how much information we have gained or lost by using a complex survey design rather than a simple random sample.⁹ For example, a design effect of two would mean that we would need to have a survey that is twice the size of a simple random sample to obtain the same volume of information and precision of a simple random sample. A design effect of 0.5 would mean that we would gain the precision from a complex survey of only half the size of a simple random sample. The design effect has been incorporated into the test statistic calculations at national, NHS Board and CHP level.

Confidence Intervals

- 9.31 The reported results for the percentages of patients answering positively have been calculated from the patients sampled. As with any sample, if we had asked a different group of patients, we could have ended up with a different result.
- 9.32 Confidence intervals provide a way of quantifying this sampling uncertainty. A 95% confidence interval gives a range that we can be 95% sure that it contains the “true” result i.e. the results we would have obtained had we asked the same question to all of the practice’s patients.
- 9.33 If, for example, the percentage positive result for a particular question is 80% and the confidence interval is +/-5%, this means we are 95% sure that the result should be between 75% and 85%.
- 9.34 Confidence intervals have been calculated for the percent positive results of question 25 (the overall rating of care provided by the GP surgery) by NHS Board in Table 13. This provides an example of the accuracy of the estimates provided in Table 14 of the national report. More details on this calculation are available in Annex D.

⁹ <http://www.scotland.gov.uk/Resource/Doc/933/0079282.doc>



Table 13 Percentage of patients rating the overall care provided by their GP surgery as excellent or good, by NHS Board, with 95% confidence intervals

NHS Board	Percentage	95% confidence interval	
		Lower Limit	Upper Limit
Ayrshire and Arran	88	86.8	88.5
Borders	90	88.8	91.2
Dumfries and Galloway	92	91.1	93.1
Fife	86	85.3	87.1
Forth Valley	88	87.2	88.9
Grampian	89	88.2	89.6
Greater Glasgow and Clyde	90	89.2	90.0
Highland	91	90.3	91.6
Lanarkshire	85	84.7	86.1
Lothian	88	87.3	88.4
Orkney	96	94.8	97.6
Shetland	84	81.4	87.3
Tayside	90	89.6	91.0
Western Isles	92	90.7	94.2
Scotland	89	88.37	88.77

9.35 Confidence intervals for the results of all percentage positive questions will be published on the Scottish Government website at national, NHS Board and CHP level.

Tests for Statistical Significance

9.36 A result can be described as statistically significant if it is unlikely to have occurred by random variation. Testing for statistical significance allows us to assess whether there have been significant increases or decreases in performance between one time period and another. Similarly it can allow us to assess whether a result for an NHS Board or CHP is significantly higher or lower than the result for Scotland as a whole. The effects of sampling error are taken into account by the tests for statistical significance.

9.37 Where possible, comparisons with percent positive results from the 2009/10 GP patient experience survey have been made at NHS Board, CHP and practice level within individual reports. Scores which have significantly improved since the 2009/10 survey have been reported as . Scores which have significantly worsened since the 2009/10 survey have been reported as . Reports at NHS Board, CHP and practice level are available at <http://surveyresults.bettertogetherscotland.com/>.

9.38 Comparisons with the 2009/10 percentage positive results at national level are discussed within the national report on the basis that differences are statistically significant.

- 9.39 Comparisons with the 2011/12 national (i.e. Scotland) percent positive results have also been made at NHS Board, CHP and practice level and can be found within the individual reports. Differences which are statistically significant are shown as ■ where the percent positive score is significantly higher than the national average; and ■ where the percent positive score is significantly lower than the national average.
- 9.40 All significance testing was carried out at 5% level. The normal approximation to the binomial theorem was used for this. This approach is equivalent to constructing a 95% confidence for the difference between the results.
- 9.41 As discussed in section 9.26, when calculating the test statistics at national, NHS Board and CHP level, the standard error has been multiplied by the design factor (Deft).
- 9.42 More details on tests for statistical significance are available in Annex E.

Outcomes of NHS treatment indicator

- 9.43 The Quality Strategy emphasises the importance of measurement, and a Quality Measurement Framework has been developed¹⁰ in order to provide a structure for describing and aligning the wide range of measurement work with the Quality Ambitions and Outcomes. As part of this framework, 12 national Quality Outcome Indicators have been identified, which are intended to show national progress towards achievement of the Quality Ambitions.
- 9.44 One of these twelve Quality Outcome Indicators relates to Patient Reported Outcomes. This is reported in Chapter 10 of the national report.
- 9.45 An average score is calculated for each respondent based on the outcomes questions they have answered. (Patients answering none of the three questions are not included.) These average scores are weighted by the number of patients registered at each GP practice to give scores for NHS Boards and Scotland.
- 9.46 The three outcomes questions and how the responses were scored are presented below.
- In the last 12 months, have you received NHS treatment or advice because of something that was affecting your ability to do your usual activities? ...how would you describe the effect of the treatment on your ability to do your usual activities?

¹⁰ <http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/NHSQuality/MeasuringQualityS>

Table 14 Scores for outcomes for something affecting ability to undertake usual activities

I was able to go back to most of my usual activities	100
There was no change in my ability to do my usual activities	50
I was less able to do my usual activities	0
It is too soon to say	Don't include

- In the last 12 months, have you received NHS treatment or advice because of something that was causing you pain or discomfort? ...how would you describe the effect of the treatment on your pain or discomfort?

Table 15 Scores for outcomes for something causing pain or discomfort

It was better than before	100
It was about the same as before	50
It was worse than before	0
It is too soon to say	Don't include

- In the last 12 months, have you received NHS treatment or advice because of something that was making you feel depressed or anxious? ...how would you describe the effect of the treatment on how you felt?

Table 16 Scores for outcomes for something making patients feel depressed or anxious

I felt less depressed or anxious than before	100
I felt about the same as before	50
I felt more depressed or anxious than before	0
It is too soon to say	Don't include

Quality assurance of the national report

9.47 A small group of Scottish Government policy leads, a clinical lead and the Chair of the Scottish Council of the Royal College of General Practitioners (RCGP)¹¹ 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 ISD Scotland carried out quality checks of all figures used in the report.

¹¹ <http://www.rcgp.org.uk/>

ANNEX A PERCENT POSITIVE AND NEGATIVE RESULTS

The table below shows which answers were classed as positive, and which were classed as negative. The “Percent Positive Text” column shows how each question was rewritten for the GP surgery report.

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.

The table also shows how many respondents there nationally were for each of the percent positive questions.

Question Number	Question text	Percent Positive Text	Positive	Negative	Respondents
4	Thinking of the last time you contacted this GP surgery by phone, how easy was it for you to get through?	It was easy to get through on the phone	Very easy; Fairly easy	Not easy	127,127
5	The last time you phoned the GP surgery, how helpful was the person who answered?	Person answering the phone was helpful	Very helpful; fairly helpful	Not very helpful; not at all helpful	127,083
6	The last time you needed to see or speak to a doctor or nurse from your GP surgery quite urgently, how long did you wait?	Could see or speak to a doctor or nurse within 2 working days	I saw or spoke to a doctor or nurse on the same day; I saw or spoke to a doctor or nurse within 1-2 working days	I waited more than 2 working days to see or speak to a doctor or nurse	96,237
8	If you ask to make an appointment with a doctor 3 or more working days in advance, does your GP practice allow you to?	Able to book a doctors appointment 3 or more working days in advance	Yes	No	98,448
9	When you arrange to see a doctor at your GP surgery can you usually see the doctor you prefer?	Can usually see preferred doctor	Yes; I don't have a doctor I prefer to see	No	125,372
10a	Overall how would you rate the arrangements for getting to see a doctor in your GP surgery?	Overall arrangements for getting to see a doctor	Excellent; Good	Poor; Very poor	129,788

Question Number	Question text	Percent Positive Text	Positive	Negative	Respondents
10b	Overall how would you rate the arrangements for getting to see a nurse in your GP surgery?	Overall arrangements for getting to see a nurse	Excellent; Good	Poor; Very poor	102,926
12	Thinking about the last time your GP referred you, how would you rate the arrangements for getting to see another NHS health professional?	Arrangements for seeing other NHS professionals	Excellent; Good	Poor; Very poor	65,662
14	How helpful do you find the receptionists at your GP surgery?	The receptionists are helpful	Very helpful; fairly helpful	Not very helpful; not at all helpful	130,854
15	How clean is your GP surgery or health centre?	The GP surgery is clean	Very clean; fairly clean	Not very clean; Not at all clean	130,371
16	How do you feel about how long you usually have to wait to be seen after you arrive at your GP surgery?	Time waiting to be seen at GP surgery	It is reasonable	It is too long	129,725
17b	The doctor listened to me	The doctor listens to the patient	Strongly agree; agree	Disagree; Strongly disagree	120,907
17c	I felt that the doctor had all the information needed to treat me	Patients feel that the doctor has all the information they need to treat them	Strongly agree; agree	Disagree; Strongly disagree	119,947
17d	The doctor was considerate and understanding	The doctor was considerate and understanding	Strongly agree; agree	Disagree; Strongly disagree	120,323
17e	The doctor talked in a way that helped me understand my condition and treatment	The doctor talks in a way that helps the patient to understand their condition and treatment	Strongly agree; agree	Disagree; Strongly disagree	120,349
17f	I felt confident in the doctor's ability to treat me	Patients have confidence in the doctor's ability to treat them	Strongly agree; agree	Disagree; Strongly disagree	120,481
17g	I had enough time with the doctor	Patients have enough time with the doctor	Strongly agree; agree	Disagree; Strongly disagree	120,430
18b	The nurse listened to me	The nurse listens to the patient	Strongly agree; agree	Disagree; Strongly disagree	89,121

Question Number	Question text	Percent Positive Text	Positive	Negative	Respondents
18c	I felt that the nurse had all the information needed to treat me	Patients feel that the nurse has all the information they need to treat them	Strongly agree; agree	Disagree; Strongly disagree	88,785
18d	The nurse was considerate and understanding	The nurse was considerate and understanding	Strongly agree; agree	Disagree; Strongly disagree	88,894
18e	The nurse talked in a way that helped me understand my condition and treatment	The nurse talks in a way that helps the patient to understand their condition and treatment	Strongly agree; agree	Disagree; Strongly disagree	88,514
18f	I felt confident in the nurse's ability to treat me	Patients have confidence in the nurse's ability to treat them	Strongly agree; agree	Disagree; Strongly disagree	89,109
18g	I had enough time with the nurse	Patients have enough time with the nurse	Strongly agree; agree	Disagree; Strongly disagree	89,050
19	Are you involved as much as you want to be in decisions about your care and treatment?	Patients are involved as much as they want to be in decisions about their care and treatment	I am involved as much as I want to be	I am involved more than I want to be; I am not involved enough	116,352
23a	It was easy enough for me to get my medicines	Patients found it easy enough for them to get their medicines	Strongly agree; agree	Disagree; Strongly disagree	113,895
23b	I knew enough about what my medicines were for	Patients know enough about what their medicines are for	Strongly agree; agree	Disagree; Strongly disagree	113,116
23c	I knew enough about how and when to take my medicines	Patients know enough about how and when to take their medicines	Strongly agree; agree	Disagree; Strongly disagree	113,048
23d	I knew enough about possible side effects of my medicines	Patients know enough about side effects of medicines	Strongly agree; agree	Disagree; Strongly disagree	112,469
23e	I would know what to do if I had any problems with my medicines	Patients know what to do if they have any problems with their medicines	Strongly agree; agree	Disagree; Strongly disagree	112,524

Question Number	Question text	Percent Positive Text	Positive	Negative	Respondents
23f	I took my prescription as I was supposed to	Patients took their prescription as they were supposed to	Strongly agree; agree	Disagree; Strongly disagree	113,273
24a	I am treated with dignity and respect	Patients are treated with dignity and respect	Strongly agree; agree	Disagree; Strongly disagree	129,178
24b	I am treated with kindness and understanding	Patients are treated with kindness and understanding	Strongly agree; agree	Disagree; Strongly disagree	127,720
25	Overall, how would you rate the care provided by your GP surgery?	Rating of overall care provided by GP surgery	Excellent; Good	Poor; Very poor	131,608
29a	The time I waited was reasonable	The time I waited for out of hours services was reasonable	Strongly agree; agree	Disagree; Strongly disagree	37,015
29b	I felt that the person had all the information needed to treat me	Patients feel that the person had all the information they need to treat them	Strongly agree; agree	Disagree; Strongly disagree	36,292
29c	I felt I was listened to	Patients felt that they were listened to	Strongly agree; agree	Disagree; Strongly disagree	36,433
29d	Things were explained to me in a way I could understand	Things were explained to patients in a way they could understand	Strongly agree; agree	Disagree; Strongly disagree	36,336
29e	I felt that I got the right treatment or advice	Patients felt that they got the right treatment or advice	Strongly agree; agree	Disagree; Strongly disagree	36,502
30	Overall, how would you rate the care you experienced out of hours?	Rating of overall care provided out of hours	Excellent; Good	Poor; Very poor	37,313

ANNEX B THE QUESTIONNAIRE

Patient Experience Survey

Please read the enclosed letter for more information about this survey.



If you would prefer, you can fill in this survey online at www.gpsurvey.org.uk

To do this, you will need to enter your ID and password shown here:

Instructions

Please answer all questions, unless the instructions ask you to skip a question.

For each question, please put a tick in the box next to the answer that most closely matches your own experience.

For example, if your answer is yes:

Yes

No

Don't worry if you make a mistake. Simply cross it out and tick the correct answer.



Helpline 0800 783 2896

Monday – Friday 11am – 8pm

Saturday 10am – 2pm

Section 1: Getting to see or speak to someone

Q1 What local health services have you used in the **last 12 months** when you needed treatment or advice about **your** health?

Please tick **all** the boxes that apply to **you**

- GP surgery
- NHS 24
- Pharmacy/ Chemist
- Hospital outpatients
- Community nurse
- A & E / Casualty
- Minor injuries clinic
- NHS Mental Health Services
- NHS physiotherapist, podiatrist or other therapist
- Complementary therapy
- Private health treatment or therapy
- NHS Dentist
- Private Dentist
- Optician / optometrist
- Other
- None

Q2 Have you contacted the **GP surgery named on the enclosed letter** in the last 12 months?

- No → **Go to Q26**
- Yes → **Go to Q3**

Q3 Approximately **how often** have you contacted this GP surgery in the last 12 months (either for yourself or someone you look after)?

- Once
- 2 – 4 times
- 5 - 10 times
- More than 10 times
- Can't remember / don't know

Q4 Thinking of the last time you contacted this GP surgery by **phone**, how easy was it for you to get through?

Please tick **ONE** box only

- Very easy
- Fairly easy
- Not easy
- I haven't tried to phone → **Go to Q6**
- Can't remember / don't know

Q5 The last time you phoned the GP surgery, how helpful was the person who answered?

Please tick **ONE** box only

- Very helpful
- Fairly helpful
- Not very helpful
- Not at all helpful
- Can't remember / don't know

Q6 The last time you needed to see or speak to a doctor or nurse from your GP surgery quite **urgently**, how long did you wait?

Please tick **ONE** box only

- I saw or spoke to a doctor or nurse on the same day → **Go to Q8**
- I saw or spoke to a doctor or nurse within 1 or 2 working days → **Go to Q8**
- I waited more than 2 working days to see or speak to a doctor or nurse → **Go to Q7**
- I haven't needed to see or speak to a doctor or nurse from my GP surgery urgently in the last 12 months → **Go to Q8**
- Can't remember → **Go to Q8**

Q7 What was the **main reason** you waited longer than 2 working days?

Please tick **ONE** box only

- The person I wanted to see was not available in the next 2 days
- The times available in the next 2 days were not convenient for me
- I was not offered a chance to see or speak to anyone within 2 working days.
- Another reason

Q8 If you ask to make an appointment with a doctor 3 or more working days **in advance**, does your GP practice allow you to?

Please tick **ONE** box only

- Yes
- No
- Don't know

Q9

When you arrange to see a doctor at your GP surgery can you *usually* see the doctor you prefer?

Please tick **ONE** box only

- Yes
- No
- I don't have a doctor I prefer to see
- There is usually only one doctor in my GP surgery

Q10

Overall how would you rate the arrangements for getting to see a doctor and/or nurse in your GP surgery?

Please tick **ONE** box in each list

Getting to see a doctor	Getting to see a nurse
<input type="checkbox"/> Excellent	<input type="checkbox"/> Excellent
<input type="checkbox"/> Good	<input type="checkbox"/> Good
<input type="checkbox"/> Fair	<input type="checkbox"/> Fair
<input type="checkbox"/> Poor	<input type="checkbox"/> Poor
<input type="checkbox"/> Very poor	<input type="checkbox"/> Very poor
<input type="checkbox"/> I did not try to see a doctor	<input type="checkbox"/> I did not try to see a nurse

Section 2: Referrals

Q11

Has your GP **referred** you to see any **other health professionals** (including at your GP surgery or local health centre, at home or at another clinic or hospital) in the last 12 months?

- Yes → Go to **Q12**
- No → Go to **Q13**

Q12

Thinking about the **last time your GP referred you**, how would you rate the arrangements for getting to see another NHS health professional?

Please tick **ONE** box only

- Excellent
- Good
- Fair
- Poor
- Very poor

Section 3: At your GP Surgery

Thinking about your visits to the GP surgery in the last 12 months....

Q13

In the reception area, can other patients overhear what you say to the staff?

Please tick **ONE** box only

- Yes, but I don't mind
- Yes, and I am not happy about it
- No, other patients can't overhear
- Don't know

Q14

How helpful do you find the receptionists at your GP surgery?

Please tick **ONE** box only

- Very helpful
- Fairly helpful
- Not very helpful
- Not at all helpful
- There are no receptionists at my surgery

Q15

How clean is your GP surgery or health centre?

Please tick **ONE** box only

- Very clean
- Fairly clean
- Not very clean
- Not at all clean
- Don't know

Q16

How do you feel about how long you *usually* have to wait to be seen after you arrive at your GP surgery?

Please tick **ONE** box only

- It is reasonable
- It is too long
- I can't remember or I don't know

Q17Have you **seen a doctor** at your GP surgery **in the last 12 months**? No → Go to **Q18** Yes → Thinking about the **last time** you saw a doctor at your GP surgery, how much do you agree or disagree with each of the following?*Please tick **ONE** box on each line*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The doctor listened to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that the doctor had all the information needed to treat me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The doctor was considerate and understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The doctor talked in a way that helped me understand my condition and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt confident in the doctor's ability to treat me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had enough time with the doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q18Have you **seen a nurse** at your GP surgery **in the last 12 months**? No → Go to **Q19** Yes → Thinking about the **last time** you saw a nurse at your GP surgery, how much do you agree or disagree with each of the following?*Please tick **ONE** box on each line*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The nurse listened to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that the nurse had all the information needed to treat me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The nurse was considerate and understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The nurse talked in a way that helped me understand my condition and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt confident in the nurse's ability to treat me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had enough time with the nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q19

Are you involved as much as you want to be in **decisions about your care and treatment**?

Please tick **ONE** box only

- I am involved more than I want to be
- I am involved as much as I want to be
- I am not involved enough
- I do not wish to be involved
- Not relevant

Q20

Did you see any health professionals in the last 12 months about something that affected your **ability to work**?

- No → Go to **Q22**
- Yes → Go to **Q21**

Q21

The last time this happened, did they **discuss** your ability to work with you?

Please tick **ONE** box only

- Yes, we had a useful discussion about my ability to work
- Yes, we discussed my ability to work but it was not useful
- No, we did not discuss my ability to work, but I would have found it useful
- No, we did not discuss my ability to work but I did not want to

Q22

Have you been **prescribed medicines** at your GP surgery in the last 12 months?

- No → Go to **Q24**
- Yes → Go to **Q23**

Q23

Thinking about **the last time you were prescribed medicines**, how much do you agree or disagree with each of the following:

Please tick **ONE** box on each line

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
It was easy enough for me to get my medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I knew enough about what my medicines were for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I knew enough about how and when to take my medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I knew enough about possible side effects of my medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would know what to do if I had any problems with my medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I took my prescription as I was supposed to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q24

How much do you agree or disagree with each of the following about **how you are treated by the staff at your GP surgery**?

Please tick **ONE** box on each line

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I am treated with dignity and respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am treated with kindness and understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q25

Overall, how would you rate the care provided by your **GP surgery**?

Please tick **ONE** box only

- Excellent Good Fair Poor Very poor

Section 4: Out of hours healthcare

The next few questions are about when you have needed healthcare advice or treatment and your GP surgery was closed (for example, in the evening, overnight, at the weekend or on public holidays). These times when GP surgeries are closed are called “out of hours”.

Q26

In the last 12 months, have you tried to get medical help, treatment or advice, for yourself or someone you were looking after, when your GP surgery was closed (out of hours)?

- Yes → Go to Q27
- No → Go to Q31

Q27

Thinking about the **last time** you tried to get help **out of hours**, which NHS service did you speak to or go to **first**?

*Please tick **ONE** box only*

- NHS 24
- Pharmacist / Chemist
- Out of Hours service
- My own GP surgery
- District nurse / Community nurse
- 999 Emergency service
- A&E / Casualty
- Other

Q28

Which service did you **end up** being treated or seen by?

*Please tick **ONE** box only*

- Got phone advice only
- Pharmacist / Chemist
- Out of Hours service
- Own GP surgery
- Home visit from another doctor / nurse
- Emergency Dental Service
- Ambulance paramedics
- A&E / Casualty
- Other

Q29

Thinking of the **service in your answer to Q28**, how much would you agree or disagree with the following about your experience?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The time I waited was reasonable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that the person had all the information needed to treat me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt I was listened to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Things were explained to me in a way I could understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that I got the right treatment or advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q30

Overall, how would you rate the care you experienced **out of hours**?

*Please tick **ONE** box only*

- Excellent Good Fair Poor Very poor

Q31

What do you think about the **opening hours of your GP surgery?**

Please tick **ONE** box only

- I am happy with the opening hours of my GP surgery
- It is too difficult for me to get time away from work during my surgery opening hours
- The opening hours are not convenient for me for another reason
- I am not sure when the opening hours of my GP surgery are

Section 5: Outcomes from NHS treatment

Q32

In the last 12 months, have you received NHS treatment or advice because of something that was **affecting your ability to do your usual activities?**

- Yes → Go to **Q33**
- No → Go to **Q34**

Q33

Thinking about the last time this happened, how would you describe the effect of the treatment on your ability to do your usual activities?

- I was able to go back to most of my usual activities
- There was no change in my ability to do my usual activities
- I was less able to do my usual activities
- It is too soon to say

Q34

In the last 12 months, have you received NHS treatment or advice because of something that was causing you **pain or discomfort?**

- Yes → Go to **Q35**
- No → Go to **Q36**

Q35

Thinking about the last time this happened, how would you describe the effect of the treatment on your pain or discomfort?

- It was better than before
- It was about the same as before
- It was worse than before
- It is too soon to say

Q36

In the last 12 months, have you received NHS treatment or advice because of something that was making you feel **depressed or anxious?**

- Yes → Go to **Q37**
- No → Go to **Q38**

Q37

Thinking about the last time this happened, how would you describe the effect of the treatment on how you felt?

- I felt less depressed or anxious than before
- I felt about the same as before
- I felt more depressed or anxious than before
- It is too soon to say

Section 6: Your comments

Q38

If there is anything else you would like to tell us about your experiences of your GP or other local healthcare services in the last 12 months, please write them in below:

Comments about your GP Surgery

Comments about other local NHS services

Section 7: About you

This information will help us to find out if different groups of people in Scotland have different experience of treatment at their GP surgeries. Nobody at your GP surgery will be able to see your answers. If you would prefer not to answer a particular question then you can miss it out.

Q39 Are you male or female?
Please tick **ONE** box only

- Male Female

Q40 What was your **age** on your last birthday?

Q41 How would you rate your **health** in general?
Please tick **ONE** box only

- Good Fair Bad

Q42 Do you have any of the following?
Please tick **ALL** that apply

- Deafness or severe hearing impairment
 Blindness or severe vision impairment
 A physical disability
 A learning disability
 A mental-health condition
 Chronic pain lasting at least 3 months
 Another long-term condition
 None of the above

Q43 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).

Please tick **ONE** box only

- Yes, limited a lot
 Yes, limited a little
 No

Q44 What best describes your **work status**?
Please tick **ONE** box only

- Work full time Work part time
 In full-time education or training
 Unemployed / looking for work
 Don't work due to illness or disability
 Retired
 Other

Q45 Do you look after, or give any regular help or support to family members, friends, neighbours or others because of either long-term physical / mental ill-health / disability or problems related to old age?
Exclude any caring that is done as part of any paid employment.

- No
 Yes, up to 19 hours a week
 Yes, 20 - 34 hours a week
 Yes, 35 or more hours a week

Q46 Which of the following options best describes how you think of yourself?
Please tick **ONE** box only

- Heterosexual / Straight
 Homosexual / Gay or Lesbian
 Bisexual
 Other

Q47 What **religion**, religious denomination or body do you belong to?

Please tick **ONE** box only

- None Church of Scotland
 Roman Catholic Other Christian
 Muslim Buddhist
 Sikh Jewish
 Hindu Pagan
 Another religion (non-Christian)

Q48 What is your **ethnic group**?
Tick **ONE** box which **best describes** your ethnic group

- White
 Mixed or multiple ethnic groups
 Asian, Asian Scottish or Asian British
 African, Caribbean or Black
 Other ethnic group

Q49 Do you need an **interpreter** or other **help to communicate**?

Please tick **ONE** box only

- No
 Yes

Thank you for completing this survey. Please post it in the envelope provided (no stamp needed)

ANNEX C THE COVERING LETTER

<<firstname middlename surname>>

«UID Number»



<<Patient address 1>>

<<Patient address 2>>

<<Patient address 3>>

<<Patient address 4>>

<<POSTCODE>>



1st November 2011

Dear <<firstname middlename surname>>

I would like to invite you to take part in a survey about health services in your local community. It is important that we get the opinions of as many people as possible, so please take a few minutes to complete the survey if you can.

Some of the questions in the survey are about your GP surgery. Records show that you are registered at «**GP surgery name** », «**GP surgery location**». Please think about **your experiences at this GP surgery** when answering the questions about GPs.

Nobody at your GP surgery or NHS board will know that you have taken part in the survey, and they will only see anonymous results. The information will help to improve NHS services.

If you have any questions or need help filling in the survey, please phone the **Better Together helpline** on **0800 783 2896**.

Please return your completed survey in the envelope provided (or you can complete it online at www.gpsurvey.org.uk) by **31st January 2012**. We will not write to you again but I do hope that you help us by returning the questionnaire.

Thank you very much for your time.

Yours sincerely

Carol Sinclair
Programme Director, Better Together



Some Questions & Answers

What is this survey for?

The survey asks about your experiences with your local NHS services in the last year. The information that you give is important because it will help us to understand more about the quality of services, and what needs to be improved.

Can someone help me with the survey?

A relative, friend or carer may help you to fill in the survey, but please remember that you should give all of the answers from your own point of view. If you would prefer, you can give your answers over the phone instead, by phoning the helpline on **0800 783 2896**. The person on the phone will need you to tell them the number that is on the front of this letter.

What if I only used NHS services for someone else?

If you have contacted NHS services on behalf of a child or someone else that you were looking after, but not for yourself, then please answer the questions based on your experiences of doing this. When answering questions about the GP surgery, please make sure you are thinking about the one named on this letter.

Do I have to answer every question?

No, taking part is voluntary, and you don't have to answer every question if you don't want to. Please fill in as much as you can though, because the more that people answer, the more we can understand about the different experiences of people across Scotland. Sometimes we will ask you to skip a question if it doesn't apply to you.

How did you get my name and address?

We picked names **at random** from the NHS database of patients registered with a GP. The NHS stores your contact details securely and confidentially under the terms of the Data Protection Act. This database has no information about your medical history.

Will my GP surgery see my answers?

No. Staff at your GP surgery do not know which patients have been sent this letter, and they will only see anonymous results.

What happens to the results?

The survey results will be published on **www.bettertogetherscotland.com** in summer 2012. GPs and NHS Boards will use their results to understand and improve the quality of the services they provide.

What is Better Together?

Better Together is Scotland's Patient Experience Programme, using the public's experiences of NHSScotland to improve health services.



- You can fill in the survey online at **www.gpsurvey.org.uk**.
- If you have any other comments about the NHS in Scotland, please share your story online at **www.bettertogetherscotland.com**.

ANNEX D CALCULATION OF CONFIDENCE INTERVALS

The 95% Confidence Intervals for NHS Boards in Table 13 were calculated using the following formula:

$$p \pm 1.96 \text{ def } t^* \text{ s.e.}$$

The s.e (standard error) was calculated as: $\sqrt{\frac{(p(1-p))}{n}}$

Where:

p= point estimate (i.e. proportion who answered positively)

n= achieved sample size (i.e. number who answered the question).

The design effect factor was calculated as:

$$\text{Def } t = \sqrt{\text{Def } f}$$

Where

$$\text{Def } f = \frac{\left(\sum_h n_h w_h^2 \right)}{n}$$

w_h = weight given to each stratum h, where each GP practice was a stratum

n= achieved sample size (i.e. number who answered the question).

Example of calculation of confidence interval for NHS Ayrshire and Arran (Table 13)

For NHS Ayrshire and Arran, where the result (proportion of patients rating the overall rating of care provided by GP Surgery as excellent or good) is equal to 88%, and the total sample size is 7,878.

Then p = 0.88, n = 7,878

$$\begin{aligned} \text{SE} &= \sqrt{(p(1-p))/n} \\ &= \sqrt{((0.88(1-0.88))/7,878)} \\ &= 0.003708 \end{aligned}$$

deft= 1.118110

95% Confidence Interval (CI) = 1.96 x def t x SE

$$\begin{aligned} \text{CI} &= 1.96 \times 1.118110 \times 0.003708 \\ &= 0.008126 \end{aligned}$$

Therefore the CI, expressed as a percentage (i.e. multiplied by 100) is $\pm 0.81\%$

The 95% confidence interval for NHS Ayrshire and Arran, where the proportion is 88%, is 86.8% - 88.5%.

ANNEX E SIGNIFICANCE TESTING

a. Comparison of results at National, NHS Board and CHP over the two survey periods (2009/10 and 2011/12)

For each question (where comparison is possible), the test statistic can be calculated as follows:

$$Z_{cal} = \frac{p_2 - p_1}{serror}$$

For a result in 2011/12 to be not statistically significantly different from 2009/10, then

$$-Z_{\alpha/2} < Z_{cal} < Z_{\alpha/2}$$

To illustrate this, let the:

- percentage positive score in 2009/10 and 2011/12 for Scotland, an NHS Board or CHP be denoted by p_1 and p_2 respectively.
- number of valid responses in 2009/10 and 2011/12 be denoted by n_1 and n_2 respectively.
- design effect in years 2009/10 and 2011/12 be denoted as $def f_1$ and $def f_2$ respectively.

Then the standard error can be calculated as:

$$serror = \sqrt{def f_1 * \left[\frac{p_1 * (1 - p_1)}{n_1} \right] + def f_2 * \left[\frac{p_2 * (1 - p_2)}{n_2} \right]}$$

b. Comparison of results for NHS Board and CHP with Scotland

For each question (where comparison is applicable), the test statistic can be calculated as follows:

$$Z_{cal} = \frac{P_{geog} - P_{Scotland}}{serror}$$

For the NHS Board or CHP to be not statistically significantly different from Scotland results, then

$$-Z_{\alpha/2} < Z_{cal} < Z_{\alpha/2}$$

To illustrate this, let the:

- percentage positive score for NHS Board or CHP be denoted by p_{geog} .

- percentage positive score for Scotland be denoted by $p_{Scotland}$.
- number of valid responses for be denoted by NHS Board or CHP (geography) by n_{geog} .
- number of valid responses for Scotland be denoted by $n_{Scotland}$.
- design effect for NHS Board or CHP and Scotland be denoted by $def f_{geog}$ and $def f_{Scotland}$ respectively.

Then the standard error can be calculated as

$$serror = \sqrt{def f_{geog} * \left[\frac{p_{geog} * (1 - p_{geog})}{n_{geog}} \right] + def f_{Scotland} * \left[\frac{p_{Scotland} * (1 - p_{Scotland})}{n_{Scotland}} \right]}$$

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 broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

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

Further information about Official and National Statistics can be found on the UK Statistics Authority website at www.statisticsauthority.gov.uk

SCOTTISH GOVERNMENT STATISTICIAN GROUP

Our Aim

To provide relevant and reliable information, analysis and advice that meet the needs of government, business and the people of Scotland.

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Correspondence and enquiries

Enquiries on this publication should be addressed to:

Gregor Boyd
The Quality Unit
BR St Andrew's House
EDINBURGH EH1 3DG
Telephone: 0131 244 3201;
e-mail: gregor.boyd@scotland.gsi.gov.uk

General enquiries on Scottish Government statistics can be addressed to:

Office of the Chief Statistician
Scottish Government
4N.06, St Andrews House
EDINBURGH EH1 3DG
Telephone: (0131) 244 0442
e-mail: statistics.enquiries@scotland.gsi.gov.uk

Further contact details, e-mail addresses and details of previous and forthcoming publications can be found on the Scottish Government Website at www.scotland.gov.uk/statistics

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If you are not satisfied with our service, please write to the Chief Statistician, 4N.06, St Andrews House, Edinburgh, EH1 3DG, Telephone: (0131) 244 0302, e-mail statistics.enquiries@scotland.gsi.gov.uk. We also welcome any comments or suggestions that would help us to improve our standards of service.

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