



Health and Care Experience Survey 2017/18

Technical Report

A National Statistics Publication for Scotland published by the Scottish Government

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1. Introduction and Background

This report provides information on the technical aspects of the 2017/18 Health and Care Experience Survey, including development, implementation, analysis and reporting.

The Health and Care Experience Survey is one of a suite of national surveys which are part of the Scottish Care Experience Survey Programme. The surveys aim to provide local and national information on the quality of health and care services from the perspective of those using them. They allow local health and care providers to compare with other areas of Scotland and to track progress in improving the experiences of people using their services.

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

The survey programme supports the three quality ambitions of the *2020 Vision*¹ - Safe, Effective, Person-centred - by providing a basis for the measurement of quality as experienced by service users across Scotland. In particular the surveys support the person-centred quality ambition which is focused on ensuring that care is responsive to people's individual preferences, needs and values.

This survey asks about peoples' experiences of accessing and using their GP Practice and other local healthcare services; receiving care, support and help with everyday living; and caring responsibilities.

The survey is run in partnership by the Scottish Government and Information Services Division (ISD), part of NHS National Services Scotland. Both the Scottish Government and ISD are involved in the planning and organisation of the survey, as well as analysing and reporting on the survey responses.

National results, as well as individual results for NHS Boards, Health and Social Care Partnerships, GP Clusters and GP Practices, were published on 24 April 2018.

¹ www.gov.scot/Topics/Health/Policy/2020-Vision

2. Outputs from the Survey

This section provides more details of the range of outputs from the Health and Care Experience Survey 2017/18.

Interactive Dashboard

As described above, in addition to the national report, there are local results for NHS Boards, Health and Social Care Partnerships/Local Authorities, GP Clusters and GP Practices which are available via an interactive dashboard at www.isdscotland.org/Products-and-Services/Consultancy/Surveys/Health-and-Care-Experience-2017-18/.

The dashboard will consist of five components:

- **Summary of Results:** A high level summary of results, including the overall survey response rate. Per cent positive scores for these questions are based on those responding 'Excellent' or 'Good'. Users are able to select and compare two areas across all levels.

If Scotland, Health Board or Health & Social Care Partnership level is selected, the results are displayed for those questions which align to the Health and Social Care Indicators.

If GP practice or GP cluster levels are selected, the results are displayed for five overarching questions relating to GP practice care.

- **Detailed Experience Ratings:** Results for the per cent positive style questions in the survey (as listed in Annex A), shown as the percentage of people who answered each question. Bar charts showing the positive / neutral / negative split are also provided. Additional charts show the per cent positive rating over time (since 2013/14) where appropriate.

Users are able to select and compare two areas across all levels. They can also choose the questions they wish to display by selecting from a dropdown menu.

- **Most Positive and Negative Experience Ratings:** The most positively and negatively rated questions, up to a maximum of ten. Users can switch between most positive and negative; choose how many questions to view; and are able to select and compare two areas across all levels.
- **Other Experience Questions:** Percentage breakdowns for non-per cent positive style questions, i.e. where the categories of response cannot be put on a positive-negative scale. This includes demographic information. Users can choose questions to be displayed from a dropdown menu and are able to select and compare two areas across all levels.

- **Variation in Positive Experience Ratings:** Charts showing per cent positive results in relation to a range of per cent positive results. For GP practices, the range will be that of all GP practices within the relevant Health and Social Care Partnership. For all other levels, the range will be that of all areas within that level, i.e. if a Health Board is selected the range would be that of all Health Boards. The national figure will be indicated on all charts.

Users will be able to choose the questions they wish to display and select areas within NHS Boards, Health & Social Care Partnerships and GP clusters.

More detailed explanatory notes on how to navigate and interpret the dashboards are available on the website text accompanying the dashboards. The dashboard will be reviewed and updates made based on user feedback.

Supporting Data

Spreadsheets showing more detailed results are available on the Scottish Government website at: www.gov.scot/GPsurvey.

3. Survey Design

Survey Development

The survey questionnaire was fundamentally redeveloped during Summer 2013, details of which are available in the 2013/14 survey's technical report www.gov.scot/Publications/2015/03/8892/0.

Minimal changes were made to the 2015/16 survey to ensure comparability and allow reporting of trends over time.

The questionnaire was reviewed again in 2017 to ensure continued relevance of survey questions, to reflect changes to primary care services in particular, and to reduce the overall length of the questionnaire.

The survey materials were also reviewed in 2017 to improve engagement with respondents and to ensure compliance with General Data Protection Regulations. This included improving the information provided to survey recipients in the covering letter and also introducing a privacy notice for the survey which is available at www.gov.scot/HACEPrivacyNotice.

Survey Materials

The initial survey pack included a letter and an information leaflet in a range of languages. Respondents had the option to complete the survey online or via a telephone helpline in a wide range of languages/text phone. The helpline was also available to handle questions or complaints about the survey.

A follow up survey pack was sent to people who had not responded to this initial letter after a couple of weeks. This pack included a reminder letter, an information leaflet and a paper copy of the questionnaire. This is the first time that a reminder letter has been issued since the 2009/10 survey. The reminder was introduced in order to boost response rates, particularly amongst groups of the population that we know are less likely to respond at first contact.

Copies of all of the survey materials and the privacy notice can be found at www.gov.scot/GPSurvey.

Changes to 2017/18 Questionnaire

Table 1: New questions for the 2017/18 survey

Quest. No.	Topic	Question Text	Reason
8a	GP Practice	How would you rate the quality of information provided by the receptionist?	Previous questions asked about helpfulness of reception staff, but feedback indicated that this potentially encompasses a wide range of factors. This new question focuses on one particular aspect.
9	GP Practice	The last time you received treatment or advice at your GP practice in the last 12 months, what did you receive treatment or advice for?	Introduced to understand the context of treatment/advice.
10	GP Practice	Who provided most of that treatment or advice?	Introduced to allow people to describe treatment received by any healthcare professional – previous surveys had focused particularly on care by doctors and nurses.
11d	GP Practice	I was given the opportunity to involve the people that matter to me.	Included to reflect the five key person-centred "must do with me" areas ²
11e	GP Practice	I understood the information I was given	Included to reflect the five key person-centred "must do with me" areas ²
11f	GP Practice	I was in control of my treatment/care	Included to reflect the five key person-centred "must do with me" areas ²
11g	GP Practice	I knew the healthcare professional well	Included to gauge continuity of care in terms of building a relationship with healthcare professionals at the GP Practice
11h	GP Practice	My treatment/care was well coordinated	Included to gauge continuity of care in terms of coordination of care within the GP Practice.
12	GP Practice	How would you describe the effect of that treatment or advice	Added to find out the individuals' view of the treatment outcome, on both symptoms and functioning – to replace Section 4 in previous survey on 'Health and care effectiveness'.

² www.healthcareimprovementscotland.org/our_work/person-centred_care/person-centred_programme.aspx

Quest. No.	Topic	Question Text	Reason
15	Referrals	Thinking about the last time you were referred by your GP practice, what type of health professional were you referred to?	Added to better understand the patient journey and the context of the experiences described.
17	Referrals	Overall, the last time you were referred, how would you rate the care you experienced at the service you were referred to?	Added to understand the quality of care received, in addition to the co-ordination of that care.
19	Out of Hours	Before contacting this service, which one of the following statements applied:	Added to understand reasons for contacting Our of Hours services.
20	Out of Hours	What did you receive treatment or advice from this service for?	Introduced to understand the context of treatment/advice.
21b	Out of Hours	I was given enough time	Introduced to mirror the person-centred care questions in the GP Practice section.
21c	Out of Hours	I was treated with compassion and understanding.	Introduced to mirror the person-centred care questions in the GP Practice section.
21d	Out of Hours	I was given the opportunity to involve the people that matter to me.	Introduced to mirror the person-centred care questions in the GP Practice section.
21e	Out of Hours	I understood the information I was given	Introduced to mirror the person-centred care questions in the GP Practice section.
21f	Out of Hours	I was in control of my treatment/care	Introduced to mirror the person-centred care questions in the GP Practice section.
21g	Out of Hours	My treatment/care was well coordinated	Introduced to mirror the person-centred care questions in the GP Practice section.
31	Carers	Who do you care for?	Added to provide context to caring experiences. (There was interest in understanding what the person needed care for, but this can be derived from the carers census.)

Table 2: Questions that were changed in the 2017/18 survey

2015/16 Q. No.	2017/18 Q. No.	Topic	Question Text	Reason
1	1	GP Practice	When did you last contact the GP practice named on the enclosed letter?	Response options made more detailed to better understand when last visit took place.
3	3	GP Practice	How easy is it for you to contact your GP practice in the way that you want?	Changed from a focus on ability to contact by phone, to a more person-centred question.
9b	8c	GP Practice	The arrangements for getting to see another medical professional in your GP practice?	Widened from the previous survey question, which asked specifically about nurses.
15/16	11	GP Practice	Thinking about that healthcare professional, how much do you agree or disagree with the following statements?	Widened from the previous survey question, which asked specifically about doctors and nurses.
10	14	Referrals	Have you been referred to any other NHS health professional in the last 12 months?	Question has been changed to focus on referrals to NHS services and incorporate those who self-referred.
11	16	Referrals	Thinking about the last time you were referred, how would you rate the coordination of your treatment/care?	Question refined to focus on co-ordination of care, which is the main area of interest.
28	18	Out of Hours	Which service did you end up being treated or advised by?	New response option added to include routing for those who haven't used OOHs.
46	33	About You	What best describes your gender?	Question updated to allow respondents to describe their gender identity.
53	37	About You	What best describes your work status?	Response options updated to incorporate those who are self-employed.
48	39	About You	In general, how would you rate your health?	Response options expanded to enable a more fine grained analysis.
52	41	About You	How would you rate your quality of life as a whole?	Question and response options simplified and made more consistent.

Table 3: Questions that were removed for the 2017/18 survey

2015/16 Q. No.	Topic	Question Text	Reason
4	GP Practice	The last time you phoned the GP practice, how helpful was the person who answered?	Responses to this question in previous surveys have been very positive, therefore little value in retaining the question.
8	GP Practice	When you arrange to see a doctor at your GP surgery can you usually see the doctor you prefer?	The ability of people to see their preferred doctor is likely to be affected by the workforce of each individual practice. In general, there is an emphasis on a person's care being provided by the whole clinical team. Superseded by (new) Q11g which relates to all healthcare professionals.
12	GP Practice	In the reception area, can other patients overhear what you say to the staff?	Little use has been made of this question.
13	GP Practice	How helpful do you find the receptionists at your GP practice?	Responses to this question in previous surveys have been very positive, therefore little value in retaining the question. Superseded by (new) Q8a.
14	GP Practice	How do you feel about how long you usually have to wait to be seen after you arrive at your GP practice?	Little use has been made of this question.
15c	GP Practice	I felt that the doctor had all the information needed to treat me	It is not clear that individuals would know if this was the case.
15d	GP Practice	The doctor took account of the things that matter to me	Responses to this question in previous surveys have shown no change and have been very positive. This question was removed in favour of questions on other person-centred questions.
15e	GP Practice	The doctor talked in a way that helped me understand my condition and treatment	Responses to this question in previous surveys have shown very little change and have been very positive. This question was removed and replaced with a broader question on understanding information given (Q11e in the 2017/18 survey).

2015/16 Q. No.	Topic	Question Text	Reason
15f	GP Practice	I felt confident in the doctor's ability to treat me	Responses to this question in previous surveys have shown no change and have been very positive. This question was removed in favour of questions on other person-centred questions.
16c	GP Practice	I felt that the nurse had all the information needed to treat me	It is not clear that individuals would know if this was the case.
16d	GP Practice	The nurse took account of the things that matter to me	Responses to this question in previous surveys have shown no change and have been very positive. This question was removed in favour of questions on other person-centred questions.
16e	GP Practice	The nurse talked in a way that helped me understand my condition and treatment	Responses to this question in previous surveys have shown very little change and have been very positive. This question was therefore removed and replaced with a broader question on understanding information given (Q11e in the 2017/18 survey).
16f	GP Practice	I felt confident in the nurse's ability to treat me	Responses to this question in previous surveys have shown very little change and have been very positive. This question was removed in favour of questions on other person-centred questions.
17	GP Practice	Are you involved as much as you want to be in decisions about your care and treatment?	Responses to this question in previous surveys have shown no change. This question was removed and replaced with a broader question on being in control of treatment / care (Q11f in the 2017/18 survey).
18	GP Practice	In the last twelve months have you had any blood tests, x-rays or any other tests arranged by your GP practice?	Little use has been made of this question.
19a-d	GP Practice	Thinking about the last time you had a blood test, x-ray or any other test arranged by your GP practice , how much do you agree or disagree with each of the following	Little use has been made of these questions.

2015/16 Q. No.	Topic	Question Text	Reason
20	GP Practice	Have you been prescribed medicines at your GP practice in the last 12 months?	Little use has been made of this question.
21a-f	GP Practice	Thinking about the last time you were prescribed medicines , how much do you agree or disagree with each of the following:	Little use has been made of these questions.
22	GP Practice	In the past year, do you believe a mistake was made in your treatment or care by your GP practice (including for example in test results, medicines prescribed, diagnosis)?	There are other sources for information about mistakes and complaints
23	GP Practice	Were you satisfied with how it was dealt with overall?	There are other sources for information about mistakes and complaints
24a	GP Practice	I am treated with respect	Responses to this question are highly correlated with those to the question "I am treated with compassion and understanding"
26	Out of Hours	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 Practice was closed (out of hours)?	Relevant routing (for those who haven't used the service) has been added to the first Out of Hours question so this question was no longer necessary.
27	Out of Hours	Thinking about the last time you tried to get help out of hours , which NHS service did you speak to or go to first ?	Little use has been made of this question.
29	Out of Hours	Who ended up providing most of your treatment or care?	Little use has been made of this question.
30a-g	Out of Hours	Thinking of the service that you ended up being treated or seen by, how much would you agree or disagree with the following about your experience?	These questions were dropped in favour of the person-centred focused questions which were introduced to the Out of Hours section to mirror those used in the GP Practice section.

2015/16 Q. No.	Topic	Question Text	Reason
36d	Social Care	I was treated with respect	Responses to this question are highly correlated with those to the question "I am treated with compassion and understanding"
38	GP Practice	In the last 12 months, have you received NHS treatment or advice because of something that was affecting your ability to live your normal life?	Results from this section are not widely used. Decided to replace with other questions about the individuals' view of the outcome of treatment (new Q12)
39	GP Practice	Thinking about the last time this happened, how would you describe the effect of the treatment on your ability to live your normal life?	Results from this section are not widely used. Decided to replace with other questions about the individuals' view of the outcome of treatment (new Q12)
40	GP Practice	In the last 12 months, have you received NHS treatment or advice because of something that was causing you pain or discomfort?	Results from this section are not widely used. Decided to replace with other questions about the individuals' view of the outcome of treatment (new Q12)
41	GP Practice	Thinking about the last time this happened, how would you describe the effect of the treatment on your pain or discomfort?	Results from this section are not widely used. Decided to replace with other questions about the individuals' view of the outcome of treatment (new Q12)
42	GP Practice	In the last 12 months, have you received NHS treatment or advice because of something that was making you feel depressed or anxious?	Results from this section are not widely used. Decided to replace with other questions about the individuals' view of the outcome of treatment (new Q12)
43	GP Practice	Thinking about the last time this happened, how would you describe the effect of the treatment on how you felt?	Results from this section are not widely used. Decided to replace with other questions about the individuals' view of the outcome of treatment (new Q12)
47	About You	What was your age on your last birthday?	Age of respondent now being taken from administrative records (see Section 8 for more information).

2015/16 Q. No.	Topic	Question Text	Reason
50	About You	Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months ? (Include problems related to old age).	Other questions already cover respondents' health and long term conditions
57	About You	What best describes the accommodation you live in?	This had previously been included to understand the circumstances in which people live. However, limited use has been made of this information.
58	About You	Do you give your permission for NHS Scotland Statisticians to add your survey results to other information about your health and care for the purposes of analysing this survey?	These questions were removed as part of the information governance review of this survey. Information about how data will be used was provided to respondents in a privacy notice.
59	About You	Do you give your permission for NHS Scotland Statisticians to add your survey results to other information about your health and care for the purposes of other future research?	These questions were removed as part of the information governance review of this survey. Information about how data will be used was provided to respondents in a privacy notice.

4. Sample Design

Sampling Frame

People eligible to be sampled for the survey were those who were registered to a Scottish GP practice on 19 October 2017 and aged 17 or over at that date. Eligible people were identified by ISD Scotland, using an October 2017 extract from the Community Health Index (CHI) database. All data was accessed, managed and stored in accordance with the data confidentiality protocols described in the privacy notice for the survey³.

A small number of special practices, run by NHS Boards to provide primary care services to particular small groups of people (e.g. practices for homeless people) were excluded from the survey. Unfortunately, an error which occurred during the sampling process resulted in the Islands View Surgery in NHS Orkney (practice code: 38084) also being excluded from the 2017/18 survey. This affects not only the individual practice concerned, but also the organisational levels it is associated with: cluster; Health and Social Care Partnership; and NHS Board. This omission has been highlighted within the dashboard of local level results.

The addresses from CHI were cross checked against the Postcode Address File to ensure that they were complete. Any records where the address wasn't recognised were removed from the survey sample frame, as were a small number of people who had requested not to be included in this or other surveys.

Sampling Design and Sample Size Calculation

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

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

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

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

Where:

- N is the number of people registered with a practice on the sampling frame (i.e. the number of people aged 17 and over);
- $B = z^2 p(1-p) / c^2 = 150$ using the following definitions:
 - p is the proportion answering in a certain way, assume 0.5 to give maximum variability;

³ www.gov.scot/HACEPrivacyNotice

- z is 1.96 for a 95 per cent confidence interval (using the standard normal distribution);
- c gives maximum acceptable size of confidence interval, in this case 0.08 (eight percentage points).

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

Table 4: Minimum number of responses required for difference practice list sizes

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

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

The minimum number of responses required is adjusted upwards to allow for assumed non-response to the survey. Estimated response rates to the 2017/18 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 2015/16 Health and Care Experience Survey, but also took into account that a reminder letter would be sent out (which was not the case in the 2015/16 survey). Finally, sample sizes for practices were capped to a maximum number per practice for practices which historically have had extremely low response rates.

A total of 611,638 people were sampled for inclusion in the Health and Care Experience Survey 2017/18.

Sample Selection

For the majority of practices in Scotland, a random sample of the required number of people from each practice was taken from the sampling frame by ISD Scotland. For some practices with very small numbers of eligible people, all were included in the survey in order to meet the minimum sample size requirements identified from the calculation above. The sample was selected within SPSS software version 21.0.

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

5. Fieldwork

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

Mail-out

The fieldwork began on 8 November 2017. In total, 611,638 letters and information sheets were posted out in batches between 8 to 13 November 2017. These initial letters asked respondents to complete the survey online, but also included a helpline number.

Reminder letters, this time including a paper version of the questionnaire, were sent out from 22 November 2017.

Survey Helpline Calls

During the fieldwork a telephone helpline answered queries from people surveyed. In total, 10,305 telephone enquiry calls were answered by the telephone and language line. This was a substantial increase in the number received in 2015/16 (which was 1,500), largely because of the change to promoting the online survey in the initial contact letter. Calls fell into the broad categories shown in Table 5.

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

Main reason for call	Number of calls
General enquiries	2,306
Help to complete the survey online	4,194
Telephone completions	3,013
To say someone had moved house	134
To say someone had died	36
To decline to take part	597
Person sampled is ineligible	25
Total	10,305

People who were recently deceased

The people included in the 2017/18 survey were sampled from an extract taken from the CHI database on 19 October 2017. The sampling, questionnaire printing and mail-out process extended from this date through to the final mailing date of 4 December 2017. This meant that some people would have died between the extract date and mail out dates.

As with all Care Experience surveys, every possible effort was made by Quality Health Ltd, ISD and the Scottish Government to avoid questionnaires being sent to family members of people who had died. Therefore, in the same way to previous surveys, a list of people included in the initial sample was checked against the National Records of Scotland death register to identify people who had recently died and remove them from the sample.

The list of people sampled for the survey was shared with Atos Origin Alliance (who host the CHI database) and the NHS Central Register (NHS CR). This allowed NHS CR to check on a daily basis for people who had died and send notifications to ISD throughout the mail-out period. ISD subsequently passed this information on to Quality Health Ltd, who removed survey packs as required prior to mailout. Having access to information about recent deaths greatly reduced the number of questionnaires being sent to addresses of people who had died. We are grateful to NHS CR and Atos Origin Alliance for their help and support during this stage of the project.

Between the CHI and NHS CR databases, a total of 1,686 records included in the initial survey sample were flagged as deceased between the time the 19 October 2017 CHI extract was taken and the final mail out date on 4 December 2017. All of these deceased records were removed prior to mailing questionnaire to people. In a further 36 cases a questionnaire was sent to someone who had died shortly after the death checks had been made and the person's family contacted Quality Health Ltd to notify them of this.

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.

This delay, combined with the volume of the mail out process, made it extremely difficult to prevent all questionnaires being sent to addresses of people who had died. However, as outlined above, efforts were made to avoid this as much as possible.

6. Data Entry and Fieldwork Quality Control

Data Capture

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

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

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

Verification and Upload Process

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

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

Secure Disposal

The names and addresses of people who were selected for the survey were stored securely by Quality Health Ltd until the end of the fieldwork period. They were then destroyed.

Once processed, all returned questionnaires were immediately stored by Quality Health Ltd in labelled containers and archived in a secure room on-site until they reached their agreed destruction date. Once destroyed a certificate of destruction was provided.

Free Text Comments

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

Just over 67,000 respondents left comments with approximately 40,000 relating to the GP practice, roughly 13,000 relating to Out of Hours Healthcare, and roughly 4,000 relating to care and support services.

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

Quality checks were undertaken on records to ensure that the instructions for suppressing disclosive details were followed.

Analysis on the free text comments will be carried out and reported separately from the national results published on 24 April 2018.

7. Survey Response

Overview

The response rate for the survey is the number of forms returned as a percentage of the number of people in the sample. In total, 611,638 surveys were sent out and 132,972 were returned completed, giving an overall response rate of 22 per cent.

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

Response Rates for GP Practices

The response rate was relatively consistent across practices of all sizes (Table 6).

Table 6: Response rate by practice list size

GP Practice List Size	Total number of forms sent out *	Number of Responses	Response rate (%)
< 2,500	86,000	20,152	23
2,500 to 4,999	174,867	36,057	21
5,000 to 7,499	160,503	34,636	22
7,500 to 9,999	112,015	24,603	22
10,000 +	78,251	17,524	22
Scotland	611,638	132,972	22

* Column does not sum to total, due to 2 people who declined to participate in the survey and requested that their information be deleted.

Response rates for Health and Social Care Partnerships

Response rates by Health and Social Care Partnership are shown in Table 7. The highest response rate was 31 per cent; achieved in Aberdeenshire, Dumfries & Galloway and Orkney. The lowest response rate was for Glasgow City (15 per cent).

Table 7: Response rate by Health and Social Care Partnership

Partnership	Total number of forms sent out *	Number of responses	Response rate (%)
Aberdeen City	18,556	4,244	23
Aberdeenshire	16,677	5,121	31
Angus	8,641	2,488	29
Argyll and Bute	14,649	4,027	27
Clackmannanshire and Stirling	15,842	4,031	25
Dumfries and Galloway	16,071	4,986	31
Dundee City	17,412	3,539	20
East Ayrshire	11,067	2,374	21
East Dunbartonshire	10,318	2,520	24
East Lothian	8,817	2,522	29
East Renfrewshire	9,407	2,019	21
Edinburgh	47,949	10,327	22
Falkirk	16,592	3,815	23
Fife	34,197	7,781	23
Glasgow City	123,429	18,019	15
Highland	30,808	8,815	29
Inverclyde	10,446	1,965	19
Midlothian	7,698	1,977	26
Moray	6,955	2,029	29
North Ayrshire	13,825	2,966	21
North Lanarkshire	43,902	7,837	18
Orkney Islands	2,802	872	31
Perth and Kinross	12,023	3,404	28
Renfrewshire	20,694	4,074	20
Scottish Borders	10,933	3,072	28
Shetland Islands	4,896	1,415	29
South Ayrshire	10,661	2,745	26
South Lanarkshire	34,534	7,107	21
West Dunbartonshire	11,684	2,307	20
West Lothian	15,457	3,230	21
Western Isles	4,694	1,344	29
Scotland	611,638	132,972	22

* Column does not sum to total, due to 2 people who declined to participate in the survey and requested that their information be deleted.

Response Rate by Deprivation

Respondents were assigned to a deprivation quintile based on their postcode using the 2016 Scottish Index of Multiple Deprivation (SIMD)⁴. As seen in previous surveys, the response rate was lower for people living in deprived areas. The response rate ranged from 14 per cent for people living in the most deprived areas to 28 per cent for people living in the least deprived areas (Table 8).

Table 8: Response rate by deprivation quintile

SIMD Quintile	Total number of forms sent out *	Number of Responses	Response rate (%)
1 (Most deprived)	153,298	21,943	14
2	125,581	24,850	20
3	128,896	31,621	25
4	110,840	28,902	26
5 (Least deprived)	93,021	25,656	28
Scotland	611,638	132,972	22

* Column does not sum to total, due to 2 people who declined to participate in the survey and requested that their information be deleted.

Response Rate by Urban / Rural Location

Respondents were assigned to an Urban / Rural category based on their postcode using the Scottish Government's 2013/14 six-fold Urban / Rural classification⁵. The response rate ranged from 18 per cent of people living in large urban areas to 31 per cent of people living in remote rural areas (Table 9).

Table 9: Response rate by urban / rural location

Urban / Rural Category	Total number of forms sent out *	Number of Responses	Response rate (%)
Large urban areas	247,368	44,136	18
Other urban areas	178,876	37,432	21
Accessible small towns	45,828	10,844	24
Remote small towns	16,614	4,317	26
Accessible rural	66,760	18,798	28
Remote rural	56,190	17,445	31
Scotland	611,638	132,972	22

* Column does not sum to total, due to 2 people who declined to participate in the survey and requested that their information be deleted.

⁴ www.gov.scot/Topics/Statistics/SIMD

⁵ www.gov.scot/Topics/Statistics/About/Methodology/UrbanRuralClassification

Response Rate by Age Group ⁶

The response rate increased with age and was highest in the 65+ age group (43 per cent). This compared to a response rate of just six per cent for those aged 17-34 (Table 10).

Table 10: Response rate by age group

Age Group	Total number of forms sent out *	Number of Responses	Response rate (%)
17 to 24	67,531	4,339	6
25 to 34	105,709	8,185	8
35 to 44	97,453	11,948	12
45 to 54	110,330	20,960	19
55 to 64	98,102	30,704	31
65 +	132,511	56,836	43
Scotland	611,638	132,972	22

* Column does not sum to total, due to 2 people who declined to participate in the survey and requested that their information be deleted.

Response Rate by Gender ⁶

The response rate was higher for females (24 per cent) than it was for males (19 per cent) (Table 11).

Table 11: Response rate by gender

Gender	Total number of forms sent out *	Number of Responses	Response rate (%)
Male	303,660	57,747	19
Female	307,976	75,225	24
Scotland	611,638	132,972	22

* Column does not sum to total, due to 2 people who declined to participate in the survey and requested that their information be deleted.

⁶ Based on information held on the CHI database

Method of Response

Of the 132,972 respondents, 60 per cent sent their surveys back by post with almost all of the rest completing the survey online. One hundred and forty people completed their survey via the telephone (Table 12).

This is a different pattern of response methods than was seen in previous surveys, when around 90 per cent of responses were by post. The reason for this is the introduction of an initial letter this year, which included only a link to the online survey and telephone helpline. This resulted in an increase in the proportion of responses via these methods.

Table 12: Response by method

Method	Number of questionnaires completed	Questionnaires completed (%)
Online *	53,269	40
Post	79,563	60
Telephone helpline	133	0
Language line	7	0
Scotland	132,972	100

* Includes 2,873 completions via the telephone helpline

8. Analysis and Reporting

The survey data collected and coded by Quality Health Ltd were securely transferred to ISD Scotland, where the information was analysed using the statistical software package SPSS version 21.0.

Reporting the Gender of Respondents

Analysis of survey response rates by gender was undertaken using the gender of people in the sample according to their CHI record at the time of data extraction (19 October 2017). This source was also used in the calculation of the survey weights (more information about this is provided later in this section).

For all other analyses by gender, the respondents' answer to question 33 "What best describes your gender?" has been used. In total, 129,508 responders (97 per cent) provided a valid response to question 33.

Reporting the Age of Respondents

Respondent date of birth was taken from their CHI record at the time of data extraction (19 October 2017). This source was used for all stages of the analysis. The age of respondents used for reporting purposes was calculated as at 19 November 2017.

Number of Responses Analysed

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

- The specific question did not apply to the respondent and so they did not answer it. For example if they did not use Out of Hours services in the previous 12 months and therefore did not answer questions about their experience of it.
- The respondent did not answer the question for another reason (e.g. refused). People were advised that if they did not want to answer a specific question they should leave it blank
- The respondent answered that they did not know or could not remember the answer to a particular question
- Responses may be removed following validation checks, for example if a respondent selected an invalid combination of responses. Improved validation checks were introduced for this survey to ensure consistency between online and paper responses.

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

Weighting

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

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

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

Results at all levels of reporting are weighted. Results at GP Practice level are also presented unweighted.

Backdating of Previous Surveys

Due to the new weighting methodology introduced for this survey, figures from previous surveys have been backdated where appropriate to ensure comparisons over time are available.

As part of the backdating process, the improved validation checks brought in for the 2017/18 survey were applied to responses from previous surveys. This means the total number of responses for analysis will differ.

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

Percentage Positive and Negative

Per cent or percentage positive is frequently used in reporting results from this survey. This means the percentage of people who answered in a positive way. For example, when people were asked how helpful the receptionists are, if they answered "Very helpful" or "Fairly helpful", these have been counted as positive answers. Similarly those people who said they found the receptionist "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.

Percentage positive is mainly used to allow easier comparison rather than reporting results on the five point scale that people used to answer the questions. There is also a belief that differences between answers on a five point may be subjective. For example there may be little or no difference between a person who "strongly agrees" and one who "agrees" with a statement. In fact some people may never strongly agree or strongly disagree with any statements.

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

More information on confidence intervals, significance testing and how they're calculated can be found at: www.gov.scot/Resource/0052/00522932.pdf.

Quality Assurance of the National Report

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

Revisions to previous publications

A copy of our revisions policy is available at: www.gov.scot/Resource/0052/00522934.pdf

Annex A: Per cent Positive and Negative Responses

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

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

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

Question Number	Topic	Question Text	High positive values	Low positive values	Neutral values	Negative values	Excluded values	Number of responses analysed
3	GP Practice	How easy is it for you to contact your GP practice in the way that you want?	1	2	-	3	-	118,064
5	GP Practice	If you ask to make an appointment with a doctor 3 or more working days in advance , does your GP practice allow you to?	1	-	-	2	3	90,254
6	GP Practice	The last time you needed to see or speak to a doctor or nurse from your GP practice quite urgently , how long did you wait?	1	2	-	3	4, 5	86,155
8a	GP Practice	The quality of information provided by the receptionist?	1	2	3	4, 5	-	116,052
8b	GP Practice	The arrangements for getting to see a doctor in your GP practice?	1	2	3	4, 5	-	115,147
8c	GP Practice	The arrangements for getting to see another medical professional in your GP practice?	1	2	3	4, 5	-	109,794
8d	GP Practice	The care provided by your GP practice?	1	2	3	4, 5	-	115,006

Question Number	Topic	Question Text	High positive values	Low positive values	Neutral values	Negative values	Excluded values	Number of responses analysed
11a	GP Practice	I was listened to	1	2	3	4, 5	-	108,108
11b	GP Practice	I was given enough time	1	2	3	4, 5	-	106,741
11c	GP Practice	I was treated with compassion and understanding	1	2	3	4, 5	-	105,978
11d	GP Practice	I was given the opportunity to involve the people that matter to me	1	2	3	4, 5	-	87,925
11e	GP Practice	I understood the information I was given	1	2	3	4, 5	-	107,219
11f	GP Practice	I was in control of my treatment / care	1	2	3	4, 5	-	102,506
11g	GP Practice	I knew the healthcare professional well	1	2	3	4, 5	-	100,756
11h	GP Practice	My treatment / care was well coordinated	1	2	3	4, 5	-	103,459
16	Referrals	Thinking about the last time you were referred, how would you rate the coordination of your treatment/care?	1	2	3	4, 5	-	52,610
17	Referrals	Overall, the last time you were referred, how would you rate the care you experienced at the service you were referred to?	1	2	3	4, 5	-	52,000

Question Number	Topic	Question Text	High positive values	Low positive values	Neutral values	Negative values	Excluded values	Number of responses analysed
21a	OOH	I was listened to	1	2	3	4, 5	-	50,154
21b	OOH	I was given enough time	1	2	3	4, 5	-	48,622
21c	OOH	I was treated with compassion and understanding	1	2	3	4, 5	-	48,975
21d	OOH	I was given the opportunity to involve the people that matter to me	1	2	3	4, 5	-	43,097
21e	OOH	I understood the information I was given	1	2	3	4, 5	-	49,299
21f	OOH	I was in control of my treatment / care	1	2	3	4, 5	-	47,139
21g	OOH	My treatment / care was well coordinated	1	2	3	4, 5	-	47,301
22	OOH	Overall, how would you rate the care you experienced from this service?	1	2	3	4, 5	-	51,449
27a	Social Care	I was aware of the help, care and support options available to me	1	2	3	4, 5	-	7,314
27b	Social Care	I had a say in how my help, care or support was provided	1	2	3	4, 5	-	7,065
27c	Social Care	People took account of the things that matter to me	1	2	3	4, 5	-	7,058
27d	Social Care	I was treated with compassion and understanding	1	2	3	4, 5	-	7,173
27e	Social Care	I felt safe	1	2	3	4, 5	-	6,989

Question Number	Topic	Question Text	High positive values	Low positive values	Neutral values	Negative values	Excluded values	Number of responses analysed
27f	Social Care	I was supported to live as independently as possible	1	2	3	4, 5	-	6,898
27g	Social Care	My health, support and care services seemed to be well coordinated	1	2	3	4, 5	-	6,977
27h	Social Care	The help, care or support improved or maintained my quality of life	1	2	3	4, 5	-	7,031
28	Social Care	Overall, how would you rate your help, care or support services? Please exclude the care and help you get from friends and family.	1	2	3	4, 5	-	7,585
32a	Carers	I have a good balance between caring and other things in my life	1	2	3	4, 5	-	19,793
32b	Carers	Caring has had a negative impact on my health and wellbeing	1	2	3	4, 5	-	18,808
32c	Carers	I have a say in services provided for the person(s) I look after	1	2	3	4, 5	-	18,055
32d	Carers	Local services are well coordinated for the person(s) I look after	1	2	3	4, 5	-	18,004
32e	Carers	I feel supported to continue caring	1	2	3	4, 5	-	18,141
40	About You	In general, how well do you feel that you are able to look after your own health?	1	2	-	3, 4	-	131,394

A National Statistics Publication for Scotland

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How to Access Background or Source Data

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

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ISBN 978-1-78851-767-6

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ISBN: 978-1-78851-767-6 (web only)

Published by the Scottish Government, April 2018

The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

Produced for the Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS397666 (04/18)