















Health and Care Experience Survey 2019/20

Technical Report

A National Statistics Publication for Scotland published by the Scottish Government





Contents

1. Introduct	tion and Background	1
2. Outputs	from the Survey	2
Interact	tive Dashboard	2
Suppor	rting Data	3
3. Survey D	Design	4
Survey	Development	4
Survey	Materials	4
4. Sample [Design	5
Samplir	ng Frame	5
Samplin	ng Design and Sample Size Calculation	5
Sample	e Selection	6
5. Fieldwor	·k	7
Mail-ou	ut	7
Survey	Helpline Calls	7
People	who were recently deceased	8
6. Data Enti	ry and Fieldwork Quality Control	10
Data Ca	apture	10
Verifica	ation and Upload Process	10
Secure	Disposal	10
Free Te	ext Comments	11
7. Survey R	Response	12
Overvie	ew	12
Method	d of Response	12
Respor	nse Rates for GP Practices	12
Respor	nse rates for Health and Social Care Partnerships	13
Respor	nse Rate by Deprivation	14
Respor	nse Rate by Urban / Rural Location	14
Respor	nse Rate by Age Group	15
Respor	nse Rate by Sex	15

8. Analysis and Reporting16
Reporting the Sex and Gender of Respondents16
Reporting the Age of Respondents16
Number of Responses Analysed16
Weighting17
Backdating of Previous Surveys17
Percentage Positive and Negative17
Quality Assurance of the National Report18
Revisions to previous publications18
9. Compliance with the National Statistics Code of Practice19
A National Statistics Publication for Scotland19
Changes to these statistics19
Respondent Burden19
Annex A: Changes to 2019/20 Questionnaire21
Annex B: Per cent Positive and Negative Responses26

1. Introduction and Background

This report provides information on the technical aspects of the 2019/20 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 https://www2.gov.scot/Topics/Statistics/Browse/Health/careexperience

The survey programme supports the three quality ambitions of the 2020 Vision¹ - 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 Public Health Scotland (a new organisation from 1st April 2020, previously Information Services Division (ISD), part of NHS National Services Scotland). Both the Scottish Government and Public Health Scotland are involved in the planning and organisation of the survey, as well as analysing and reporting on the survey responses.

National results, as well as individual results for NHS Boards, Health and Social Care Partnerships, GP Clusters and GP Practices, were published on 13th October 2020.

-

¹ https://www.gov.scot/collections/everyone-matters-plans/

2. Outputs from the Survey

This section provides more details of the range of outputs from the Health and Care Experience Survey 2019/20.

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 interactive dashboards at

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

Seven interactive dashboards present the results from the 2019/20 survey along with time trends for all surveys since 2014, where questions are comparable.

- Summary of Results: This dashboard presents a high level summary for some of the
 overarching questions from the survey. At Scotland, NHS Board and Health & Social
 Care Partnership level, the results are displayed for headline questions from each
 section of the questionnaire. At GP Practice and GP Cluster level the results are
 displayed for six key questions.
- Most Positive and Negative Experience Ratings: This dashboard presents the
 questions which received the five most positive and the five most negative experience
 ratings for selected report areas.
- Detailed Experience Ratings Results: This dashboard presents results for the
 ratings questions in the survey. Results are shown as the percentage of people who
 gave a positive, neutral or negative answer. The user can select a question to compare
 the result to the equivalent 2018 result and the Scotland result, and display a time trend
 for all surveys since 2014, where questions are comparable. Statistical comparisons
 against 2018 are available at Scotland, NHS Board and Health & Social Care
 Partnership level.
- Detailed Experience Ratings Results (side by side): This dashboard presents
 results for the ratings questions in the survey, where the user can select two report areas
 to view side-by-side. Results are shown as the percentage of people who gave a
 positive, neutral or negative answer. Please note that no statistical significance testing
 has been carried out to compare results between local areas.
- Rating Questions Comparisons: This dashboard provides an overview of the
 results for each question within a survey section. It presents the per cent positive results
 for a selected area compared to the equivalent results for Scotland and the equivalent
 results from the 2018 survey where comparable.
- Information Questions Results: This dashboard presents results for the information questions in the survey. Results are shown as the percentage of people who gave that response to each question. The user can select two report areas to view side-by-side. Please note that no statistical significance testing has been carried out to compare results between local areas.

About the Respondents: This dashboard presents the demographic characteristics
of survey respondents, and analyses of questions relating to respondents' health. These
analyses are available at Scotland, NHS Board and Health & Social Care Partnership
level.

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

Supporting Data

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

3. Survey Design

Survey Development

The questionnaire was reviewed in 2019 to ensure continued relevance of survey questions, reflect changes to the way that health and care services are provided, and to incorporate feedback from the 2017/18 survey. Details of the changes to the questionnaire can be found in Annex A. The information provided to survey recipients in the covering letter was also updated and improved along with the privacy notice for the survey which is available at www.gov.scot/HACE.

Survey Materials

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

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

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

4. Sample Design

Sampling Frame

Eligible people were identified using an extract from the Community Health Index (CHI) database provided to Public Health Scotland on the 20th August 2019. People eligible to be sampled for the survey were those registered to a Scottish GP practice and were aged 17 or over on 5th September 2019, the date when the sampling procedure commenced. Patients with non-Scottish postcodes were excluded from the sampling frame. All data was accessed, managed and stored in accordance with the data confidentiality protocols described in the privacy notice for the survey².

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

Sampling Design and Sample Size Calculation

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

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

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

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

Where:

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

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

² https://www.gov.scot/publications/health-and-care-experience-survey/

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

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

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

The minimum number of responses required is adjusted upwards to allow for assumed non responses to the survey. Estimated response rates to the 2019/20 for each individual GP practice were based on the previous response rate for the 2017/18 survey. Where response rates were not available i.e. for a new practice assumed response rates were used based on the proportion of the eligible population living in the most deprived 15% of data zones (based on the Scottish Index of Multiple Deprivation 2016*), which affect the likelihood of a person responding to the survey. Estimated required sample sizes were capped at a maximum of 1,000 for individual practices.

The addresses from CHI were cross checked against the Scottish Postcode Directory to ensure that they were complete. Any instances of invalid, deleted or incomplete postcodes were removed prior to sample selection, as were a small number of people who had requested not to be included in this or other surveys. A total of 605,426 people were sampled for inclusion in the Health and Care Experience Survey 2019/20.

Sample Selection

For the majority of practices in Scotland, a random sample of the required number of people from each practice was taken from the CHI database using the sampling frame by Public Health Scotland. For some practices with very small numbers of eligible people, all were included in the survey in order to meet the minimum sample size requirements identified from the calculation above. The sample was selected using the statistical software package SPSS version 24.0.

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

^{*} https://www.gov.scot/publications/scottish-index-multiple-deprivation-2016/

5. Fieldwork

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

Mail-out

The fieldwork began on 16th October 2019. In total, 604,127 letters and information sheets were posted out in batches between 16th and 21st October 2019. These initial letters asked respondents to complete the survey online, but also included a helpline number.

Reminder letters including a paper version of the questionnaire, were sent out from the 30th October until the 14th November 2019.

Survey Helpline Calls

During the fieldwork a telephone helpline answered queries from people surveyed. In total, 3,390 telephone enquiry calls were answered by the telephone and language line. This was a substantial decrease on the number received in 2017/18 (which was 10,305), which is largely attributed to a change in the wording of the initial contact letter which reduced the number of people calling to complete the questionnaire over the phone and due to fewer issues with the online questionnaire which reduced the number of helpline calls. Calls fell into the broad categories shown in Table 5. The number of helpline calls regarding telephone completions is greater than the number of telephone completions received (table 12) as respondents are able to start a telephone completion, take a break and then call back later to complete the questionnaire, resulting in more than one call to the helpline for some telephone completions.

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

Main reason for call	Number of calls
General enquiry	561
Help to complete the survey online	1,297
Telephone completions	353
To say someone had moved house	219
To say someone had died	56
To decline to take part	662
Person sampled is ineligible	206
Translation request	29
Complaint	7
Total	3,390

People who were recently deceased

The people included in the 2019/20 survey were sampled from an extract taken from the CHI database provided to Public Health Scotland on 20th August 2019. The sampling, questionnaire printing and mail-out process extended from this date through to the final mailing date of the 14th November 2019. This meant that some people would have died between the extract date and mail out dates.

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

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

A total of 1,299 people were identified as deceased by NHS CR and Atos checks and removed from the sample prior to and on the initial mail-out day of the survey on the 16th October 2019. These individuals were not sent survey packs. NHS CR and Atos Origin Alliance identified a further 98 people as deceased during the initial mail out period (17th - 21st October 2019). Public Health Scotland subsequently passed this information on to Quality Health Ltd, who removed remaining survey packs as required prior to mail out.

NHS CR and Atos Origin Alliance checks identified 568 people as deceased during the reminder mail out period (30th October – 14th November 2019). Public Health Scotland passed this information to Quality Health Ltd, who ensured these people were not sent survey packs. These figures include a small number of cases where the death status of individuals could not be confirmed.

In a further 56 cases a questionnaire was sent to someone who had died 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 National Records of Scotland databases. This delay, combined with the volume of the mail out process, made it extremely difficult to prevent all questionnaires being sent to addresses of

people who had died. However, as outlined above, efforts were made to avoid this as much as possible.

^{*} https://www.nrscotland.gov.uk/statistics-and-data/nhs-central-register

6. Data Entry and Fieldwork Quality Control

Data Capture

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

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

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

Verification and Upload Process

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

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

Secure Disposal

The names and addresses of people who were selected for the survey were stored securely by Quality Health Ltd until the survey work was completed. 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 51,300 respondents left comments with 48,888 relating to the GP Practice, 7,902 relating to Out of Hours Healthcare, and 7,784 relating to Care, Support and Help With Everyday Living.

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 13th October 2020.

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, 604,127 surveys were sent out and 160,372 were returned completed, giving an overall response rate of 27 per cent.

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

Method of Response

Of the 160,372 respondents, 52 per cent sent their surveys back by post with 47 per cent completing the survey online. Three hundred and forty-two people completed their survey via the telephone (Table 6) and thirteen people completed their survey via the language line.

Table 6: Response by method

Method	Number of questionnaires completed	Questionnaires completed (%)
Online	76,160	47
Post	83,857	52
Telephone helpline	342	0
Language line	13	0
Scotland	160,372	100

Response Rates for GP Practices

The response rate was relatively consistent across practices of all sizes (Table 7).

Table 7: Response rate by practice list size

GP Practice List	Total number of	Number of	Response
Size	forms sent out	Responses	rate (%)
< 2,500	77,623	21,321	27
2,500 to 4,999	170,870	43,248	25
5,000 to 7,499	162,307	42,771	26
7,500 to 9,999	115,146	31,471	27
10,000 +	78,181	21,561	28
Scotland	604,127	160,372	27

Response rates for Health and Social Care Partnerships

Response rates by Health and Social Care Partnership are shown in Table 8. The highest response rate was 41 per cent; achieved in Orkney. The lowest response rate was for Glasgow City (18 per cent).

Table 8: Response rate by Health and Social Care Partnership

Table 6: Response rate by H	Total number	Number of	Response
Partnership	of forms sent out	responses	rate (%)
Aberdeen City	16,628	4,594	28
Aberdeenshire	14,296	5,355	37
Angus	8,558	2,870	34
Argyll and Bute	15,247	5,119	34
Clackmannanshire and Stirling	15,907	4,811	30
Dumfries and Galloway	14,842	5,308	36
Dundee City	16,690	3,930	24
East Ayrshire	11,526	3,127	27
East Dunbartonshire	9,516	3,064	32
East Lothian	7,559	2,633	35
East Renfrewshire	11,327	3,142	28
Edinburgh	46,019	11,415	25
Falkirk	15,834	4,568	29
Fife	35,181	10,475	30
Glasgow City	125,311	22,346	18
Highland	30,767	10,717	35
Inverclyde	10,532	2,485	24
Midlothian	6,864	2,060	30
Moray	6,411	2,237	35
North Ayrshire	13,004	3,436	26
North Lanarkshire	43,156	9,706	22
Orkney Islands	2,928	1,197	41
Perth and Kinross	12,917	4,460	35
Renfrewshire	21,195	4,984	24
Scottish Borders	11,886	4,325	36
Shetland Islands	4,544	1,707	38
South Ayrshire	10,804	3,418	32
South Lanarkshire	33,830	8,863	26
West Dunbartonshire	11,783	2,763	23
West Lothian	14,810	3,894	26
Western Isles	4,255	1,363	32
Scotland	604,127	160,372	27

Response Rate by Deprivation

Those who were sent a survey were assigned to a deprivation quintile based on their postcode using the 2016 Scottish Index of Multiple Deprivation (SIMD)³. As seen in previous surveys, the response rate was lower for people living in deprived areas. The response rate ranged from 18 per cent for people living in the most deprived areas to 34 per cent for people living in the least deprived areas (Table 9).

Table 9: Response rate by deprivation quintile

SIMD Quintile	Total number of forms sent out	Number of Responses	Response rate (%)
1 (Most deprived)	154,012	27,183	18
2	123,731	29,693	24
3	126,643	37,345	29
4	109,987	35,486	32
5 (Least deprived)	89,754	30,665	34
Scotland	604,127	160,372	27

Response Rate by Urban / Rural Location

Respondents were assigned to an Urban / Rural category based on their postcode using the Scottish Government's 2016 six-fold Urban / Rural classification⁴. The response rate ranged from 21 per cent of people living in large urban areas to 37 per cent of people living in remote rural areas (Table 10).

Table 10: Response rate by urban / rural location

Urban / Rural Category	Total number of	Number of	Response
Orbani Rurai Calegory	forms sent out	Responses	rate (%)
Large urban areas	244,666	52,314	21
Other urban areas	184,014	48,677	26
Accessible small towns	42,715	12,617	30
Remote small towns	16,677	5,245	31
Accessible rural	61,818	21,367	35
Remote rural	54,237	20,152	37
Scotland	604,127	160,372	27

³ www.gov.scot/Topics/Statistics/SIMD

⁴ www.gov.scot/Topics/Statistics/About/Methodology/UrbanRuralClassification

Response Rate by Age Group 5

The response rate increased with age and was highest in the 65+ age group (48 per cent). This compared to a response rate of 11 per cent for those aged 17-24 (Table 11).

Table 11: Response rate by age group

Age Group	Total number of forms sent out	Number of Responses	Response rate (%)
17 to 24	65,378	7,021	11
25 to 34	104,902	12,244	12
35 to 44	97,687	16,371	17
45 to 54	104,747	25,553	24
55 to 64	99,677	36,299	36
65 +	131,736	62,884	48
Scotland	604,127	160,372	27

Response Rate by Sex 5

The response rate was higher for females (30 per cent) than it was for males (23 per cent) (Table 12).

Table 12: Response rate by sex

Gender	Total number of forms sent out	Number of Responses	Response rate (%)
Male	298,781	69,245	23
Female	305,346	91,127	30
Scotland	604,127	160,372	27

-

⁵ Based on information held on the CHI database

8. Analysis and Reporting

The survey data collected and coded by Quality Health Ltd were securely transferred to Public Health Scotland, where the information was analysed using the statistical software package SPSS version 24.0.

Reporting the Sex and Gender of Respondents

Analysis of survey response rates by sex was undertaken using the sex of people in the sample according to their CHI record at the time of data extraction (20 August 2019). 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 37 "What best describes your gender?" has been used. In total, 158,505 responders (99 per cent) provided a valid response to question 37.

Reporting the Age of Respondents

Respondent date of birth was taken from their CHI record at the time of data extraction (20 August 2019). This source was used for all stages of the analysis. The age of respondents used for reporting purposes was calculated as at 5 September 2019, the date when the sampling procedure commenced.

Number of Responses Analysed

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

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

Weighting

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

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

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

Results at all levels of reporting are weighted.

Backdating of Previous Surveys

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

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

Percentage Positive and Negative

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

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

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

More information on confidence intervals, significance testing and how they're calculated can be found 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 Public Health Scotland carried out quality checks of figures used in the report.

Revisions to previous publications

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

9. Compliance with the National Statistics Code of Practice

A National Statistics Publication for Scotland

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

Designation can be interpreted to mean that the statistics:

- meet identified user needs;
- are produced, managed and disseminated to high standards;
- and are explained well.

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

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

Changes to these statistics

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

- Reviewed the survey questionnaire to ensure that the data collected continue to meet user needs:
- Removed survey questions that are not well used to reduce respondent burden:
- Added a section on respondent burden to the technical report;
- Reviewed and updated the Privacy Notice to ensure that it is compliant with GDPR and good practice.

Respondent Burden

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

The respondent burden for the Health and Care Experience Survey is calculated in line with Government Statistical Service Guidance on Calculating Compliance Costs⁶. The survey is a household survey of patients registered with a GP practice in Scotland, respondents are not contacted again to validate their survey responses and it is not expected that respondents would incur any external costs when

⁶ https://gss.civilservice.gov.uk/wp-content/uploads/2015/12/Guidance-on-Calculating-Compliance-Costs.pdf

completing the questionnaire. The respondent burden is therefore calculated on the basis of time taken.

The survey achieved a total of 160,372 completed return. In addition, there were a 892 partial online completions and 14 invalid returns. This gives a total of 161,278 responses to be taken into account for the respondent burden calculation. The time for completion of the survey is estimated to range from 2 to 8 minutes, depending on whether the respondent has used Out of Hours healthcare services, is receiving social care or has caring responsibilities. The median time for completion is taken to be 5 minutes. Calculating the burden as the total number of responses multiplied by the median time for completion gives a respondent burden of 806,390 minutes.

Annex A: Changes to 2019/20 Questionnaire

Table 1: New questions for the 2019/20 survey

Quest. No.	Topic	Question Text	Reason
8	GP Practice	The last time you needed an appointment with your GP practice, what kind of appointment did you get?	Added to better understand the patient journey and the context of the experiences described.
9	GP Practice	Overall, how would you rate each of the following? The arrangements for getting to see a:	Added to better understand the patient journey, the context of the experiences described and to better reflect how services are provided under the 2018 Scottish General Medical Services Contract.
13	GP Practice	Thinking about that healthcare professional, how much do you agree or disagree with the following statements? • The person I saw was appropriate for my treatment / care	Added to better understand the context of the experiences described and to better reflect the 2018 Scottish General Medical Services Contract.
13	GP Practice	Thinking about that healthcare professional, how much do you agree or disagree with the following statements? • I was able to ask questions if I wanted to	Question added to reflect the five key person- centred "must do with me" areas (https://www.gov.scot/publications/person-centred-care-non-executive-members/)
13	GP Practice	Thinking about that healthcare professional, how much do you agree or disagree with the following statements? • I was involved in decisions about my care and treatment	Question reinstated to reflect the five key person- centred "must do with me" areas (https://www.gov.scot/publications/person-centred- care-non-executive-members/)

Quest. No.	Topic	Question Text	Reason
16	Out of Hours	In the past 12 months, have you contacted an NHS service when you wanted to see a GP, but your GP practice was closed?	Question added to ensure that only respondents who have had a relevant experience complete this section.
20	Out of Hours	Thinking about the service you selected in Q17, how much would you agree or disagree with the following statements about your experience? • I was able to ask questions if I wanted to	Question added to reflect the five key person- centred "must do with me" areas (https://www.gov.scot/publications/person-centred- care-non-executive-members/)
24	Care	Who funds your help or support with everyday living? Please tick all that apply.	Included to better understand the context of the experiences described.
31	Carers	Have you had a carers assessment, now known as an Adult Carers Support Plan or Young Carers Statement (for carers under 18)? This captures information on your caring role and sets out how you wish to be supported as a carer.	Included to better understand the context of the experiences described.

Table 2: Questions that were changed in the 2019/20 survey

2017/18 Q. No.	2019/20 Q. No.	Topic	Question Text	Reason
1	1	GP Practice	When did you last contact the GP practice named on the enclosed letter?	Reduced the number of response options as not required in analysis.
6	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?	Reduced the number of response options as not required in analysis.
8	9	GP Practice	Overall, how would you rate each of the following?	Not all GP practices will offer the full range of different types of professions. A "Not applicable" response option has been added to reflect this.
8	10	GP Practice	Overall, how would you rate the care provided by your GP practice?	Question moved to improve questionnaire flow and wording updated so that it makes sense as a standalone question.
10	12	GP Practice	What type of healthcare professional did you receive most of your treatment or advice from?	Wording and response options updated to reflect the 2018 Scottish General Medical Services Contract.
11	13	GP Practice	Thinking about that healthcare professional, how much do you agree or disagree with the following statements? Staff helped me feel in control of my treatment / care	Wording updated to better reflect the five key person-centred "must do with me" areas (https://www.gov.scot/publications/person-centred-care-non-executive-members/)
18	17	Out of Hours	For this section you should think about the last time you tried to get treatment in the last 12 months when your GP practice was closed. Which service did you receive most of your treatment or advice from?	Wording and response options updated for clarity and to better understand the context of the experiences described.

2017/18 Q. No.	2019/20 Q. No.	Topic	Question Text	Reason
21	20	Out of Hours	Thinking about the service you selected in Q17, how much would you agree or disagree with the following statements about your experience? • Staff helped me to feel in control of my treatment/care	Wording updated to better reflect the five key person-centred "must do with me" areas (https://www.gov.scot/publications/person-centred-care-non-executive-members/)
24	23	Care	This section asks questions about help and care services for everyday living including support with a caring role and help that you get from any organisations, friends or family.	Introductory text updated to improve clarity.
39	33	About You	How is your health in general?	Response options updated to align with the Scottish Surveys Core Questions (SSCQ).
34	38	About You	What best describes your ethnic group?	Response options updated to align with equalities data collection guidance.
37	40	About You	What best describes your work status?	Response options adjusted to better understand the context of the experiences described.
38	41	About You	What religion, religious denomination or body to you belong to?	Response options updated to align with equalities data collection guidance.

Table 3: Questions that were removed for the 2019/20 survey

2017/18 Q. No.	Topic	Question Text	Reason
8	GP Practice	Overall, how would you rate each of the following? The arrangements for getting to see a doctor in your GP practice. The arrangements for getting to see another medical professional in your GP practice.	Replaced with a new question to reflect how services are provided under the 2018 Scottish General Medical Services Contract and understand the context of the experiences described.
14	Referrals	Have you been referred to any other NHS health professional in the last 12 months? Please exclude any private referrals.	Little use has been made of this question as respondents did not interpret the questions in the intended way.
15	Referrals	Thinking about the last time you were referred by your GP practice, what type of health professional were you referred to?	Little use has been made of this question as respondents did not interpret the questions in the intended way.
16	Referrals	Thinking about the last time you were referred, how would you rate the coordination of your treatment/care?	Little use has been made of this question as respondents did not interpret the questions in the intended way.
17	Referrals	Overall, the last time you were referred, how would you rate the care you experienced at the service you were referred to?	Little use has been made of this question as respondents did not interpret the questions in the intended way.
19	Out of Hours	Before contacting this service, which one of the following statements applied?	No longer necessary.
25	Care	Did you get help from services provided by, for example, the Council, voluntary organisations, NHS or private agencies – including services you paid for?	No longer necessary.

Annex B: Per cent Positive and Negative Responses

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

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

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

Question Number	Topic	Question Text	High positive values	Low positive values	Neutral values	Negative values	Excluded values	Number of responses analysed
3	GP Practice	How easy is it for you to contact your GP practice in the way that you want?	1	2	-	3	-	140,969
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	1	-	-	2	3	106,818
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	106,672
9a	GP Practice	The quality of information provided by the receptionist?	1	2	3	4, 5	6	124,932
9b	GP Practice	The arrangements for getting to see a doctor?	1	2	3	4, 5	6	136,673
9c	GP Practice	The arrangements for getting to see a nurse?	1	2	3	4, 5	6	118,664
9d	GP Practice	The arrangements for getting to see a Pharmacist / Chemist?	1	2	3	4, 5	6	70,309

Question Number	Topic	Question Text	High positive values	Low positive values	Neutral values	Negative values	Excluded values	Number of responses analysed
9e	GP Practice	The arrangements for getting to see a Physiotherapist?	1	2	3	4, 5	6	35,607
9f	GP Practice	The arrangements for getting to see a Mental Health Professional?	1	2	3	4, 5	6	20,637
9g	GP Practice	The arrangements for getting to see a Community Link Worker?	1	2	3	4, 5	6	11,015
9h	GP Practice	The arrangements for getting to see a Another Healthcare	1	2	3	4, 5	6	23,778
10	GP Practice	Overall, how would you rate the care provided by your GP practice?	1	2	3	4, 5	-	137,249
13a	GP Practice	The person I saw was appropriate for my treatment / care	1	2	3	4, 5	-	130,087
13b	GP Practice	I was listened to.	1	2	3	4, 5	-	131,564

Question Number	Topic	Question Text	High positive values	Low positive values	Neutral values	Negative values	Excluded values	Number of responses analysed
13c	GP Practice	I was given enough time	1	2	3	4, 5	-	130,538
13d	GP Practice	I was treated with compassion and understanding.	1	2	3	4, 5	-	129,767
13e	GP Practice	I was given the opportunity to involve the people that matter to me.	1	2	3	4, 5	-	105,963
13f	GP Practice	I understood the information I was given	1	2	3	4, 5	-	130,056
13g	GP Practice	I was able to ask questions if I wanted to	1	2	3	4, 5	-	130,601
13h	GP Practice	I was involved in decisions about my care and treatment?	1	2	3	4, 5	-	121,750
13i	GP Practice	Staff helped me to feel in control of my treatment/care	1	2	3	4, 5	-	117,120

Question Number	Topic	Question Text	High positive values	Low positive values	Neutral values	Negative values	Excluded values	Number of responses analysed
13j	GP Practice	I knew the healthcare professional well	1	2	3	4, 5	-	117,807
13k	GP Practice	My treatment/care was well coordinated	1	2	3	4, 5	-	121,870
20a	OOH	I was listened to	1	2	3	4, 5	-	22,753
20b	OOH	I was given enough time	1	2	3	4, 5	-	22,218
20c	ООН	I was treated with compassion and understanding.	1	2	3	4, 5	-	22,294
20d	ООН	I was given the opportunity to involve the people that matter to me.	1	2	3	4, 5	-	20,276
20e	ООН	I understood the information I was given	1	2	3	4, 5	-	22,304

Question Number	Topic	Question Text	High positive values	Low positive values	Neutral values	Negative values	Excluded values	Number of responses analysed
20f	ООН	I was able to ask questions if I wanted to	1	2	3	4, 5	-	22,225
20g	ООН	Staff helped me to feel in control of my treatment/care	1	2	3	4, 5	-	21,392
20h	ООН	My treatment/care was well coordinated	1	2	3	4, 5	-	21,597
21	ООН	Overall, how would you rate the care you experienced from this	1	2	3	4, 5	-	23,352
26a	Social Care	I was aware of the help, care and support options available to me	1	2	3	4, 5	-	14,214
26b	Social Care	I had a say in how my help, care or support was provided	1	2	3	4, 5	-	13,405
26c	Social Care	People took account of the things that matter to me	1	2	3	4, 5	-	13,386

Question Number	Topic	Question Text	High positive values	Low positive values	Neutral values	Negative values	Excluded values	Number of responses analysed
26d	Social Care	I was treated with compassion and understanding	1	2	3	4, 5	-	13,612
26e	Social Care	I felt safe	1	2	3	4, 5	-	13,229
26f	Social Care	I was supported to live as independently as possible	1	2	3	4, 5	-	13,226
26g	Social Care	My health, support and care services seemed to be well	1	2	3	4, 5	-	13,182
26h	Social Care	The help, care or support improved or maintained my quality of life	1	2	3	4, 5	-	13,191
27	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	-	14,180
32a	Carers	I have a good balance between caring and other things in my life	1	2	3	4, 5	-	22,022

Question Number	Topic	Question Text	High positive values	Low positive values	Neutral values	Negative values	Excluded values	Number of responses analysed
32b	Carers	Caring has had a negative impact on my health and wellbeing	5	4	3	1, 2	-	20,898
32c	Carers	I have a say in services provided for the person(s) I look after	1	2	3	4, 5	-	20,199
32d	Carers	Local services are well coordinated for the person(s) I look after	1	2	3	4, 5	-	20,069
32e	Carers	I feel supported to continue caring	1	2	3	4, 5	-	20,266

A National Statistics Publication for Scotland

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

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

Correspondence and Enquiries

For enquiries about this publication please contact:

The Care Experience Survey Team, Health and Social Care Analysis

Telephone: 0131 244 7552

e-mail: patientexperience@gov.scot

For general enquiries about Scottish Government statistics please contact:

Office of the Chief Statistician Telephone: 0131 244 0442,

e-mail: statistics.enquiries@gov.scot

How to Access Background or Source Data

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

Complaints and Suggestions

If you are not satisfied with our service or have any comments or suggestions, please write to the Chief Statistician and Data Officer, GR, St Andrews House, Edinburgh, EH1 3DG, Telephone: (0131) 244 0302, e-mail: statistics.enquiries@gov.scot.

If you would like to be consulted about statistical collections or receive notification of publications, please register your interest at www.gov.scot/scotstat.

Details of forthcoming publications can be found at www.gov.scot/statistics.

ISBN: 978-1-80004-187-5

Crown Copyright

You may use or re-use this information (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. See: www.nationalarchives.gov.uk/doc/open-government-licence/.



© Crown copyright 2020

You may re-use this information (excluding logos and images) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit http://www.nationalarchives.gov.uk/doc/open-government-licence/or e-mail: psi@nationalarchives.gsi.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

ISBN: 978-1-80004-187-5 (web only)

Published by the Scottish Government, October 2020

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 PPDAS773746 (10/20)