Healthcare Improvement Scotland

Citizens' Panel for health and social care

Survey on views and experience of GP or Medical Practice and Personal Continuity of Care, the Duty of Candour and the Charter of Patient Rights and Responsibilities

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Foreword

I am pleased to introduce the sixteenth Citizens' Panel report for health and social care in Scotland. This latest survey provides valuable insights into public experiences and views on GP and medical practice care, personal continuity of care, the Duty of Candour, and the Charter of Patient Rights and Responsibilities.

The Citizens' Panel continues to be a vital mechanism for hearing directly from people across Scotland. The findings in this report reflect the voices of over 650 individuals from all 32 local authority areas, offering a rich and representative picture of public perspectives. These insights are particularly timely as they will inform ongoing work within the Healthcare Improvement Scotland Primary Care Phased Investment Programme and wider efforts to improve access and person-centred care. The findings will also inform part of the final report on the review of the organisational Duty of Candour Procedure and potentially shape recommendations to improve public awareness and the rights of patients and their families.

I would like to thank all Citizens' Panel members for their continued commitment, as well as our People's Experience Volunteers and Public Partners who supported the development of the survey. Thanks also go to our new research partners, Craigforth who conducted the survey, and to colleagues in the Scottish Government and Healthcare Improvement Scotland who contributed to this work.

We hope this report supports meaningful reflection and action across NHS Boards and Health and Social Care Partnerships. Thank you for taking the time to engage with its findings.

Suzanne Dawson

Chair, the Scottish Health Council

Citizens' Panel for health and social care

This infographic summarises the key findings from the sixteenth survey. We asked questions about:

1 - Views on your GP or Local Medical Practice, 2 - Personal Continuity of Care, 3 - Duty of Candour and 4 - Charter of Patient Rights and Responsibilities

In total 659 panel members responded to the survey by post and email, which represents a 60% response rate.

Views on your GP or Local Medical Practice - statements about care received in the past 12 months

56% agree they can access the care they need when required

61% agree that over the last 12 months, the care they received met their health care needs

43% agree that there is a 'joined-up' approach to the care they received from the different healthcare staff

69% agree it is important for them to see the same healthcare professional(s) when they have an appointment

Personal Continuity of Care - patients seeing the same professional or group of professionals over time

79% felt that **personal continuity of care** was important to them

Conditions/ circumstances that require especially sensitive handling

Long-term conditions and ongoing care

When **personal continuity of care** would be more important than **fast access to care**

1 in 2 did not understand the difference between **fast access to care** and **personal continuity of care (52%)**

89% felt that **fast access to care** was important to them

Emergency, acute or time - critical cases

New or sudden onset symptoms, or a change in an ongoing condition

When **fast access to care** would be more important than **personal continuity of care**

The most important potential benefits of **personal continuity of care** (*where 1 is most important*)

1. **Knowing my medical history without me needing to repeat it**
2. **An ongoing and trusting relationship with the same person**
3. **Receiving good support on how to manage my own condition**
4. **Better health outcomes**
5. **A joined up care/ treatment plan that follows me through my healthcare journey**

Are you able to request **personal continuity of care**?

1 in 2 are unsure how to request **personal continuity of care** (53%)

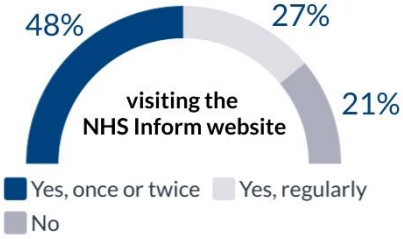
Duty of Candour - what services must do when something goes wrong

Adverse events

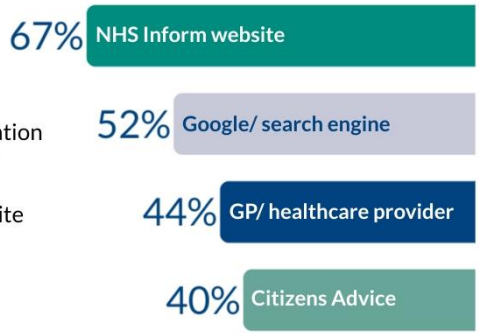
feel that there is not enough information available to the public about the Duty of Candour

Finding information about your rights

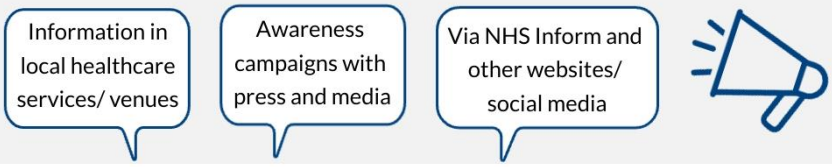
Where people go to find information about their rights if something goes wrong with their care or treatment



have seen information about the Duty of Candour on the NHS Inform website



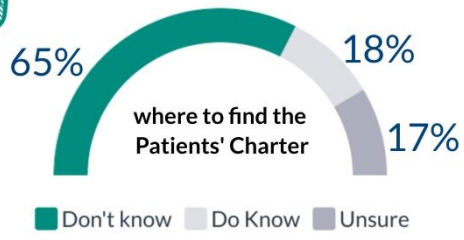
How to improve public awareness of the Duty of Candour



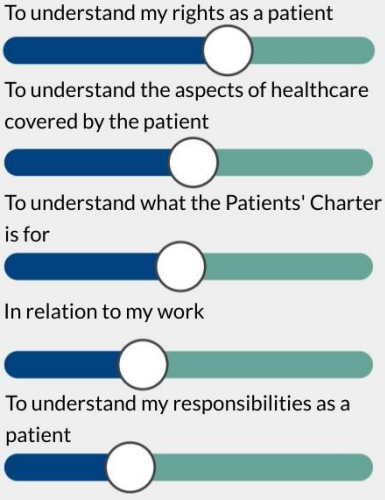
Charter of Patient Rights and Responsibilities (known as the Patients' Charter)

were aware that the NHS in Scotland has a Patients' Charter

have seen or used the Patients' Charter



What did you use the Patients' Charter for?



Executive Summary

Background

The Citizens' Panel for health and social care was established in 2016 as a nationally representative body of citizens. The Panel is an important means of capturing the views of a cross-section of the Scottish public, with regular engagement exercises over its lifespan having informed decisions about health and social care policy and services.

Panel membership is set to support statistically robust analysis at a Scotland level. There were 1,107 active members across all 32 local authority areas at the time of the present survey. Membership is regularly refreshed (most recently in spring 2025) to ensure the Panel is representative of the wider population, and to boost under-represented locations or population groups. A profile of the Panel members is appended to this report.

Survey 16

This report presents findings from the sixteenth Citizens' Panel survey, conducted between June and August 2025. The survey sought views and experiences on the following topics:

- Local GP or Medical Practice,
- Personal Continuity of Care,
- Duty of Candour, and
- The Charter of Patient Rights and Responsibilities.

A total of 659 survey responses were received, equivalent to a response rate of 60%. This is sufficient to support robust analysis with overall results accurate to ± 3.8%[1]. Key findings are summarised over the following pages. The body of this report sets out findings in more detail, and a profile of survey responses is appended.

Experience of GP or Medical Practice and Personal Continuity of Care

Local GP or Medical Practice - Key findings

The first part of the survey asked about experiences of care through local GP or medical practices over the past 12 months.

In relation to local GP or medical practices, most respondents agreed that they can access the care they need when they need it, that the care they have received from their practice over

[1] Based on a 50% estimate at the 95% level of confidence.

the last 12 months has met their needs, and that it is important for them to see the same healthcare professional(s). Key findings are summarised below:

- Just over half of respondents (56%) agreed that they are able to access the care they need from their practice when they need it, while three in ten (30%) disagreed.
- Just over six in ten (61%) agreed that the care they have received from their practice over the last 12 months has met their needs, and around a fifth (21%) disagreed.
- Just over four in ten (43%) agreed that there is a 'joined-up' approach to the care they receive from different staff at their practice. A quarter of respondents (25%) disagreed.
- Almost seven in ten (68%) agreed that it is important for them to see the same health care professional(s) in their practice appointments, while 12% disagreed.

Personal Continuity of Care - Key findings

Personal continuity of care means that a patient consistently sees the same health care professional or group of professionals over time, while having fast access to care means quick access to care regardless of which individual the patient sees.

A little less than half of the respondents were aware of the difference between fast access to care and personal continuity of care. A large majority felt that both are important to them, with the main benefits of personal continuity of care seen as healthcare professionals knowing their medical history and having an ongoing relationship with the same person. Key findings are summarised below:

- Just over half of the respondents (52%) were not aware of the difference between fast access to care and personal continuity of care. 45% were aware of this distinction, although most of these understood the distinction only 'to some extent.'
- Respondents were most likely to say that personal continuity of care is more important than fast access to care when referring to long-term conditions and ongoing care (53%). Fast access to care was seen as more important for emergency, acute or time-critical cases (55%).
- A large majority (89%) agreed that fast access to care is important for them, and few (3%) disagreed. Most respondents (79%) also agreed that personal continuity of care is important to them, while 8% disagreed.
- On the benefits of personal continuity of care, respondents rated the most important as healthcare professionals knowing their medical history and having an ongoing, trusting relationship with the same person.
- More than half of the respondents (53%) were unsure of whether they can request personal continuity of care in the healthcare services they use, while nearly a third (31%) knew they can request personal continuity of care at least sometimes.

Insights

The Primary Care Phased Investment Programme (PCPIP) evaluation[2] is drawing on a range of expert input and public evidence to make recommendations. Findings from this Citizens' Panel will be shared with the PCPIP team to support and inform that broader evaluation process. Based on these conclusions we offer the following insights for the PCIPP to consider:

- GP and medical practices should continue efforts to improve access and ensure patients' needs are consistently met.
- GP and medical practices should explore mechanisms to strengthen personal continuity of care including how to make it clearer for patients to request personal continuity of care, if appropriate.
- GP and medical practices should continue to improve joined-up care among the different health and care professionals working in a practice.

Duty of Candour

Key findings

The Duty of Candour is a legal process that health, care, and social work services must follow when something goes wrong and causes harm or could have caused harm. The Scottish Government are conducting a review of the organisational duty of candour and the findings will inform part of the final report on the review.

Most respondents had not heard of the Duty of Candour, and most were not aware of the process that services should take if something goes wrong. More than half felt that there is not enough information available on the Duty of Candour. A significant number of respondents reported that they or someone they care for had experienced an adverse event while using a health, care or social work service. Key findings are summarised below:

- Most respondents (65%) had not heard of the Duty of Candour, while around a third (33%) had heard of this.
- Most (61%) were not aware of the process that health, care, or social work services should take if something goes wrong, while around a third (34%) were aware of this.
- Two in five respondents (40%) reported that they or someone they care for had experienced an adverse event while using a health, care, or social work service.
- For information about their rights if something went wrong, respondents would be most likely to go to the NHS Inform website (67%), online search engines (52%), their GP or healthcare provider (44%), or Citizens Advice Scotland (40%).

[2] https://www.healthcareimprovementscotland.scot/wp-content/uploads/2025/07/Primary-Care-PIP-Evaluation-Interim-Report-July-2025.pdf

- Three quarters (75%) had visited the NHS Inform website. A little less than a tenth of these respondents (8%) had seen information about the Duty of Candour on the website.
- More than half of respondents (55%) felt that there is not enough information available to the public about the Duty of Candour.

Recommendations

Based on these findings Healthcare Improvement Scotland makes the following recommendations to the Scottish Government, NHS Inform and NHS Boards and Health and Social Care Partnerships:

1. NHSScotland should strengthen public-facing communication about the Duty of Candour, including clearer guidance on rights and procedures. There may also be the need to explain in more plain language what is meant by the 'Duty of Candour.' This could be supported by the development of a strapline to improve public understanding of 'candour.'

2. NHSScotland should review and enhance its content and visibility on the Duty of Candour across both digital and non-digital formats ensuring that relevant information is easy to find and understand for all audiences.

3. Health and social care services should take active responsibility for informing patients and families about the Duty of Candour following adverse events. This should include timely, compassionate communication, and consider using plain language, and clear explanations of what the Duty entails, what steps will be taken, and what support is available.

4. In order to implement recommendation 3, training and support for staff should emphasise the importance of transparency, empathy, and procedural clarity in implementing the Duty of Candour. NHS Boards and Health and Social Care Partnerships should utilise existing training on offer such as NES e-learning module, Healthcare Improvement Scotland adverse events toolkit and compassionate communication training.

5. Further public engagement should be considered to better understand expectations, experiences, and barriers related to the Duty of Candour–particularly among those directly affected by adverse events. This engagement should actively involve third sector and advocacy organisations, whose trusted relationships and community reach can help ensure that diverse voices are heard, and that future improvements are informed by lived experience.

The Charter of Patient Rights and Responsibilities

Key findings

The Patients' Charter sets out patients' rights and responsibilities when using the NHS in Scotland including what they are entitled to, what they can do if they feel their rights have not been respected, and what is expected of them.

More than half were aware of the Patients' Charter, although most respondents did not know where to find the Charter. Key findings are summarised below:

- More than half of respondents (54%) were aware of the Patients' Charter, although a small minority of these (10%) said they were "fully aware," and 40% had not heard of the Charter.
- Most respondents (65%) did not know where to find the Patients' Charter, while around a fifth (18%) felt they did know this. A tenth of respondents (10%) had seen or used the Charter.

Recommendations

Based on these findings Healthcare Improvement Scotland makes the following recommendations to the Scottish Government and relevant stakeholders:

1. The Charter of Patient Rights and Responsibilities should be more actively promoted across NHS Scotland and on a local level through GP or medical practices, hospitals, and digital platforms.
2. NHS Inform and other public-facing services should ensure that the Charter is prominently featured, with accessible summaries and guidance on how to use it.
3. Healthcare providers should incorporate the Charter into patient communications, induction materials, and feedback processes and embedding it more consistently within everyday service interactions (eg appointment/discharge letters, feedback forms, welcome packs).
4. Evaluation of the Charter's reach and impact should be undertaken to inform future revisions and implementation strategies, including a review of NHS Inform website data and memorandum of understanding.

Chapter 1: Introduction

This report presents findings from the sixteenth survey of the Citizens' Panel for health and social care.

Survey content

This survey focused on experiences of care through local GP or medical practices, Personal Continuity of Care, the Duty of Candour and the Charter of Patient Rights and Responsibilities. Questions were developed by Healthcare Improvement Scotland in partnership with the Scottish Government. Draft questions were tested with members of the public, and final questions refined based on feedback. A copy of the survey questionnaire is provided at Appendix 1: Survey Questionnaire.

Survey fieldwork and response

The survey was issued to all 1,107 Panel members, with fieldwork running from week commencing 23 June to 23 August 2025. Survey methodology was based on members' communication preferences, with a mix of email and postal surveys issued. However, all members had the opportunity to respond online, by post or by telephone.

A total of 659 responses were received by survey close, equivalent to a response rate of 60%. This supports statistically robust analysis at a national level. Overall survey results are accurate to ± 3.8% based on a 50% estimate at the 95% level of confidence.

The profile of survey respondents is summarised at Appendix 2: Profile of response. This indicates that survey responses under-represent those aged under 45, and those living in social or private rented accommodation. This is largely due to the profile of the Citizens' Panel membership as a whole, which under-represents these groups relative to the Scottish population. Survey data was weighted by age and housing tenure to minimise the impact of this imbalance.

It is also important to note that the Citizens' Panel may under-represent other groups who are at higher risk of exclusion. For example, national research[3] has identified a range of 'seldom heard groups' who experience psychological and learning barriers to take-up of social programmes. It is reasonable to assume that these barriers may also impact engagement with research processes. 'Seldom heard groups' include people with physical or mental health impairments, people with learning disabilities, vulnerable people, care experienced people, people from minority ethnic communities, mobile populations, and people with trauma experience. These groups may have different experiences of the issues being considered by Citizens' Panel surveys, and this should be considered when interpreting survey findings.

[3] Scottish Government, ScotCen (2024), Research into seldom-heard groups within the Scottish social security system.

Survey results

The report presents frequency results for ‘closed’ survey questions. Percentages are rounded to the nearest whole number and for some questions this means that percentages may not sum to 100%. Similarly, aggregate figures (eg percentage of respondents answering ‘strongly agree’ or ‘agree’) may not sum to results presented in figures and tables. The total number of respondents to each question is shown as the ‘base’ or ‘n: XXX.’ This may vary due to question non-response, including where respondents are ’routed’ past questions based on their previous answers.

Framework analysis has been used for open-ended question responses to ensure a systematic approach. This involves identification of common themes through an initial review of written responses, with themes translated into discreet codes to be applied across the full set of written comments. Responses can be assigned more than one code where multiple points are raised. We also present illustrative direct quotes from written survey responses–these may have been lightly edited for clarity and brevity.

The remainder of the report presents survey findings on each topic in turn, with conclusions and recommendations set out at the end of each chapter. Analysis of survey findings has been produced by Craigforth, while conclusions and recommendations have been formulated by Healthcare Improvement Scotland.

Chapter 2: Experience of GP or Medical Practice and Personal Continuity of Care

Background

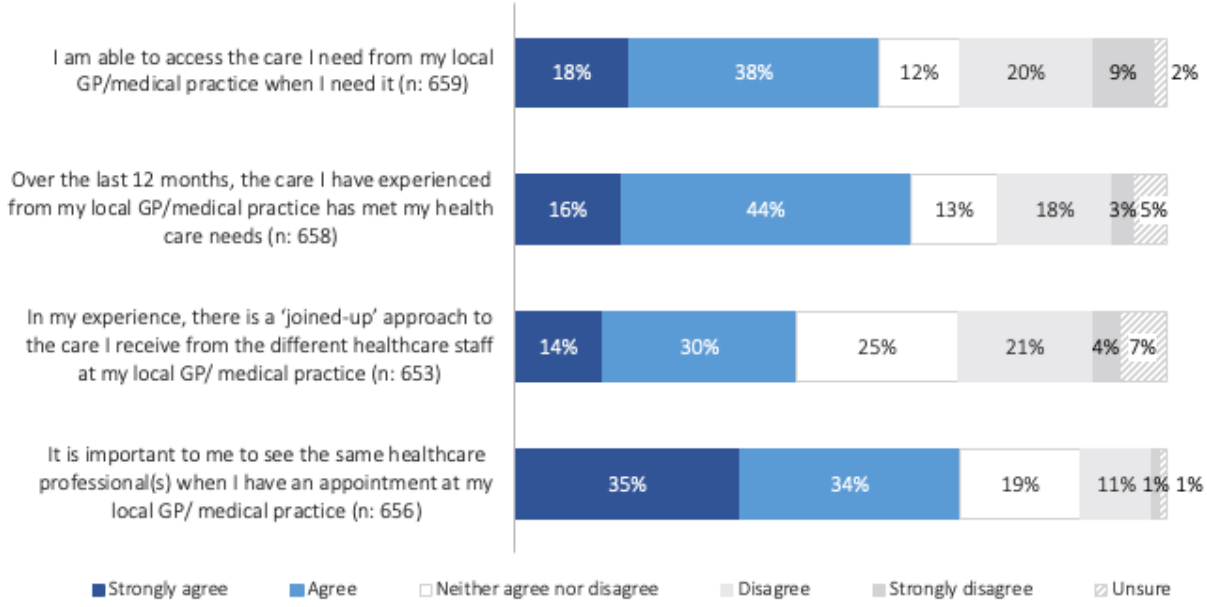
The Primary Care Improvement Collaborative is part of the Primary Care Phased Investment Programme (PCPIP) which is jointly delivered by NHS boards, Health and Social Care Partnerships, Healthcare Improvement Scotland and Scottish Government. The PCPIP worked collaboratively with the Community Engagement and Transformational Change Directorate to develop questions which aimed to provide data on service user experiences relating to respondents' GP or Medical Practice as well as views on personal continuity of care. The PCPIP evaluation is drawing on a range of expert input and public evidence. Findings from this Citizens' Panel will be shared with the PCPIP team to support and inform that broader evaluation process, which will report in January 2026.

Local GP or Medical Practice

The first part of the survey asked about experience of care through local GP or medical practices over the past 12 months. Panel members were asked whether they agreed or disagreed with a series of statements about their experience. Key findings are summarised below.

- More than half of respondents (56%) agreed that they are able to access the care they need from their GP or Medical Practice, when they need it. A little less than a third (30%) felt that they are not able to get the care they need when they need it.
- Most respondents (61%) agreed that the care they have received from their GP or Medical Practice over the last 12 months has met their needs. Just over a fifth of respondents (21%) felt that the care they have received has not met their needs.
- Less than half (43%) agreed that there is a 'joined-up' approach to the care they receive from different staff at their GP or Medical Practice. A quarter (25%) felt that there is not a 'joined-up' approach.
- More than two thirds (68%) agreed that it is important for them to see the same health care professional(s) in their GP or Medical Practice appointments. Around a tenth (12%) of respondents felt that this is not important to them.

Q1. To what extent do you agree or disagree with the following statements about your local GP or Medical Practice?



Personal Continuity of Care

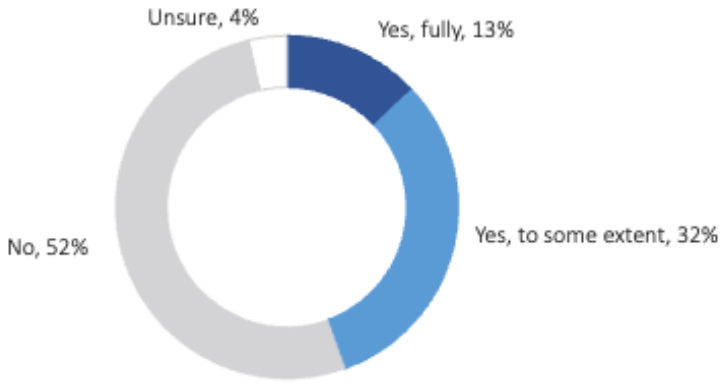
This part of the survey was also commissioned by the PCPIP and looked at Panel members' awareness and experience of personal continuity of care in their use of healthcare services.

The survey gave a broad definition of personal continuity of care, and how continuity can benefit patients. It noted that personal continuity of care means a patient seeing the same health care professional(s) over time. Panel members were also asked about fast access to care. The survey noted that this focuses on quick access to services rather than patients waiting to see a specific professional known to them.

Fast access to care and personal continuity of care

Around half of respondents (52%) were not aware of the difference between fact access to care and personal continuity of care. A total of 45% of respondents were aware of this distinction, although most of these understood the distinction 'to some extent.'

Q2. Before today, were you aware of the difference between fast access to care and personal continuity of care?



Base: 623.

The survey asked Panel members to consider when personal continuity of care would be more important than fast access to care (Q3), and vice versa when fast access to care would be most important (Q4). Respondents were invited to provide written comment; key themes and illustrative quotes are provided below.

In terms of when personal continuity of care would be more important than fast access to care, respondents were most likely to reference long-term conditions and ongoing care (mentioned by 53%). Further comments highlighted that building a relationship with their healthcare professional and ensuring a good understanding of the patient's needs was seen as particularly valuable in these circumstances, including to support self-management of chronic conditions. Other cases where personal continuity of care was seen as more important included personal conditions or circumstances that require especially sensitive handling, for example mental health (mentioned by 20%), non-emergency or non-time critical cases (8%), and people with more complex needs and/or multiple conditions (7%).

Q3. When do you think personal continuity of care would be more important than fast access to care?	%
Long-term conditions and ongoing care - including to support self-management	53%
Conditions or circumstances that require especially sensitive handling–including sexual health, mental health, trauma and terminal diagnoses	20%
Conditions or care that is not an emergency, is not time-critical	8%
People with more complex needs–including serious and/or multiple conditions	7%
Specific groups–including older people, children, language barriers, learning difficulties, neurodivergence	5%
Continuity of care is more important in all or most cases	2%
Continuity of care is rarely or never more important than fast access to care	2%

Base (number of written comments): 463. Quotes below taken from the free text answer option in Q3.

Long-term conditions, ongoing care

Patient with a chronic problem requiring investigation, or cognitive issue so cannot go through history time and again.

Chronic conditions requiring longer-term outlook and plan of care.

Especially with the management of long-term conditions and supported self-management.

Issues requiring sensitive handling

Following a diagnosis which requires sensitive handling, and where a trusted and supportive relationship already exists.

People with complex conditions, mental health issues, trauma or communication challenges.

When patients need to discuss intimate details or are feeling vulnerable - continuity can help them express themselves freely.

Non-emergency or time-critical conditions

For anything that's not urgent, especially ongoing conditions so I don't have to explain everything every time I speak to a GP.

Continuity is important for routine care, but fast access should be available for acute or emergency.

Unless it was some form of emergency, I would 100% rather see the same GP.

In terms of where fast access to care would be more important than personal continuity of care, respondents were most likely to highlight emergency, acute and time-critical cases (mentioned by 55%). This included reference to life threatening issues, diagnosis of potentially serious symptoms, and debilitating conditions such as severe pain. Other circumstances where fast access to care would be more important included sudden onset of new symptoms or an unexpected change in a chronic condition (mentioned by 18%), and one-off treatment including more minor conditions where ongoing care is unlikely to be required (9%).

Q4. When do you think fast access to care would be more important than personal continuity of care?	%
Emergency, acute or time-critical cases - including life threatening issues, diagnosis of potential serious symptoms, debilitating conditions, severe pain	55%
New or sudden onset symptoms, or a change in an ongoing condition	18%
One-off treatment, including more minor conditions, and where unlikely to require ongoing care	9%
For specific groups–including children, younger people, immunocompromised or those with long-term conditions that can lead to complications	2%
In all or most cases	2%

Base (number of written comments): 462. Quotes below taken from the free text answer option in Q4.

Emergency, acute or time-critical cases

Emergencies where a delay would be worse than waiting for someone known to the patient.

Aggressive, life-changing or threatening conditions. Mental health cases where there is a risk of harm.

Where speed could make the difference between life and death or help prevent a more serious outcome from happening.

New symptoms, change in chronic condition

When a new health issue appears, particularly when that affects their ability to function as normal.

A sudden change of condition or new condition comes up. Hopefully patient notes would be read and acted on.

When it's something new and is painful, or symptoms that indicate something serious.

One-off treatment, minor conditions

For a short-term illness or ailment, you need seen quickly as a one off.

If you just have a one-off issue such as a chest infection, travel jabs or minor issue.

A minor complaint that normally only requires a single visit - speed of diagnosis outweighs continuity of care.

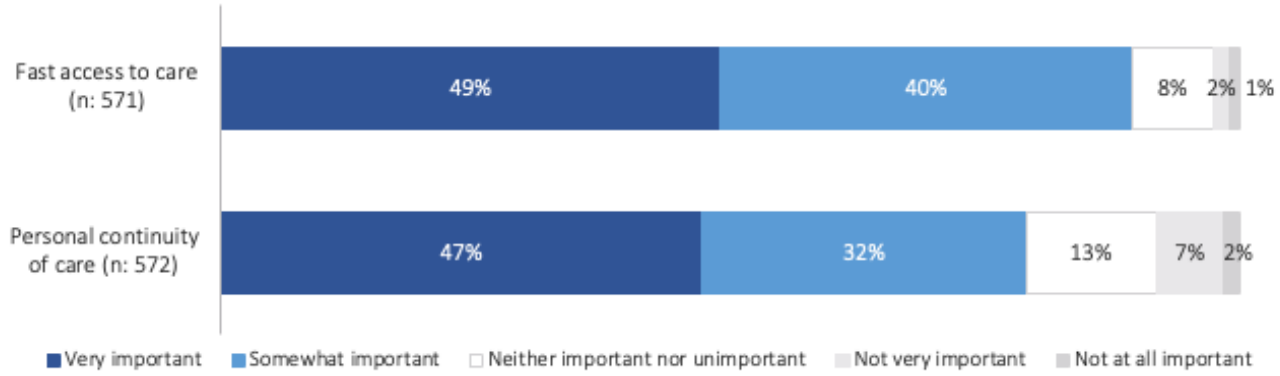
The importance of personal continuity of care

A large majority of respondents (89%) agreed that fast access to care is important for them, including around half (49%) for whom this is 'very important.' Few respondents (3%) felt that fast access to care is not important for them.

Most respondents (79%) also agreed that personal continuity of care is important to them, although this is a slightly smaller proportion than felt that fast access to care is important (89%). A little less than a tenth of respondents (8%) felt that personal continuity of care is not important to them.

Q5. How important is fast access to care for you?

Q6. How important is personal continuity of care for you?



The survey asked Panel members to expand on how important (or unimportant) fast access to care, and personal continuity of care are to them. Respondents were invited to provide written comment; key themes are summarised below.

In relation to fast access to care, those who felt this is important were most likely to reference urgent or acute cases, and emergencies where there may be a serious risk to health or life if a patient is not treated promptly (mentioned by 23%). Respondents also highlighted the importance of quick treatment to prevent a worsening condition especially for older people and children (17%), referred to specific experience of conditions that required prompt treatment (11%) and cited experience of delays or difficulty accessing services quickly (10%). Relatively few respondents felt that fast access to care is less important, noting that they have not experienced a need for urgent care, and that the balance between fast access to care and personal continuity of care would depend on specific circumstances.

Q5. How important is fast access to care for you? Why do you say that?

Those who feel fast access to care is important (n: 356)	%
In urgent or acute cases, emergencies where potential serious risk to health or life	23%
Quick treatment can be important to prevent worsening condition, even relatively minor issues–especially for older people and children	17%
Specific experience of conditions that can require prompt treatment	11%
Experience of delays or difficulty accessing services quickly enough	10%
Conditions that significantly disrupt life, including employment and caring responsibilities	6%

Those who are unsure or feel fast access to care is less important (n: 39)	Number[4]
Have not experienced a need for urgent care	16
Dependent on specific circumstances	6
Continuity is more important	4

In relation to personal continuity of care, those who felt this is important were most likely to reference benefits of personal continuity of care in terms of healthcare professionals understanding their circumstances and needs (mentioned by 52%). This included being able to provide better quality care, and patients not having to repeat information. Respondents also valued building a relationship of trust with a specific professional (38%), and referred to previous experience having demonstrated the benefits of personal continuity of care (20%). Fewer respondents felt that personal continuity of care is less important, commenting that they do not require ongoing care, that they trust all GP or Medical Practice staff to provide good quality care, and referring to positive experiences with different professionals.

[4] Due to the small number of respondents who answered this question, results are presented as counts rather than percentages to avoid misrepresentation and ensure accurate interpretation.

Q6. How important is personal continuity of care for you? Why do you say that?

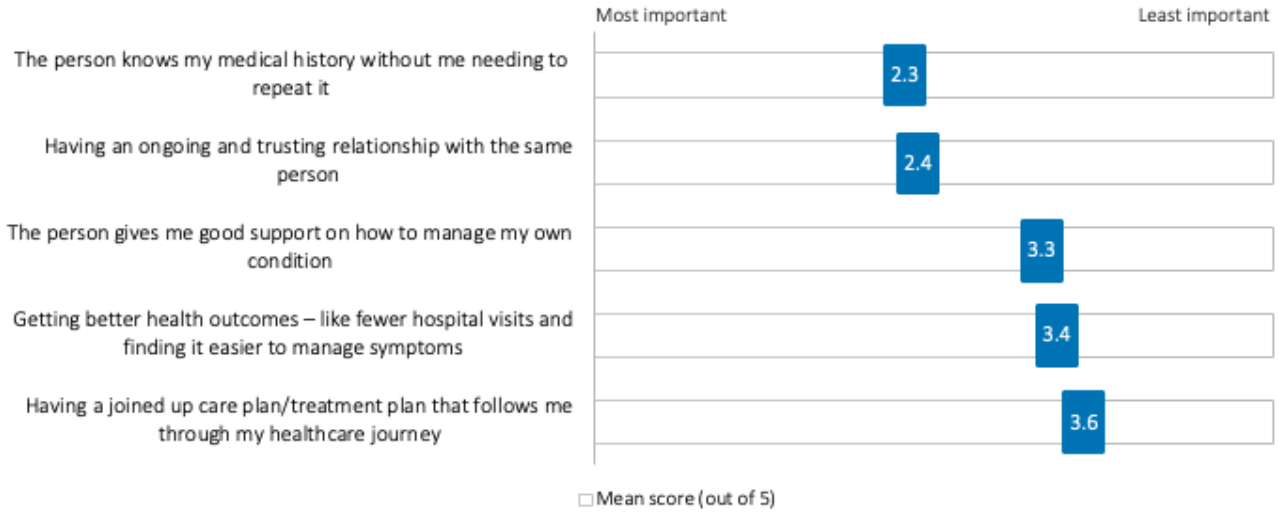
Those who feel continuity of care is important (n: 310)	%
To ensure the healthcare professional understands personal circumstances and needs, able to provide a better quality of care, not having to repeat information	52%
Building a relationship of trust with the professional	38%
Previous experience has demonstrated benefits of continuity of care, including those with complex and chronic conditions	20%
Do not have need for urgent care	11%
To feel able to speak freely about conditions, reduce anxiety, discuss sensitive issues	10%

Those who are unsure or feel continuity of care is less important (n: 79)	Number[5]
I do not require ongoing or long-term care	18
I trust GP/medical practice staff will provide good quality care, access to health records	17
Have had positive experience with all GP/medical practice staff, I am used to speaking with different professionals	9
Continuity of care is 'nice to have' but not essential, speed of access is more important	9
Continuity of care is not always possible, for example with small GP/ medical centres	4

Respondents scored each benefit out of 5, 1 being most important and 5 being the least important. Respondents rated the most important benefits of personal continuity of care as the healthcare professional knowing their medical history (average rating of 2.3 out of 5) and having an ongoing and trusting relationship with the same person (2.4). Other benefits were rated as less important–being supported to manage their own condition (3.3), better health outcomes (3.4) and having a joined-up care or treatment plan (3.6).

[5] Due to the small number of respondents who answered this question, results are presented as counts rather than percentages to avoid misrepresentation and ensure accurate interpretation.

Q7. Thinking about the potential benefits of personal continuity of care, what would be most important for you?



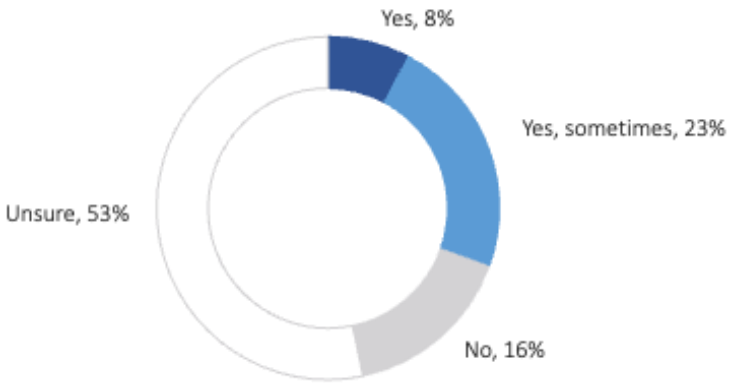
Base: 564.

The survey invited Panel members to provide written comment identifying any other potential benefits of personal continuity of care. A total of 110 respondents provided comment here, although most reiterated the importance of benefits listed above in Q7. Other benefits suggested through written comments included finding it easier to get in touch with a named contact, enabling practitioners to tailor treatment to the patients' circumstances, and enabling the GP or Medical Practice to better judge the urgency of need. It was also suggested that personal continuity of care is especially important when there is remote interaction with healthcare professionals, including for those with limited mobility.

Requesting personal continuity of care

More than half of respondents (53%) were unsure of whether they can request personal continuity of care in the healthcare services they use. Nearly a third of respondents (31%) reported that they can request personal continuity of care, although most of these felt able to do this only 'sometimes' (23%).

Q9. Are you able to request personal continuity of care in the healthcare services that you use?



Base: 562.

The survey asked Panel members about the services that had enabled them to use personal continuity of care, and those that had not enabled this. Respondents were invited to provide written comment; key themes are summarised below.

In terms of services that have enabled personal continuity of care, respondents were most likely to mention their GP or medical practices (mentioned by 60%), hospital services (15%) and dental services (8%). Other services referenced as enabling personal continuity of care included mental health services, counselling, physiotherapy, midwifery, pharmacy, optical care, audiology and podiatry (15%).

In relation to services that have not enabled personal continuity of care, 22% of those providing written comment felt that none of the services they use have done this. In terms of specific services mentioned, GP or medical practices were again the most commonly mentioned (44%). Respondents also referred to hospitals (14%) and a range of other services including mental health services, physiotherapy, optical care, podiatry and district nursing (8%).

Q10. Which healthcare services have enabled you to use personal continuity of care?

Q11. Which healthcare services haven't enabled you to use personal continuity of care?

Services that have enabled personal continuity of care (n: 146)	%
GP, medical practice	60%
Hospital services	15%
Dental services	8%
Other services–including mental health services, counselling, physiotherapy, midwifery, pharmacy, optical care, audiology, podiatry	15%
Services that have not enabled personal continuity of care (n: 154)	**%**
GP, medical practice	44%
Hospital services	14%
Other services–including mental health services, physiotherapy, optical care, podiatry, district nursing	8%
No services have enabled personal continuity of care	22%

Conclusions

The survey findings suggest that while just over half of respondents are broadly satisfied with the care they get from their local GP or Medical Practice, there remain significant gaps in access and perceived quality. More than half of respondents reported being able to access care when needed, and six in ten felt their needs had been met over the past year. However, a sizeable minority–around one in three–struggled to access timely care, and more than one in five felt their needs had not been met. This points to persistent barriers and limitations in service provision and meaningful access to this. The experience of a joined-up approach across practice staff was also relatively weak, with less than half of respondents agreeing that their care felt joined-up with a quarter disagreeing.

The survey highlights both a lack of public understanding and a strong public demand for personal continuity of care. Around half of respondents were unaware of the distinction between fast access to care and personal continuity of care, yet when prompted, most recognised the importance of both. Fast access to care was seen as critical in emergencies, acute conditions, and sudden changes in health, while personal continuity of care was prioritised for long-term conditions, sensitive issues, and complex needs. The large majority of respondents considered fast access to care important, but a substantial proportion also valued personal continuity of care, particularly for the trust and understanding it fosters between patients and professionals. Despite this, more than half of respondents were unsure whether they could request personal continuity of care from the services they use, and many reported inconsistent experiences across services. Nearly a quarter of respondents said that

no services had enabled them to request personal continuity of care. GP or medical practices were most frequently cited as both enabling and failing to enable personal continuity of care, suggesting variation in practice-level policies and capacity, and that was also the case for the other services mentioned such as hospital services. These findings highlight the need for services to balance speed and continuity, offering flexibility to meet different needs.

Insights

The PCPIP evaluation is drawing on a range of expert input and public evidence. Findings from this Citizens' Panel will be shared with the PCPIP team to support and inform that broader evaluation process. Based on these conclusions we offer the following insights for the PCIPP to consider:

- GP and medical practices should continue efforts to improve access and ensure patients' needs are consistently met.
- GP and medical practices should explore mechanisms to strengthen personal continuity of care, including how to make it clearer for patients to request personal continuity of care, if appropriate.
- GP and medical practices should continue to improve joined-up care among the different health and care professionals working in a practice.

Chapter 3: Duty of Candour

Background

This part of the survey considered Panel members' awareness and experience of the organisational duty of candour procedure (known as the 'Duty of Candour') which is a Scottish Government led policy.

The following two sections (Duty of Candour and Charter of Patient Rights and Responsibilities) report the findings of questions asked by the Scottish Government to inform a review of the operation of the organisational Duty of Candour Procedure in Scotland. This was one of the recommendations set out in the final Infected Blood Inquiry report[6]. In the Infected Blood Inquiry report, the Chair of the Inquiry, Sir Brian Langstaff noted that "It appears from a number of the submissions made to me that some core participants were not aware that a Duty of Candour existed, and in particular were unaware of the terms in which it is expressed".

Through the Citizens' Panel, the Scottish Government want to learn about the awareness of the Duty of Candour and whether it is widespread amongst the public in general and understand what the public awareness is of the current sources of information relating to the Duty of Candour.

The findings will inform part of the final report on the review of the organisational Duty of Candour Procedure and potentially shape recommendations to improve public awareness and the rights of patients and their families.

The organisational Duty of Candour Procedure (known as the Duty of Candour) is a legal process that health, care, and social work services must follow when something goes wrong and causes harm or could have caused harm-but not because of the person's illness or treatment.

What is the Duty of Candour?

If something unexpected happens-like a mistake or accident- that causes harm, the organisation must:

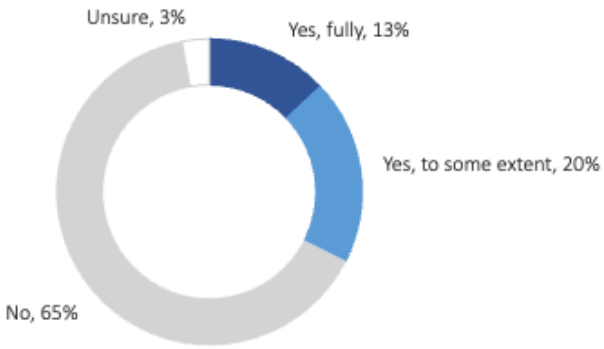
- Review what happened
- Speak to the person or their family
- Say sorry
- Learn from the mistake to stop it happening again

[6] https://www.infectedbloodinquiry.org.uk/sites/default/files/Volume_1.pdf, p285

Awareness of the Duty of Candour

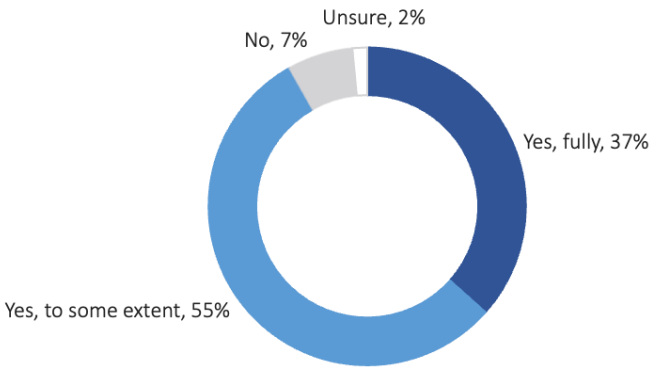
Most respondents (65%) had not heard of the Duty of Candour, while around a third (33%) had heard of this. A large majority of those who had heard of the Duty of Candour (92%) felt that they knew what this means for them, including 37% who felt they 'fully' understood.

Q12. Before today, were you aware of the organisational Duty of Candour Procedure in Scotland for health, care, and social work services?



Base: 553.

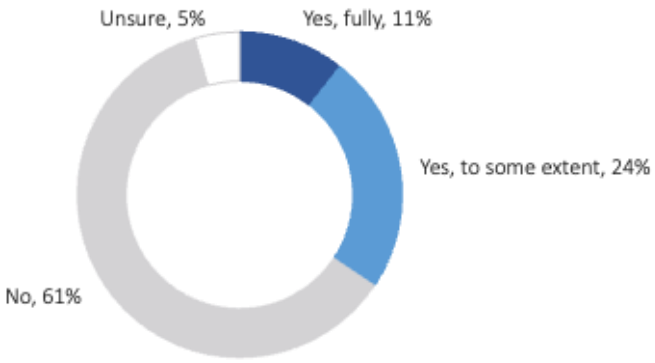
Q13. Before today, did you know what the Duty of Candour meant for you?



Note: This question was only asked only of those who were aware of the Duty of Candour. Base: 175.

Most respondents (61%) were not aware of the process that health, care, or social work services should take if something goes wrong. Around a third of respondents (34%) were aware of this, though only 11% said they were fully aware of this.

Q14. Are you aware of the process that should be followed if something goes wrong while you, or someone you care for, is receiving health, care, or social work services?

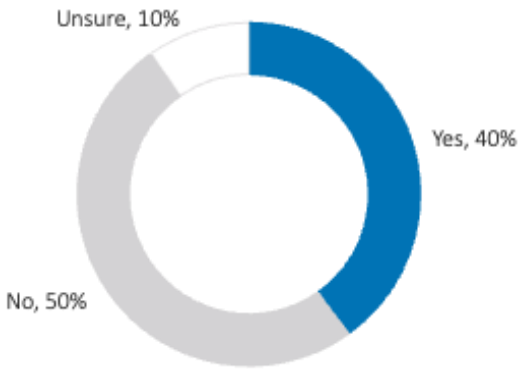


Base: 547.

Experience of adverse events

Two in five respondents (40%) reported that they or someone they care for had experienced an adverse event while using a health, care, or social work service.

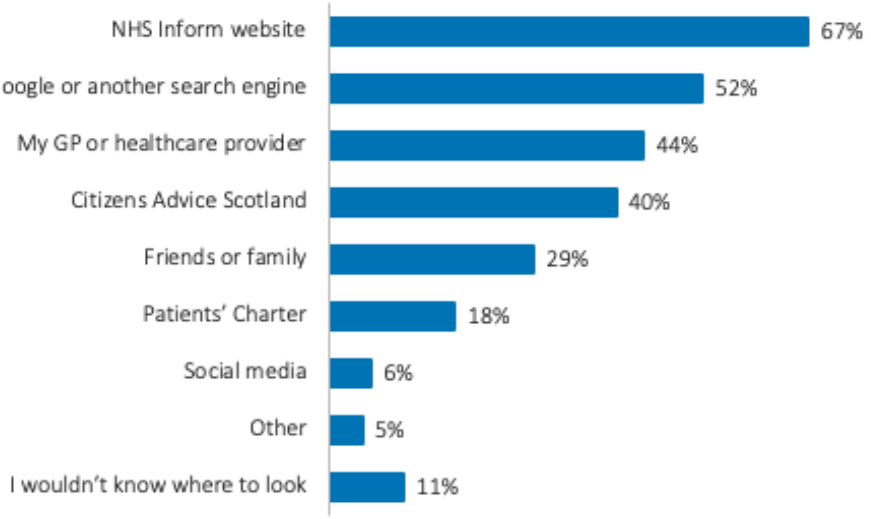
Q15. Have you or someone you care for experienced an adverse event during the provision of a health, care, or social work service?



Base: 547.

The survey asked where Panel members would go to find information about their rights if something went wrong with their care or treatment. Respondents were most likely to go to the NHS Inform website–around two thirds (67%) indicated this. Other commonly mentioned sources of information were online search engines (52%), their GP or healthcare provider (44%), Citizens Advice Scotland (40%), friends or family (29%) and the Patients' Charter (18%).

Q17. Where would you go to find information about your rights if something went wrong with your care or treatment?

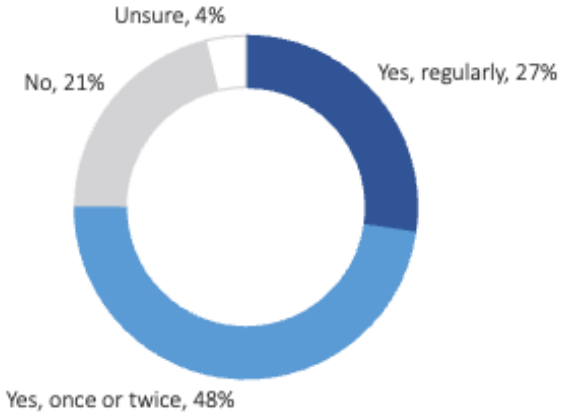


Note: Respondents could select multiple answers. Base: 540.

Accessing information on the Duty of Candour

Three quarters of respondents (75%) had visited the NHS Inform website, including around a quarter (27%) who do so regularly.

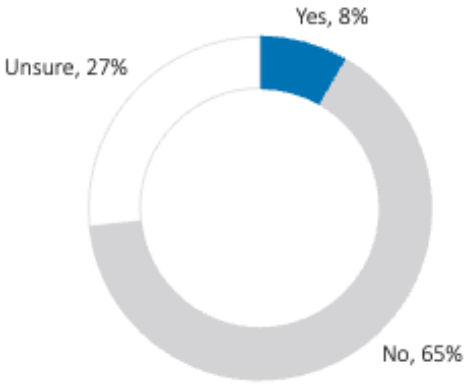
Q18. Have you ever visited the NHS Inform website (www.nhsinform.scot)?



Base: 543.

Less than a tenth (8%) of those who had visited the NHS Inform website had seen information about the Duty of Candour on the website. Around two thirds (65%) had not seen this information, and around a quarter (27%) were unsure.

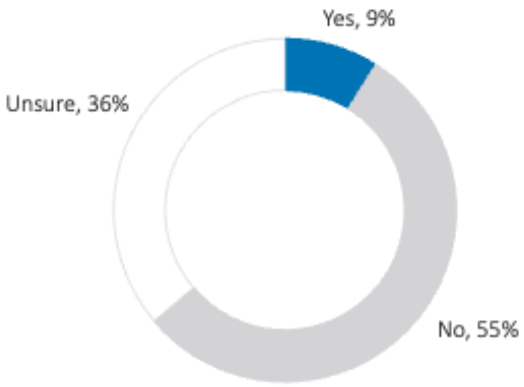
Q19. Have you seen any information about the Duty of Candour on the NHS Inform website?



Note: Asked only of those who have visited the NHS Inform website. Base: 369.

More than half of respondents (55%) felt that there is not enough information available to the public about the Duty of Candour. Less than a tenth of respondents (9%) felt that there is enough information, and 36% were unsure.

Q20. Do you feel that enough information is available to the public about the Duty of Candour?



Base: 537.

Finally in relation to the Duty of Candour, the survey invited respondents to provide written comment on how public awareness of the Duty could be improved. Key themes are summarised below.

The most common suggestion was the display of information in local services and venues such as GP or medical practices, hospitals, and pharmacies/via prescriptions (mentioned by 50%). Other suggestions included awareness-raising campaigns via national and local media (28%), information via the NHS Inform website, other health service and related websites and social media (22%), and direct communication issued to individuals via letter, email or SMS (7%).

Q21. What would help improve public awareness of the Duty of Candour?	%
Information displayed in local services and venues–including GP/medical practices, hospitals, pharmacies/via prescriptions, other	50%
Awareness campaigns with use of press and national/local media	28%
Via NHS Inform, other health service and related websites and social media	22%
Direct communication to individuals–eg via letter, email, SMS	7%
When patients engage with healthcare professionals	3%

Base (number of written comments): 300.

Conclusions

Awareness of the Duty of Candour remains low among the public, despite its importance in ensuring transparency and accountability when harm occurs in health and social care. Two-thirds of respondents had not heard of the Duty of Candour, and most were unaware of the processes that should follow an adverse event. This lack of awareness is particularly concerning given that two in five respondents reported experiencing or witnessing an adverse event. While NHS Inform was identified as the most widely used information source, only a small fraction of visitors recalled seeing Duty of Candour content there. More than half of respondents felt that there is insufficient information available to the public, suggesting that the Duty of Candour is not yet embedded in public consciousness or is not articulated clearly enough.

Recommendations

Based on these findings Healthcare Improvement Scotland makes the following recommendations to the Scottish Government, NHS Inform and NHS Boards and Health and Social Care Partnerships:

1. NHSScotland should strengthen public-facing communication about the Duty of Candour, including clearer guidance on rights and procedures. There may also be the need to explain in more plain language what is meant by the 'Duty of Candour.' This could be supported by the development of a strapline to improve public understanding of 'candour.'

2. NHSScotland should review and enhance its content and visibility on the Duty of Candour across both digital and non-digital formats ensuring that relevant information is easy to find and understand for all audiences.

3. Health and social care services should take active responsibility for informing patients and families about the Duty of Candour following adverse events. This should include timely, compassionate communication, and consider using plain language, and clear explanations of what the Duty entails, what steps will be taken, and what support is available.

4. In order to implement recommendation 3, training and support for staff should emphasise the importance of transparency, empathy, and procedural clarity in implementing the Duty of Candour. NHS Boards and Health and Social Care Partnerships should utilise existing training on offer such as NHS Education for Scotland e-learning modules and the Healthcare Improvement Scotland adverse events toolkit.

5. Further public engagement should be considered to better understand expectations, experiences, and barriers related to the Duty of Candour - particularly among those

directly affected by adverse events. This engagement should actively involve third sector and advocacy organisations, whose trusted relationships and community reach can help ensure that diverse voices are heard, and that future improvements are informed by lived experience.

Chapter 4: The Charter of Patient Rights and Responsibilities

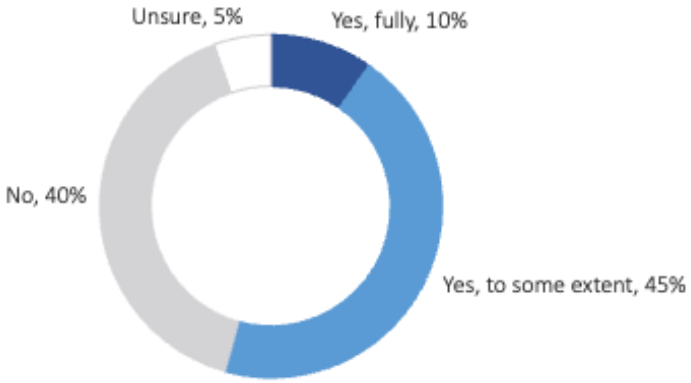
Background

The final part of the survey looked at awareness and experience of the Charter of Patient Rights and Responsibilities (known as the Patients' Charter). The survey noted that the Charter sets out patients' rights and responsibilities when using the NHS in Scotland, including what they can do if they feel that their rights have not been respected.

Awareness of the Patients' Charter

More than half of respondents (54%) were aware of the Patients' Charter, although a minority of these (10%) were 'fully' aware. Two in five respondents (40%) had not heard of the Patients' Charter.

Q22. Before today, were you aware that the NHS in Scotland has a Patients' Charter which sets out your rights and responsibilities as a user of healthcare services?



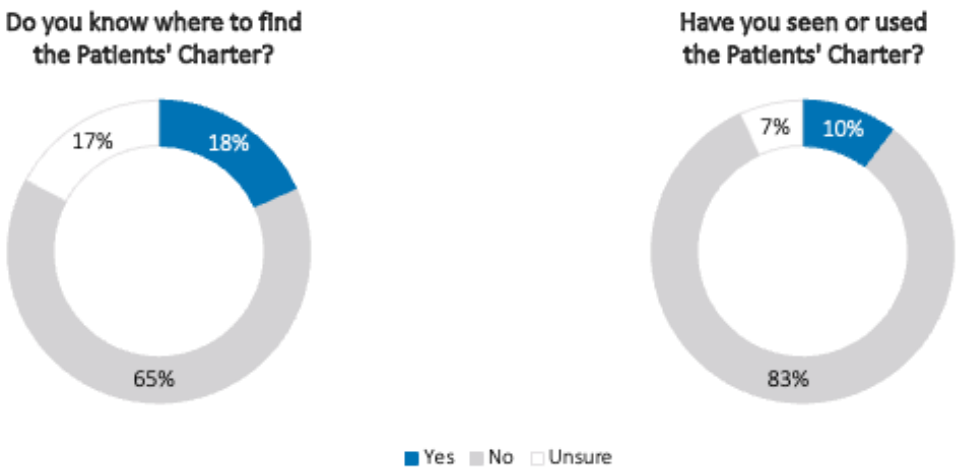
Base: 533.

Most respondents (65%) did not know where to find the Patients' Charter, while around a fifth (18%) felt they did know where to find the Charter.

A tenth of respondents (10%) had seen or used the Patients' Charter. These respondents were most likely to have sought to understand what the Charter is for, to understand their rights as a patient, and to understand which parts of healthcare services are covered by the Charter.

Q23. Do you know where to find the Patients' Charter?

Q24. Have you seen or used the Patients' Charter?



Base: 535.

Q25. What did you use the Charter for?

	Number
To understand my rights as a patient	33
To understand the aspects of healthcare that are covered by the Patients' Charter	29
To understand what the Patients' Charter is for	27
I've used the Patients' Charter in relation to my work	20
To understand my responsibilities as a patient	18
Other	7

Note: Asked only of those who have seen or used the Patients' Charter. Respondents could select multiple answers. Base: 56.

Conclusions

While more than half of respondents are aware of the Patients' Charter, in-depth understanding remains limited. Most do not know where to find the Charter, and only a small proportion have seen or used it. This underscores the need for targeted efforts to raise awareness and improve accessibility of the Charter among the public.

The Charter is intended to empower patients and clarify expectations, but its low visibility and limited understanding may significantly reduce its practical impact. If patients are unaware of their rights or how to exercise them, the Charter cannot effectively support self-advocacy or strengthen the patient voice in care settings.

Overall, the findings suggest that the Charter is not fulfilling its potential as a tool for patient empowerment and service accountability. This highlights a recurring challenge: broad awareness without corresponding depth of understanding or practical application. Addressing this gap is essential if the Charter is to become a meaningful resource that enables patients to engage confidently and constructively with health services.

Recommendations

Based on these findings Healthcare Improvement Scotland makes the following recommendations to the Scottish Government and relevant stakeholders:

1. The Charter of Patient Rights and Responsibilities should be more actively promoted across NHS Scotland and on a local level through GP or medical practices, hospitals, and digital platforms.
2. NHS Inform and other public-facing services should ensure that the Charter is prominently featured, with accessible summaries and guidance on how to use it.
3. Healthcare providers should incorporate the Charter into patient communications, induction materials, and feedback processes and embed it more consistently within everyday service interactions (eg appointment/discharge letters, feedback forms, welcome packs).
4. Evaluation of the Charter's reach and impact should be undertaken to inform future revisions and implementation strategies, including a review of NHS Inform website data and memorandum of understanding.

Appendix 1: Survey Questionnaire

Healthcare Improvement Scotland

Citizens Panel 16

Welcome to the latest Citizens' Panel survey! The survey includes questions on:

- Views on your GP/Medical Practice
- Continuity of Care - patients seeing the same professional or group of professionals over time
- the Duty of Candour - what services must do when something goes wrong
- the Charter of Patient Rights and Responsibilities

If you have any questions about the survey or Citizens Panel, please contact Craigforth's survey team on citizenspanel@craigforth.co.uk or 0800 033 4843.

You can also complete the survey online by scanning the QR code or following the link.

bit.ly/citizenspanel16

Local Medical Practice

In this section we would like to find out about your experiences of care through **your local GP/medical practice** over the past 12 months.

To what extent do you agree or disagree with the following statements about your local GP/medical practice?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Unsure
I am able to access the care I need from my local GP/medical practice when I need it	☐	☐	☐	☐	☐	☐
Over the last 12 months, the care I have experienced from my local GP/medical practice has met my health care needs	☐	☐	☐	☐	☐	☐
In my experience, there is a 'joined-up' approach to the care I receive from the different healthcare staff at my local GP/ medical practice	☐	☐	☐	☐	☐	☐
It is important to me to see the same healthcare professional(s) when I have an appointment at my local GP/ medical practice	☐	☐	☐	☐	☐	☐

Continuity of Care

This section asks about your experience of continuity of care across all parts of healthcare - including hospitals, specialists, community services, and your GP or Medical Practice.

Continuity of care means that the patient consistently sees the same health care professional or group of professionals over time - for example if a patient sees the same GP for many years about all their health conditions. This helps to build relationships, improve sharing of information, and develop a good understanding of the patient's needs, long-term health, and history. We know this can be particularly important for certain groups such as those with long-term conditions, palliative care needs, mental health issues or addiction issues.

The following questions ask you about continuity of care and fast access to care:

- **Personal continuity of care** means seeing the same person over time, to help develop a trusting relationship with the healthcare professional.
- **Fast access to care** means providing quick access to services regardless of which individual health professional the patient sees - this prioritises speed and/or convenience for the patient, rather than waiting to see a particular professional that is known to them.

2 **Before today, were you aware of the difference between fast access to care and personal continuity of care?**

- ☐ Yes, fully
- ☐ Yes, to some extent
- ☐ No
- ☐ Unsure

3 **When do you think personal continuity of care would be more important than fast access to care? Please write in below**

4 **When do you think fast access to care would be more important than personal continuity of care? Please write in below**

5 **How important is fast access to care for you?**

- ☐ Very important
- ☐ Somewhat important
- ☐ Neither important nor unimportant
- ☐ Not very important
- ☐ Not at all important

Why do you say this? Please write in below

6 **How important is personal continuity of care for you?**

- ☐ Very important
- ☐ Somewhat important
- ☐ Neither important nor unimportant
- ☐ Not very important
- ☐ Not at all important

Why do you say this? Please write in below

7 **Thinking about the potential benefits of personal continuity of care, what would be most important for you?**

Please rank the following by numbering them from 1 to 5 (1 being the most important to you).

- ☐ Having an ongoing and trusting relationship with the same person
- ☐ The person knows my medical history without me needing to repeat it
- ☐ The person gives me good support on how to manage my own condition
- ☐ Getting better health outcomes–like fewer hospital visits and finding it easier to manage symptoms
- ☐ Having a joined-up care plan/treatment plan that follows me through my healthcare journey

8 **Are there any other potential benefits of personal continuity of care that would be the most important for you? Please write in below**

9 **Are you able to request personal continuity of care in the healthcare services that you use?**

- ☐ Yes
- ☐ Yes, sometimes
- ☐ No–**go to Q12**
- ☐ Unsure–**go to Q12**

10 **Which healthcare services <u>have</u> enabled you to use personal continuity of care?**

11 **And which healthcare services <u>haven't</u> enabled you to use personal continuity of care?**

Duty of Candour

The Organisational Duty of Candour Procedure (known as the Duty of Candour) is a legal process that health, care, and social work services must follow when something goes wrong and causes harm or could have caused harm–but not because of the person's illness or treatment.

What is the Duty of Candour?

If something unexpected happens–like a mistake or accident–that causes harm, the organisation must:

- Review what happened
- Speak to the person or their family
- Say sorry
- Learn from the mistake to stop it happening again

For example, if a blood sample is lost and this delays a diagnosis, the organisation must follow this process.

Your answers to the following questions will inform future considerations on changes to this area of health, care, and social work policy.

Some of the following questions ask about experiences with adverse events in healthcare, including the Duty of Candour process. These topics can bring up difficult experiences including trauma or loss. **You do not have to answer** any questions that you find upsetting or would prefer not to think about. You can skip the whole section or any specific question at any time.

12 **Before today, were you aware of the Organisational Duty of Candour Procedure in Scotland for health, care, and social work services?**

- ☐ Yes, fully
- ☐ Yes, to some extent
- ☐ No–**go to Q14**
- ☐ Unsure–**go to Q14**

13 **Before today, did you know what the Duty of Candour meant for you?**

- ☐ Yes, fully
- ☐ Yes, to some extent
- ☐ No
- ☐ Unsure

14 **Are you aware of the process that should be followed if something goes wrong while you, or someone you care for, is receiving health, care, or social work services? For example, if the wrong medicine is given and causes a bad reaction.**

- ☐ Yes, fully
- ☐ Yes, to some extent
- ☐ No
- ☐ Unsure

15 **Have you or someone you care for experienced an adverse event during the provision of a health, care, or social work service?**

An adverse event is an event that could have caused or resulted in harm to people. This may involve death, disability, injury, disease, suffering, or emotional and psychological harm.

- ☐ Yes

- ☐ No–**go to Q17**
- ☐ Unsure–**go to Q17**

16 **The Scottish Government is considering further engagement around the Duty of Candour to better understand how it is used in practice. This engagement may be done through a telephone or online interview.**

Would you like to be involved?

- ☐ Yes - we may share your contact details with the Scottish Government, this will only be used to invite you to take part in further engagement.
- ☐ No

17 **Where would you go to find information about your rights if something went wrong with your care or treatment? Please select all that apply**

- ☐ NHS Inform website
- ☐ My GP or healthcare provider
- ☐ Citizens Advice Scotland
- ☐ Patients' Charter
- ☐ Social media
- ☐ Google or another search engine
- ☐ Friends or family
- ☐ I wouldn't know where to look
- ☐ Other (please write in below)

18 **Have you ever visited the NHS Inform website (www.nhsinform.scot)?**

- ☐ Yes, regularly
- ☐ Yes, once or twice
- ☐ No–**go to Q20**
- ☐ Unsure–**go to Q20**

19 **Have you seen any information about the Duty of Candour on the NHS Inform website?**

- ☐ Yes
- ☐ No
- ☐ Unsure

20 **Do you feel that enough information is available to the public about the Duty of Candour?**

- ☐ Yes
- ☐ No
- ☐ Unsure

21 What would help improve public awareness of the Duty of Candour?

The Charter of Patient Rights and Responsibilities

The Charter of Patient Rights and Responsibilities (known as the Patients' Charter) sets out your rights and responsibilities when using the NHS in Scotland. That includes what you are entitled to when you use NHS services and receive NHS care in Scotland, what you can do if you feel that your rights have not been respected, and what is expected of you when using the NHS in Scotland.
The Patients' Charter supports the principle of mutual respect–that is, everyone who uses and provides NHS services has a right to be treated as an individual and with consideration, dignity, and respect.

22 **Before today, were you aware that the NHS in Scotland has a Patients' Charter which sets out your rights and responsibilities as a user of healthcare services?**

- ☐ Yes, fully
- ☐ Yes, to some extent
- ☐ No
- ☐ Unsure

23 **Do you know where to find the Patients' Charter?**

- ☐ Yes
- ☐ No
- ☐ Unsure

24 **Have you seen or used the Patients' Charter?**

- ☐ Yes
- ☐ No–**go to Q26**
- ☐ Unsure–**go to Q26**

25 **What did you use the Charter for?**

- ☐ To understand what the Patients' Charter is for
- ☐ To understand my rights as a patient
- ☐ To understand my responsibilities as a patient
- ☐ To understand the aspects of healthcare that are covered by the Patients' Charter
- ☐ I've used the Patients' Charter in relation to my work
- ☐ Other (please write in below)

And finally...

26 We are interested in your views and experience of the Citizens' Panel, and if there is anything we can do to improve your participation? If so please tell us below.

27 Would you prefer to receive future Panel surveys by email? If so, please write in your email address below.

THANK YOU FOR YOUR HELP

Please return your completed form in the envelope provided (no stamp is needed).

Your information will be processed and held in accordance with the Data Protection Act and UK GDPR.

Appendix 2: Profile of response

Tables below provide a breakdown of Survey 16 responses, and a comparison of survey respondents with the Citizens' Panel membership as a whole and the wider Scottish population.

Survey Citizens Panel 16 response by survey method

	Responses (% response rate)
Method of response	
Email survey invites issued	962
+Websurvey responses (% response rate)	583 (61%)
Postal survey invites issued	145
Postal survey returns (% response rate)	76 (52%)
Overall survey response	
Total Panel membership	1,107
Survey 16 responses (% response rate)	659 (60%)

Survey Citizens Panel 16 profile of respondents

	Scottish population	Citizens' Panel	± Panel vs population	CP16 respondents
Age				
16-24	12%	3%	-9%	1%
25-44	31%	20%	-11%	17%
45-64	34%	35%	+2%	37%
65+	24%	42%	+18%	45%
Sex				
Male	48%	46%	-2%	56%
Female	52%	54%	+2%	44%
Other	-	0.1%	-	-
Physical or mental health condition/illness				
Yes	27%	40%	+13%	42%
No	73%	59%	-14%	57%
Prefer not to say	0%	1%	+1%	1%
Ethnic group				
White British/Scottish	88%	89%	+2%	88%
Other ethnic group	12%	11%	-2%	12%
Housing tenure				
Owner occupier	67%	71%	+4%	78%
Social rented	19%	16%	-4%	13%
Private rented/other	13%	13%	0%	9%
SIMD quintile				
SIMD 1	20%	19%	-1%	15%
SIMD 2	20%	19%	-1%	18%
SIMD 3	20%	20%	0%	22%
SIMD 4	20%	21%	+1%	20%
SIMD 5	20%	21%	+1%	26%
Urban/Rural classification				
Large Urban Areas	41%	32%	-9%	37%
Other Urban Areas	31%	31%	0%	27%
Accessible Small Towns	10%	8%	-1%	10%
Remote Small Towns	2%	12%	+10%	6%
Accessible Rural	12%	10%	-2%	12%
Remote Rural	5%	8%	+3%	9%

Data source: Scotland's Census 2022 (base: 16+ population) www.scotlandscensus.gov.uk, Scottish Government Urban Rural Classification 2022 www.gov.scot/publications/scottish-government-urban-rural-classification-2022

	Scottish population	Citizens' Panel	± Panel vs population	CP16 respondents
Local authority area				
Aberdeen City	4%	3%	-1%	4%
Aberdeenshire	5%	5%	0%	4%
Angus	2%	4%	2%	3%
Argyll and Bute	2%	2%	0%	2%
City of Edinburgh	10%	11%	1%	12%
Clackmannanshire	1%	1%	0%	2%
Dumfries and Galloway	3%	4%	1%	4%
Dundee City	3%	2%	0%	5%
East Ayrshire	2%	2%	0%	1%
East Dunbartonshire	2%	2%	0%	2%
East Lothian	2%	2%	0%	4%
East Renfrewshire	2%	2%	0%	3%
Falkirk	3%	3%	0%	4%
Fife	7%	3%	-4%	2%
Glasgow City	12%	11%	-1%	9%
Highland	4%	4%	0%	5%
Inverclyde	1%	1%	0%	0.4%
Midlothian	2%	3%	1%	2%
Moray	2%	2%	0%	1%
Na h-Eileanan Siar	0%	1%	1%	1%
North Ayrshire	2%	2%	0%	2%
North Lanarkshire	6%	6%	0%	4%
Orkney Islands	0%	1%	0%	1%
Perth and Kinross	3%	3%	0%	2%
Renfrewshire	3%	3%	-1%	2%
Scottish Borders	2%	2%	0%	3%
Shetland Islands	0%	2%	1%	2%
South Ayrshire	2%	2%	0%	1%
South Lanarkshire	6%	6%	0%	5%
Stirling	2%	2%	0%	1%
West Dunbartonshire	2%	2%	1%	1%
West Lothian	3%	3%	0%	4%

Data source: Scotland's Census 2022 (base: 16+ population) www.scotlandscensus.gov.uk, Scottish Government Urban Rural Classification 2022 www.gov.scot/publications/scottish-government-urban-rural-classification-2022

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Need information in a different format? Contact our Equality, Inclusion and Human Rights team to discuss your needs. Email his.equality@nhs.scot or call 0141 225 6999. We will consider your request and respond within 20 days.

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 3999

www.healthcareimprovementscotland.scot