

Citizens' Panel for health and social care

Survey on dentistry services, urgent and planned care services, and the remit of the Patient Safety Commissioner

Report, March 2022

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Contents

Foreword.....	2
Executive Summary	6
Chapter 1: Introduction and context.....	11
Chapter 2: Dentistry	13
Chapter 3: Urgent care services	19
Chapter 4: Planned care services	29
Chapter 5: The remit of the Patient Safety Commissioner	33
Chapter 6: Conclusions and recommendations.....	36
Appendix 1: Questionnaire	41
Appendix 2: Response profile	49

Foreword

Welcome to the eighth survey report of the Citizens' Panel for health and social care in Scotland. The Citizens' Panel is one way that policymakers and health and social care services in Scotland can listen to the views of the Scottish public – and, having listened, make improvements to the policies they develop and services they provide.



It has never been more important to seek people's views about services and the Citizens' Panel is a critical tool to ensure services are person-centred for the NHS recovery.

The Citizens' Panel has allowed us to seek the views of a cross-section of the Scottish public using electronic, postal and telephone methods to capture the Panel's views. This has enabled us to engage in a safe and person-centred way during the pandemic providing us with robust results to help improve NHS services.

This survey was commissioned by the Scottish Government. The results will inform the remobilisation of dentistry and planned care services, further the development of urgent care services, and support critical decision-making as the Patient Safety Commissioner's remit is considered. These are all important areas for the public to contribute for the NHS recovery.

This survey was conducted during September through to November 2021. We acknowledge that this report captures people's experiences and views at this moment in time.

I would like to thank the individuals who have volunteered to be part of the Panel, who together make up a representative section of the population of Scotland. I would also like to thank our contractors, Research Resource, who conducted the survey and our partners in Scottish Government and General Dental Council for their contribution.

I hope you find this report helpful.

Suzanne Dawson
Chair, the Scottish Health Council

Citizens' Panel for health and social care

This infographic summarises the key findings from the eighth survey undertaken with the Citizens' Panel for health and social care. Within the survey we asked questions about:

- Dentistry services
- Urgent care services
- Planned care services, and
- The remit of the Patient Safety Commissioner.

In total, 599 Panel members responded to the survey either by post, email or by telephone, which represents a 63% response rate.

Access to dental services

84%

feel they will be able to access the dental services they want over the next year, but under certain circumstances.



- 18%** within normal timeframe
- 41%** waiting longer than usual for appointment
- 15%** only if an emergency
- 10%** by opting for private care
- 1%** won't need access in next year

* 10% were unsure

94%



said their preference for accessing dental services in the future was to visit their own dental surgery.

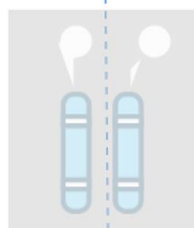
62%



did not know how to raise a complaint about a dental professional if they needed to.

Priorities for visiting the dentist

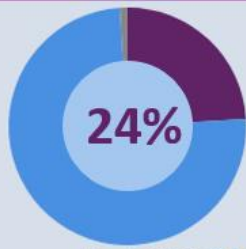
- 87%** Access to treatment when needed
- 79%** Getting a check up at regular intervals
- 49%** Receiving my treatment free of charge



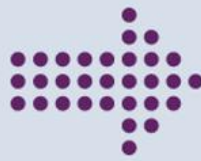
Barriers to visiting the dentist

- 44%** Potential cost of treatment
- 29%** It's hard to get an appointment
- 21%** General anxiety about visiting my dentist

Urgent care services



have called NHS 24 111 for urgent care instead of going directly to A&E since December 2020.



45%	At weekend
27%	During the week (9am–6pm)
22%	During the week (after 6pm/before 9am)
1%	During public holiday
5%	Can't remember

Priorities when needing medical help quickly

- 1 Getting the right care and advice
- 2 Getting care quickly and easily
- 3 Getting care quickly and easily

Sources of urgent medical help

- NHS 24 111 (56%)
- GP (17%)
- A&E (8%)

Perceptions of new way of accessing urgent care via NHS 24 111

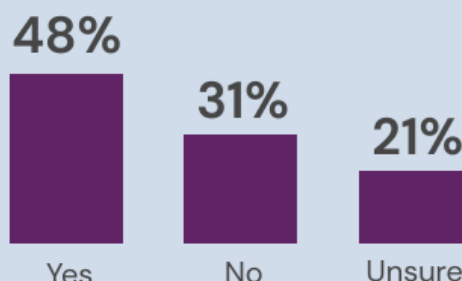


Planned care services

Priorities when waiting for consultation or treatment

- 1** Clear and specific communication (66%)
- 2** Easy access to the care and service you need (66%)
- 3** What to do if your symptoms get worse (63%)

Do you have enough clear information about how healthcare services operate?



Information provided to patients

I feel there is a wealth of information widely available e.g. online



53%

Agree

11%

Disagree

More could be done to improve people's understanding of what to expect when having treatment or consultation at hospital



64%

Agree

14%

Disagree

I only know what I am told by the consultant



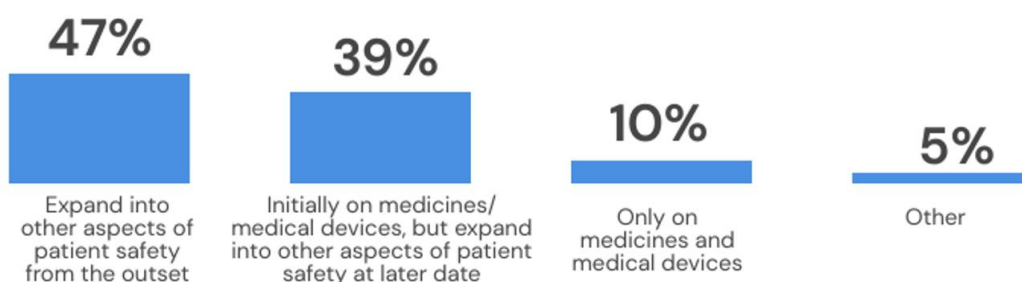
53%

Agree

19%

Disagree

What should the Patient Safety Commissioner focus on?



Executive Summary

What is a Citizens' Panel?

A Citizens' Panel is a large, demographically representative group of citizens regularly used to assess public preferences and opinions. A Citizens' Panel aims to be a representative, consultative body of residents. They are typically used by statutory agencies, particularly local authorities and their partners, to identify local priorities and to consult the public on specific issues.

Background and context

The Citizens' Panel for health and social care was established in 2016 to be nationally representative and has been developed at a size that allows statistically robust analysis of the views of the Panel members at a Scotland-wide level. This was the first time a national Citizens' Panel of this nature, focusing on health and social care issues, had been established in Scotland. Panel members were randomly selected from the general population and invited to join the Panel. Some targeted recruitment also took place to ensure that a representative Panel was created.

The Panel was refreshed in 2021. The refresh replaced Panel members that either did not want to continue being members or that had not responded to previous surveys with new Panel members. The refresh also ensured the panel was more representative of the population at large. At the time of this survey in November 2021, there are 953 Panel members from across all 32 local authority areas.

This report details the findings from the eighth Panel survey, which included questions on four different topics:

- dentistry services
- urgent care services
- planned care services, and
- the remit of the Patient Safety Commissioner.

A total of 599 responses (63% response rate) were received, either by post, email or by telephone. This level of return provides data accurate to $\pm 4.0\%$ ¹ at the overall Panel level. In this report we do not report results broken down into sub-categories (for example, gender or age) as they are not statistically significant. All comparisons that are made in this report are statistically significant, unless otherwise stated.

¹ Based upon a 50% estimate at the 95% level of confidence.

This executive summary details the key findings from the research. More detailed information on the profile of responses can be found in Appendix 2.

Key findings

Dentistry services

When thinking about the health of their mouth, being pain free (74%) was most important to respondents, followed by having healthy teeth and gums (66%). In terms of visiting their dentist, being able to get access to treatment when needed (87%) was most important, followed by getting check-ups at regular intervals (79%).

The potential cost of dental treatment was most commonly noted as a barrier to visiting the dentist (44%) followed by difficulty in getting an appointment (29%) and anxiety about visiting the dentist (21%). Over one quarter of respondents, (27%) said that nothing stops them from visiting their dentist.

The majority of respondents (84%) said that yes, they do feel they will be able to access the dental services they want over the next year. However, just 18% said they felt they would be able to access dental services within the normal time frame whilst the other 66% said they believed they would only be able to access dental services in certain circumstances. For most participants, their preference for accessing dental services is by visiting their own dental surgery (94%).

An area identified for improvement is raising awareness on how to complain about dentistry services. Almost two thirds of respondents (62%) said that they would not know how to raise a complaint about a dental professional if they needed to. 21% said they might know how to raise a complaint and just 17% said they would know how to raise a complaint. Those who would or might know how to make a complaint were most likely to either use the complaints procedure within their local dental practice (84%) or raise their concern with the dental professional in question (80%) which is encouraging.

Recommendations:

As a result of these findings, Healthcare Improvement Scotland – Community Engagement make the following recommendations to Scottish Government, General Dental Council and NHS dental services:

1. That any reform of dental care by Government and the NHS continues to support people to be pain free and to have healthy teeth and gums rather than focus on, for example, cosmetic treatment.
2. That access to treatment for patients, including to check-ups, is prioritised by dental teams as COVID-19 safety restrictions lift; and that NHS and Scottish Government

continue to support dental teams to do this. The Scottish Government should also be mindful of the cost of dental treatment as a barrier to accessing dental services in future policy decisions.

3. That NHS and Government continue to support dental teams to provide timely care as best they can within the current COVID-19 restrictions.
4. That any reform of NHS dental services ensures visits to patients' dentists remain a significant part of the service.
5. That dental teams ensure all patients are aware of how to make a complaint should they need to, and that Scottish Government, NHS Scotland and the General Dental Council continue to support local resolution of complaints whenever appropriate.

Urgent care services

Almost one quarter of respondents (24%) have called NHS 24 111 for urgent care instead of going directly to A&E since December 2020. When thinking about what worked well in that experience, 33% said that they received onward referral for further treatment, 30% noted that the service had been excellent and 24% noted the speed of service.

Conversely, when asked what had not worked so well, the most common issue noted was the time taken for the phone to be answered (41%). Based upon their experience, the most common suggestion for improvement to this service was to have more call handlers which, it was believed, would allow a quicker response or less time on hold (41%).

When asked what is most important when needing medical help quickly but the situation is not immediately life threatening, respondents' top priority was getting the right care and advice (74%) followed by getting care quickly and easily (67%).

NHS 24 111 was the source that the greatest proportion of respondents (56%) would turn to if they needed to get medical help for someone quickly and their situation was not immediately life threatening.

In terms of attitudes towards NHS 24 111 as a way of accessing urgent care, 56% said that they were very positive or positive about this new way of accessing urgent care compared to 16% who said they were very negative or negative. This is a positive response towards the new system with good understanding of the aims to reduce waiting times, keep A&E free for those who need it and make better use of resources.

Recommendations:

As a result of the findings on urgent care Healthcare Improvement Scotland - Community Engagement make the following recommendations to the Scottish Government and NHS Boards:

6. Continue with current marketing materials to increase awareness of how to access the right care at the right time.
7. Continue with current strategy to avoid unnecessary attendances to A&E by strengthening alternative pathways which will ensure people can be seen in the right place and A&E is kept free for those who need it.
8. Continue to build with urgency, sufficient workforce capacity and capability, optimally aligned to meet timely and responsive urgent care demand 24/7 - across in-hours, out-of-hours, weekends and public holiday periods.
9. Further consideration to the existing media campaign to ensure the public are aware that by accessing the Redesign of Urgent Care (RUC) pathway it does not preclude a face to face contact where this is deemed clinically required.
10. Promote data sharing between organisations and services to ensure people receive positive and clear outcomes from accessing the RUC (RUC) pathway through 111.

Planned care services

There were three key themes that respondents believed should be prioritised for people waiting for consultation or treatment. These were clear and specific communication (66%), easy access to the care and service you need (66%) and what to do if your symptoms get worse (63%).

In terms of what matters to respondents themselves when waiting for a consultation or treatment, the amount of time they have to wait, or knowing how long they will have to wait was most important to respondents (56%), followed by communication (18%), clear information on what to expect (15%) and having a contact or knowing what to do if the condition worsens when waiting (15%).

When asked if, in their experience, they have enough clear information and understanding about how the healthcare service operates between GP services, Accident and Emergency and planned care, just under half of respondents (48%) said 'yes' 31% said 'no' and 21% were unsure.

Almost two thirds of respondents (64%) agreed that 'more could be done to improve people's understanding of what to expect when having a planned consultation or hospital treatment'.

Recommendations:

Based on the results for planned care Healthcare Improvement Scotland - Community Engagement make the following recommendations to the Scottish Government and NHS Boards:

11. Undertake a marketing campaign to raise awareness amongst the general population on how the health service operates between GP services, A&E and planned care. In addition, improve people's understanding of what to expect when having a planned consultation.

12. Develop a policy which ensures an efficient process for regular communication for those waiting for a planned consultation.

The role of the Patient Safety Commissioner

The Scottish Government is committed to establishing a Patient Safety Commissioner in Scotland. This commitment has come about as a result of [First Do No Harm: The Report of the Independent Medicines and Medical Devices Safety Review](#) (the Cumberlege Review). The review examined how the healthcare system in England responds to reports about harmful side effects from medicines and medical devices, for example pelvic mesh implants, and made recommendations on how to respond to concerns more quickly and effectively in the future across the UK. The report recommended the appointment of a Patient Safety Commissioner and the Scottish Government is committed to creating this role. We envisage that the Commissioner would be independent of Government and the NHS, and have a statutory responsibility, that would:

- champion the value of listening to patients, and
- promote users' perspectives in seeking improvements to patient safety around the use of medicines and medical devices.

When asking the Panel what they believed the Patient Safety Commissioner should focus on, the most common option selected was that the Patient Safety Commissioner should expand into other aspects of patient safety from the outset such as surgical errors or harm coming to patients because of falls (47%). This was followed by 39% selecting that the Patient Safety Commissioner should initially focus on medicines and medical devices but expand into other aspects of patient safety at a later date, such as surgical errors or harm coming to patients because of falls.

Recommendation:

Based on the results for the Patient Safety Commissioner, Healthcare Improvement Scotland - Community Engagement make the following recommendation to the Scottish Government:

13. The Scottish Government should establish the Patient Safety Commissioner in a way that does not prevent the office from expanding to consider other areas of patient safety that are not mentioned in the Independent Medicines and Medical Devices Safety Review (IMMDS) review.

Chapter 1: Introduction and context

Questionnaire design

The questions for this survey were designed by Healthcare Improvement Scotland's Community Engagement Directorate in partnership with the Scottish Government. A draft of the questions were tested with members of the public, which influenced the final question set. A copy of the final questionnaire is available in Appendix 1.

Response rates and profile

At the time of writing this report, the Citizens' Panel for health and social care has a total of 953 members. The eighth Citizens' Panel for health and social care survey was sent by email on 17th September 2021 to all 846 Panel members for whom we have email addresses. A reminder email was sent to those who had not yet responded by email on the 24th September. On 6th October, survey packs were sent to all Panel members for whom we have no email addresses and those from whom a bounce back email message was received in addition to those who had not responded to the email surveys sent. This was sent to 687 Panel members. A final email reminder was sent on 29th October. Postal responses continued to be accepted up until the 26th October 2021.

A detailed analysis of the response profile identified that the survey was under-represented in terms of younger Panel members and females. It was decided that a targeted telephone boost be undertaken in an attempt to increase the response from these under-represented groups. Black and Minority Ethnic (BME) respondents were also a focus of this activity. A total of 72 telephone interviews were completed between the 8 and 29 November 2021.

This took the final response up to 599, a 63% response rate. This level of return provides data accurate to +/-4% (based upon a 50% estimate at the 95% level of confidence) at the overall Panel level.

Despite the attempts of the telephone boost, younger respondents and females were still under-represented. Furthermore, the response was under-represented in terms of the most deprived areas and also for those living in social housing. To ensure the data was representative by age, gender and deprivation, survey data was weighted to adjust for this imbalance.

Full information on the response profile achieved and weighting can be found in Appendix 2.

Further information on Citizens' Panels can be found in Appendix 3.

Interpreting results

When reporting the data in this document, in general, percentages in tables have been rounded to the nearest whole number. Columns may not add to 100% because of rounding or where multiple responses to a question are possible. The total number of respondents to each question is shown either as 'Base' or 'n=xxx' in the tables or charts. Where the base or 'n' is less than the total number of respondents, this is because respondents may be 'routed', skipping some questions if they are not applicable.

All tables have a descriptive and numerical base, showing the population or population subgroup examined in it. Due to the self-completion nature of the survey, the base for each question varies slightly.

Open-ended responses have been coded into response categories in order that frequency analysis or cross-tabulations can be undertaken on these questions. The process of coding open-ended responses begins with reading through the responses to get a feel for potential response categories. A list of thematic response categories is then created. These are known as 'codes'. The coding process then involves assigning each response to a code. Responses can be coded into multiple categories where more than one point is communicated. Response categories must be clear and easy for anyone reading the analysis to understand. To check the coding of open-ended responses, 10% of all responses are validated by a second person to check for any issues or errors.

Chapter 2: Dentistry

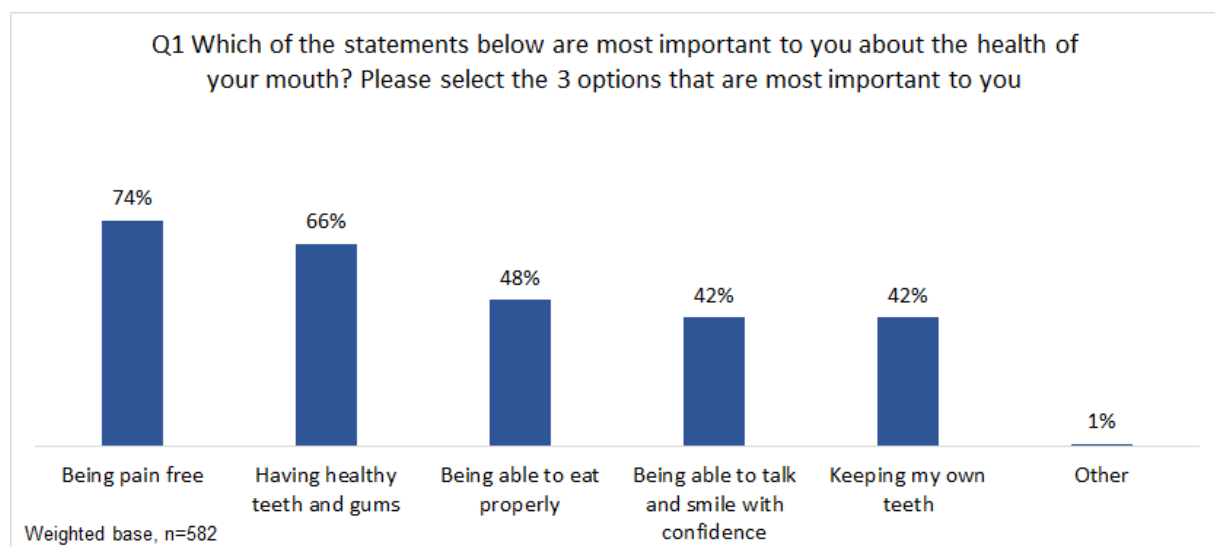
Introduction

The NHS is working hard to remobilise the dental sector to return to providing a more regular dental service as restrictions around the pandemic begin to ease. This recovery is expected to be closely followed by a period of reform to allow dental services to more closely fit with people's needs. Significant safety restrictions on dentists during the pandemic have included a complete shut-down of all but emergency treatment during the first wave of COVID-19 in order to keep patients safe at a time when little was known about the virus. Some of these safety restrictions still exist for dentists today, and continue to reduce their ability to see as many patients as they would wish.

Panel members responding to this survey were asked what matters to them in terms of their oral health and what they expect of their dentist. The Scottish Government, NHS and General Dental Council will use the survey findings to help inform their work on dentistry services and oral health going forward.

Priorities for oral health

The survey began by asking respondents what is most important about the health of their mouth. They were able to select up to three options that were most important to them. Being pain free (74%) was most likely to be important to respondents, followed by having healthy teeth and gums (66%). This perhaps indicates a focus more on oral health 'wellness', and to a lesser extent on anticipatory care and the impacts of poor oral health on overall wellbeing.

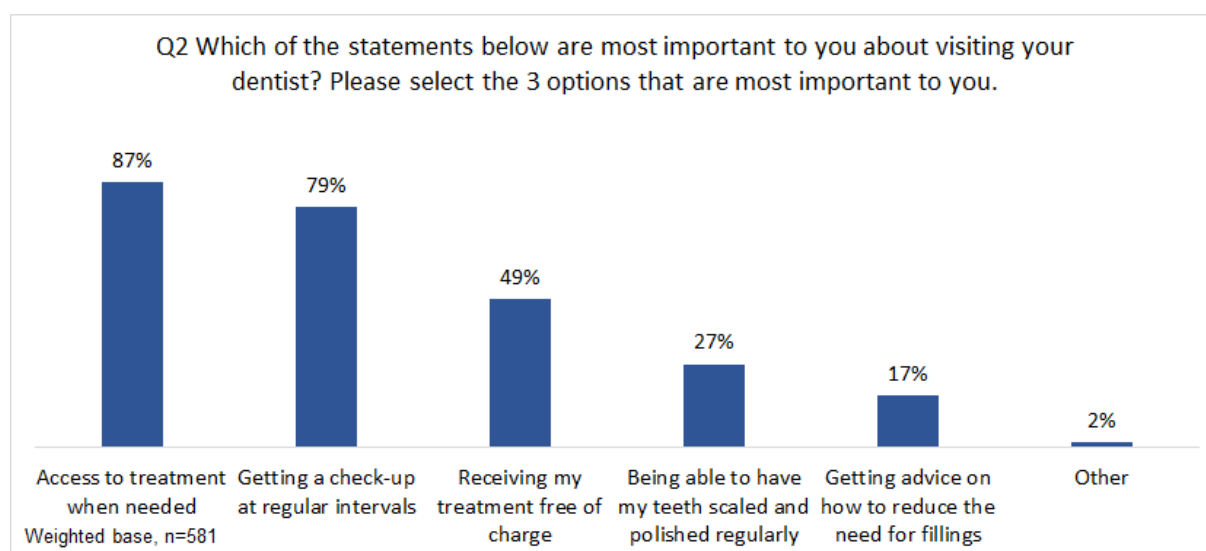


Recommendation:

That any reform of dental care by Government and the NHS continues to support people to be pain free and to have healthy teeth and gums rather than focus on, for example, cosmetic treatment.

Priorities for visiting your dentist, and barriers to visiting the dentist

Panel members were then asked what is most important to them about visiting their dentist. Up to three options were indicated as being most important to them. Ability to access treatment when needed (87%) was most important, followed by access to check-ups at regular intervals (79%). Receiving free treatment was prioritised by 49% of panel members.



When asked what might stop them from visiting the dentist, almost half of the respondents (44%) cited the potential cost of treatment as being a possible barrier to visiting the dentist. This was followed by difficulty in getting an appointment (29%). However, almost the same number (27%) said that nothing stops them from visiting their dentist, suggesting that the impact of the pandemic on being able to see a dentist varies from person to person.

Q3 What might stop you from visiting the dentist? Please choose up to 3 options from the list below.	
Weighted base, n=581	%
Potential cost of treatment	44%
It's hard to get an appointment	29%
Nothing stops me from visiting my dentist	27%
General anxiety about visiting my dentist	21%
It's hard to get an appointment at a time that suits me	21%
Negative experience in the past	15%
Fear or anxiety related to COVID-19	12%
I am unable to register / not registered with a dental practice	5%

It's difficult to get to my dentist (for example transport issues, mobility problems)	4%
Don't see the point of visiting the dentist	2%
Other	2%
It's hard to communicate with my dentist (for example language barriers)	1%

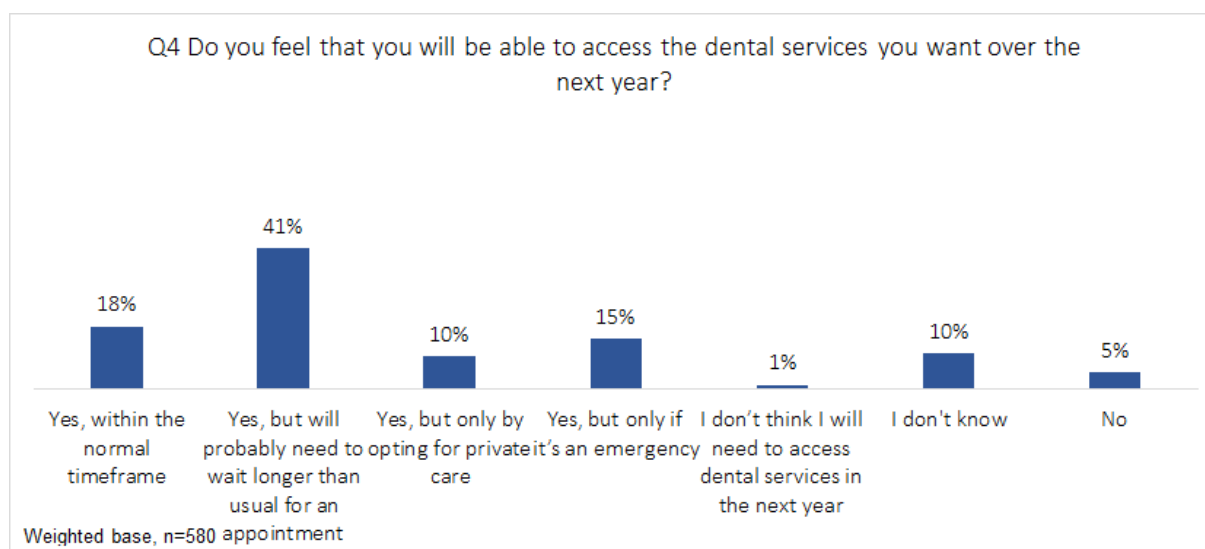
Recommendation:

That access to treatment for NHS patients, including to check-ups, remains a priority for dental teams as COVID-19 safety restrictions lift and that NHS and Scottish Government continue to support dental teams to do this. The Scottish Government should also be mindful of the cost of dental treatment as a barrier to accessing dental services in future policy decisions.

Ability to access dental services over the next year, and preference for accessing dental services

When asked if they felt that they would be able to access the dental services they need over the next year, only 5% said no and just 10% said they would only be able to do so by opting for private care: despite the pandemic, the vast majority felt they would have access to NHS dental services over the next year.

Whilst 18% felt they would be able to access the dental services they want within the normal timeframe, 41% said they felt they would be able to access dental services but would probably need to wait longer than usual for an appointment, and 15% said yes to this question, but qualified their answer by adding that would only be if it was an emergency.



When asked how they would prefer to access dental services in the future, respondents' initial preference was to visit their own dental surgery (94%). Nearly a fifth of respondents

(18%) said that they would contact NHS24 or out-of-hours service if something goes wrong and 18% said that they would meet a different clinical member of the dental team in the first instance for assessment or advice (for example a hygienist or dental nurse).

Q5 How would you prefer to access dental services in the future in the first instance? This would be to assess your dental needs and you may then be referred elsewhere for treatment. Please choose all that apply.	
Weighted base, n=581	%
Visit my own dental surgery	94%
Contact NHS24 or out-of-hours service if something goes wrong	18%
Meet a different clinical member of the dental team in the first instance for assessment or advice (for example a hygienist or dental nurse)	18%
Attend a community hub or walk-in clinic with other services such as GP, audiologist, pharmacy	16%
Have a virtual or digital consultation	8%
Get updated information on oral health through mobile texts, apps or websites and receive a phone call if the dentist feels it's necessary	5%
Other	0.4%

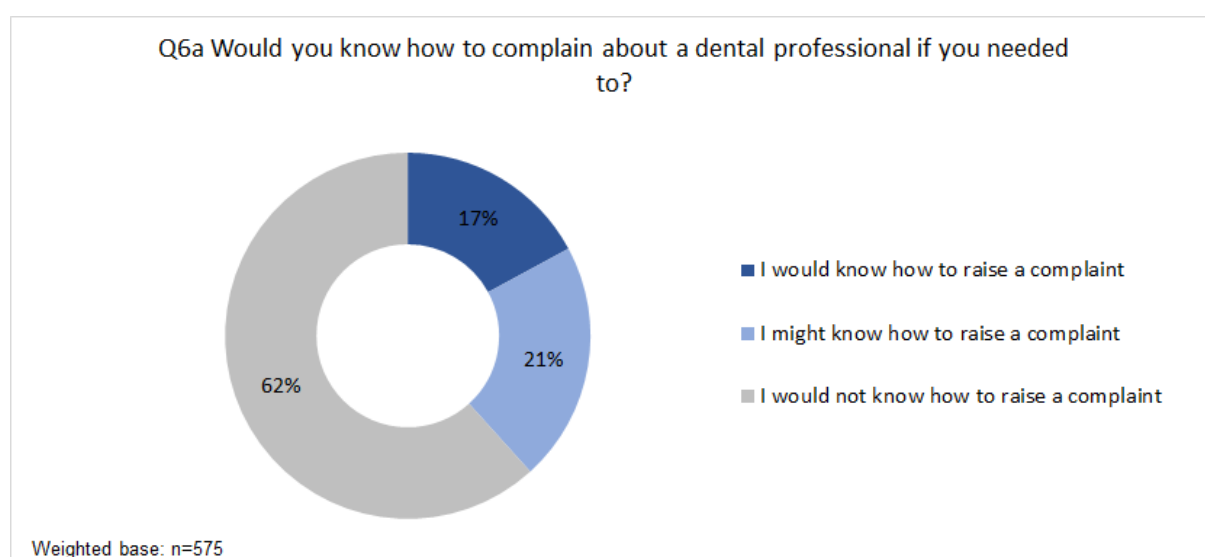
Recommendations:

That NHS and Government continue to support dental teams to provide timely care as best they can within the current COVID-19 restrictions.

That any reform of NHS dental services ensures visits to patients' dentists remain a significant part of the service.

Complaints about a dental professional

Almost two thirds of respondents (62%) said that they would not know how to raise a complaint about a dental professional if they needed to. More than one fifth (21%) said they might know how to raise a complaint and 17% said they would know how to raise a complaint.

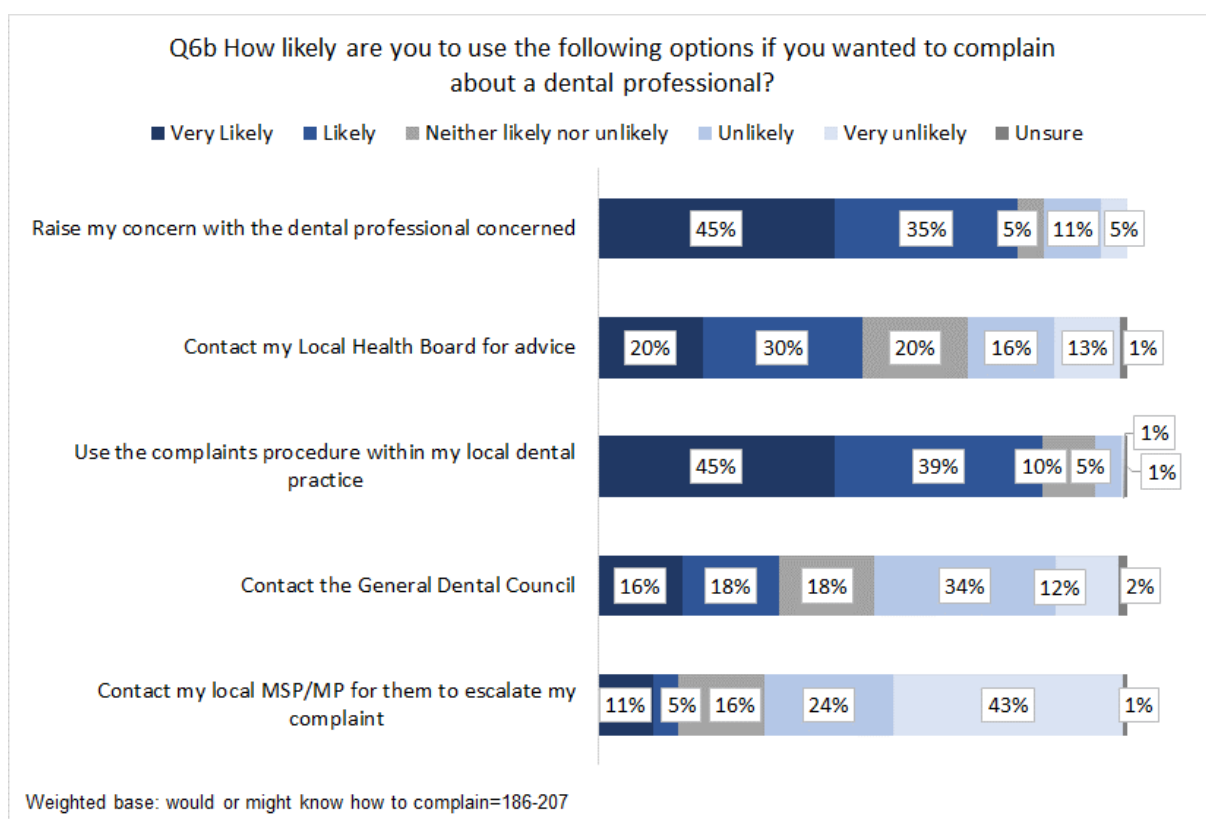


Those respondents who said they would or might know how to complain (38% of total respondents) were then asked how likely they were to use a range of options if they wanted to complain about a dental professional. Respondents said that they would be most likely to:

- Use the complaints procedure within my local dental practice (84% very likely or likely)
- Raise my concern with the dental professional concerned (79% very likely or likely)
- Contact my Local Health Board for advice (50% very likely or likely)

Respondents were less likely to complain in the following ways:

- Contact the General Dental Council (46% very unlikely or unlikely)
- Contact my local MSP/ MP for them to escalate my complaint (68% very unlikely or unlikely).



Recommendation:

That dental teams ensure all patients are aware of how to make a complaint should they need to, and that Scottish Government, NHS Scotland and the General Dental Council continue to support local resolution of complaints whenever appropriate.

Comments

Finally, respondents were asked if they had any comments they would like to make in relation to the previous questions about dentistry services. The comments made have been coded thematically to allow for analysis of the most common responses.

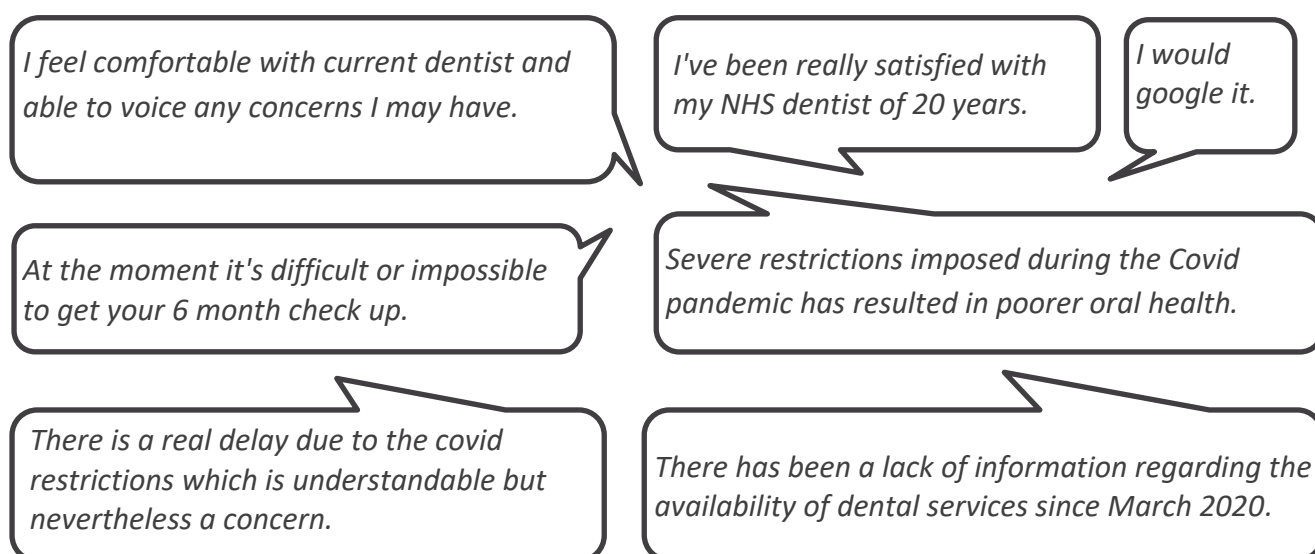
The most common responses related to the fact that respondents felt that remobilisation had been poor or that they had not had a routine appointment since before the start of the pandemic (27%). This reflects the heightened safety restrictions that dental teams have been working under throughout the pandemic, and that they continue to face. It also reflects our recommendation made above that access to treatment for patients, including to check-ups, is prioritised by dental teams as COVID-19 safety restrictions lift and that NHS and Scottish Government continue to support dental teams to do this.

Other responses to the open question included

- 25% of respondents who said they would use Google to find out more information on dental services
- 11% said they are very happy with dental services and
- 10% said they believed that dental treatment should be free of charge.

Q7 Do you have any further comments to make in relation to the previous questions about dentistry services?	
Weighted base: n=104, open question	%
Remobilisation post COVID has been poor (mainly due to lack of routine appointments)	27%
Would use Google to find out more information	25%
Very happy with dental services	11%
Dental treatment should be free of charge	10%
Other	6%
Use a private dentist to ensure I can access the services I need	5%
Am currently waiting for treatment	4%
I don't know how to complain but sure I could find out easily	3%
More information on how to complain should be available	3%
I could complain directly to the dentist	3%
Am now private due to dissatisfaction with NHS services	2%
Unable to get registered with a dentist	2%

Some examples of the comments made in relation to dentistry service are shown below:



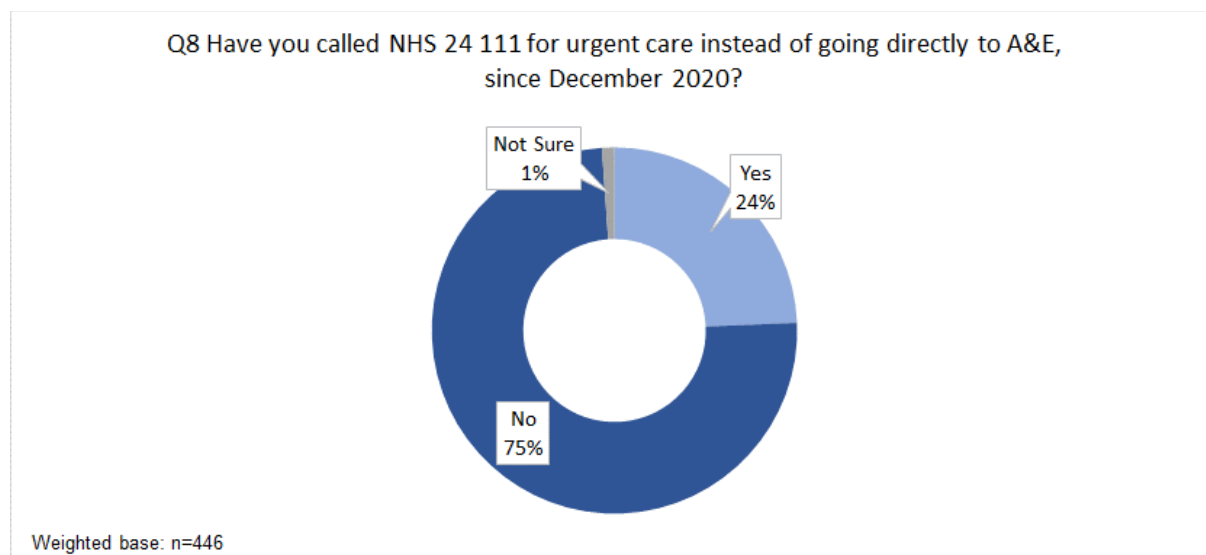
Chapter 3: Urgent care services

Introduction

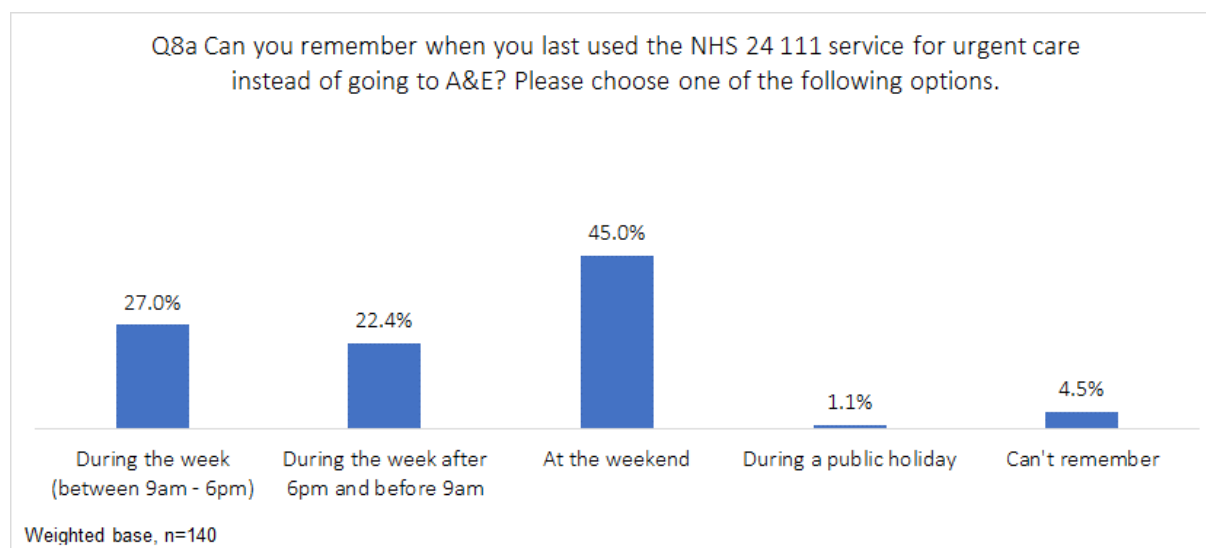
The Scottish Government is in the process of leading a number of programmes aimed at improving urgent and unscheduled care services. Urgent care is for an illness or injury that requires urgent attention but is not a life threatening situation. We asked Panel members their view and experiences of urgent care in order to determine how to improve how patients access urgent and unscheduled care.

Experience of NHS24 111 for urgent care

We asked Panel members if they have called NHS24 111 for urgent care instead of going directly to A&E since December 2020, when the new system started. Almost one quarter of respondents (24%) said that 'yes' they have called NHS 24 111 for urgent care.



In terms of when they called, this was most frequently done at the weekend (45%) followed by during the week between 9am and 6pm (27%) and then during the week after 6pm and before 9am (22%).

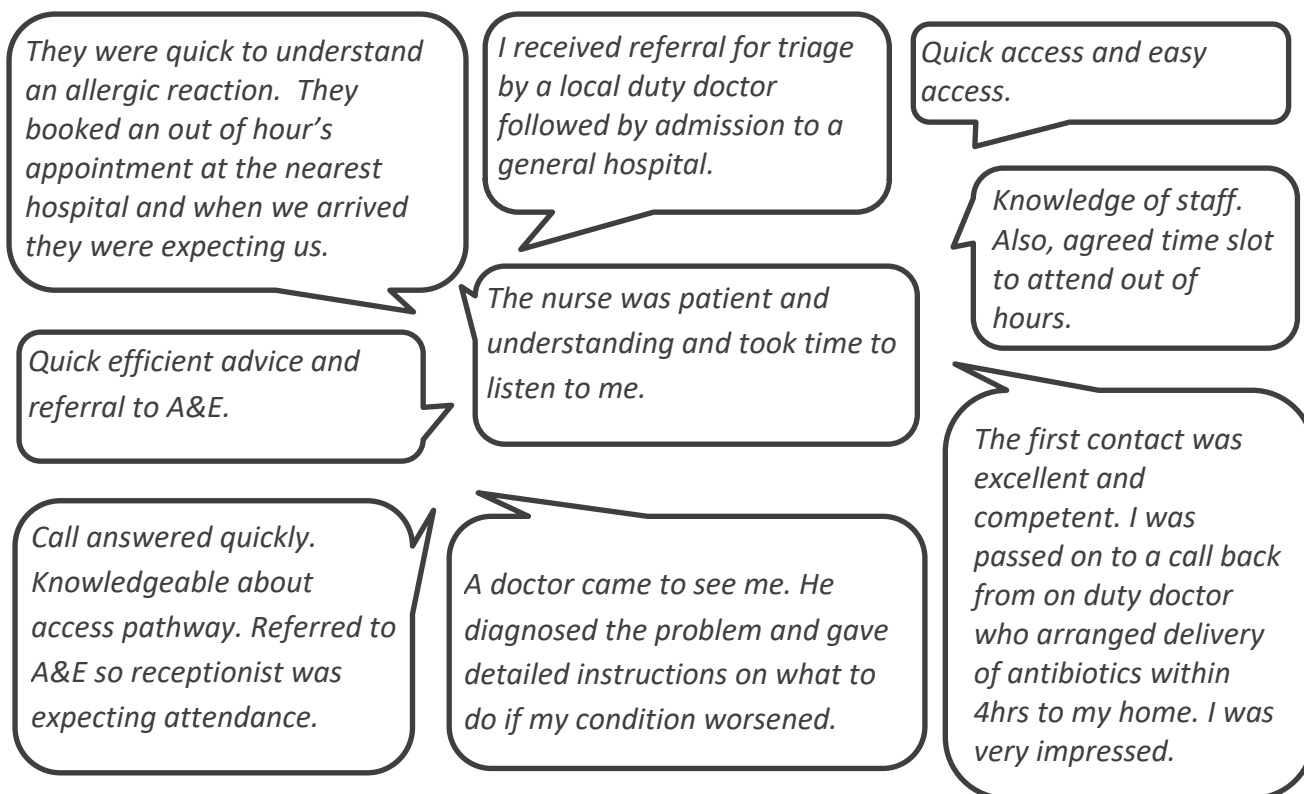


A series of open questions were asked of those that had contacted the NHS 24 111 urgent care service in order to establish what had worked well, what had not worked well and what could be improved. These questions have been coded thematically to allow for analysis of the most common themes.

Firstly, in terms of what worked well, 33% noted that they received referral on to further treatment whether that was referral to a doctor, A&E or hospital. 30% noted that the service was excellent, 24% noted the speed of service was excellent and 13% noted staff were knowledgeable.

Q8b coded Can you describe what worked well with the NHS 24 111 urgent care service?	
Weighted base: n=109	%
Received referral to further treatment eg doctor, A&E, hospital	33%
Excellent service	30%
Speed of service	24%
Knowledge of staff	13%
Nothing	7%
Clear advice was provided on what to do	6%
Helpful staff	3%
Phone was answered/ able to speak to someone	3%

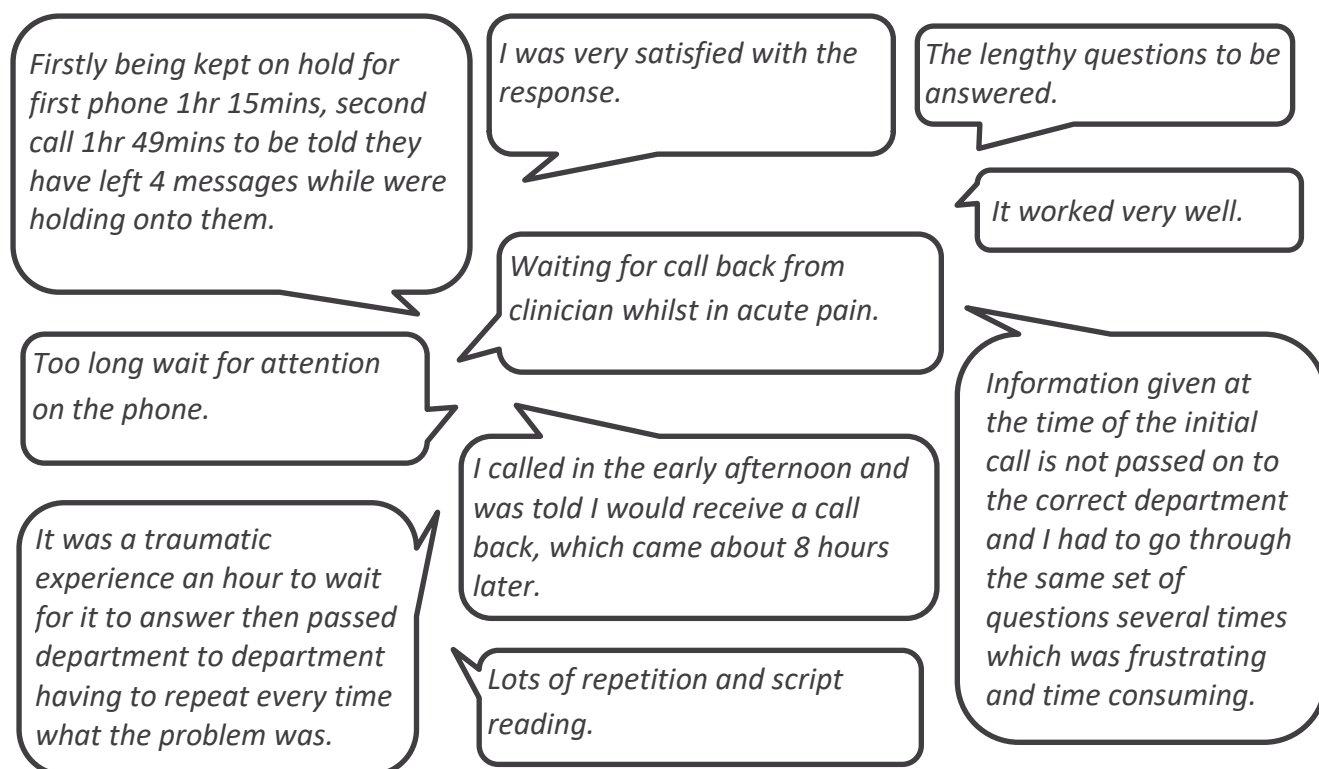
Some examples of Panel members' comments on what worked well are noted below:



In terms of what did not work well, most respondents discussed the time they had to wait for the phone to be answered and being on hold for a long time (41%). Other delays were also highlighted including delays waiting for a call back (4%), waiting time for ambulance (4%) and long wait for follow up action/treatment (4%). However, encouragingly 35% of the respondents said that everything worked well for them.

Q8c coded Can you describe what did not work well with the NHS 24 111 urgent care service?	
Weighted base: n=115	%
Time taken for phone to be answered/ was on hold for a long time	41%
Everything worked well	35%
Delays waiting for a call back	8%
Scripting/ too many questions	6%
Waiting time for ambulance	4%
Long wait for follow up action/ treatment	4%
Other	2%

Some examples of Panel members' comments on what did not work well are noted below:



In terms of suggestions for improvement, based upon their experience, the most common suggestion was to have more call handlers, which respondents believed would allow a quicker response or less time on hold (47%). 31% did not suggest anything that could be improved. 10% suggested access to more trained health professionals or more medical training for call handlers.

Q8d coded Based on your experience what could be improved with the NHS 24 111 urgent care service?	
Weighted base: n=108	%
More call handlers/ would allow quicker response/ less time on hold	47%
Nothing	31%
Access to more trained health professionals or more medical training for call handlers	10%
Better linkages/ information transfer with other services eg ambulance, A&E	6%
Other	5%
Listen more to what the person is saying	4%

Recommendations:

Continue to build with urgency, sufficient workforce capacity and capability, optimally aligned to meet timely and responsive urgent care demand 24/7 - across in-hours, out-of-hours, weekends and public holiday periods.

Promote data sharing between organisations and services to ensure people receive positive and clear outcomes from accessing RUC pathway through 111.

Some examples of Panel members' comments on what could be improved are shown below:

You should speak with a clinician straight away rather than having a call handler attempt to triage and then just repeat everything you have already stated. Duplication of effort and time wasting.

In my experience, not much could be done to improve.

For them to have immediate access to forward the call to a 999 operator and be able to issue an ambulance quicker.

More operators then passed to someone directly who can help with your problems.

Too many questions. We should be put through to someone from a medical profession right away.

More skilled staff required/ able to advise when queries didn't match flowchart in front of them.

Call handling times and maybe an app where you could live chat?

Had a great experience with the service.

More initial advisers to take calls.

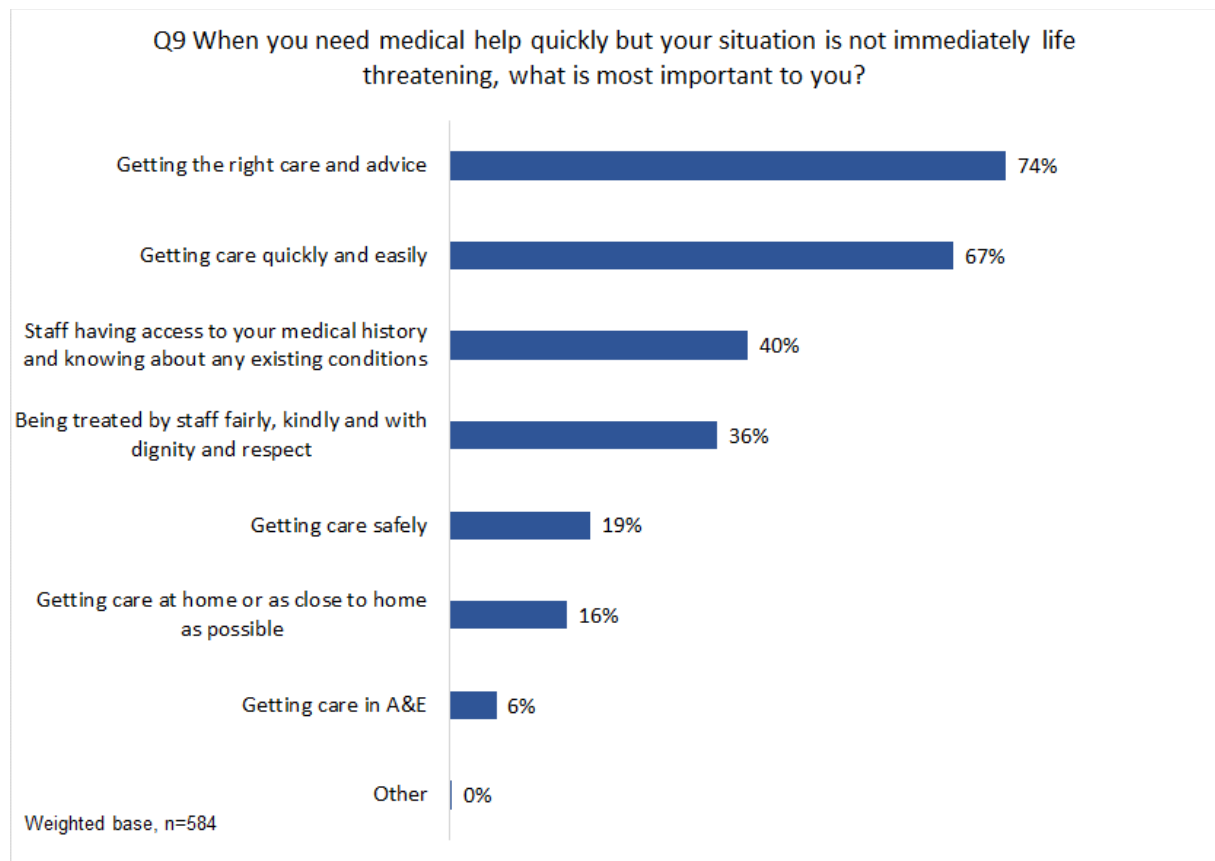
Rather than have to hold on for minutes listening to a preamble about covid could someone just answer the phone.

More staff responding to 111 calls.

Priorities when needing medical help quickly

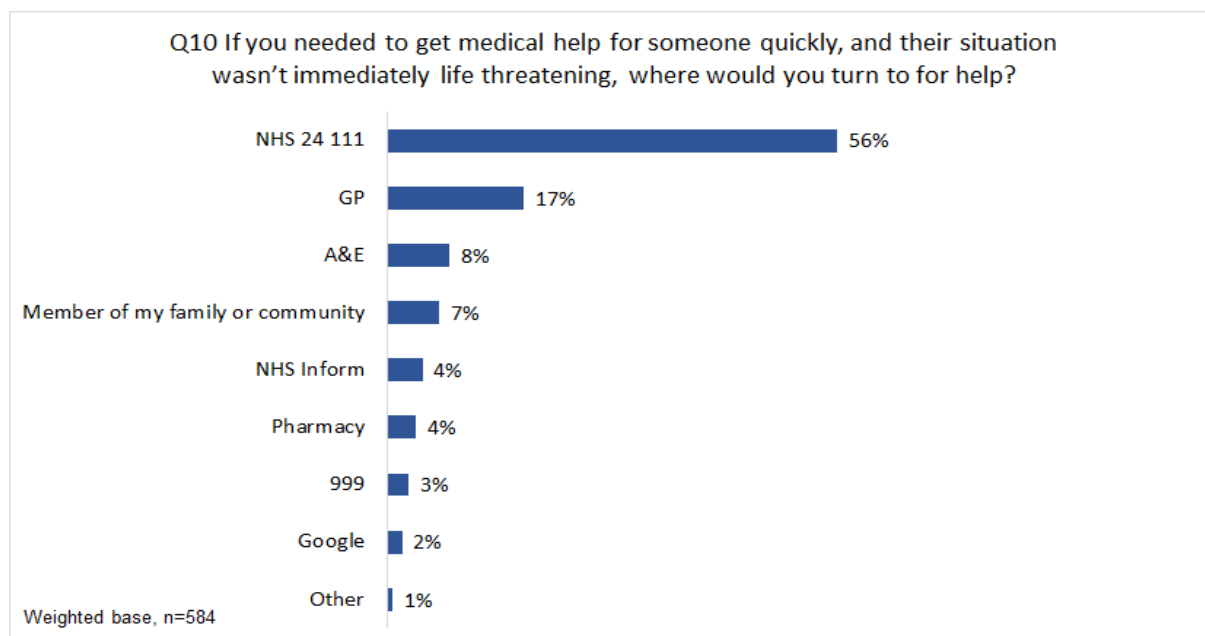
When asked what is most important when needing medical help quickly but the situation is not immediately life threatening, respondents' top priority was getting the right care and advice (74%) followed by getting care quickly and easily (67%).

These were followed by staff having access to their medical history and knowing about any existing conditions (40%) and then being treated by staff fairly, kindly and with dignity and respect (36%).



Source of urgent medical help

When asked where they would turn for help if they needed to get medical help for someone quickly, but their situation was not immediately life threatening, over half of respondents (56%) said they would turn to NHS 24 111. This was followed by turning to the GP (17%) and A&E (8%).



Recommendation: Continue with current marketing materials to increase awareness of how to access the right care at the right time.

Respondents were then asked why they would choose to get urgent care in this way. 22% noted that they would get advice or signposting. 15% noted that the GP would always be their first point of contact during working hours.

Q10b Why would you choose to get urgent care this way?	
Weighted base: n=425	%
They would give advice/ signpost	22%
GP first point of contact during working hours	15%
Action would depend how urgent it was	13%
Speed/ quick	10%
24 hour access	8%
Previous experience has been positive	7%
It is what we are told to do/ the correct way	7%
GP knows medical history	4%
I don't have confidence in other options	3%
Ease/ easy	3%
Local	3%
Trust	3%
I can get medical advice/ help	2%
Difficulty accessing GP services	2%

Accessibility	2%
Other	1%
It is the way I know/ not sure about other methods	1%

Analysis of reason for choosing to get care in this way by the type of care shows that for the key sources, the following reasons were most commonly noted:

NHS 24 111

- They would give advice/ signpost (32%)
- Speed/quick (12%)
- It is what we are told to do/the correct way (11%)
- 24 hour access (10%)

GP

- GP first point of contact during working hours (47%)
- GP knows medical history (22%)

A&E

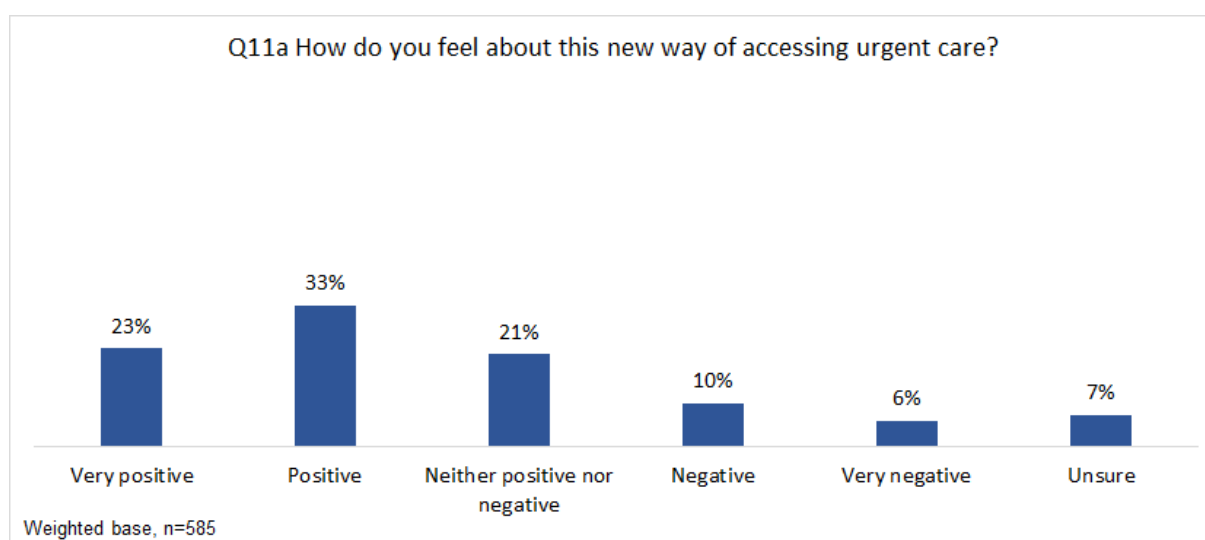
- Action would depend on how urgent it was (28%)
- They can get medical advice/help (22%)

Attitudes to NHS 24 111

It was explained to all respondents that:

“Through the new urgent care service that was launched in December 2020, you call NHS 24 111 to be assessed and directed to next steps of care that are best for you, your needs and your situation. This means that you might have a telephone or video consultation which may result in you receiving an appointment to go to A&E or minor injuries unit for example, or you may receive the advice you need on the phone and avoid a trip to hospital altogether.”

Participants were then asked how they feel about this new way of accessing urgent care. Over half of respondents (56%) said that they were very positive or positive about this new way of accessing urgent care compared to 16% who said they were very negative or negative. 21% said that they were neither positive nor negative and 7% were unsure.



When asked why they said this, those that were positive noted comments such as that it seems like a good system/makes good use of resources (27%), it reduces unnecessary trips to A&E or reduces the burden or waiting time on A&E (13%).

Where neutral responses were given or respondents were unsure, this was most commonly because respondents have not used the service or have no experience (13%).

Where respondents were negative about this way of accessing urgent care, it was noted that they prefer face to face contact or don't think that the system can replace face to face (10%). There was also a concern that you cannot be diagnosed properly without a visual or personal examination (9%).

Recommendation: Continue with current strategy to avoid unnecessary attendances to A&E by strengthening alternative pathways which will ensure people can be seen in the right place and A&E is kept free for those who need it.

Q11b Why do you say this?	
Weighted base: n=411	%
Seems like a good system/ makes good use of resources	27%
Haven't used / no experience	13%
Reduces unnecessary trips to A&E/ burden/ waiting time on A&E	13%
I prefer face to face/ don't think it can replace face to face	10%
Unsure if you can get diagnosed properly without a visual/ personal examination	9%
The system is slow/ there are delays/ takes too long	7%
Had positive experience of the service	6%
It will be fine in some situations, not in others	4%
Will ease pressure on the NHS/ reduce time wasting	4%
Other	2%
Success will depend upon the person you speak to	2%
Not everyone will be comfortable using/ have the technology	2%
Had negative experience	1%
Heard negative reports about the system	1%

Recommendation:

Further consideration to the existing media campaign to ensure the public are aware that by accessing the RUC pathway it does not preclude a face to face contact where this is deemed clinically required.

Some examples of the positive comments are shown below:

I have used it and it works. Keeps people with non-life threatening issues from over using critical and limited services.

Services seem stretched and this sounds like a smart way to streamline and minimise inconvenience.

It seems the best use of limited resources.

Have used virtual appointments for non-urgent care and found them easy to use.

Getting triaged and directed to the right place with an appointment is preferable to making my own decisions where I think is most appropriate. Video consult or telephone is a great way to save time.

It should give the advice required and avoid people going to A&E for issues that are neither accidents nor emergencies.

It could save time waiting in A&E for example if it is not needed and getting help at home if possible would be ideal.

I would like to get advice before going to A&E or to get an appointment if needed, as everything is quicker when we get there.

More negative comments are shown below:

Having gone through this process myself, the many questions were time consuming and in an emergency situation dangerous as speed was of the essence.

Long delay in NHS 24 111 answering phone.

Don't think injuries or illnesses can be properly assessed if not physically examined.

I feel it is impossible to diagnose ANY illness without a face to face contact.

Telephone conversations are no replacement to seeing medical staff in person. Lots of important symptoms can be missed.

We would prefer someone to actually see us, to look at the problem, feel the relevant area, request the relevant tests all at the same time. It's too far to go if you are in pain, or feeling very unwell.

Cost cutting telephone operator no substitute for a health professional at any point. No spin changes that fact.

Took 9 hours and I had to speak to 4 different people before I got the help I needed.

Chapter 4: Planned care services

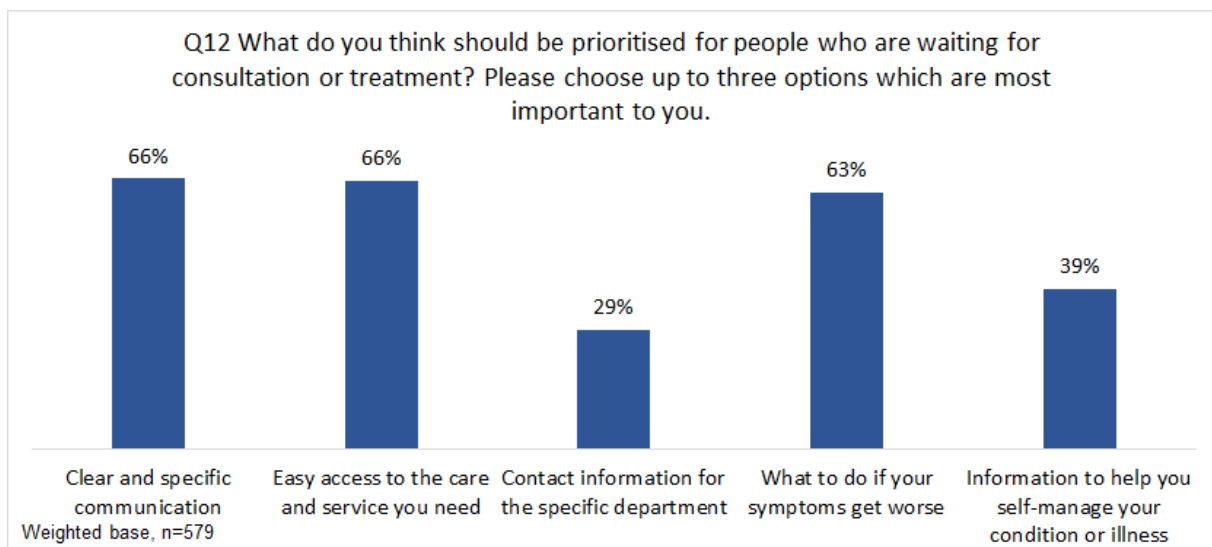
Introduction

Planned care is often known as elective care. People on a planned care pathway are likely to start their journey with a visit to a health professional in primary care, most commonly their GP. Together they will make a decision about possible options and discuss whether a referral to another service is needed. This may include whether having a test such as a scan or x-ray is required. The survey asked Panel members their thoughts about how we could plan and deliver planned care services better.

Priorities when waiting for consultation or treatment

There were three key things that respondents believed should be prioritised for people waiting for consultation or treatment. These were:

- Clear and specific communication (66%)
- Easy access to the care and service you need (66%)
- What to do if your symptoms get worse (63%).



Similarly, respondents were asked what matters to them when waiting for a consultation or treatment. This was asked as an open question and has been analysed thematically to allow for analysis of the most common themes. The amount of time they have to wait, or knowing how long they will have to wait was most important to respondents (56%), followed by communication (18%), clear information on what to expect (15%) and having a contact or knowing what to do if their condition worsens whilst waiting (15%).

Q13 What matters to you when waiting for a consultation or treatment?	
Weighted base: n=355	%
Waiting time/ knowing how long I have to wait	56%
Communication	18%
Clear information on what to expect	15%
Having a contact/ know what to do if condition worsens when waiting	15%
Updates on progress/ being kept informed	8%
Knowledge of how to manage condition/ care for self in the meantime	6%
Other	5%
Ability to have direct contact with the right people	3%

Recommendation: Develop a policy which ensures an efficient process for regular communication for those waiting for a planned consultation.

Some examples of the comments made on what matters to them when waiting for a consultation or treatment are noted below:

A clear idea of what is happening. What to expect in time and what you should experience. Who to contact if you feel that you are getting worse.

Expediency and accurate diagnostics, then relevant treatment.

The speed with which you receive care.

The speed of response.

A strong relationship with the primary care professional and regular communication about how long it will take and what to do in the meantime - make sure people don't feel forgotten about.

Communication.

When waiting, the waiting time should not be unrealistic. Being informed of the timeline would be beneficial - even if it is taking quite a bit of time.

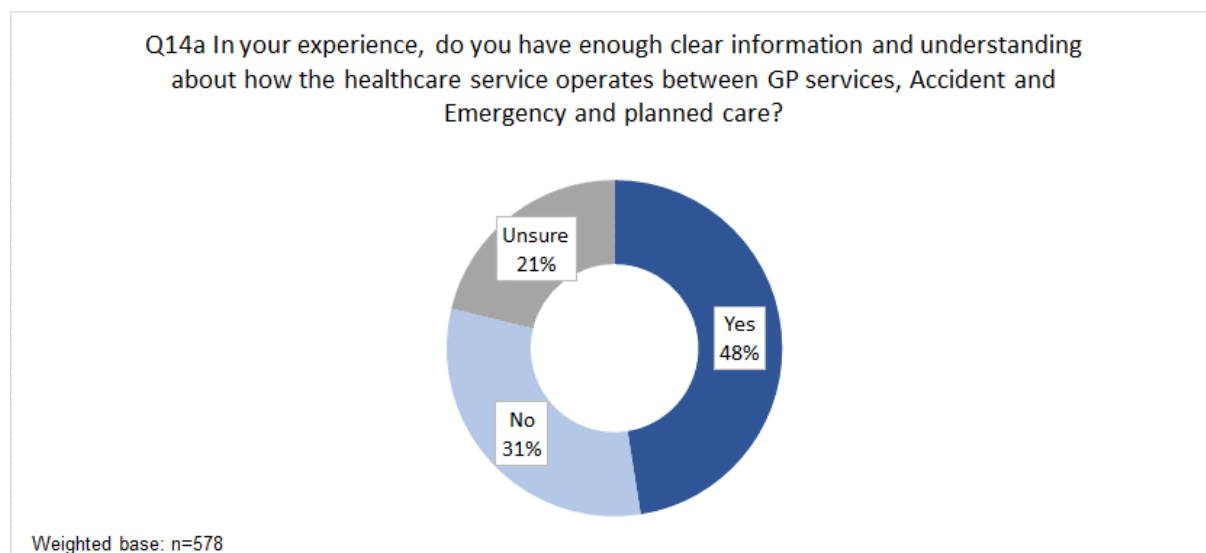
Regular updates on progress/ timeline for appointment.

That you don't need to wait for months and can be seen quickly.

An update on the waiting time, so that you don't feel forgotten. A text or phone call so there is communication so if you feel anxious or your condition is getting worse such as increased pain or swelling you can get moved up the list.

Understanding of how the healthcare service operates

When asked if, in their experience, they have enough clear information and understanding about how the healthcare service operates between GP services, Accident and Emergency and planned care, just under half of respondents (48%) said that 'yes' they do. 31% said 'no' and 21% were unsure.



When asked why they say 'yes', this was most commonly based upon their own experience (31%). This was noted by people who worked in health or social care, those that had experience of the services directly themselves and those that had experience of the system through family or friends.

Where they did not know, this was mainly because the respondent has had no experience or contact with the services (11%) or that they believe there is a lack of information or communication about how the health service operates (10%).

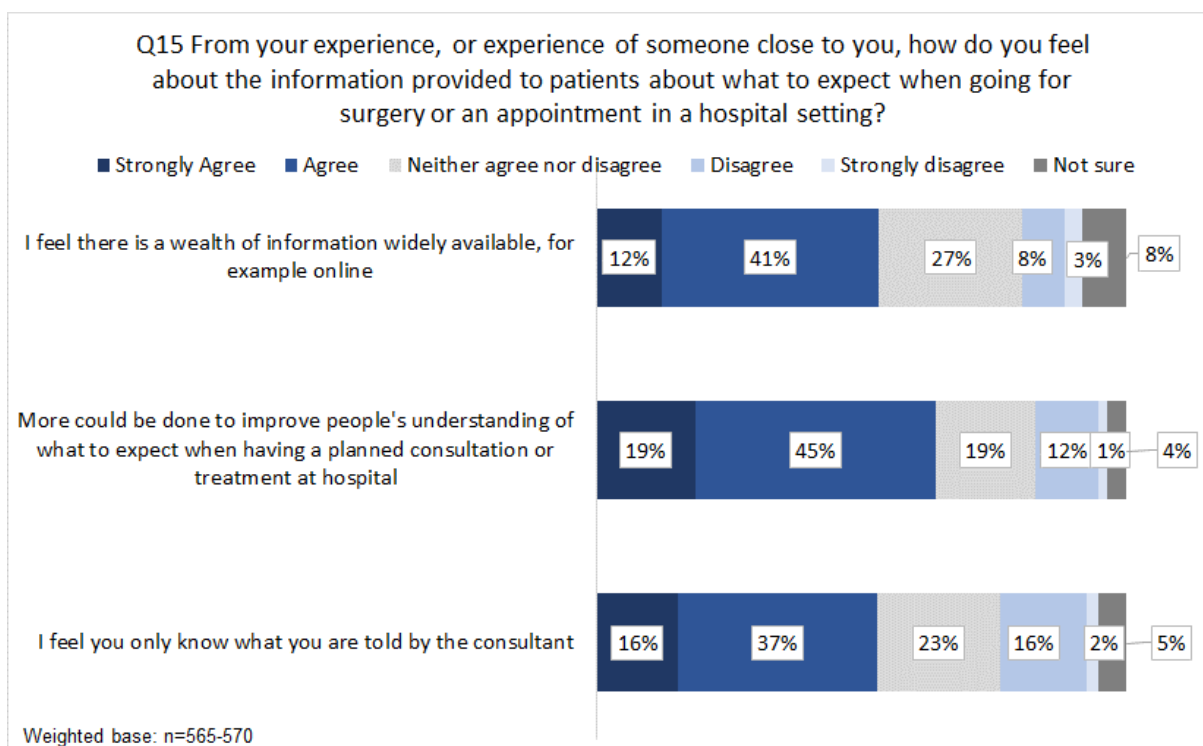
Q14b coded Why do you say this?	
Weighted base: n=434	%
Based upon experience	31%
Had no experience/ contact	11%
There is a lack of information/ communication	10%
GP is first point of contact who refers on	8%
I don't understand/ find it confusing	7%
Information is available if needed/ could be sourced	6%
I'm unsure/ don't know/ never asked/ thought about it	6%
Things keep changing	6%
Other	5%
I just know/ its common sense	4%
It is difficult to access GP services	3%
Services don't appear co-ordinated/ to communicate/ are fragmented	3%
Experienced delays in services/ challenges in access	1%
Happy with NHS services	1%

Recommendation: Undertake a marketing campaign to raise awareness amongst general population on how the health service operates between GP services, A&E and planned care. In addition, improve people's understanding of what to expect when having a planned consultation.

Information provided to patients

From their own experience, or the experience of someone close to them, more respondents agreed than disagreed with a range of statements about the information provided to patients about what to expect when going for surgery or an appointment in a hospital setting.

- 64% agreed that 'more could be done to improve people's understanding of what to expect when having a planned consultation or hospital treatment' compared to 14% who disagreed.
- 53% agreed with the statement, 'I feel there is a wealth of information widely available, for example online' compared to 11% who disagreed.
- 53% agreed with the statement, 'I feel you only know what you are told by the consultant' compared to 19% who disagreed.



Chapter 5: The remit of the Patient Safety Commissioner

Introduction

The final section of the questionnaire asked about the Patient Safety Commissioner. It was explained to respondents that the Scottish Government is committed to establishing a Patient Safety Commissioner in Scotland. This commitment has come about as a result of First Do No Harm: The Report of the Independent Medicines and Medical Devices Safety Review (the Cumberlege Review). A copy of the report is available at the following link:

https://www.immdsreview.org.uk/downloads/IMMDSReview_Web.pdf

The review examined how the healthcare system in England responds to reports about harmful side effects from medicines and medical devices, for example pelvic mesh implants, and made recommendations on how to respond to concerns more quickly and effectively in the future across the UK.

The report recommended the appointment of a Patient Safety Commissioner. The Scottish Government envisage that the Commissioner would be independent of Government and the NHS, and have a statutory responsibility, that would:

- champion the value of listening to patients, and
- promote users' perspectives in seeking improvements to patient safety around the use of medicines and medical devices.

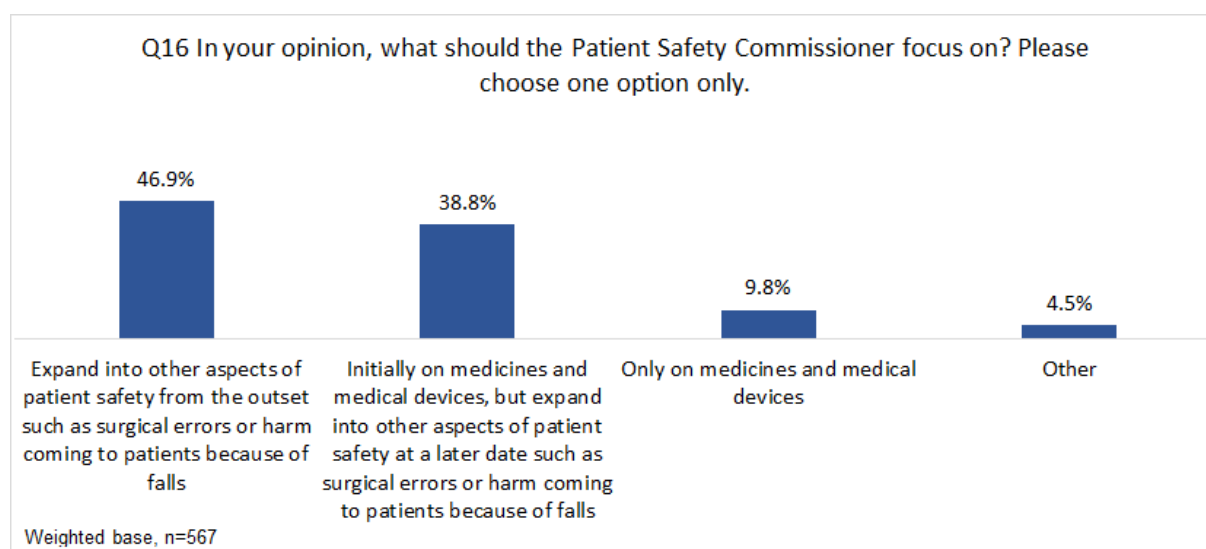
Respondents were asked their view on the remit and work of the Patient Safety Commissioner via a series of stakeholder engagement sessions and a public consultation which ran between March and May 2021. A copy of the consultation document is available using the following link:

<https://www.gov.scot/publications/consultation-patient-safety-commissioner-role-scotland/documents/>

Focus of the Patient Safety Commissioner

From a list of potential options, respondents were asked what they believed the Patient Safety Commissioner should focus on. Respondents were asked to select just one option only. The most common option selected was that the Patient Safety Commissioner should expand into other aspects of patient safety from the outset, such as surgical errors or harm coming to patients because of falls (47%). This was followed by 39% selecting initially on medicines and

medical devices but expand into other aspects of patient safety at a later date, such as surgical errors or harm coming to patients because of falls.



The reasons given for their responses are noted in the table below. The most common responses related to the fact that respondents believed that all aspects/areas of patient safety are important (33%) whereas 19% said they felt there was a need to concentrate on one thing at a time (19%). 12% said that patients need more information or reassurance and 11% believed that an independent body will help.

Recommendation: The Scottish Government should establish the Patient Safety Commissioner in a way that does not prevent the office from expanding to consider other areas of patient safety that are not mentioned in the IMMDS review.

Q17 Please give reasons for your response to the previous question.	
Weighted base: n=395	%
All aspects/ areas of patient safety are important	33%
Need to concentrate on one thing at a time	19%
Patients need more information/ reassurance	12%
Independent body will help	11%
A wider remit	8%
Due to neglect/ cover ups	6%
Other	6%
Don't know	5%
Would be over paid consultant	2%
Issues with resources	2%
Other people qualified to do it	2%
No opinion	1%
Need to focus on medical mistakes	0.4%

Some examples of the comments made on the role of the Patient Safety Commissioner are noted below:

I think things need sorted out a bit at a time, as sorting one thing will improve others, rather than trying to do too much at once and accomplishing nothing.

Nurses are so overworked and patient safety can be neglected.

Patient safety commissioner should cover all aspects regarding patients, to assess the complete picture.

All these areas need to be monitored.

Usually a patient is given medication first to alleviate a problem so that should be front and centre for the Commissioner.

The system and processes should be 100% visible, transparent and subject to scrutiny by patient and all associated professionals to ensure accountability, failure retribution and urgent action towards resolution, implementing process changes for improvement at employee and the health organisations at all levels.

I am just not sure about this appointment. Will they just become another talking head? Crucially will this new commissioner and his office be any more readily available to the Scottish public than our local GPs who appear increasingly missing in action.

I feel patient safety should be considered in all aspects of care.

Chapter 6: Conclusions and recommendations

Scotland's health and social care services are committed to recovery and also improving access to urgent and planned care. The survey aimed to explore Panel members' priorities with respect to dentistry services, urgent and planned care and the focus of the proposed Patient Safety Commissioner. This section provides conclusions and recommendations by Healthcare Improvement Scotland - Community Engagement to the Scottish Government and NHS Boards based on the findings of the Citizens' Panel survey.

Dentistry

The NHS is working hard to fully mobilise general dental services following an easing of significant safety restrictions that the sector had to work under during the pandemic. Some safety restrictions still exist for dentists today, and continue to reduce their ability to see as many patients as pre-pandemic.

Respondents were asked what matters to them when accessing treatment for their oral health and what expectations they had of their dentist.

When thinking about their oral health, respondents' indicated that their priorities were being pain free (74%) and having healthy teeth and gums (66%). This suggests that respondents perhaps prioritise oral health 'wellness' above anticipatory care and the impacts of poor oral health on their overall wellbeing.

In terms of accessing dentistry services, the vast majority felt they would be able to access NHS dental services over the next year despite some restrictions due to the pandemic still being in place, with only a small number (5%) saying the opposite, that they would not be able to access their NHS dental service, and only 10% saying they would only be able to do so by opting for private care. That said, only 18% felt they would be able to access the dental services they want within the normal timeframe, a recognition of the continued impact of the pandemic on dental practices.

When they visit their dentist, respondents' priorities were being able to get access to treatment when needed (87%), followed by getting check-ups at regular intervals (79%). In terms of potential barriers to visiting the dentist, the potential cost of treatment was most commonly noted.

A final set of findings focused on how to complain about dentistry services, and almost two thirds (62%) did not know how to complain. Of those who did know or might know how to complain, the vast majority (80%) would be likely or very likely to raise the matter with the dental professional concerned.

The range of responses suggest that people currently retain a very traditional view of their dentist, with emphasis on 'drilling and filling' and being pain free. Further, responses indicate that people want or value the traditional access routes to their dentist or dental service,

placing emphasis on visiting their own dental surgery. Respondents also indicated they valued being able to easily access an appointment, raised concerns over potential costs and expressed a desire to receive NHS dentistry free of charge.

As a result of these findings, Healthcare Improvement Scotland - Community Engagement make the following recommendations to Scottish Government, General Dental Council and NHS dental services:

1. That any reform of dental care by Government and the NHS continues to support people to be pain free and to have healthy teeth and gums rather than focus on, for example, cosmetic treatment.
2. That access to treatment for patients, including to check-ups, is prioritised by dental teams as COVID-19 safety restrictions lift; and that NHS and Scottish Government continue to support dental teams to do this. The Scottish Government should also be mindful of the cost of dental treatment as a barrier to accessing dental services in future policy decisions.
3. That NHS and Government continue to support dental teams to provide timely care as best they can within the current COVID-19 restrictions.
4. That any reform of NHS dental services ensures visits to patients' dentists remain a significant part of the service.
5. That dental teams ensure all patients are aware of how to make a complaint should they need to, and that Scottish Government, NHS Scotland and the General Dental Council continue to support local resolution of complaints whenever appropriate.

Urgent Care

There are positive findings in terms of strong awareness of the Redesign of Urgent Care (RUC) pathway (56%) showing the public have responded well to the marketing campaign around using NHS24 to access the right care at the right time, considering the short time the service has been in place.

There are also positive attitudes towards NHS 24 111 as a way of accessing urgent care instead of A&E and also noted is the positive attitude towards the new system with good understanding of the aims to reduce waiting times, keep A&E free for those who need it and make better use of resources.

Throughout the findings on urgent care there is an overwhelming correlation between positive / negative experiences and speed of service which reaffirms the need to improve service waiting times at all points in the patient journey. For example, for those saying what was good about the service 24% stated 'speed of service' and for those saying what could be improved four in ten (41%) stated 'time taken for phone to be answered/ was on hold for a long time'.

Whilst it is an aim of RUC to take 20% pressure off A&E face to face visits feedback highlights that some people still prefer face to face contact and there remains a perception that people cannot be properly assessed or diagnosed unless they present in person, which shows that there is a need to maintain face to face options where appropriate.

There was robust feedback around the repetition of questions asked by professionals as people are referred onward for further treatment, as well as the need to ensure processes are in place for information sharing across organisations’.

The RUC programme promotes a significant change in how we best serve the people of Scotland to provide safe and effective urgent care on a 24/7 basis. This offers a number of significant benefits, modernising our wider unscheduled care pathways to ensure public access to the right urgent care, in the right place, at the right time, on a 24/7 basis.

The results will be used to support Scottish Government policy decisions on urgent and unscheduled care including informing the continued evaluation of the new RUC pathway which will be used to shape the future urgent care model ensuring a person-centred approach to service design.

Recommendations:

As a result of the findings on urgent care Healthcare Improvement Scotland - Community Engagement makes the following recommendations to the Scottish Government and NHS Boards:

6. Continue with current marketing to increase awareness of how to access the right care at the right time.
7. Continue with current strategy to avoid unnecessary attendances to A&E by strengthening alternative pathways which will ensure people can be seen in the right place and A&E is kept free for those who need it.
8. Continue to build with urgency, sufficient workforce capacity and capability, aligned to meet timely and responsive urgent care demand 24/7 - across in-hours, out-of-hours, weekends and public holiday periods.
9. Further consideration to the existing media campaign to ensure the public are aware that by accessing the RUC pathway it does not preclude a face to face contact where this is deemed clinically required.
10. Promote data sharing between organisations and services to ensure people receive positive and clear outcomes from accessing the RUC pathway through 111.

Planned Care

There were three key things that respondents believed should be prioritised for people waiting for consultation or treatment. These were clear and specific communication (66%), easy access to the care and service you need (66%) and knowing what to do if your symptoms get worse (63%). In terms of their own specific priorities, respondents noted the amount of

time they have to wait, or knowing how long they will have to wait as being most important (56%) when they are waiting for a consultation or treatment.

Just under half of respondents (48%) said that they feel they have enough clear information and understanding about how the healthcare service operates between GP services, Accident and Emergency and planned care. The potential for increasing availability of information was further enforced with 64% of respondents agreeing that 'more could be done to improve people's understanding of what to expect when having a planned consultation or hospital treatment'.

Respondents have also highlighted the importance of regular communication and being provided with a realistic waiting time, with various comments supporting this (eg text or phone call would be sufficient in terms of communication so as not to feel forgotten).

The findings contained in this report will be used to support any Scottish Government policy decisions on planned care as well as a fundamental review of Waiting Times Guidance, led by the Scottish Government, to ensure that Health Boards are provided with appropriate guidance around waiting times, whilst also ensuring that NHS care remains person-centred.

Recommendations

Based on the results for planned care Healthcare Improvement Scotland - Community Engagement make the following recommendations to the Scottish Government and NHS Boards:

11. Marketing campaign to raise awareness amongst general population how the health service operates between GP services, A&E and planned care as well as improve people's understanding of what to expect when having a planned consultation.
12. Develop a policy which ensures an efficient process for regular communication for those waiting for a planned consultation.

Patient Safety Commissioner

When asked what they believed the Patient Safety Commissioner should focus on, the most common option selected was that the Patient Safety Commissioner should expand into other aspects of patient safety from the outset such as surgical errors or harm coming to patients because of falls (47%). This was followed by 39% selecting initially on medicines and medical devices but expand into other aspects of patient safety at a later date such as surgical errors or harm coming to patients because of falls.

The Scottish Government is in the process of establishing a new Stakeholder Advisory Group (including both patients and professionals with an interest) to support them in developing proposals, and ultimately legislation, on the establishment of the Patient Safety Commissioner role for Scotland. The output of this survey will feed into discussions with that group to aid them and Scottish Government in the development of these proposals.

Recommendation:

Based on the results for the Patient Safety Commissioner, Healthcare Improvement Scotland - Community Engagement make the following recommendation to the Scottish Government:

13. The Scottish Government should establish the Patient Safety Commissioner in a way that does not prevent the office from expanding to consider other areas of patient safety that are not mentioned in the IMMDS review.

Appendix 1: Questionnaire



Citizens' Panel for health and social care

Thank you for volunteering to be part of the national Citizens' Panel for health and social care.

As a member of this Panel, you are one of a group of volunteers who provide public opinions on a range of health and social care issues. When taken together, the views Panel members provide can reflect the views of the Scottish population. We would like to wish a very warm welcome to new Panel members who have recently signed up.

In this Citizens' Panel survey we will ask you questions on:

- Dentistry services
- Urgent care services
- Planned care services, and
- The remit of the Patient Safety Commissioner

There are no wrong answers to these questions - this is not a test. We are interested in your personal responses, thoughts and experiences of these issues and how they apply to you. Your answers are confidential and all views will be made anonymous.

Please answer the questionnaire as fully as you are willing, and able. If there is anything you do not wish to answer please just move on to the next question.

We are very grateful to you for taking the time to complete this survey, to help us gain a better picture of the opinions of the Scottish public on issues of health and social care. If you need help to answer the questions please call Research Resource on FREEPHONE 0800 121 8987 or email info@researchresource.co.uk.

BSL users can contact us via Contact Scotland BSL <http://contactscotland-bsl.org/>

Thank you.

If you would like to complete future surveys online, please provide your email address:

1. Dentistry

The health of your teeth and your mouth can have a big impact on overall health and wellbeing. We are working hard to remobilise and then to reform dental services to fit with people's key needs and to reduce barriers to access wherever we can. We are therefore interested to learn what matters to you in terms of your oral health and what you expect of your dentist.

Your responses will be invaluable in helping to develop services that work for you, and support positive oral health, whatever your circumstance and wherever you live.

Q1 Which of the statements below are most important to you about the health of your mouth? Please select the 3 options that are most important to you.

- ☐ Being able to eat properly
- ☐ Being able to talk and smile with confidence
- ☐ Being pain free
- ☐ Having healthy teeth and gums
- ☐ Keeping my own teeth
- ☐ Other (please specify):

Q2 Which of the statements below are most important to you about visiting your dentist? Please select the 3 options that are most important to you.

- ☐ Access to treatment when needed
- ☐ Being able to have my teeth scaled and polished regularly
- ☐ Getting a check-up at regular intervals
- ☐ Getting advice on how to reduce the need for fillings
- ☐ Receiving my treatment free of charge
- ☐ Other (please specify):

Q3 What might stop you from visiting the dentist? Please choose up to 3 options from the list below.

- ☐ Potential cost of treatment
- ☐ Don't see the point of visiting the dentist
- ☐ Negative experience in the past
- ☐ General anxiety about visiting my dentist
- ☐ Fear or anxiety related to COVID-19
- ☐ I am unable to register / not registered with a dental practice
- ☐ It's difficult to get to my dentist (for example transport issues, mobility problems)
- ☐ It's hard to communicate with my dentist (for example language barriers)
- ☐ It's hard to get an appointment
- ☐ It's hard to get an appointment at a time that suits me
- ☐ Nothing stops me from visiting my dentist
- ☐ Other (please specify):

Q4 Do you feel that you will be able to access the dental services you want over the next year?

- ☐ Yes, within the normal timeframe
- ☐ Yes, but will probably need to wait longer than usual for an appointment
- ☐ Yes, but only by opting for private care
- ☐ Yes, but only if it's an emergency
- ☐ I don't think I will need to access dental services in the next year
- ☐ I don't know
- ☐ No - Can you please say why?

Q5 How would you prefer to access dental services in the future in the first instance? This would be to assess your dental needs and you may then be referred elsewhere for treatment. Please choose all that apply.

- ☐ Visit my own dental surgery
- ☐ Contact NHS24 or out-of-hours service if something goes wrong
- ☐ Meet a different clinical member of the dental team in the first instance for assessment or advice (for example a hygienist or dental nurse)
- ☐ Have a virtual or digital consultation
- ☐ Get updated information on oral health through mobile texts, apps or websites and receive a phone call if the dentist feels it's necessary
- ☐ Attend a community hub or walk-in clinic with other services such as GP, audiologist, pharmacy
- ☐ Other (please specify):

Q6a) Would you know how to complain about a dental professional if you needed to?

- ☐ I would know how to raise a complaint – go to Q6b
- ☐ I might know how to raise a complaint – go to Q6b
- ☐ I would not know how to raise a complaint – Go to Q7

Q6b) How likely are you to use the following options if you wanted to complain about a dental professional?

	Very Likely	Likely	Neither likely nor unlikely	Unlikely	Very unlikely	Unsure
Raise my concern with the dental professional concerned	☐	☐	☐	☐	☐	☐
contact my Local Health Board for advice	☐	☐	☐	☐	☐	☐
use the complaints procedure within my local dental practice	☐	☐	☐	☐	☐	☐
contact the General Dental Council	☐	☐	☐	☐	☐	☐
contact my local MSP/MP for them to escalate my complaint	☐	☐	☐	☐	☐	☐

Q7 Do you have any further comments to make in relation to the previous questions about dentistry services?

2. Redesign of Urgent Care - Introduction

The Scottish Government is in the process of leading a number of programmes aimed at improving urgent and unscheduled care services. Urgent care is for an illness or injury that requires urgent attention but is not a life threatening situation. We are keen to determine how to improve how patients access urgent and unscheduled care.

We are interested to find out your views on what is known as urgent care. Please answer the questions below to help us understand the needs of citizens when requiring urgent care.

Q8 - Have you called NHS 24 111 for urgent care instead of going directly to A&E, since December 2020?

- ☐ Yes – Go to Q8a
- ☐ No - Go to Q9
- ☐ Not Sure - Go to Q9

Q8a) Can you remember when you last used the NHS 24 111 service for urgent care instead of going to A&E? Please choose one of the following options.

- ☐ During the week (between 9am - 6pm)
- ☐ During the week after 6pm and before 9am
- ☐ At the weekend
- ☐ During a public holiday
- ☐ Cannot remember

Q8b) Can you describe what worked well with the NHS 24 111 urgent care service?

Q8c) Can you describe what did not work well with the NHS 24 111 urgent care service?

Q8d) Based on your experience what could be improved with the NHS 24 111 urgent care service?

Q9 When you need medical help quickly but your situation is not immediately life threatening, what is most important to you? Please pick up to three of the options below that are the most important to you.

- ☐ Getting the right care and advice
- ☐ Getting care quickly and easily
- ☐ Getting care safely
- ☐ Getting care in A&E
- ☐ Getting care at home or as close to home as possible
- ☐ Being treated by staff fairly, kindly and with dignity and respect
- ☐ Staff having access to your medical history and knowing about any existing conditions
- ☐ Other (please specify):

Q10a) If you needed to get medical help for someone quickly, and their situation wasn't immediately life threatening, where would you turn to for help? Please choose one of the following options

- ☐ NHS 24 111
- ☐ Member of my family or community
- ☐ Google
- ☐ NHS Inform
- ☐ A&E
- ☐ GP
- ☐ Pharmacy
- ☐ 999
- ☐ Other (please specify):

Q10b) Why would you choose to get urgent care this way?

Q11a) Through the new urgent care service that was launched in December 2020, you call NHS 24 111 to be assessed and directed to next steps of care that are best for you, your needs and your situation. This means that you might have a telephone or video consultation which may result in you receiving an appointment to go to A&E or minor injuries unit for example, or you may receive the advice you need on the phone and avoid a trip to hospital altogether.

How do you feel about this new way of accessing urgent care?

- ☐ Very positive
- ☐ Positive
- ☐ Neither positive nor negative
- ☐ Negative
- ☐ Very negative
- ☐ Unsure

Q11b) Why do you say this?

3. Planned Care

Planned care is often known as elective care. People on a planned care pathway are likely to start their journey with a visit to a health professional in primary care, most commonly their GP. Together they will make a decision about possible options and discuss whether a referral to another service is needed. This may include whether having a test such as a scan or x-ray is indicated.

We would like to hear your thoughts about how we could plan and deliver our planned care services better.

Q12 What do you think should be prioritised for people who are waiting for consultation or treatment? Please choose up to three options which are most important to you.

- ☐ Clear and specific communication
- ☐ Easy access to the care and service you need
- ☐ Contact information for the specific department
- ☐ What to do if your symptoms get worse
- ☐ Information to help you self-manage your condition or illness
- ☐ Other (please specify):

Q13 What matters to you when waiting for a consultation or treatment?

Q14a) In your experience, do you have enough clear information and understanding about how the healthcare service operates between GP services, Accident and Emergency and planned care?

- ☐ Yes
- ☐ No
- ☐ Unsure

Q14b) Why do you say this?

Q15 From your experience, or experience of someone close to you, how do you feel about the information provided to patients about what to expect when going for surgery or an appointment in a hospital setting? Please answer for each of the following:

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not sure
I feel there is a wealth of information widely available, for example online	☐	☐	☐	☐	☐	☐
More could be done to improve people's understanding of what to expect when having a planned consultation or treatment at hospital	☐	☐	☐	☐	☐	☐
I feel you only know what you are told by the consultant	☐	☐	☐	☐	☐	☐

4. Patient Safety Commissioner

The Scottish Government is committed to establishing a Patient Safety Commissioner in Scotland. This commitment has come about as a result of First Do No Harm: The Report of the Independent Medicines and Medical Devices Safety Review (the Cumberlege Review). A copy of the report is available at the following link:

<https://www.gov.scot/publications/consultation-patient-safety-commissioner-role-scotland/documents/>

The review examined how the healthcare system in England responds to reports about harmful side effects from medicines and medical devices, for example pelvic mesh implants, and made recommendations on how to respond to concerns more quickly and effectively in the future across the UK.

The report recommended the appointment of a Patient Safety Commissioner. We envisage that

the Commissioner would be independent of Government and the NHS, and have a statutory responsibility, that would:

- champion the value of listening to patients, and
- promote users' perspectives in seeking improvements to patient safety around the use of medicines and medical devices.

We are interested in your view on the remit of the work of the Patient Safety Commissioner.

Q16 In your opinion, what should the Patient Safety Commissioner focus on? Please choose one option only.

- ☐ only on medicines and medical devices
- ☐ initially on medicines and medical devices, but expand into other aspects of patient safety at a later date such as surgical errors or harm coming to patients because of falls
- ☐ expand into other aspects of patient safety from the outset such as surgical errors or harm coming to patients because of falls
- ☐ Other (please specify):
-

Q17 Please give reasons for your response to the previous question.

Appendix 2: Response profile

Response profile

Citizens' Panel for health and social care - Seventh survey response analysis and profile

Emails sent	846
Number of email responses	309
Email response rate	37%

Number of postal sent	687
Number of postal returned	218
Postal response rate	32%

Telephone surveys	72
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OVERALL RESPONSE RATE	
Response	599
Current number on panel	953
Overall response rate	63%

Gender	Scottish Popn. %	No on Panel	% of Panel	No of respondents	% of respondents	Response rate
Male	49%	514	54%	329	55%	64%
Female	51%	436	46%	267	45%	61%
Other		1	0%	1	0%	100%
Prefer not to answer		2	0%	2	0%	100%
Total	100%	953	100%	599	100%	63%

[1] Panel members could also describe their gender using any other terms. No Panel members took the opportunity to do so.

Source: National Records Scotland - Population Estimates 2019. Table 1. Retrieved from: <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2019> 301120

Tenure	Scottish Popn. %	No on Panel	% of Panel	No of respondents	% of respondents	Response rate
Own	62%	709	75%	472	80%	67%
Rent from Council/ HA	22%	134	14%	66	11%	49%
Private Rent	15%	58	6%	30	5%	52%
Other	1%	44	5%	25	4%	57%
Total	100%	945	100%	593	100%	63%

Source: Scotland's Census 2011. Table DC4427SC - Accommodation type by tenure - Households. (2014). National Records of Scotland,

Crown copyright. Retrieved from:
<http://www.scotlandscensus.gov.uk/ods-analyser/jsf/tableView/tableView.xhtml> 26/10/2016

Age	Scottish Popn. %	No on Panel	% of Panel	No of respondents	% of respondents	Response rate
16-24	13%	19	2%	11	2%	58%
25-44	31%	186	20%	92	16%	49%
45-64	33%	315	33%	191	32%	61%
65+	23%	426	45%	299	50%	70%
Total	100%	946	100%	593	100%	63%

Source: National Records Scotland - Population Estimates 2019. Table 2. Retrieved from:
<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2019> 301120

Ethnic group	Scottish Popn. %	No on Panel	% of Panel	No of respondents	% of respondents	Response rate
White British/ Irish	89%	912	97%	575	97%	63%
Other	11%	33	3%	20	3%	61%
Total	100%	945	100%	595	100%	63%

Source: Scotland's Census 2011. Table DC2101SC - Ethnic group by sex by age. (2014). National Records of Scotland, Crown copyright. Retrieved from: <http://www.scotlandscensus.gov.uk/ods-analyser/jsf/tableView/tableView.xhtml> 26/10/2016

SIMD Quintile (2020)	Scottish Popn. %	No on Panel	% of Panel	No of respondents	% of respondents	Response rate
1	20%	154	16%	82	14%	53%
2	20%	172	18%	112	19%	65%
3	20%	214	23%	130	22%	61%
4	20%	203	21%	129	22%	64%
5	20%	206	22%	143	24%	69%
Total	100%	949	100%	596	100%	63%

Physical or mental health condition or illness	Scottish Popn. %	No on Panel	% of Panel	No of respondents	% of respondents	Response rate
Yes	45%	370	39%	223	37%	60%
No	55%	552	58%	353	59%	64%
Prefer not to say/ Don't know	0	31	3%	23	4%	74%
Total	100%	953	100%	599	100%	63%

Source: The Scottish Health Survey 2017: Key findings. Page 2. Retrieved from
<https://www.gov.scot/publications/scottish-health-survey-2017-summary-key-findings/>

Urban Rural Classification	Scottish Popn. %	No on Panel	% of Panel	No of respondents	% of respondents	Response rate
Accessible Rural	11%	107	11%	74	12%	69%
Accessible Small Towns	9%	88	9%	59	10%	67%
Large Urban Areas	35%	301	32%	195	33%	65%
Other Urban Areas	36%	294	31%	165	28%	56%
Remote Rural	6%	104	11%	63	11%	61%
Remote Small Towns	4%	56	6%	41	7%	73%
Total	100%	950	100%	597	100%	63%

Source: Scottish Government Urban Rural Classification 2016. Table 5.3. Retrieved from: <https://www.gov.scot/publications/scottish-government-urban-rural-classification-2016/pages/2/>

Sexual orientation	Scottish Popn. %	No on Panel	% of Panel	No of respondents	% of respondents	Response rate
Heterosexual or straight	95%	751	93%	515	93%	69%
Gay or lesbian	1%	25	3%	19	3%	76%
Bisexual	0.60%	10	1.24%	6	1%	60%
Other	0.40%	2	0.25%	1	0%	50%
Prefer not to say	3%	19	2%	14	3%	74%
Total	100%	807	100%	555	100%	69%

Source: Scottish Government. Sexual orientation in Scotland 2017: summary of evidence base.

Figure 4: Sexual Identity in the UK compared with Scotland -2015. Retrieved from:

<https://www.gov.scot/publications/sexual-orientation-scotland-2017-summary-evidence-base/pages/3/>

Religion	Scottish Popn. %	No on Panel	% of Panel	No of respondents	% of respondents	Response rate
Church of Scotland	32%	281	35%	205	37%	73%
Roman Catholic	16%	90	11%	56	10%	62%
Other Christian	6%	76	9%	49	9%	64%
Buddhist	0.2%	5	1%	4	1%	80%
Hindu	0.3%	1	0%	1	0%	100%
Jewish	0.1%	0	0%	0	0%	
Muslim	1.4%	9	1%	6	1%	67%
Sikh	0.2%	0	0%	0	0%	
Other religion	0.3%	20	2%	15	3%	75%
None	37%	302	38%	203	37%	67%
Prefer not to answer	7%	19	2%	12	2%	63%
Total	100%	803	100%	551	100%	69%

Source: Scotland's Census 2011 - National Records of Scotland. Table KS209SCb - Religion.

Retrieved from: <https://www.scotlandscensus.gov.uk/ods-analyser/jsf/tableView/tableView.xhtml>

NB - No data for 150 panel members

Local Authority	Scottish Popn. %	No on Panel	% of Panel	No of respondents	% of respondents	Response rate
Aberdeen City	4%	28	3%	18	4%	64%
Aberdeenshire	5%	52	5%	30	6%	58%
Angus	2%	39	4%	26	5%	67%
Argyll and Bute	2%	17	2%	8	2%	47%
City of Edinburgh	10%	78	8%	47	9%	60%
Clackmannanshire	1%	9	1%	6	1%	67%
Dumfries and Galloway	3%	38	4%	21	4%	55%
Dundee City	3%	24	3%	11	2%	46%
East Ayrshire	2%	22	2%	6	1%	27%
East Dunbartonshire	2%	18	2%	6	1%	33%
East Lothian	2%	21	2%	11	2%	52%
East Renfrewshire	2%	20	2%	9	2%	45%
Falkirk	3%	27	3%	19	4%	70%
Fife	7%	18	2%	6	1%	33%
Glasgow City	12%	96	10%	45	9%	47%
Highland	4%	57	6%	33	7%	58%
Inverclyde	1%	13	1%	3	1%	23%
Midlothian	2%	23	2%	12	2%	52%
Moray	2%	18	2%	12	2%	67%
Na h-Eileanan Siar	1%	14	1%	8	2%	57%
North Ayrshire	2%	18	2%	8	2%	44%
North Lanarkshire	6%	47	5%	19	4%	40%
Orkney Islands	0%	8	1%	4	1%	50%
Perth and Kinross	3%	35	4%	23	5%	66%
Renfrewshire	3%	27	3%	13	3%	48%
Scottish Borders	2%	24	3%	15	3%	63%
Shetland Islands	0%	22	2%	14	3%	64%
South Ayrshire	2%	14	1%	7	1%	50%
South Lanarkshire	6%	61	6%	23	5%	38%
Stirling	2%	20	2%	13	3%	65%
West Dunbartonshire	2%	13	1%	8	2%	62%
West Lothian	3%	29	3%	15	3%	52%
Total	100%	950	100%	499	100%	53%

Source: National Records Scotland - Population Estimates 2019. Table 9: Land area and population density by administrative area, mid-2019. Retrieved from <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2019>

Weighting survey data

As can be seen in the analysis of the response profile to this survey, different response rates have been achieved for different groups of respondents. For this survey, we received a greater response from males than females and also from older respondents than younger respondents. We also received greater responses from less deprived areas and from those who owned their home.

In most surveys, it will be the case that some **groups are over-represented** in the raw data and **others under-represented**. These misrepresentations are usually dealt with by weighting the data.

The idea behind weighting is that:

- Members of subgroups that are thought to be over or under-represented in the survey data are each given a weight
- Over-represented groups are given a weight of less than one
- Under-represented groups are given a weight of greater than one

The weight being calculated in such a way that the weighted frequency of groups matches the population.

All survey estimates are calculated using these weights, so that averages become weighted averages, and percentages become weighted percentages, and so on.

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Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

Healthcare Improvement Scotland
Community Engagement

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

0141 241 6308

info@hisengage.scot

www.hisengage.scot