

Citizens' Panel for health and social care

Survey on the Tobacco Action Plan, Vaccination
Motivations and Digital Health and Social Care

Report, May 2023

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Published May 2023

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Contents

Foreword	2
Executive Summary	6
Chapter 1: Introduction and context.....	11
Chapter 2: Tobacco Action Plan	13
Chapter 3: Vaccination motivations	18
Chapter 4: Digital health and social care	28
Appendix 1: Questionnaire	40
Appendix 2: Response profile	50

Foreword

Welcome to the eleventh Citizens' Panel report for health and social care in Scotland.

This report details the findings from the eleventh Panel survey, which collected feedback between November 2022 and February 2023. The questions were on three different topics:

- The Scottish Government's Tobacco Action Plan: to inform a refreshed plan to be published in Autumn 2023, which will support a tobacco-free Scotland
- Vaccination Motivations: to understand motivations behind continued uptake of COVID-19 vaccination
- Digital health and social care: to understand how people feel about the use of digital tools in health and social care



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. Topics are determined from priority areas in the Scottish Government Health & Social Care Directorate.

We recently refreshed Panel members and recruited around 300 new members through a variety of means, which was supported by our Engagement Offices across Scotland. The refresh will ensure the Citizens' Panel membership is diverse and broadly representative of Scotland's population. It will also ensure we receive high response rates so that future survey results are statistically robust. This eleventh survey received a 66% response rate, our highest response to date.

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 research partners, Research Resource, who conducted the survey and our partners in Scottish Government for their contribution, as well as all staff involved from Healthcare Improvement Scotland – Community Engagement Directorate.

I hope you enjoy reading this report.

Suzanne Dawson
Chair, the Scottish Health Council

Citizens' Panel for health and social care

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

- **The Tobacco Action Plan** - a refreshed plan to be published in Autumn 2023 which will support a Tobacco-Free Scotland
- **Vaccination Motivations** - to understand motivations behind continued uptake of COVID-19 vaccination
- **Digital health and social care** - to understand how people feel about the use of digital tools in health and social care

In total **667** panel members responded to the survey by post, email or telephone, which represents a **66%** response rate.

Tobacco Action Plan

Selling and purchasing

75% agree action should be taken to further limit who can sell **tobacco** products

80% agree action should be taken to further limit who can sell **vaping** products




agreed Scotland should increase the legal age of the sale of tobacco products from 18 to 21 years of age.




agreed Scotland should increase the legal age of the sale of vaping products from 18 to 21 years of age.

Support to quit smoking

More people could be helped to quit by advice and support to quit being provided every contact they have with health services, including through GPs, hospitals, dentists etc.



■ Agree/ agree strongly 79%
■ Neither Agree nor Disagree 13%
■ Disagree/ disagree strongly 7%
■ Don't know 2%

Raising awareness and support to quit smoking should be available in non-health settings such as libraries



■ Agree/ agree strongly 86%
■ Neither Agree nor Disagree 9%
■ Disagree/ disagree strongly 4%
■ Don't know 1%

Technology, for example smart phone apps, should be used more to provide information and support for quitting



■ Agree/ agree strongly 85%
■ Neither Agree nor Disagree 10%
■ Disagree/ disagree strongly 4%
■ Don't know 1%

Measures to discourage smoking

64%

agree taxes on tobacco and vaping products should be raised, making smoking more expensive



67%

agree packaging, information and appearance of cigarette sticks should be made more unappealing



Measures to prevent passive smoking in public

86%

agree the smoking ban should be widened to create more smoke-free areas where children congregate, for example outside schools or play parks



Vaccination motivations

Take up of the COVID-19 vaccine in the future

72% said they will take up the offer of the COVID-19 vaccination in future

For those who said this, the main reasons were:



To protect myself



To protect others

17% said they were not sure they would take up the offer of the COVID-19 vaccination in future

For those who said this, the main reasons were:



I don't think the vaccine would be effective at stopping me catching COVID-19



I am worried about short-term side effects of the vaccine

12% said they will decline the offer of the COVID-19 vaccination in future

For those who said this, the main reasons were:



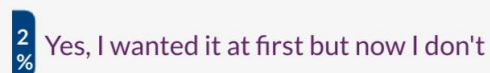
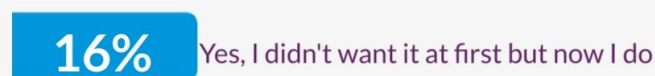
I am worried about long-term side effects of the vaccine



I believe I am unlikely to become seriously unwell with COVID-19

Change in attitudes towards the COVID-19 vaccine

Has your decision about getting the COVID-19 vaccine changed over time?



Impact of COVID-19 vaccination on attitudes towards other vaccinations

More or less likely to take up the offer of other vaccines, for example flu or childhood vaccinations



More Likely 37%
No Difference 56%
Less Likely 7%

More or less likely to encourage family and friends to take up other vaccines, for example flu or childhood vaccinations



More Likely 42%
No Difference 51%
Less Likely 7%

Digital health and social care

Do you use any of the following digital communication/information devices?



91%

Mobile Phone



79%

Laptop



56%

Tablet

Most frequently used digital communication tools



Social Media



Email



Websites

Use of digital communication tools to access health and social care services



65%

use digital communication tools to access health and social care services

Use of digital tools for health and social care

76%

General healthcare information



45%

Electronic prescription service



Benefits of digital tools for health and social care

56%

Access specific information



48%

Able to order prescriptions



Disadvantages of digital tools for health and social care

41%

Lack of human contact



37%

Potential for misdiagnosis



What matters to you around digital

tools

28%

that information is confidential and secure



Sharing health and wellbeing information

53%

felt it would be useful to share health and wellbeing information from devices or apps with health professionals



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 allow statistically robust analysis of the views of the Panel members at a Scotland-wide level. 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. Panel membership is monitored and refreshed as needed to remove less active Panel members and ensure representativeness. At the time of this survey, there are 1015 Panel members from across all 32 local authority areas. You can find further information on our [Citizens' Panel webpage](#).

This report details the findings from the eleventh Panel survey, which collected feedback between November 2022 and February 2023. The questions were on three different topics:

- The Tobacco Action Plan: to inform a refreshed plan to be published in Autumn 2023, which will support a tobacco-free Scotland
- Vaccination Motivations: to understand motivations behind continued uptake of COVID-19 vaccination
- Digital health and social care: to understand how people feel about the use of digital tools in health and social care

A total of 667 responses (66% response rate) were received, either by post, email or by telephone. This level of return provides data accurate to $\pm 3.79\%$ ¹ at the overall Panel level. In this report we do not report results broken down into sub-categories (for example, sex or age) as they are not statistically significant. All comparisons that are made in this report are statistically significant, unless otherwise stated.

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

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

Key findings

The Tobacco Action Plan

Findings

Selling and purchasing: Most respondents agreed that action should be taken to further limit who can sell nicotine vaping products (80%) and who can sell tobacco products (75%). Most respondents also agreed that Scotland should increase the legal age from 18 to 21 years for the sale of nicotine vaping products (65%) and tobacco products (63%), however nearly a quarter of respondents disagreed with these two options (23% and 25% respectively).

Support to quit smoking: Most agreed that raising awareness and support to quit smoking should be available in non-health settings such as libraries (86%) and that technology should be used more to provide information and support for quitting (85%). Most also agreed that more people could be helped to quit by advice and support being provided at every contact with health services (79%).

Measures to discourage smoking and prevent passive smoking: most agreed that packaging, information and appearance of cigarette sticks should be made more unappealing (67%). Most also agreed that taxes on tobacco and vaping products should be raised, making smoking more expensive (64%), though 23% disagreed with this. Almost nine in ten respondents (86%) agreed that the smoking ban should be widened to create more smoke-free areas where children congregate, for example, outside schools or play parks.

Recommendations

1. Healthcare Improvement Scotland recommends the Scottish Government considers including all the measures that have the strongest public support in its Tobacco Action Plan 2023.
2. Scottish Government should consider further consultation around more punitive measures, such as raising the age of purchase and raising taxation on tobacco and vaping products. After assessing the impact of these measures, these could also be implemented following a staged approach.

Vaccination motivations

Findings

Take up of the COVID-19 vaccine in the future: Most respondents (72%) said that they would take up the offer of the COVID-19 vaccine in the future and their main reasons were to protect themselves (88%) and to protect others (82%). On the other hand, 12% said they would decline the offer in the future, mainly due to being worried about long-term side effects of the COVID-19 vaccine. 17% were not sure, either due to being worried about long-term side effects or not thinking that the vaccine would be effective in stopping them from catching COVID-19.

Change in attitudes towards the COVID-19 vaccine: Most respondents (82%) said that their decision about getting the COVID-19 vaccine has not changed over time, and this was mainly due to agreeing with the benefits of vaccinations or believing that it is important to get the vaccine to protect themselves and others. 16% said they wanted it at first but now they don't and just 2% said that they didn't want it at first but now they do, and for those who changed their mind it was mainly due to being worried or having experienced side effects.

Impact of COVID-19 vaccination on attitudes towards other vaccinations:

- 42% said that their experience of the COVID-19 vaccine programme has made them more likely to encourage family and friends to take up the offer of other vaccines, for example, flu, baby or childhood vaccinations. On the other hand, 51% said it has made no difference in this, and 7% said it has made them less likely to do so.
- Just over one third of respondents (37%) said that their experience has made them more likely to take up the offer of other vaccines themselves, 56% said it has made no difference and 7% said it has made them less likely.

Recommendations

1. Scottish Government and delivery partners to continue to consider vaccination experience and how to ensure positive and accessible vaccination experiences for all, as this is linked to broader attitudes towards vaccination. This necessitates working with a diverse range of key stakeholders, including NHS Boards who deliver the vaccines, to drive improvements.
2. Scottish Government and delivery partners to consider exploring people's concerns further and their experiences around side effects. Developing further clear and accessible messaging around side effects, and the benefits and effectiveness of vaccination against serious illness may help address this. The work should consider aspects highlighted in this report, for example, linked to fertility or pregnancy, as well as potential equalities issues and barriers. This could be done in collaboration/partnership with groups who share these concerns, both those who are negative towards COVID-19 vaccination or unsure.

Digital health and social care

Findings

General use of digital tools: Most respondents used a mobile or smart phone (91%), a desktop or laptop computer (79%) or a tablet (56%). Just under 3 in 10 respondents used wearable technology such as a smart watch or Fitbit (29%). Only 3% of Panel members did not use any digital communication or information devices. A comparison to 2018 findings shows consistency in the percentage of respondents that use mobile phone or smart phones, and no significant change in the proportion of those who don't use any digital devices. An increase in those using wearable technology was also found, and a decrease in the proportion using computers or tablets.

Panel members were most likely to use email (81%), websites (67%), social media (64%) or apps such as banking, shopping or health apps on a regular basis, at least once a day. However, a reasonably sized minority said that they never use social media (20%) or apps such as banking, shopping or health apps (12%).

Use of digital tools for health and social care: Just under two thirds of respondents (65%) said they used digital communication tools or technology to access health and social care services, for example, to access general health information or condition specific support, book appointments or get prescriptions. Of these respondents, 76% said they use digital tools to access general healthcare information and support services for example, NHS inform and 45% use an electronic prescription service.

For those who have used digital communication tools and technology to access health and social care support, the main benefits were being able to access information around specific health conditions or services (56%) and being able to order prescriptions (48%). In terms of the disadvantages or difficulties, 41% of respondents mentioned the lack of human contact (41%) and 37% spoke about the potential for misdiagnosis or information being misunderstood.

Benefits and disadvantages of using digital tools for care, and information-sharing: Respondents were asked what aspects of health and social care they believed would benefit from being online or more 'digital' and why. The top response was being able to book or change GP or other appointments (36%) and this was followed by access to video consultations (11%).

Over half of respondents (53%) felt it would be useful to share health and wellbeing information, for example, medical history and preferences, from their devices or apps with their health professionals or care providers. The main reasons for sharing health and wellbeing information from devices were where it would allow for improved or more information to be available (23%), would mean a faster process, service or diagnosis (12%) or would be easier, more accessible or convenient (9%). On the other hand, 21% of respondents had security or privacy concerns.

What mattered most to participants regarding the use of digital tools to access health and care was that information is confidential and kept secure (28%).

Recommendations

1: Scottish Government and delivery partners to continue to use digital tools and technology to improve and provide access to services and support. Consider spreading this further and/or improving the digital-first approach to other services and aspects of care, for example, booking or changing appointments.

2: Scottish Government and delivery partners to continue to engage with users around their preferences in using technology and digital tools in general, and specifically for health and care purposes, to monitor change in preferences and ways of using these tools.

3: Scottish Government and delivery partners to ensure that equitable and appropriate non-digital routes are provided to all to access services and support, depending on individual needs, preferences and practicalities.

4: Scottish Government and delivery partners to consider the public's wish for assurance around security and privacy of information, regarding the use of digital tools and technology for health and care in general, and in the potential sharing of information between devices/apps and services more specifically. This would be in line with the [Health and Social Care Data Strategy](#) key principle around public trust and the ethical use of data for the public good. For this, they should consider:

- providing further public information and messaging around the benefits of the use of technology and information-sharing
- providing clear, accessible and concise explanation of information governance processes in place, and
- aiming to increase public understanding, awareness and confidence in information security and privacy.

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. Draft 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 1015 members. The eleventh Citizens' Panel for health and social care survey was sent by email on 23 November 2022 to all 933 Panel members for whom we have email addresses. Reminder emails were sent to those who had not yet responded by email on the 28 November and the 1 December 2022. On the 11 and 12 December 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 678 Panel members. Postal responses continued to be accepted up until the 23 February 2023.

A detailed analysis of the response profile identified that the survey was underrepresented in members aged under 54 years old. It was decided that a targeted telephone boost be undertaken in an attempt to increase the response from these Panel members. A total of 98 telephone interviews were completed between the 4 January and 17 of February 2023.

394 respondents completed the survey online, 168 via post, and 98 telephone surveys were conducted. This took the final response up to 667, a 66% response rate. This level of return provides data accurate to +/-3.79% (based upon a 50% estimate at the 95% level of confidence) at the overall Panel level.

Despite the attempts of the telephone boost, respondents under 54 years old were still underrepresented. Furthermore, the response was underrepresented in terms of those living in social housing and private rented accommodation. To ensure the data was representative by age and tenure, survey data was weighted for these two factors to adjust for this imbalance.

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

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' passed 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 of 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.

The following chapters present the findings on each topic, followed by conclusions and recommendations at the end of each chapter.

Chapter 2: Tobacco Action Plan

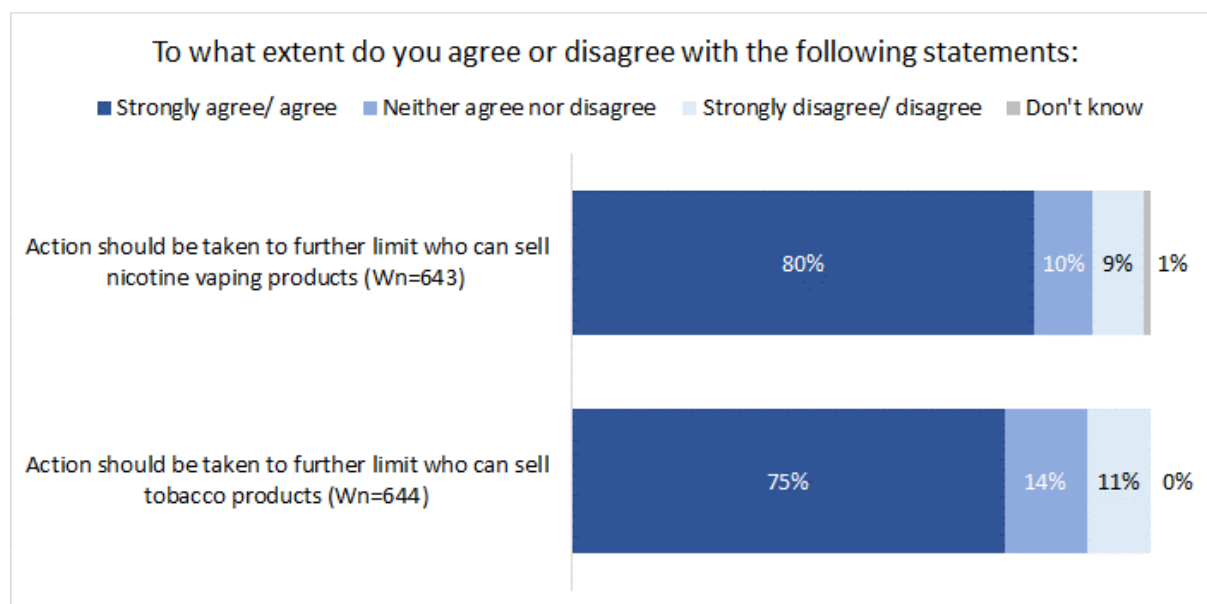
Introduction

The aim of this section of the questionnaire was to gain Panel members' views to inform the refreshed Tobacco Action Plan due to be published in autumn 2023. This will support the Scottish Government's vision is to have a tobacco-free Scotland by lowering smoking rates in our communities to below 5% by 2034. The aim is to create a generation of young people who do not want to smoke, with all the health and economic benefits that follow.

Regulation of sales

The survey began by asking the extent to which respondents agree or disagree with statements relating to the regulation of sales. 80% of respondents said that they either strongly agreed or agreed that action should be taken to further limit who can sell nicotine vaping products. 10% neither agreed nor disagreed with the statement and 9% either disagreed or strongly disagreed.

Three quarters of respondents (75%) either strongly agreed or agreed that action should be taken to further limit who can sell tobacco products. 14% neither agreed nor disagreed with the statement and 11% either disagreed or strongly disagreed.



Regulation of purchasing

Panel members were then asked their views on the regulation of purchasing. As shown, almost three quarters of respondents (65%) either strongly agreed or agreed that Scotland should increase the legal age of the sale of nicotine vaping products from 18 to 21 years. 11% neither agreed nor disagreed and 23% said that they disagreed or strongly disagreed. 63% of respondents either strongly agreed or agreed that Scotland should increase the legal age of the sale of tobacco products from 18 to 21 years. 11% neither agreed nor disagreed and 25% said that they disagreed or strongly disagreed with this.

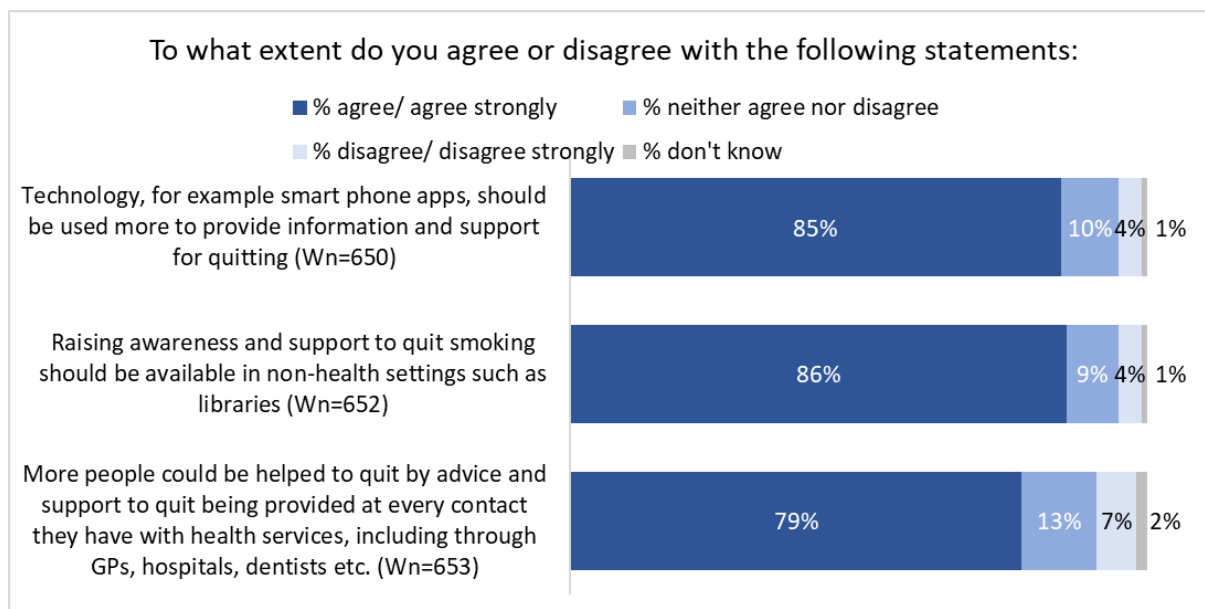


Measures to support people to quit smoking

When asked to consider further measures to support people to quit smoking, respondents were most likely to say they either strongly agreed or agreed that raising awareness and support to quit smoking should be available in non-health settings such as libraries (86%). 9% neither agreed nor disagreed and 4% said that they disagreed or strongly disagreed.

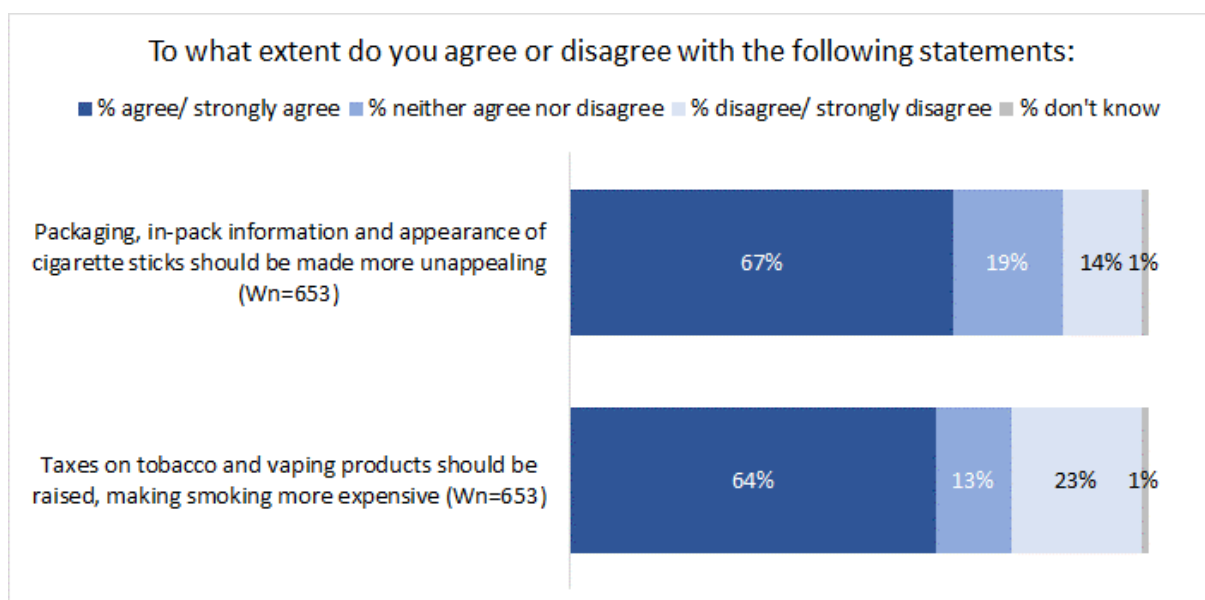
This was followed by 85% strongly agreed or agreed that technology, for example, smart phone apps should be used more to provide information and support for quitting. 10% neither agreed nor disagreed and 4% said that they disagreed or strongly disagreed.

Slightly fewer respondents (79%) strongly agreed or agreed that more people could be helped to quit by advice and support to quit being provided at every contact they have with health services, including through GPS, hospitals, dentists etc. 13% neither agreed nor disagreed and 7% said that they disagreed or strongly disagreed.



Measures to discourage smoking

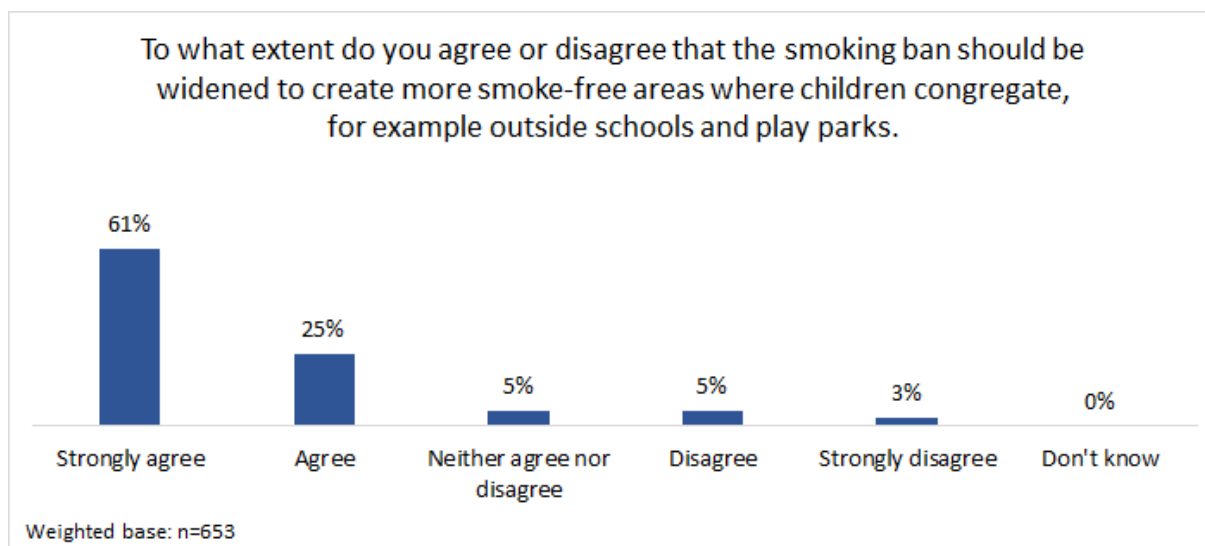
When considering measures that would discourage smoking, 67% either strongly agreed or agreed that packaging, in-pack information and appearance of cigarette sticks should be made more unappealing. 19% neither agreed nor disagreed and 14% said that they disagreed or strongly disagreed with this. 64% either strongly agreed or agreed that taxes on tobacco and vaping products should be raised, but nearly a quarter of respondents (23%) said that they disagreed or strongly disagreed with this. 13% neither agreed nor disagreed.



Measures to prevent passive smoking

Finally, respondents were asked about their views on the statement: The smoking ban should be widened to create more smoke-free areas where children congregate, for example, outside schools and play parks.

Almost nine in ten respondents (86%) either strongly agreed or agreed with this statement compared to 5% who said they neither agreed nor disagreed and 8% of respondents who disagreed or strongly disagreed.



Conclusions and recommendations on the Tobacco Action Plan

The responses to questions about taking further measures to lower smoking rates in Scotland are encouraging. A clear majority of respondents agree to all the measures suggested. The Citizens' Panel findings show strong public support of the measures the Scottish Government is considering to include in its Tobacco Action Plan 2023.

It is important to note that there was a difference in the level of support for measures affecting the selling and purchasing of tobacco and vaping products. More people strongly agree/agree to regulating sellers (75% tobacco sales and 80% vaping) compared to regulating the purchaser by increasing the age from 18 to 21 years old (63% tobacco and 65% vaping).

The strongest measures respondents agreed with is to support people to quit smoking. These are that awareness and support to quit smoking should be available in non-health settings (86%), technology such as apps should be used to provide information to stop smoking (85%) and advice should be provided at every contact people have with health services (79%). Measures to prevent passive smoking had a similar level of support. 86% strongly agree/agree that the smoking ban should include more smoke-free areas where children congregate, for example, outside schools and play parks.

Measures to discourage smoking were clearly supported. These include using unappealing packaging (67% strongly agree/agree) and increasing taxes on tobacco and vaping products (64% strongly

agree/agree). Yet, here there was a marked decrease in agreement compared to measures to support people quit smoking, more in line with the support to limit the age of purchase.

It appears that measures aimed at sellers of tobacco and vaping products, and measures to encourage non-smoking were more popular than punitive measures towards individual smokers.

The Scottish Government may find it beneficial to implement these measures in stages. Measures starting with those that have strongest public support and assessing what impact these have before turning to more punitive measures. Further consultation should be considered before implementing such measures.

Recommendations

1. Healthcare Improvement Scotland recommends the Scottish Government considers including all the measures that have the strongest public support in its Tobacco Action Plan 2023.
2. Scottish Government should consider further consultation around more punitive measures, such as raising the age of purchase and raising taxation on tobacco and vaping products. After assessing the impact of these measures, these could also be implemented following a staged approach.

Chapter 3: Vaccination motivations

Introduction

The survey went on to ask a series of questions on vaccination motivations.

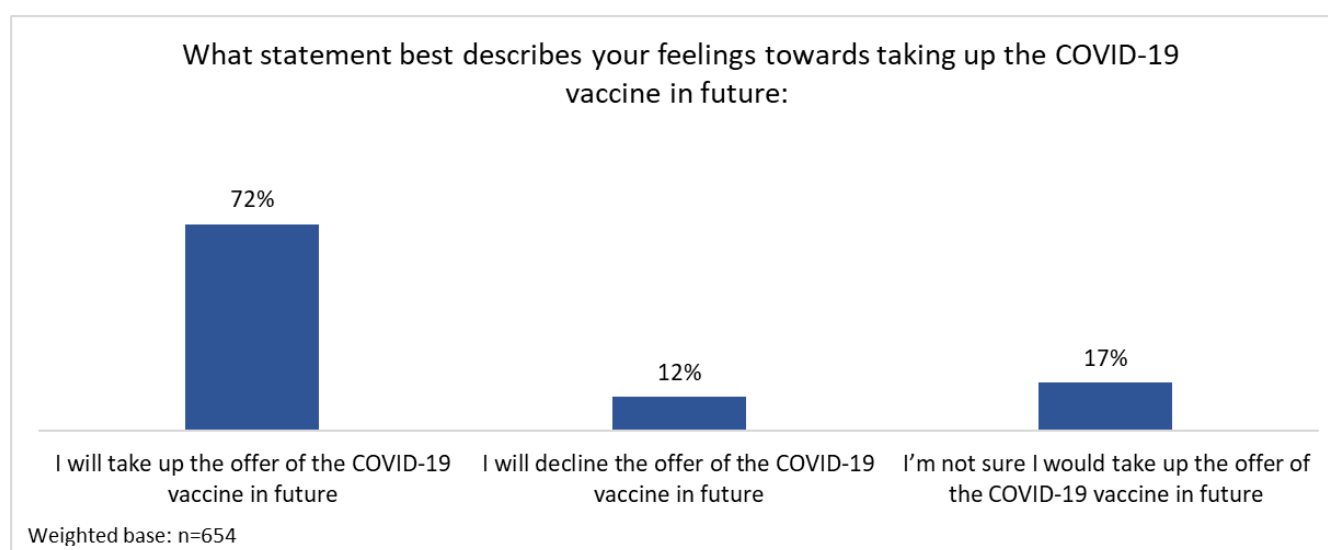
[Citizens' Panel 9](#) featured questions on the accessibility of the COVID-19 vaccination programme, with the survey conducted at a time of high COVID-19 rates and everyone aged 12+ years being offered either primary or booster doses. This section of Citizens' Panel 11 aimed to understand the motivations of respondents as and when we move away from a pandemic, with COVID-19 vaccination becoming more of a routine vaccination.

The COVID-19 vaccination programme in Scotland has been a huge success in protecting society from the severe negative health outcomes of COVID-19. With the reduction in testing and removal of societal restrictions, vaccination remains our best route out of the pandemic.

The survey sought to understand if people will continue to take up new offers of the COVID-19 vaccine in the same high numbers as they have up to now, or to understand their reasons if not. These insights will inform all vaccination programmes and help ensure that the successes and lessons learned from the COVID-19 programme are applied more broadly.

Feelings towards taking up the COVID-19 vaccine in the future

The section began by asking respondents to select, from a range of statements, which best describes their feelings towards taking up the COVID-19 vaccine in the future. Most respondents (72%) said that they would take up the offer of the COVID-19 vaccine in the future. 12% said they would decline the offer in the future and 17% were not sure.



For those who said they will take up the offer of the COVID-19 vaccine in future (wn=465), their main reasons were to protect themselves (88%) and to protect others (82%).

What are your main reasons for wanting to take up the offer of the COVID-19 vaccine in future? (tick all that apply)		
Base: all who responded, wn=465	%	No of respondents
To protect myself	88%	410
To protect others	82%	380
It's my duty as a citizen	39%	183
My employer, family, or healthcare worker such as my GP expect me to get the vaccine	14%	66
Other	3%	14

Where respondents did not want a COVID-19 vaccine in the future (wn=73), the most common reason for this was that they were worried about what they believed to be long-term side effects of the vaccine (79%).

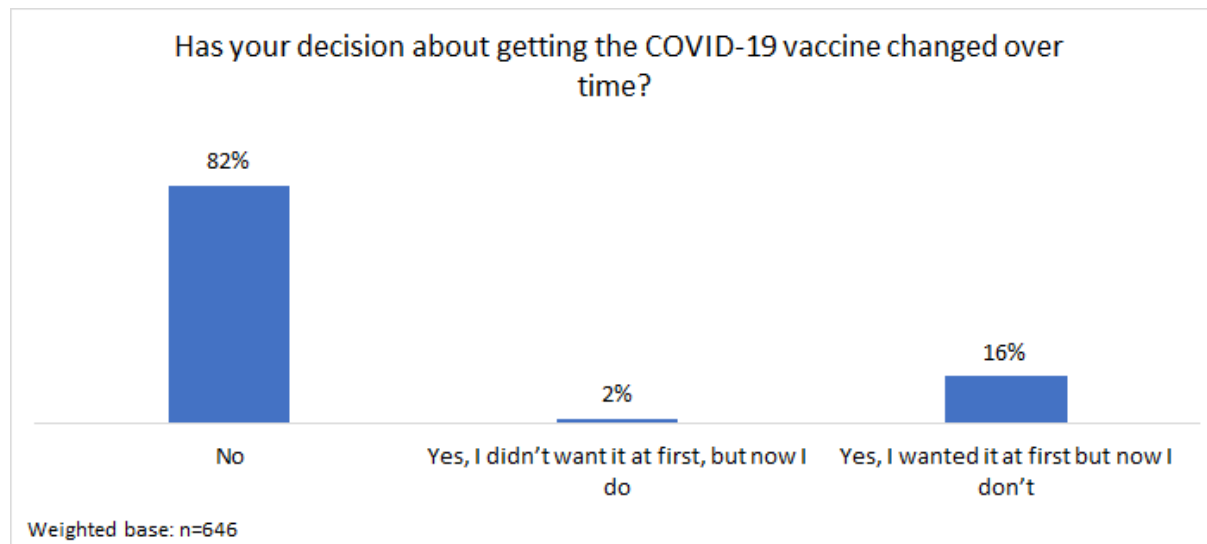
What are your main reasons for not wanting a COVID-19 vaccine in future? (tick all that apply)		
Base: all who responded, wn=73	%	No of respondents
I am worried about long-term side effects of the vaccine	79%	58
I don't think the vaccine would be effective at stopping me catching COVID-19	33%	24
I believe I am unlikely to become seriously unwell with COVID-19	26%	19
I am worried about short-term side effects of the vaccine (e.g. headache, fever)	25%	18
I have a condition which would make it unsafe for me	9%	6
I have concerns because I am trying to conceive, pregnant, or breastfeeding	8%	6
I or family members have experienced side effects from vaccine	5%	4
I have had COVID-19 recently but would like to get vaccinated in the future	4%	3
I'm not eligible	1%	1
Other	9%	6

For respondents who said they were unsure if they would take up the COVID-19 vaccine in the future (wn=110), the most common reason was that they didn't think the vaccine would be effective at stopping them catching COVID-19 (50%) followed by worry about long-term side effects of the vaccine (47%).

Why are you unsure of wanting the COVID-19 vaccine in future?		
Base: all who responded, wn=110	%	No of respondents
I don't think the vaccine would be effective at stopping me catching COVID-19	50%	55
I am worried about long-term side effects of the vaccine	47%	52
I am worried about short-term side effects of the vaccine (e.g. headache, fever)	18%	20
I believe I am unlikely to become seriously unwell with COVID-19	12%	13
I have had COVID-19 recently but would like to get vaccinated in the future	6%	7
Bad reaction to vaccine or side effects	4%	5
I'm not eligible	2%	2
I have a condition which would make it unsafe for me	1%	1
Other	7%	7

Changing attitudes to the COVID-19 vaccine over time

All respondents were then asked if their decision about getting the COVID-19 vaccine has changed over time. Most said that their decision has not changed (82%). 16% said they wanted it at first but now they don't and just 2% said that they didn't want it at first but now they do.



Respondents were then asked an open question in terms of why they say this. Responses have been grouped thematically to allow for analysis. Where participants said that their decision has not changed about getting the COVID-19 vaccine over time (wn=355), most said they are happy to take up vaccines and agree with the benefits of vaccinations (57%), or that it is important to get the vaccine to protect themselves and others (31%). For those who did not want the COVID-19 vaccine at first but want to get it now (wn=11), about half have had or are worried about side effects. This was also the case for about half of those who wanted the COVID-19 vaccine at first but don't want it now (wn=98). The responses to the open questions reflect personal experience and opinion and as such may contain information that is not factual.

The next table outlines the reasons that respondents gave when asked why they have changed their mind or not about getting the COVID-19 vaccine. It is important to highlight that the number of respondents who said they have changed their mind is quite small, therefore the percentages in those columns in the next table may correspond to a small number of respondents.

Has your decision about getting the COVID-19 vaccine changed over time? Why do you say this?				
Base: all who responded, wn=465	Total	No change (wn=355)	Yes, I didn't want it at first, but now I do (wn=11)	Yes, I wanted it at first but now I don't (wn=98)
Happy to have vaccines or agree with benefits of vaccinations	45%	57%	20%	4%
Important to get vaccine to protect myself or others	25%	31%	13%	4%
Have had side effects or worried about side effects	15%	3%	53%	57%
I trust the experts e.g. scientists or research or health service	6%	8%	14%	-
I felt I was forced into the vaccine or had no choice	4%	2%	-	11%
More info is needed on vaccine or effectiveness or long-term effects or feel it was rushed	4%	1%	-	14%
Don't think the vaccine is effective or not required	3%	1%	14%	9%
No change in opinion	3%	4%	-	-
Against vaccinations or did not have the vaccine	1%	1%	-	-
Do not think vaccine is necessary in future	1%	1%	-	3%
Needed the vaccine for travel	1%	1%	-	-
Vaccines have allowed us to return to normality	1%	1%	-	-
Other	7%	5%	7%	18%

Some examples of the participants' positive opinions about the COVID-19 vaccine:

I have wanted to be vaccinated since the vaccine became available.

If I can do this to help myself and others and know the vigorous testing the vaccines have gone through then why wouldn't I accept the vaccine.

I was always convinced I needed it. I've had my flu vaccine every year, this is no different.

No one should be allowed to risk others so unless medically exempt everyone who wants to mix with others should be vaccinated.

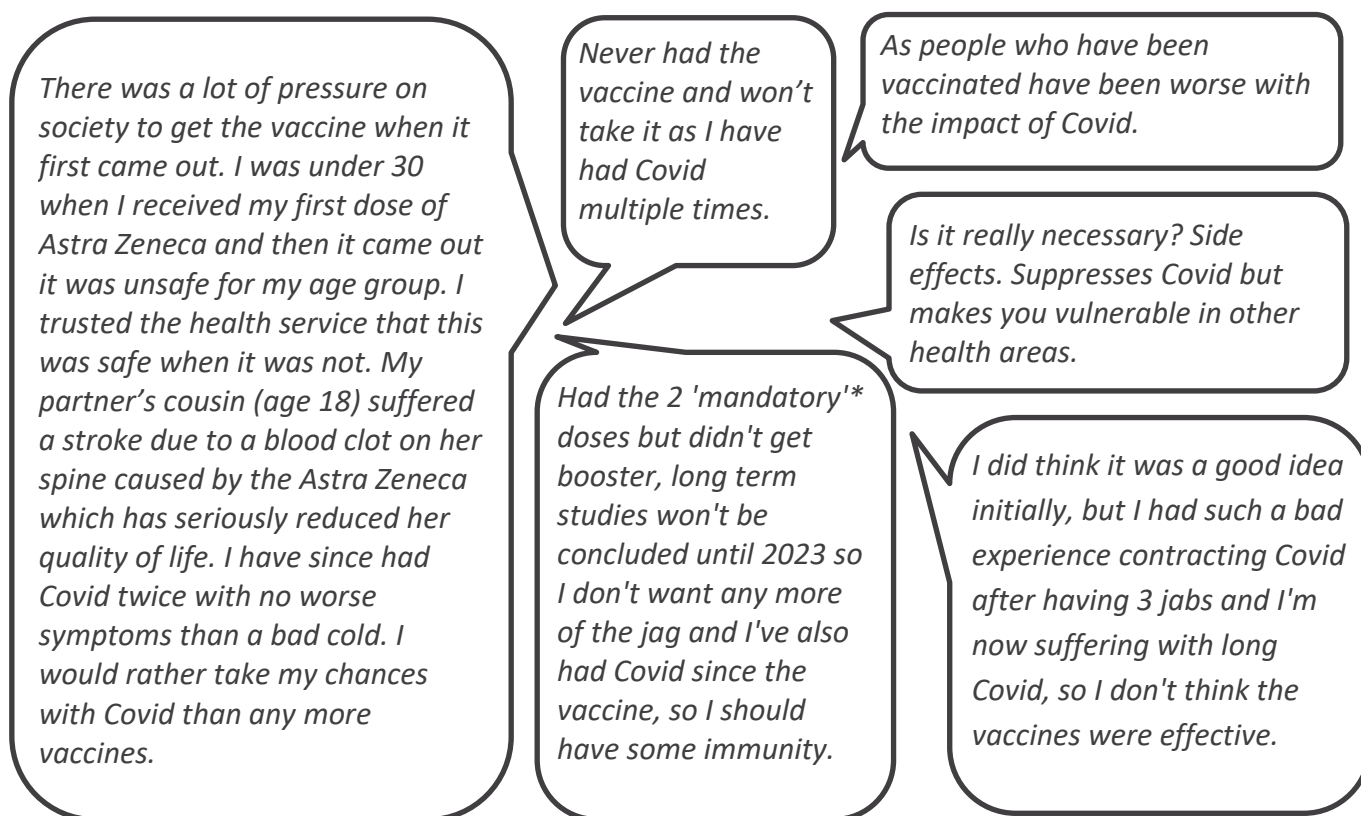
The Covid-19 vaccination, like all other vaccinations we are offered in Scotland, have vital health protections at personal and society levels. I also believe we are privileged in Scotland in getting access to health care at the level we do so it is a moral and ethical duty to ourselves and others to take up the vaccinations when offered.

Covid-19 was extremely nasty, so it was imperative to be vaccinated and to continue with the vaccination as the possibility of the virus mutating increases.

I have always wanted to protect myself and others from Covid. I trust in the scientists who have made the vaccine and do not believe in conspiracy theories.

I will always get my jabs.

See examples of participants' opinions where they are negative about the COVID-19 vaccine below. To note, these are personal views and opinions and may contain information that is not factual.



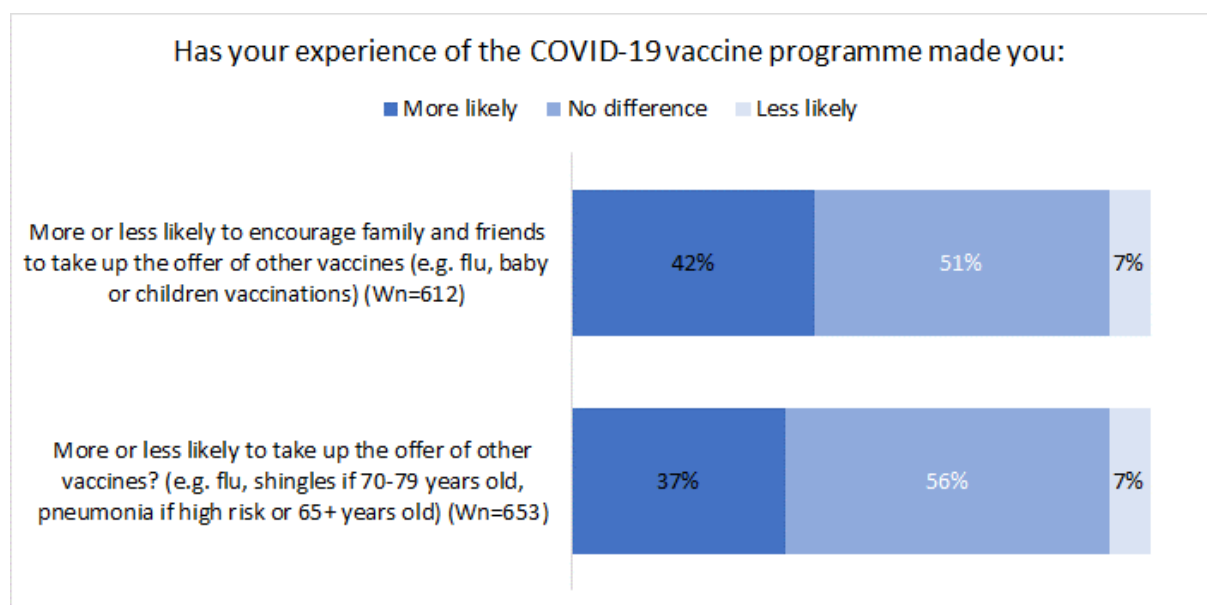
*The COVID-19 vaccination is not mandatory in Scotland.

Impact of experience of the COVID-19 vaccine programme

Finally, respondents were asked whether their experience of the COVID-19 vaccine programme has influenced their decisions about other vaccinations.

In terms of encouraging friends and family to take up the offer of other vaccines (e.g. flu, baby or childhood vaccinations), 42% said their experience has made them more likely to encourage family and friends to take up the offer of other vaccines, 51% said it has made no difference and 7% said it has made them less likely.

Just over one third of respondents (37%) said that their experience has made them more likely to take up the offer of other vaccines themselves, 56% said it has made no difference and 7% said it has made them less likely.



When asked why they said this, the most common response was that they were an advocate of vaccinations, believed there are benefits to be had, or would take any vaccines offered to them (54%). 14% said that they believe vaccines protect themselves and others. 12% said that they believe it is a personal choice and it is important to do your own research.

Why do you say this?	
Base: all who responded, wn=446	%
Advocate of vaccinations, or benefits to be had, or will take any vaccinations offered to me	52%
Protects myself or others	14%
Personal choice or important to do your own research	12%
I have tried to persuade others to get the vaccine or promote the benefits of the vaccine	8%
Concerns about or experienced side effects	5%
Concerns with vaccines or wouldn't get certain vaccines	4%
Opinion has not changed	4%
Vaccinations can save lives	2%
As long as have been rigorously tested and safe	2%
To reduce the pressure on the NHS	1%
I trust the advice of the experts or science health service	1%
Ensure there is sufficient or unbiased information for people to make their own informed choices	1%
Other	8%
Not sure	0% ²

² Some findings of 0% are included due to rounding of percentages. Throughout the report 0% corresponds to 2 respondents.

Some examples of the participants' opinions where their experience of the COVID-19 vaccine programme has made them more likely to recommend vaccines or take other vaccines:

My wife and I were quite seriously ill with Covid recently.

Consider it my duty to protect others, myself and the NHS.

Having experienced so much anti vaccine rhetoric during the pandemic, it just reinforced my rights of self-belief in doing the right thing, based on facts.

Personal experience of vaccinations and hearing how unwell non vaccinated people have been.

I try at every opportunity to highlight the value and importance to this programme to all friends and family, especially when people are negative about it and their facts are not based on peer reviewed studies.

It makes sense to protect the wider population from any disease or virus and if effective as early in life as possible to build immunity, avoid infection and reduce future medical costs to the individual and/or health providers e.g. NHS/GP's.

Vaccines are there to give you protection from illness. If you can avoid getting the illness you are also taking the strain of an overstretched NHS to deal with those who are in need of care.

It works, and it's the responsibility to protect yourself and others.

Some examples below of the participants' opinions where their experience of the COVID-19 vaccine programme has made no difference with respect to recommending vaccines or taking up other vaccines. Some respondents seem to have considered COVID-19 vaccines within 'other vaccines'.

People should make up their own mind whether they want to accept the risks of any kind of medicine with an unbiased information on that topic which is something I cannot provide to people due to me not having full knowledge of the vaccine.

I have always welcomed the opportunity to be vaccinated; I believe it is the best (and overall safest) approach; and this has consistently been my approach.

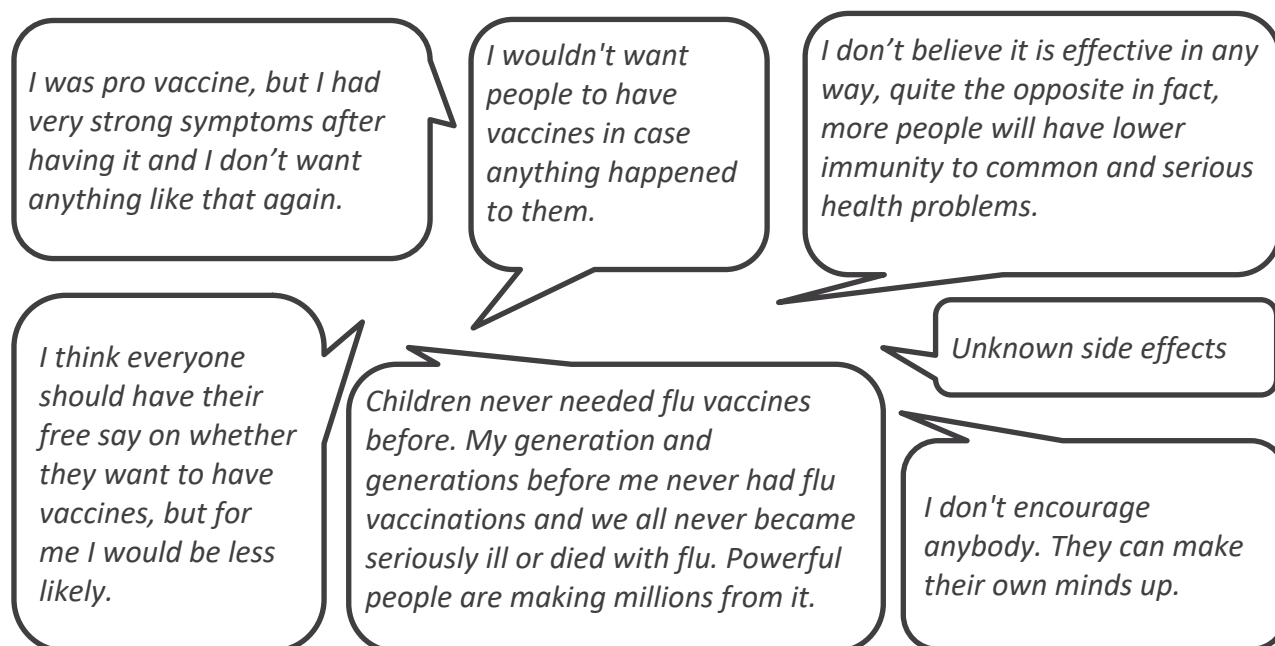
Nothing happened after taking the vaccine that I was not prepared for.

The programme did not provide me with any additional information that would positively or negatively affect my decision to take vaccines or recommend them.

I'm pro vaccine and pro community acting responsibly. I'll always advocate for doing what is right for us and the wider community.

I have always been a firm believer of using preventative medication.

See below some examples of the participants' opinions where their experience of the COVID-19 vaccine programme has made them less likely to recommend vaccines or take other vaccines. To note, these are personal views and opinions and may contain information that is not factual.



Whilst not statistically robust, it is interesting to look at respondents' replies to the earlier question about taking up the COVID-19 vaccine in the future and whether their experience has made them more or less likely to encourage others to take up other vaccines. This highlighted that:

- Most of those who said that their experience made them more likely to encourage family and friends to take up the offer of other vaccines also said that they will take up the offer of the COVID-19 vaccine in the future (87%, wn=257).
- Most of those who said that their experience made no difference to whether they will encourage family and friends to take up the offer of other vaccines also said that they will take up the offer of the COVID-19 vaccine in the future (66%, wn=312).
- Most of those who said that their experience has made them less likely to encourage family and friends to take up the offer of other vaccines said that they will not take up the offer of the COVID-19 vaccine in the future (56%, wn=41).

Similarly, though not statistically robust, it is interesting to look at replies to the earlier question about taking up the COVID-19 vaccine in the future and whether their experience has made them more or less likely to take up other vaccines themselves. This suggests that:

- Most of those who said that their experience made them more likely to take up other vaccines themselves also said that they will take up the offer of the COVID-19 vaccine in the future (91%, wn=242).
- Most of those who said that their experience made no difference to whether they will take up other vaccines themselves also said that they will take up the offer of the COVID-19 vaccine in the future (66%, wn=365).

- Most of those who said that their experience has made them less likely to take up other vaccines themselves said that they will not take up the offer of the COVID-19 vaccine in the future (65%, n=42).

Conclusions and recommendations on Vaccination motivations

The findings around vaccination motivations highlight the positive public attitudes towards vaccination, as well as potential areas for improvement, mainly around addressing concerns about side effects and the benefits and effectiveness of vaccination against serious illness.

The findings showed that most would take up the offer of the COVID-19 vaccine in the future (72%), mainly to protect themselves and others. The COVID-19 vaccination programme has had a positive influence on attitudes towards vaccination in general, whether further establishing positive attitudes towards vaccination or changing negative/neutral attitudes to positive. Most respondents have strong and confident attitudes towards COVID-19 vaccination, not changing their mind about it, mainly linked with understanding the benefits of vaccines or their importance for protection, highlighting the effectiveness of messaging around these aspects during COVID-19 vaccination. This also came through when asked if their experience of COVID-19 vaccination has influenced their decisions about other vaccinations, whether for family and friends or themselves, as most said it either didn't make a difference or it made them more likely to take up other vaccines and to encourage family and friends to do so as well.

It is important to note, however, that there are still some who are unsure or will decline the COVID-19 vaccine in future (29%). This is mainly due to being worried about long-term side effects or not thinking that the vaccine would stop them from getting COVID-19, possibly linked to a lack of understanding that the vaccine would stop them from getting seriously ill with COVID rather than not getting COVID at all. This was also the case for the few who have changed their mind about COVID-19 vaccination, whether going from wanting the vaccine to not wanting it or the opposite, this was mainly linked to experiencing or being worried about side effects. This suggests that concerns around side effects and the benefits and effectiveness of vaccination are important, both for those who are negative about taking up the vaccine in the future and those who are unsure. Actions to address these concerns could increase vaccination take up in both groups. Some also highlighted the importance of personal choice and doing "your own research", seemingly suggesting the need to access further or different information around vaccination.

The findings also indicate a link between Panel members' attitudes towards their own COVID-19 vaccination in future and attitudes towards other vaccines for themselves and family and friends. For example, those more likely to take up the COVID-19 vaccine in the future were also more likely to take up other vaccines and encourage family and friends to do so. This suggests the potential "transfer" of positive and negative feelings and attitudes between and within vaccination experiences, and the influence a vaccination experience can have on future decisions about wider vaccination.

Recommendations

We make the following recommendations to Scottish Government and delivery partners:

1. Continue to consider vaccination experience and how to ensure positive and accessible vaccination experiences for all, as this is linked to broader attitudes towards vaccination. This necessitates working with a diverse range of key stakeholders, including NHS Boards who deliver the vaccines, to drive improvements.
2. Consider exploring people's concerns further and their experiences around side effects. Developing further clear and accessible messaging around side effects, and the benefits and effectiveness of vaccination against serious illness may help address this. The work should consider aspects highlighted in this report, for example, linked to fertility or pregnancy, as well as potential equalities issues and barriers. This could be done in collaboration/partnership with groups who share these concerns, both those who are negative towards COVID-19 vaccination or unsure.

Chapter 4: Digital health and social care

Introduction

Panel members were asked about this topic to help understand how people feel about the use of digital tools in health and social care, and the potential advantages and disadvantages. This follows the Scottish Government publication 'Care in the Digital Age' in 2021, which set out how digital services, and the technology and processes that support them, will be developed in Scotland's health and social care. While using digital services will increasingly be an option in the future, people who prefer not to do so will still be able to access services non-digitally.

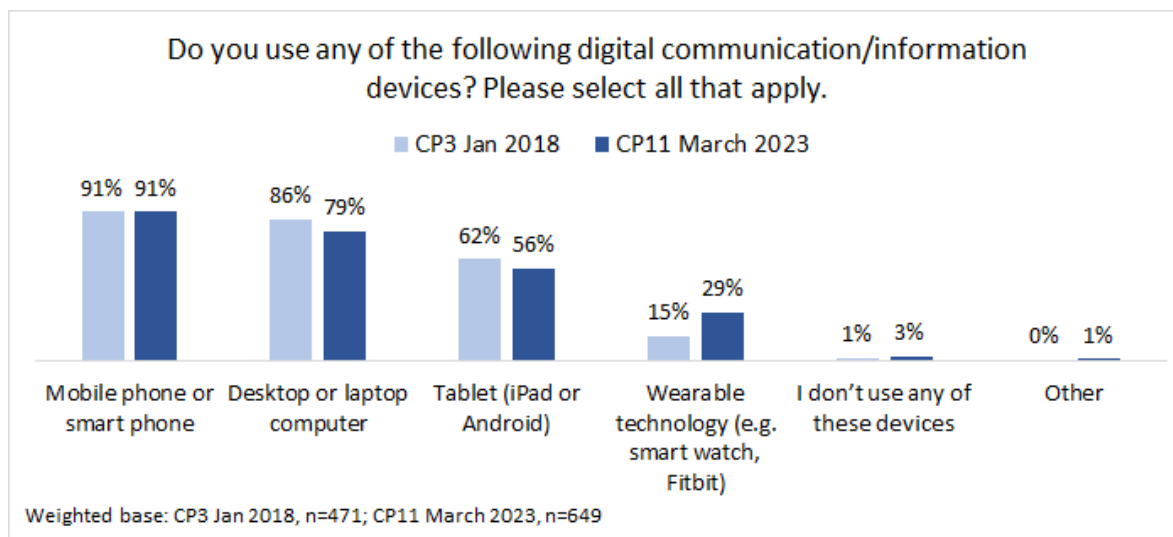
Panel members were asked about the digital communication or information devices they currently use and how frequently they use digital communication tools. They were then asked about their experiences and how they feel about the use of digital tools in health and social care, and the potential advantages and disadvantages.

Use of digital communication or information tools and frequency of use

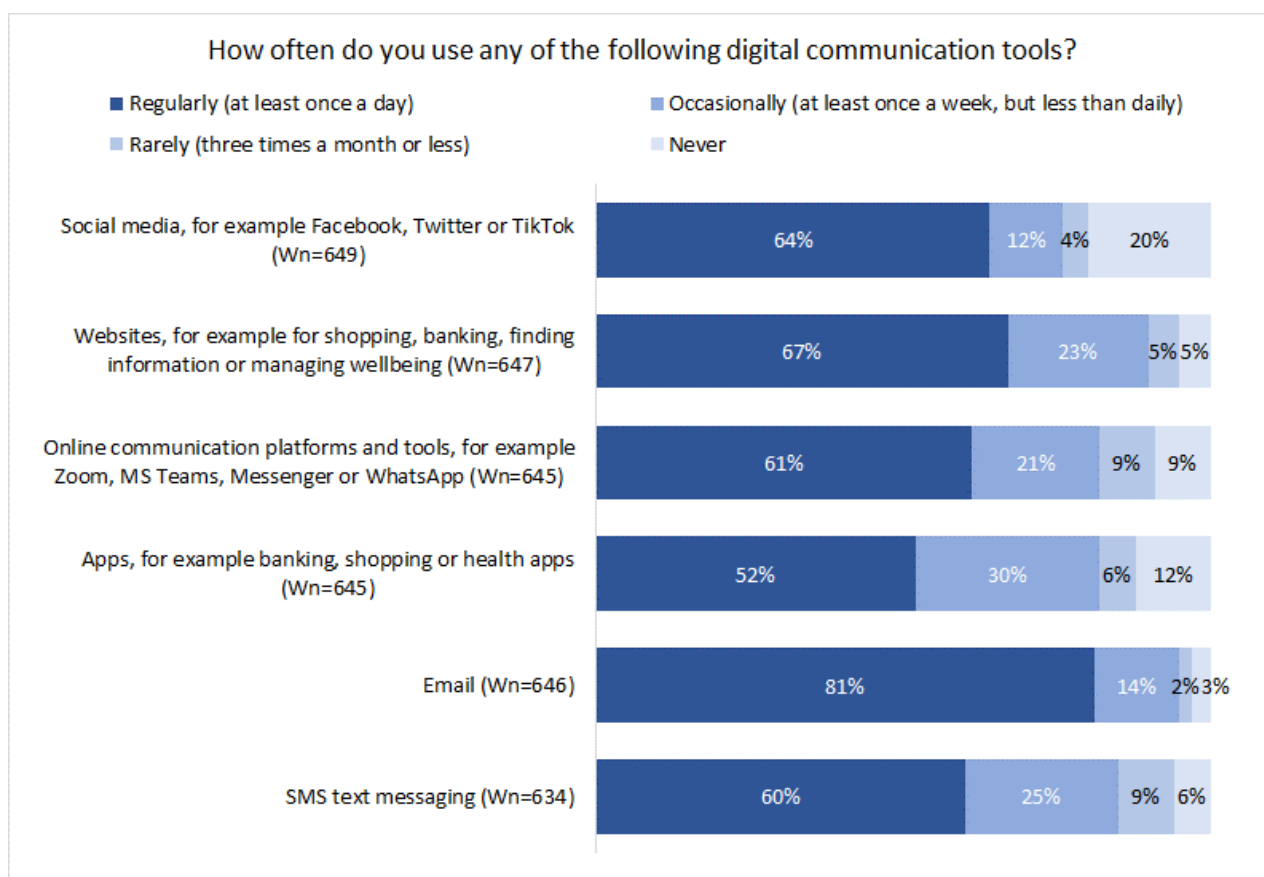
Respondents were asked to select which digital communication or information devices they use from a list provided, for example, tools for banking, travel or fitness. This question aimed to understand general familiarity with technology and preferences around using digital devices. It was noted in the survey that this question was not specifically about using digital devices for health and social care, though they could also consider what devices they use for this purpose.

Most respondents said they used mobile phones or smart phones (91%) and desktop or laptop computers (79%). Over half of respondents said they used tablet devices (56%) and 29% used wearable technology such as a smart watch. Only 3% of respondents said they did not use any of these devices.

This question was also asked in the third Citizens' Panel survey, with the [report published in January 2018](#). A comparison of current findings with the 2018 findings, as shown in the next visual, shows that the proportion of respondents using mobile phones or smart phones has remained consistent at 91%. However, the proportion of respondents using desktop or laptop computers or tablet devices have both seen a decrease in use, while there has been an increase in the proportion of Panel members using wearable technology such as smart watches, increasing from 15% in 2018 to 29% in 2023. The proportion of respondents not using any digital devices has seen no significant change.



Following on from this, respondents were asked how frequently they have used various digital communication tools. This shows that all listed digital communication tools, namely social media, websites, online communication platforms and tools, apps, email and text messaging, were used regularly by over half of the respondents. Respondents were most likely to say they use email (81%), and websites for example, for shopping, banking, or finding information or managing wellbeing (67%) regularly, at least once a day. In addition, 64% and 52% of respondents respectively said that they use social media and apps at least once a day. However, a reasonably sized minority said that they never use social media (20%) or apps such as banking, shopping or health apps (12%).

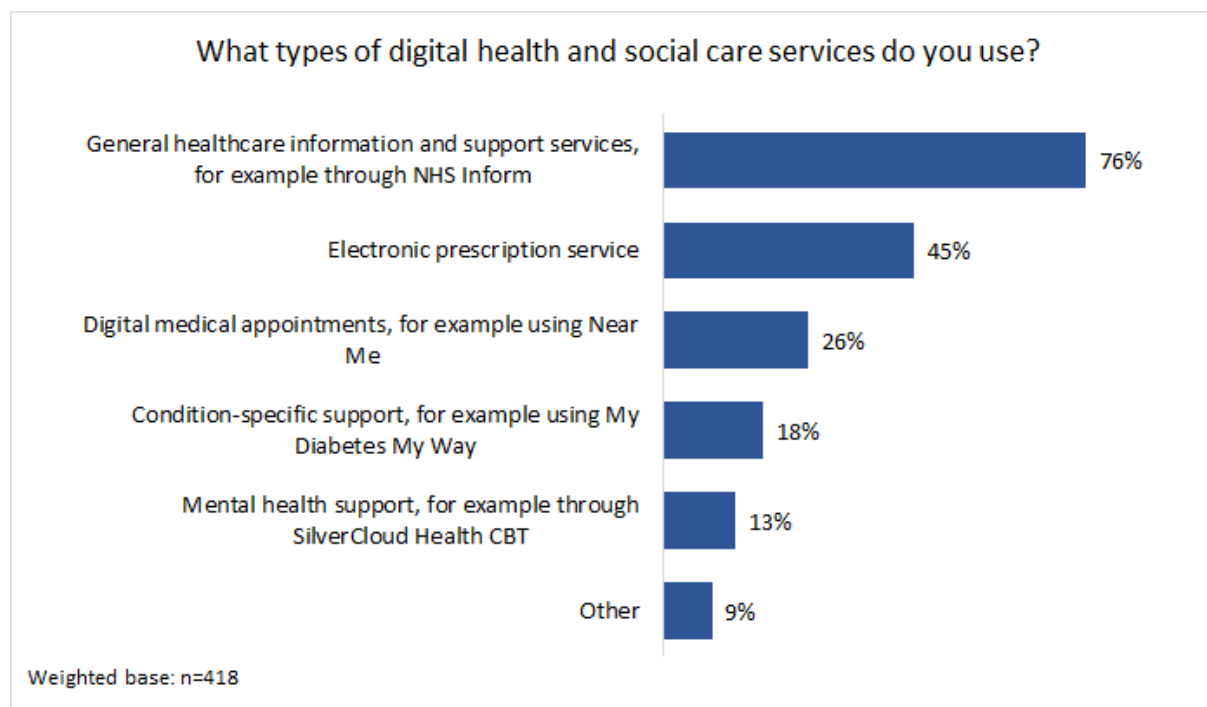


A similar question was asked in the 2018 survey, and comparison highlights an increase in the proportion of respondents that use these digital communication tools regularly (at least once a day). For example, 51% of respondents were regularly using social media in 2018 compared to 64% in 2023 and 42% were regularly using apps in 2018 compared to 52% in 2023. The wording of the question has changed with regard to online communication platforms and tools. The terminology used in the 2018 survey was “web based communication e.g. Skype” and just 16% in 2018 said they used this compared to 61% of respondents stating they used online communication platforms and tools in 2023.

Accessing health and social care services via digital communication tools or technology

Just under two thirds of respondents (65%) said they used digital communication tools or technology to access health and social care services, for example, to access general health information or condition specific support, book appointments or get prescriptions. 35% said they do not use digital tools or technology for health and care.

From those who said they used digital health and social care services, over three out of four respondents (76%) said this was to access general healthcare information and support services for example, via NHS inform. Less than half said they use an electronic prescription service (45%), and 26% used digital medical appointments, for example, using Near Me. Fewer respondents used condition specific support such as using My Diabetes My Way (18%) or accessed mental health support digitally, for example, through SilverCloud Health CBT (13%).



Benefits and disadvantages to accessing health and social care services via digital communication tools or technology

Panel members were provided with a list of benefits that could be associated with using digital tools and technology to access health and social care services and support and were asked which of these they had experienced. Over half of respondents said they had been able to access information around specific health conditions or services (56%) and a further 48% were able to order prescriptions. Other benefits included faster access to services (45%), improved access to services (32%) and being able to make appointments (30%). 5% said they have not experienced any benefits to using digital tools and technology to access health and social care services and support.

What benefits have you experienced in using digital tools and technology to access health and social care services and support? Please select all that apply	
Base: all who responded, wn=417	%
Being able to access information around specific health conditions or services	56%
To order prescriptions	48%
Faster access to services	45%
Improved access to services e.g. more accessible for rural areas; 24/7 access; access from home	32%
To make appointments	30%
Other	7%
No benefits	5%

In terms of the disadvantages or difficulties experienced by Panel members when using digital tools and technology to access health and social care services and support, over 4 in 10 respondents (41%) mentioned the lack of human contact or that the contact is less personal, and a further 37% said there was a potential for misdiagnosis or information being misunderstood. 32% said they have experienced no disadvantages or difficulties in using digital tools and technology to access health and social care services and support.

What disadvantages or difficulties have you experienced in using digital tools and technology to access health and social care services and support? Please select all that apply	
Base: all who responded, wn=401	%
Lack of human contact, less personal	41%
Potential for misdiagnosis or information being misunderstood	37%
Concerns around data security issues or data protection	16%
Poor connection speeds	12%
Technical issues e.g. software not working	3%
I do not have access to digital tools or devices	1%
I cannot use digital tools, devices and technology	1%
Other	7%
No disadvantages	32%

Aspects of health and social care that would benefit from being more online

The survey included an open-ended question, which asked respondents what aspects of health and social care they believed would benefit from being online or more 'digital' and why. The opinions and comments provided have been coded thematically and shown in the next table. The most mentioned aspect was being able to book or change GP or other appointments (36%), followed by video consultations (11%), ordering prescriptions (9%) and where Panel members believed digital communication may be better in certain circumstances for example, for young people, people with anxiety or mental health issues (9%).

On the other hand, 1% said that there are enough digital services currently provided. 11% said they don't agree with the digitisation of services and prefer personal contact, and 3% highlighted that not everyone is able to use digital and online tools.

What aspects of health and social care would benefit from being online or more 'digital' and why?	
Base: all who responded, wn=487	%
Booking or changing GP or other appointments	36%
Video consultations	11%
Ordering prescriptions	9%
Digital may be better in certain circumstances e.g. sensitive topics, or for anxious people, or mental health, or for young people	9%
Information e.g. how to use digital tools or health information via apps or online	7%
Don't know or Unsure	7%
Communications with health professionals via email, text or app	5%
Faster or more efficient	5%
Routine or triage or test result appointments	4%
Access health records or test results	3%
Digital or online services are positive and will provide better access	3%
Reduce waiting times	2%
Text reminders of appointments	1%
Will save money	1%
There are enough online, digital services, or happy with what is currently provided	1%
Self-referral to services	0% ³
Other	3%
Disadvantages or challenges	
Do not agree with digitisation of services or prefer personal contact	11%
Not everyone has the ability to do online e.g. lack skills, or poor internet, or not online	3%

³ Some findings of 0% are included due to rounding of percentages. Throughout the report 0% corresponds to 2 respondents.

Examples of the open-ended responses provided by Panel members to describe what aspects of health and social care would benefit from being online or more 'digital' are shown in the next visual:



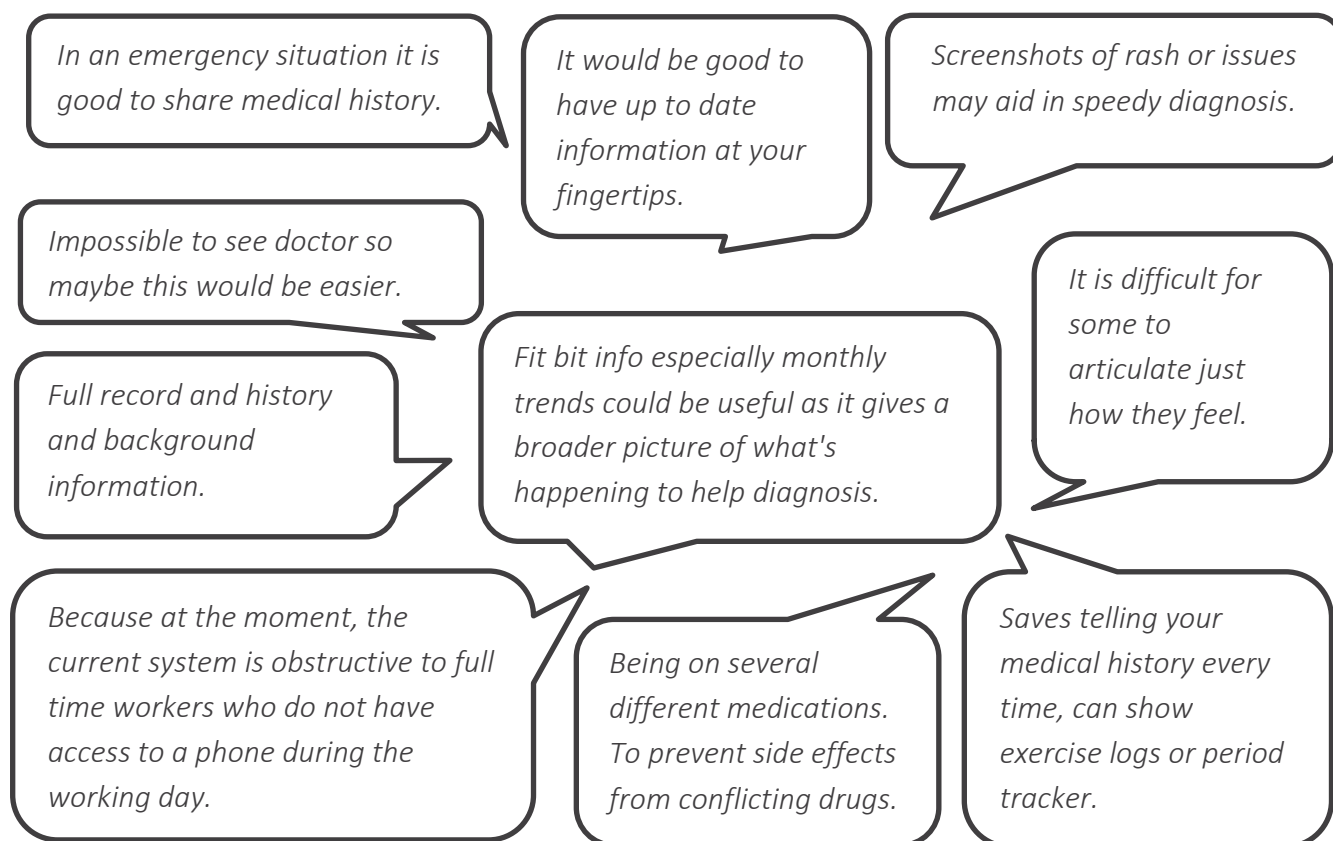
Sharing health and wellbeing information from devices or apps with health providers or care providers

Over half of respondents (53%) felt it would be useful to share health and wellbeing information from their devices or apps with their health professionals or care providers. This could be for example, information around their medical history and preferences. On the other hand, 21% said it would not be useful and 26% were unsure.

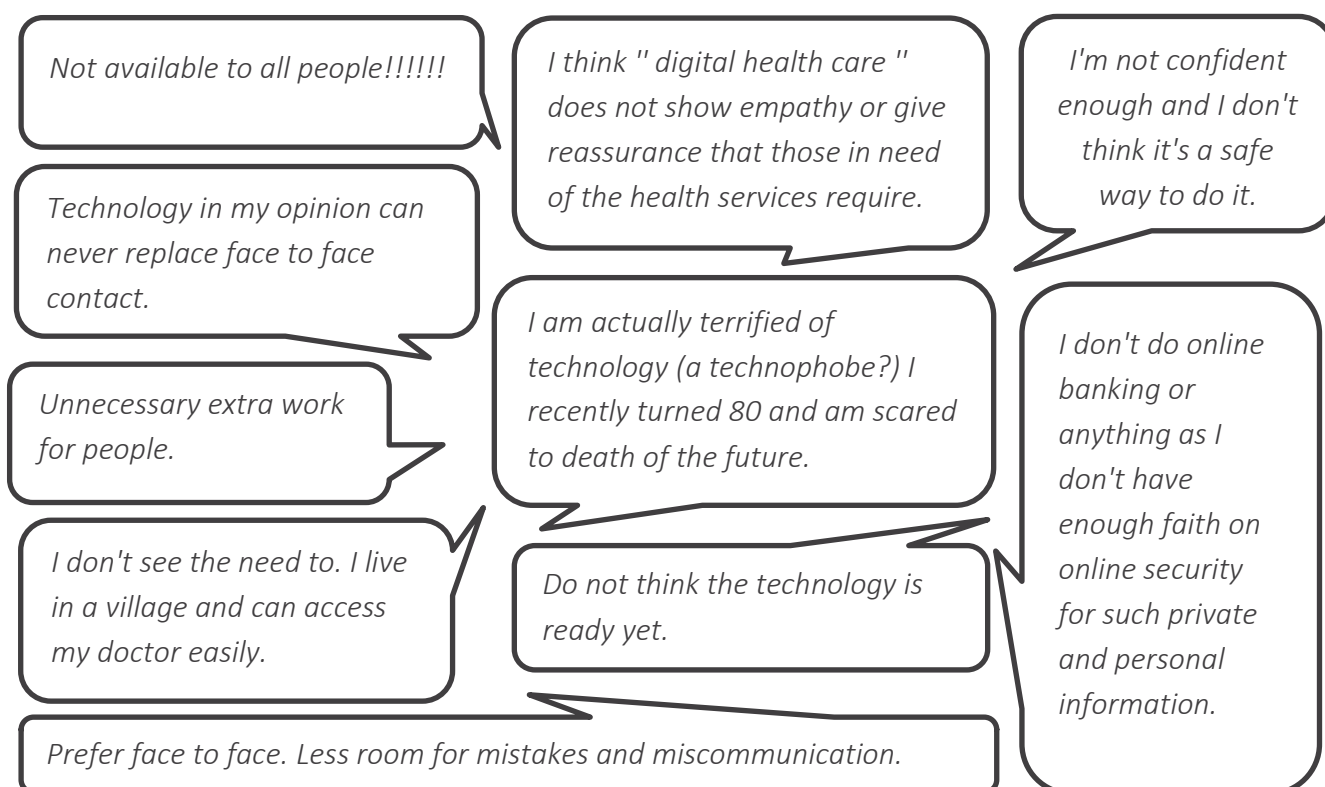
Following on from this, respondents were asked to explain why they felt this way. Again, the open-ended responses have been coded thematically and show that opinions shared by those who felt it would be useful to share health and wellbeing information from their devices or apps were largely where they believed it would allow for improved or more information to be available (23%), would mean a faster process, service or diagnosis (12%) or would be easier, more accessible or convenient (9%). On the other hand, 21% of respondents had security or privacy concerns (21%), 9% were unsure about sharing this information, or were not comfortable with this or happy with current methods, and 8% said they preferred face to face contact.

Please tell us why you feel this way	
Base: all who responded, wn=486	%
Positive	
Would allow for improved or more information to be available	23%
Faster process, service or diagnosis	12%
Easier, more accessible or convenient	9%
It would help the NHS, or reduce the burden or costs	3%
Reduces repetition or having to repeat yourself	2%
To check medication and that it doesn't conflict with existing prescriptions	1%
Would depend on the issue	1%
Seems logical approach or would be useful	1%
Negative	
Security or privacy concerns	21%
Not sure, or not comfortable with this, or happy with current methods	9%
Prefer face to face or in some cases face to face examination is required	8%
Assurances on information sharing or choice would be needed	6%
Information may be misinterpreted or taken without context	4%
I myself or not everyone can use technology e.g. age, disability or have access to technology	2%
Don't use apps or store this info	1%
Other	7%

Examples of the open-ended responses provided by Panel members who were in favour of sharing health and wellbeing data from their devices with health or care providers are shown below:



Examples of the open-ended responses provided by Panel members who were against sharing health and wellbeing data from their devices with health or care providers are shown below:



Priorities for using digital tools to access health and care

Finally, Panel members were asked about what matters most to them around using digital tools to access health and care. This was an open-ended question with the comments coded into common themes. Most important to Panel members was that information is confidential and kept secure (28%). Just under 1 in 5 respondents said accessibility or convenience was most important to them, for example, being able to access health and care digitally outside of normal working hours, at weekends or from home (19%). The same percentage (19%) said ease of use or reliability was most important to them. Furthermore, 8% highlighted that digital tools must not replace face to face interactions as there are people who can't access digital services, and 4% indeed said that they don't use digital tools or lack this knowledge.

What matters most to you around using digital tools to access health and care?	
Base: all who responded, wn=522	%
Confidentiality, data security, or data protection	28%
Accessibility or convenience e.g. Being able to access it any time e.g. outside normal working hours, weekends, or at home	19%
Ease of use or reliability	19%
Accurate information	14%
Responsive, quick response, efficient	14%
Not a substitute for those who can't access digital services or ability to speak to someone	8%
Being able to access face to face appointments or speak to a doctor	6%
Functionality e.g. ordering prescriptions, or being able to view medical history, or booking appointments	4%
Don't use digital tools or no interest in using them or lack of technical knowledge	4%
Nothing or no suggestions	3%
Dependent on network speed	1%
Other	9%

Some examples of the participants' opinions around their priorities for using digital tools to access health and social care are shown below:



Conclusions and recommendations on digital health and social care

These findings overall suggest public familiarity and willingness in using digital tools and technology for health and care, highlighting important areas for further consideration, such as providing appropriate alternatives for those who don't use or have access to technology, and increasing public confidence and awareness in information security and privacy.

The findings suggest that the general use of technology and digital communication tools is widespread, regular, and increasing, and that people are familiar with it. Even the devices that were used by less people, for example, tablets or wearable technology, were still widely used, and similarly the digital communication tools used regularly but by less people, for example, banking apps, were still used at least occasionally by most.

It is important to note that people's preferences around the use of specific technology or tools change over time. Comparing these findings to findings from 2018 shows that, while use of mobile phones or smartphones has remained consistently very high, people's preferences around what other devices they use have changed over time, with less for example, using computers and more using wearable technology. An increase in regular use of some tools, such as social media, is also highlighted.

This widespread and regular use of technology and digital tools is not the case for everyone, however. A small number of Panel members said they don't use any digital tools or devices, highlighting that some may not use or have access to such technology. While this is only a small number of Panel members, this may be higher when considering the wider Scottish population, as there are groups who are not represented on the Panel that may have significant challenges in accessing digital tools, for example, people with learning disabilities or who are experiencing homelessness.

Most respondents also said they use digital communication tools and technology for health and care specifically. This could be expected due to the increased digital approach starting with the COVID-19 pandemic, but this was still lower compared to general use of these tools not related to health. The findings also suggest that, while most use technology in relation to health to access general healthcare information, a range of digital tools are used by people, highlighting both the range of digital tools available in the context of health and care, and the public's willingness to actively use these. Using digital tools or technology for health and care has helped for over half of the participants to access information around specific health conditions or services, and many have used them for other things such as ordering prescriptions, getting faster access to services and making appointments. Respondents also suggested that some aspects of health and care would benefit from being more digital, for example, booking or changing appointments, video consultations or ordering prescriptions. This highlights that digital tools and technology can have significant and widespread benefits in the context of health and care, in both communication and operational functions.

It is important to also note that technology can present challenges, especially related to establishing personal relationships and rapport, and that individuals may have different preferences and needs around using technology for health and care. Nearly a third of the participants said that they have not experienced any disadvantages or difficulties with using technology for health and care, but this was not the case for all. Over 4 in 10 participants said that they find using technology for health and care to be less personal and lack human contact, and over a third were concerned about the potential for

misdiagnosis. Some participants said that they don't agree with the digitisation of services and prefer personal contact.

Furthermore, there are still some who don't use or have access to technology. Just over a third said they don't use or have access to digital tools for health purposes at all, and some highlighted that not everyone is able to use technology and digital tools. Once more, this could be higher in certain groups of the population, which may not currently be represented on the Panel.

Many seem to understand, and agree with, the benefits of sharing health and wellbeing information between devices or apps and health and care professionals, and they would be happy for this to be implemented. However, many are still unsure, with most concerns being around security and privacy.

When asking the Panel about what matters most to them around the use of digital tools for health and care, the importance of security and privacy of information was reinforced, as well as the need to ensure that digital tools are accessible and fit for purpose, and providing appropriate alternatives for those who do not, or prefer not to, use digital tools for these purposes.

Recommendations

We make the following recommendations to Scottish Government and delivery partners:

- 1: Continue to use digital tools and technology to improve and provide access to services and support. Consider spreading this further and/or improving the digital-first approach to other services and aspects of care, for example, booking or changing appointments
- 2: Continue to engage with users around their preferences in using technology and digital tools in general, and specifically for health and care purposes, to monitor change in preferences and ways of using these tools
- 3: Ensure that equitable and appropriate non-digital routes are provided to all to access services and support, depending on individual needs, preferences and practicalities
- 4: Scottish Government and delivery partners to consider the public's wish for assurance around security and privacy of information, regarding the use of digital tools and technology for health and care in general, and in the potential sharing of information between devices/apps and services more specifically. This would be in line with the [Health and Social Care Data Strategy](#) key principle around public trust and the ethical use of data for the public good. For this, they should consider:
 - providing further public information and messaging around the benefits of the use of technology and information-sharing
 - providing clear, accessible and concise explanation of information governance processes in place, and
 - aiming to increase public understanding, awareness and confidence in information security and privacy.

Appendix 1: Questionnaire

Citizens' Panel 11

Citizens' Panel questionnaire on the Tobacco Action Plan, Vaccination Motivations and Digital Health and Social Care

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

- The Tobacco Action Plan
- Vaccination Motivations
- Digital health and social care

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 to. 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 or any of your contact details have changed, 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:

Tobacco Action Plan

The Scottish Government's vision is to have a tobacco-free Scotland by lowering smoking rates in our communities to below 5% by 2034. Our aim is to create a generation of young people who do not want to smoke, with all the health and economic benefits that follow. We have committed to publish a refreshed Tobacco Action Plan in autumn 2023 which will support delivery of this objective.

We would like to gather the views of the Citizens' Panel to inform and influence key elements of our future plans.

Please read the following information before answering the questions

Shops that sell tobacco and nicotine vapour products must be registered on the Scottish Tobacco and Nicotine Vapour Register. They should have an age verification policy in place, train their staff on establishing a customer's age, and can face heavy fines for failing to do so.

Enforcement of legislation on the sale and purchase of these products is carried out by Local Authorities as part of the Enhanced Tobacco (and Nicotine Vapour Product) Sales Enforcement Programme. This is overseen by the Society For Trading Standards Officers in Scotland and funded by the Scottish Government.

1. Regulation of sales

To what extent do you agree or disagree with the following statements:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
Action should be taken to further limit who can sell tobacco products	☐	☐	☐	☐	☐	☐
Action should be taken to further limit who can sell nicotine vaping products	☐	☐	☐	☐	☐	☐

2. Regulation of purchasing

To what extent do you agree or disagree with the following statements:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
Scotland should increase the legal age of the sale of tobacco products from 18 to 21 years of age.	☐	☐	☐	☐	☐	☐
Scotland should increase the legal age of the sale of nicotine	☐	☐	☐	☐	☐	☐

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
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vaping products from 18 to 21 years of age.

3. Measures to support people to quit smoking

Smoking Cessation Co-ordinators work across Scotland to help people to stop smoking; people can access these services in a variety of health care settings, including in primary care settings (e.g. GP surgeries) and pharmacies.

To what extent do you agree or disagree with the following statements:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
More people could be helped to quit by advice and support to quit being provided every contact they have with health services, including through GPs, hospitals, dentists etc.	☐	☐	☐	☐	☐	☐
Raising awareness and support to quit smoking should be available in non-health settings such as libraries	☐	☐	☐	☐	☐	☐
Technology, for example smart phone apps, should be used more to provide information and support for quitting	☐	☐	☐	☐	☐	☐

4. Measures to discourage smoking

There are some measures that would discourage smoking.

To what extent do you agree or disagree with the following statements:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
Taxes on tobacco and vaping products should be raised, making smoking more expensive	☐	☐	☐	☐	☐	☐
Packaging, in-pack information and appearance of cigarette sticks should be made more unappealing	☐	☐	☐	☐	☐	☐

5. Measures to prevent passive smoking in public

To what extent do you agree or disagree with the following statement:

The smoking ban should be widened to create more smoke-free areas where children congregate, for example outside schools and play parks.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Don't know

Vaccination Motivations

The COVID-19 vaccination programme in Scotland has been a huge success in protecting society from the severe negative health outcomes of COVID-19. With the reduction in testing and removal of societal restrictions, vaccination remains our best route out of the pandemic.

We are keen to understand if people will continue to take up new offers of the COVID-19 vaccine in the same high numbers as they have up to now, or to understand their reasons if not. These insights will inform all vaccination programmes, and help ensure the successes and lessons learned from the COVID-19 programme are applied more broadly.

Citizens' Panel 9 featured questions on the accessibility of the COVID-19 vaccination programme, with the survey conducted at a time of high COVID-19 rates and everyone aged 12+ being offered either primary or booster doses. This section of Citizens' Panel 11 aims to understand the motivations of

respondents as and when we move away from a pandemic, with COVID-19 vaccination becoming more of a routine vaccination.

6. What statement best describes your feelings towards taking up the COVID-19 vaccine in future:

- ☐ I will take up the offer of the COVID-19 vaccine in future (go to q6a)
- ☐ I will decline the offer of the COVID-19 vaccine in future (go to 6b)
- ☐ I'm not sure I would take up the offer of the COVID-19 vaccine in future (go to 6c)

6a. What are your main reasons for wanting to take up the offer of the COVID-19 vaccine in future? (tick all that apply)

- ☐ To protect myself
- ☐ To protect others
- ☐ It's my duty as a citizen
- ☐ My employer, family, or healthcare worker such as my GP expect me to get the vaccine
- ☐ Other (please explain):

Now go to Q7

6b. What are your main reasons for not wanting a COVID-19 vaccine in future? (tick all that apply)

- ☐ I have had COVID-19 recently but would like to get vaccinated in the future
- ☐ I don't think the vaccine would be effective at stopping me catching COVID-19
- ☐ I believe I am unlikely to become seriously unwell with COVID-19
- ☐ I am worried about short-term side effects of the vaccine (e.g. headache, fever)
- ☐ I am worried about long-term side effects of the vaccine
- ☐ I have a condition which would make it unsafe for me
- ☐ I have concerns because I am trying to conceive, pregnant, or breastfeeding
- ☐ I'm not eligible

☐ Other (please explain):

Now go to Q7

6c. Why are you unsure of wanting the COVID-19 vaccine in future?

- ☐ I have had COVID-19 recently but would like to get vaccinated in the future
- ☐ I don't think the vaccine would be effective at stopping me catching COVID-19
- ☐ I believe I am unlikely to become seriously unwell with COVID-19
- ☐ I am worried about short-term side effects of the vaccine (e.g. headache, fever)
- ☐ I am worried about long-term side effects of the vaccine
- ☐ I have a condition which would make it unsafe for me
- ☐ I have concerns because I am trying to conceive, pregnant, or breastfeeding
- ☐ I'm not eligible
- ☐ Other (please explain):

7. Has your decision about getting the COVID-19 vaccine changed over time?

- ☐ No
- ☐ Yes, I didn't want it at first, but now I do
- ☐ Yes, I wanted it at first but now I don't

Why do you say this?

8. Has your experience of the COVID-19 vaccine programme made you:

	More likely	No difference	Less likely
More or less likely to take up the offer of other vaccines? (e.g. flu, shingles if 70-79 years old, pneumonia if high risk or 65+ years old)	☐	☐	☐
More or less likely to encourage family and friends to take up the offer of other vaccines (e.g. flu, baby or children vaccinations)	☐	☐	☐

Why do you say this?

Digital Health and Social Care

The Scottish Government published 'Care in the Digital Age' in 2021. This sets out how digital services, and the technology and processes that support them, will be developed in Scotland's health and social care. While using digital services will increasingly be an option in the future, people who prefer not to do so will still be able to access services non-digitally.

Your answers will help us to understand how people feel about the use of digital tools in health and social care, and the potential advantages and disadvantages.

9 Do you use any of the following digital communication/information devices? Please select all that apply.

This could be for example for banking, travel or fitness. With this question we are trying to understand general familiarity with technology and preferences around using digital devices. We are not specifically asking about health and social care, though you can also consider what devices you use for this purpose.

- ☐ Desktop or laptop computer
- ☐ Mobile phone or smart phone
- ☐ Tablet (iPad or Android)
- ☐ Wearable technology (e.g. smart watch, Fitbit)
- ☐ I don't use any of these devices

☐ Other (please state):

10. How often do you use any of the following digital communication tools?

	Regularly (at least once a day)	Occasionally (at least once a week, but less than daily)	Rarely (three times a month or less)	Never
Social media, for example Facebook, Twitter or TikTok	☐	☐	☐	☐
Websites, for example for shopping, banking, finding information or managing wellbeing	☐	☐	☐	☐
Online communication platforms and tools, for example Zoom, MS Teams, Messenger or WhatsApp	☐	☐	☐	☐
Apps, for example banking, shopping or health apps	☐	☐	☐	☐
Email	☐	☐	☐	☐
SMS text messaging	☐	☐	☐	☐
other (please state in box below)	☐	☐	☐	☐

11. Do you use digital communication tools or technology to access any health and social care services? For example, this could be to access general health information or condition specific support, book appointments or get prescriptions.

☐ Yes (Go to 12)

☐ No (Go to 15)

12. What types of digital health and social care services do you use?

Please select all that apply.

☐ General healthcare information and support services, for example through NHS Inform

☐ Condition-specific support, for example using My Diabetes My Way

☐ Mental health support, for example through SilverCloud Health CBT

☐ Digital medical appointments, for example using Near Me

☐ Electronic prescription service

☐ Other (please specify):

13. What benefits have you experienced in using digital tools and technology to access health and social care services and support? Please select all that apply

☐ Faster access to services

☐ Improved access to services, for example: more accessible for rural areas; 24/7 access; can access from home

☐ Being able to access information around specific health conditions or services

☐ To make appointments

☐ To order prescriptions

☐ Other (please specify):

14. What disadvantages or difficulties have you experienced in using digital tools and technology to access health and social care services and support? Please select all that apply

☐ I do not have access to digital tools or devices

☐ I cannot use digital tools, devices and technology

☐ Lack of human contact, less personal

☐ Potential for misdiagnosis or information being misunderstood

☐ Concerns around data security issues or data protection

☐ Poor connection speeds

☐ Other (please specify):

15. What aspects of health and social care would benefit from being online or more ‘digital’ and why?

This might include how you communicate with health and care providers, the information you can access, booking or changing appointments, more Apps or online information.

16. Do you feel it would be useful to share health and wellbeing information from your devices/apps with your health professionals or care providers?

This could be for example information around your medical history and preferences.

☐ Yes

☐ No

☐ Unsure

Please tell us why you feel this way

17. What matters most to you around using digital tools to access health and care?

Thank you for taking the time to complete the survey.

Please now return the completed questionnaire in the reply paid envelope provided (no stamp required).

Appendix 2: Response profile

Response profile

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

Emails sent	933
Number of email responses	394
Email response rate	42%

Number of postal sent	678
Number of postal returned	168
Postal response rate	25%

Telephone surveys	98
Online survey	7

OVERALL RESPONSE RATE	
Response	667
Current number on Panel	1015
Overall response rate	66%

Sex	Scottish Popn. %	No on Panel	% of Panel	No of respondents	% of respondents	Response rate
Male	48%	468	46%	317	48%	68%
Female	52%	542	54%	346	52%	64%
Other		1	0%	1	0%	100%
Prefer not to answer		2	0%	2	0%	100%
Total	100%	1013	100%	666	100%	66%

Source: National Records Scotland - Population Estimates 2021. Table 1. Retrieved from:

<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2021> - Data - Table 1 accessed 05/08/22

Tenure	Scottish Popn. %	No on Panel	% of Panel	No of respondents
Own	58%	714	71%	508
Rent from Council/HA	23%	163	16%	83
Private Rent	15%	68	7%	40
Other	4%	61	6%	32
Total	100%	1006	100%	663

Source: <https://www.gov.scot/publications/housing-statistics-stock-by-tenure/> accessed 19/08/22

Age	Scottish Popn. %	No on Panel	% of Panel	No of respondents	% of respondents	Response rate	Difference response v popn
16-24	12%	56	5.52%	23	3.45%	41%	-9%
25-44	32%	194	19.11%	114	17.09%	59%	-15%
45-54	16%	137	13.50%	91	13.64%	66%	-2%
55-64	17%	235	23.15%	168	25.19%	71%	9%
65+	24%	384	37.83%	266	39.88%	69%	16%
Prefer not to answer		9	0.89%	5	0.75%		
Total	100%	1015	100.00%	667	100.00%	66%	

Source: <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2021> accessed 9/3/2023

Ethnic group	Scottish Popn. %	No on Panel	% of Panel	No of respondents	% of respondents	Response rate
White Scottish/British/Irish	89%	930	95%	610	95%	66%
Other	11%	54	5%	34	5%	63%
Total	100%	984	100%	644	100%	65%

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%	206	21%	121	18%	59%
2	20%	201	20%	122	18%	61%
3	20%	203	20%	133	20%	66%
4	20%	196	20%	146	22%	74%
5	20%	198	20%	140	21%	71%
Total	100%	1004	100%	662	100%	66%

Physical or mental health condition or illness	Scottish Popn. %	No on Panel	% of Panel	No of respondents	% of respondents	Response rate
Yes	47%	392	40%	260	40%	66%
No	53%	592	60%	392	60%	66%
Total	100%	984	100%	652	100%	66%

Source: Scottish Health Survey – telephone survey – August/September 2020: main report: Chapter 1 General Health, Long Term Conditions and Caring. Retrieved from: <https://www.gov.scot/publications/scottish-health-survey-telephone-survey-august-september-2020-main-report/pages/5/> accessed 05/08/22

Urban Rural Classification	Scottish Popn. %	No on Panel	% of Panel	No of respondents	% of respondents	Response rate
Accessible Rural	11%	110	11%	79	12%	72%
Accessible Small Towns	8%	91	9%	60	9%	66%
Large Urban Areas	38%	310	31%	216	33%	70%
Other Urban Areas	33%	356	35%	215	32%	60%
Remote Rural	6%	87	9%	53	8%	61%
Remote Small Towns	3%	52	5%	40	6%	77%
Total	99%	1006	100%	663	100%	66%

Source: National Records Scotland - Household Estimates 2021. <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/households/household-estimates/other-geographies-2011-data-zone-based/household-and-dwelling-estimates-by-urban-rural-classification> 05/08/22

Sexual orientation	Scottish Popn. %	No on Panel	% of Panel	No of respondents	% of respondents	Response rate
Heterosexual or straight	95%	851	91%	576	91%	68%
Gay or lesbian	1%	41	4%	31	5%	76%
Bisexual	0.60%	19	2%	9	1%	47%
Other	0.40%	6	1%	4	1%	67%
Prefer not to say	3%	21	2%	13	2%	62%
Total	100%	938	100%	633	100%	67%

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%	294	32%	210	33%	71%
Roman Catholic	16%	104	11%	63	10%	61%
Other Christian	6%	63	7%	44	7%	70%
Buddhist	0.20%	8	1%	6	1%	75%
Hindu	0.30%	2	0%	1	0%	50%
Jewish	0.10%	2	0%	2	0%	100%
Muslim	1.40%	26	3%	14	2%	54%
Sikh	0.20%	2	0%	2	0%	100%
Other religion	0.30%	26	3%	14	2%	54%
None	37%	389	42%	258	41%	66%
Prefer not to answer	7%	17	2%	16	3%	94%
Total	101%	933	100%	630	100%	68%

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 340 Panel members

Local Authority	Scottish Popn. %	No on Panel	% of Panel	No of respondents	% of respondents	Response rate
Aberdeen City	4%	35	3%	26	4%	74%
Aberdeenshire	5%	51	5%	37	6%	73%
Angus	2%	41	4%	25	4%	61%
Argyll and Bute	2%	13	1%	8	1%	62%
City of Edinburgh	10%	81	8%	64	10%	79%
Clackmannanshire	1%	9	1%	6	1%	67%
Dumfries and Galloway	3%	35	3%	24	4%	69%
Dundee City	3%	29	3%	13	2%	45%
East Ayrshire	2%	26	3%	12	2%	46%
East Dunbartonshire	2%	14	1%	7	1%	50%
East Lothian	2%	18	2%	15	2%	83%
East Renfrewshire	2%	15	1%	12	2%	80%
Falkirk	3%	27	3%	26	4%	96%
Fife	7%	23	2%	18	3%	78%
Glasgow City	12%	100	10%	70	11%	70%
Highland	4%	48	5%	31	5%	65%
Inverclyde	1%	6	1%	0	0%	0%
Midlothian	2%	27	3%	15	2%	56%
Moray	2%	20	2%	15	2%	75%
Na h-Eileanan Siar	0%	12	1%	7	1%	58%
North Ayrshire	2%	31	3%	18	3%	58%
North Lanarkshire	6%	81	8%	40	6%	49%
Orkney Islands	0%	7	1%	4	1%	57%
Perth and Kinross	3%	32	3%	22	3%	69%
Renfrewshire	3%	27	3%	18	3%	67%
Scottish Borders	2%	21	2%	15	2%	71%
Shetland Islands	0%	18	2%	14	2%	78%
South Ayrshire	2%	22	2%	13	2%	59%
South Lanarkshire	6%	80	8%	46	7%	58%
Stirling	2%	18	2%	15	2%	83%
West Dunbartonshire	2%	15	1%	11	2%	73%
West Lothian	3%	28	3%	19	3%	68%
Total	100%	1010	100%	666	100%	66%

Source: National Records Scotland - Population Estimates 2021. Table 1. Retrieved from:

<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2021> - Data - Table 1 accessed 05/08/22

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