
Citizens' Panel for health and social care

Survey on hospital at home and
organ and tissue donation

October 2026

CP18

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Citizens' Panel for health and social care

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

1 - Views on Hospital at Home and 2 - Attitudes toward organ and tissue donation after death

In total 646 panel members responded to the survey by post and email, which represents a 60% response rate.

Views on Hospital at Home

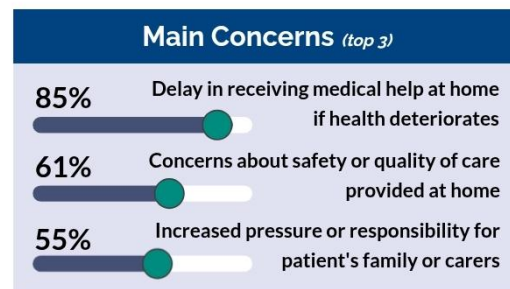
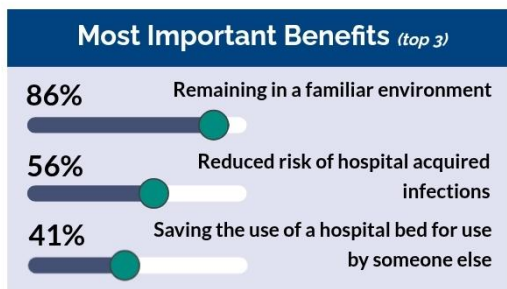
Awareness and understanding of Hospital at Home



What would make it work well? (top 3)



Views on Hospital at Home



When asked 'If you could choose, where would you prefer to receive acute care?'



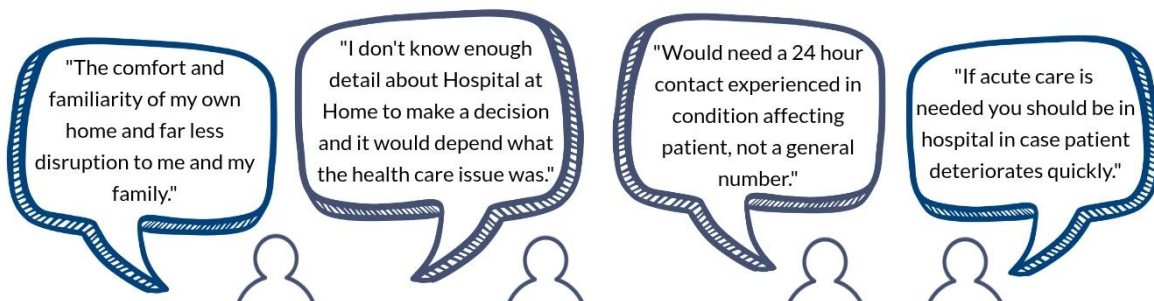
Hospital at Home



Unsure

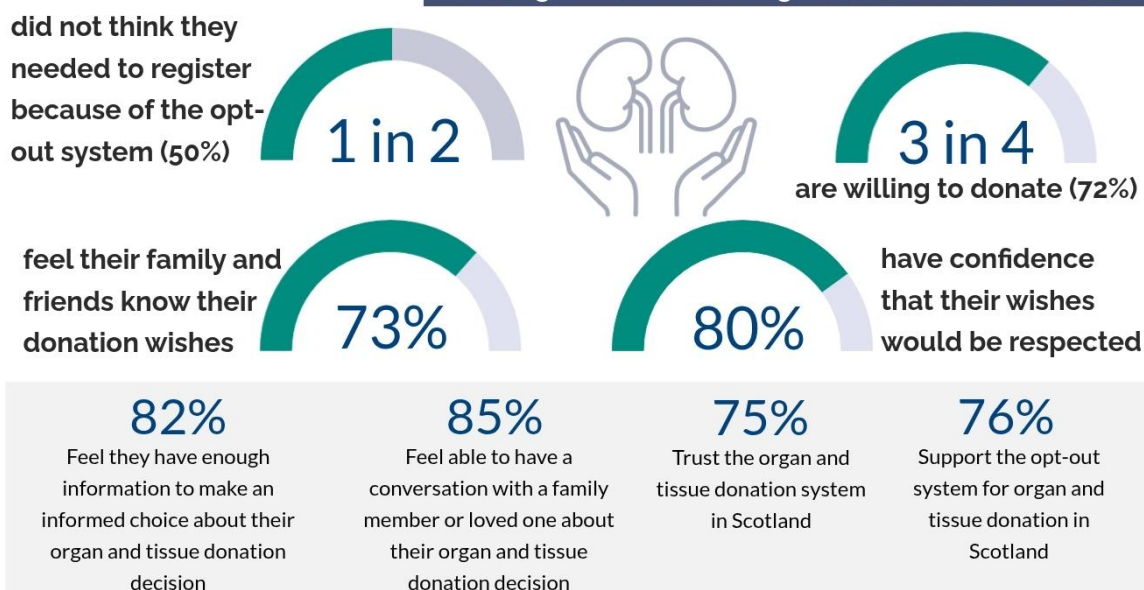


Stay in Hospital



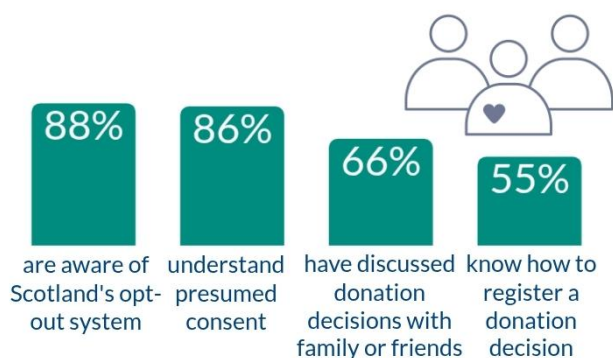
Attitudes towards organ and tissue donation after death

Willingness to donate organs and tissue after death

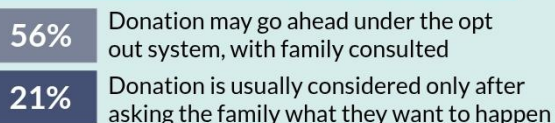


Awareness and understanding of organ and tissue donation

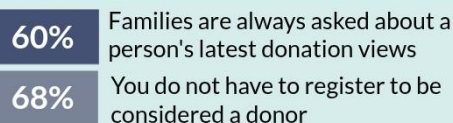
Of those that are aware of the opt-out system, half don't know/ can't remember where they first heard of this from



What people believe happens if a person dies and a decision hasn't been registered:



What people believe about organ and tissue donation:



"Made me realise gaps in my knowledge and that we haven't discussed this recently."

"I think I need to look at this again and make sure I am aware of all that is involved regarding registration..."

"I think a public information campaign would be helpful to both raise awareness and stimulate discussion and sharing of views."



Foreword

I am pleased to introduce the eighteenth Citizens' Panel report for health and social care in Scotland. This survey explores public views on two important areas of health and care policy: **Hospital at Home** and **organ and tissue donation after death**.



The Citizens' Panel continues to provide an important opportunity to hear directly from people across Scotland. The findings in this report reflect the views of 646 Panel members from all 32 local authority areas, providing a broadly representative insight into public understanding, experiences and priorities.

The findings on Hospital at Home suggest that while many people recognise the potential benefits of receiving hospital level care in familiar surroundings, awareness and understanding of the service remain mixed. Panel members highlighted the importance of confidence in safety, timely access to urgent help, clear communication and consideration of individual circumstances, with views often depending on the nature of the illness, the support available at home and confidence that equivalent standards of care could be maintained, outside of a hospital environment.

The survey also provides encouraging evidence of strong public support for organ and tissue donation and for Scotland's opt-out system. Most respondents expressed willingness to donate and provided broadly positive views of the donation system.

At the same time, the findings highlight opportunities to improve public understanding of how the system operates in practice, particularly around the role of families, eligibility to donate and how to record donation decisions. These findings will help inform the ongoing evaluation of Scotland's opt-out system for organ and tissue donation after death.

I would like to thank all Citizens' Panel members for taking the time to share their views on these important topics. I am also grateful to the People's Experience Volunteers and Public Partners who supported the development of the survey, to our research partners Craigforth for undertaking the research, and to colleagues across Healthcare Improvement Scotland and the Scottish Government who contributed to this work.

We hope this report supports continued learning, discussion and improvement, helping to ensure that services and policies reflect the needs, expectations and experiences of people and communities across Scotland.

Suzanne Dawson
Chair, the Scottish Health Council

Executive Summary

Background

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

Panel membership is set at a level to support statistically robust analysis at a Scotland wide level. There are 1,080 active members across all 32 local authority areas at the time of the present survey. Membership is regularly refreshed (most recently in spring 2025) to ensure the Panel is representative of the wider population, and to boost under-represented locations or population groups. A profile of the Panel members is appended to this report.

This report presents findings from the eighteenth Citizens' Panel survey, conducted between May 2026 and July 2026. The survey sought views on Hospital at Home, and organ and tissue donation after death.

A total of 646 survey responses were received, equivalent to a response rate of 60%. This is sufficient to support robust analysis with overall results accurate to $\pm 3.9\%$ ¹. Key findings are summarised over the following pages. The body of this report sets out findings in more detail, and a profile of survey responses is appended.

Key Findings

Hospital at Home

Panel members were asked about their awareness of and views on Hospital at Home. Key findings are summarised below.

- Awareness of Hospital at Home was mixed. Just under half of respondents (48%) had not heard of Hospital at Home. Around a third (31%) reported that they had heard of Hospital at Home and understood what it involved, while a further 20% had heard of the service but did not feel they understood it.
- The benefits most frequently associated with Hospital at Home were remaining in a familiar environment (86%) and reduced risk of hospital-acquired infections (56%). The most common concern was potential for delay in receiving medical help at home if a patient's health deteriorated, compared to being treated in hospital (85%).
- In terms of helping Hospital at Home to work better for people, the most frequently mentioned factors were: confidence about access to urgent help quickly, if needed (68%),

¹ Based on a 50% estimate at the 95% confidence interval.

regular communication with healthcare professionals (61%) and information in advance about how Hospital at Home works (55%).

- Given the option to choose between Hospital at Home or staying in hospital, Hospital at Home was the most commonly selected option (44%), although respondents were divided and a substantial minority remained unsure (30%). Written comments suggest that support for Hospital at Home is often conditional on clinical suitability, severity of illness, speed of access to urgent care and the availability of family or carer support.
- The most common reason for choosing Hospital at Home was the comfort and familiarity of home, and a view that this would support recovery. The most common reasons for choosing a stay in hospital were being confident of access to emergency response, suitability for more acute conditions, and access to professional staff and equipment.

Recommendations

Based on these findings, Healthcare Improvement Scotland makes the following recommendations to NHS Boards. In addition, there is a need to improve awareness and understanding of Hospital at Home at a national level, so recommendation one is also made to the Scottish Government.

1. Improve awareness and understanding of Hospital at Home

The Scottish Government and NHS Boards should provide clear and accessible information about what Hospital at Home is and how the service works. National communication should support wider public awareness and consistent understanding of the service. This should be complemented by local communication from NHS Boards explaining whether Hospital at Home is available in their area, who may be eligible and how local services operate.

Communications should explain the potential benefits identified by respondents, including receiving care in familiar surroundings, reduced disruption to daily life and reduced exposure to hospital-acquired infection. This may support informed decision-making and more realistic expectations of the service.

2. Provide reassurance about safety, quality of care and access to support

Information for patients, families and the wider public should address common concerns identified in the survey, particularly around access to urgent help, the quality and safety of care provided at home, and communication with healthcare professionals. Clear information and reassurance in these areas may help build confidence in the service.

3. Recognise the importance of home circumstances and support networks

Assessment for Hospital at Home should take account of the patient's living arrangements, support network and home circumstances, reflecting respondents' concerns about the availability of family or carer support. Discussions should recognise that family members or unpaid carers may have differing capacities to provide support. Where relevant, patients and

families should receive clear information about what the service would require of the wider household.

4. Support informed and person-led decision-making

Hospital at Home should be presented as an option where it is clinically appropriate, recognising that preferences for receiving acute care at home or staying in hospital vary according to individual needs and circumstances. Referring practitioners should have accurate and up-to-date information about the service available in their area so that they can explain the option and support patients to make an informed choice.

Attitudes to organ and tissue donation after death

Panel members were asked about their views on organ and tissue donation, awareness and understanding of the system in Scotland, and willingness to donate organs and tissue. Key findings are summarised below.

- A large majority of respondents feel able to have a conversation with a family member or loved one about their organ and tissue donation decision (85%) and feel that they have enough information to make an informed choice (82%).
- Most respondents support the opt-out system for organ and tissue donation in Scotland (76%), and trust the organ and tissue donation system in Scotland (75%).
- A large majority of respondents were aware of the opt-out system of organ and tissue donation in Scotland (88%) and understood that this means they may be presumed to be willing to donate unless they have stated otherwise (86%). Fewer respondents said they knew how to register their organ and tissue donation decision (55%).
- More than half of respondents (56%) think that a donation may go ahead with families consulted to check their loved ones most recent wishes, and a further 21% think that donation is usually considered only after asking what the family want to happen.
- Most respondents think that you do not have to register to be considered as a donor in Scotland (68%), and that families are always asked about a person's latest views if donation is being considered (60%).
- Nearly three quarters of respondents (72%) indicated that they are willing to donate their organs and tissue after death. The majority felt that their family or close friends know what their wishes are regarding organ and tissue donation (73%), and were confident that their wishes would be respected (80%).
- Overall, the findings are broadly similar to those from the 2023 Citizens' Panel survey. Both surveys found high levels of awareness and support for the opt-out system, alongside continuing gaps in people's understanding of how to register a decision and how the system operates in practice. Small differences between the surveys should be interpreted cautiously, given the separate samples and margins of error.

Recommendations

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

1. Improve public understanding of the opt-out system

Future communication should explain how the opt-out system works in practice. This should include:

- the role of families,
- what deemed authorisation means,
- when donation may proceed,
- legal exclusions,
- what safeguards are in place,
- how to record a decision, and
- the difference between opting in and opting out.

Information should use clear and accessible language and should help address the common areas of confusion identified in the findings.

2. Support people to record and share their decision

Communications should continue to encourage people to record their decision and discuss it with family members or loved ones. This should apply whether a person wants to donate or has chosen to opt-out. Clearer information is also needed on how to register a decision, where it is recorded and how it can be reviewed or changed over time. Communications should also acknowledge that these conversations can be sensitive and emotionally difficult for some people and provide practical support to help people discuss their wishes.

Communications should explain the benefits of recording a decision even where an individual supports donation under the opt-out system.

3. Address uncertainty about eligibility

Future information should address common misunderstandings about age, health conditions and eligibility to donate. Messages should make clear that suitability for donation is assessed at the relevant time. Information should help reassure people that age, previous illness or existing medical conditions do not automatically prevent donation.

4. Refresh public awareness activity

Consideration should be given to renewed public awareness activity across a range of communication channels. This could include television, radio, NHS communications, social media and other public information routes. Regular reminders may help people review their decision, update their preferences where necessary and speak to family members about their wishes.

5. Build trust through reassurance and real-life examples

Public communications should provide reassurance about consent, dignity, personal choice and the safeguards that underpin the organ and tissue donation system. This may help people understand the benefits of donation and make an informed decision. Communications should also be sensitive to the different cultural, religious and personal beliefs that may influence people's views on donation.

6. Continue to monitor awareness and action

Future research should continue to measure awareness and understanding of organ and tissue donation and the opt-out system. It should also look at practical behaviours, such as recording a decision, discussing wishes with family members, and confidence that wishes will be respected. This would help assess whether awareness is leading to informed decision-making and action.

Chapter 1: Introduction

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

Survey content

This survey focused on Hospital at Home, and organ and tissue donation after death, both topics commissioned by the Scottish Government. Questions were developed by Healthcare Improvement Scotland in partnership with the Scottish Government. Draft questions were tested with members of the public, and final questions refined based on feedback. A copy of the survey questionnaire is provided at [Appendix 1: Survey questionnaire](#).

Survey fieldwork and response

The survey was issued to all 1,080 Panel members by our external research partners Craigforth who undertake the operational fieldwork and analysis of the research. The fieldwork ran from week commencing 11 May 2026 to 26 July 2026. Survey methodology was based on members' communication preferences with a mix of email and postal surveys issued. However, all members had the opportunity to respond online, by post or by telephone.

A total of 646 responses were received by survey close, equivalent to a response rate of 60%. This is a positive response, and crucially is sufficient to support statistically robust analysis at a national level. Overall survey results are accurate to $\pm 3.9\%$ based on a 50% estimate at the 95% confidence interval. In this report we do not report results broken down into sub-categories (for example, age or deprivation) as they are not statistically significant.

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

It is also important to note that the Citizens' Panel may under-represent other groups who are at higher risk of exclusion. For example, national research² has identified a range of 'seldom heard groups' who experience psychological and learning barriers to take-up of social programmes. It is reasonable to assume that these barriers may also impact engagement with research processes. 'Seldom heard groups' include people with physical or mental health impairments, people with learning disabilities, vulnerable people, care experienced people, people from minority ethnic communities, mobile populations and people with trauma

² Scottish Government, ScotCen (2024), [Research into seldom-heard groups within the Scottish social security system](#).

experience. These groups may have different experiences of the issues being considered by Citizens' Panel surveys, and this should be borne in mind when interpreting survey findings.

Survey results

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

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

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

Chapter 2: Hospital at Home

The first part of the survey asked Panel members about their awareness, understanding and perceptions of Hospital at Home. Many respondents had either not heard of Hospital at Home before receiving the survey or did not feel they understood what it involved. As a result, responses are best understood as reflecting public perceptions of the service rather than direct experience of it. This aligns with the purpose of the research, which was to explore public awareness, understanding and perceptions of Hospital at Home.

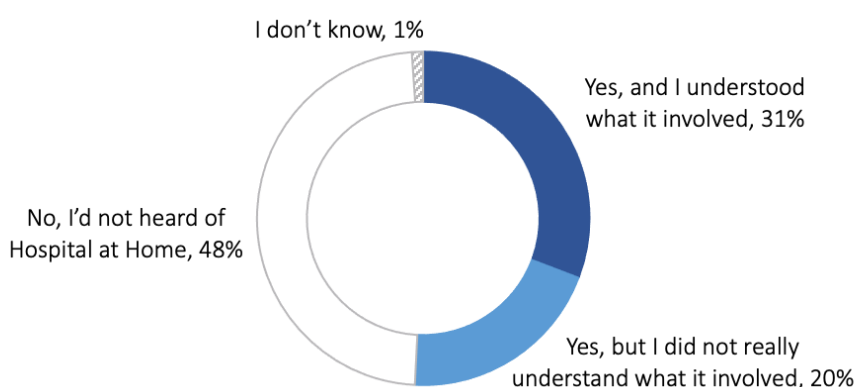
Hospital at Home is a service that gives people hospital level care in their own home or usual place of residence instead of a hospital ward. It also includes other specific services which provide a range of clinical care for patients on an outpatient basis as an alternative to receiving this care as a hospital inpatient.

The information gathered from these questions will supplement insight gathered by the ongoing evaluation of Hospital at Home services and support informed strategic decision-making in relation to the service's delivery.

Awareness and understanding

Awareness of Hospital at Home was mixed. Just under half of respondents (48%) had not heard of Hospital at Home. Around a third (31%) reported that they had heard of Hospital at Home and understood what it involved, while a further 20% had heard of the service but did not feel they understood it.

Q1. Before receiving this questionnaire, had you heard of Hospital at Home?



Base: 641.

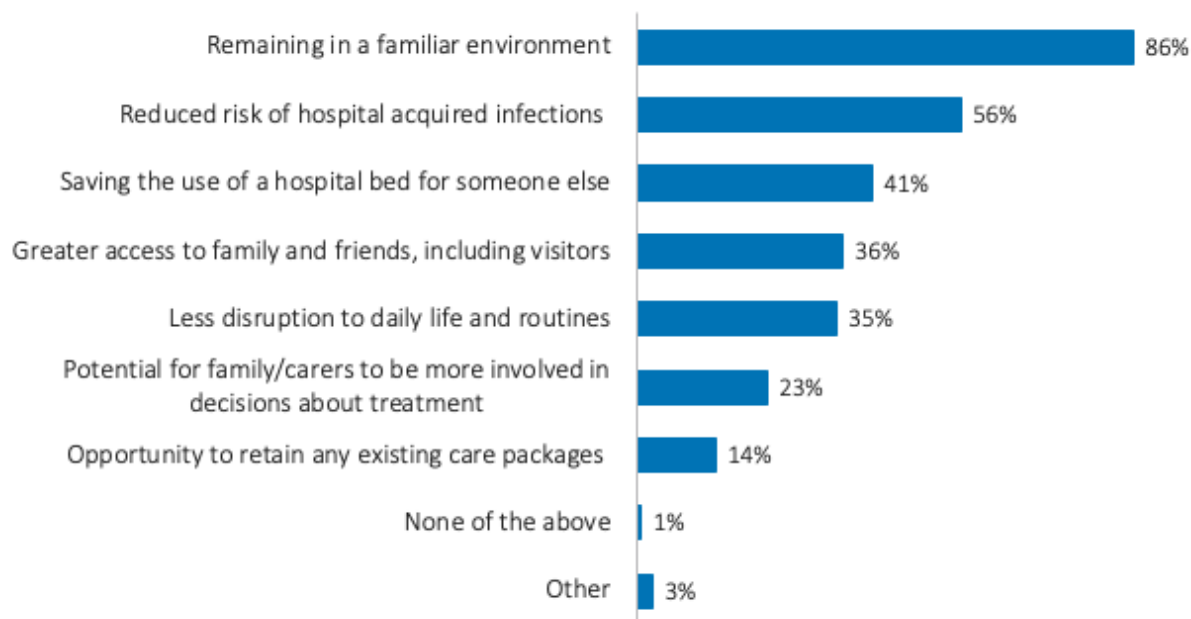
Views on Hospital at Home

Panel members were asked a series of questions to gauge views on Hospital at Home. This included questions on benefits, concerns and what would help Hospital at Home support people.

Respondents were provided with a list of potential benefits linked to receiving Hospital at Home, and asked to select up to three options (including 'other' which allowed an open text response). The benefits most frequently associated with Hospital at Home were remaining in a familiar environment (selected by 86%) and reduced risk of hospital-acquired infections (56%). Other commonly cited benefits were saving a use of a hospital bed for someone else (41%), greater access to family and friends, including visitors (36%) and less disruption to daily life and routines (35%).

A small number of respondents (3%) mentioned 'other' benefits for Hospital at Home including reference to cost savings (including avoiding the need for travel), benefits for mental health and wellbeing, and previous positive experiences of family members receiving Hospital at Home services.

Q2. What do you think the main benefits, if any, would be for a patient from getting Hospital at Home care instead of going into hospital?



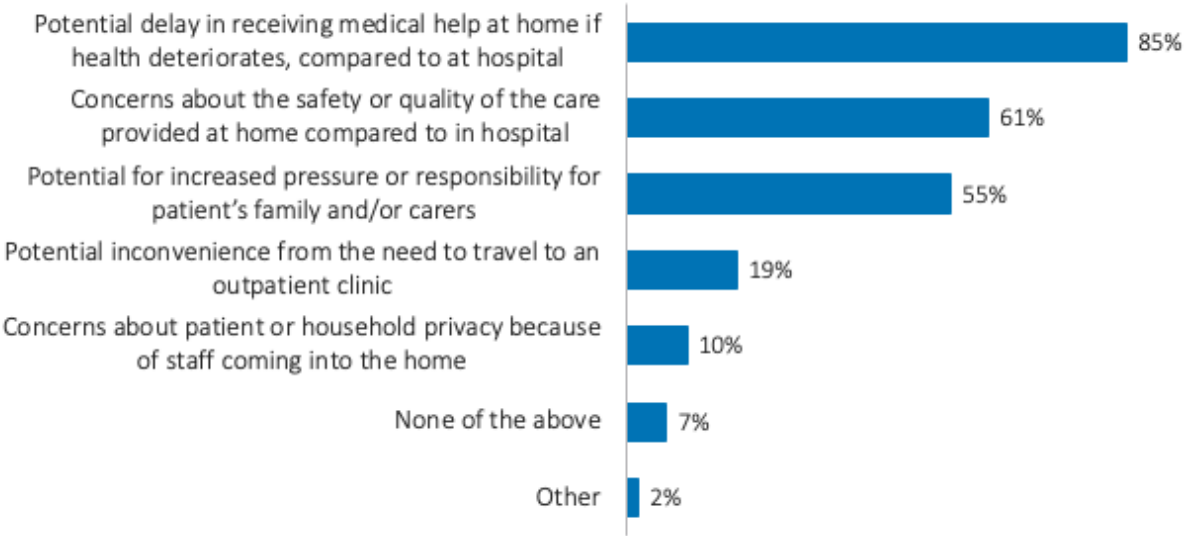
Base: 600. Respondents were asked to select up to three options

Respondents were also provided with a list of potential concerns linked to receiving Hospital at Home, and asked to select up to three options (including 'other' which allowed an open text response). The most common concern was the potential for delay in receiving medical help at home if a patient's health deteriorated, compared to being treated in hospital (selected by 85%). Most respondents also selected concerns around the safety or quality of

care provided at home compared to in hospital (61%) and potential for increased pressure or responsibility for the patient’s family or carers (55%).

A small number (2%) mentioned ‘other’ concerns about Hospital at Home, including reference to patients’ capacity to manage communication and technical requirements, concern about impact on personal privacy and causing a patient’s home to feel less homely.

Q3. What concerns, if any, might you have if you or a family member were being treated through Hospital at Home?



Base: 598. Respondents were asked to select up to three options

Respondents were asked what they felt would help make a Hospital at Home experience work well, and provided with a list of options with the opportunity to select up to three (including ‘other’ which allowed an open text response). The most frequently selected factors were: confidence that urgent help will be available quickly, if needed (68%), regular communication with healthcare professionals (61%) and clear, easy to understand information in advance about how Hospital at Home works (55%).

The most commonly selected factor which would help Hospital at Home work well was confidence that urgent help would be available quickly if needed (68%). This aligns with the most commonly selected concern, namely a potential delay in receiving medical help if a patient's condition deteriorated while receiving care at home.

Q4. If you or someone close to you were offered Hospital at Home, what would help make that experience work well?

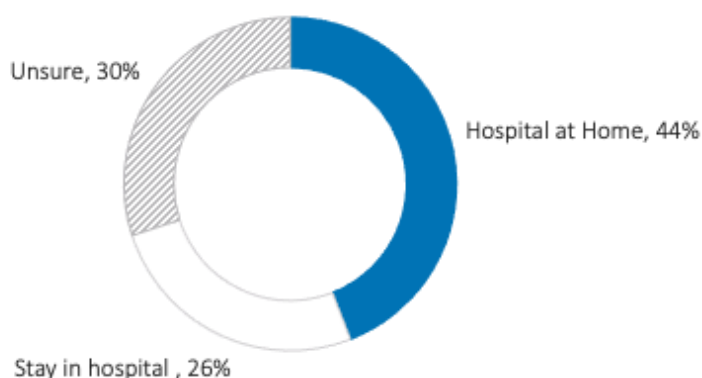


Base: 585. Respondents were asked to select up to three options

Likelihood of choosing Hospital at Home

If Panel members were given the option to choose between getting acute care through Hospital at Home or staying in hospital, more than two in five of respondents indicated that they would choose Hospital at Home (44%). Around a quarter of respondents (26%) would choose a stay in hospital and 30% were unsure.

Q5. If a healthcare professional let you choose between getting acute care through Hospital at Home staying in hospital, which would you choose?



Base: 582.

Panel members were asked to provide written comment outlining the reason for their answer at Question 5. Key themes are summarised below.

- **Choosing Hospital at Home (n: 100 respondents).** The most common theme was the comfort and familiarity of home, and a view that this would support recovery (53% of those providing comment). Other common themes were that the choice would depend

on the quality and safety of care (24%), and that Hospital at Home would give better access to support from family and friends (21%).

- The reasons respondents gave for preferring Hospital at Home closely reflected the benefits identified earlier in the survey, particularly the comfort of familiar surroundings, maintaining independence and routine, reducing exposure to hospital-acquired infection, and being closer to family and social support.
- A number of respondents said their preference for Hospital at Home would depend on their individual circumstances. Factors such as the type and severity of illness, support available at home and confidence that urgent help would be available if needed were all important considerations.
- **Choosing a stay in hospital (n: 84 respondents)**. The most common themes were being confident of access to emergency response if needed (42%), suitability of hospital for more acute conditions (33%), and access to professional staff/equipment and continuous care (33%).
- Written comments also referred to concerns about living alone or having limited family or carer support available when receiving treatment at home.
- **Unsure (n: 95 respondents)**. The main theme was that the choice would be dependent on the condition or diagnosis, including the treatment required and clinical suitability (74%).

Q5. Can you please explain the reason for your choice between getting acute care through Hospital at Home staying in hospital?

Themes	%
Those who would choose Hospital at Home (n: 100 respondents)	
Comfort and familiarity of home Comfort, familiarity, feeling safe, feeling relaxed or at ease in one's own surroundings, supports recovery.	53%
Dependent on quality and safety of care Prefer Hospital at Home if confident in clinical suitability, standards equivalent to hospital, equipment, competent staff and access to backup if needed.	24%
Family and friends support Being near family or friends, easier visiting and continued support from relatives or carers.	21%
Avoiding the hospital environment, reduced infection risk Dislike of wards (noise, poor sleep, shared space), impersonal care, overcrowding, hospital-related anxiety, avoiding hospital-acquired infection or illness.	20%
Maintaining routine, independence, privacy and control Maintaining normal life, privacy, independence, food, routines, personal control.	20%
Those who would choose a stay in hospital (n: 84 respondents)	
Rapid emergency response if needed More confident in access to rapid or immediate help if needed—for example due to complication or sudden deterioration.	42%

Themes	%
Suitability of hospital for acute conditions Hospital is the more appropriate setting for more acute care or more serious conditions.	33%
Access to professional staff and equipment/facilities, 24-hour care Ready access to experienced staff and professional clinical care, availability of equipment/scans/facilities, ongoing supervision and round-the-clock care.	33%
Safety of care, confidence and reassurance Feeling safer or more reassured and confident that needs would be met in hospital.	27%
Those who are unsure (n: 95 respondents)	
Dependent on condition or diagnosis, treatment needs, clinical suitability The appropriate setting depends on the condition or diagnosis—symptoms, severity and the treatment/assistance/monitoring required.	74%
Family/carer availability, potential burden Decision would depend on family or carer support (concern about patients living alone), consider the burden placed on family or carers.	18%
Need more information, advice or experience Don't feel able to comment—insufficient knowledge, context or experience, would need professional advice.	16%

Conclusions

Awareness of Hospital at Home was mixed. Around half of respondents reported having heard of the service, although only around one third said they understood what it involved. These findings suggest there remains scope to improve public awareness and understanding of Hospital at Home and how it works.

Respondents identified a range of perceived benefits associated with Hospital at Home, particularly receiving care in familiar surroundings, reducing disruption to daily life and avoiding hospital-acquired infection. However, respondents also expressed concerns about receiving care at home. The most common concerns related to possible delays in accessing urgent medical help if a person's condition deteriorated, the quality and safety of care provided at home, and the potential impact on family members and unpaid carers. These findings indicate that reassurance about safety, quality of care and access to timely support may be important in shaping public confidence in the service.

When asked what would help Hospital at Home work well, respondents most commonly highlighted confidence that urgent help would be available quickly if needed, regular communication with healthcare professionals, and clear information about how the service works. Together, these findings suggest that both effective communication and confidence in support arrangements are important factors influencing perceptions of Hospital at Home.

When presented with a hypothetical choice between Hospital at Home and a stay in hospital, Hospital at Home was the most commonly selected option. However, qualitative responses indicated that preferences were often conditional on factors such as the nature and severity of illness, clinical suitability, access to urgent support and the availability of family or carer support. These findings suggest that preferences for Hospital at Home are influenced by individual circumstances and that flexibility and informed choice remain important considerations.

Recommendations

Based on these findings, Healthcare Improvement Scotland makes the following recommendations to NHS Boards. In addition, there is a need to improve awareness and understanding of Hospital at Home at a national level, so recommendation one is also made to the Scottish Government.

1. Improve awareness and understanding of Hospital at Home

The Scottish Government and NHS Boards should provide clear and accessible information about what Hospital at Home is and how the service works. National communication should support wider public awareness and consistent understanding of the service. This should be complemented by local communication from NHS Boards explaining whether Hospital at Home is available in their area, who may be eligible and how local services operate.

Communications should explain the potential benefits identified by respondents, including receiving care in familiar surroundings, reduced disruption to daily life and reduced exposure

to hospital-acquired infection. This may support informed decision-making and more realistic expectations of the service.

2. Provide reassurance about safety, quality of care and access to support

Information for patients, families and the wider public should address common concerns identified in the survey, particularly around access to urgent help, the quality and safety of care provided at home, and communication with healthcare professionals. Clear information and reassurance in these areas may help build confidence in the service.

3. Recognise the importance of home circumstances and support networks

Assessment for Hospital at Home should take account of the patient's living arrangements, support network and home circumstances, reflecting respondents' concerns about the availability of family or carer support. Discussions should recognise that family members or unpaid carers may have differing capacities to provide support. Where relevant, patients and families should receive clear information about what the service would require of the wider household.

4. Support informed and person-led decision-making

Hospital at Home should be presented as an option where it is clinically appropriate, recognising that preferences for receiving acute care at home or staying in hospital vary according to individual needs and circumstances. Referring practitioners should have accurate and up-to-date information about the service available in their area so that they can explain the option and support patients to make an informed choice.

Chapter 3: Attitudes to organ and tissue donation after death

The second part of the survey asked a series of questions relating to organ and tissue donation after death. This included views on organ and tissue donation, awareness and understanding of the system in Scotland, and willingness to donate organs and tissue after death. A background statement for context and understanding was given before the questions were asked. This is outlined below.

Organ and tissue donation means giving part of your body, after your death, to help someone who needs a transplant. Some living donor organ transplantation takes place, but the focus of this work is donation after death. Organs which are routinely transplanted include the kidneys, liver, heart, lungs, pancreas and small bowel. Tissue which is routinely transplanted includes parts of the eyes, such as the cornea, tendons and heart valves.

In 2021, Scotland moved to an 'opt-out system' of deceased organ and tissue donation. This means that if someone dies in circumstances where they potentially could become a donor, and they have not registered a donation decision, they would be presumed to be willing to donate, unless their family or friends provide information that the potential donor was unwilling to do so.

To opt-out of donation (say no to donation) you can register your decision. If you support donation, you can still choose to actively register your decision to be a donor.

Whatever you decide, you should also tell family and friends about your donation decision to help ensure that it is honoured. Your family and friends will always be consulted about your latest views to ensure that donation does not proceed if you would not have wanted it to.

The information gathered from these questions will inform the evaluation and monitoring of the opt-out system for deceased organ and tissue donation. The Scottish Government evaluation will report on previous Citizens' Panel surveys on this topic.

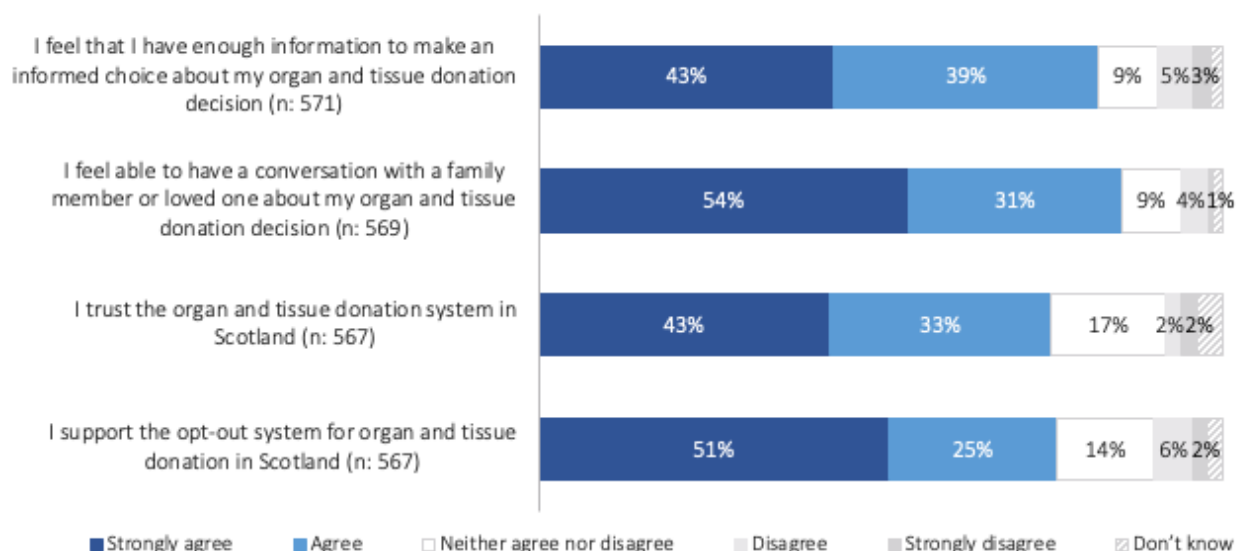
Views on organ and tissue donation after death

Panel members were first asked to indicate the extent to which they agree or disagree with a series of statements about organ and tissue donation after death. Key findings are summarised below.

- A large majority of respondents (85%) feel able to have a conversation with a family member or loved one about their organ and tissue donation decision, including more than half (54%) who "strongly agree" with this.

- A majority of respondents (82%) also feel that they have enough information to make an informed choice about their organ and tissue donation, although respondents were less likely to “strongly agree” with this (43%).
- Most respondents (76%) support the opt-out system for organ and tissue donation in Scotland, and most (75%) trust the organ and tissue donation system in Scotland.

Q6. To what extent do you agree or disagree with the following statements about organ and tissue donation after death?

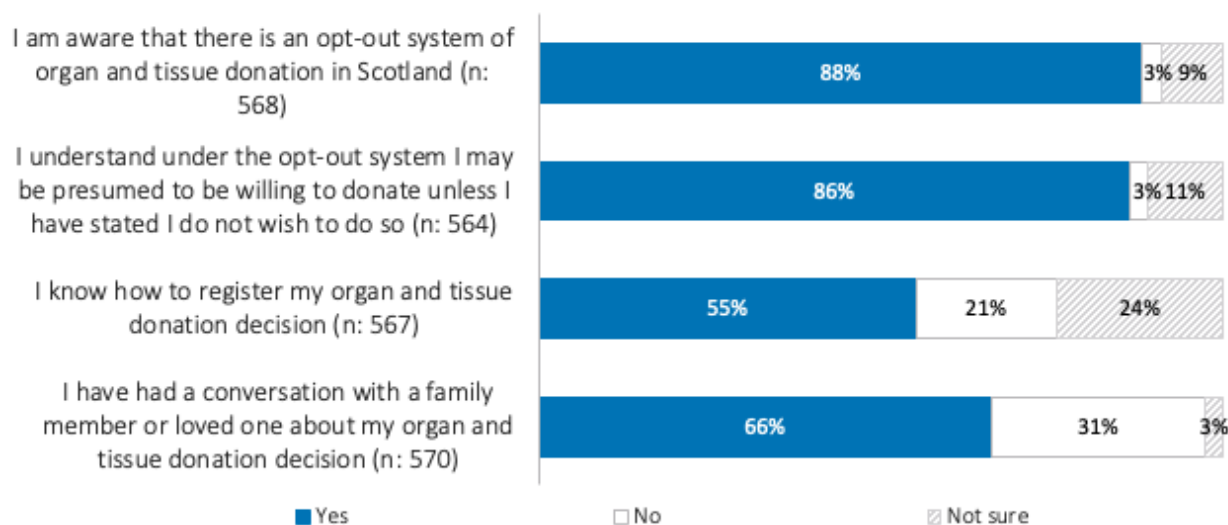


Awareness and understanding

Panel members were asked a series of questions to gauge their awareness and understanding of the organ and tissue donation system in Scotland.

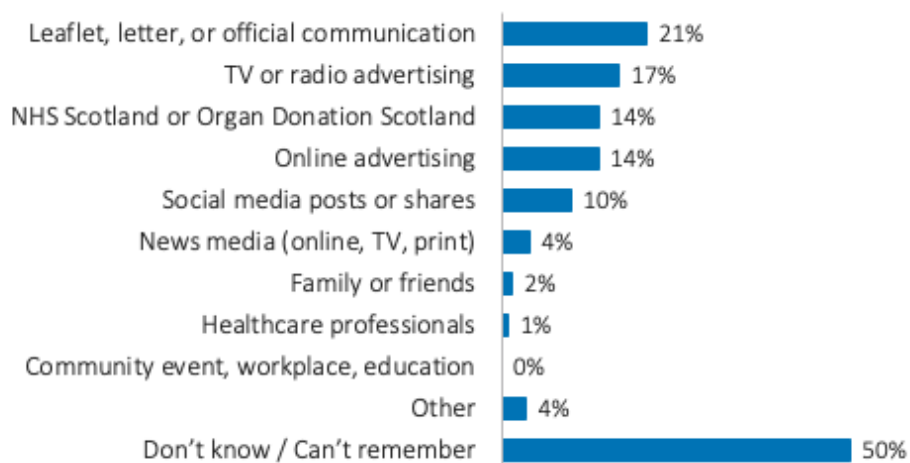
A large majority of respondents were aware of the opt-out system of organ and tissue donation in Scotland (88%), and understood that the opt-out system means that they may be presumed to be willing to donate unless they have stated that they do not wish to do so (86%). Around two thirds of respondents (66%) have had a conversation with a family member or loved one about their donation decision. Respondents were less likely to know how to register their organ and tissue donation decision (55%).

Q8. Please select the answer that best applies to you with the following statements about organ and tissue donation after death.



Those who were aware (88%) of the opt-out system were asked where they had first heard about this. Of those that responded (97 participants) the most commonly mentioned sources were leaflets, letters or official communication (21%) and TV/ radio advertising (17%). Half (50%) of all respondents could not remember where they had heard about the opt-out system.

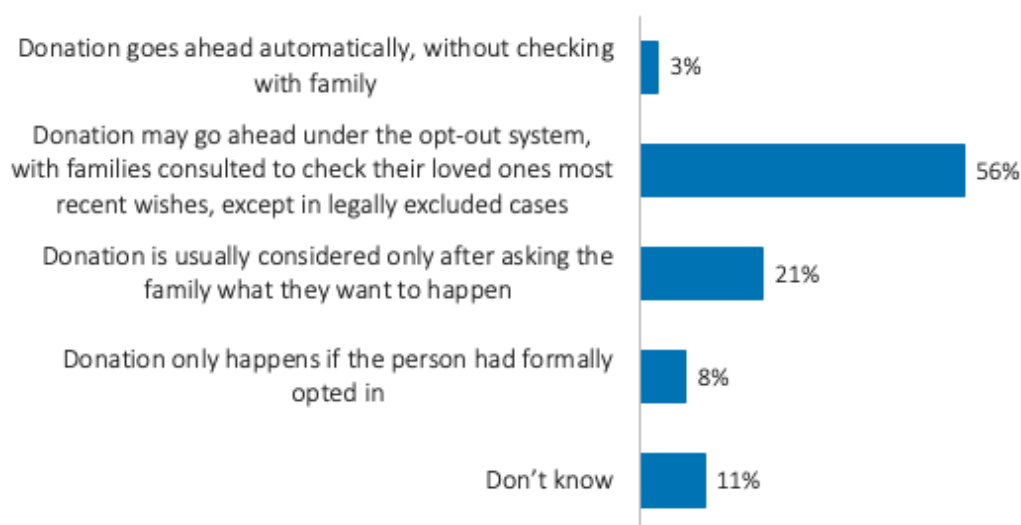
Q9. If you are aware of the opt-out system, where did you first hear about this?



Base: 97. Note respondents could select multiple options.

In terms of their understanding of how the organ and tissue donation system works in Scotland, Panel members were first asked what they think happens if a person dies without having registered an organ or tissue donation decision. More than half of respondents (56%) think that a donation may go ahead under the opt-out system, with families consulted to check their loved ones most recent wishes. A further 21% of respondents think that donation is usually considered only after asking what the family want to happen.

Q7. Which of the following, do you think, best describes what usually happens in Scotland if a person dies without having registered an organ and tissue donation decision?

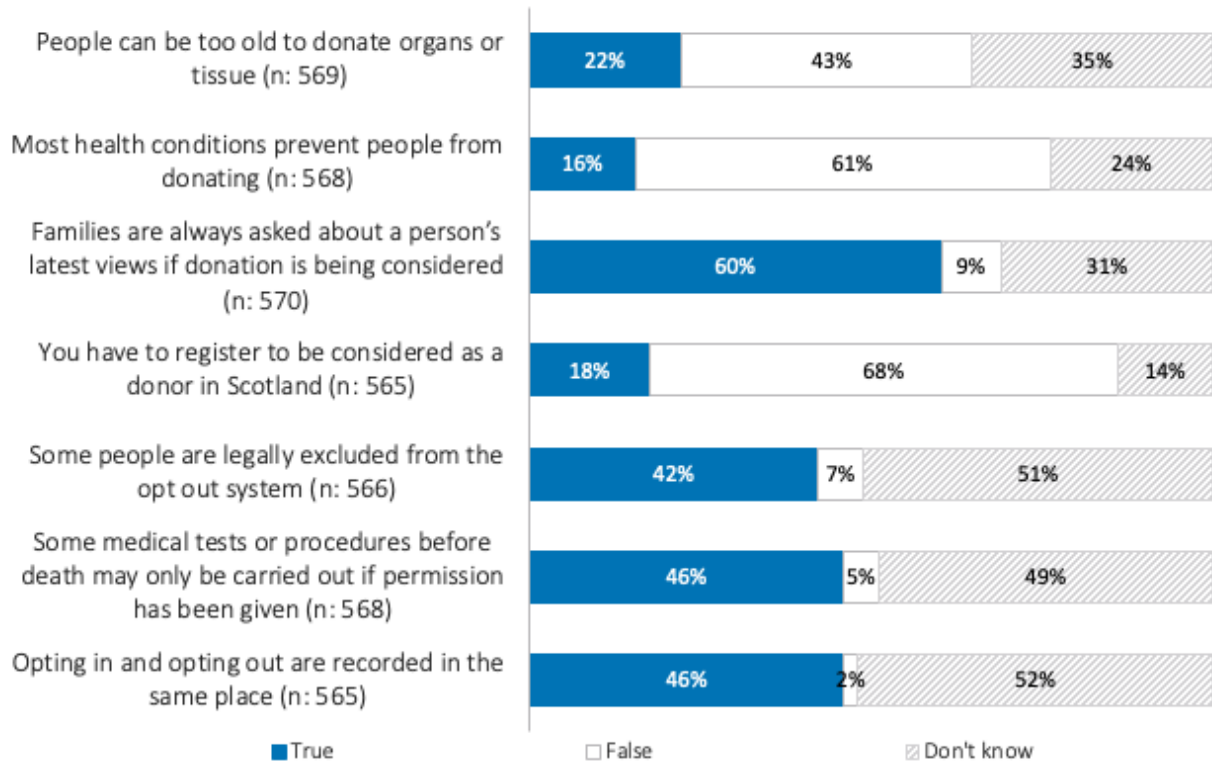


Base: 569.

Panel members were also asked which of a series of statements about the organ and tissue donation system in Scotland are true or false. Key findings are summarised below.

- Most respondents think that you do not have to register to be considered as a donor in Scotland (68%).
- The majority of respondents (60%) think that families are always asked about a person's latest views if donation is being considered.
- A minority of respondents think that people can be too old to donate organs or tissue (22%) and that most health conditions prevent people from donating (16%).
- Around half of respondents are unsure whether some people are legally excluded from the opt-out system (51%), whether permission is required for some medical tests or procedures before death (49%) and whether opting in and opting out are recorded in the same place (52%). Of those respondents giving a clear view on these points, most think they are true.

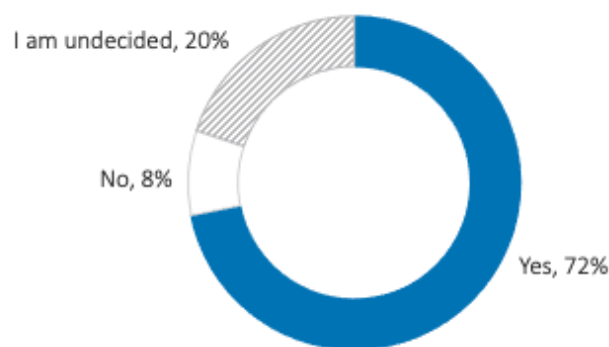
Q10. Which of the following statements do you think are true or false?



Willingness to donate organs and tissue after death

Nearly three quarters of respondents (72%) indicated that they are willing to donate their organs and tissue after death. Less than 1 in 10 respondents (8%) would not be willing to donate, and 1 in 5 (20%) were undecided.

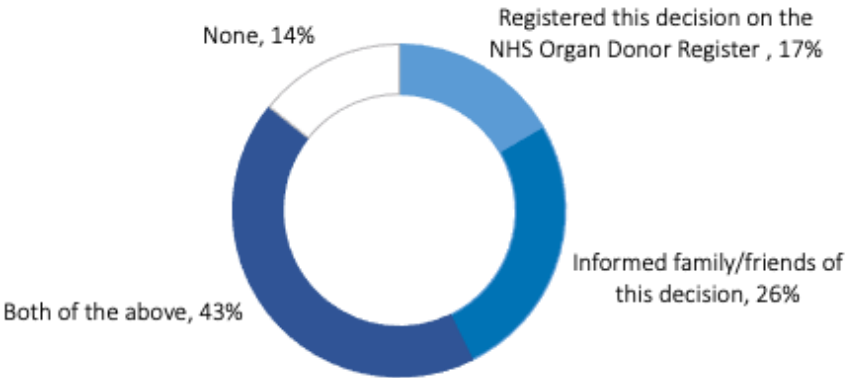
Q11. Are you willing to donate your organs and tissue after your death?



Base: 571.

A large majority (86%) of those who are willing to donate their organs and tissue after death indicated that they had registered their decision and/ or informed family and friends. This included 43% who had done both of these, 17% who had registered their decision but had not informed family/ friends, and 26% who had informed family/ friends but had not registered their decision.

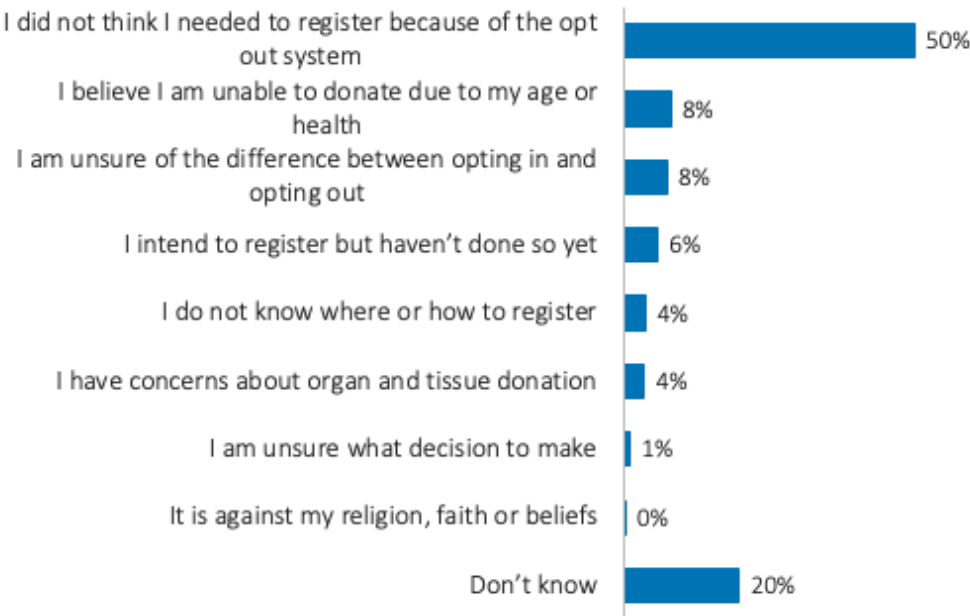
Q12. Which of the below have you done?



Base: 396.

Those who were willing to donate their organs and tissue, but had not registered their decision, were asked about the reasons for this. By far the most common reason was that respondents did not think they needed to register because of the opt-out system (50% indicated this). 1 in 5 (20%) were unsure why they hadn't registered their organ and tissue donation decision. Other reasons listed at Question 13 were mentioned by relatively small numbers of respondents.

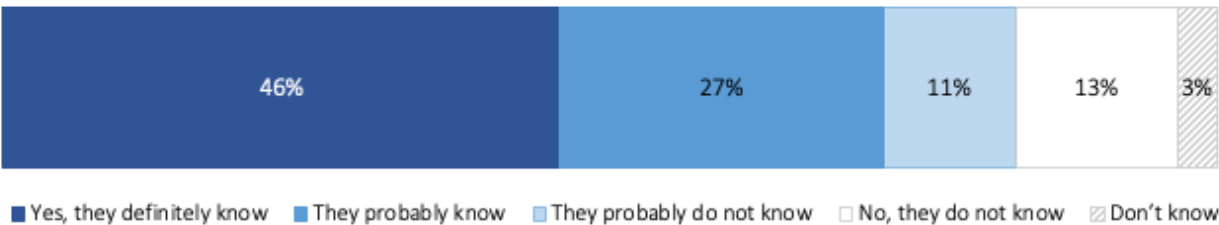
Q13. Which of the following best describes why you have not registered your organ and tissue donation decision?



Base: 308.

Three quarters of respondents (73%) felt that their family or close friends know what their wishes are regarding organ and tissue donation, including 46% who felt that their family or friends “definitely” know their wishes. Around a quarter of respondents (24%) were less confident about this, including 13% who indicated that their family or friends do not know their wishes.

Q17. To the best of your knowledge, do your family or close friends know what your wishes are regarding organ and tissue donation?



Base: 562.

Most respondents (80%) were confident that their wishes about organ and tissue donation would be respected if donation was being considered, including 45% who were “very confident” about this. Less than 1 in 20 respondents (4%) were not confident that their wishes would be respected.

Q18. How confident are you that your wishes about organ and tissue donation would be respected if donation was being considered?



Base: 563.

Opting out of organ and tissue donation after death

Those who were unwilling to donate their organs and tissue after death were asked about this. Note that a minority of respondents fell into this group, and results presented below are based on small base numbers.

Among the small subgroup of respondents who said they were unwilling to donate, 29 of the 49 respondents had decided to opt out. Of those who answered the subsequent question, 22 of 36 had registered their decision, informed family or friends, or done both.

Q14. Have you decided to opt-out of organ and tissue donation after your death?

	Number
Yes	29
No	12
Don't know	8
Base	49

Q15. If you have decided to opt-out of organ tissue donation, which of the below have you done?

	Number
Registered this decision	8
Informed family/friends of this decision	4
Both of the above	10
None	14
Base	36

Among respondents who had decided to opt-out but had not registered this decision, the most commonly selected response was "don't know" (12). Smaller numbers indicated that they did not think registration was necessary (6), intended to register in future (4), were unsure how to register (4) or had changed their mind (2).

Q16. What is the main reason you have not registered your decision?

	Number
I intend to register but haven't done so yet	4
I changed my mind	2
I am unsure how to register	3
I didn't think I needed to register	6
Don't know	12
Base	27

Other comments on organ and tissue donation after death

The final survey question invited Panel members to provide any other written comment in relation to organ and tissue donation after death. Key themes are summarised below and illustrative quotes provided.

The most common themes raised by those providing comment were questions about registration, the donation process and eligibility (36%), family discussion and involvement (23%), the value of organ and tissue donation (18%) and public awareness and information (17%). The comments suggested a mixed picture of understanding. Some respondents were aware of the opt-out system or had previously registered a decision, but remained unsure whether earlier registrations or donor cards remained valid, how to check or update a decision, whether they needed to take further action, and how to opt-out. There was also uncertainty about how families are involved and whether age, previous illness or existing health conditions affect eligibility. Respondents called for clearer practical guidance, regular public reminders and information to help people discuss and share their wishes with family members.

Q19. If there is anything else you would like to say about organ and tissue donation after death, please use the space below.

Themes	%
Questions about registration and donation process, eligibility rules Questions about whether previous registrations, donor cards or opt-in decisions remain valid; how to check, update or change a decision; how to register or opt-out; how the opt-out system operates in practice; and uncertainty about eligibility due to age, health conditions, disability or previous medical treatment.	36%
Family discussion and involvement Comments about whether wishes had been discussed or were known by relatives, the need to inform wider family members, the feelings of bereaved relatives, and the role of next of kin in confirming or respecting a person's wishes.	23%
The value of organ and tissue donation Positive views on the value of donation, saving or improving another person's life.	18%
Public awareness, information and education Calls for regular public information campaigns and clearer practical guidance on the opt-out system, registration, eligibility and the role of families. Respondents suggested using a range of channels, including television, radio, social media, NHS communications and non-digital information, alongside positive examples of how donation benefits recipients.	17%
Respect, dignity and treatment of the body Concerns about respectful handling, bodily integrity, removal procedures or treatment after death.	11%
Religious, cultural or personal beliefs Faith, culture, personal objections or individual preferences affecting views on donation.	9%

Base (number of respondents providing written comment): 87.

'I've registered through a number of company requests, but am not sure if these go to a formal registration.'

Process & rules

'I registered years ago and have changed address since then, should I re-register?'

'Not sure at what age tissue donation is considered inappropriate from the point of view of the recipient.'

'I'm in favour of a system that makes as many organs available as possible and minimises decisions for family.'

Family & carers

'My wishes are well known to my wife but I need to make wider family aware.'

'It would be good if more information was available to help people decide and discuss with family and friends.'

'If someone else could benefit from my death, it will not matter to me but could matter a huge amount to the recipient.'

Value/importance

'To give another person the gift of life is a privilege not to be missed.'

'If any part of my body can massively improve the quality of someone else's life then I am happy for that to happen.'

'I do not think the vast majority of people in Scotland know anything about organ or tissue donation.'

Public awareness

'A campaign outlining the importance of donation is required on a rolling basis.'

'More advertising is needed to explain how to donate, how this affects your end of life and how your family is involved.'

Conclusions

The findings show strong public support for organ and tissue donation in Scotland, with three quarters of respondents supporting the current opt-out system. Most respondents felt they had enough information to make an informed decision, felt able to discuss their decision with family members or loved ones, and trusted the donation system. Willingness to donate after death was also high. However, understanding of some aspects of how the system operates was less consistent. Overall, organ and tissue donation was viewed positively by most Panel members, although some important information gaps remain.

The overall pattern of findings is broadly consistent with the 2023 Citizens' Panel survey. Awareness, understanding, trust and willingness to discuss organ and tissue donation remain generally high, while practical understanding of registration and some aspects of how the opt-out system works continues to be less consistent. This suggests that the main communication needs identified in 2023 remain relevant.

Some respondents were unclear about the principles of deemed authorisation, the role of families, when donation may go ahead, and the difference between opting in and opting out. There was also less understanding of how to register a donation decision.

The findings show that family conversations remain important. Most respondents had spoken to family members or loved ones about their wishes. However, around a quarter felt that their family or friends did not know, or may not know, what they wanted. Confidence that individual wishes would be respected was generally high, but not universal.

Uncertainty about eligibility was also a key issue. Some respondents were unsure whether they could donate because of their age, health conditions or medical history. Knowledge was also lower for more detailed parts of the system, such as legal exclusions and procedures before death.

Recommendations

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

1. Improve public understanding of the opt-out system

Future communication should explain how the opt-out system works in practice. This should include:

- the role of families,
- what deemed authorisation means,
- when donation may proceed,
- legal exclusions,
- what safeguards are in place,

- how to record a decision, and
- the difference between opting in and opting out.

Information should use clear and accessible language and should help address the common areas of confusion identified in the findings.

2. Support people to record and share their decision

Communications should continue to encourage people to record their decision and discuss it with family members or loved ones. This should apply whether a person wants to donate or has chosen to opt-out. Clearer information is also needed on how to register a decision, where it is recorded and how it can be reviewed or changed over time. Communications should also acknowledge that these conversations can be sensitive and emotionally difficult for some people and provide practical support to help people discuss their wishes.

Communications should explain the benefits of recording a decision even where an individual supports donation under the opt-out system.

3. Address uncertainty about eligibility

Future information should address common misunderstandings about age, health conditions and eligibility to donate. Messages should make clear that suitability for donation is assessed at the relevant time. Information should help reassure people that age, previous illness or existing medical conditions do not automatically prevent donation.

4. Refresh public awareness activity

Consideration should be given to renewed public awareness activity across a range of communication channels. This could include television, radio, NHS communications, social media and other public information routes. Regular reminders may help people review their decision, update their preferences where necessary and speak to family members about their wishes.

5. Build trust through reassurance and real-life examples

Public communications should provide reassurance about consent, dignity, personal choice and the safeguards that underpin the organ and tissue donation system. This may help people understand the benefits of donation and make an informed decision. Communications should also be sensitive to the different cultural, religious and personal beliefs that may influence people's views on donation.

6. Continue to monitor awareness and action

Future research should continue to measure awareness and understanding of organ and tissue donation and the opt-out system. It should also look at practical behaviours, such as recording a decision, discussing wishes with family members, and confidence that wishes will be respected. This would help assess whether awareness is leading to informed decision-making and action.

Appendix 1: Survey questionnaire



Citizens Panel 18

Welcome to the latest Citizens' Panel survey! The survey asks for your views on **Hospital at Home**, and **organ and tissue donation**.

If you have any questions about the survey or Citizens Panel, please contact Craigforth's survey team on citizenspanel@craigforth.co.uk or 0800 033 4843. You can also complete the survey online by scanning the QR code or following the link.

There are no wrong answers to these questions. We are interested in your personal responses, thoughts and experiences on this topic. Your answers are confidential and all views will be made anonymous. Please skip any questions you do not wish to answer.



bit.ly/his-panel18

Hospital at Home

The Scottish Government wants to learn about how people in Scotland understand and feel about Hospital at Home. To do this, they have created a short questionnaire for Citizens' Panel members to share their views.

You may remember a recent survey on Virtual Wards, a different service. Hospital at Home involves health professionals visiting people face to face at their own home. Virtual Wards mainly use technology to monitor patients at a distance, without in person visits.

Hospital at Home is a service that gives people hospital level care in their own home or usual place of residence instead of a hospital ward. It also includes other specific services which provide a range of clinical care for patients. The patients attend these services for their care (for example specialist Heart Failure clinics) but are not required to stay in hospital (they can return home between treatments).

In this service, hospital doctors, nurses and other health professionals visit people where they live. They carry out the checks, tests and treatments the person would normally receive in hospital.

Hospital at Home care happens mainly through face to face visits. This sets it apart from virtual wards that rely on technology and remote monitoring rather than in person care.

Teams can use Hospital at Home to:

- prevent a hospital admission for someone who still needs hospital level care, or
- support someone to leave hospital earlier and continue their treatment at home.

Hospital at Home teams take full responsibility for the person's care. They follow the same standards as hospital wards and use the same tests and equipment when needed.

1 Before receiving this questionnaire, had you heard of Hospital at Home?

- ☐ Yes, and I understood what it involved
- ☐ Yes, but I did not really understand what it involved
- ☐ No, I'd not heard of Hospital at Home
- ☐ I don't know

2 What do you think the main benefits, if any, would be for a patient from getting Hospital at Home care instead of going into hospital?

Please select up to 3 options

- ☐ Remaining in a familiar environment (for example sleeping in your own bed, meals prepared at home)
- ☐ Less disruption to daily life and routines
- ☐ Greater access to family and friends, including visitors
- ☐ Potential for greater involvement of family and / or carers in decisions related to your treatment
- ☐ Reduced risk of hospital acquired infections
- ☐ Saving the use of a hospital bed for use by someone else
- ☐ Opportunity to retain any existing care packages
- ☐ None of the above
- ☐ Other (please write in below)

3 What concerns, if any, might you have if you or a family member were being treated through Hospital at Home?

Please select up to 3 options

- ☐ Concerns about patient or household privacy because of staff coming into the home
- ☐ Concerns about the safety or quality of the care provided at home compared to in hospital
- ☐ Potential for increased pressure or responsibility for patient's family and/or carers
- ☐ Potential inconvenience from the need to travel to an outpatient clinic (for example transport, parking or associated costs)
- ☐ Potential delay in receiving medical help at home if health deteriorates, compared to at hospital
- ☐ None of the above
- ☐ Other (please write in below)

4 If you or someone close to you were offered Hospital at Home, what would help make that experience work well?

Please select up to 3 options

- ☐ Clear, easy to understand information in advance about how Hospital at Home works
- ☐ Healthcare visits to home are scheduled
- ☐ Regular communication with healthcare professionals
- ☐ Family and/or carers involvement in communication about care
- ☐ Provision of education and self-care skills
- ☐ Continuity of healthcare professionals providing care
- ☐ Confidence that urgent help will be available quickly, if needed
- ☐ Other (please write in below)

5 If a healthcare professional let you choose between getting acute care through Hospital at Home or staying in hospital, which would you choose?

- ☐ Hospital at Home
- ☐ Stay in hospital
- ☐ Unsure

Can you please explain the reason for your answer?

Attitudes to organ and tissue donation after death

Organ and tissue donation means giving part of your body, after your death, to help someone who needs a transplant. Some living donor organ transplantation takes place but the focus of this work is donation after death. Organs which are routinely transplanted include the kidneys, liver, heart, lungs, pancreas and small bowel. Tissue which is routinely transplanted includes parts of the eyes, such as the cornea, tendons and heart valves.

In 2021, Scotland moved to an ‘opt-out system’ of deceased organ and tissue donation. This means that if someone dies in circumstances where they potentially could become a donor, and they have not registered a donation decision, they would be presumed to be willing to donate, unless their family or friends provide information that the potential donor was unwilling to do so.

To opt-out of donation (say no to donation) you can register your decision. If you support donation, you can still choose to actively register your decision to be a donor.

Whatever you decide, you should also tell family and friends about your donation decision to help ensure that it is honoured. Your family and friends will always be consulted about your latest views to ensure that donation does not proceed if you would not have wanted it to.

The information gathered from these questions will inform the evaluation and monitoring of the opt-out system for deceased organ and tissue donation.

6 To what extent do you agree or disagree with the following statements about organ and tissue donation after death? Please select one answer on each row

[illegible]

7 Which of the following, do you think, best describes what usually happens in Scotland if a person dies without having registered an organ and tissue donation decision?

- ☐ Donation goes ahead automatically, without checking with family
- ☐ Donation may go ahead under the opt-out (deemed authorisation) system, with the families consulted to check for their loved ones most recent wishes, except in legally excluded cases.
- ☐ Donation is usually considered only after asking the family what they want to happen
- ☐ Donation only happens if the person had formally opted in
- ☐ Don't know

8 Please select the answer that best applies to you with the following statements about organ and tissue donation after death. Please select one answer on each row

	Yes	No	Not sure
I am aware that there is an opt-out system of organ and tissue donation in Scotland	☐	☐	☐
I understand that under the opt-out system I may be presumed to be willing to donate unless I have stated that I do not wish to do so	☐	☐	☐
I know how to register my organ and tissue donation decision	☐	☐	☐
I have had a conversation with a family member or loved one about my organ and tissue donation decision	☐	☐	☐

9 If you are aware of the opt-out system, where did you first hear about this?

- ☐ TV or radio advertising
- ☐ Online advertising (eg, social media, banners, video ads)
- ☐ Social media posts or shares
- ☐ NHS Scotland or Organ Donation Scotland
- ☐ News media (online, TV, print)
- ☐ Family or friends
- ☐ Healthcare professionals (eg, GP, nurse, hospital staff)
- ☐ Leaflet, letter or official communication
- ☐ Community event, workplace or education setting
- ☐ Don't know / Can't remember
- ☐ Other (please write in below)

10 Which of the following statements do you think are true or false? Please select one answer on each row

	True	False	Don't know
People can be too old to donate organs or tissue	☐	☐	☐
Most health conditions prevent people from donating	☐	☐	☐
Families are always asked about a person's latest views if donation is being considered	☐	☐	☐
You have to register to be considered as a donor in Scotland	☐	☐	☐
Some people are legally excluded from the opt-out system (for example non residents, adults unable to understand)	☐	☐	☐
Some medical tests or procedures before death (pre death procedures) may only be carried out if permission has been given	☐	☐	☐
Opting in (express authorisation) and opting out are recorded in the same place (NHS Organ Donor Register)	☐	☐	☐

11 Are you willing to donate your organs and tissue after your death?

- ☐ Yes–Go to Q12
- ☐ No–Go to Q14
- ☐ I am undecided–Goto Q17

12 Which of the below have you done? Please select one answer.

- ☐ Registered this decision on the NHS Organ Donor Register–Go to Q17
- ☐ Informed family/friends of this decision–Go to Q13
- ☐ Both of the above–Go to Q17
- ☐ None–Go to Q13

13 Which of the following best describes why you have not registered your organ and tissue donation decision? Please select the answer that best applies to you.

- ☐ I did not think I needed to register because of the opt-out system
- ☐ I intend to register but haven't done so yet
- ☐ I am unsure what decision to make
- ☐ I do not know where or how to register
- ☐ I am unsure of the difference between opting in (express authorisation) and opting out
- ☐ I believe I am unable to donate due to my age or health
- ☐ I have concerns about organ and tissue donation
- ☐ It is against my religion, faith or beliefs
- ☐ Don't know

After this question please skip to Q17

14 Have you decided to opt-out of organ and tissue donation after your death?

- ☐ Yes–Go to Q15
- ☐ No–Go to Q17
- ☐ Don't know–Go to Q17

15 If you have decided to opt-out of organ tissue donation, which of the below have you done? Please select one answer.

- ☐ Registered this decision–Go to Q17
- ☐ Informed family/friends of this decision–Go to Q16
- ☐ Both of the above–Go to Q17
- ☐ None–Go to Q16

16 What is the main reason you have not registered your decision?

- ☐ I intend to register but haven't done so yet
- ☐ I changed my mind
- ☐ I am unsure how to register
- ☐ I didn't think I needed to register
- ☐ Don't know

17 To the best of your knowledge, do your family or close friends know what your wishes are regarding organ and tissue donation?

- ☐ Yes, they definitely know
- ☐ They probably know
- ☐ They probably do not know
- ☐ No, they do not know
- ☐ Don't know

18 How confident are you that your wishes about organ and tissue donation would be respected if donation was being considered?

- ☐ Very confident
- ☐ Fairly confident
- ☐ Neither confident nor not confident (neutral)
- ☐ Not very confident
- ☐ Not at all confident
- ☐ Don't know

19 If there is anything else you would like to say about organ and tissue donation after death, please use the space below.



THANK YOU FOR YOUR HELP

Please return your completed form in the envelope provided (no stamp is needed).
Your information will be processed and held in accordance with the Data Protection Act and UK GDPR.

Appendix 2: Profile of response

Tables below provide a breakdown of survey 18 response, and a comparison of survey respondents with the Citizens' Panel as a whole and the wider Scottish population.

Survey 18 response by survey method

	Responses (% response rate)
Method of response	
Email survey invites issued	939
Websurvey responses (% response rate)	588 (63%)
Postal survey invites issued	141
Postal survey returns (% response rate)	58 (41%)
Overall survey response	
Total Panel membership	1,080
Survey 18 responses (% response rate)	646 (60%)

Survey 18 profile of respondents

	Scottish population	Citizens' Panel	± Panel vs population	CP18 respondents
Age				
16-44	42%	22%	-20%	11%
45-64	34%	35%	2%	39%
65+	24%	42%	18%	50%
Sex				
Female	52%	54%	2%	55%
Male	48%	45%	-3%	45%
Other	0%	0%	0%	0%
Physical or mental health condition/illness				
Yes	27%	40%	13%	42%
No	73%	59%	-14%	57%
Prefer not to say	0%	1%	1%	1%
Ethnic group				
White British/Scottish	88%	89%	2%	92%
Other ethnic group	12%	11%	-2%	8%
Housing tenure				
Owner occupier	67%	72%	4%	82%
Social rented	19%	15%	-4%	11%
Private rented/other	13%	13%	0%	7%
SIMD quintile				
SIMD 1	21%	19%	-2%	14%
SIMD 2	21%	19%	-2%	16%
SIMD 3	20%	20%	0%	21%
SIMD 4	19%	21%	2%	23%
SIMD 5	19%	21%	2%	25%
Urban/Rural classification				
Large Urban Areas	41%	34%	-7%	32%
Other Urban Areas	31%	33%	2%	27%
Accessible Small Towns	10%	9%	-1%	12%
Remote Small Towns	2%	5%	3%	7%
Accessible Rural	12%	11%	-1%	12%
Remote Rural	5%	8%	4%	9%

Data source: [Scotland's Census 2022](#) (base: 16+ population), [National Records of Scotland population estimates](#) (base: 16+ population), [Scottish Government Urban Rural Classification 2022](#)

	Scottish population	Citizens' Panel	± Panel vs population	CP18 respondents
Religion				
Church of Scotland	23%	31%	9%	35%
Roman Catholic	13%	12%	-2%	10%
Other Christian	5%	8%	2%	9%
Buddhist	0%	1%	0%	1%
Hindu	1%	0%	0%	0%
Jewish	0%	1%	0%	1%
Muslim	2%	3%	1%	1%
Sikh	0%	0%	0%	0%
Other religion	1%	2%	2%	1%
None	49%	41%	-8%	39%
Prefer not to say	6%	2%	-4%	2%
Sexual orientation				
Heterosexual or straight	88%	91%	3%	92%
Gay or lesbian	2%	4%	2%	3%
Bisexual	2%	2%	0%	1%
Other	1%	1%	1%	0%
Prefer not to say	8%	2%	-6%	3%

Data source: [Scotland's Census 2022](#) (base: 16+ population), [National Records of Scotland population estimates](#) (base: 16+ population), [Scottish Government Urban Rural Classification 2022](#)

	Scottish population	Citizens' Panel	± Panel vs population	CP18 respondents
Local authority area				
Aberdeen City	4%	3%	-1%	4%
Aberdeenshire	5%	5%	0%	6%
Angus	2%	4%	2%	3%
Argyll and Bute	2%	2%	0%	2%
City of Edinburgh	10%	11%	1%	10%
Clackmannanshire	1%	1%	0%	2%
Dumfries and Galloway	3%	3%	0%	4%
Dundee City	3%	3%	0%	2%
East Ayrshire	2%	2%	0%	1%
East Dunbartonshire	2%	1%	-1%	1%
East Lothian	2%	2%	0%	3%
East Renfrewshire	2%	1%	0%	2%
Falkirk	3%	3%	0%	3%
Fife	7%	4%	-3%	4%
Glasgow City	12%	13%	1%	12%
Highland	4%	4%	0%	3%
Inverclyde	1%	1%	0%	0%
Midlothian	2%	2%	1%	2%
Moray	2%	2%	0%	2%
Na h-Eileanan Siar	0%	1%	1%	1%
North Ayrshire	2%	3%	0%	2%
North Lanarkshire	6%	5%	-1%	4%
Orkney Islands	0%	1%	0%	2%
Perth and Kinross	3%	3%	0%	3%
Renfrewshire	3%	3%	-1%	3%
Scottish Borders	2%	2%	0%	3%
Shetland Islands	0%	1%	1%	2%
South Ayrshire	2%	2%	0%	1%
South Lanarkshire	6%	6%	0%	4%
Stirling	2%	2%	0%	2%
West Dunbartonshire	2%	2%	0%	2%
West Lothian	3%	3%	0%	6%

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

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