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Our Voice Citizens' Panel

Survey on social care support, pharmacy service and use of medicines and improving oral health

First Survey Report, March 2017





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Foreword

It is with great pleasure that I introduce this report of the first Our Voice Citizens' Panel survey and findings.

Our Voice is about supporting people in Scotland to get involved in improving health and social care in Scotland. It is about sharing the power of decision making so we all feel more involved in the decisions that affect our health, wellbeing and our social care support. It is about being clear about the improvements that come from genuine listening and engagement with people who use services, family members and the general public.



Our Voice aims to work at three levels: the individual level, community level and national level.

The Our Voice Citizens' Panel is one initiative through which the general public's views can be sought on a national basis. Members of the public were recruited to join the Our Voice Citizens' Panel in the summer of 2016. Some were recruited through random invites via the electoral register and others were approached at public events including agricultural fairs, summer fetes, shopping centres etc. We aimed to create a diverse Panel that would reflect the makeup of the people of Scotland including recruiting men and women from all areas of Scotland, different ages, ethnicity and socio economic status. This means we can confidently say that the Panel broadly represents the views of the Scottish population, and we are very grateful to all of our Panel members for their time and commitment in getting involved.

Our Voice Panel members agreed to take part in three or four surveys per year either online or by post, and to be invited to join discussion groups from time to time on a local basis. Our Voice Panel members can be assured that the views they provide will be used to make a difference to health and social care services; the Our Voice team is committed to ensure this is fed back to Panel members so they can see where and how they have made a difference.

This report should therefore be seen as the first part of the reporting process. It sets out what Panel members have said in relation to questions about where to go for social care support advice, the changing roles of pharmacy services and valuing our medicines, dental services and what areas for future questions should be included. There will be a follow on report providing feedback from the many people involved in developing the first survey questions about what they will now do in response to the views that have been expressed.

Meanwhile, work is underway to compile the next survey which will feature questions about social isolation and loneliness as well as "shared decision making" by doctors and other health and social care professionals.

I hope you enjoy reading this report.

Pam Whittle, CBE

Chair, Scottish Health Council

Acknowledgements

My thanks to everyone involved in developing the Our Voice Citizens' Panel and in the work involved in developing questions, disseminating the survey and analysing the results as well as producing this report. Input from colleagues at the Scottish Government with policy lead roles in the range of issues covered as well as colleagues working in third sector and Disabled People's Organisations have been invaluable in shaping the questions and committing to respond and do something with the information that is gleaned from the responses, namely Health and Social Care Alliance Scotland (the ALLIANCE), Inclusion Scotland and Scottish Care.

Particular thanks are due to the Research Resource team and to the Social Researchers in Scottish Health Council, Gary McGrow and Wendy Brown, whose input has been immense.

Best wishes

Helen McFarlane
Our Voice Programme Director

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 Our Voice Citizens' Panel was established to be nationally representative and has been developed at a size that will allow statistically robust analysis of the views of the Panel members at a Scotland wide level. At present there are 1,291 members from across all 32 local authority areas. This is the first time a national Citizens' Panel of this nature focusing on health and social care issues has been established in Scotland.

This report details the findings from the first full Panel survey which had questions on social care support, use of medicines and pharmacy services, and dental services for improving oral health. The survey also asked Panel members for their views on future topics.

A total of 617 responses were achieved to the survey either by post, email or by telephone. This level of return provides data accurate to +/-4%¹ at the overall Panel level. 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 3.

Key findings

Social care support

- The survey covered a number of areas, with the first section being on the topic of **social care support**. Social care support refers to the personal and social care and support services that enable people to take control over their own life and play a part in their community. It includes supporting vulnerable children and young people, older people, people with learning disabilities, autism, physical disability, sensory impairment, mental health needs and people with drug and alcohol addiction or dependencies.
- The questions within the survey were designed in collaboration with Inclusion Scotland, the Convention of Scottish Local Authorities (COSLA), the Centre for Inclusive Living and Scottish Care and Scottish Government integration and policy officers. This section of the questionnaire collected information on:
 - where people go for information and assistance about social care support

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

- awareness of Care Information Scotland²
- reasons for considering (or not) a career in social care support
- The survey opened by asking Panel members about where they would go for information and assistance about social care support. The most popular sources were GPs (59%), the internet (56%) and local council social care department (56%).
- Just over one in ten respondents to the survey (13%) were aware that if they provide social care support to someone, need social care support themselves or are planning for their future social care support needs, they can get information and advice at Care Information Scotland.
- The majority of respondents (73%) had never considered working in social care support. The main reasons given for this were that Panel members felt they were too old or health issues prevented them from working in this area (25%) or that respondents were currently interested in or working in other sectors (21%).
- Being able to help others and to make a difference or give something back were the main things that would attract Panel members to work in social care support (26%).

Using our medicines better

- The second section of the questionnaire focused on **pharmacy services and the use of medicines**. The Healthier Scotland national conversation included recognition of the importance of GP services and the inconsistent levels of understanding that the first point of contact does not always need to be with a GP. The role of the pharmacist, in particular, has a contribution to make to improve access to health services and advice. Pharmacy colleagues at Scottish Government and Healthcare Improvement Scotland also expressed an interest in obtaining a public view on their work “Valuing Medicines”. The objectives of this section of the questionnaire were to gather views on:
 - the awareness and use of pharmacy services
 - frequency of seeking advice about medicines from a variety of healthcare professionals
 - reasons for seeking advice from a pharmacist about medicines and what would encourage people to do so
 - awareness that pharmacists (with the right qualifications) can now prescribe medicines
 - awareness of the yellow card scheme and the reporting of side effects with medicines

²<http://www.careinfoscotland.scot> – Care Information Scotland provides access to quality assured information on care and social care services in Scotland. It is managed by NHS24 and supported by the Scottish Government.

- returning unused medicines
- the regularity of taking medicines for ailments and illnesses
- Respondents were asked whether they were aware or not of various services that can be provided when visiting a pharmacy. Respondents were most aware of the following pharmacy services:
 - supplying medicines prescribed for me (96%)
 - a query on a minor problem (84%)
 - Minor Ailment Service (77%)

On the other hand, respondents were least aware that pharmacies can offer the following services:

- a review of my medicines (23%)
- Chronic Medication Service (24%)
- Using this same list of pharmacy services, respondents were asked which of these they had used. The top three responses were consistent with the services Panel members were most likely to be aware of, with 93% stating they had been supplied with medicines prescribed for them, 56% receiving advice regarding a minor problem and 50% using the Minor Ailment Service. Services that were accessed the least by Panel members were the supervised use of methadone (2%) and the Needle Exchange Service (3%).
- Respondents were asked how frequently they seek advice about medicines from a range of sources. Respondents were most likely to seek advice from their GP (93%). Respondents also stated they would seek advice about medicines from family or friends (61%), a nurse (63%) or online (63%).
- Those who sought advice about medicines from a pharmacist (80%) were asked why they would do so. The most common comments have been coded thematically. The most common reasons for seeking advice about medicines from a pharmacist were:
 - for minor ailments/ don't want to waste GP time (30%)
 - GP appointment takes too long/ pharmacist more convenient (29%)
 - pharmacist more qualified/ knowledgeable about medication/ they are experts (17%)
 - pharmacists know about side effects/ medication interactions (15%)

- Those who were not likely to seek advice from a pharmacist about medicines were asked what would encourage them to do so. The most common responses were:
 - I would seek advice if I require it/ hasn't been required/ don't take medication (19%)
 - if I knew more about what they do/ could prescribe (15%)
 - knowing they were qualified/ trust in pharmacist/ if they were recommended (13%)
 - would want to discuss with GP first (12%)
- Over half of respondents (53%) were aware that some pharmacists (with the right qualifications) can prescribe medicines.
- Face to face was the preferred way of finding out more information on medicines with 64% stating they would prefer to find out in this way. This was followed by information leaflets (56%) and online (53%).
- 13% of respondents were aware of the Yellow Card Scheme, which allows people and professionals to report side effects from medicines through online forms, telephone, email and the Yellow Card app for smart phones.
- More than half of Panel members who responded to the survey (53%) have experienced side effects with medicines. And of these individuals, the majority (80%) reported this to their GP. Only 1% of survey respondents reported this through the Yellow Card Scheme.
- Over half of respondents (53%) said if they had any old or unused medicines in their cupboard they would take them to a pharmacist and over a third would put them in the bin with the rest of the household waste (34%).
- All respondents were asked what would encourage them to return unused medicines to their GP surgery or local pharmacy. The top response was for improved information and advertising on where and how to do this (26%). A further 17% said they already do this and 15% suggested easy access points where they can drop medicines off.
- Over six in ten respondents (61%) take medicines regularly for an ailment or illness and of these individuals 75% said they took multiple medicines.

Improving oral health

- The Scottish Government launched a consultation on 15 September 2016 which aimed to seek the public's views on dentistry and how oral health can be improved for everyone in Scotland. The first question in the consultation was included in the questionnaire and asked all respondents to select from a list of options, which they consider to be most important in improving oral health across Scotland.
- Half of survey respondents selected 'access to NHS dental services' as their top priority. This was followed by the cost (18%) and quality (12%) of NHS dental care.

Opinions on the survey and suggestions for future topics

- The vast majority of respondents found the questionnaire easy to complete with 68% stating they could answer the questions easily and a further 29% stating they found the questions within the questionnaire fairly easy to answer. Only 3% of survey respondents stated they could answer questions but with some difficulty and 1% found the questions difficult to answer.
- To help plan for future Panel surveys, Panel members were asked if there were any other areas of health or social care support they would like to answer questions about. Over one in five respondents said they were happy answering questions on any or all areas of health or social care (22%). A further 17% would like to answer questions on mental health, 13% suggested research into elderly care and retirement accommodation and 13% said they would like to be asked about GP services, appointments, waiting times and the out of hours service.

Chapter 1: Introduction and context

Background and context

Research Resource was commissioned by the Scottish Health Council as part of 'Our Voice' – a partnership involving Healthcare Improvement Scotland, public partners, the Health and Social Care Alliance Scotland (the ALLIANCE), the Convention of Scottish Local Authorities (COSLA) and the Scottish Government - to recruit a nationally representative Our Voice Citizens' Panel.

The Our Voice Citizens' Panel was established to be nationally representative and has been developed at a size that will allow statistically robust analysis of the views of the Panel members at a Scotland wide level. The Panel is made up of approximately 1,300 people spread across each and every Integration Authority and NHS territorial Board across Scotland and the Panel has been designed to be broadly representative of the Scottish population.

This is the first time a national Citizens' Panel of this nature focusing on health and social care issues has been established in Scotland.

This report details the findings from the first full Panel survey which aimed to gather the views of the general public to help improve health care services and social care support.

Questionnaire design

The survey covered a number of areas, with the first section being on the topic of **social care support**. Social care support refers to the personal and social care and support services that enable people to take control over their own life and play a part in their community. It includes supporting vulnerable children and young people, older people, people with learning disabilities, autism, physical disability, sensory impairment, mental health needs and people with drug and alcohol addiction or dependencies.

The questions within the survey were designed in collaboration with Inclusion Scotland, COSLA, the Centre for Inclusive Living and Scottish Care and Scottish Government integration and policy officers. This section of the questionnaire collected information on:

- where people go for information and assistance about social care support
- awareness of Care Information Scotland
- reasons for considering (or not) a career in social care support.

The second section of the questionnaire focused on **pharmacy services and the use of medicines**. Focus on the theme of access within a "responsive and seamless journey of care" from the Healthier Scotland national conversation included a recognition of the importance of GP services and the inconsistent levels of understanding that the first point of contact does not always need to be with a GP. The role of the pharmacist, in particular, has a contribution to make to improve access to health services and advice. Pharmacy colleagues at Scottish Government

and Healthcare Improvement Scotland also expressed an interest in obtaining a public view on their work “Valuing Medicines”. The objectives of this section of the questionnaire were to gather views on:

- the awareness and use of pharmacy services
- frequency of seeking advice about medicines from a variety of healthcare professionals
- reasons for seeking advice from a pharmacist about medicines and what would encourage people to do so
- awareness that pharmacists (with the right qualifications) can now prescribe medicines
- awareness of the yellow card scheme and the reporting of side effects with medicines
- returning unused medicines
- the regularity of taking medicines for ailments and illnesses

The third section of the questionnaire was on the topic of **improving oral health**. The Scottish Government launched a consultation on 15 September 2016 which sought views on dentistry and how oral health can be improved for everyone in Scotland. The survey included the first question in the consultation which asked Panel members about what they believe to be their top three priorities for improving oral health across Scotland.

The final section of the survey asked Panel members about their **experience of completing the survey** and any comment they had in relation to the questions asked. It also asked Panel members for their suggestions on the areas of health and social care they would like to be consulted about in the future.

A copy of the final questionnaire is available in Appendix 1. The infographic newsletter that was also provided to Panel members detailing the profile of the Panel can be found in Appendix 2.

Response rates and profile

The Our Voice Citizens' Panel at the time of writing this report has a total of 1,291 members. The first Our Voice Citizens' Panel survey was sent by email on 8th November 2016 to all 1,016 Panel members with email addresses. On 11th November 2016 survey packs were sent to all Panel members without email addresses and those from whom a bounce back email message was received. A reminder mailing was sent by email on the 15th November 2016 to those who had not yet responded by email. On the 25th November 2016 additional postal surveys were delivered to Panel members who had not responded to the email survey. A final email reminder was sent on the 1st December 2016 in an attempt to boost the response rate from those with email addresses.

Through a combination of these methods a total of 528 responses were received to the survey. A detailed analysis of the response profile identified that the survey was underrepresented in terms of younger Panel members, defined as those aged under 44, males and those living in social or private rented accommodation. It was decided that a targeted telephone boost be undertaken in an attempt to boost the response from these underrepresented groups. A total of 50 telephone interviews were completed between the 12th and 22nd December 2016. Postal responses continued to be received over the Christmas period and were accepted up until the 5th January 2017. This took the final response up to 617, a 48% response rate. This level of return provides data accurate to +/-4% (based upon a 50% estimate at the 95% level of confidence) at the overall Panel level.

Despite the attempts of the telephone boost, younger respondents and males were still underrepresented. To ensure the data was representative by age and gender, weighting figures were used during the data analysis process to ensure that the data was representative of the wider demographics of the Scottish population.

Full information on the response profile achieved can be found in Appendix 3.

Interpreting results

The results of the research are based upon a sample survey therefore all figures quoted are estimates rather than precise percentages. The reader should interpret the data with statistical significance in mind. It should be noted that analysis is statistically robust at the overall Panel level to +/-4%. All comparisons that are made in this report are statistically significant, unless otherwise stated.

Analyses of sub groups of the survey population will be less robust and should be treated with caution. Information on the data accuracy of the sub group analysis undertaken throughout the report can be found in Appendix 4.

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' past some questions if they are not applicable. The percentages reported are weighted percentages.

All tables have a descriptive and numerical base, showing the population or population sub-group examined in it. While all results have been calculated using weighted data, the bases shown give both the unweighted and weighted counts.

Report structure

This report details the key findings from the first full Our Voice Survey. The report is structured as follows:

- Chapter 2: Social care support
- Chapter 3: Using our medicines better
- Chapter 4: Improving oral health
- Chapter 5: Opinions on the survey and suggestions for future topics

- Appendix 1: Questionnaire
- Appendix 2: Infographic newsletter
- Appendix 3: Response profile
- Appendix 4: Interpreting results

Chapter 2: Social care support

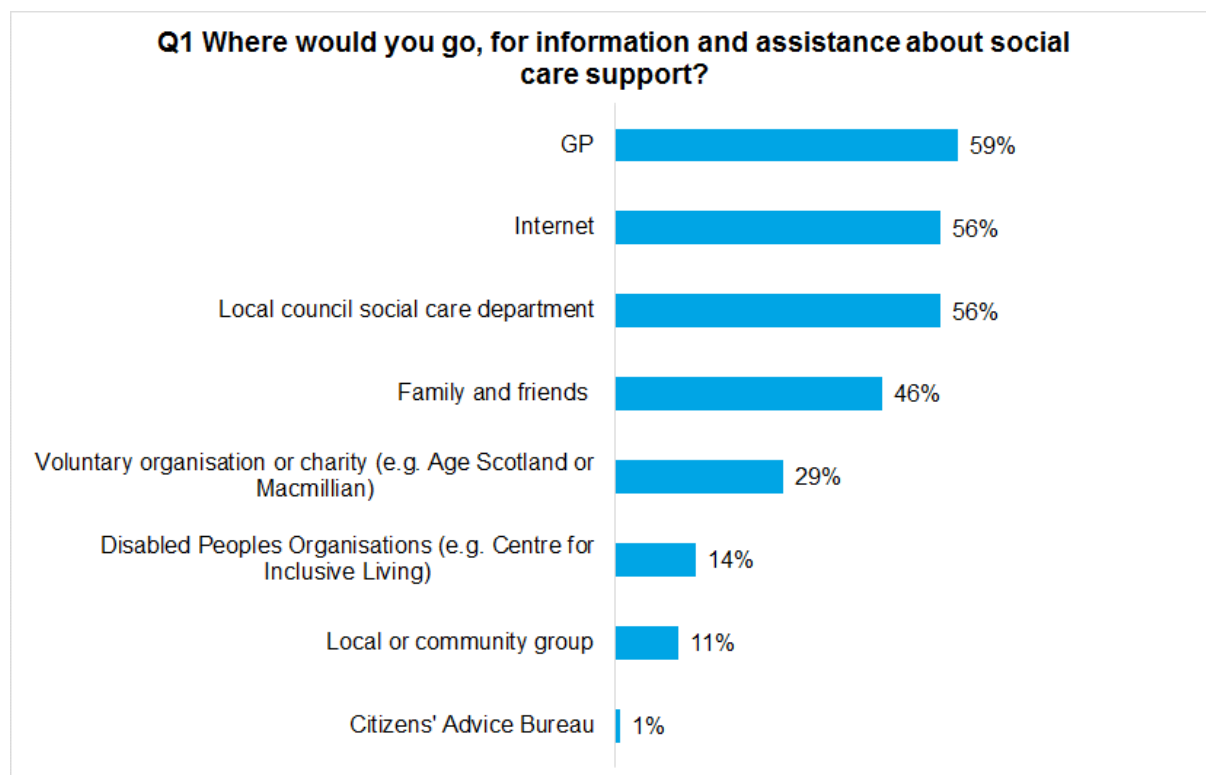
Introduction

The first section of the questionnaire was on the topic of social care support and included questions to help understand awareness levels of various sources where the public can refer to for information and assistance about social care support. It also sought to understand people's perceptions of working in social care support to understand why people would be attracted to this sector and conversely to identify any barriers preventing people from pursuing a career in this sector.

Sources of information and assistance about social care support

The survey opened by asking Panel members about where they would go for information and assistance about social care support. The most popular sources were GPs (59%), the internet (56%) and local council social care department (56%).

Table 1: Sources of information and assistance about social care support (multiple response)



Base: Unweighted n=597; Weighted, n=597

Analysis of those who responded to this question by age reveals that the biggest differences can be seen amongst those who would use the internet for information and assistance about social care, which was least popular amongst older Panel members aged 65 and over (33%). These respondents indicated that they were more likely to turn to their local council social care department (70%) for information.

These results were also analysed by Scottish Index of Multiple Deprivation (SIMD). Although these results aren't statistically significant, they indicate that respondents to the survey who lived in the 15% most deprived data zones were less likely to go to

their GP (42%) than those who lived in all other areas (63%). They were also less likely to turn to their local council social care department (45%) than respondents who lived elsewhere (59%).

From the Panel, 61% of males who responded to the survey were likely to turn to the internet for information and assistance about social care compared to 52% of females. On the other hand, female respondents were more likely to turn to their local council social care department (60%) than males (52%), and were also more likely to source information from voluntary organisations (34% of females compared to 24% of males).

Awareness of Care Information Scotland

Just over one in ten respondents to the survey (13%) were aware that, should they already provide social care support to someone, need social care support themselves or are planning for their future social care support needs, they can get information and advice at Care Information Scotland³.

Consideration of working in social care support

The majority of respondents (73%) had never considered working in social care support. A minority (27%) of respondents said that they have considered working in social care support. Respondents who had considered a career in social care support had the following characteristics:

- aged under 65 (30% had considered a career in social care support compared to 19% of respondents aged 65 and over)
- female (33% of females compared to 21% of males)
- lived in social rented accommodation (47% compared to 22% of respondents who owned their home)

Those who had not considered a career in social care support (375 respondents) were asked for their reasons for feeling this way. Respondents could answer in their own words and their comments have been grouped into common themes for analysis purposes and listed in the table below. The most common responses were age or health issues were a concern (25%), respondents were happy working in other sectors (21%) or that respondents had never had any interest in working in the social care sector (17%).

³<http://www.careinfoscotland.scot> – Care Information Scotland provides access to quality assured information on care and social care services in Scotland. It is managed by NHS24 and supported by the Scottish Government.

Table 2: Reasons for not considering a career in social care support (open ended response)

Q4 If no, why not?	
Base: Unweighted, n=374; Weighted, n=375	%
Too old/ retired/ unable to work/ disability or health issues	25%
Currently working in other sector/ interested in other sectors/ happy in current job	21%
No interest/ never crossed my mind/ not for me	17%
Have no time/ work full time/ other commitments	11%
Not qualified/ do not have the necessary skills/ experience	9%
Do not have the right temperament/ patience	6%
Currently working/ worked in related fields	5%
Work/ previously worked in social care	3%
It would be too stressful for me/ would find it hard to detach/ distressing	3%
Poor pay/ working conditions	3%
Provide social care to family/ I am a carer	3%
Volunteer already	2%
Heard bad things about working in the social care sector	1%
Other	3%
Don't know much about it	3%

Below are some illustrative comments provided by Panel members which highlight some of the barriers to pursuing a career in social care support:

As I was a home help when I was 25, plus I don't fancy doing the qualifications for the job as I feel a lot of the work could be done by your own initiative and common sense.

The resources are so thinly spread that it would be impossibly stressful to find an acceptable balance between providing the care and support a person might need and the care and support an agency is contracted to provide.

I have a friend who is a disillusioned social worker. She is overworked and has no viable budget to fund respite care packages for disabled children and their families. The work is distressing and demoralising.

I'd take the issues too much to heart.

Don't think I have the right skills for job.

Seems a vastly under-resourced, over-stretched sector.

My sister worked in social care and had some regrettable experiences. It can be difficult and challenging, yet on occasions rewarding, line of work.

The hours, the conditions and bad publicity.

Why would you not consider a career in social care support?

I wasn't aware they were looking for people, and I wouldn't know where to look if I was wanting to help out.

It's not an area I know anything about. And to be honest I don't think I'd like it - I imagine it might be a bit icky.

I believe people who do that job must be endlessly patient and kind, and I don't think I've got the right personality.

My experience of the system is that it is mired in red tape and populated by an abundance of people who prevaricate over doing anything and who have very little power but lots of responsibility. This is because of the huge quantity of paperwork which inevitably has led to a real blame culture.

I deal with office work and the admin side of things. I have a great respect for those who do work in social care but I fear I would become too attached and it may affect my ability to do the job.

Following on from this, all respondents were asked what would attract them to work in social care support. The responses from this open ended question again have been coded into common themes and reveal that the top response was being able to help others and to make a difference or give something back (26%). Just under three in ten respondents (29%) said that nothing would attract them to work in this sector.

Table 3: What Panel members would find attractive about working in social care support (open ended response)

Q5 What would attract you to work in social care support?	
Base: Unweighted, n=396; Weighted, n=395	%
Being able to help/ care for others/ make a difference/ give something back/ improve lives/ allowing people to live independently	26%
Already work in social care/ have worked in social care/ provide care to family member	10%
Better pay/ fair salary	8%
Feel I am too old now/ retired/ unfit	7%
Good working conditions, e.g. flexible hours/ fewer hours	5%
Job satisfaction	3%
Enjoy working with people	2%
If I knew more about it	2%
Supportive managers/ leaders/ good communications with managers	2%
Volunteer already/ would be interested in volunteering	2%
I don't think I would be good at this/ have the necessary skills	1%
If I could transfer my skills/ knowledge	1%
If I had more time	1%
If was provided with training/ learn new skills	1%
Other	12%
Not sure/ don't know	4%
Nothing/ not applicable/ not interested	29%

Below are some comments provided by Panel members which highlight some of the things which Panel members said would potentially attract them to work in social care support:

Supporting others to live independently and to offer choices assuring that they have the best quality lifestyle that they can.

A very clear job description. Clear lines of communication with managers and leaders who you can trust. A culture where people are enthusiastic and want to improve things and get things done.

Just being able to help people either to take them out, go shopping or befriending. I feel if people are unable to get out and about, they can become very lonely, not able to shop or care for themselves. Visiting, shopping for them or taking them out is some activity, even just for coffee can be a help to people.

Because it's important to help people stay at home for as long as possible, including at the time of their death. Also I know from other people's experiences that if the basic services which support folk at home aren't there, people end up in crisis, are often admitted to hospital because of problems which could have been prevented (including getting enough to drink and eat, basic personal care etc).

What would attract you to work in social care support?

The workload seems immense and this would need to change for me to be interested in changing from my own career which already comes with a hefty workload.

Knowing that I could help in the community as we are an aging Scotland.

Better pay, family friendly working practices and less pressure to cover shifts for others who are off sick etc.

I would do it if I had time.

I am interested in mental health & would love to help people. I too have suffered mental health issues and received CBT which was great. I think I would be good at helping people with their issues.

I work in child care at the moment and have over 12 years' experience in this field I think I would enjoy working with young adults and supporting them.

I would suggest better wages in recognition of the valuable work and knowledge that there are enough staff to ensure adequate time is spent with users of the service to achieve care to a required standard.

Chapter 3: Using our medicines better

Introduction

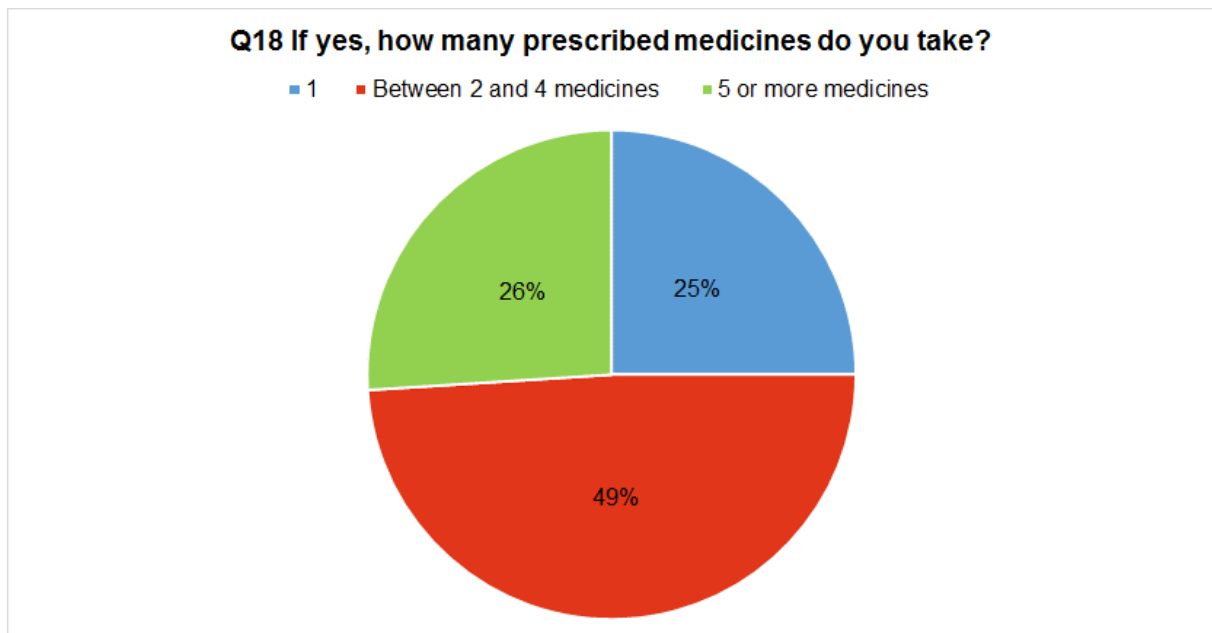
The next section of the questionnaire asked Panel members for their views on some issues relating to medicines and the use of pharmacy services in the high street or in GP surgeries. The information provided will be used to create a plan to raise awareness of the role of pharmacists and pharmacy services, and to provide people with information to improve their use of medicines.

Prescribed medicines

Over six in ten respondents (61%) take medicines regularly for an ailment or illness. Respondents aged 65 and over were most likely to be taking medicines on a regular basis (81%).

Those who were regularly taking medicines were asked how many medicines they take. One in four respondents stated they took one medicine (25%), just under half (49%) took between two and four medicines and 26% said they took five or more medicines.

Table 4: Multiple medications



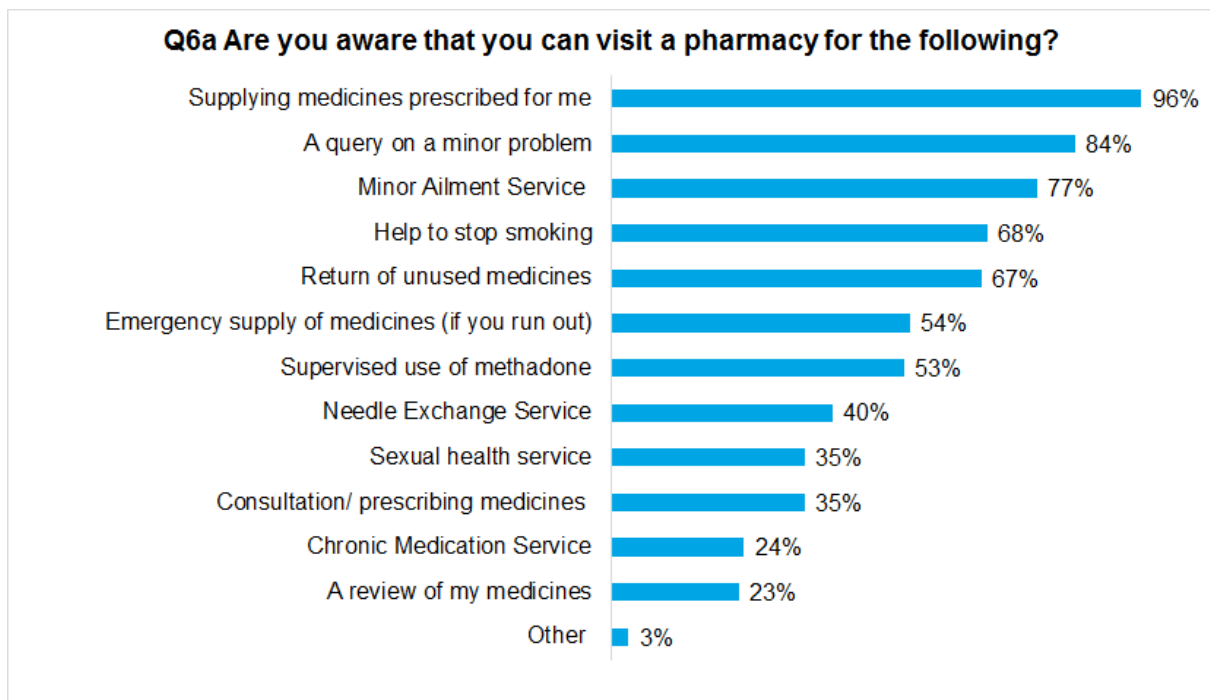
Base: Unweighted, n=392; Weighted, n=366

Awareness of pharmacy services

Panel members were asked whether they were aware or not of a range of pharmacy services. Almost all respondents (96%) were aware that they can visit a pharmacy to be supplied with medicines which have been prescribed for them. Other services where awareness levels were high included seeking advice on a minor problem (84%), the Minor Ailments Service (77%), help to stop smoking (68%) and the return of unused medicines (67%).

On the other hand, awareness was lowest in terms of being given a review of any current medicines (23%), the Chronic Medication Service (24%), the sexual health service (35%) and consultation on and the prescription of medicines (35%).

Table 5: Awareness of pharmacy services (multiple response)



Base: Unweighted n=600; Weighted, n=600

Polypharmacy is the use of multiple medications. The questionnaire (as detailed earlier) asked Panel members if they were currently taking medicines regularly for an ailment or illness and, if so, whether they took one prescribed medicine, two to four prescribed medicines or five or more prescribed medicines. Awareness of pharmacy services has been analysed on the basis of the responses to these two questions and broken down by respondents who do not take any prescribed medicines, those who take one prescribed medicine and those who take multiple prescribed medicines (two or more). This analysis indicates that those who take multiple prescribed medicines are more likely to be aware of the following pharmacy services:

- **Chronic Medication Service:** Awareness levels were lower generally for the Chronic Medication Service, however they were highest amongst those who took two or more medicines on a regular basis (28%).
- **Emergency supply of medicines (if you run out):** Awareness was highest amongst respondents who were taking two or more medicines (60%) and lowest for respondents who took no medicines (50%).
- **Return of unused medicines:** Respondents who did not regularly take any prescribed medicines were less likely to be aware of this (58%) than those who took one (71%) or two or more regularly prescribed medications (74%).
- **Consultation/ prescribing of medicines:** Even amongst respondents taking two or more regularly prescribed medicines only 39% were aware. However, they were more likely to be aware of this than those taking one regularly prescribed medicine (24%).

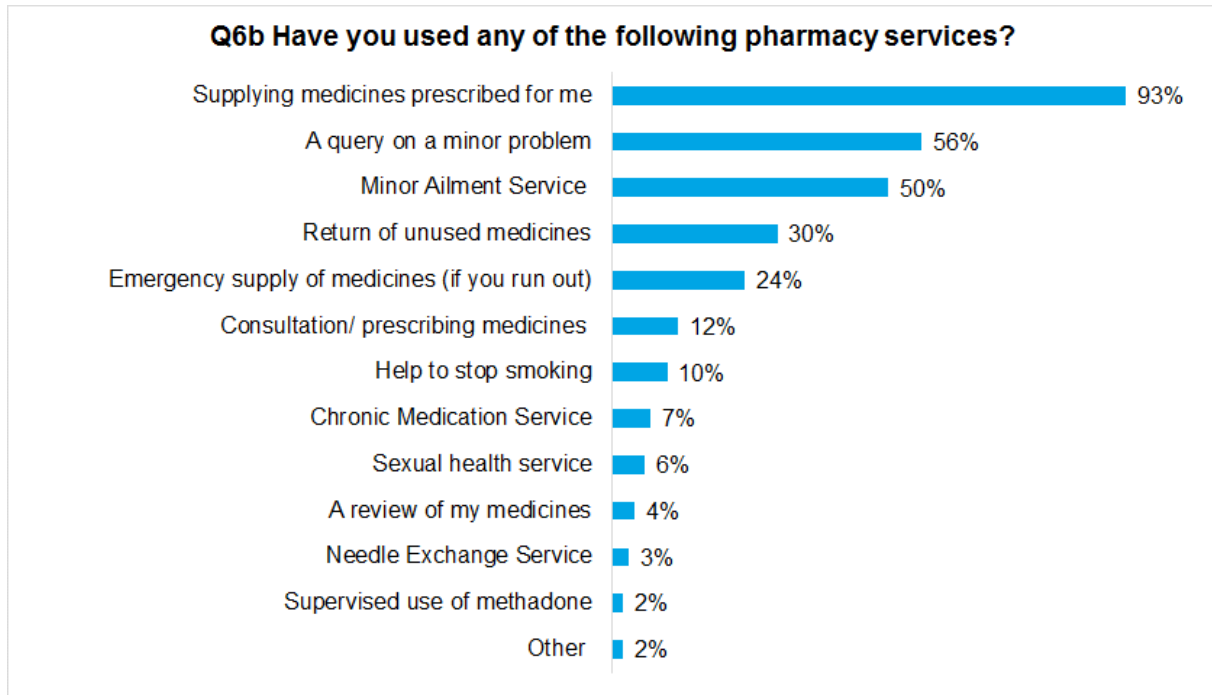
Table 6: Awareness of pharmacy services analysed by number of regularly taken prescribed medicines (multiple response)

Q6a Are you aware that you can visit a pharmacy for the following?			
No. of regularly prescribed medications taken	0	1	2 or more
Unweighted	207	88	297
Weighted	232	91	269
Supplying medicines prescribed for me	96%	99%	95%
Minor Ailment Service	81%	73%	75%
A query on a minor problem	83%	87%	83%
Chronic Medication Service	18%	22%	28%
Emergency supply of medicines (if you run out)	50%	45%	60%
Help to stop smoking	72%	67%	65%
Needle Exchange Service	39%	39%	40%
Return of unused medicines	58%	71%	74%
Sexual health service	35%	39%	33%
Supervised use of methadone	51%	54%	54%
A review of my medicines	24%	18%	25%
Consultation/ prescribing medicines	36%	24%	39%
Other	2%	1%	5%

Use of pharmacy services

Following on from this, respondents were asked from the same list of pharmacy services, which of these they had used. The top three responses were consistent with the services Panel members were most likely to be aware of, with 93% stating they had been supplied with medicines prescribed for them, 56% receiving advice regarding a minor problem and 50% using the Minor Ailment Service.

Table 7: Use of pharmacy services (multiple response)



Base: Unweighted n=574; Weighted, n=569

Further analysis of this question reveals that the biggest differences, when analysed by the number of regularly prescribed medicines, are that the use of the Chronic Medication Service (13%), the return of unused medicines (37%) and obtaining an emergency supply of medicine (34%) are most used by respondents who regularly take two or more prescribed medicines.

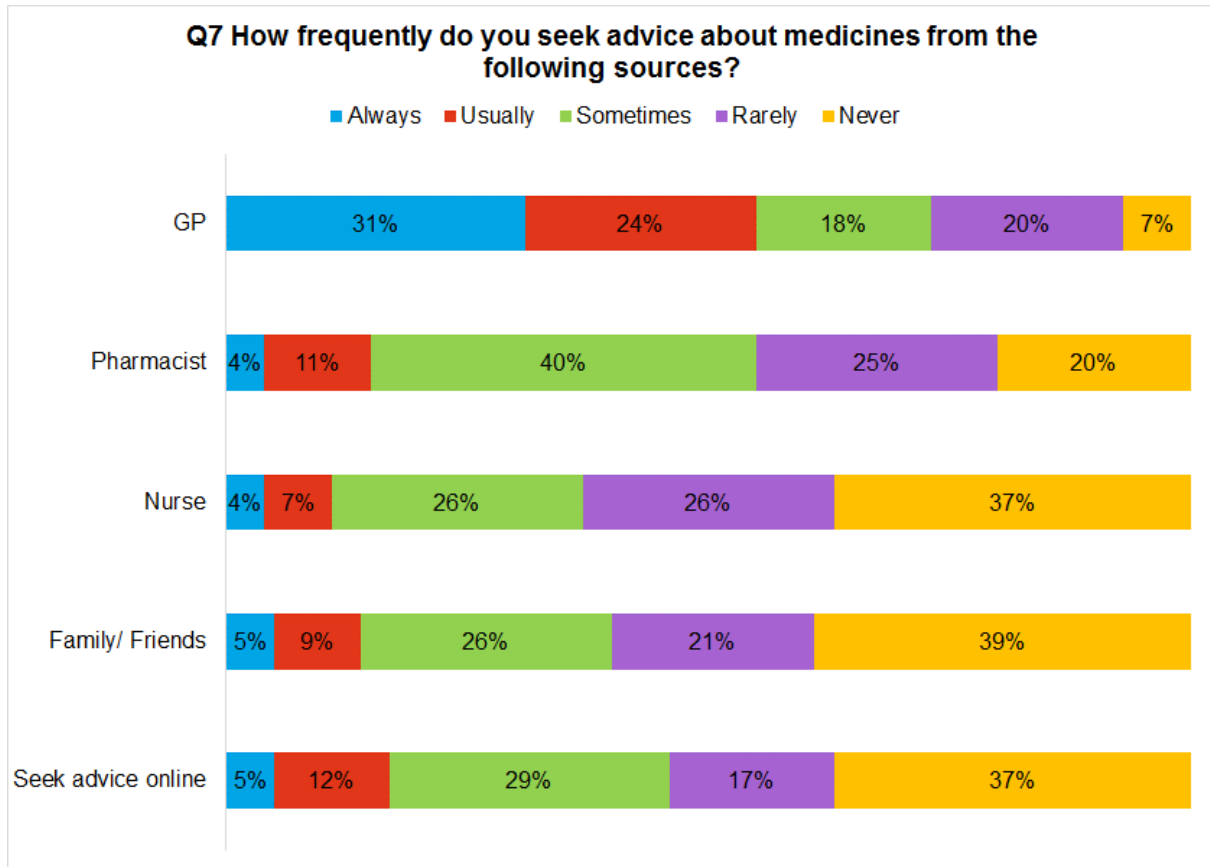
Table 8: Use of pharmacy services analysed by number of regularly taken prescribed medicines (multiple response)

Q6b Have you used any of the following pharmacy services?			
No. of regularly taken prescribed medications	0	1	2 or more
Unweighted	194	81	291
Weighted	212	85	265
Supplying medicines prescribed for me	92%	97%	94%
Minor Ailment Service	52%	48%	49%
A query on a minor problem	56%	57%	55%
Chronic Medication Service	2%	3%	13%
Emergency supply of medicines (if you run out)	14%	16%	34%
Help to stop smoking	9%	14%	8%
Needle Exchange Service	2%	8%	2%
Return of unused medicines	21%	30%	37%
Sexual health service	8%	6%	4%
Supervised use of methadone	3%	3%	1%
A review of my medicines	3%	3%	5%
Consultation/ prescribing medicines	7%	14%	16%
Other	1%	1%	2%

Frequency of seeking advice about medicines from various sources

Respondents were asked how often they seek advice about medicines from a range of different sources. As can be seen below, respondents to the survey were most likely to seek advice about medicines from GPs on a frequent basis with 31% of respondents stating they 'always' do this. On the other hand, the proportion of respondents who 'never' seek advice from any of these sources was highest for those who seek advice online (37%), from family or friends (39%) or from nurses (37%).

Table 9: Frequency of seeking advice from various medical sources



Base: GP: Unweighted n=594; Weighted, n=595; Pharmacist: Unweighted n=565; Weighted, n=562; Nurse: Unweighted n=479; Weighted, n=491; Family/ Friends: Unweighted n=467; Weighted, n=484; Seek advice online: Unweighted n=481; Weighted, n=493

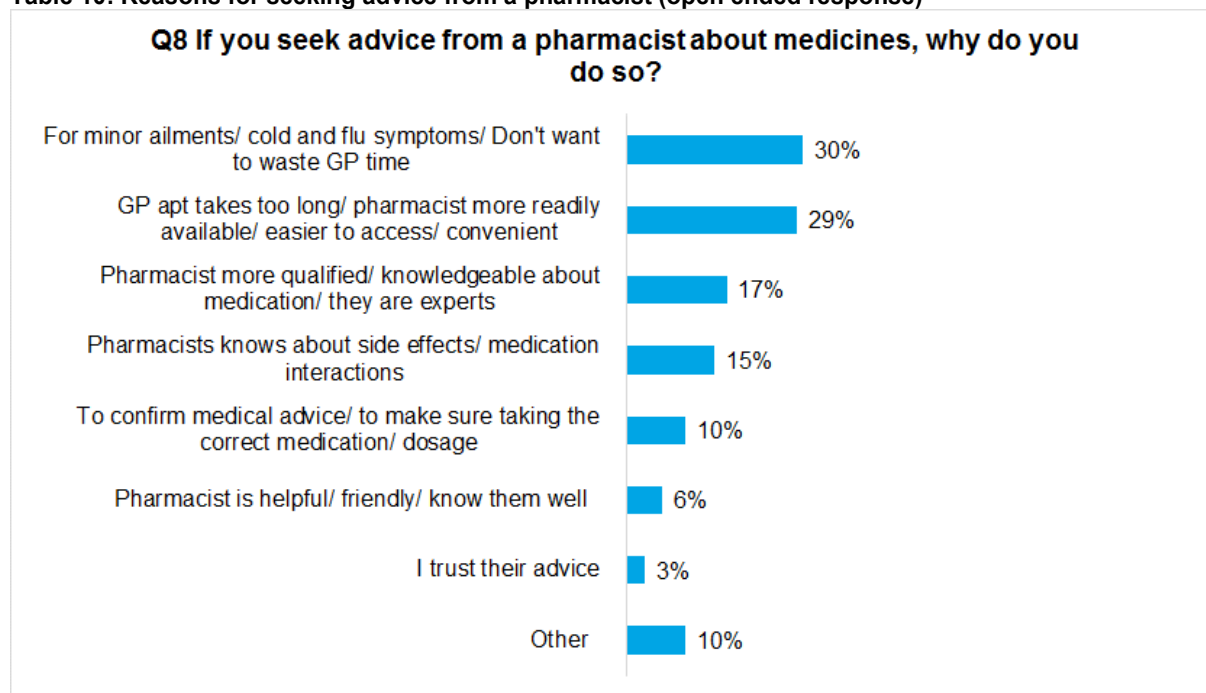
A number of respondents said they seek advice about medicines from other sources. Their responses are listed below:

- *alternative health store*
- *consultant*
- *contact drug firm if query on what you have been given by GP, if you get side effects*
- *booklets in GP surgeries and hospitals*
- *CPN*
- *medicine information sheets*
- *pain clinic*
- *NHS 24 (stated by three respondents)*
- *psychiatric services (stated by four respondents)*

Reasons for seeking advice from a pharmacist

Respondents who stated that they sought advice from a pharmacist were then asked about their reasons for seeking advice from a pharmacist. This was asked as an open question. Analysis of their responses showed that accessibility was the key reason. Three in ten respondents who seek advice from a pharmacist about medicines stated they would do so if they had a minor ailment, cold and flu symptoms or did not wish to waste GP time (30%). A further 29% said they would speak to a pharmacist if it took too long to get a GP appointment and that pharmacists were more convenient (29%).

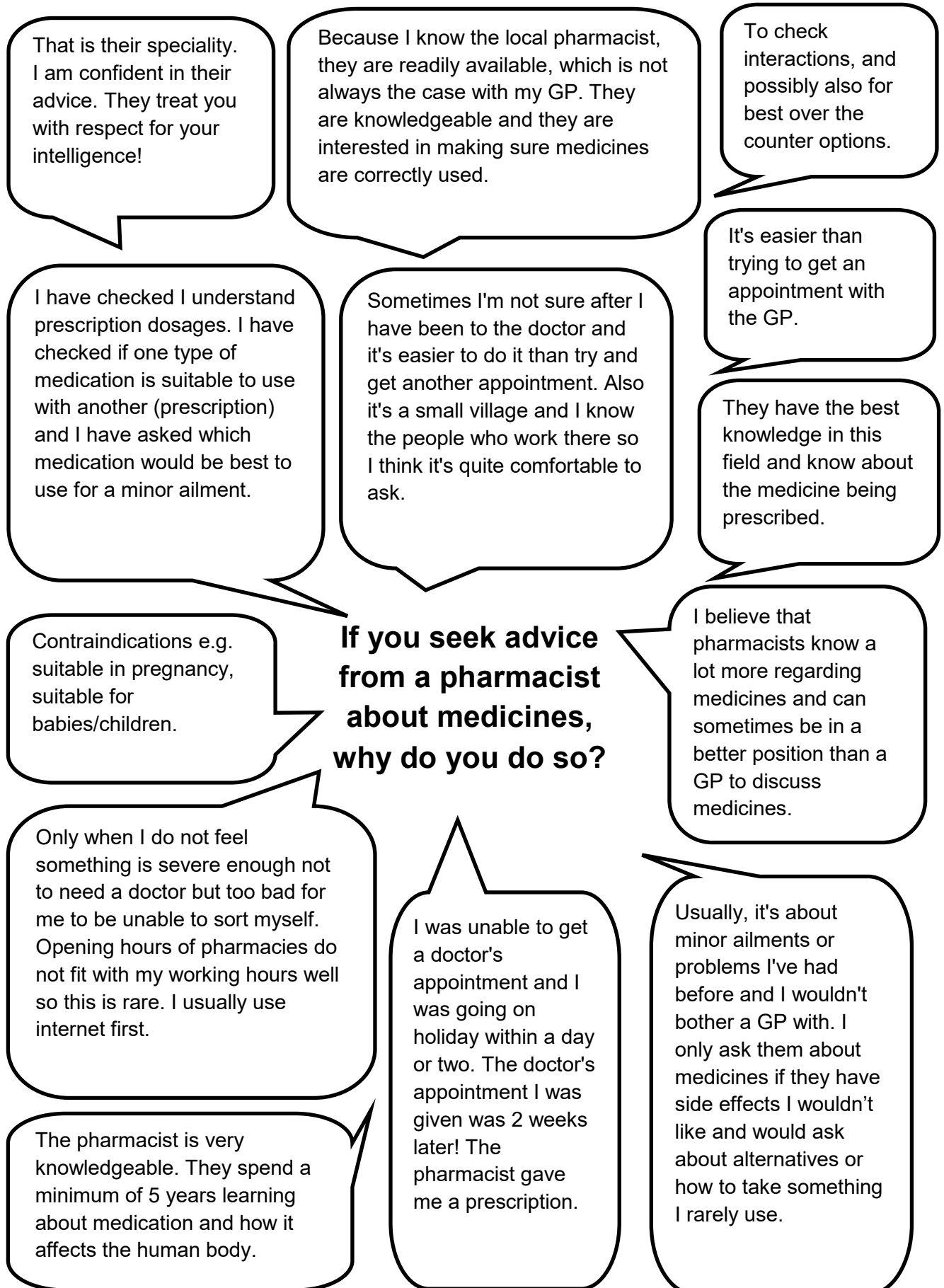
Table 10: Reasons for seeking advice from a pharmacist (open ended response)



Base: Unweighted, n=409; Weighted, n=381

Respondents who regularly took two or more prescribed medicines were more likely to speak to a pharmacist about side effects or medication interactions (24%) than respondents who did not take any prescribed medicines (8%).

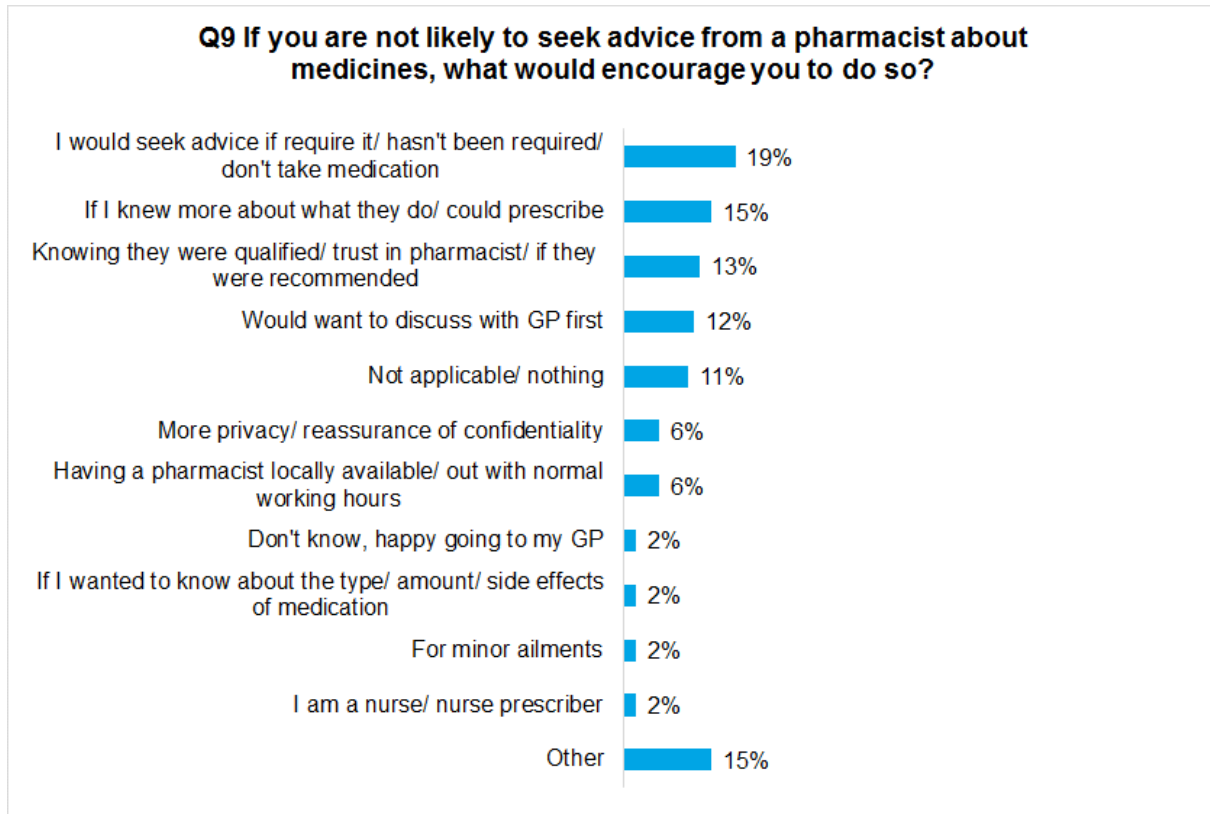
Below are a sample of reasons given by respondents for seeking advice from a pharmacist:



Reasons for not seeking advice from a pharmacist

Those who were not likely to seek advice from a pharmacist about medicines were asked what would encourage them to do so. This was also asked as an open question. A relatively small number of Panel members answered this question; a themed summary of their responses is in the table below.

Table 11: Reasons for not seeking advice from a pharmacist (open ended response)



Base: Unweighted, n=73; Weighted, n=89

Some examples of the comments provided by Panel members to this question can be found below:

If you do not seek advice from a pharmacist about medicines, what would encourage you to do so?

If the pharmacist was recommended to me by close friends/ family.

A pharmacist who is open out-with my working hours. Could only seek their advice at the moment if I went on a Saturday (am) due to employment out-with my local area. (Live in a small town).

Having someone locally in the community.

I have more confidence in my GP who has all my health records available.

Nothing, I feel that the doctor is best to advise about my medication as they know the whole medical history.

Knowing they are qualified to do so & that they are under the same policies re confidentiality as doctors.

Reassurance about confidentiality.

I tend to buy non-prescription medicines from supermarkets or Semi-Chem shops. The advice of a pharmacist would be useful but pharmacy prices are dearer and I would not feel comfortable asking the pharmacist for advice then not buying from them. I feel they are biased towards making a sale, rather than giving me the best advice. I would feel more comfortable asking the pharmacist for advice if there was an official statement on display in the shop that the advice carries no obligation.

More information about services available from a pharmacy.

I only use pain clinics as they specialise in my condition. A pharmacist in a local chemist would not have knowledge on every illness.

Private room that is not viewed as only used for methadone use and time not to feel a nuisance with a line of people waiting for prescription services.

The medicine I take I have been on for nearly 30 years and never have any issues with it. I feel I would need to know the pharmacist or at least know who they are before seeking advice.

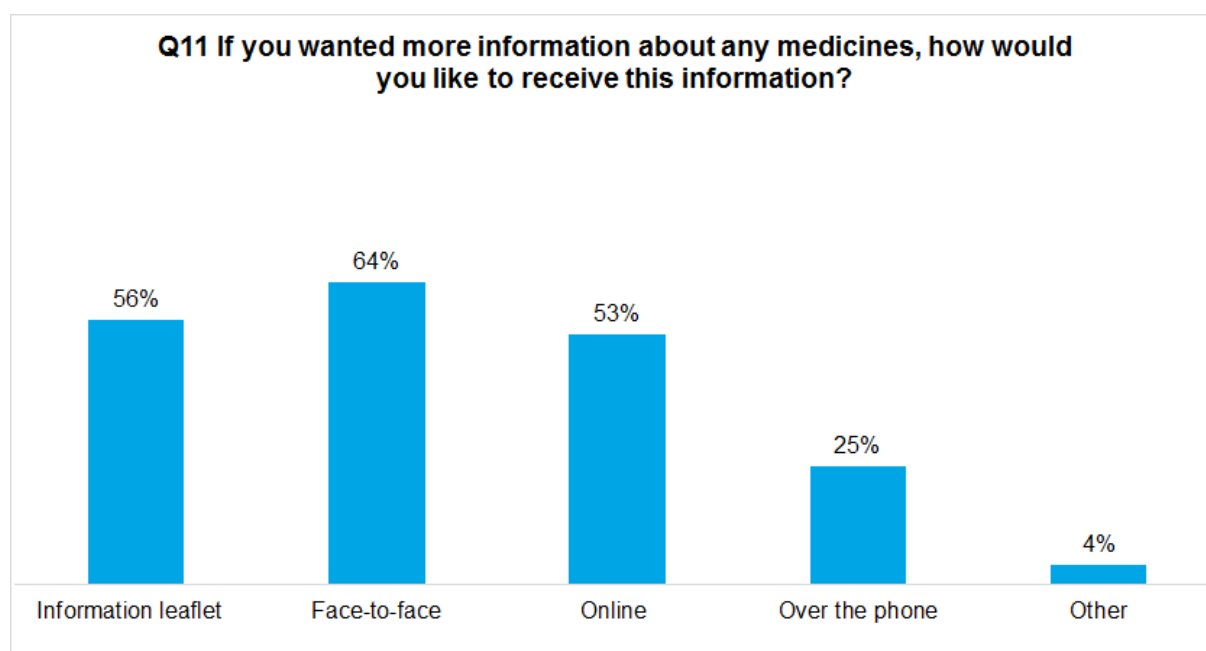
Awareness that some pharmacists can now prescribe medicines

There have been changes to legislation so that it is no longer just GPs or doctors that can prescribe medicines. With the right qualifications a number of different healthcare professionals can now prescribe medicines, including pharmacists. Over half of respondents (53%) were aware that some pharmacists can prescribe medicines. It is interesting to note that this percentage is higher than was documented in Table 5, where 35% of respondents when asked about their awareness of various pharmacy services stated they were aware pharmacists are able to consult on or prescribe medicines.

Preferred sources to find out more information on medicines

Face to face was the most preferred way of finding out more information on medicines for survey respondents, with 64% stating they would prefer to find out in this way. This was followed by information leaflets (56%) and online (53%).

Table 12: Preferred sources to find out more information on medicines (multiple response)



Base: Unweighted, n=598; Weighted, n=596

Analysis of this question by age indicates that Panel members aged 25-44 were most likely to seek advice about medicines online (68%) and those aged 65 and over were least likely (32%). Respondents aged 65 and over preferred to seek advice on a face to face basis (78%)

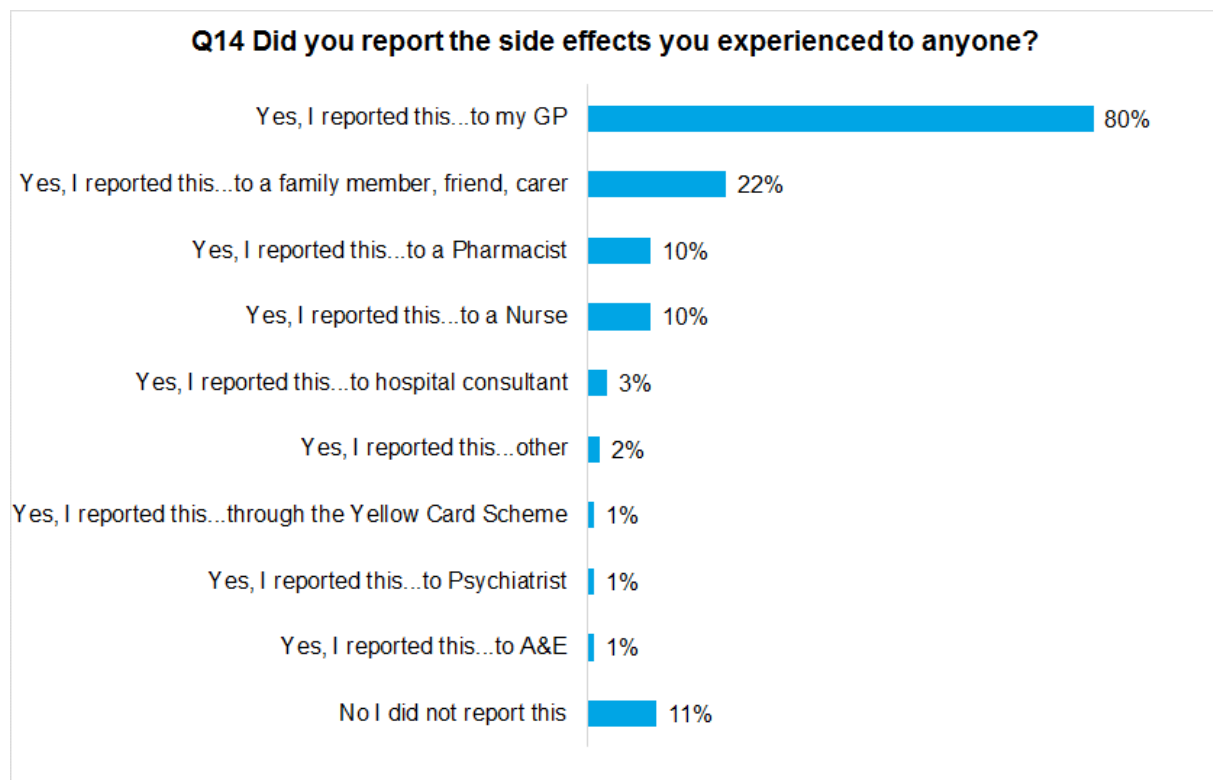
Awareness of the Yellow Card Scheme

The Yellow Card Scheme allows people and professionals to report side effects from medicines through online forms, telephone, email and the Yellow Card app for smart phones. The survey revealed that awareness of this scheme was low with only 13% of survey respondents being aware. Respondents who did not regularly take any prescribed medications were less likely to be aware of the Yellow Card Scheme than respondents who took two or more prescribed medications on a regular basis (15%).

Experience and reporting of side effects with medicines

Over half of respondents (53%) have experienced side effects with medicines. And of these individuals, the majority (80%) reported this to their GP. Only 1% of survey respondents reported this through the Yellow Card Scheme.

Table 13: Experience and reporting of side effects with medicines and reporting (multiple response)

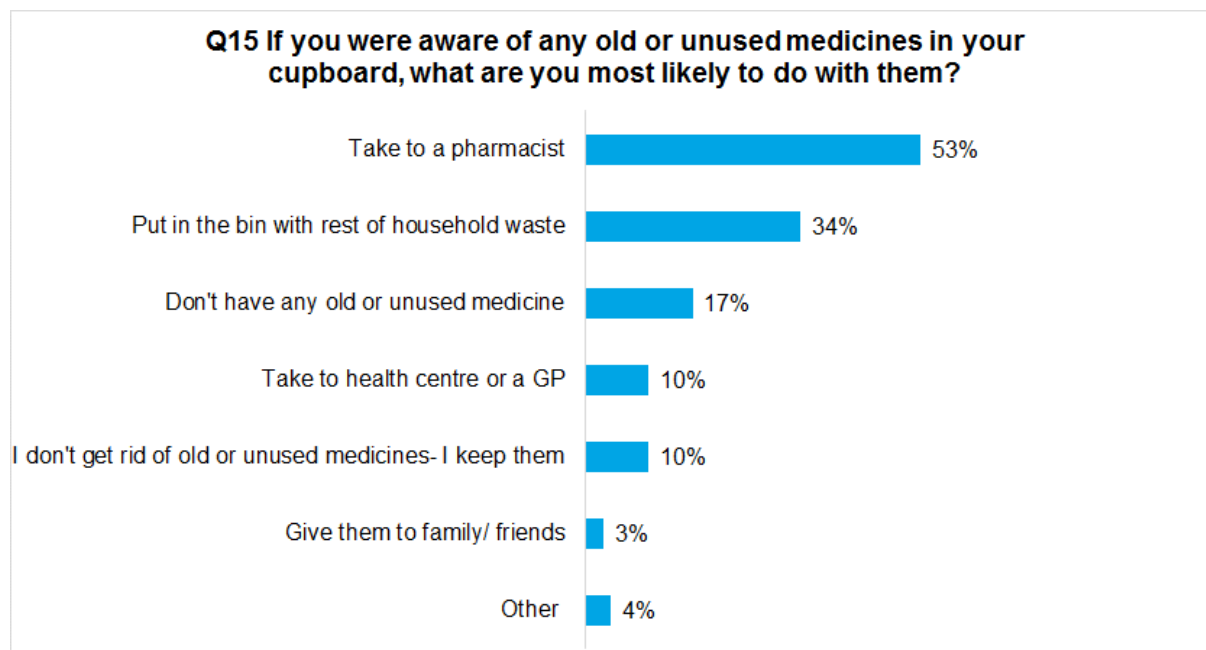


Base: Unweighted, n=348; Weighted, n=318

Returning unused medicines

All survey respondents were asked if they were aware of any old or unused medicines in their cupboard, what they are most likely to do with them. Over half of respondents (53%) said they would take them to a pharmacist and over a third would put them in the bin with the rest of the household waste (34%).

Table 14: Returning unused medicines (multiple response)



Base: Unweighted, n=601; Weighted, n=600

Respondents who regularly take two or more prescribed medicines were more likely to have said they would take any unused medicines to a pharmacist (70%) than those who did not take any medicines (37%).

Although not statistically significant, it is interesting to note that the proportion of survey respondents who said they would take any old or unused medicines to their pharmacist increases with age, from 28% for those aged 16-24 to 69% for respondents aged 65 and over. Younger respondents aged under 45 were more likely to say they put any unused medication in the bin (47%) than respondents aged 45 and over (24%).

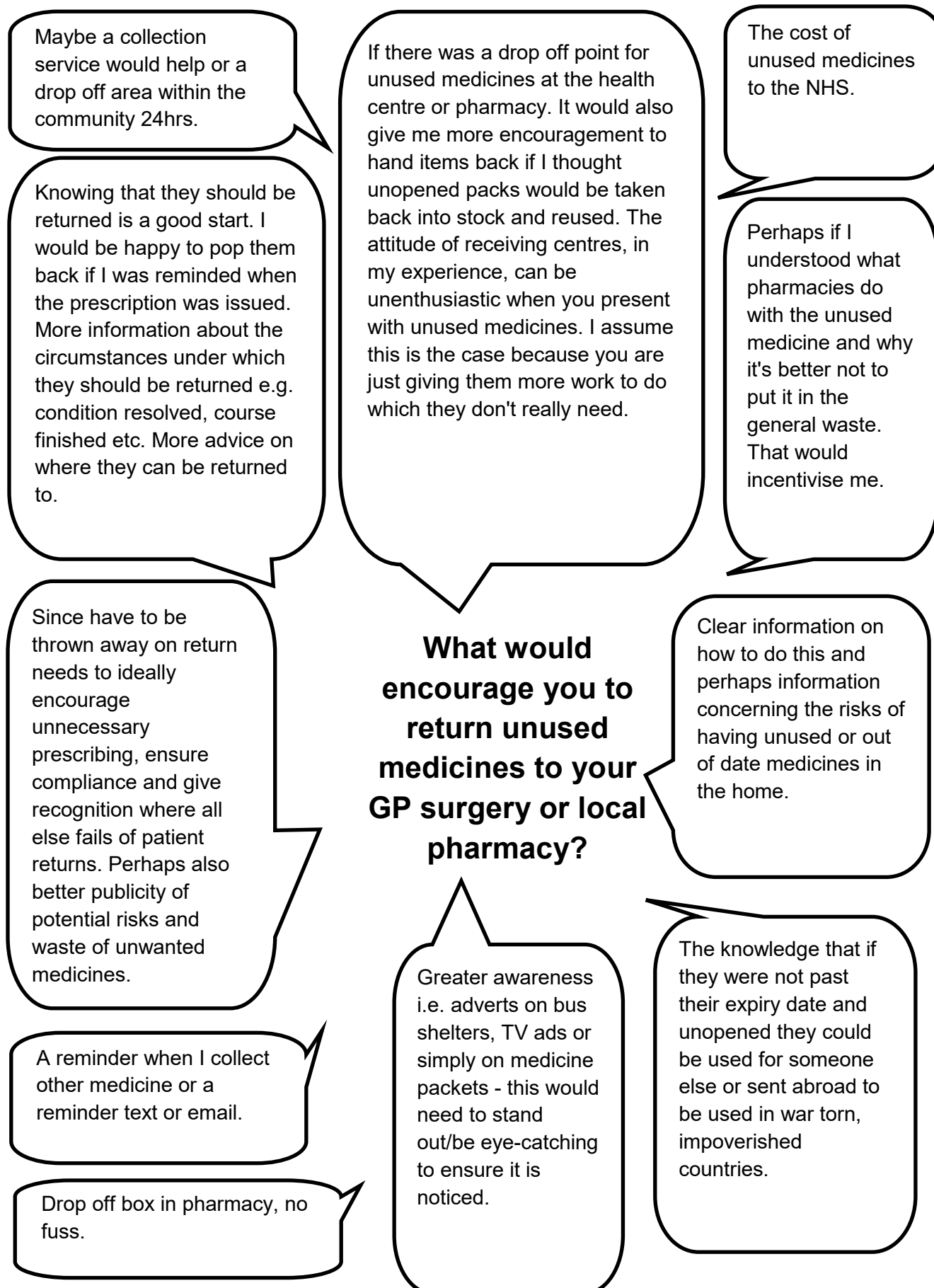
Female survey respondents were also more likely to say they return unused medicines to their pharmacist (61%). Only 45% of male respondents said they did this.

All respondents were asked what would encourage them to return unused medicines to their GP surgery or local pharmacy. The top response was for improved information and advertising on where and how to do this (26%). A further 17% said they already do this and 15% suggested easy access points where they can drop medicines off.

Table 15: Ways of encouraging people to return unused medicines (open ended response)

Q16 We would like more people to return unused medicines. What would encourage you to return unused medicines to your GP surgery or local pharmacy?	
Base: Unweighted, n=467; Weighted, n=466	%
Improved information and advertising e.g. posters, information on prescription, medication etc.	26%
Already do	17%
A drop off point/ easy access point/ open late at nights and at weekends	15%
I wasn't aware/ I will now I am aware/ knowing that I could	10%
If knew what happens to them/ the benefits	5%
Don't know/ never thought of it/ not applicable	5%
Info on dangers of putting drugs in the bin/ safety issues	4%
Reminders when collecting prescription/ text reminder	3%
A reward/ discount token/ points system	3%
Collection service	2%
Always take complete course/ never have any left	2%
Nothing happens to them/ not worth doing/ they get destroyed	2%
If people knew the cost of unused medication to the NHS	2%
Methods to avoid over prescribing	2%
For staff at GP surgery/ pharmacy to be more willing to take unused medication/ to be better informed	2%
If reused by poorer countries	1%
Other	11%

A sample of some of the suggestions provided by Panel members are shown below:



Chapter 4: Improving oral health

Introduction

The Scottish Government launched a consultation on 15 September 2016 which sought the public's view on dentistry and how oral health can be improved for everyone in Scotland. The first question from the consultation questionnaire was included in the survey which asked Panel members what they consider to be their top three priorities for improving health across Scotland.

Priorities for improving oral health

As can be seen in the table below, half of respondents said their top priority was access to NHS dental services (50%). This was followed by the cost of NHS dental services (18%) and the quality of NHS dental care (12%). The last column in the table shows the overall priority which is the total percentage of respondents who rated each of these aspects as a top, second or third priority. As can be seen below the top three responses remain consistent with respondents' top priorities.

Table 16: Top three priorities for improving oral health (selected from list of options)

Q19 When thinking about improving oral health across Scotland, which of the following would you regard as the most important? Please rank your top three, 1-3, in order of importance, writing 1 beside the aspect you think is most important and so on).				
	Top priority	2nd priority	3rd priority	Overall priority
Unweighted	598	588	578	
Weighted	598	589	579	
Access to NHS dental services	50%	19%	12%	81%
Cost of NHS dental services	18%	25%	19%	62%
Quality of NHS dental care	12%	22%	20%	54%
Child dental services	8%	9%	16%	33%
Oral health inequalities (e.g. people in more deprived areas typically have poorer oral health outcomes)	6%	9%	12%	27%
Services closer to your home address	3%	10%	12%	25%
Ageing population/ domiciliary dental care (dental services in the home)	1%	6%	9%	16%
Other	3%	1%	1%	5%

Respondents' top priority for improving oral health across Scotland (access to NHS dental services) is consistent across the different age groups, gender and housing.

Chapter 5: Opinions on the survey and suggestions for future topics

Introduction

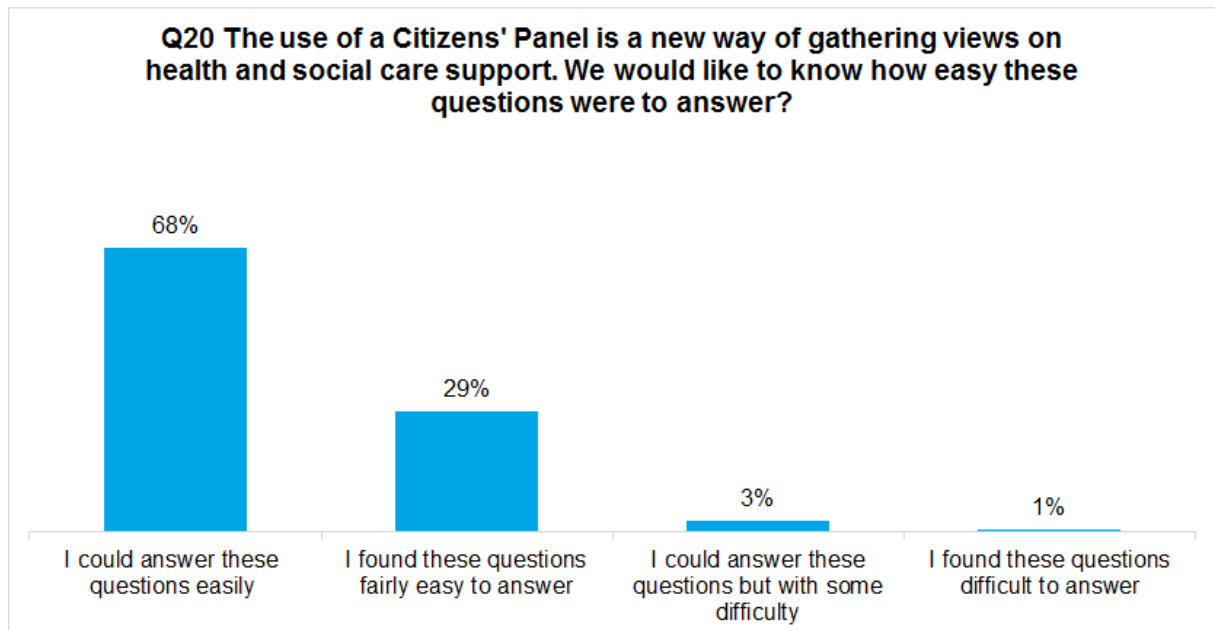
The final section of the questionnaire asked Panel members about their experiences of completing the questionnaire and about any future topics they would be interested in being consulted on in future surveys.

To ensure that the survey suited the needs of the Our Voice Citizens' Panel members the questionnaire was provided in a range of additional formats. For example, the translation of the survey into a foreign language, providing large text versions of the survey, easy read options were available on demand and a telephone boost was undertaken to actively engage with excluded and difficult to reach communities by directly calling them for their response.

Ease of completing the questionnaire

The vast majority of respondents found the questionnaire easy to complete, with 68% stating they could answer the questions easily and a further 29% stating they found the questions within the questionnaire fairly easy to answer.

Table 17: Perceptions on the ease of completing the questionnaire



Base: Unweighted, n=588; Weighted, n=587

Suggestions for future topics for consultation

All respondents were asked for their suggestions on any other areas of health or social care support that they would be interested in being consulted on. Over one in five respondents said they would welcome questions on any or all areas of health or social care (22%). A further 17% would like to answer questions on mental health, 13% suggested research into elderly care, retirement accommodation and 13% said they would like to be asked about GP services, appointments, waiting times and the out of hours service.

Table 18: Suggestions made for future research topics (open ended response)

Q21 To help us plan for future Panel surveys, what other areas of health or social care support would you welcome questions about?	
Base: Unweighted, n=370; Weighted, n=376	%
Any/ all areas	22%
Mental health	17%
Elderly care/ dementia/ retirement accommodation/ care homes	13%
GP services/ appointments/ waiting times/ out of hours	13%
Hospital services/ waiting times for treatment/ A&E	7%
Care in the Community/ Home Care	6%
Comments regarding long term chronic health conditions/ rare diseases	5%
Tackling obesity/ diet and fitness/ healthy living	5%
Child services/ children with special needs/ children's health	4%
Support for carers	3%
Services for disabled people	3%
Funding of health care/ priorities/ expenditure	3%
Treatment for addictions	2%
Dental health	2%
Maternity services/ health visitors	1%
Issues regarding pharmacy services	1%
Access to services in rural locations	1%
Sexual health/ women's health	1%
Access to services / mobility issues	1%
Services / help for vulnerable adults/ children	1%
Support with housing/ access to housing	1%
Other	12%
Don't know/ none	12%

Chapter 5: Next steps

This report will be shared with the people and organisations that were involved in framing the survey questions. Feedback will be provided on how the information is used to inform their activities.

Lessons learned from this survey will be taken forward for the design of future surveys. The key lesson learned in the methodology was that those respondents recruited to the Panel using face to face methods were more likely to respond to a proactive approach to the survey. This meant that the response rate from this group was lower to the self-completion survey methodology, but that they responded well to an approach by telephone from a trained interviewer who would complete the survey on their behalf. This should be factored into future surveys.

The majority of respondents felt that the survey was easy to complete so future surveys should be designed in a similar way, being of similar length and format. Attempts should be made to ensure plain English is used and that terminology that is not in everyday use by the general public should be avoided.

Appendix 1: Questionnaire

Welcome to Our Voice!

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



The aim of Our Voice is to gather the views of the general public to help improve health care services and social care support. This first survey covers a number of areas:

- Social care support
- Improving oral health
- Pharmacy services and use of medicines

Please complete the questions as fully as you are able to. If you would rather not answer a particular question, please just move on to the next one. We would rather get an answer to some of these questions than none.



If you need help to answer the questions please call Research Resource on FREEPHONE 0800 121 8987

Social Care Support

Social care support refers to the personal and social care and support services that enable people to take control over their own life and play a part in their community. It includes supporting vulnerable children and young people, older people, people with learning disabilities, autism, physical disability, sensory impairment, mental health needs and people with drug and alcohol addiction or dependencies.

Social care support helps with things like:

- Personal care like help with getting dressed, or getting washed, etc.
- Taking medication
- Household tasks like making meals, or doing housework
- Going to work or college or other activities in the community
- Visiting friends and family and doing other things

Many of us now or in the future may need help with everyday living. The first two questions will help us to understand whether or not you would know where to go for information and assistance, if you needed it.

1. Where would you go for information and assistance about social care support? [tick all that apply]

<input type="checkbox"/>	Family and friends	
<input type="checkbox"/>	GP	
<input type="checkbox"/>	Internet	
<input type="checkbox"/>	Local council social care department	
<input type="checkbox"/>	Voluntary organisation or charity (e.g. Age Scotland or Macmillan)	
<input type="checkbox"/>	Disabled Peoples Organisations (e.g. Centre for Inclusive Living)	
<input type="checkbox"/>	Local or community group	
<input type="checkbox"/>	Other (please write in below)	

2. If you give social care support to someone, need social care support yourself or are planning for your future social care support needs, you can get information and advice at Care Information Scotland, (www.careinfoscotland.scot or telephone: 0800 011 3200). Did you know about this source of information and advice?

Yes	
No	

3. Have you ever considered working in social care support?

Yes		Go to Q5
No		Go to Q4

4. If no, why not? [write in below]

5. What would attract you to work in social care support? [write in below]

Using Our Medicines Better

Medicines are the most common form of treatment in healthcare. Most of us use medicines at some point in our lives; this might be for days, months or years, but an increasing number of people live with long term conditions and require medicines for the foreseeable future. In 2015/16 around 100 million prescriptions were dispensed in Scotland, at a cost of around £1 billion (around ten per cent of the annual healthcare budget).

The NHS in Scotland would like to know Citizens' Panel members' views on some issues relating to medicines and use of pharmacy services in the high street or in GP surgeries. The information you provide will be used to create a plan to raise awareness of the role of pharmacists and pharmacy services, and to provide people with information to improve their use of medicines.

6. We are interested to know Panel members' awareness and use of pharmacy services. [please tick all that apply in each column below]

	a. Are you aware that you can visit a pharmacy for the following?	b. Have you used any of the following pharmacy services?
Supplying medicines prescribed for me		
Minor Ailment Service		
A query on a minor symptom		
Chronic Medication Service		
Emergency supply of medicines (if you run out)		
Help to stop smoking		
Needle Exchange Service		
Return of unused medicines		
Sexual health service		
Supervised use of methadone		
A review of my medicines		
Consultation/prescribing medicines		
Other (please state)		

7. How frequently do you seek advice about medicines from the following sources? [tick one in each row]

	Always	Usually	Sometimes	Rarely	Never
GP					
Pharmacist					
Nurse					
Family/Friends					
Seek advice online					
Other (please state)					

If you seek advice from a pharmacist, please go to Q8, if you never seek advice from a pharmacist go to Q9.

8. If you seek advice from a pharmacist about medicines, why do you do so? [write in below]

Now go to Q10

9. If you are not likely to seek advice from a pharmacist about medicines, what would encourage you to do so? [write in below]

10. There have been changes to legislation so that it is no longer just your GP or doctor that can prescribe medicines. With the right qualifications a number of different healthcare professionals can now prescribe medicines including pharmacists. Which of the following is closest to your understanding?

I didn't know that some pharmacists can prescribe medicines	
I know that some pharmacists can prescribe medicines	

11. If you wanted more information about any medicines, how would you like to receive this information? [tick all that apply]

Information leaflet	
Face-to-face	
Online	
Over the phone	
Other (please state)	

12. The Yellow Card Scheme allows people and professionals to report side effects from medicines, through online forms, telephone, email and the Yellow Card app for smart phones. Are you aware of the Yellow Card Scheme? [tick one only]

Yes	
No	

13. Have you ever experienced side effects with medicines? [tick one only]

Yes		Go to Q14
No		Go to Q15

14. Did you report the side effects you experienced to anyone? [tick all that apply]

Yes, I reported this ...	
To my GP	
To a Pharmacist	
To a Nurse	
To a family member, friend, carer	
Through the Yellow Card Scheme	
Other (please state)	
No I did not report this	

15. If you were aware of any old or unused medicines in your cupboard, what are you most likely to do with them? [tick all that apply]

Take to a pharmacist	
Put in the bin with rest of household waste	
Take to a health centre or a GP	
I don't get rid of old or unused medicines – I keep them	
Give them to family/friends	
Don't have any old or unused medicines	
Other (please state)	

16. We would like more people to return unused medicines. What would encourage you to return unused medicines to your GP surgery or local pharmacy? [write in below]

+

□

17. Do you take medicines regularly for an ailment or illness? [tick one only]

Yes		Go to Q18
No		Go to Q19

18. If yes, how many prescribed medicines do you take? [tick one only]

1	
Between 2 and 4 medicines	
5 or more medicines	

Improving Oral Health

The Scottish Government launched a consultation on 15 September 2016 which is seeking views on dentistry and how oral health can be improved for everyone in Scotland.

The first question in the consultation questionnaire is below. If you would like to provide a response to the full consultation please go to <https://consult.scotland.gov.uk/dentistry-division/oral-health-plan> The consultation will be open for responses until 8 December 2016.

19. When thinking about improving oral health across Scotland, which of the following would you regard as the most important? [Please rank your top three, 1–3, in order of importance, writing 1 beside the aspect you think is most important and so on]

Access to NHS dental services	
Cost of NHS dental services	
Services closer to your home address	
Child dental services	
Ageing population/domiciliary dental care (dental services in the home)	
Oral health inequalities (e.g. people in more deprived areas typically have poorer oral health outcomes)	
Quality of NHS dental care	
Other, please specify	

20. The use of a Citizens' Panel is a new way of gathering views on health and social care support. We would like to know how easy these questions were to answer? [please tick one box only below]

I could answer these questions easily	<input type="checkbox"/>
I found these questions fairly easy to answer	<input type="checkbox"/>
I could answer these questions but with some difficulty	<input type="checkbox"/>
I found these questions difficult to answer	<input type="checkbox"/>
Please make any comments below	

21. To help us plan for future Panel surveys, what other areas of health or social care support would you welcome questions about? [please write in any ideas below]

+-

Thank you very much for taking the time to complete this first survey. We plan, over the course of the next year, to invite you to take part in around 3 surveys. You may also be invited to take part in local research activities such as focus groups.

With each survey we will provide you with a summary of the key findings from the previous survey. Most importantly we will also provide you with information about how your information has been used to make a difference to health social care and support services in Scotland.

Thank you for your time.

Appendix 2: Infographic newsletter



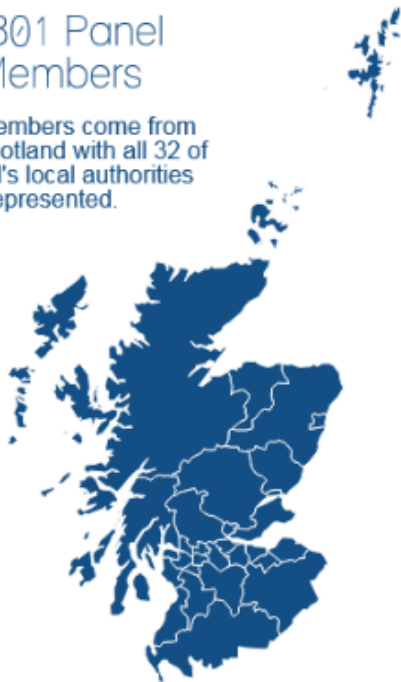
Welcome to Our Voice Citizens' Panel

Thank you very much for signing up to become a member of Our Voice Citizens' Panel. Our Voice is all about engaging the people of Scotland in improving health and social care and support. The Citizens' Panel is one way of doing this at a national level.

The Panel is broadly representative of the adult population of Scotland in terms of age, housing tenure, geographical spread, ethnic profile and disability. The gender split is not as balanced as we would have liked, however, we will seek to address this in future recruitment and when we are considering survey results. We summarise below who the Our Voice Citizens' Panel members are.

1,301 Panel Members

Panel members come from across Scotland with all 32 of Scotland's local authorities represented.



Who are our Panel members?



■ Male(32%) ■ Female(68%)



■ Age 16-24(9%) ■ Age 25-44(28%) ■ Age 45-64(38%)
■ Age 65+(25%)



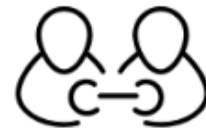
62% own your own home, 23% rent from a Council or Housing Association and 10% rent privately



36% report having a sensory, physical impairment or mental health condition



93% report using health services in the last 12 months



19% report using social care services in the last 12 months

To discuss your Panel membership please contact Research Resource on 0141 641 6410 or info@researchresource.co.uk

If you want more information on Our Voice or to see the full report on Panel recruitment please visit www.ourvoice.scot

Appendix 3: Response profile

Our Voice Citizens' Panel - First Survey Response Analysis and Profile

5th January 2017

Date	Activity	Description	Number
8 th Nov	First email	Distributed	1016
		Bounce back	138
		Total emails delivered	878
11 th Nov	First postal survey	Number sent to Panel members without email addresses	285
		Number sent to bounce back Panel members	138
		Total number sent	423
Ongoing	Correcting email addresses	Number of email addresses corrected	33
15 th Nov	First email reminder	Number sent	734
		Number Bounce back	7
		Total emails delivered	727
25 th Nov	Additional postal surveys delivered	Number sent to those with email addresses who had not responded	602
1 st Dec	Final email reminder	Distributed	655
		Bounce back	0
		Total emails delivered	655
15 th Dec to 5 th Jan	Telephone boost survey	Targeted telephone interviews to capture younger, male and social rented Panel members	50

SURVEY OUTCOMES AS AT 05/01/2017

Emails sent	911
Number of email responses	306 ⁴
Email response rate	34%

Number of postal sent	1025
Number of postal returned	261
Postal response rate	26%

Telephone surveys **50**

OVERALL RESPONSE RATE

Current response	617 ⁵
Current number on Panel	1291 ⁶
Overall response rate	48%

⁴ This includes 15 partial email responses.

⁵ 1 respondent has replied to the survey but scored off their ID so unable to mark up. 1 respondent completed the first survey and requested to be removed from the Panel

⁶ 10 Panel members have requested to be removed from the Panel (5 via email opt out and 5 contacting Research Resource directly)

Gender	First Survey						Original Panel			
	No on Panel	Response	Response rate	% of response	Scottish popn. ⁷	Difference	Panel	% of Panel	Scottish popn.	Difference
Male	413	200	48%	32%	49%	-17%	414	32%	49%	-17%
Female	872	415	48%	67%	51%	16%	877	68%	51%	17%
Prefer not to answer	6	1	17%	0%			5	0%		
Total	1291	616	48%	100%			1296	100%		

NB Overall response is 617. One respondent refused to give their ID

Physical or mental health condition or illness	First Survey						Original Panel			
	No on Panel	Response	Response rate	% of response	Scottish popn. ⁸	Difference	Panel	% of Panel	Scottish popn.	Difference
Yes	460	236	51%	38%	40%	-2%	462	36%	40%	-4%
No	775	349	45%	57%	60%	-3%	782	60%	60%	0%
Prefer not to say	50	31	62%	5%			50	4%		
Total	1285	616	48%	100%			1294	100%		

Tenure	First Survey						Original Panel			
	No on Panel	Response	Response rate	% of response	Scottish popn. ⁹	Difference	Panel	% of Panel	Scottish popn.	Difference
Own	787	434	55%	71%	62%	9%	787	62%	62%	0%
Rent from Council/ HA	295	96	33%	16%	24%	-8%	295	23%	24%	-1%
Private Rent	127	52	41%	8%	14%	-6%	127	10%	14%	-4%
Other	68	30	44%	5%		5%	68	5%		
Total	1277	612	48%	100%	100%		1277	100%	100%	

⁷National Records Scotland - Population Estimates 2014. Table 1

Retrieved from: <http://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2014/list-of-tables> 07/11/2016

⁸Long term conditions. (December 23, 2015). The Scottish Government. Retrieved from

<http://www.gov.scot/Topics/Health/Services/Long-Term-Conditions> 26/10/2016

⁹Scotland's Census 2011. Table DC4427SC - Accommodation type by tenure - Households. (2014). National Records of Scotland, Crown copyright. Retrieved from: <http://www.scotlandscensus.gov.uk/ods-analyser/jsf/tableView/tableView.xhtml> 26/10/2016

Age	First survey						Original Panel			
	No on Panel	Response	Response rate	% of response	Scottish popn. ¹⁰	Difference	Panel	% of Panel	Scottish popn.	Difference
16-24	111	30	27%	5%	14%	-9%	113	9%	14%	-5%
25-44	355	159	45%	26%	31%	-5%	357	28%	31%	-3%
45-64	484	230	48%	38%	33%	5%	486	38%	33%	5%
65+	326	190	58%	31%	22%	9%	330	25%	22%	3%
Total	1276	609	48%	100%	100%		1286	100%	100%	0%

Ethnic group	First survey						Original Panel			
	No on Panel	Response	Response rate	% of response	Scottish popn. ¹¹	Difference	Panel	% of Panel	Scottish popn.	Difference
White British	1230	585	48%	95%	96%	-1%	1240	97%	96%	1%
Other	43	31	72%	5%	4%	1%	43	3%	4%	-1%
Total	1273	616	48%			0%	1283	100%		

¹⁰National Records Scotland - Population Estimates 2014. Table 2.

Retrieved from: <http://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2014/list-of-tables> 07/11/2016

¹¹Scotland'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

Local authority			
	No on Panel	Responses	Response rate
Aberdeen City	47	21	45%
Aberdeenshire	49	26	53%
Angus	31	17	55%
Argyll & Bute	31	22	71%
Clackmannanshire	9	8	89%
Dumfries & Galloway	39	16	41%
Dundee City	31	14	45%
East Ayrshire	35	17	49%
East Dunbartonshire	29	13	45%
East Lothian	26	12	46%
East Renfrewshire	45	15	33%
Edinburgh, City of	94	43	46%
Eilean Siar	23	15	65%
Falkirk	30	12	40%
Fife	71	20	28%
Glasgow City	113	45	40%
Highland	60	29	48%
Inverclyde	30	9	30%
Midlothian	28	16	57%
Moray	31	14	45%
North Ayrshire	34	21	62%
North Lanarkshire	74	30	41%
Orkney Islands	18	13	72%
Perth & Kinross	31	17	55%
Renfrewshire	27	18	67%
Scottish Borders	32	16	50%
Shetland Islands	34	23	68%
South Ayrshire	35	18	51%
South Lanarkshire	61	29	48%
Stirling	21	15	71%
West Dunbartonshire	28	14	50%
West Lothian	43	18	42%
#N/A	1		0%
Total	1291	616	48%

NHS Board			
	No on Panel	Response	Response Rate
Ayrshire & Arran	104	56	54%
Borders	32	16	50%
Dumfries & Galloway	39	16	41%
Fife	71	20	28%
Forth Valley	59	34	58%
Grampian	127	58	46%
Greater Glasgow & Clyde	285	120	42%
Highland	91	50	55%
Lanarkshire	123	52	42%
Lothian	191	88	46%
Orkney	18	13	72%
Shetland	34	23	68%
Tayside	93	48	52%
Western Isles	23	15	65%
#N/A	1		0%
Total	1291	609	47%

Appendix 4: Interpreting results

The results of the research are based upon a sample survey therefore all figures quoted are estimates rather than precise percentages. The reader should interpret the data with statistical significance in mind.

All tables have a descriptive and numerical base, showing the population or population sub-group examined in it. While all results have been calculated using weighted data, the bases shown give both the unweighted and weighted counts.

In some tables and charts, differences between sub groups have been noted because they are interesting, however, not all differences are statistically significant. Where the unweighted base on which percentages are calculated is less than 50 or close to 50, they should be treated with caution, as even though these estimates have been published, they are subject to high levels of volatility and have a high degree of uncertainty around them.

All proportions produced in a survey have a degree of error associated with them because they are generated from a sample of the population rather than the population as a whole. Any proportion measured in the survey has an associated confidence interval (within which the 'true' proportion of the whole population is likely to lie), usually expressed as $\pm x\%$. It is possible with any survey that the sample achieved produces estimates that are outside this range. The number of times out of a 100 surveys when the result achieved would lie within the confidence interval is also quoted; conventionally the level set is 95 out of 100, or 95%. Technically, all results should be quoted in this way. However, it is less cumbersome to simply report the percentage as a single percentage, the convention adopted in this report.

Where sample sizes are small or comparisons are made between sub-groups of the sample, the sampling error needs to be taken into account. There are formulae to calculate whether differences are statistically significant (i.e. they are unlikely to have occurred by chance) and the table below provides a simple way to estimate if differences are significant.

		Sub-group Size									
		50	75	100	150	200	250	300	400	500	617
Sample Estimate (lookup to nearest multiple of 5%)	5%	6.9%	5.7%	4.9%	4.0%	3.5%	3.1%	2.8%	2.1%	2.2%	1.7
	10%	9.6%	7.8%	6.8%	5.5%	4.8%	4.3%	3.9%	2.9%	3.0%	2.4
	15%	11.4%	9.3%	8.0%	6.6%	5.7%	5.1%	4.6%	3.5%	3.6%	2.8
	20%	12.8%	10.4%	9.0%	7.4%	6.4%	5.7%	5.2%	3.9%	4.0%	3.2
	25%	13.8%	11.3%	9.8%	8.0%	6.9%	6.2%	5.6%	4.2%	4.4%	3.4
	30%	14.6%	11.9%	10.3%	8.4%	7.3%	6.5%	6.0%	4.5%	4.6%	3.6
	35%	15.2%	12.4%	10.8%	8.8%	7.6%	6.8%	6.2%	4.7%	4.8%	3.8
	40%	15.6%	12.8%	11.0%	9.0%	7.8%	7.0%	6.4%	4.8%	4.9%	3.9
	45%	15.9%	12.9%	11.2%	9.2%	7.9%	7.1%	6.5%	4.9%	5.0%	3.9
	50%	15.9%	13.0%	11.3%	9.2%	8.0%	7.1%	6.5%	4.9%	5.0%	4.0%
	55%	15.9%	12.9%	11.2%	9.2%	7.9%	7.1%	6.5%	4.9%	5.0%	3.9
	60%	15.6%	12.8%	11.0%	9.0%	7.8%	7.0%	6.4%	4.8%	4.9%	3.9
	65%	15.2%	12.4%	10.8%	8.8%	7.6%	6.8%	6.2%	4.7%	4.8%	3.8
	70%	14.6%	11.9%	10.3%	8.4%	7.3%	6.5%	6.0%	4.5%	4.6%	3.6
	75%	13.8%	11.3%	9.8%	8.0%	6.9%	6.2%	5.6%	4.2%	4.4%	3.4
	80%	12.8%	10.4%	9.0%	7.4%	6.4%	5.7%	5.2%	3.4%	4.0%	3.2
	85%	11.4%	9.3%	8.0%	6.6%	5.7%	5.1%	4.6%	3.5%	3.6%	2.8
90%	9.6%	7.8%	6.8%	5.5%	4.8%	4.3%	3.9%	2.9%	3.0%	2.4	
95%	6.9%	5.7%	4.9%	4.0%	3.5%	3.1%	2.8%	2.1%	2.2%	1.7	

Below is a worked example which explains how to interpret results presented in the gender analysis tables.

The percentage of respondents who said they have ever considered working in social care support was 33% for female respondents and 21% for male respondents. At face value, these values seem to differ significantly. However, because this figure is based upon a sample we need to calculate confidence intervals to determine where the true value of the population lies.

Using the statistical significance table above to find the 95% confidence intervals for each value, we can see that for females (with a base of 398) the lower limit of the 95% confidence interval is 28.3% and the upper limit is 37.7%. For males (with a base of 192) the lower limit is 14.6% and the upper limit is 27.4%.

Looking at the intervals for the two together we can see that the upper limit for males does not overlap with the lower limit for females. This means that the difference observed between these two groups for this variable is statistically significant and, therefore, should be read as a real difference in the underlying populations.

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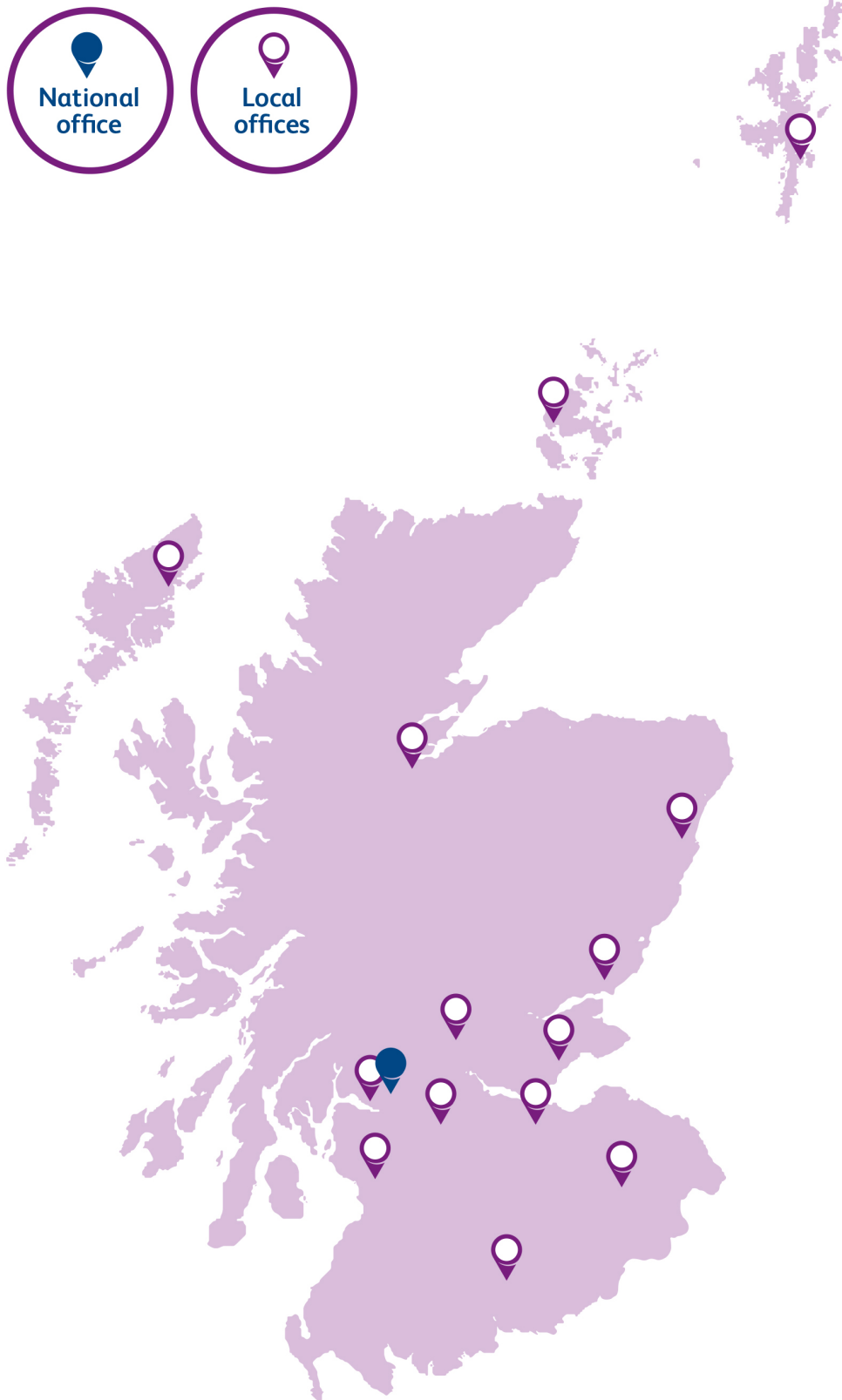
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