

Patient and public engagement in General Practices in Scotland

October 2019



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Published October 2019

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Introduction

The Scottish Health Council seeks to support, ensure and monitor NHS Boards in the discharge of their duty to encourage public involvement in decisions relating to the planning, development and delivery of healthcare services. This includes supporting NHS Boards and other primary care service providers to gather and respond to feedback from people and local communities.

Involving patients, carers and the public is an important part of improving the quality of services provided. Effective public involvement can help the NHS to change, redesign or improve services and ensure they are person centred and strengthen public confidence in the NHS. The Scottish Health Council has a role to help service providers involve people in health services. This can help ensure that the services provided are informed by and responsive to needs and preferences.

This report sets out the findings from a Scottish Health Council survey of all General Practices in Scotland on how they currently engage with patients and the public and was designed to help inform, improve and tailor the support we provide to General Practices to help them engage meaningfully with the public.

In order to inform our work on supporting improvements in the quality and extent of public involvement across the NHS, the Scottish Health Council sought to gather information about the nature and scope of public engagement across General Practice in Scotland. We wanted to find out how General Practices purposefully engaged with patients and the public as active participants in service and practice decision making. We also wanted to find out whether levels of engagement varied across Scotland and to identify the types of issues that the public gave their views on. As part of the scoping work, we also wanted to learn about what works well from the different methods Practices use to engage with people and what kind of impact public engagement has from a Practice perspective.

During April and May 2019, we issued an electronic survey to all 944 General Practices in Scotland. This was targeted at Practice Managers. A copy of the survey was also made available to Practices that preferred to respond by email or post.

A total of 389 responses were submitted, with 9 Practices indicating that they did not wish to participate in this survey. The findings outlined in this report reflect these 380 responses which represents a 40% response rate.

The Scottish Health Council wishes to thank all General Practices that responded to our survey. We appreciate the time taken to provide us with information about current engagement practices and look forward to working together in future.

Interpreting results

When reporting findings, percentages have been rounded to the nearest whole number. Figures may not add to 100% because of rounding, or where numerous responses to a multiple choice question are possible, or open responses have been coded to several answers.

The total number of respondents answering a particular question is shown as 'N', and proportional responses are shown as 'n'. Where 'N' is less than the total number of respondents, this is because respondents may not have answered all questions as substantive questions were not compulsory.

When we refer to 'Practices' in the report this relates to the 380 General Practices that took part in our survey.

Executive Summary

The Scottish Health Council promotes and supports improvements in the quality and extent of public involvement across the NHS in Scotland. To inform this work, we sought to learn about the ways in which General Practices across Scotland engage patients and the public as active participants in service and practice decision making. We wanted to find out whether levels of engagement vary across Scotland and to identify the types of issues that the public give their views on in relation to General Practices. We also wanted to learn what works well about the methods General Practices employ to purposefully engage with people and what kind of impact public engagement has from a Practice perspective.

In order to answer our questions, we issued an online survey to all 944 General Practices in Scotland. Forty per cent (40%) of General Practices responded to our survey and told us about whether, how and why they engage with the public. They also told us about the impact of this engagement, and allowed us to build an understanding of what works well when engaging the public within their General Practice.

This report outlines the results of that survey which are summarised below.

Engaging with the public

- 54% of General Practices purposefully engage with the public and invite patients to give their views or feedback to their practice on a diversity of issues
- 8% of General Practices are unsure if they purposefully engage with the public
- 41% of General Practices produce a patient newsletter

Reasons why Practices do not engage with the public primarily relate to lack of time or being too busy and concern over the potential workload 'purposeful engagement' could generate. Several General Practices perceive a lack of public interest in engaging with them. Experience of unsuccessful prior engagement also discouraged some General Practices from engaging with the public.

Volunteering

- 12% of General Practices engage volunteers in a variety of ways including support and listening roles, through publicity activities including supporting 'drop-in' clinics, community chaplaincy and listening services, improving practice environment and providing publicity around General Practice activities and public health
- 11% of those Practices that engage volunteers found difficulty in retaining them
- 17% of those who engage volunteers offered training in volunteering

Regional picture

From an analysis of the responses to this survey, we found that:

- 59% of General Practices in the North, 47% in the West, and 63% in the East of Scotland¹ purposefully engage with the public
- 44% of Practices in the North, 42% in the West, and 36% in the East of Scotland produced patient newsletters
- 23% of Practices in the North, 6% in the West, and 10% in the East of Scotland engaged volunteers with their practice
- 25% of Practices in the North, 13% in the West, and 16% in the East of Scotland have Patient Participation Groups² attached to their General Practice, and
- throughout Scotland, 27% of General Practices that engage (or are unsure if they engage) with the public, do so jointly at GP cluster³ level.

Engagement frequency and methods used during 2018

- The most popular methods used (during 2018) by General Practices that engage with the public, were General Practice websites (used by 83% of Practices that engage with the public), patient feedback boxes (76%) and paper-based communications (73%)
- Around 40% of General Practices that engage with the public frequently⁴ used texts and General Practice websites to facilitate engagement. More traditional engagement methods such as feedback boards/boxes and paper-based communications, or letters were also frequently used by around a third of General Practices
- Public engagement methods least used during 2018 included Practice engagement champions, open days, digital applications (Apps) and virtual patient groups. These methods were never used by over 80% of respondents who engage with the public
- Leaving promotional materials in General Practices and community venues, writing articles for community newsletters, word of mouth, and talking to patients

¹ The 'North' includes NHS Grampian, NHS Highland, NHS Orkney, NHS Shetland, NHS Tayside and NHS Western Isles. The 'West' includes NHS Ayrshire & Arran, NHS Dumfries & Galloway, NHS Forth Valley, NHS Greater Glasgow & Clyde and NHS Lanarkshire. The 'East' includes NHS Borders, NHS Fife and NHS Lothian.

² A Patient Participation Group is a patient-led group linked to a local General Practice.

³ A GP cluster is a grouping of General Practices which work with other health and care professionals to plan and provide services locally. Clusters are determined by individual NHS Boards and can comprise 6-8 Practices.

⁴ at least 13 times during 2018

in the Practice reception were among the other public engagement methods deployed by Practices that engage with the public.

Motivations for engagement

- Practices used public engagement to inform communities of changes to wider and particular aspects of general practice and to inform Practice development. General Practices specified potential public health benefits and noted patient benefits, such as sense of belonging as additional reasons why they engage the public with their work.
- Over 80% of Practices that engage with the public do so in order to improve communication with patients, and/or to further health promotion, inform service improvement, and encourage personal responsibility for health.

Issues discussed with the public

- General Practices brought different types of issues to the public for their consideration and views. Of the Practices that engage with the public, 84% asked patients to discuss practice or service issues and 75% asked them to discuss patient experience topics. Only 12% of Practices asked the public to discuss healthcare equalities issues.
- General practice or service issues (48%) and patient experience (32%) were the issues most frequently raised by the public according to Practice Managers.
- Other issues identified by General Practices as most frequently raised by the public included service issues such as out-of-hours appointment times, appointment availability and access to the Practice. They also included social issues such as literacy, poverty, transport and inclusivity of services.
- 89% of General Practices that engage with the public provide feedback about the difference public engagement has made. 38% do this via the Practice website and 31% via Practice newsletters. 33% feed back more directly via personal letters or emails. Additional and more direct means of feedback were also used including telephone calls, face-to-face conversations and direct feedback to Public Participation Groups.

Working with clusters

- 27% of General Practices that engage with the public do so jointly at cluster level.
- 32% of General Practices that engage with the public share patient engagement results with their Cluster Quality Lead.

Ensuring diversity in engagement

- To maximise their engagement diversity, some General Practices that engage with the public specifically target community groups, schools and professional and community connections as well as strategic use of publicity and sourcing help and advice from NHS Boards' Equality and Diversity Teams. Over a quarter of Practices operate 'open access' engagement mechanisms, meaning that they do not target specific groups of people.
- 23% of the General Practices that engage with the public offer training around practice background. 16% offer training in confidentiality and ethical engagement and 14% offer training in information handling (General Data Protection Regulation or GDPR) and code of conduct.

Impact of public engagement

An overwhelming majority of respondents who engaged with the public recognised that effective public engagement had a beneficial impact.

- Around three quarters of General Practices that engage with the public agreed that this has had a positive impact on patient experience (73%) and communications between practice and patients (76%). Around two thirds agreed that it positively impacted on service delivery (66%), Practice development (65%) and public confidence in the Practice (64%). Public engagement also positively impacted on professional understanding of what matters to patients (60% agree).
- The positive impact of public engagement was less felt in other areas of Practice business and patient health. 10% of Practices disagreed that engaging the public has had a positive impact on the ability to target resources (to areas of public need) and over a third of respondents were neutral in their views on this. Similarly, 5% of respondents disagreed that public engagement has had a positive impact on patient safety and nearly a third of respondents were neutral in their views on this.

Barriers to public engagement

- Barriers to engaging with the public were acknowledged by 37% of General Practices across Scotland.
- General Practices that faced barriers were asked to identify them from a list of options. Barriers identified included difficulty finding time and resources (72%), lack of organisational support (16%), difficulty timing meetings to suit public needs (41%), difficulty finding engagement methods to suit a diverse public (36%), and difficulties addressing power inequities or discrimination (5%).

- The barriers were addressed in a variety of ways including varying the methods, opportunities and timings used to engage people to better suit culturally and demographically diverse Practice populations. Other methods of breaking down barriers to engagement included wider promotion of engagement opportunities, reaching out through communities, using external support and employing translation services to improve communication for excluded communities.

Findings

Section 1 Engaging the public with your General Practice

Through its local offices (one in each NHS Board area), the Scottish Health Council offers support and guidance to General Practices to help them improve their public engagement activities. This support includes providing advice and guidance to helping Practices establish and develop Patient Participation Groups and sharing tools for engagement.

Our survey started with asking General Practices whether they engaged with patients and the public and how often they did this.

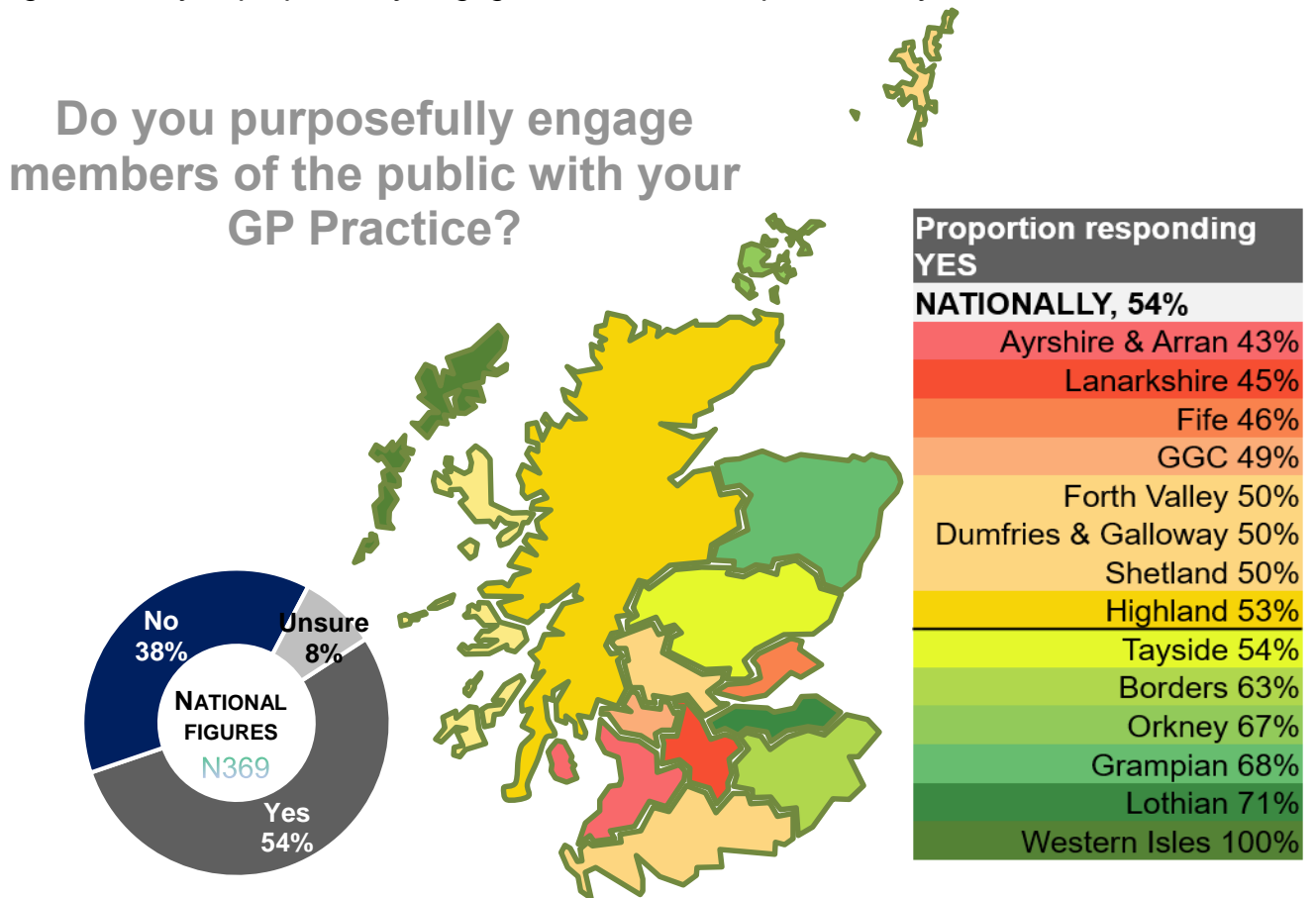
Do you purposefully engage members of the public with your General Practice?

We asked Practice Managers to indicate whether they “purposefully engaged” members of the public with their Practice. The term “purposefully engage” was defined as “where you have purposefully requested the public give their views or feedback.” The term “public” referred to any or all of the following: “the general public, practice patients, carers, family members, patient and carer representatives, and community groups which represent patients and carers.”

We found that a high proportion of Practice Managers (54%,) considered that they purposefully engaged the public with their Practice. Regionally, this figure varied with a higher portion of Practice Managers in the East of Scotland (63%) engaging than in the North (59%) or West of Scotland (47%).

The figure below shows at NHS Board level the per cent of our respondents who engage with the public.

Figure 1: Do you purposefully engage members of the public with your GP Practice?



Sixty-four (64) General Practices that said that they did not engage with members of the public shared their reasons for this.

Time constraints on what was described as an “already busy work schedule” was most frequently mentioned as a barrier to engagement. Sustainability issues, including concern over additional workload, lack of resources and difficulty managing public expectations were also commonly reported as reasons for not engaging at Practice level. A few Practices indicated that they were “in a state of flux” (e.g. relocating, merging Practices, changing Practice roles) and so public engagement was not considered to be a current priority.

Several Practices said they had experience of “unsuccessful engagement attempts” previously which had resulted in a deterrent in embarking on future public engagement. For some, this was due to the Practice not seeing any benefit from previous engagement activities. Others mentioned “failed or failing” Patient Participation Groups as a reason for not engaging with the public. Groups and other

engagement mechanisms were often reported to fail or be unsustainable due lack of public interest and difficulties in attracting members of the public. Several respondents also said that they were concerned that Patient Participation Groups could potentially create a negative impact on their Practice.

Examples of comments from General Practices

“This sort of forum tends to attract atypical patients with unrealistic expectations of General Practice.”

“Patients’ expectation of what our Practice can deliver would not be sustainable and unreasonable.”

“We tried for a number of years and found it difficult to get patients interested. It took up too much time with very little in return.”

We explored in more detail some of the engagement approaches that General Practices currently use.

Does your Practice produce a patient newsletter?

We asked Practices whether they produced a patient newsletter. Newsletters were most commonly produced by Practices in the North of Scotland (44%) compared to 36% in the East and 42% in the West. Nationally, this translates to 41% of General Practices in Scotland producing a patient newsletter. Thirty-six per cent (36%) of respondents who said that they do not engage members of the public with their General Practice stated that they produced a patient newsletter.

Do you engage any volunteers within your General Practice?

We asked General Practices whether they engaged volunteers within their Practice. The term “volunteer” was defined as “individuals who voluntarily undertake a defined and regular role within or under the auspices of the Practice.”

Only 12% of Practices said they engaged volunteers and a further 3% were unsure whether they did or not. There were large regional variations in the level of volunteer engagement with 23% of Practices in the North of Scotland reporting that they engaged volunteers compared to 10% of Practices in the East and 6% in the West.

Retention of volunteers was highlighted as a barrier to engagement by 14% of Practices that engage with the public, however, only 11% of those who actually

engaged volunteers found difficulty in retaining them. In relation to training, 17% of Practices that engaged volunteers offered them training.

We asked General Practices about the activities volunteers were involved in. As expected, the range of activities was wide with 52 Practices providing an indication of the types of roles volunteers undertook such as:

- providing practical health support such as assistance with flu clinic and 'drop-in' sessions
- providing support for Patient Participation Groups
- co-ordinating/providing community chaplaincy and listening service
- supporting public health awareness sessions, such as manning displays or helping at events
- improving the Practice environment through maintaining gardens and foyer areas
- acting as a link to the Third Sector and other community links
- patient support e.g. transport assistance
- supporting development of the Practice through assistance with surveys and getting feedback
- fundraising, and
- co-ordination of physical activity sessions such as walking or cycling groups.

Within our survey, 19% of Practices said they would like assistance from the Scottish Health Council to improve their public engagement activities and approaches. Over half (58%) of those Practices already engage in some way with the general public and 20% engage volunteers.

Patient Participation Groups

Finally in this section, we sought to find out more about General Practices' experience of managing Patient Participation Groups.

A Patient Participation Group is a patient-led group linked to a local General Practice. Ideally, the Patient Participation Group will be made up of a group of patients that reflect the diversity of the catchment population. Typically they will work with GPs and Practice staff to provide a patient perspective on the healthcare services that are offered to the community.

We asked those General Practices that said that they engaged with the public to indicate if they had a Patient Participation Group within their Practice and, if so, who led it, how were discussion topics selected and how were members recruited.

Does your General Practice have a Patient Participation Group?

National figures indicate that 17% of Practices throughout Scotland have a Patient Participation Group – 16% of Practices in the East, 25% in the North and 13% in the West.

Over a quarter (27%) of Practices that stated that they engage with the public have access to a Patient Participation Group within their Practice.

Findings from the survey suggest that over half (53%) of Patient Participation Groups met 1-3 times during 2018 with a further 37% meeting 4-6 times. Two per cent (2%) of groups met on a higher number of occasions (7-12 times during 2018) and 1% met frequently (13+ times during 2018).

Who leads your Patient Participation Group?

We asked the 66 General Practices that ran a Patient Participation Group who had responsibility for leading it. We found that leadership tended to rest with Practice Managers (52%) or patients/public (45%). However, over a quarter (26%) of Practices said that GPs had a lead role. Twenty per cent (20%) of Practices adopted a shared leadership approach e.g. between the Practice Manager and GP or between the Practice Manager and patients, or a combination of these approaches.

Other people referred to as leading the Patient Participation Groups included links workers, Patient Managers, General Practice Nurses, community council health representatives and supervisors.

Who selects topics for your Patient Participation Group to discuss?

The 66 Practices that facilitated Patient Participation Groups provided details of the individuals who had primary responsibility for selecting discussion topics for their groups.

Over four fifths (83%) of these Practices indicated that patients and the public were involved, and 70% indicated Practice Manager involvement in selecting discussion topics for the groups. Half of these Practices (50%) indicated GP involvement and 18% indicated Allied Health Professional involvement in topic selection. Nearly two thirds (64%) indicated that they had a process of joint selection between Practice Managers and patients and nearly half (47%) indicated joint selection between GPs and patients. Eleven (11) respondents suggested additional people were involved in the selection of topics for Patient Participation Groups. This responsibility was undertaken by a mixture of the Patient Participation Group Chair, an open forum, Patient Participation Group members and Practice colleagues.

Please indicate type of recruitment used for your Patient Participation Group

Practices that indicated that they had Patient Participation Groups used different approaches to recruiting group members. Whilst 12% of Practices operated restricted access, and 28% used some screening alongside their open recruitment methods, the majority of Practices (60%) specified that their Patient Participation Group was open access with no membership screening taking place.

Twenty-seven (27) Practices provided further information on the recruitment procedures for Participation Groups. Whilst the criteria for membership of a Patient Participation Group was primarily that individuals needed to be either a patient registered with the Practice or someone who represented the local community, additional criteria included: an open invitation system meaning that anyone could join, patient representatives could join, a geographically-based system, a demographic criteria and self determination (whereby groups set the criteria and organise the group themselves).

Training to support the public to engage with General Practices was made widely available by Practices that had a Patient Participation Group. Of these Practices:

- 45% provide training in General Practice background
- 31% offer training in code of conduct
- 30% offer training in confidentiality and ethical engagement, and
- 15% offer training on information handling and GDPR.

Through our survey, we found that, in almost equal measures, Patient Participation Groups have been embraced as something to aspire to as an engagement approach, however, there are also examples of where they not been effective in encouraging and maintaining engagement with the public. The perceived benefits of Patient Participation Groups were considered to be around their extended reach, community visibility and ability to build relationships and develop a shared focus between Practices and the community on healthcare-related issues. We were also told that patients liked the benefit of direct access to Practice information and health information which membership of a Patient Participation Group brought.

The perceived difficulties with Patient Participation Groups were often linked to previous experience of 'difficult-to-engage' groups. Whilst incurring high time and resource costs to run, Patient Participation Groups were sometimes considered to be of minimal value to the Practice and of "little interest locally". Findings from the survey suggested that they often lacked membership diversity and were sometimes lacking in constructive feedback for Practices.

Regional Summary

Figure 2: National and Regional summary of engagement

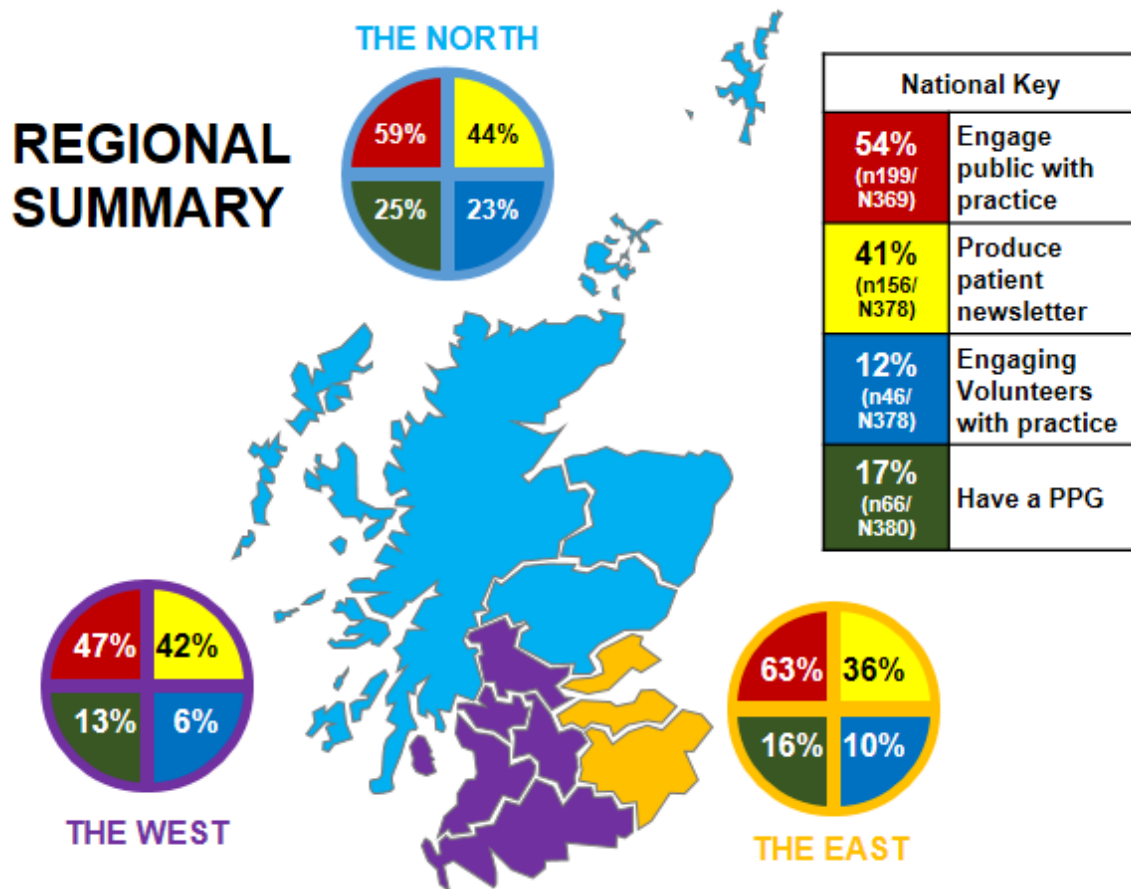


Figure 2 shows the national and regional response to our initial questions around engagement methods. National figures are shown with response numbers as well as per cent 'Yes' response to each question. Regional response figures relate to the proportion of Practices in each region indicating 'Yes' to each question.

Methods used and frequency of public engagement

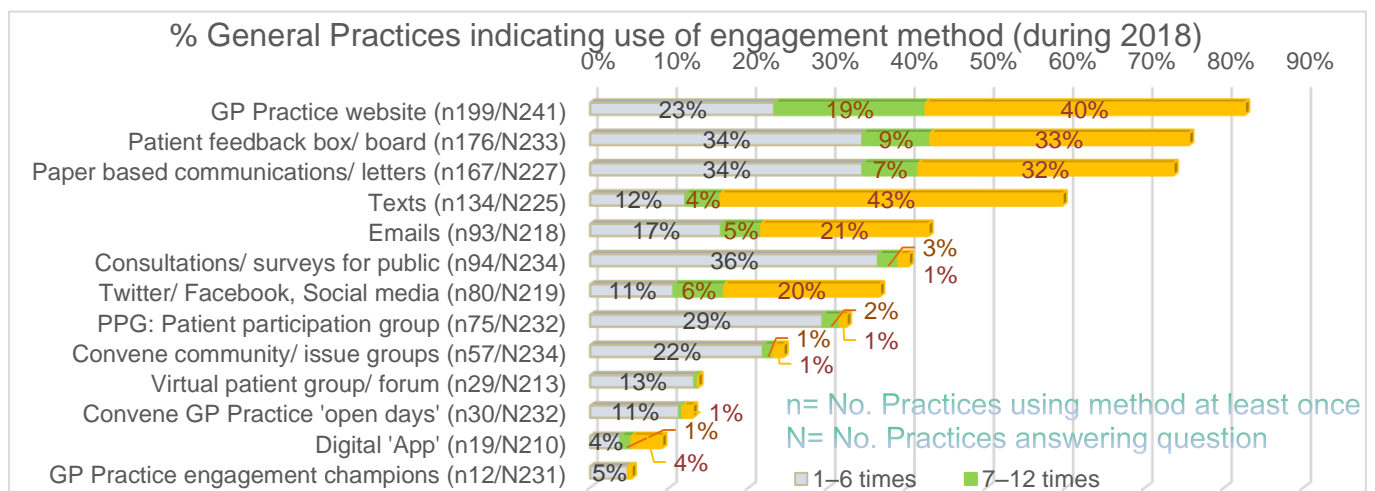
We asked General Practices about the variety of public engagement methods that they used and how frequently they used these. A range of methods extracted from engagement literatures were presented to Practices that had indicated that they engage with the public. Practices were asked to specify how many times during 2018 they had used each method. To help analyse responses a frequency scale (indicating frequency of use) was integrated into the question and ranged from 0 to 13+, representing 'never used' through to 'used 13 or more times during 2018'. 'Use' intervals were set at 0, 1-3, 4-6, 7-9, 10-12, 13+.

To further ease analysis and interpretation, we have condensed and labelled responses as: never used, 1-6 times means little used, 7-12 times means commonly used and 13+ times means frequently used.

The list of engagement methods included:

- General Practice website
- Social media
- General Practice open day
- Virtual patient group/forum
- Patient feedback box or board
- Emails and texts
- Consultation or survey
- Paper-based communications or letters
- Convening community or issue groups
- GP Practice engagement champions
- Patient Participation Group
- Digital applications (Apps)

Figure 3: General Practice use of engagement methods, 2018



The above figure shows the percentage of General Practices that engaged with the public and who indicated use of the method at least once during 2018.

Figures highlight the popularity of particular methods among Practices that engage with the public, with Practice websites being the most popular and one of the most frequently used engagement tools (used by 83% of Practices) – two fifths (40%) of Practices used this method on at least 13 occasions during 2018.

Two of the three most popular methods used were reported to be patient feedback boxes and paper-based communications. These traditional methods were used by around three quarters of Practices that engage with the public, with around a third of Practices indicating that they used them at least 13 times during 2018.

Other traditional methods included the convening of community groups by 24% of Practices and consultations or surveys, which were used by 40% of Practices. One per cent of Practices indicated frequent use (use over 13 times) of these methods during 2018.

Texts and emails were used by a large number of Practices that engage with the public. Texts were used by 60% of Practices and were frequently used (13+ times) by 43% of Practices. However, there were also high numbers of Practices that indicated that they had never used (35%) or made little use (1-6 times by 12% of Practices) of texts. Whilst the use of email was generally less popular it was still used by 43% of Practices, with 21% indicating frequent use (over 13 times during 2018) to engage with the public.

Other digital tools (e.g. social media) were less popular amongst Practices with only 37% indicating use of these.

The use of Practice engagement champions was uncommon, with 89% of Practices that engage with the public indicating that they never used these during 2018. Similarly, unpopular methods which were identified as “never used during 2018” by over four fifths of Practices included digital applications (Apps), and Practice open days, unused by 84% Practices, and virtual patient groups, unused by 82% of Practices.

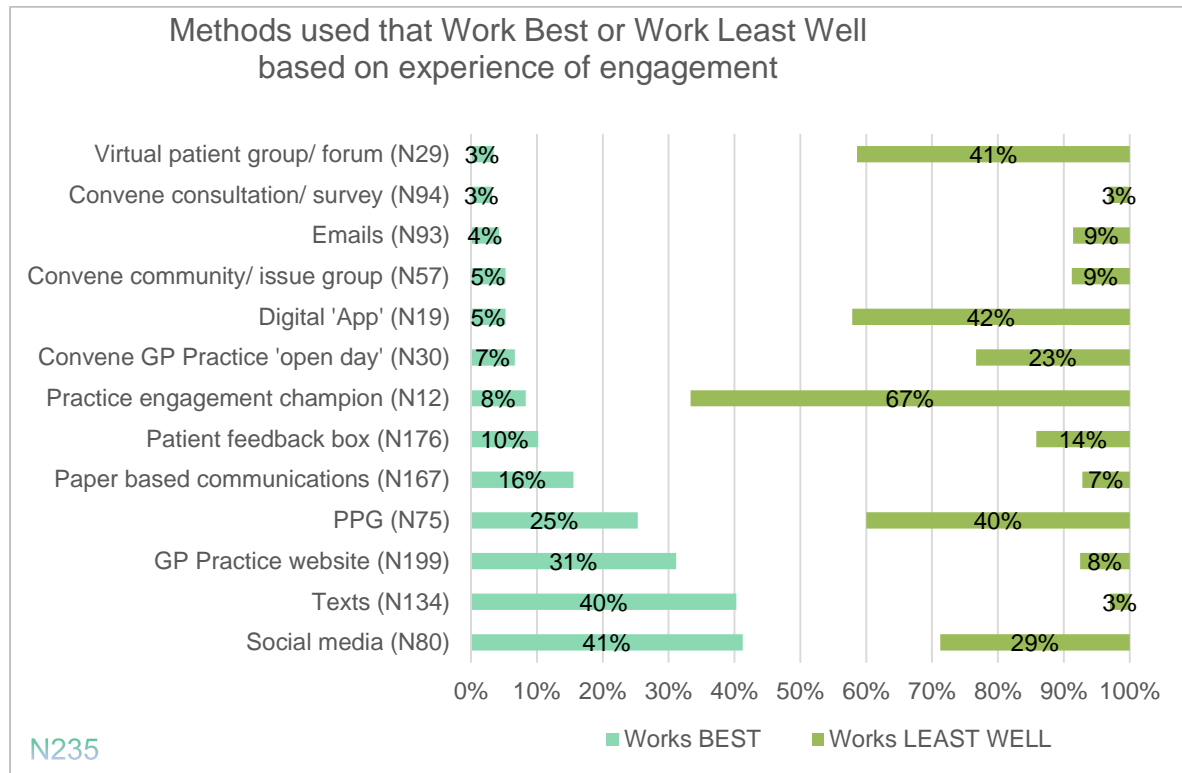
When we asked Practices to specify any additional engagement methods they used, 44 Practices responded. Many practices mentioned the methods outlined above such as Patient Participation Groups, websites, texts, social media, feedback boxes and surveys. Several Practices also said they produced Practice or patient newsletters. Other engagement methods mentioned included:

- talking directly to patients in reception
- word-of-mouth communication
- producing articles for community newsletters
- use of posters and leaflets within the General Practice
- use of poster and leaflets in community venues such as libraries and pharmacies
- Practice staff attending public meetings and other external events, and
- using community and other Third Sector links.

Based on your experience, which of these methods works best and which method works least well to engage members of the public with your GP Practice?

Of the methods they used General Practices were asked to identify which worked best and which least well. Findings outlined below are based on experience of use therefore response rates per question vary.

Figure 4: Methods used that Work Best or Work Least Well



Methods which were favoured by a high proportion of Practices that used them included texts and General Practice websites. The proportion of Practices that used texts and considered texts to be the method that “works best” to engage the public was comparatively high (40%). Only 3% of Practices that used texts considered them to work least well. The use of a General Practice website was similar to texts, with large numbers (31%) indicating this method worked best and small numbers (8%) having the experience of it working least well.

Of the Practices that used social media to engage the public, 41% thought that this method worked best of all the methods they had used. In contrast, a high portion (29%) of respondents said that social media worked least well of all the methods they used in 2018. The experience of Patient Participation Groups was similarly divided, with 25% indicating this method worked best and 40% indicating it worked least well among methods used to engage with the public.

There were strong negative responses from those Practices that used Practice engagement champions, digital applications (Apps) and virtual patient groups – these methods also received few positive responses to their use. However, response figures for these methods are low and so findings should be treated with caution.

Methods such as use of emails, convening consultations and survey use received only small numbers of positive and negative ratings from Practice Managers who used them.

What is it about the method you have chosen that makes it work best?

When we asked Practices what it was about a particular engagement method that made it work best, they said that the tools:

- improved Practice efficiency such as simplifying processes, reducing missed appointments, improved information control/auditing, improved cost and time savings
- were inclusive by encouraging multi-demographic engagement, reducing exclusion and improving access
- were flexible and convenient by way of being interactive, responsive, easy to use, had a wide public reach but also had potential for personal reach and targeting
- were favoured by patients, and
- produced desired public response such as a positive impact on engaging local communities in health-related discussions.

Examples of comments from General Practices

Texts

“This gets messages to largest % of patients whether they come to surgery or not.”

“It is quick and instant communication with a patient.”

Social media

“Not everyone wants to be part of Patient Participation Group. By communicating via Facebook and Twitter we connect with patients who may never come into the surgery. The downside is that not everyone is on social media so it’s still work in progress.”

GP Practice website

“Most people use the internet in their everyday lives, so we can reach the most amount of people on our website.”

Letter

“Personal letter addressed to the named patient from the doctor seems to hit the mark.”

Patient newsletters

“Long established and many receive it electronically.”

Feedback box

“Every patient going in to the surgery immediately sees the relevant information.”

Patient Participation Group

“We have representation of many local community groups on our PPG. It helps to spread information and glean feedback.”

What is it about the method you have chosen that makes it work 'least well'?

For this question respondents focused on the limitations of particular tools and technologies, their limited public appeal and their inability to be responsive to Practice needs. They also detailed the difficulties that implementing some methods had on their Practice, with financial, time, resource and opportunity costs, lack of guidance/support, and quick redundancy of information being implicated in their 'works least well' status. Some methods were reported to encourage unconstructive feedback and others suffered from patient disinterest. Concerns over security and GDPR issues were also expressed. Respondents also highlighted the limitations and impracticality of some methods and their failure to meet Practice and public needs. These limitations included failure of particular methods to be inclusive, convenient or encourage diversity in engagement activities.

Examples of comments from General Practices

Patient Participation Group

“Difficulty in engaging patients.”

“Unfortunately this lost members and the others were unable to keep it going and were unable to recruit more members.”

“Patients do not want to participate in any groups.”

Email

“Patients can change email addresses/no indication whether received by patients.”

“People change their emails too often.”

Social Media

“Patients can be abusive on social media.”

Feedback box

“Always negative comments about appointments, never any structured feedback.”

“Only reaches a limited audience.”

Digital applications (Apps)

“Elderly population who would not engage in Apps.”

GP Practice Website

“Patients only use it if they are actively seeking information so it is not a comprehensive communication tool.”

Section 2: Motivations for engagement

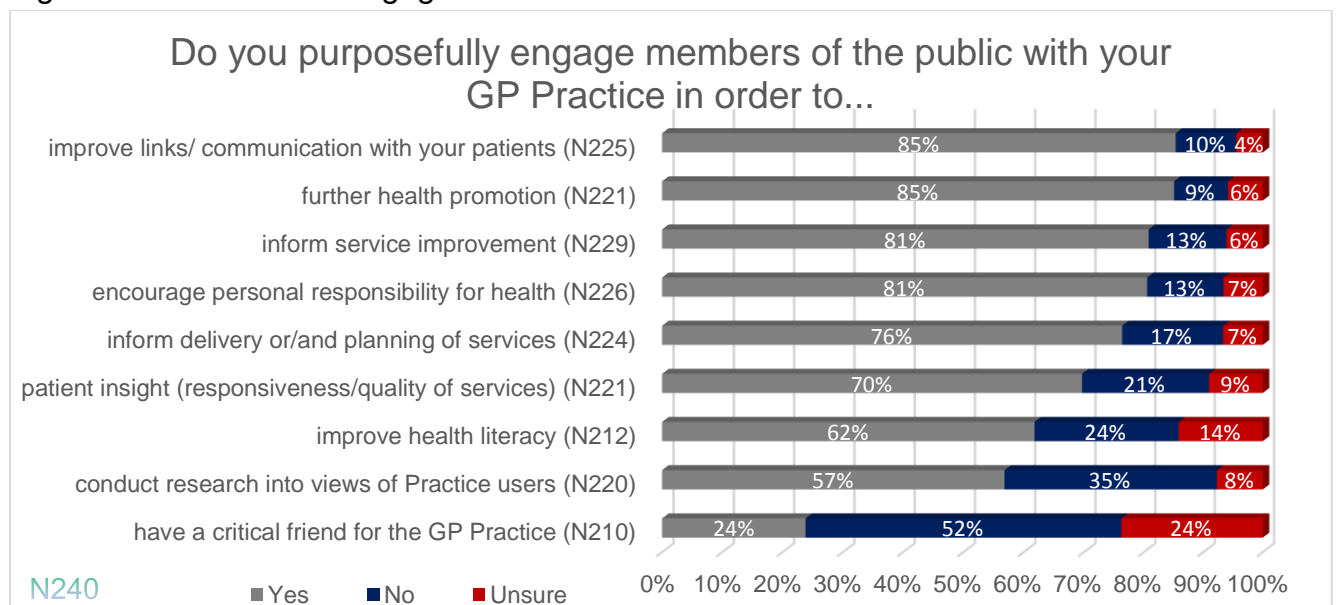
The second part of our survey asked Practices that engage with the public to identify the reasons for engaging with the public and what types of issues were considered.

Do you purposefully engage members of the public with your GP Practice?

Engagement literature suggested a range of potential reasons or motivations for Practices to engage the public with their work. A summary of these reasons (detailed in the table below) was presented to Practices that engage with the public. They were asked to consider whether each motivation applied to their engagement activity.

Over four fifths of respondents indicated that they engage with the public in order to improve links or communication with patients (85%), further health promotion (85%), inform service improvement (81%) and encourage personal responsibility for health (81%). Of the Practices that provided answers to this question, 53% highlighted all four of these options as motivation to engage with the public. Almost one in ten (9%) Practices were motivated by all methods suggested in our survey (detailed below).

Figure 5: Motivation for engagement



Thirty-seven (37) Practices shared additional practical and operational reasons for engaging with the public. Motivations suggested engagement as a way of informing communities of changes to practice and highlighting wider General Practice developments. They also alluded to the potential public health and health literacy benefits of public engagement at Practice level and noted the benefits of public engagement to the Practice and service delivery. Finally, the less tangible patient

benefits such as “sense of belonging” were indicated by our respondents as additional reasons why their General Practice engages with the public. Other benefits highlighted included:

- practical reasons (inform community of General Practice changes etc)
- improvement (Practice development, public/Practice relationships)
- inform service delivery (gather views or feedback of those using services)
- improve responsiveness to community needs
- education (sharing knowledge/health promotion/best practice/personal responsibility)
- clinical reasons (publicising flu vaccine availability/clinics)
- approachability (improve public sense of ownership/ belonging to Practice), and
- facilitate external signposting.

What issues do you ask members of the public to consider and/or discuss?

To help us understand the breadth of issues that Practices seek public views on, we compiled a list of ‘issue types’. We included this list in our survey, asking Practices to indicate which issues they sought public views on. Using the same list, we asked Practices to select the type of issue that the public most frequently raised for discussion. The list included:

General Practice or service issues	Patient experience	Health literacy
Healthcare equalities	Public health issues	No issues
Other issues		

We found that General Practice or service issues and patient experience were the most common issues proposed for public discussion. Eighty-four per cent (84%) of Practices that engaged with the public indicated that they asked the public to consider General Practice or service issues and 75% of Practices asked the public to discuss patient experience issues. Around a quarter (22%) of Practices bring health literacy and public health (26%) issues to the attention of the public. Healthcare equality issues are considered by only 12% of Practices that engage with the public.

Five (5) Practices suggested ‘other’ issues they ask the public to consider. These included service changes, test result handling processes, questionnaires, local issues and talking directly to unhappy patients (patient satisfaction).

What issue is raised most frequently for discussion by members of the public who engage with your GP Practice?

In the second part of this question the same issues were listed and Practice Managers were asked to identify the single issue that was most frequently raised by the public.

We found that priority issues for the public were similar to those identified by Practice Managers. Forty-eight per cent (48%) of Practices identified GP Practice or service issues as the issue most frequently raised by the public. Patient experience issues (32%) followed as the priority issue most frequently raised by the public.

Ten per cent (10%) of Practices indicated that no issues were raised by members of the public who engaged with their Practice. Health literacy (0%) and public health (0%) issues were not a priority. Only 2% of Practices said that the public prioritised the topic of healthcare equalities.

Twenty (20) Practices listed some other issues which were most frequently raised for discussion by members of the public. These included:

- Practice issues such as out-of-hours appointment times, appointment availability and Practice access
- social issues such as literacy, poverty, transport, inclusivity of services
- hospital closures and redevelopment, and
- GP contract issues.

We also asked Practices to provide an example of any issue they had explored with the public. Ninety-two (92) Practices provided responses, however, most of the examples shared were limited in detail. Broadly similar issues were described by most Practices focusing on the areas where engagement had been beneficial to the Practice and community, or where it informed Practice development, promoting health literacy or public health. Themes identified by Practices included:

- patient experience (through different mechanisms, web/feedback box)
- service delivery issues
- health promotion, informing patients
- health improvement (e.g. flu clinics and campaigns, travel vaccination)
- Practice changes (Allied Healthcare Professionals appointments, practice mergers, service change)
- being available to listen
- technology implementation
- Practice improvement (building, environment)
- patient preferences (seeing GP of choice, introducing new services), and
- health literacy.

One-hundred-and-one (101) Practices provided examples of the issues frequently raised by the public. Examples included:

- service access frustration (appointment systems, waiting times to see a GP or Allied Healthcare Professional, availability/flexibility/responsiveness, use of locums)
- service feedback (dissatisfaction and support)
- service change (mergers, opening hours, GP contract)
- Practice environment (surgery space, car parking, capacity, phone lines), and
- personal issues (service need/homecare/prescription issues).

Examples of comments from General Practices

“Patients unhappy with how long something has taken to progress.”

“Waiting times for secondary care and professions allied to medicine specifically Physio, Chiropody and Psychology”

“Patients are often unhappy that they cannot get the requested GP within a few days. The main issue being that everyone wants this GP and it is impossible for her to see every patient who requests it.”

“Availability of appointments and how unhappy they are.”

“Difficulty getting an appointment.”

“Appointments system.”

“Waiting times.”

“Lack of permanent GP, use of locums.”

“Concerns over maintaining GP partners as other Practices in the area are handed back to the health board.”

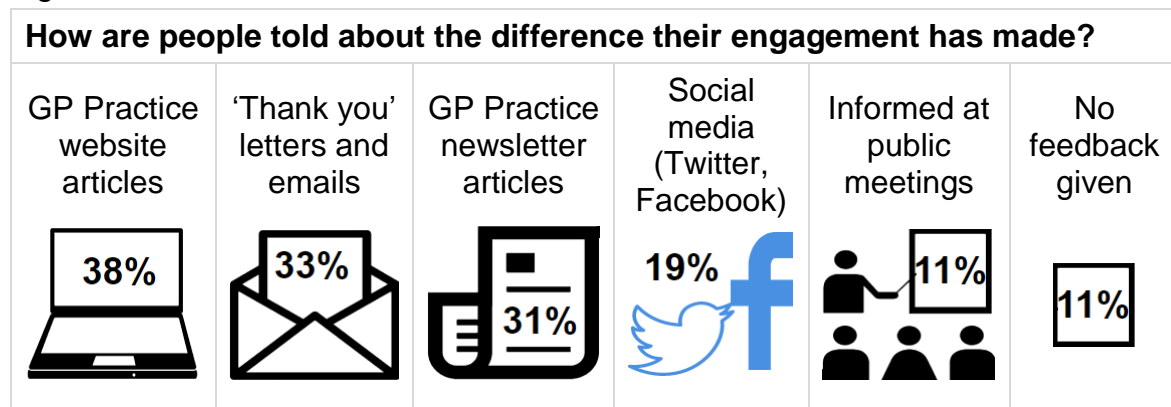
How are people told about the difference their engagement has made?

We asked Practices to indicate whether and how they provide feedback to people about the difference their engagement has made. Two-hundred-and-twenty (220) Practices that engaged with the public provided a response to this question by selecting the feedback mechanisms they used from a list of potential response options.

Findings indicate that the vast majority of Practices attempt to provide feedback to people on the difference their engagement has made. Only 11% of Practices that responded to this question indicated that they did not provide people with feedback on the impact of their engagement.

The feedback mechanism used by most Practices (38%) was their GP Practice website. A third of Practices opted to use more direct feedback approaches such as 'thank you' letters or emails (33%). Thirty-one per cent (31%) opted to tell people about the difference their engagement had made via Practice newsletter articles and 11% used public meetings to give feedback. Social media was also used to provide feedback by nearly a fifth of Practices (19%).

Figure 6



Fifty-two (52) individuals provided detail of other feedback approaches used. These included:

- notices on boards or TV screens within Practices
- feedback to Public Participation Groups or at public meetings
- individual telephone calls
- face-to-face feedback, and
- notices in community newspapers.

Section 3 Working with GP clusters

A GP cluster is a grouping of General Practices which work with other health and care professionals to plan and provide services locally. The clusters are determined by individual NHS Boards and can comprise 6-8 Practices. GPs in the clusters play a key role in service quality improvement. Each cluster includes a person identified as a Cluster Quality Lead whose role is to facilitate quality improvement work across the cluster and liaise with locality and professional structures.

Is your GP Practice engaging with the public jointly at cluster level?

We asked Practices that engaged with the public to indicate their experience of working at cluster level. This included finding out whether they are co-ordinating and sharing public engagement practice and outcomes at cluster level.

Responses indicate that over a quarter (27%) of Practices that engage with the public (or are unsure if they do this) do so jointly at cluster level. However, of the Practices that responded to this question, almost a third (32%) were uncertain about whether they engaged at cluster level.

Have you shared any patient engagement results/outputs with your Cluster Quality Lead?

Almost a third (32%) of Practices had shared patient engagement results with their Cluster Quality Lead. Of the Practices that are engaging at cluster level, 62% of these are sharing patient engagement results with their Cluster Quality Lead.

When this data is compared regionally, there is no variation in response, however, Practice Managers from the North of Scotland (37%) were more likely to share patient engagement results with Cluster Quality Leads than Practice Managers from the East (29%) or West (29%).

The charts below illustrate the level of cluster engagement for Practices that engage with the public.

Figure 7: Engaging public jointly at cluster level

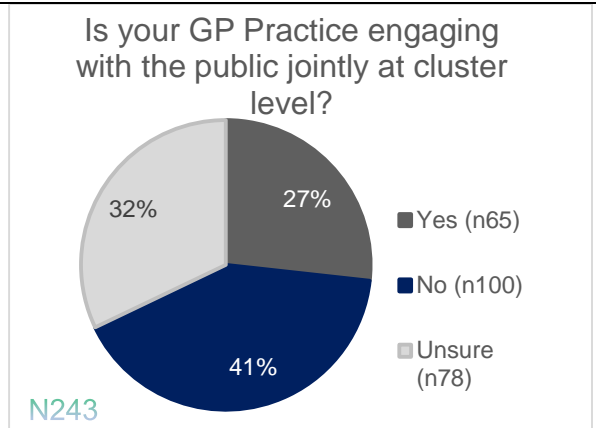
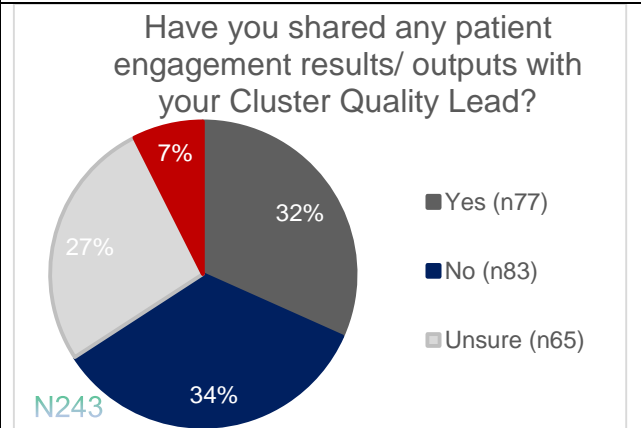


Figure 8: Sharing results with Cluster Quality Leads



Section 4 Diversity in engagement

What steps do you take to ensure a diverse range of people are included when your GP Practice engages with members of the public?

The importance of ensuring diversity in public engagement and hearing a range of public views to help inform practice and service development cannot be overstated. It is important that Practices try to engage with their diverse communities including:

- people with protected characteristics
- people with different ranges of income, education and housing tenure
- people who are socially excluded and difficult to reach, and
- 'easy-to-ignore' sections of communities.

With this in mind, we sought to find out whether Practices took any steps to ensure they engage with the diversity of their community and how they do this.

Many of the 137 Practices that provided open response to this question were aware of issues of relating to representativeness and the sometimes challenging issue of diversity. Some Practices considered their engagement methods to be inclusive, non-discriminatory and open as their engagement mechanisms are opportunistic, open to all and/or they use universal requests to engage. Other Practices found that adopting a standard approach was insufficient in ensuring a diverse range of people were engaged. They have therefore proactively targeted groups of people with particular demographic characteristics to enhance diversity. They have targeted demographic characteristics by using pre-existing community groups (schools, forums), using professional/community connections, strategic use of publicity and technology (according to demographic typical use), and sourcing help from NHS Board Equality And Diversity Teams.

Steps taken to ensure diverse population engages

Table 1

What steps do you take to ensure a diverse range of people are included when your GP Practice engages with members of the public? (N137)	Numbers identifying step taken	% identifying step taken
Engage 'public' (open access/inclusive/non-discriminatory, anybody welcome)	39	28%
Publicise/communicate engagement opportunity (Practice website, social media, letters, community newspaper)	26	19%
Do NOT target people/groups	24	18%
Attempt to engage with diversity (including being vigilant, monitor protected characteristics, conduct Equality Impact Assessments, review patient lists, use clinical audit to create groups, help from NHS equality/diversity team)	20	15%
Unstated/ Don't know/N/A	19	14%
Target people and groups (target cross population/missing demographic ranges, use volunteers, vocal people)	15	11%
Miscellaneous	14	10%
Use pre-existing groups (community councils, schools, elderly forum etc)	13	9%
Opportunistic engagement – whoever turns up/reception recruitment forms	12	9%
Use professional/local connections (Allied Healthcare Professionals, the Third Sector) to widen engagement	7	5%
Random selection	5	4%
Use technology/formats to engage with diversity (electronic format, language hear/visual impairment platforms)	4	3%
<i>Please note: figures may not add to 100% as responses can be coded into multiple categories.</i>		

Examples of comments from General Practices

“When asking for surveys to be completed, we ask everyone who attends for an appointment.”

“Depending on relevancy, we ensure that we target those specific patients using clinical audit to create patient groups and send texts or emails.”

“We do not discriminate positively or negatively – whomever has access to Facebook/website can see the information we give, along with the notice boards in the Practice which give information on services.”

“We create open events so don't take steps to ensure a diverse range of people are included.”

“We try and have all villages of our Practice area represented and all age groups including parents with young children and representatives from the local school.”

“Surgery uses various types of contact methods (e.g. website, social media, paper leaflets, posters, etc) in order to reach a wide range of patients. Whilst online methods are considered the norm, we have a large cohort of patients who do not engage with any online services and therefore, we still use traditional methods as well.”

Do you offer training to the public in any of the following areas to facilitate their engagement?

Ensuring the people who want to engage with GP Practices are supported to do so is an important element of successful public involvement. We sought to find out whether Practices that engage with the public provide training to those they engage with and to identify what kind of training was commonly used. We presented a range of training options to choose from.


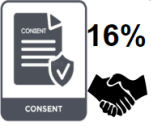

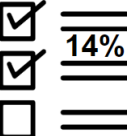


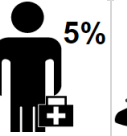
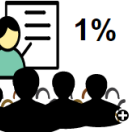
Two-hundred-and-seventeen (217) Practices that engage with the public provided a response. The most commonly offered training, which was provided by nearly a quarter of General Practices (23%), was General Practice background information (e.g. practice history, structure, work practices, staffing structures). Training in confidentiality and ethical engagement was made available by 16% of Practices and Information Handling (GDPR) training was offered by 14% of Practices. Other areas of training or support were less commonly offered, with only 6% of Practices offering

training in Volunteering or Equality and Diversity and 5% providing induction training to members of the public. Public training in how to chair/facilitate meetings was offered by only 2 Practices that responded to our survey.

Thirteen (13) individuals provided details of other training they provided. This included:

- externally commissioned training
- information video and leaflet provision
- information provided/signposted to Practice website
- informal, in depth and bespoke training, and
- defibrillation training.

Figure 9: Per cent of Practices that offer Public Engagement Training

General Practice background	Confidentiality and ethical engagement	Information handling (GDPR)	Code of conduct	Volunteering	Equality and Diversity	Induction training	Facilitate or Chair meetings
 23%	 16%	 14%	 14%	 6%	 6%	 5%	 1%

Section 5 Your perspective on public views and feedback

Engaging members of the public with my GP Practice has had a positive impact

The responsibility to respond to wider social and cultural change has increased accountability and transparency for many General Practices and has encouraged them to engage with the public. We asked Practices to indicate whether they agree or disagree that engaging members of the public has had a positive impact on a range of different issues (listed below):

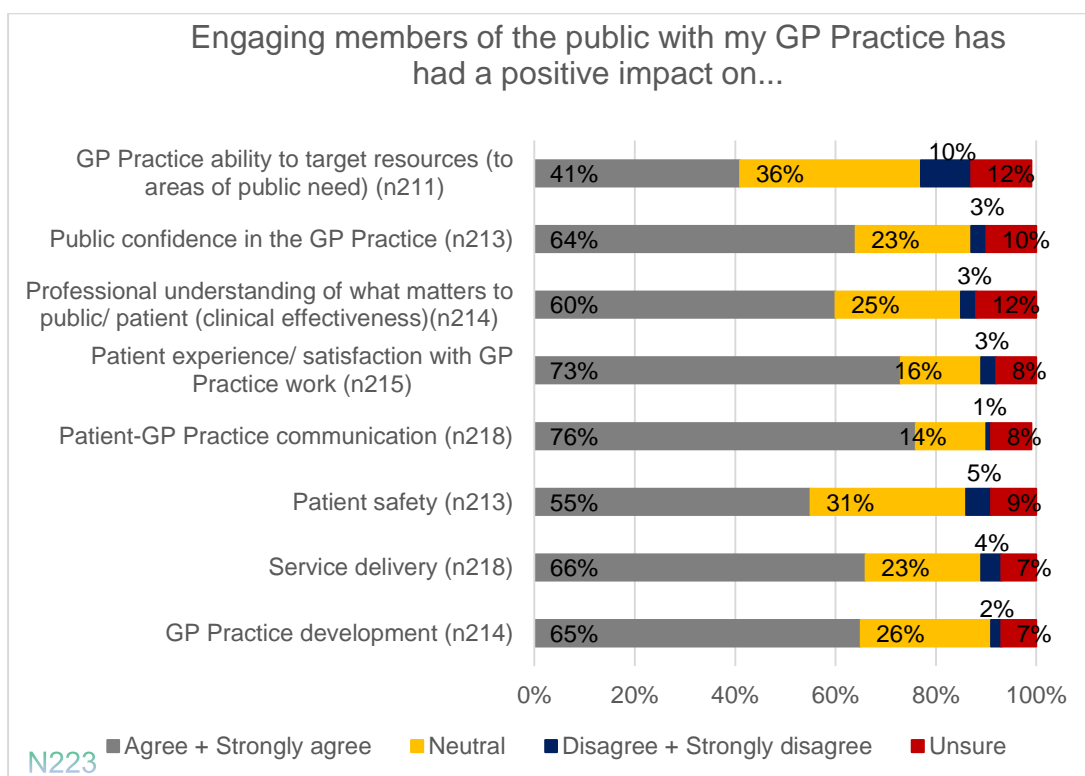
- General Practice services and development and resource targeting
- Practice communication and understanding of patients
- public attitudes to and experience of Practice, and
- impact on wider public health, patient safety and society.

At least half (55%-73%) of all Practices agreed (or strongly agreed) that engaging with the public had a positive impact on each issue described, with the exception of the ability to target resources (to areas of public need).

Around three quarters of Practice Managers agreed (or strongly agreed) that public engagement has had a positive impact on patient experience (73%), and Practice-patient communications (76%), whilst around two thirds agreed (or strongly agreed) that service delivery (66%), Practice development (65%) and public confidence in the Practice (64%) was positively impacted by public engagement. The impact of public engagement was even considered to reach clinical effectiveness by having a positive impact on professional understanding of what matters to the public, according to 60% of respondents.

Ten per cent (10%) of respondents disagreed that engaging the public has had a positive impact on the ability to target resources (to areas of public need), and over a third (36%) of respondents were neutral in their views on this. An equally large portion (31%) of respondents were neutral in their views on whether public engagement has had a positive impact on patient safety, with a further 5% disagreeing that engagement positively impacted patient safety.

Figure 10: Engaging public has positive impact on...



Example of where public engagement has had a positive impact on any of the above or other issues

This question was followed up with the opportunity for Practices to provide examples of where public engagement has had a positive impact on the above or other issues.

Seventy-eight (78) Practices detailed examples of where engagement has had a positive impact.

Respondents reported many benefits to listening to public views which included having a better understanding of patient priorities, and an ability to focus on what matters to the public when informing service change and development. Better and/or inclusive communication with public, sharing information around practice problems, and seeking advice around everyday issues such as missed appointments and wider healthcare delivery issues, has led to greater openness and improved efficiencies in General Practice and has improved public understanding of these issues. This has led to positive feedback and improved patient experience.

Engaging with and listening to the public has helped some Practices to enhance their physical environment and inclusivity of the services provided – learning from people on what works and what doesn't about their physical environmental and social access. For example, simple changes like better physical signage have helped improve accessibility for patients who are visually impaired. Allowing and enabling

the public to lead and inform work has provided a greater understanding of what they want.

Encouraging individuals to take greater responsibility for and interest in their own health and wellbeing has also been recognised as a positive outcome from public engagement.

The table below summarises the positive impact Practices have reported around public engagement.

Table 1: Positive impact public engagement (examples)

Please use this space to provide an example of where public engagement has had a positive impact on any of the above or other issues? (N78)	Numbers providing example
Practice benefit	
Better Practice-community-patient relationship/communication	17
Greater understanding of what your patients want	13
Practice efficiency improved (reduced DNA, more volunteers)	8
Improved reputation/good feedback	7
Public benefit	
Increase public knowledge/awareness	12
Public leading and informing work/consultation	9
Public ability to influence service delivery and future service provision	9
Strong social networks and cohesion benefits health	6
Increased self care and responsibility	4
Social/NHS benefit	
Improved signposting to services	9
Improved Practice environment (more accessible)	8
Greater openness and accountability in the NHS	6
Enhance inclusivity of the services provided (social, spatial, cultural and religious)	6
Strengthen public confidence in the NHS	4
Increased service uptake	3
Miscellaneous	6
Not applicable	15

Examples of comments from General Practices

“When the GP attends Elderly Forum meetings, they sometimes have a list of items to discuss directly with the GP (and occasionally Practice nurse). We often then receive feedback that they were very happy with the information they received back from GP.”

“Only through communication have we been able to gain their trust and understanding at times.”

“Suggestions from the public of things we just hadn't thought about – e.g. training for staff to deal with patients with sight loss, better signposting to the surgery premises.”

“Helps us to know what we are doing right, which in turns boosts positivity, it also allows us to know where improvement is required.”

Examples of where public engagement has had a negative impact on any of the above or other issues

Twenty-eight (28) Practices provided examples of where public engagement has had a negative impact on their work.

Where examples were provided, the negative impact of public engagement focused on the ways in which opportunities for public engagement – particularly online – had the potential to become a platform for negative feedback in the absence of constructive discussion around improvement, and that information made public could run the risk of being miscommunicated or misunderstood with negative effects. Respondents also said that generating sufficient and diverse interest to sustain engagement was difficult and embarking on the wrong type of engagement for your audience could be detrimental, awkward and off putting to some people. Finally, the view was expressed that public engagement was sometimes not helpful in building relationships between reception staff and patients, that engagement can be time consuming and that sometimes “bureaucracy impinges” upon engagement.

Section 6 Barriers to engaging the public

Have you experienced any barriers or challenges to engaging members of the public within your GP Practice?

The final section of our survey sought to find out whether Practices had experienced any barriers or challenges to engaging with the public and to identify what they may be.

Of the 380 individuals who responded to this question, 37% of Practices confirmed that they had experienced barriers to engaging with the public. A further 22% of Practices were unsure in their response to this question.

To explore this issue more fully, we presented Practices with a list of potential barriers and asked them to indicate whether they had experienced any of these. A total of 181 Practices indicated that they had experienced at least one of the barriers mentioned, with 25 Practices identifying and naming other barriers they had experienced.

Please indicate the range of barriers to engaging the public your GP Practice has experienced

A wide range of barriers were acknowledged by respondents. A lack of time and resources can prevent both individuals and organisations from being able to work together. Seventy-two per cent (72%) of those who responded indicated that they found difficulty finding time and resources for engagement due to their own busy workload and 16% indicated that a lack of organisational support impeded engagement. Forty-four per cent (44%) found difficulty ensuring broad representation of public views, 41% found difficulty in timing meetings to suit public needs and over a third (36%) struggled to find engagement methods suitable for their audience. Sharing responsibilities with the public can be challenging and 5% of respondents acknowledged that difficulties addressing power inequities and discrimination had been one of the barriers to engaging members of the public within their Practice.

Twenty-five (25) respondents provided detail of other engagement barriers they had experienced. Lack of public interest, coping with “disgruntled patients” and language and communication barriers were mentioned alongside lack of resources (most importantly, lack of time), and a focus on other priorities as obstacles to purposeful public engagement.

How have you addressed these barriers?

Finally, we asked Practices how they had addressed the engagement barriers they had experienced. Eighty-one (81) respondents provided an insight.

Some Practices recognised structural barriers that could be “fixed” to mitigate engagement hurdles like varying the methods used to engage people to better suit culturally and demographically diverse people. Widening publicity about engagement opportunities within Practice and community and employing translation services to improve communication for excluded communities also broke down some interactional engagement barriers.

Practices have also made engagement more accessible by providing multiple opportunities to engage. Reaching out into the community not only improved diversity for some Practices, but also helped support Practice engagement, making use of others’ expertise. Recognising the interests of patients, some Practices have identified that “single issues” have tended to attract higher levels of engagement. There was a recognition that several Practices wanted to improve diversity and attract a wider range of people but they did not mention how they intended to go about it.

The table below summarises the Practices’ responses.

Table 2: Addressing barriers

How have you addressed these barriers? (N81)	Numbers identifying solution
Not stated/unsuccessful as yet	38
Looking into this at present	13
Diversify engagement methods and timings to suit 'diverse needs' audience (modern and traditional)	9
Diverse publicity (within surgery, community, social media, website)	7
Patient groups have failed	7
External support has helped (community reps, Scottish Government teams)	6
Set up a Patient Participation Group	6
Improve diversity, attract wider range of people	5
Engaged communication improvement strategies (translations services)	4
Look at single issues of interest (e.g. diabetes)	2
Undertaking training for staff (good conversation training)	1
Improving communication with patients (chatting to people)	1

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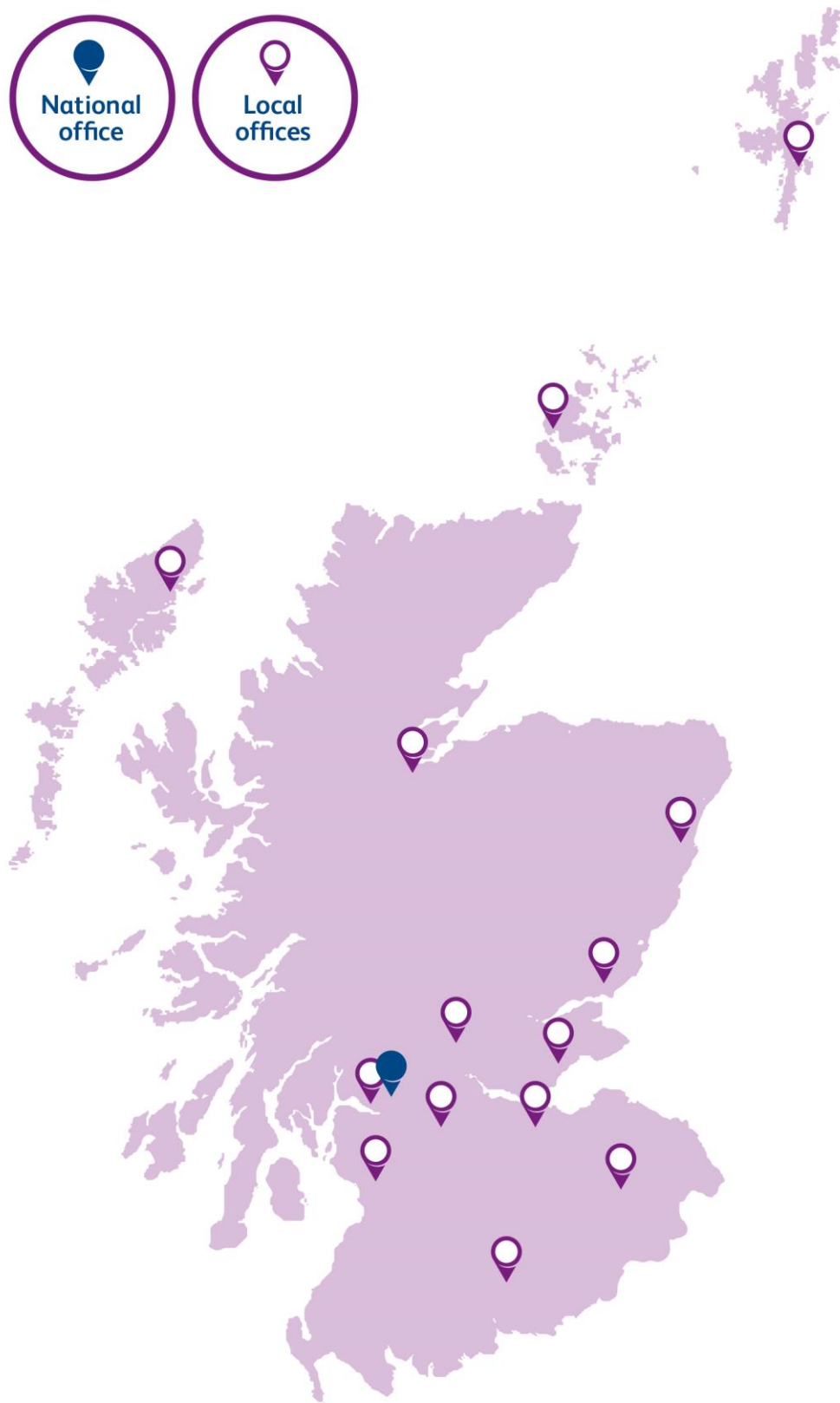
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