Healthcare Improvement Scotland | Community engagement

Citizens' Panel for health and social care

Survey on health and social care experience during the COVID-19 pandemic and priorities for health and social care in the future

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Foreword

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

This survey was commissioned by the Scottish Government and Panel members were asked for their input into critical decisions on resuming and supporting service provision in the context of the COVID-19 pandemic and beyond. This survey complemented work with our partners the Health and Social Care Alliance Scotland (the ALLIANCE) on its 'People at the Centre Engagement Programme'. The aim of this work was to engage widely with people in Scotland and ensure there is a person centred focus from the outset on efforts to remobilise, recover and redesign services.

This report focuses on:

- Panel members' health and social care experiences since the start of the COVID-19 pandemic in March 2020
- Experience of, and opinions on 'Virtual Visiting'
- Community support during the pandemic
- Panel members' priorities for health and social care services in future, and what matters to them about health and social care.

It is important to note, however, that the survey questionnaire was sent out and responded to during November and December 2020. This report captures people's experiences and views at a moment in time and we acknowledge that the landscape has changed once again in terms of tightening of restrictions and a further wave of infections.

I would like to thank the individuals who have volunteered to be part of the Panel, who together make up a representative section of the population of Scotland. I would also like to thank our contractors, Research Resource, who conducted the survey and our partners in the ALLIANCE and Scottish Government for contributing to this Citizens' Panel survey.

I hope you find this report helpful.

Suzanne Dawson
Chair, the Scottish Health Council

Citizens' panel for health and social care

This infographic summarises the key findings from the seventh survey undertaken with the citizens' panel for health and social care. We asked questions about:

- people's health and social care experience since the start of the Covid-19 pandemic in March 2020,
- people's priorities for health and social care services in the future, and
- what matters to people about health and social care.

In total **652** panel members responded to the survey by post, email or telephone which represents a **56%** response rate.

Description of health and wellbeing since the start of the pandemic in March 2020

29% got worse

64% unchanged

7% got better

Change in behaviour since introduction of restrictions

Exercise	Keeping in touch	Healthy eating	Drinking alcohol	Taking vitamins
38% Done more	**31%** Done more	**23%** Done more	**19%** Done more	**18%** Done more
26% Done less	**28%** Done less	**14%** Done less	**22%** Done less	**1%** Done less

Experience contacting health or social care professionals during the pandemic

65%

Have accessed/tried to access health and social care services during the pandemic.

Services contacted

80% GP
46% pharmacy
35% hospital outpatient
34% nurse
33% dentist

Appointment experience during the pandemic compared to normal appointment

Telephone consultation	Online consultation (Near me)	Face to face consultation
19% Better than normal	**21%** Better than normal	**15%** Better than normal
30% Worse than normal	**25%** Worse than normal	**22%** Worse than normal

64%

were willing to see a health or social care professional via online tools to help health services to resume.

58%

were willing to see a health or social care professional over the phone instead of face to face.

55%

were willing to update information on their condition or wellbeing through an app, text or website.

30% have missed routine appointments during the pandemic. → **29%** of those who missed appointments said a health or social care professional checked up on them.

Virtual visiting

82% said it was very important or important for virtual visiting to be provided as another option for hospital visiting in the future.

Support from the community

20% said that their health and wellbeing has been supported by the community since the COVID-19 pandemic started in March 2020. This was most likely to be having someone to have a chat with (**65%**), help with shopping (**49%**) or help collect to a prescription (**31%**).

Priorities for health and social care services over the next 12 months

Health

- ✓ Access to and availability of health services reinstating services (**52%**)
- ✓ Getting back to normal (**91%**)
- ✓ Getting the treatment and support required (**8%**)
- ✓ Face to face appointments (**8%**)

Social care

- ✓ Access to services required (**27%**)
- ✓ Continuation of support and services back up and running (**8%**)
- ✓ Care for the elderly, vulnerable and care homes (**6%**)
- ✓ Support for vulnerable children (**4%**)

The feedback to this survey took place during November and December 2020 before the tightening of restrictions after Christmas 2020.

Executive Summary

What is a Citizens' Panel?

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

Background and context

The Citizens' Panel for health and social care was established in 2016 to be nationally representative and has been developed at a size that allows statistically robust analysis of the views of the Panel members at a Scotland-wide level. This was the first time a national Citizens' Panel of this nature, focusing on health and social care issues, had been established in Scotland. Panel members were randomly selected from the general population and invited to join the Panel. Some targeted recruitment also took place to ensure that a representative Panel was created. At the time of conducting this survey there were 1,163 Panel members from across all 32 local authority areas.

This survey was commissioned by the Scottish Government and complemented work with our partners the Health and Social Care Alliance Scotland (the ALLIANCE) on its 'People at the Centre Engagement Programme'.

This report details the findings from the seventh panel survey which included questions on four different topics:

- Your health and social care experience since the start of the COVID-19 pandemic in March
- Experience of, and opinions on 'Virtual Visiting'
- Community support during the pandemic
- Your priorities for health and social care services in future, and what matters to you about health and social care.

The survey ran from 2 November 2020 until 4 January 2021, just as restrictions were tightening and COVID-19 case numbers were increasing again. A total of 652 responses (56% response rate) were received, either by post, email or by telephone. This level of return

provides data accurate to +/-4.0%[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 2.

Key findings

Your health and care experience

- The majority of Panel members (64%) were of the opinion their health and wellbeing has remained about the same since the COVID-19 restrictions began in March 2020. On the other hand, 29% of respondents said their health and wellbeing has got worse which is around four times more than the proportion of respondents who felt their health and wellbeing had improved (7%). Females (37%) were more likely to say that their health had got worse than males (20%).
- The survey asked respondents about any changes they have made in relation to their health and wellbeing since March 2020. The vast majority said they had seen no change in relation to taking medicine (74%) and healthy eating (63%). On the other hand, activities that respondents were most likely to be doing more often included exercising (38%), keeping in touch with friends and family (31%) and eating healthily (23%). It is interesting to note that keeping in touch with friends and family (28%) and exercising (26%) were also the activities respondents were most likely to be doing less often.
- Routine appointments opening back up (73%) was the top priority for respondents when asked about their priorities for support from health and social care organisations to improve their wellbeing over the next 6 months. This was followed by better access to GP services (65%) and shorter waiting times to access services (53%).
- Just under two thirds of respondents (65%) had accessed or tried to access health and social care services since the pandemic started in March 2020. The majority of respondents had tried to access their GP (80%). Females were more likely to have accessed or tried to access services (71%) than males (58%).
- Just under half of respondents who had accessed or tried to access health and/ or social care services during the pandemic said they had difficulty accessing these services (49%). The most common reason for having trouble was due to longer waiting times to access the service (62%), unable to contact the service (40%) and poor communication (30%).
- One third of survey respondents (33%) had avoided accessing health and social care services and support during the pandemic when normally they would have accessed them. The most common reason for avoiding services was a reluctance to burden or put

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

stress on the NHS (27%), followed by experiencing difficulties in getting an appointment (20%).

- Just under 7 in 10 respondents (69%) had contact with a health care professional and 8% with social care services since the pandemic was declared in March 2020. Respondents were most likely in both instances to have made contact via a telephone consultation.
- Around half of respondents considered their appointment with a health service (50%) or social care service (53%) to be about the same as normal. Those who had contact with a health service were more likely to say their appointment was better than normal (19%) than those who had contact with a social care service (5%).
- The majority of respondents would be willing to see a health or social care professional via online tools such as video consultations (64%) and via telephone consultations (58%) if it meant health services could resume. Over half of respondents (55%) said they would be willing to update information on their condition or wellbeing through an app, text or website if it meant health services could resume. Those in the 65+ age group were less likely to say they would use video or telephone consultations or an app, text or website.
- Three in ten respondents (30%) had missed routine appointments with the most common reason being due to appointment cancellations or appointments being on hold due to the pandemic (64%).
- Phoning 111 was the top response for respondents when asked who they would contact if they required medical help for someone quickly and their situation wasn't immediately life threatening (53%). Three in ten respondents (30%) would contact their GP, 21% would access NHS inform and 15% would contact their pharmacy.

Virtual visiting

- Almost all respondents had not used any form of hospital virtual visiting since the COVID-19 pandemic started in March 2020 (93%). On the other hand, 2% had used this as a patient, 5% had used this as a family member or carer and 1% had used this as a member of staff.
- Few respondents (47) had used virtual visiting but for those that had the vast majority (88%) were satisfied with the experience.
- Over 8 in 10 respondents (82%) said it was very important or important for this option to be available in the future.

Support from your community

- One in five respondents (20%) said that their health and wellbeing has been supported by the community since the COVID-19 pandemic started in March 2020. This support was most likely to be having someone to chat with (65%), receiving help with shopping (49%) or receiving help collecting a prescription (31%). Those in the 65+ age category were more likely to have stated that they received support by the community (30%).

- Just 12% of respondents who had not received support from the community said they would have benefited from support if it were available. When asked about the nature of the support which would have helped them, this was consistent with the most received types of support with 63% saying having someone to chat with would have been useful, 31% would have liked to have received help with shopping and 20% would have benefited from help to collect a prescription.
- Over half of respondents had seen no change in the strength of their community since the COVID-19 pandemic started in March. However, 36% felt their community had strengthened compared to 11% who felt it had weakened. Those respondents from the most deprived communities were more likely to state that their community had weakened (24%).

What matters to you?

- The survey included three open ended questions asking respondents to describe their priorities for their own health and wellbeing, for health services and for social care and support services over the next 12 months. The responses were coded into common themes for analysis purposes. The key findings were:
    - **Priorities for individual health and wellbeing:** Being healthy, safe and well was the top priority for respondents (30%). This was followed by access to health services or for services to resume (25%), a COVID-19 vaccine or other COVID-19 concerns (17%) and being able to see family and friends again (17%).
    - **Priorities for health services:** Over half (52%) cited access to or availability of health services or for services to be reinstated. This was followed by getting back to normal (9%), getting the treatment or support required (8%), face to face appointments (8%) and timely access or better waiting times (7%).
    - **Priorities for social care and support services:** The top response was access to these services if required (27%), followed by continuation of support or seeing services back up and running (8%) and care for the elderly/ vulnerable or those in care homes (6%).

Conclusions

- A considerably larger proportion of respondents said their health and wellbeing had got worse than improved since March 2020 and this was more likely to be the case for females than males. Thought should therefore be given to supporting women access services, particularly in deprived areas, where the survey shows community support has weakened to a greater extent than more affluent areas
- There is evidence that availability and access to health and social care support services plays a large part in people's health and wellbeing. Consideration should be given to how services communicate and engage with the public to improve access as we come out of COVID-19 restrictions.

- The responses to the open questions strongly indicated the pandemic's impact on people's general mental health, those suffering mental illness unable to receive face to face support as well as the impact of loneliness, particularly for the elderly.
- Support from the community since March 2020 was evident from the survey responses. This shows the importance of local volunteering and local community groups during this pandemic. However, an important response to note is that over twice as many respondents from the most deprived communities stated that their community had got weaker than average. This should be considered in future planning going forward.
- The public have embraced new methods of consultation or contact with healthcare or social care professionals such as video calling, telephone consultations and updating information via text message and virtual visiting. In future, offering digital methods along with traditional methods would give people the right to choose the method that meets their needs, taking into account learning around digital exclusion.

Chapter 1: Introduction and context

Background and context

The Citizens' Panel for health and social care was established in 2016 to be nationally representative and has been developed at a size that will allow statistically robust analysis of the views of the Panel members at a Scotland-wide level. The Panel members were randomly selected from the general population and invited to join the Panel. Some targeted recruitment also took place in order to ensure that a representative Panel was recruited. The Panel has been designed to be broadly representative of the Scottish population.

The Panel was refreshed with new Panel members in early 2019. The refresh replaced Panel members that either did not want to continue being members or that had not responded to previous surveys. At the time of this survey in 2020, there are 1,163 Panel members spread across each and every Integration Authority and NHS territorial Board across Scotland.

This survey was commissioned by the Scottish Government and Panel members were asked for their input into critical decisions on resuming and supporting service provision in the context of the COVID-19 pandemic and beyond. This survey complemented work with our partners the Health and Social Care Alliance Scotland (the ALLIANCE) on its 'People at the Centre Engagement Programme'. The aim of this work was to engage widely with people in Scotland and ensure there is a person centred focus from the outset on efforts to remobilise, recover and redesign services.

Questionnaire design

The questions for this survey were designed by Healthcare Improvement Scotland's Community Engagement Directorate in partnership with the Scottish Government and the ALLIANCE. A draft of the questions were tested with members of the public which influenced the final question set.

A copy of the final questionnaire is available in Appendix 1.

Response rates and profile

At the time of writing this report, the Citizens' Panel for health and social care has a total of 1,163 members. The seventh Citizens' Panel for health and social care survey was sent by email on 2nd November 2020 to all 957 Panel members for whom we have email addresses. A reminder email was sent to those who had not yet responded by email on the 7th November. On 11th November survey packs were sent to all Panel members for whom we have no email addresses and those from whom a bounce back email message was received in addition to those who had not responded to the email surveys sent. A final email reminder

was sent on 17th December. Postal responses continued to be accepted up until the 4th January 2021.

A detailed analysis of the response profile identified that the survey was under-represented in terms of younger Panel members (defined as younger members aged 44 and under) and females. It was decided that a targeted telephone boost be undertaken in an attempt to increase the response from these under-represented groups. Respondents from black and minority ethnic groups were also a focus of this activity. A total of 100 telephone interviews were completed between the 26th November and 21st December 2020.

This took the final response up to 652, a 56% response rate. This level of return provides data accurate to +/-4% (based upon a 50% estimate at the 95% level of confidence) at the overall Panel level.

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

Full information on the response profile achieved and weighting can be found in Appendix 2. Further information on Citizens' Panels can be found in Appendix 3.

Interpreting results

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

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

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

Chapter 2: Your health and care experience

Introduction

Scotland's health and social care services are committed to making a major contribution to the wider recovery from the COVID-19 pandemic.

For example, the following three renewal objectives in the Remobilise, Recover, Redesign Framework for NHS Scotland summarise the commitment to:

- Engage the people of Scotland to agree the basis of our future health and social care system.
- Embed innovations, digital approaches and further integration.
- Ensure the health and social care support system is focused on reducing health inequalities.

Panel members were asked for their input into critical decisions on resuming and supporting service provision in the context of the COVID-19 pandemic and beyond.

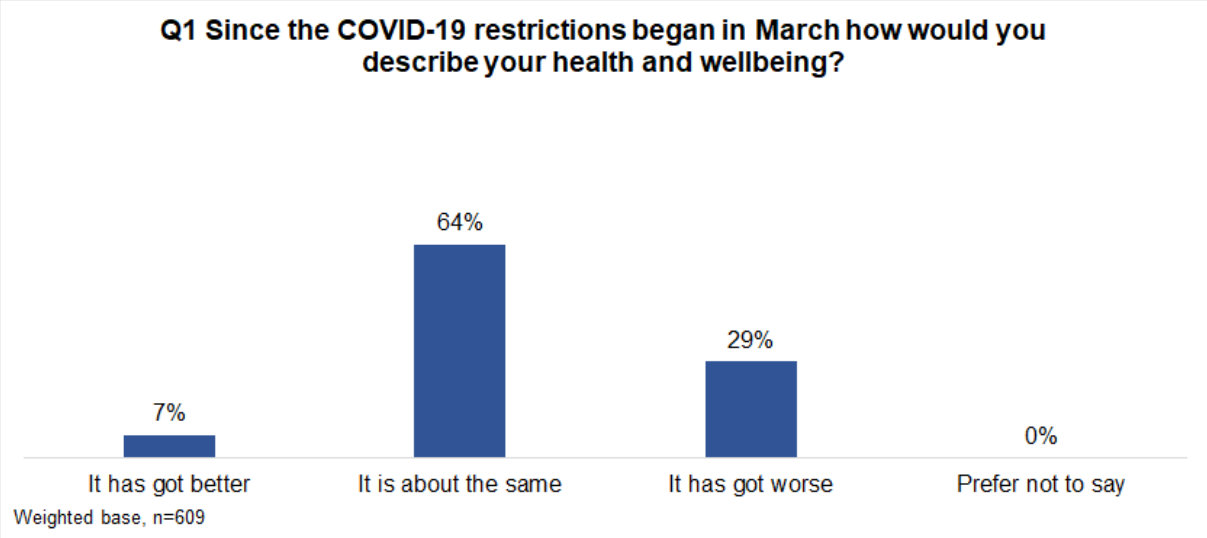
The pandemic has tested Scotland's public services like never before, but it also presents an opportunity to redesign services with people at the heart.

The survey included questions around health and care experiences since the COVID-19 pandemic started in March 2020, priorities for accessing health and social care, and thoughts about future services.

Description of health since COVID-19 restrictions

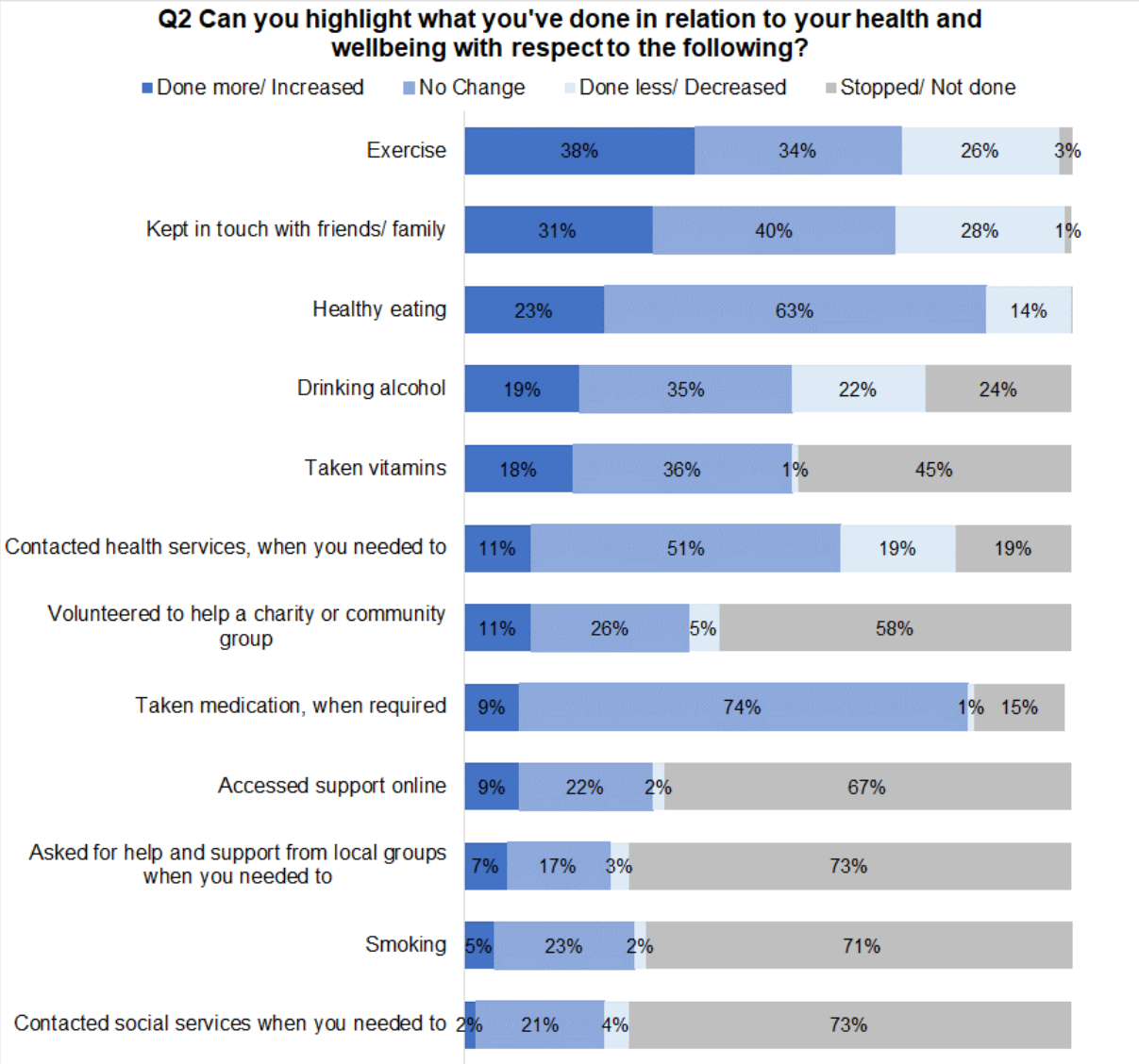
The survey began by asking Panel members to describe their health and wellbeing since the COVID-19 restrictions began in March 2020. The majority (64%) were of the opinion their health and wellbeing has remained about the same since the restrictions came into place in March. However, around four times more respondents said their health and wellbeing had deteriorated (29%) than improved (7%).

Males were more likely to state their health 'is about the same' (72%) than females (57%). Females were more likely to state that their health 'has got worse' (37%) compared to males (20%).



Changes to health and wellbeing since COVID-19 restrictions

Following on from this, respondents were asked about changes to their health and wellbeing since COVID-19 restrictions began in March 2020. Where respondents were doing things more often, this tended to be exercising (38% doing more often), keeping in touch with friends and family (31%) and eating healthily (23%). It is interesting to note that keeping in touch with friends and family (28%) and exercising (26%) were also the activities that respondents were most likely to be doing less often. The vast majority of respondents said they had seen no change in relation to taking medicine (74%) and healthy eating (63%).



A total of 12 respondents provided other comments to this question. These comments were generally regarding their responses to this question or about their personal health issues.

It is interesting to note that respondents who said their health and wellbeing had got worse since COVID-19 restrictions began in March 2020 were more likely to say they have done the following things more often than respondents who said their wellbeing had improved or stayed the same:

- been drinking alcohol more often (23%)
- smoked more (11%)
- taken medication more often (21%)
- contacted health services when needed (20%)

They were also more likely to have done the following things less often than Panel members who said their health and wellbeing had improved or stayed the same:

- exercised less often (35%)
- eaten healthily less often (29%)
- contacted health services (31%)

In relation to the change in contacting health services when needed, the results are more complex for those who said their health and wellbeing had got worse. They were more likely to say they have been contacting health services more often when needed (20%) but also more likely to say they have been doing this less (31%) as illustrated in the table below:

Change in contacting health services when needed analysed by rating of health and wellbeing since the start of the pandemic.				
	All respondents	**It has got better**	**It is about the same**	**It has got worse**
Weighted base	602	41	388	173
Done more/ Increased	11%	8%	7%	20%
No Change	53%	37%	60%	40%
Done less/ Decreased	19%	9%	14%	31%
Stopped/ Not done	17%	46%	18%	9%

Suggestions for support from health and social care organisations to improve health and wellbeing

The survey asked respondents for any suggestions for what health and social care organisations could do over the next 6 months to support them and improve their health and wellbeing. The top response was for routine appointments opening back up (73%), followed by improved access to GP services (65%) and shorter waiting times to access services (53%).

Q3 In the next 6 months what could health and social care organisations do to support you to improve your health and wellbeing?	
Weighted base, n=612	**%**
Routine appointments opening back up	73%
Better access to GP services	65%
Shorter waiting times to access services	53%
Better access to hospital services	41%
Better information on local community services and support	32%
Better support to access services digitally	29%
More healthcare information in easy read to access services	27%
Better signposting for unpaid carers	13%
Provide more information and advocacy for my social care needs	9%
Review changes made to my social care package	4%
Other - dentist appointments reinstated	1%
Other	3%
Nothing else required	1%

Access to health and social care services since the start of the pandemic

Just under two thirds of survey respondents (65%) had accessed or tried to access health and social care services since the pandemic started in March 2020. When asked to specify the service they had accessed or tried to access the majority said this had been their GP (80%), and this was followed by a pharmacy (46%), hospital outpatient appointment (35%), nurse (34%) or dentist (33%).

Females were more likely to have accessed or tried to access health and social care services (71%) than males (58%).

Q4 Have you accessed or tried to access health and social care services since the pandemic started in March? If yes, what service was this?	
Weighted base, n=406	**%**
GP	80%
Pharmacy	46%
Hospital outpatient appointment	35%
Nurse	34%
Dentist	33%
Physiotherapy	8%
Hospital inpatient appointment	7%
Social Care Support	6%
Podiatry	6%
Occupational Therapy	2%
Other - A&E department	1%
Other - Optician	1%
Other - Annual Flu jab	0%*
Alcohol and Drugs Support	0%*
Other - audiology	0%*
Care in Custody	0%*
Other	8%

* Less than 1 percent

Just under half of those who had accessed, or tried to access health and/ or social care services during the pandemic said they had difficulty accessing these services (49%). Respondents were asked to describe the nature of the difficulty they had experienced by selecting from a range of options. This shows that over 6 in 10 respondents referred to longer than normal waiting times (62%), 4 in 10 respondents experienced difficulty contacting the service (40%) and 3 in 10 respondents made reference to poor communication (30%).

Q4d If yes, what difficulty did you experience?	
Weighted base, n=195	**%**
Had to wait more than normal to receive service	62%
Could not contact/get through on the telephone to the service at all	40%
Poor communication	30%
*Service/ clinic was stopped e.g. dentist, hospital clinic	9%
*No face-to-face appointments, had to have a telephone consultation	7%
Transport difficulties	3%
* Unable to see a GP/ difficulty getting a doctor's appointment	1%
Other	9%

*New code added at analysis stage from the open ended "other" comments

Those who had not experienced any difficulties when accessing, or trying to access health and/ or social care services were asked if there was any aspect of the service they considered to be an improvement. Just under half (49%) had not seen any improvements to services. However, 3 in 10 respondents said it was easier or more convenient due to digital appointments (30%) and 21% commented on shorter waiting times.

Q4e Did you find any aspects of services better than previously?	
Weighted base, n=198	**%**
Easier / more convenient (due to digital appointment)	30%
Shorter waiting time (due to digital appointment)	21 %
Better communication	14%
Better signposting to services	6%
Better social care support	1%
Other	8%
None	48%

Reasons for avoiding accessing health and social care services and support during the pandemic

One third of survey respondents (33%) had avoided accessing health and social care services and support during the pandemic when normally they would have accessed them. It is interesting to note that respondents who said their health and wellbeing had got worse since the pandemic were also most likely to have said they had avoided accessing health and social care services and support during the pandemic (47%).

The survey included a free text box asking respondents to describe their reasons for avoiding access. The open-ended comments provided to this question have been reviewed and categorised into common themes to allow this data to be presented in a tabular format as shown below. This reveals that the top response was a feeling of not wanting to burden or put stress on the NHS (27%). One in five of these individuals said they found it difficult to get an appointment (20%), 17% mentioned services being withdrawn and 17% were concerned about the risks of catching COVID-19.

Q5b If yes, why have you avoided accessing health and social care services and support during the pandemic when normally you would have accessed them?	
Weighted base, n=188	**%**
Not wanting to burden/ put stress on NHS	27%
Difficult to get an appointment	20%
Services were withdrawn	17%
Risk of catching COVID-19	17%
Not a priority/ urgent/ others need service more	14%
Telephone appointment only/ prefer face to face contact	12%
Made to feel a burden/ a nuisance	4%
Other	8%

Some examples of the comments provided are shown below:

I would have preferred a face to face appointment and in the case of my mother who would require a home visit.

Because sometimes when calling services it feels as though staff are palming you off and saying "what do you want me to do? COVID-19 is going on!"

Unless it was an emergency I avoided it because of the hassle getting in touch with them on the phone.

I feel the doctors aren't prepared to see patients. I have been housebound from June 2019 and still awaiting appointments etc. and getting appointments cancelled until next year.

I was worried that I would be sent to hospital for further tests and didn't want to take the risk of catching the virus.

My appointment was cancelled.

Not wanting to burden them with ailments. I am trying to manage conditions on my own.

Because I was told that routine appointments are not being done and that face to face appointments are not being done either. I don't want a phone consultation.

I got frustrated at not getting the chance to speak to who I needed to, so I gave up.

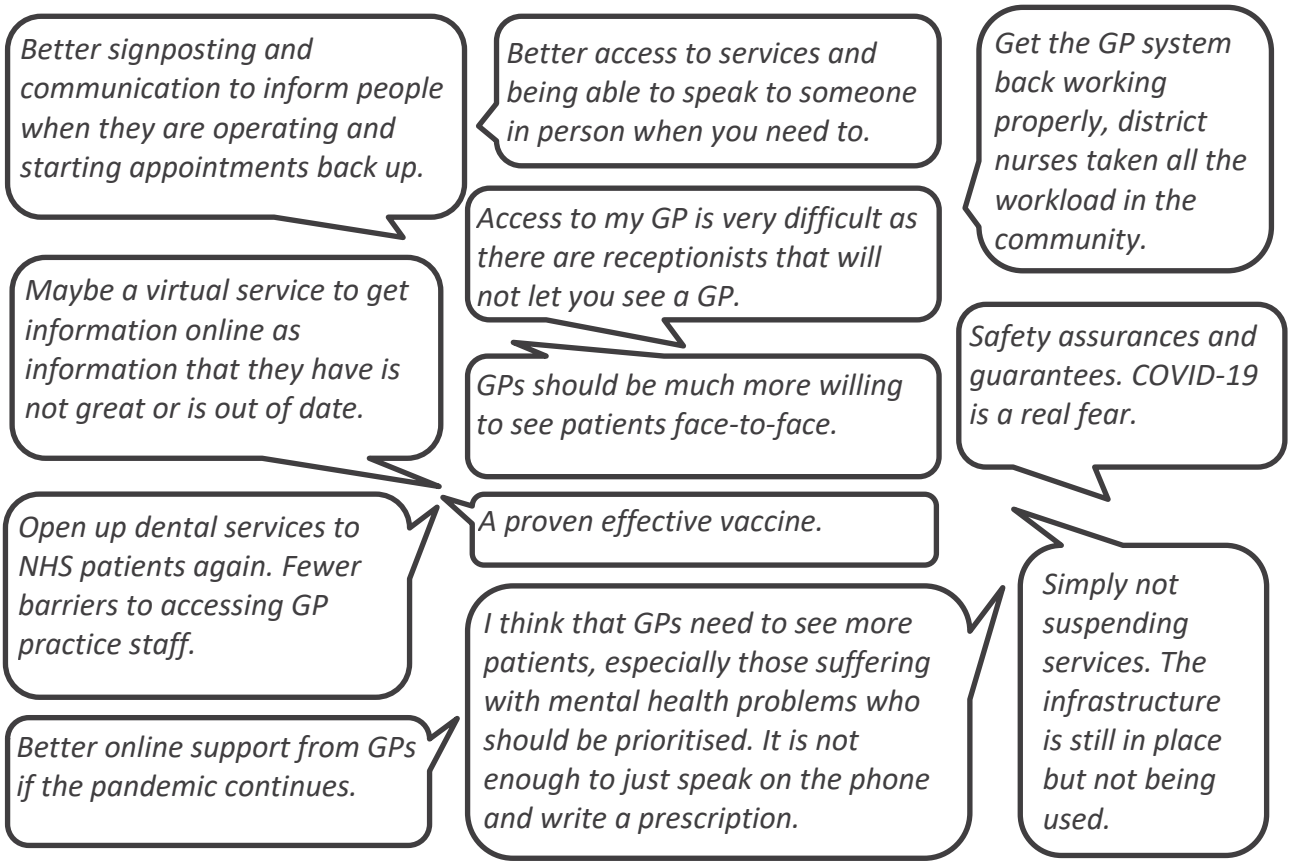
In terms of the nature of the service they had avoided accessing, the top response was GP services (74%), followed by dentists (40%), and hospital outpatient appointments (16%).

Q5c What were these services?	
Weighted base, n=206	**%**
GP	74%
Dentist	40%
Hospital outpatient appointment	16%
Pharmacy	14%
Nurse	13%
Physiotherapy	5%
Hospital inpatient appointment	5%
Podiatry	4%
Social Care Support	1%
Occupational Therapy	1%
Other	7%

A further open-ended question asked these individuals to describe any support that could have helped them to access these services in the future. The responses in this case were more varied, with 14% suggesting opening GP services, 13% stating more appointments or better availability of services and 13% recommended communication improvements.

Q5d What support, if any, could help you to access these services in future?	
Weighted base, n=131	**%**
Open GP services	14%
More appointments/ availability of services	13%
Better communication/ information	13%
Face to face appointments	9%
To feel like not being a burden/ more understanding	9%
Easier access	7%
Improved digital access/ web appointments	6%
To resume all health services	3%
Resume dental services	2%
Safety assurances/ concerns about Covid-19	2%
More healthcare staff/ doctors	1%
Covid-19 vaccine	1%
Other	3%
Don't know	8%
Nothing/ none	14%

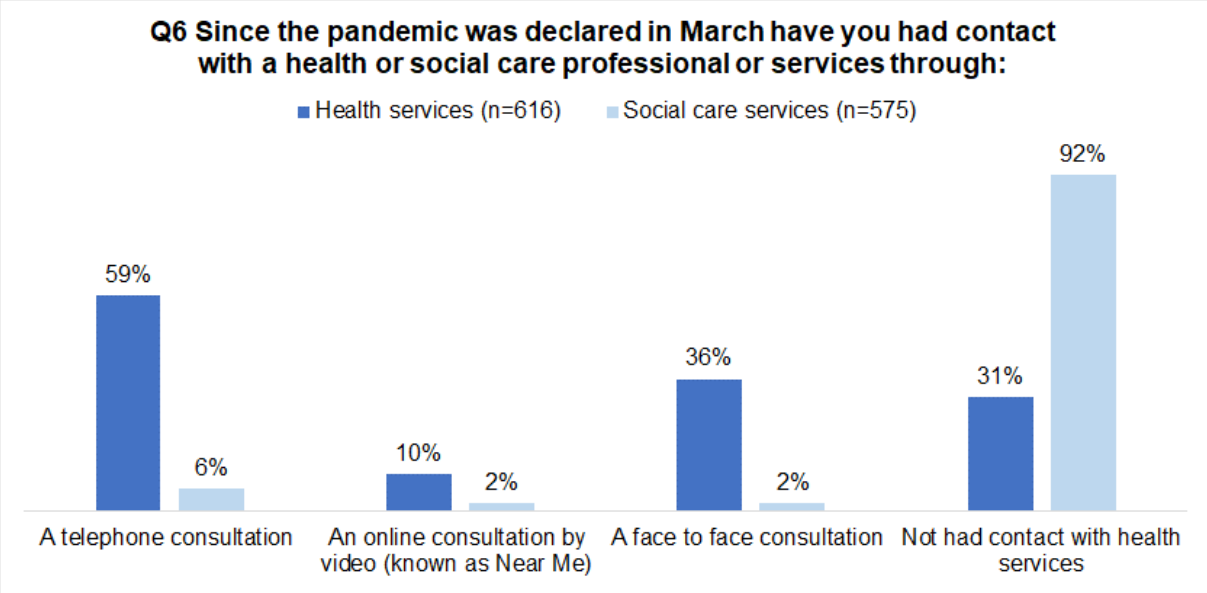
Some examples of the comments provided are shown below:



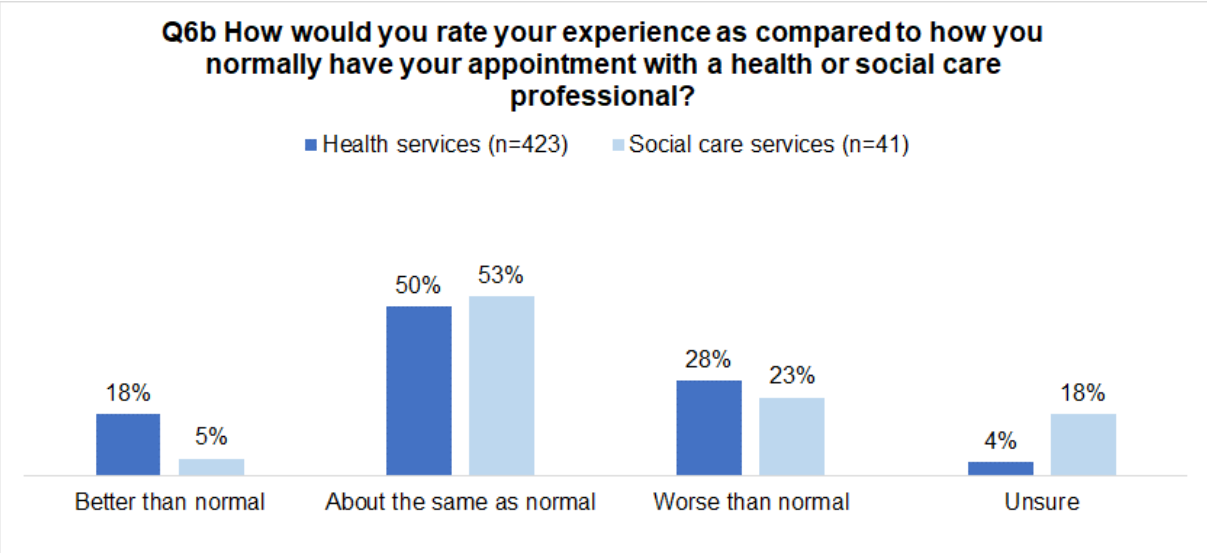
Contact with health and social care professionals during the pandemic

Survey respondents were asked about any contact they have had with health or social care professionals or services through a range of contact methods. Please note this question was a multiple response question to allow the survey to capture all types of contact experienced. Firstly, in terms of health services, the majority had contact via a telephone consultation (59%), 36% on a face-to-face basis, 10% via an online consultation and the remaining 31% had not had contact with health services since the pandemic was declared in March.

Fewer respondents have had contact with social care services, just 8% since March 2020. These individuals were more likely to contact services via telephone (6%) than by online video consultation (2%) or face to face consultation (2%).



Following on from this, those who had contact with a health or social care professional or service were asked to rate how their experience compares to their normal appointments. In both instances, around half of respondents said they considered their appointment with a health service (50%) or social care service (53%) to be about the same as normal. Those who had contact with a health service were more likely to say their appointment was better than normal (19%) than those who had contact with a social care service (5%).



Those who had telephone consultations with health professionals or services were more likely to say the appointment was worse than normal (30%) than those who had face to face consultations (22%).

Rating of experience compared to normal appointment with health professional or service analysed by method of consultation				
	All respondents	A telephone consultation	An online consultation by video (known as Near Me)	A face to face consultation
Base	**423**	**361**	**59**	**223**
Better than normal	18%	19%	21%	15%
About the same as normal	50%	46%	54%	60%
Worse than normal	28%	30%	25%	22%
Unsure	4%	5%	-	3%

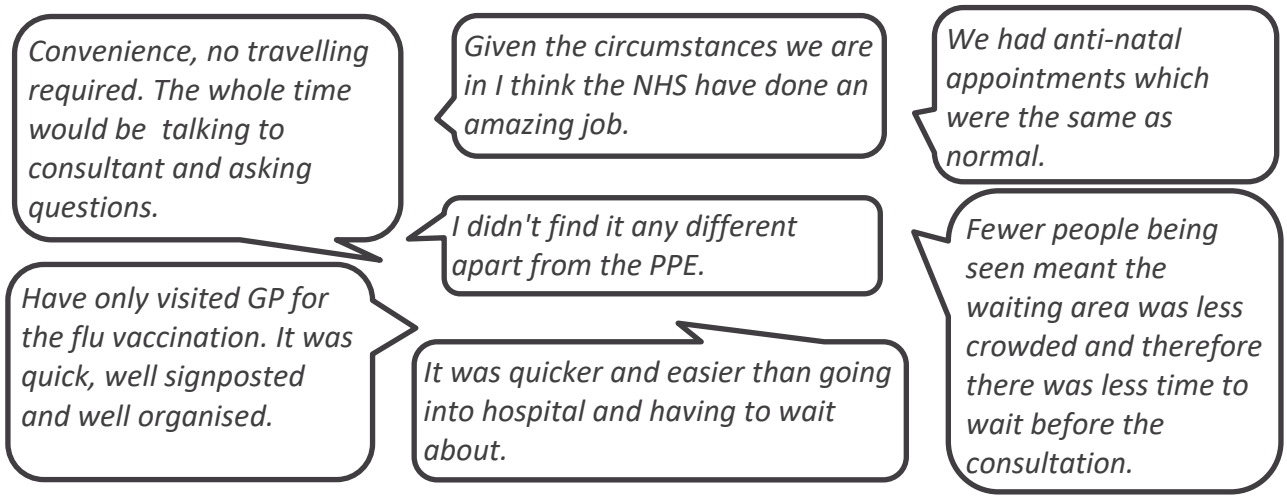
Experience of social care appointments analysed by method of consultation did not show any significant variations in the results.

We asked those who had contact to provide more details on their response to this question. All responses have been coded for analysis purposes and detailed in the following tables. Firstly, in terms of health services, 20% of comments were positive observations of the service or advice provided. A further 14% said they had not seen much difference in the level of service, 13% mentioned quicker or more convenient appointments and 10% spoke about preferring face-to-face contact or that face-to-face contact can be more appropriate in certain circumstances.

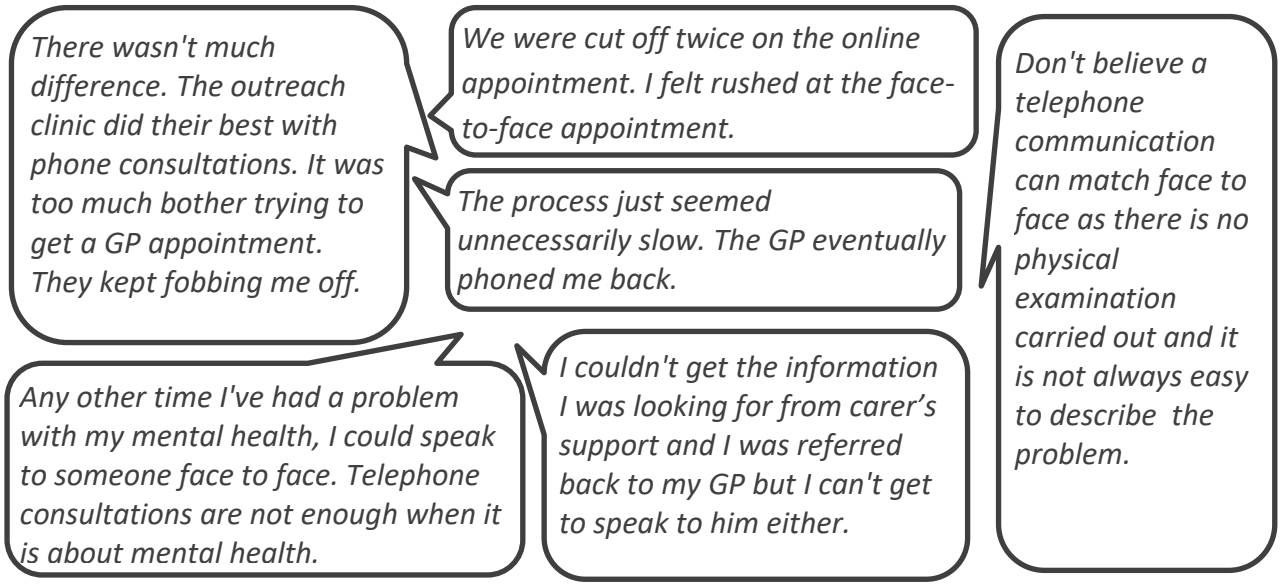
Q6c Can you please tell us why? Health services	
Weighted base, n=320	**%**
Good service/ good advice given	20%
Service wasn't much different/ telephone contact as good as face to face	14%
Quicker appointment/ more convenient	13%
Had telephone consultation but prefer face to face/ face to face more appropriate in some instances	10%
Felt rushed/ not interested	6%
Don't like using telephone/ difficult to hear/ difficult to describe problem	6%
Difficult to get an appointment/ contact with doctor	5%
Some treatments/ services unavailable	5%
Comments on nature of problem	5%
Longer waiting times	5%
Had to wear masks, no waiting rooms, social distancing etc.	4%
Needed physical exam/ some situations require a physical exam	3%
Reduce travel	2%
Telephone consultation followed by face to face appointment	2%
Well organised	1%
Empty waiting room and seen quickly/ no delay	0%*
Routine appointment	0%*
Other	7%

* Less than 1 percent

Some examples of the positive comments provided are illustrated below:



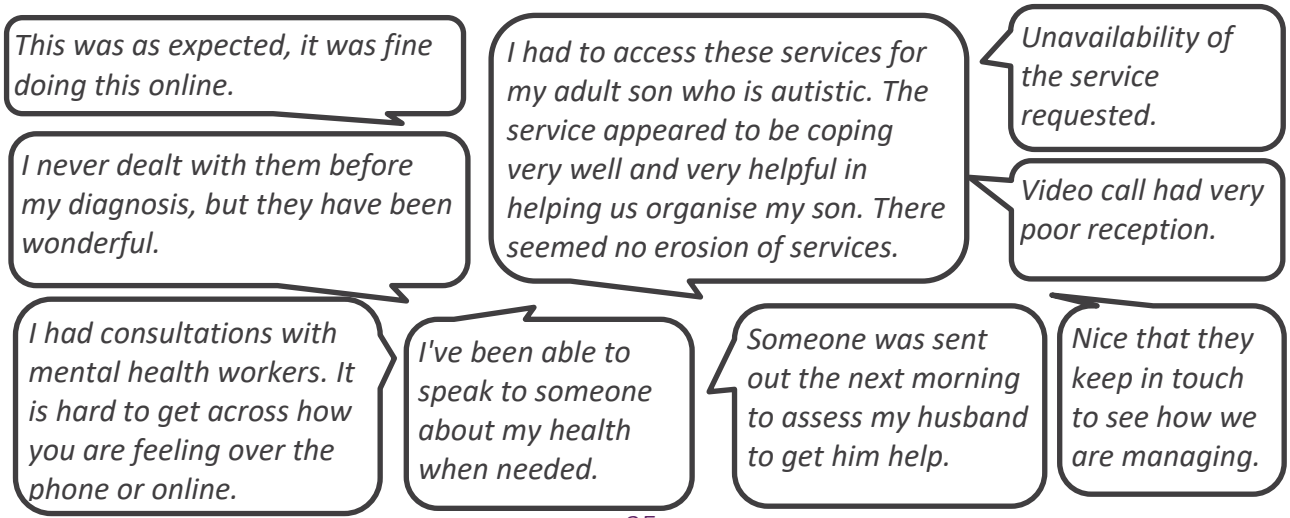
More negative comments are shown below:



Those who had accessed social care services were also asked for their comments on their experience of the service. Just under 4 in 10 (37%) of these individuals commented that the service was helpful or they had no complaints (37%), 16% mentioned difficulty making appointments or speaking to a social care professional and 10% could not compare the level of service as they had never required social care prior to the pandemic.

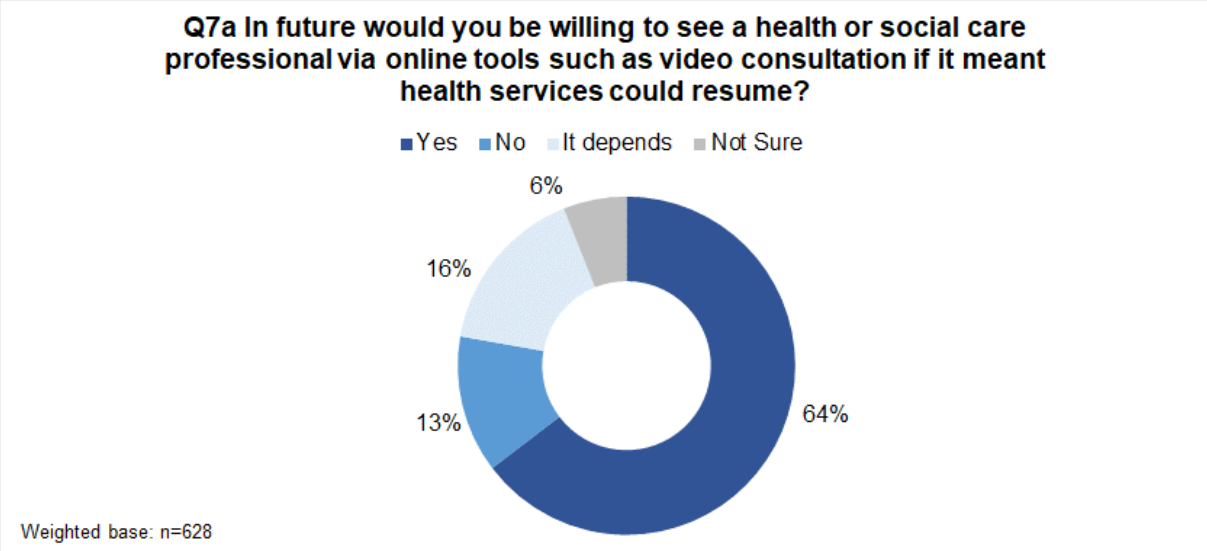
Q6c Can you please tell us why? Social Care services	
Weighted base, n=29	**%**
Service has been helpful/ no complaints	37%
Difficult to get through to make an appointment/ speak to someone	16%
Can't compare, never needed social care until now	10%
Should be face to face contact when discussing your mental health/ impersonal	9%
Never got the help/ information needed	9%
Other	18%

Some examples of the comments provided are shown below:



Willingness to see a health or social care professional via other methods

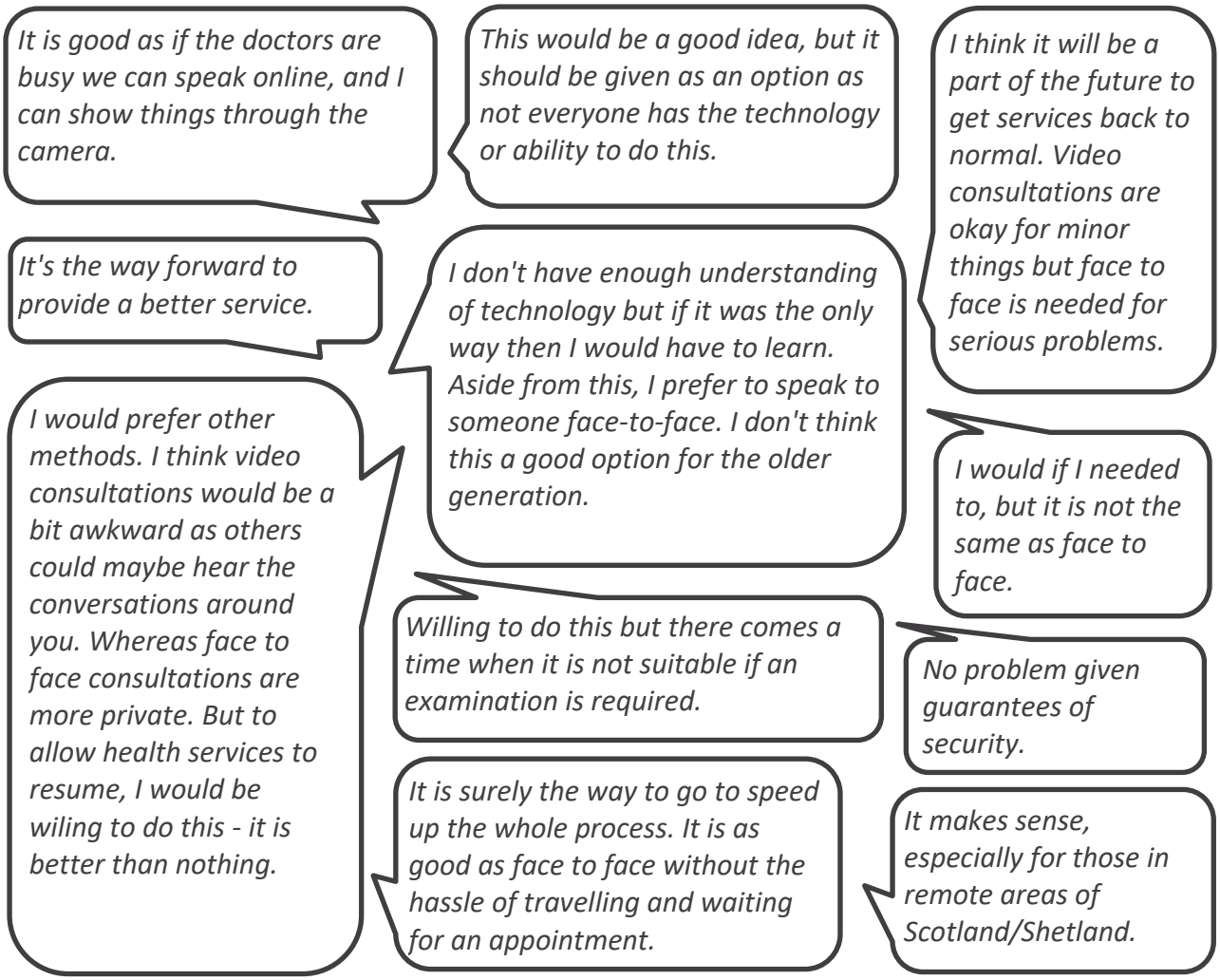
Just over 6 in 10 respondents (64%) said they would be willing to see a health or social care professional via online tools such as video consultations if it meant health services could resume. On the other hand, 13% said they would not be willing to do this, 16% said it would depend and 6% were unsure. Those in the 65+ age group were less likely to be willing to see a health or social care professional via online tools (44%) and more likely to say no to this question (29%).



Respondents were asked to make further comments about their willingness to access these services. The table below shows the themes to emerge from these comments with the top response being where respondents expressed willingness to access service via video consultation (30%). A further 18% of respondents said they preferred face to face appointments and 14% commented on this method being easier, more convenient or would lead to quicker waiting times.

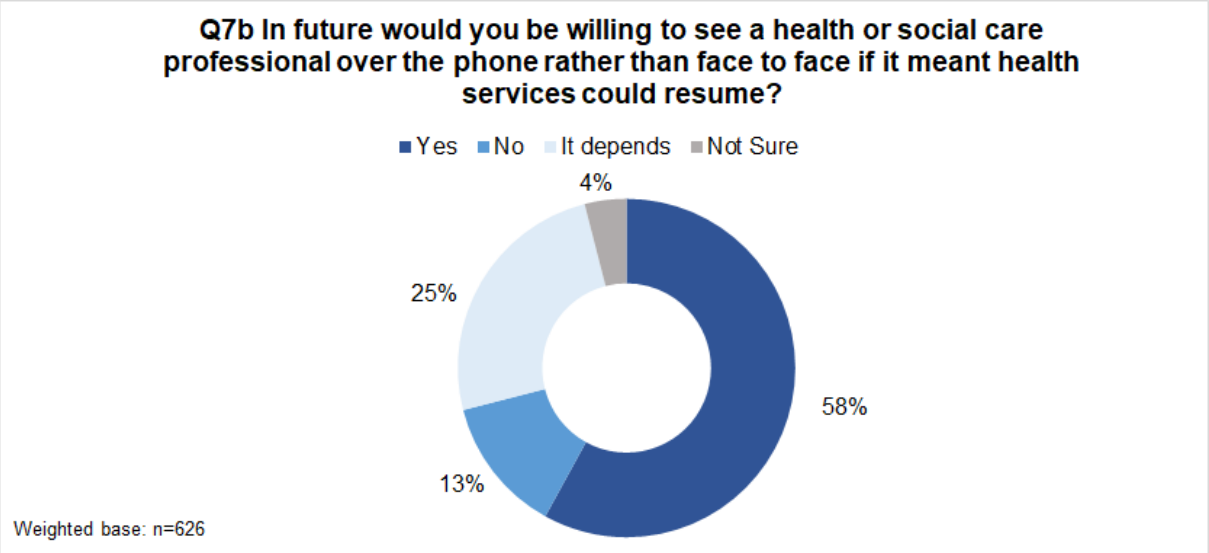
Q7a In future would you be willing to see a health or social care professional via online tools such as video consultation if it meant health services could resume? Additional comments	
Weighted base, n=361	**%**
Happy to use services via video consultation	30%
Prefer face to face appointment	18%
Would be easy to do/ more modern/ more convenient/ quicker wait times	14%
Depend on the issue/ problem	12%
Would use if no other option/ prefer to telephone appointment	11%
Dependent on access to equipment/ internet connection	9%
Not confident with technology/ not computer literate	6%
If it eases doctors surgeries/ frees up capacity/ helps services	4%
Would not be possible if needed physical exam	3%
Would need to be safe/ secure connection	3%
Other	5%

The following quotes are examples of the comments provided to this question:



Almost 6 in 10 respondents (58%) would be willing to see a health or social care professional over the phone rather than face-to-face if it meant health services could resume, 13% would not be willing to do this, 25% said it would depend and 4% were unsure.

Those in the 65+ age group were less likely to be willing to see a health or social care professional over the phone (48%) and more likely to say no to this question (23%).



The follow up comments to this question again have been coded into common themes and are shown in the table below. Just under 3 in 10 respondents (29%) said this would depend on the issue/ nature of their problem, 20% said they would prefer face-to-face contact and 15% said they would be willing to do this to take the pressure off services.

Q7b In future would you be willing to see a health or social care professional over the phone rather than face to face if it meant health services could resume? Additional comments	
Weighted base, n=342	**%**
Depend on issues/ nature of problem	29%
Prefer face to face	20%
Anything to take pressure off services/ if it helped services	15%
Would do this if necessary/ only option	12%
No problem/ happy to use	12%
Convenient/ saves time/ no need to travel	10%
Not suitable for examination	6%
Already used this service/ would do this again	5%
Would be happy to use phone for initial appointment but not for diagnosis/ worry something wouldn't get picked up	5%
Difficult to describe symptoms over the phone	4%
Other	5%

Some examples of the comments provided are shown below:

My wife had a telephone consultation recently with her GP and it was very positive. She felt she had more time to speak to her doctor than she would have in surgery.

Because I don't drive and the way some health and social care services are situated means that over the phone is better as it cuts out travel time. If it is not a physical thing, this could suit people

This is ok for certain things. If it was about a serious problem or something physical, then face to face appointments would be required. But again, to help health services resume I would be willing to do this.

It works perfectly fine. They will call and if a doctor feels the need to see you face to face, they will arrange this.

I would be happy to have a phone consultation about an existing health issue but if I had a new health condition I would prefer to see the doctor in person first.

Sometimes it can be difficult to describe symptoms over the phone. A rash, for example, needs to be seen and the touch on an area where there is pain helps determine what the issue might be.

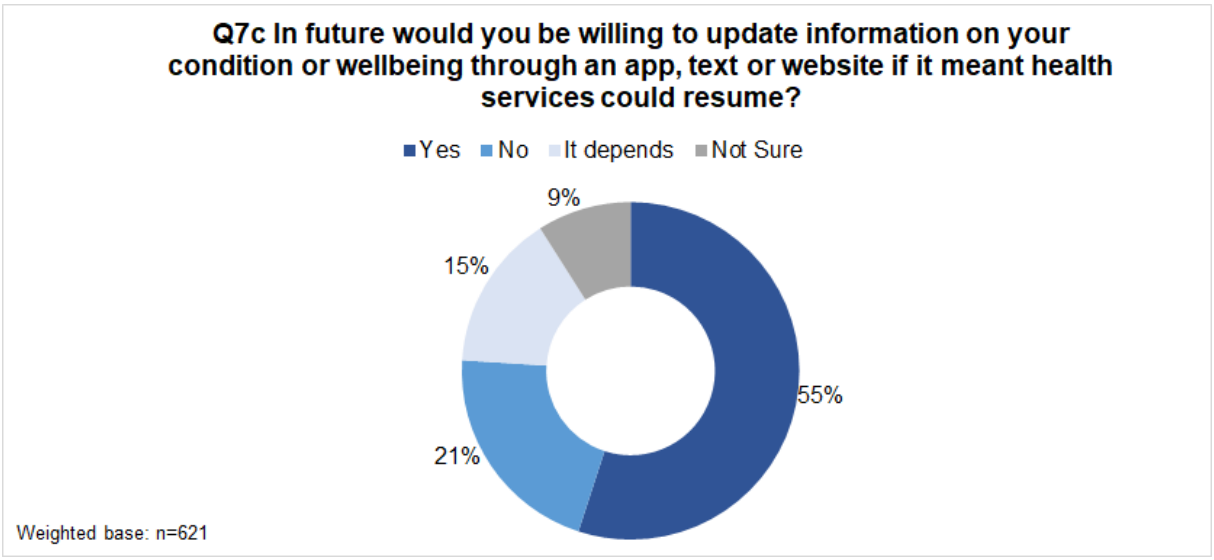
I would be ok for an initial chat if it led to an appointment. Health issues might not get picked up on with a phone call.

I would do this only if absolutely necessary. I felt rushed on the phone and don't feel that you can open up the same over the phone as in person.

I like knowing I'm getting my point across during the consultation.

Over half of respondents (55%) said they would be willing to update information on their condition or wellbeing through an app, text or website if it meant health services could resume. On the other hand, 21% were unwilling to do this, 15% said it would depend and 9% were unsure.

Those in the 65+ age group were less likely to be willing to use an app, text or website (35%) and more likely to say no to this question (38%).



Analysis of the open-ended responses provided to this question reveals that 32% of comments were made by respondents who said they would be happy to do this or would have no problems doing this. A further 17% of respondents to this question had confidentiality or security concerns and 10% said they did not like this contact type and that it was not personal enough.

Q7c In future would you be willing to update information on your condition or wellbeing through an app, text or website if it meant health services could resume? Additional comments	
Weighted base, n=303	**%**
Happy/ no problems using	32%
Confidentiality/ security concerns	17%
Not personal enough/ don't like this type of communication	10%
Don't use apps/ internet/ lack of confidence in using technology	7%
If straightforward to use/ reliable	6%
Prefer face to face	6%
More convenient/ time saving	5%
Depends on the issue/ nature of the problem	5%
If it helps health service/ saves time for healthcare professionals	4%
Would need more information on what's involved/ not sure if would benefit	3%
Do not have the technology to access	3%
Not suitable for diagnosis but ok for other reasons e.g. initial contact, updating details	2%
Not suitable for examinations	2%
Have used this already	1%
Would do this if I had to	1%
Other	6%

Some examples of the comments provided are shown below:

The more we are interacting with computers, the less we're interacting with each other. For those who are lonely or socially isolated, it is a thing that is going to further isolate them from people. We need to be careful as digital methods may be efficient but not healthy.

This would be a great idea. You could update the doctor through an app. It is handy for working life. This would be brilliant.

Just did this today when I was looking for advice on managing an injury and when to seek further help. Worked very well although was time consuming to fill in the form.

Probably a good idea for tech savvy people. Alternatives needed for those who cannot use technology.

Provided no diagnosis is required then updating is not a problem.

That would be easy and convenient. You don't always get follow ups with the GP, so this could help with that.

Again, it's a safer way and it eases up appointments for more serious patients.

As long as it was straight-forward to use.

Don't have a phone, only a home phone. No apps, no texting, no website.

It depends what the medical condition was.

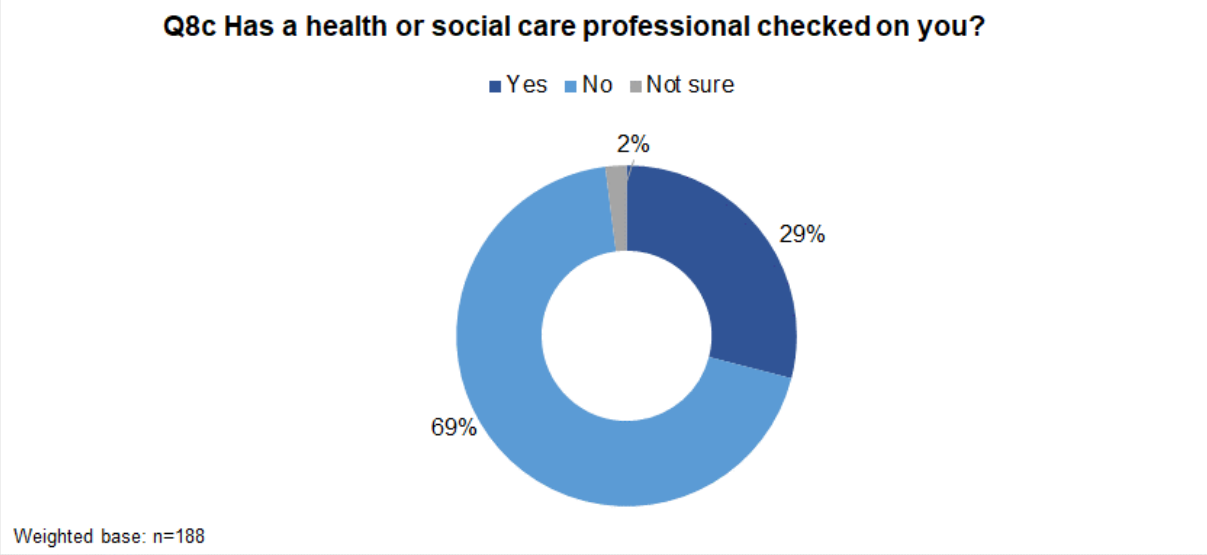
Data confidentiality would be important and how the data was managed/ stored.

Missed appointments

Three in ten respondents (30%) had missed routine appointments. The most common reason for missing an appointment was due to appointment cancellations, or appointments being on hold due to the pandemic (64%).

Q8b Can you please tell us why you missed any appointments?	
Weighted base, n=187	**%**
Appointment cancelled/ on hold due to pandemic	64%
Limited services due to pandemic, e.g. Clinic/ GP/ Dentist closed	17%
Can't get an appointment/ can't get in touch/ not heard anything about appointment	8%
Considered non-urgent/ emergencies only	5%
Didn't want to attend clinic as worried about safety during the pandemic	3%
Other	9%

Of those who had missed an appointment, 29% said a health or social care professional had checked up on them, 69% had not and 2% were unsure.



Sources of support for non-life threatening medical help

Over half of survey respondents (53%) said they would phone 111 if they required medical help for someone quickly and their situation wasn't immediately life threatening. Three in ten respondents (30%) would contact their GP, 21% would access NHS inform and 15% would contact their pharmacy.

Q9 If you needed to get medical help for someone quickly, and their situation wasn't immediately life threatening, where would you turn to for help?	
Weighted base, n=634	**%**
111	53%
GP	30%
NHS inform	21%
Pharmacy	15%
A&E	10%
999	8%
Google	8%
Member of my community	4%
Other (please explain)	1%

Chapter 3: Virtual visiting

Introduction

Technology is allowing people to stay in contact with friends and family including for those who are in hospital. During the early stages of the COVID-19 pandemic visiting to all hospitals was suspended, except at end-of-life and other exceptional circumstances.

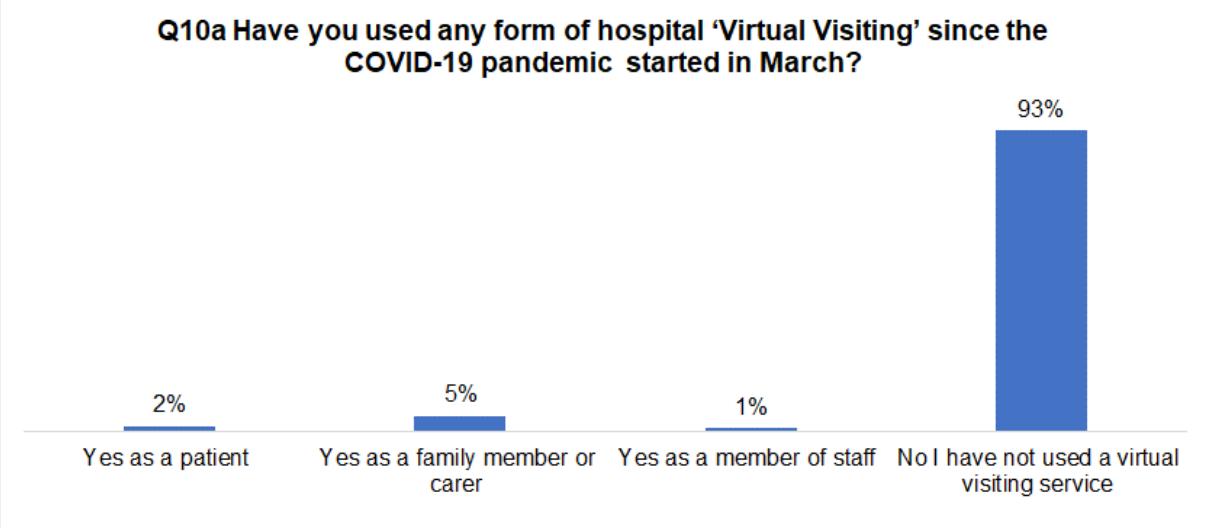
This has meant many patients and service users have no access to family and friends throughout their stay in hospital. They may also have no access to mobile phones or other devices to enable them to stay in touch with their families and friends virtually.

Some NHS boards have been introducing person-centred Virtual Visiting (sometimes called video visiting or digital visiting) to assist patients and service users to keep in touch with loved ones.

This section of the survey focused on investigating perceptions and use of 'Virtual Visiting' during the pandemic and about the importance of providing other forms of hospital visiting in the future.

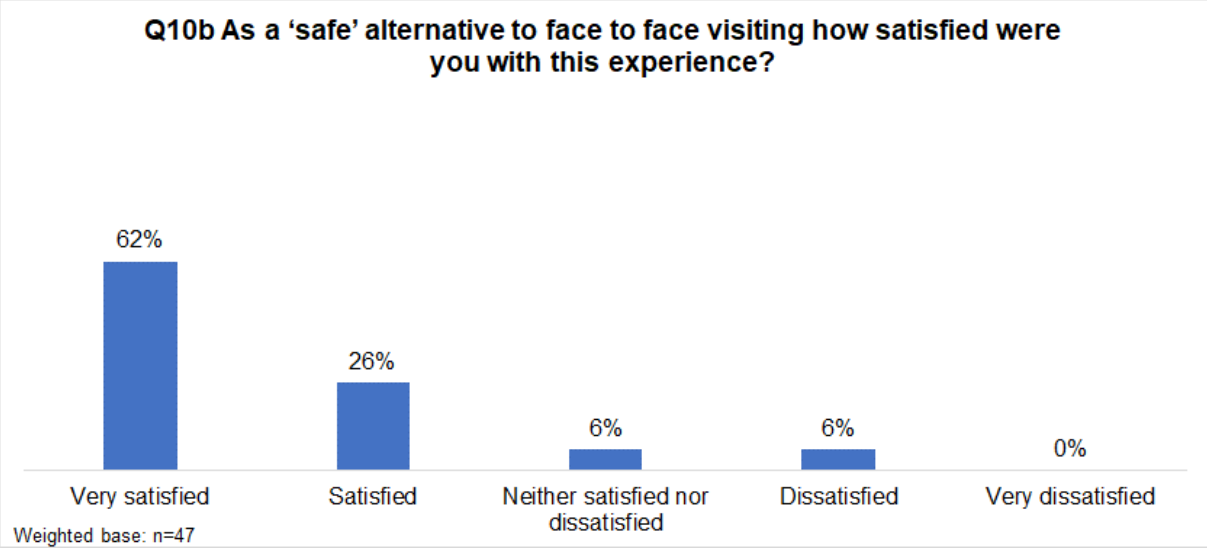
Use of virtual visiting

The vast majority of Panel members had not used any form of hospital virtual visiting since the COVID-19 pandemic started in March 2020 (93%). However, 2% had used this as a patient, 5% had used this as a family member of carer and 1% had used this as a member of staff.



Satisfaction with virtual visiting experience

Whilst few respondents had used virtual visiting (47), the majority of those who had considered it a positive experience with 88% being very or fairly satisfied with their experience compared to 6% who were very or fairly dissatisfied and 6% who were neither satisfied nor dissatisfied.



These individuals were asked to provide their reasons for feeling this way. Due to the small number of responses received, this question has not been coded. However, some examples of the comments provided can be seen below:

I work in a care home and assisted a patient with dementia on a video call, but she was confused and wondered why her relative was on TV as she wanted to see them.

During a pandemic the hospital is the last place you feel like going.

Because I felt that it gives you the opportunity to see someone in real time and gives you a realistic experience of seeing someone in person.

Nice to see a person rather than a voice at the end of a phone.

It let me keep fairly close contact with my wife and family without them, and myself, being exposed to COVID-19 infection and it also was much easier as they had no travelling to do. I was more comfortable they could speak from home without them having to travel. As long as there is good broadband access it is the way ahead for sure.

Reduced anxiety for a person who is very anxious with HCP.

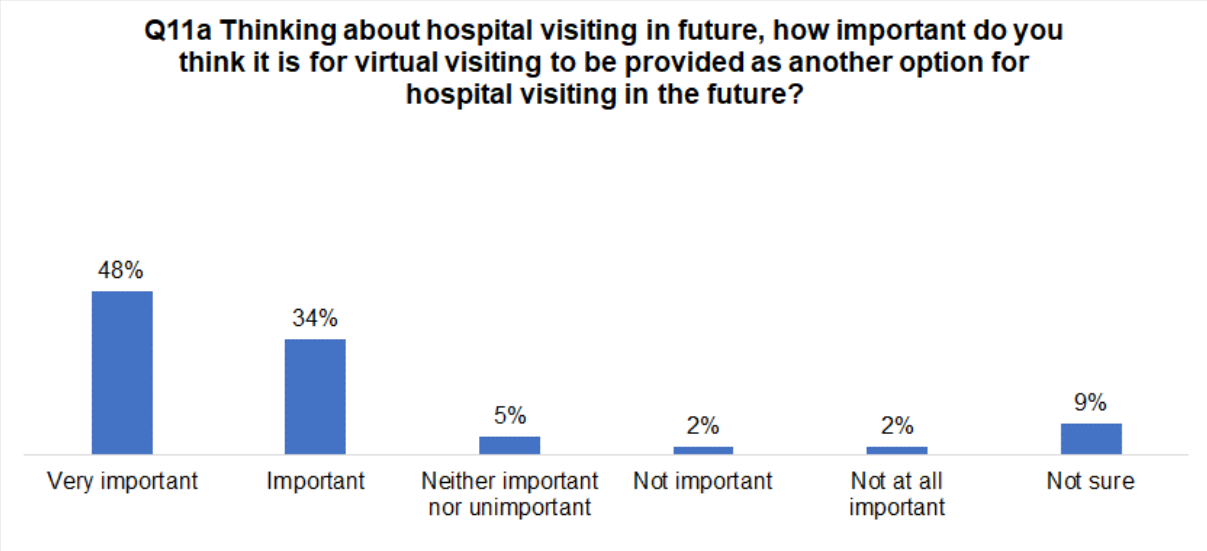
I was glad to speak to my family but I would have rather seen them in person.

I was dissatisfied because my father has dementia and is hard of hearing, so this sort of communication was ineffective.

It's not as good. No personal touch very clinical and unapproachable.

Importance of providing other methods for hospital visiting in the future

All respondents were asked how important they consider it is for virtual visiting to be provided as another option for hospital visiting in the future. The vast majority (82%) said it was very important or important for this option to be available in the future, 5% said it was neither important nor unimportant, 4% said it was not important or not at all important and 9% said they were unsure.



Respondents were subsequently asked to explain why they felt virtual visits were important or unimportant. Where respondents provided comments, these have been coded into common themes and listed in the following table. One in five respondents who provided a response believed that virtual visits were a much more flexible option as they can happen at any time or can be of benefit to friends and family members who live far away or are unable to travel (20%). A further 11% of comments were where respondents commented on the prevention of spreading infection or that it would be a safer option in the current climate, 6% said it would be better than nothing, 6% said it would depend on the individual or their condition and 5% felt this would depend on how the pandemic was progressing.

It should be noted that a small number of comments were provided by respondents who misunderstood the question and answered about virtual/ video appointments with health care professionals. These respondents were excluded from the table below and also from Q11a above.

Q11b Can you please tell us why?	
Weighted base, n=481	**%**
Important to see loved ones to prevent loneliness/ important for wellbeing/ contact helps with recovery	26%
Allows more flexible access/ any time/ for people who can't visit/ travel benefits	21%
Good way to communicate/ has benefits/ any contact is good	12%
Is ok as an alternative/ back up to personal visits	11%
Prefer face to face interaction	10%
Avoid spreading infection/ safer	9%
Better than nothing	6%
Depends on individual/ condition	6%
Depends on the pandemic	5%
I am not/ not everyone is confident using technology/ do not have the technology required	4%
Other	5%
Not sure/ don't know	2%

A sample of some of the responses provided to this question are shown below:

Because I think that a lot can be spread around hospitals. This would safeguard patients and friends or family visiting hospitals, where things can be spread.

If COVID-19 continues it provides an avenue for family members to communicate. The thought of people dying alone with no contact is inhumane.

I think it's very important for a lot of people but my mother had dementia and she found someone speaking to her in this way very confusing.

Clearly beneficial for patients that are able to utilise the 'technology' but probably not so for pallative/EOL or elderly dementia.

Contact with the outside world while you're in hospital can keep you sane and make you feel a bit more normal. I live on a remote island and was flown away to Glasgow for a week with my first-born son. I was very lonely and it caused me and our family on the island a lot of stress. To be able to have virtually visited with them would have been wonderful and very helpful.

I wouldn't like this to be the only option for hospital visiting, but it is a good idea for an extra option for people.

Because not everybody lives locally to the hospital, this helps to overcome any barriers which can prevent patients seeing family. Geographic and financial barriers for example.

Feel that real human contact is really important to aid someone's recovery.

It must be very isolating for people who are in hospital when they can't see family and likewise hard for people who are anxious about loved ones. I think it's important to have something in place or there may be an effect on peoples mental health and wellbeing.

If it was the only way I think that during the pandemic it is important as it feels more like human contact than telephone call but I think that when it's safe to do so normal visiting should resume.

My dad is in a care home and they don't do virtual visiting, so we have to go see him through a window. For some people depending on their condition, this would be a good idea to allow some sort of contact to be maintained.

Chapter 4: Support from the community

Introduction

There is evidence of family, neighbours and communities providing help and support during the pandemic. By communities, this includes the community or place that someone lives, and also could be a local council or a community group that someone is a member of for example a sports or social club.

This section of the survey asked Panel members about any support they may have received from the community during the pandemic, and also about any support or help that they may have benefited from if it were available. Panel members were asked about any change in their community since the start of the pandemic, for example whether the community has got stronger, weaker or seen no change and the reasons for feeling this way.

Receipt of support by the community during the pandemic

One in five respondents (20%) said that their health and wellbeing has been supported by the community since the COVID-19 pandemic started in March. These individuals were asked to select from a list of options, what support or help they had received. Over 6 in 10 respondents (65%) said this was someone to have a chat with, 49% said they received help with shopping and 31% received help collecting a prescription.

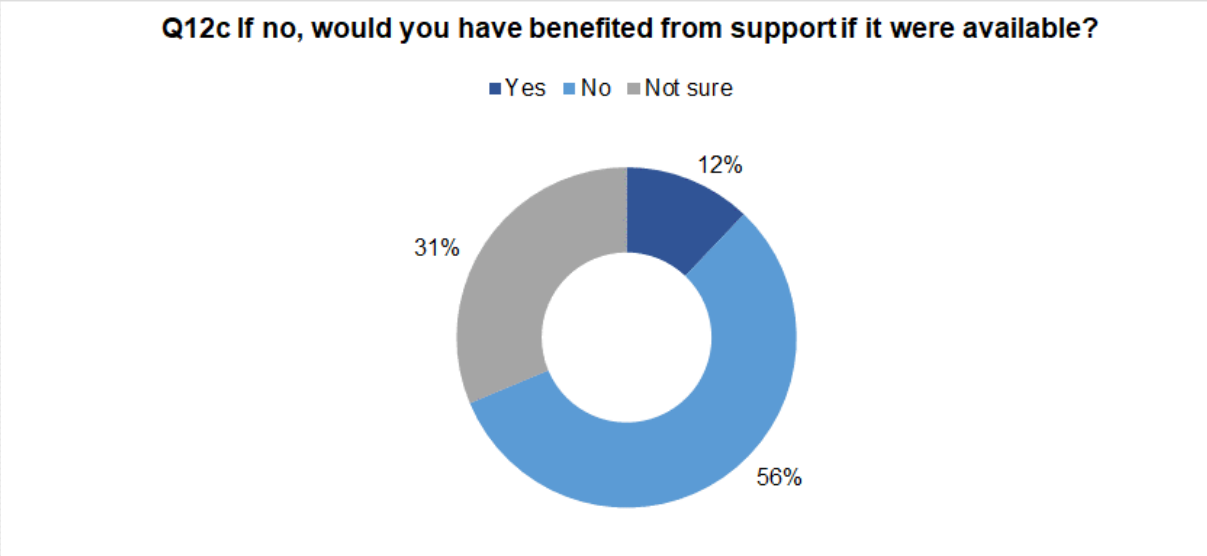
Those in the 65+ age category were more likely (30%) to state that they had been supported by the community.

Q12b Since the COVID-19 pandemic started in March has your health and wellbeing been supported by your community in any way? If Yes, what support did you receive?	
Weighted base, n=123	**%**
Someone to have a chat with	65%
Help with shopping	49%
Help to collect prescription	31%
Health care support at home	9%
* Food parcels	9%
Social Care support at home	6%
Transport support to access services	3%
Information and support around your social care needs	3%
*Spiritual support	2%
Other (please state)	5%

*Other responses provided by respondents that were not options on the questionnaire.

Support not received that would have been helpful if available

Just 12% of respondents who had not received support from the community said they would have benefited from support if it were available.

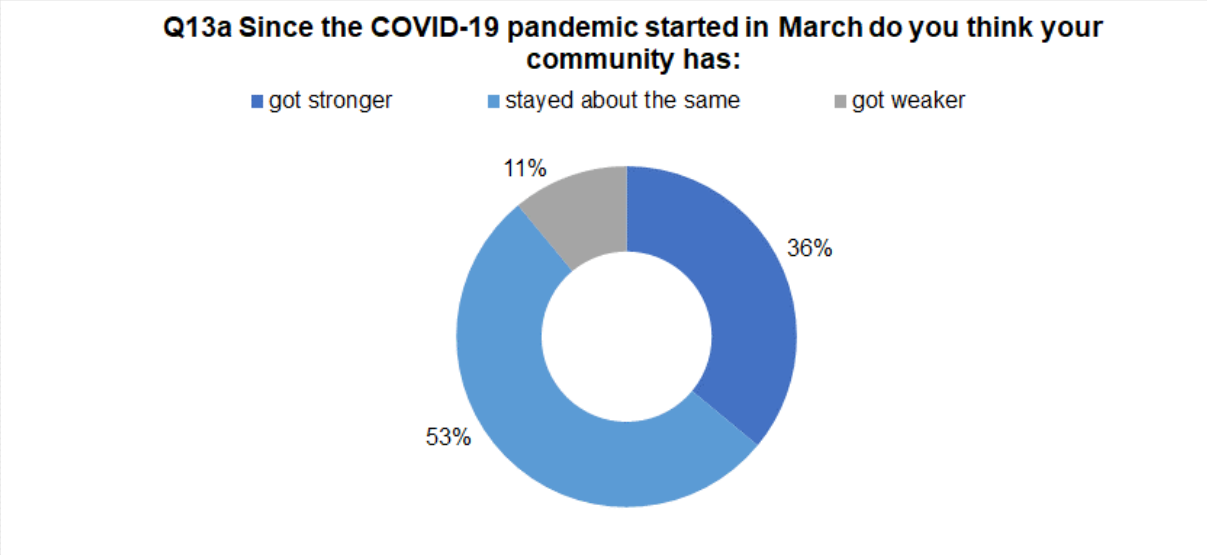


In terms of the nature of this support, this mirrored the support that had been received by respondents (at Q12b), with over 6 in 10 respondents (63%) stating that having someone to chat with would have been useful. Over 3 in 10 respondents (31%) would have liked to have received help with shopping and 20% would have benefited with help to collect a prescription.

Q12d What support would have been useful to you? (please tick more than one option if required)	
Weighted base, n=96	**%**
Someone to have a chat with	63%
Help with shopping	31%
Help to collect prescription	20%
Information and support around your social care needs	16%
Heath care support at home	16%
Social care support at home	14%
Transport support to access services	13%
Other (please state)	18%
No further support required	11%

Change in the strength of the community

Over half of respondents had seen no change in the strength of their community since the COVID-19 pandemic started in March (53%). However, 36% felt their community had got stronger compared to 11% who felt it had weakened. Those respondents from the most deprived communities (SIMD1) were more likely to say that their community had got weaker (24%).



Respondents were asked to provide the reasons for their response. The top response was where respondents felt their community was working together, trying to help each other or that there was a stronger sense of community since the COVID-19 pandemic (24%). Other positive comments included having more contact with neighbours (11%), regarding community initiatives that were set up as a result of the pandemic (8%) and receiving great help from neighbours, family or friends (6%). On the other hand, 4% of respondents commented on the difficulties experienced in maintaining contact due to the restrictions, 3% mentioned people breaking restrictions and 2% spoke about isolation and loneliness.

Q13b Can you please tell us why?	
Weighted base, n=453	**%**
Everyone working together/ trying to help each other/ sense of community	24%
Don't see any change	20%
More contact with neighbours/ seeing people out walking	11%
Community initiatives set up e.g. food banks, Facebook groups	8%
Don't know/ don't have much contact outside the home	7%
Great help from neighbours/ family or friends	6%
Local community has always been supportive	5%
Difficult to maintain contact due to restrictions	4%
Helping the most vulnerable/ elderly	4%
People breaking the restrictions	3%
People are isolated/ lonely	2%
Services/ support/ community spaces closed	1%

People keeping themselves to themselves	1%
Other	12%

Some examples of the positive impacts on the community are shown below:

In our street, people were doing a lot of weekend activities. Things for kids, disco, bingo and other things. So, people were coming together more. People were speaking to each other in their gardens as well.

As a very tight community which is very small we were already a strong community and everyone has tried to help each other as we have always done.

General feelings of anxiety are balanced by feeling of mutual support. We are all in this together.

For the sake of my mental health the personal, distanced contact with neighbours has been fantastic. We have grown closer and have found out so much more about each other and are able to go to each other for help and support which we wouldn't have done before the pandemic.

I think when you're faced with something that could shut you down - we felt that we could only stand together stronger and do what we could for each other. Our church community stood together and supported each other. We've gone online to keep in touch.

People are looking after each other. Befriending schemes. People formed a group in my village to do shopping and things for people.

There has been a wonderful response from the community with regards to looking out for vulnerable people, providing and delivering meals, prescriptions and generally supporting those who need it.

More negative impacts on the community are shown below:

Nothing has changed in my housing estate. No one is enforcing the rules and no one is really following the rules. People are not wearing masks and no one is enforcing this, Nothing has changed in my community. Working class housing estates, nothing has changed.

Initially the community came together but at this stage everyone is doing their own thing.

People are more finger pointing about what they're doing and watching who's breaking the rules.

Not seeing anyone in the street. The kids not being able to play or visit anyone.

Family not being able to meet or meet with friends. It is an empty kind of feeling.

Many social events cancelled, no clubs meeting, no concerts, pantomime, no agricultural/ horticultural shows. The list goes on.

Not noticed any difference apart from not having anyone to speak to and being stuck in my flat alone on furlough. Would not expect any help, although once I can go back to pub and meet some people all will be fine.

I live on a remote island, so restricting such a small community has caused loneliness.

Chapter 5: What matters to you

Introduction

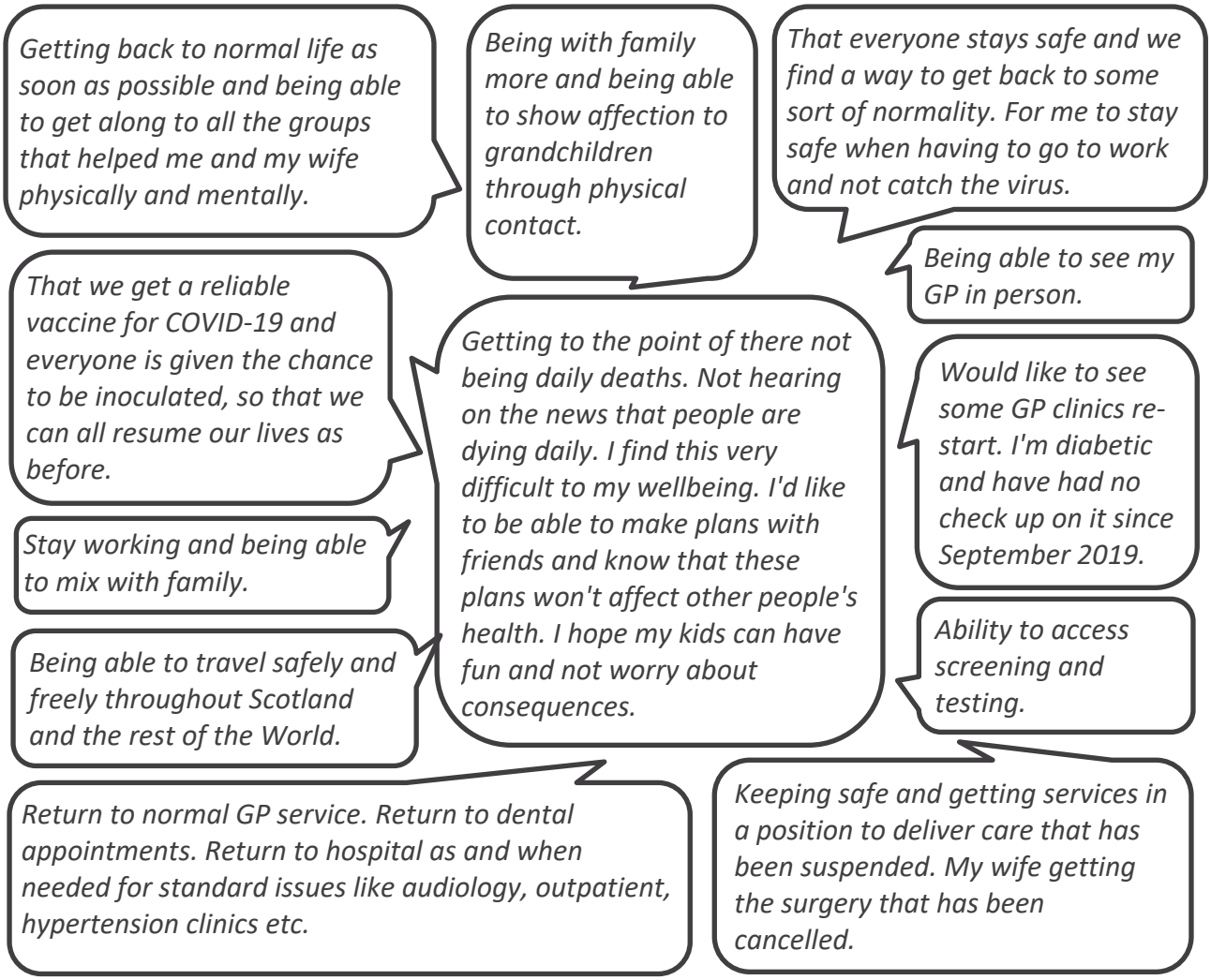
The final section of the survey included three open ended questions asking Panel members to consider what is important to them with regards to their health and wellbeing. We asked about their priorities for health and wellbeing over the next 12 months, and also about the health services and social care and support services which were most important to them over the next year. The open-ended responses provided to these questions have been reviewed individually and categorised into groups of common themes to allow us to interpret what is most important to Panel members as evidenced by more quantifiable data.

Priorities for health and wellbeing

Being healthy, safe and well was the top priority for respondents (30%) when asked about their health and wellbeing priorities over the next 12 months. This was followed by access to health services or for services to resume (25%), a COVID-19 vaccine or other COVID-19 concerns (17%) and being able to see family and friends again (17%).

Q14 Thinking about your health and wellbeing, what matters to you most over the next 12 months?	
Weighted base, n=551	**%**
Being healthy/ safe/ well	30%
Access to health services/ services resumed e.g. GP, hospitals, dentists etc.	25%
COVID-19 vaccine/ other COVID -19 related concerns	17%
Being able to see family and friends	17%
Getting back to normal	11%
Being able to get out for exercise/ go to leisure facilities/ classes	6%
Mental health concerns/ support	6%
Being able to travel	2%
Face to face appointments	2%
Financial concerns/ employment worries	1%
Other	8%
Don't know	1%

Some examples of Panel members' priorities for their health and wellbeing are shown below:

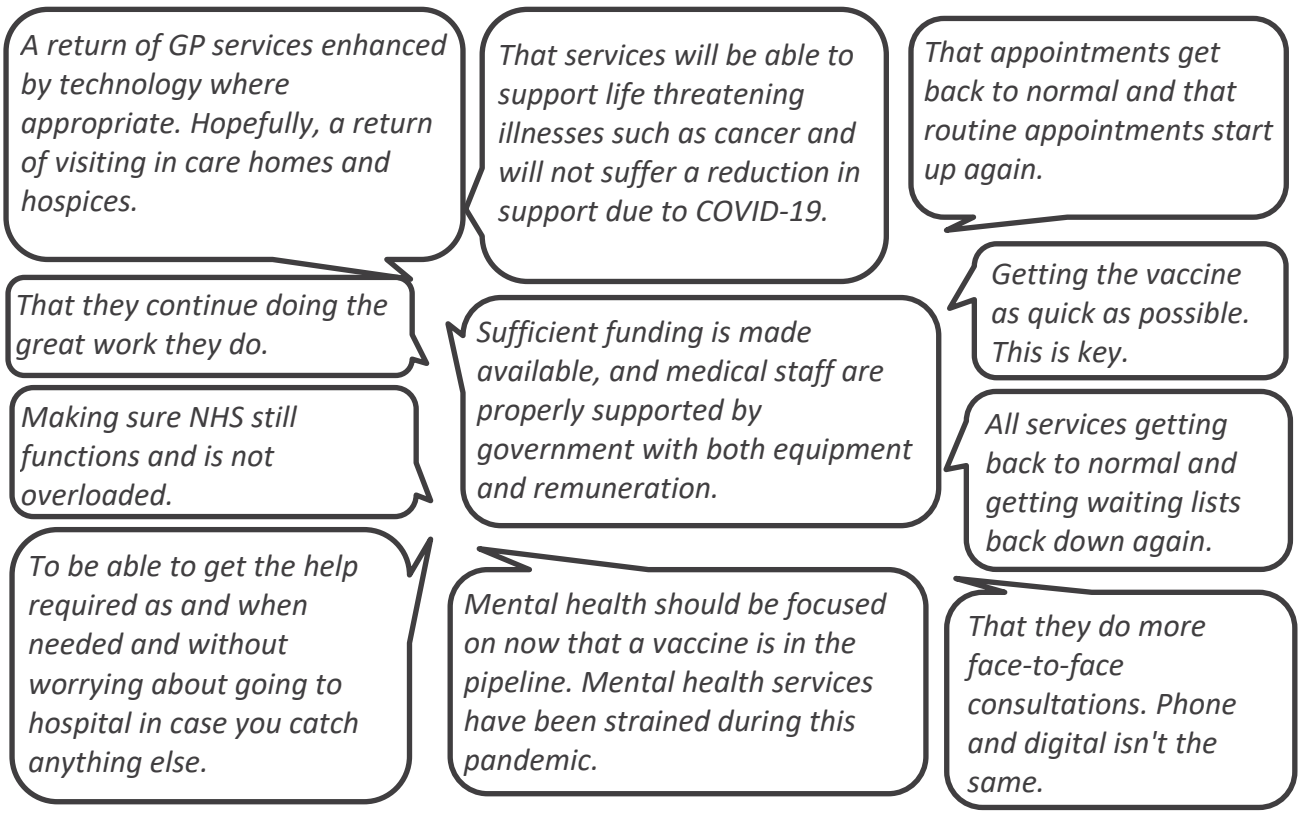


Priorities for health services

When asked about the health services that matter most to them over the next 12 months, over half (52%) cited access to or availability of health services, or for services to be reinstated. This was followed by getting back to normal (9%), getting the treatment or support required (8%), face to face appointments (8%) and timely access or better waiting times (7%).

Q15 Thinking about health services what matters to you most over the next 12 months?	
Weighted base, n=550	**%**
Access to/ availability of health services reinstating services	52%
Getting back to normal	9%
Getting the treatment/ support required	8%
Face to face appointments	8%
Timely access/ better waiting times	7%
No strain on the NHS/ more support for NHS/ staff	6%
Getting a vaccine	3%
Support with mental health issues	3%
Being safe/ healthy	2%
More digital access	2%
Continue providing good services	2%
Other	8%
Don't know	1%

Some examples of Panel members' priorities for health services are shown below:



Priorities for social care and support services

When asked to think about what matters most to them with regards to social care and support services, the top response was access to these services if required (27%), followed by continuation of support or seeing services back up and running (8%) and care for the elderly/ vulnerable or those in care homes (6%).

Q16 Thinking about social care and support services what matters to you most over the next 12 months?	
Weighted base, n=406	**%**
Access to these services if required	27%
Continuation of support/ services back up and running	8%
Care for the elderly/ vulnerable/ care homes	6%
Support for vulnerable children	4%
Support for mental health issues	3%
Better conditions for staff	3%
Face to face support/ home support	3%
Improved services/ support	3%
Communication/ information	3%
Services being delivered safely/ testing for staff	2%
More funding	2%
Face to face visits for relatives in residential care	1%
Care homes under NHS control	0%*
Other	10%
Don't know	15%
Not applicable/ don't require/ use	21%

* Less than 1% of respondents

Some examples of the social care and support service priorities mentioned by Panel members are shown below:

I'd like to see transparency from care homes and to have an opportunity to visit. I know that each care home can adapt and implement their own restrictions, so I would like the opportunity to be tested and to visit safely.

That the care team that look after my father improves and steps up.

More information about what support services are available to me.

To see more NHS involvement in care homes. We need a visiting NHS representative to every care home in the country on an ad hoc basis. To make sure residents are properly looked after.

I hope the isolation lifts and people can get the services they need and activities re-start. Support groups and social groups are very important to give people a balance

That they do more face-to-face consultations. Phone and digital isn't the same.

I think this is another non-existent service at the moment. Children who are being neglected or abused are not getting the same support just now and this needs to improve.

Older people are very lonely and I feel that carers should be given more time to spend with older adults. Social care needs proper funding.

The mental health of people losing their jobs, suicide prevention.

Chapter 6: Conclusions

General conclusions that can be drawn at the time of this survey are that the majority of respondents have seen no change to their health and wellbeing during the COVID-19 pandemic. However, a considerably larger proportion of respondents said their health and wellbeing had got worse than improved during the pandemic and this was more likely to be the case for females than males. Given the feedback to this survey was before the current lockdown the situation may have deteriorated further. Thought should therefore be given to supporting women access services, particularly in deprived areas, where the survey shows community support has weakened to a greater extent than more affluent areas

When asked what could be done to improve their health and wellbeing, routine appointments being reinstated was the top response, followed by better access to GP services and shorter waiting times to access services. Consideration should be given to how services communicate and engage with the public to improve access as we come out of COVID-19 restrictions.

There is evidence that availability and access to health and social care support services plays a large part in people's health and wellbeing. This is evidenced in Panel members' priorities for their health and wellbeing for the next 12 months, with being healthy, safe and wellbeing a top response, followed by access to health services and for health services to resume. The social implications of the restrictions that have been enforced as a result of the pandemic have also had an impact on people's health and wellbeing, with being able to see family and friends being mentioned as a top priority along with 'getting back to normal' and being able to go out for exercise or leisure purposes.

Whilst this survey did not ask any questions specifically about mental health the responses to the open questions strongly indicated the pandemic's impact on people's general mental health, those suffering mental illness unable to receive face to face support as well as the impact of loneliness, particularly for the elderly. This can be evidenced in the comments sections throughout the report.

Support from the community was also evident from this survey with one in five respondents stated they received support, rising to three in ten of those over 65. This support, which was largely having someone to chat with, receiving help with shopping or receiving help collecting a prescription, led to more than three times the number of respondents stating that their community had got stronger than weaker. This shows the importance of local volunteering and local community groups during this pandemic. However, an important response to note is that over twice as many respondents from the most deprived communities stated that their community had got weaker than average. This should be considered in future planning going forward.

The public have embraced new methods of consultation or contact with healthcare or social care professionals such as video calling, telephone consultations and updating information via

text message. Many respondents were able to recognise the benefits of these methods such as convenience, reducing waiting times and easing the pressure on services. However, others did have concerns (particularly the 65+ age group), mainly in relation to privacy issues, the dependence on the technology working, or having access to and being able to use the equipment. In future, offering these digital methods along with traditional methods would give people the right to choose the method that meets their needs, taking into account learning around digital exclusion.

Virtual visiting was also considered to be an important communication option for hospital patients both now in the midst of the pandemic as a way of keeping contact with loved ones whilst also keeping safe, but also in the future. Again, this provides an opportunity for health and social care services to embrace new technology to benefit patients, loved ones, service users and staff and offer people choices in their care.

Appendix 1: Questionnaire

Healthcare Improvement Scotland | Community engagement

Citizens panel for health and social care

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

As a member of this panel, you are one of a group of volunteers who provide public opinions on a range of health and social care issues. When taken together, the views Panel members provide can reflect the views of the Scottish population.

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

Your health and social care experience since the start of the COVID-19 pandemic in March
Your priorities for health and social care services in future, and
What matters to you about health and social care.

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

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

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

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

Thank you.

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

Introduction

Scotland's health and social care services are committed to making a major contribution to the wider recovery from the COVID-19 pandemic.

For example, the following three renewal objectives in the Remobilise, Recover, Redesign Framework for NHS Scotland summarise the commitment to:

- Engage the people of Scotland to agree the basis of our future health and social care system
- Embed innovations, digital approaches and further integration
- Ensure the health and social care support system is focused on reducing health inequalities

We want your input into critical decisions on resuming and supporting service provision in the context of the COVID-19 pandemic and beyond.

The pandemic has tested Scotland's public services like never before, but it also presents an opportunity to redesign services with people at the heart. We therefore wanted to give you the opportunity to share your experiences and thought on future priorities.

The following questions are around your health and care experiences since the COVID-19 pandemic started in March, your priorities for accessing health and social care, and thoughts about future services.

Your health and care experience

Our first set of questions asks you to describe your experience since COVID-19 restrictions were introduced back in March, what you've done to stay healthy and independent, and the services and support you've accessed for your health and wellbeing.

1) Since the COVID-19 restrictions began in March how would you describe your health and wellbeing?

- [ ] It has got better
- [ ] It is about the same
- [ ] It has got worse
- [ ] Prefer not to say

2) We are interested in how people have looked after their health and wellbeing since COVID-19 restrictions began in March. Can you highlight what you've done in relation to your health and wellbeing with respect to the following?

	Done more/ Increased	No Change	Done less/ Decreased	Stopped/ Not done
Exercise	☐	☐	☐	☐
Healthy eating	☐	☐	☐	☐
Drinking alcohol	☐	☐	☐	☐
Smoking	☐	☐	☐	☐
Taken vitamins	☐	☐	☐	☐
Taken medication, when required	☐	☐	☐	☐
Kept in touch with friends/ family	☐	☐	☐	☐
Contacted health services, when you needed to	☐	☐	☐	☐
Contacted social services when you needed to	☐	☐	☐	☐
Volunteered to help a charity or community group	☐	☐	☐	☐
Asked for help and support from local groups when you needed to	☐	☐	☐	☐
Accessed support online	☐	☐	☐	☐
Other (please state)	☐	☐	☐	☐

3) In the next 6 months what could health and social care organisations do to support you to improve your health and wellbeing?

- ☐ Better access to GP services
- ☐ Better access to hospital services
- ☐ Shorter waiting times to access services
- ☐ Routine appointments opening back up
- ☐ More healthcare information in easy read to access services
- ☐ Better support to access services digitally
- ☐ Provide more information and advocacy for my social care needs
- ☐ Better signposting for unpaid carers
- ☐ Better information on local community services and support
- ☐ Review changes made to my social care package
- ☐ Other (please explain)

4a) Have you accessed or tried to access health and social care services since the pandemic started in March?

- ☐ Yes – **go to 4b**

☐ No – **go to 5**

4b) If yes, What service was this?

☐ GP
☐ Nurse
☐ Dentist
☐ Pharmacy
☐ Hospital outpatient appointment
☐ Hospital inpatient appointment
☐ Alcohol and Drugs Support
☐ Podiatry
☐ Physiotherapy
☐ Occupational Therapy
☐ Social Care Support
☐ Care in Custody
☐ Other (please explain)

_____

4c) Did you have difficulty accessing these services?

☐ Yes – **go to 4d**
☐ No – **go to 4e**

4d) If yes, what difficulty did you experience?

☐ could not contact/get through on the telephone to the service at all
☐ had to wait more than normal to receive service
☐ transport difficulties
☐ poor communication
☐ other (please state)

_____

Now go to 5

4e) Did you find any aspects of services better than previously?

- ☐ Shorter waiting time (due to digital appointment)
- ☐ Easier / more convenient (due to digital appointment)
- ☐ Better communication
- ☐ Better signposting to services
- ☐ Better social care support
- ☐ Other (please state)

_____

- ☐ None

5a) Have you avoided accessing health and social care services and support during the pandemic when normally you would have accessed them?

- ☐ yes – **go to 5b**
- ☐ No – **go to 6a**

5b) If yes, why was this?

5c) What were these services?

- ☐ GP
- ☐ Nurse
- ☐ Dentist
- ☐ Pharmacy
- ☐ Hospital outpatient appointment
- ☐ Hospital inpatient appointment
- ☐ Alcohol and Drugs Support
- ☐ Podiatry
- ☐ Physiotherapy
- ☐ Occupational Therapy
- ☐ Social Care Support
- ☐ Care in Custody
- ☐ Other (please explain)

_____

5d) What support, if any, could help you to access these services in future?

6a) Since the pandemic was declared in March have you had contact with a health or social care professional or services through: Please tick all that apply for each service.

	Health Services	Social Care Services
A telephone consultation – **go to 6b**	☐	☐
An online consultation by video (known as Near Me) – **go to 6b**	☐	☐

A face to face consultation – **go to 6b**	☐	☐
Not had contact with health & social care services– **go to Q7**	☐	☐

6b) How would you rate your experience as compared to how you normally have your appointment with a health or social care professional?

	Health Services	Social Care Services
Better than normal	☐	☐
About the same as normal	☐	☐
Worse than normal	☐	☐
Unsure	☐	☐

6c) Can you please tell us why?

Health services
Social Care services

7a) In future would you be willing to see a health or social care professional via the following methods if it meant health services could resume? For each, can you please make any comments about your willingness to access these services in the space below

	Yes	No	It depends	Not Sure
i) online tools such as a video consultation?	☐	☐	☐	☐
ii) undertake services over the phone rather than face to face?	☐	☐	☐	☐
iii) be able to update information on your condition or wellbeing through an app, text or website?	☐	☐	☐	☐

8a) Have you missed any routine appointments?

☐ Yes – go to 8b

- [ ] No – go to 9

8b) If Yes, can you please tell us why?

8c) Has a health or social care professional checked on you?

- [ ] Yes
- [ ] No
- [ ] Not sure

9) If you needed to get medical help for someone quickly, and their situation wasn't immediately life threatening, where would you turn to for help?

- [ ] 111
- [ ] Member of my community
- [ ] Google
- [ ] NHS inform
- [ ] A&E
- [ ] GP
- [ ] Pharmacy
- [ ] 999
- [ ] Other (please explain)

Virtual Visiting

Technology is allowing people to stay in contact with friends and family including for those who are in hospital. During the early stages of the COVID-19 pandemic visiting to all hospitals was suspended, except at end-of-life and other exceptional circumstances.

This has meant many patients and service users have no access to family and friends throughout their stay in hospital. They may also have no access to mobile phones or other devices to enable them to stay in touch with their families and friends virtually.

Some NHS boards have been introducing person-centred Virtual Visiting (sometimes called video visiting or digital visiting) to assist patients and service users to keep in touch with loved ones.

10a) Have you used any form of hospital 'Virtual Visiting' since the COVID-19 pandemic started in March?

- [ ] Yes as a patient - **go to 10b**
- [ ] Yes as a family member or carer – **go to 10b**
- [ ] Yes as a member of staff – **go to 10b**
- [ ] No I have not used a virtual visiting service – **go to 11**

10b) As a 'safe' alternative to face to face visiting how satisfied were you with this experience?

- [ ] Very satisfied
- [ ] Satisfied
- [ ] Neither satisfied or dis-satisfied
- [ ] Dis-satisfied
- [ ] Very dis-satisfied
- [ ] Unsure

10c) Can you please tell us why?

11a) Thinking about hospital visiting in future, how important do you think it is for virtual visiting to be provided as another option for hospital visiting in the future?

- [ ] Very important
- [ ] Important
- [ ] Neither important nor unimportant
- [ ] Not important
- [ ] Not at all important
- [ ] Not sure

11b) Can you please tell us why?

Support from your community

There is evidence of family, neighbours and communities providing help and support during the pandemic. By communities we mean either the community or place that you live, local council or a community group you're a member of for example a sports or social club

12a) Since the COVID-19 pandemic started in March has your health and wellbeing been supported by your community in any way?

- ☐ Yes – **go to 12b**
- ☐ No – **go to 12c**

12b) If Yes, what support did you receive? (please tick more than one if required)

- ☐ Help with shopping
- ☐ Help to collect prescription
- ☐ Someone to have a chat with
- ☐ Transport support to access services
- ☐ Health care support at home
- ☐ Social Care support at home
- ☐ Information and support around your social care needs
- ☐ Other (please state)

_____

Now to go 12d

12c) If no, would you have benefited from support if it were available?

- ☐ Yes - **go to 12d**
- ☐ No - **go to 13a**
- ☐ Not Sure - **go to 13a**

12d) What support would have been useful to you? (please tick more than one option if required)

- ☐ Help with shopping
- ☐ Help to collect prescription

- [ ] Someone to have a chat with
- [ ] Transport support to access services
- [ ] Heath care support at home
- [ ] Social care support at home
- [ ] Information and support around your social care needs
- [ ] Other (please state)

_____

13a) Since the COVID-19 pandemic started in March do you think your community has:

- [ ] got stronger
- [ ] stayed about the same
- [ ] got weaker

13 b) Can you please tell us why?

What matters to you?

14) Thinking about <u>your health and wellbeing</u>, what matters to you most over the next 12 months?

15) Thinking about <u>health services</u> what matters to you most over the next 12 months?

16) Thinking about <u>social care and support services</u> what matters to you most over the next 12 months?

Personal Information Update

We want to make sure that everyone has an equal opportunity to get involved with our work. By completing this section of the form you will help us to understand who we have engaged with and who we have not. We will use the information you provide to compare the profile of people we have involved with that of the Scottish population. All the information you provide is anonymous and no identifiable personal data will be published or shared with any other organisation.

17) Please tell us about yourself, selecting all that apply. Are you a:

☐	User of health and social care services
☐	Carer for someone who uses health and social care services
☐	Worker in health or social care services

18) Which one of the following best describes your gender?

☐ **Male**

☐ Female

☐ Prefer not to answer

☐ If you describe your gender with another term, please tell us here: _____

19) Which of the following best describes your sexual orientation?

☐	**Heterosexual / Straight**	☐	**Prefer not to answer**
☐	Gay / Lesbian	☐	If you prefer to use another term, please tell us this below _____
☐	Bi / Bisexual		

20) What is your religion or belief?

☐	**None**	☐	**Buddhist**
☐	Church of Scotland	☐	Sikh
☐	Roman Catholic	☐	Jewish
☐	Other Christian	☐	Hindu
☐	Muslim	☐	Prefer not to answer
☐	Other religion, please write in below _____		

21) Do you have a physical or mental health condition or illness lasting or expected to last 12 months or more?

☐ **Yes** ☐ **No** ☐ **Unsure** ☐ **Prefer not to answer**

22) If Yes. Does your condition or illness reduce your ability to carry out day-to-day activities?

- ☐ Yes, a lot
- ☐ Yes, a little
- ☐ Not at all
- ☐ Prefer not to answer

Thank you very much for taking the time to complete this questionnaire. Please now return in the reply paid envelope provided (no stamp required).

Appendix 2: Response profile

Response profile

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

Emails sent	981
Number of email responses	273
Email response rate	28%
Number of postal sent	953
Number of postal returned	279
Postal response rate	14%
Telephone surveys	100
OVERALL RESPONSE RATE	
Response	652
Current number on panel	1163
Overall response rate	56%

Gender	Scottish Popn. %	No on Panel	% of Panel	Response No.	Response %	Response rate
Male	49%	622	53%	387	59%	62%
Female	51%	537	46%	263	40%	49%
Prefer not to answer		4	0%	2	0%	50%
Total	**100%**	**1163**	**100%**	**652**	**100%**	**56%**

[1] Panel members could also describe their gender using any other terms. No Panel members took the opportunity to do so.
Source: National Records Scotland - Population Estimates 2019. Table 1. Retrieved from: https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2019 301120

Tenure	Scottish Popn. %	No on Panel	% of Panel	Response No.	Response %	Response rate
Own	62%	834	72%	514	79%	62%
Rent from Council/ HA	22%	195	17%	73	11%	37%
Private Rent	15%	68	6%	33	5%	49%
Other	1%	66	6%	32	5%	48%
Total	**100%**	**1163**	**100%**	**652**	**100%**	**56%**

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

Age	Scottish Popn. %	No on Panel	% of Panel	Response No.	Response %	Response rate
16-24	13%	20	2%	9	1%	45%
25-44	31%	215	19%	91	14%	42%
45-64	33%	416	36%	210	32%	50%
65+	23%	503	44%	338	52%	67%
Total	**100%**	**1154**	**100%**	**648**	**100%**	**56%**

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

Ethnic group	Scottish Popn. %	No on Panel	% of Panel	Response No.	Response %	Response rate
White British/ Irish	89%	1115	97%	633	98%	57%
Other	11%	35	3%	13	2%	37%
Total	**100%**	**1150**	**100%**	**646**	**100%**	**56%**

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

SIMD Quintile (2020)	Scottish Popn. %	No on Panel	% of Panel	Response No.	Response %	Response rate
1	20%	205	18%	82	13%	40%
2	20%	225	19%	123	19%	55%
3	20%	253	22%	149	23%	59%
4	20%	245	21%	149	23%	61%
5	20%	232	20%	149	23%	64%
Total	**100%**	**1160**	**100%**	**652**	**100%**	**56%**

Physical or mental health condition or illness	Scottish Popn. %	No on Panel	% of Panel	Response No.	Response %	Response rate
Yes	45%	450	39%	261	40%	58%
No	55%	672	57%	371	57%	55%
Prefer not to say/ Don't know		41	4%	20	3%	49%
Total	**100%**	**1163**	**100%**	**652**	**100%**	**56%**

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

Physical or mental health condition or illness	Scottish Popn. %	No on Panel	% of Panel	Response No.	Response %	Response rate
Accessible Rural	11%	129	11%	76	12%	59%
Accessible Small Towns	9%	110	9%	57	9%	52%
Large Urban Areas	35%	353	30%	201	31%	57%
Other Urban Areas	36%	384	33%	201	31%	52%
Remote Rural	6%	118	10%	78	12%	66%
Remote Small Towns	4%	67	6%	39	6%	58%
Grand Total	**100%**	**1161**	**100%**	**652**	**100%**	**56%**

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

Weighting survey data

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

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

The idea behind weighting is that:

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

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

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

Appendix 3: Citizens' panels

Citizens' Panels are used extensively across local authorities in Scotland, however, the citizens panel for health and social care and Local Authority Citizens' Panels are not directly comparable due to different recruitment methods[2]. Although the citizens panel for health and social care is similar to those conducted by local authorities across Scotland, it varies in one significant methodological aspect – that Panel members cannot actively volunteer or petition to 'sign up' to the citizens panel for health and social care. Although a mixed methodology of recruitment practice exists across local authorities, using for example electoral rolls, face-to-face recruitment, issue-based recruitment and, door-to-door recruitment, most local authorities allow Panel members to actively volunteer or 'sign up' rather than be reactively recruited. It is possible that this active interest rather than reactive interest may provide one reason why the citizens panel for health and social care experiences lower completion rates than some local authority Citizens' Panels.

Of the 24 local authorities that had Citizens' Panels in 2013, 43% of participants are recruited as volunteers. Although response rate varies widely across these panels from a high of 82% to a low of 28%, 44% of panels retrieve an average 40-60% response[3]. A review of Citizens' Panels run by local authorities conducted by Rolfe, (2012)[4] noted that the majority of Panels have proportionately fewer younger people than the wider population. The citizens panel for health and social care, has experienced similar difficulties in recruiting and encouraging response of younger Panel members. More surprisingly, over half of the local authority Panels reported in Rolfe's review also had lower than proportional representation of older people, suggesting that a truly representative Panel is difficult to achieve and sustain.

It is usual to experience attrition (drop out) of Panel members. Two hundred and fifty two Panel members have actively chosen to remove themselves from the Panel between the first and fifth survey cycle. It has been argued that citizens are only interested in participating in Panels when their views have a tangible impact on service delivery. To this end, it has been noted that local authority Citizens' Panels have to continually demonstrate the impact that Panel members have on service delivery. Due to the high level and national nature of the citizens panel for health and social care, the process of demonstrating the impact of Panel members' views on local service change and delivery is often slow. It is possible that this has contributed to attrition rates. Some of the Panel members who have requested to be removed from the Panel have fed back that the Panel is not what they thought it was and without the opportunity to provide feedback on their own local health and social care services, they do not wish to participate in the Panel on an ongoing basis.

Discussion is underway to address these challenges, in the meantime, the citizens panel for health and social care remains robust with statistically significant findings at national level.

2 http://www.improvementservice.org.uk/documents/research/Consultation%20Report%20Aug%2014.pdf

3 http://www.improvementservice.org.uk/documents/research/Consultation%20Report%20Aug%2014.pdf

4 Steve Rolfe. 2012. More than ticking boxes. An exploration of the representativeness of Citizens Panels in Scotland. MSc in Applied Social Research. University of Stirling, 2012

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 examined in it.

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 ±x%. It is possible with any survey that the sample achieved produces estimates that are outside this range. The number of times out of 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.

		Sub-group Size									
		50	75	100	150	200	250	300	400	500	636
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%	2.3
	15%	11.4%	9.3%	8.0%	6.6%	5.7%	5.1%	4.6%	3.5%	3.6%	2.7
	20%	12.8%	10.4%	9.0%	7.4%	6.4%	5.7%	5.2%	3.9%	4.0%	3.1
	25%	13.8%	11.3%	9.8%	8.0%	6.9%	6.2%	5.6%	4.2%	4.4%	3.3
	30%	14.6%	11.9%	10.3%	8.4%	7.3%	6.5%	6.0%	4.5%	4.6%	3.5
	35%	15.2%	12.4%	10.8%	8.8%	7.6%	6.8%	6.2%	4.7%	4.8%	3.7
	40%	15.6%	12.8%	11.0%	9.0%	7.8%	7.0%	6.4%	4.8%	4.9%	3.8
	45%	15.9%	12.9%	11.2%	9.2%	7.9%	7.1%	6.5%	4.9%	5.0%	3.8
	50%	15.9%	13.0%	11.3%	9.2%	8.0%	7.1%	6.5%	4.9%	5.0%	3.8
	55%	15.9%	12.9%	11.2%	9.2%	7.9%	7.1%	6.5%	4.9%	5.0%	3.8
	60%	15.6%	12.8%	11.0%	9.0%	7.8%	7.0%	6.4%	4.8%	4.9%	3.8
	65%	15.2%	12.4%	10.8%	8.8%	7.6%	6.8%	6.2%	4.7%	4.8%	3.7
	70%	14.6%	11.9%	10.3%	8.4%	7.3%	6.5%	6.0%	4.5%	4.6%	3.5
	75%	13.8%	11.3%	9.8%	8.0%	6.9%	6.2%	5.6%	4.2%	4.4%	3.3
	80%	12.8%	10.4%	9.0%	7.4%	6.4%	5.7%	5.2%	3.4%	4.0%	3.1
	85%	11.4%	9.3%	8.0%	6.6%	5.7%	5.1%	4.6%	3.5%	3.6%	2.7
	90%	9.6%	7.8%	6.8%	5.5%	4.8%	4.3%	3.9%	2.9%	3.0%	2.3
	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 analysis of the survey.

The percentage of respondents who had difficulty accessing health or social care services was 49%, with a base of 405.

Using the statistical significance table above to find the 95% confidence intervals for each value, we can see that a base of 400 the lower limit of the 95% confidence interval is (49%-4.9%) 44.1% and the upper limit is (49%+4.9%) 53.9%.

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