Healthcare Improvement Scotland | Community Engagement

The Redesign of Urgent Care

Gathering Views Report

Views and insights into accessing the newly designed urgent care service

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Contents

Executive summary

The Redesign of Urgent Care is a new approach, introduced from December 2020, which helps the public to access the *right care in the right place*.

This has changed the way in which people access Accident & Emergency (A&E) departments. Instead of direct access to A&E departments for non-life threatening conditions, help is firstly available through calling NHS 24 on 111. The 111 service is available 24/7 for urgent care needs - where conditions cannot wait to be seen at the GP practice. In a life-threatening emergency, people should continue to go to A&E or dial 999. However if they need urgent medical help that is not life-threatening, calling NHS 24 on 111 in the first instance ensures they will be assessed over the telephone and referred to the right healthcare professional. This can avoid unnecessary trips to hospital and allow people to access care as close to home as possible. GP practices are also there for urgent care during opening hours.

This new approach presents a unique opportunity to improve access and remove barriers to healthcare.

The Scottish Government commissioned *Healthcare Improvement Scotland - Community Engagement* to undertake a Gathering Views exercise in May 2021 to support the development of the redesign of urgent care across NHSScotland. Gathering Views exercises aim to collate views, insights and experiences from people and communities on specific subject areas to inform the development of policy and services. This Gathering Views exercise was undertaken using group and individual discussions, through phone or video call.

We focused on groups who are more likely to experience barriers or disadvantage when accessing urgent care services by calling NHS 24 111. Whilst the focus of the exercise was gathering views and insights, we also captured experiences of people who may have used the new redesigned urgent care service by calling 111 since December 2020. We acknowledge that they may not have been referred through the urgent care pathway. It is therefore important to note that their experiences highlight broader issues rather than a direct reflection of user experience. These findings will be used to inform future improvements to the service and make sure it meets people's individual needs.

An engagement exercise was carried out across Scotland to hear from people who are more likely to experience barriers or disadvantage when accessing urgent care through 111. This report sets out a range of themes that matter to the people we spoke to regarding accessing urgent care in the future.

The findings from these engagement activities will provide an improved understanding of how any potential inequalities can be addressed and shape the development of the new urgent care service accessed via NHS 24. These findings have been submitted to the Scottish Government for consideration on the future direction of the new urgent care service.

A number of recommendations have been identified from these themes that would help people likely to experience specific barriers in accessing the new urgent care service.

This work builds on the discovery project, which was undertaken by the Scottish Government Digital Transformation team[1]. The experiences of patients and staff gathered during the NHS Ayrshire & Arran Flow Navigation Centre pathfinder project will also be used to shape any future development of the new urgent care service.

Our recommendations following this Gathering Views exercise can be summarised as follows:

Access to transport and travel

NHS Boards to:

- engage and involve people and communities in the design and delivery of redesigned urgent care services to ensure that they mitigate against creating further inequalities to accessing services.

Data sharing between organisations

Scottish Government, in partnership with all health and care services, to:

- promote data sharing between organisations and services to ensure people receive positive and clear outcomes from accessing the redesign of urgent care pathway through 111.

Define urgent and emergency health care services

NHS Boards and Scottish Government to look at how to:

- clarify definitions of urgent and emergency care, and
- liaise with relevant national organisations and community groups, to provide targeted information to support people to understand when to access urgent care, including next steps in the pathway.

Describe the pathway for accessing urgent care through the 111 service

NHS 24 and NHS Boards to ensure that people have:

- clarity regarding where they are in their care pathway
- a clear explanation about the next steps in their treatment

[1] This project was carried out in November 2020 to better understand the needs, motivations and potential issues that those accessing urgent and emergency care may encounter, with a specific focus on the impact that the change in service will have on vulnerable citizens. The project team targeted three user groups they deemed most likely to be disadvantaged by the change of service; those whose first language was not English, those experiencing homelessness, and those with anxiety and depression.

- an understanding of the call handler role in terms of knowledge base, and
- an awareness of the timescales involved.

NHS 24, NHS Boards and Scottish Government to:

- Explore ways in which the automated processes can be improved, including the offering of translation services.

Equality and Diversity

NHS Boards and Scottish Government should:

- further explore and understand the process from the perspective of specific protected characteristic groups.
- inform clear guidance on the process in line with NHSScotland Interpreting, Communication Support and Translation National Policy.
- consider the development of guidance with the support of the participants from the Gathering Views exercise.

Public Health Scotland and Scottish Government should:

- monitor potential inequalities in usage of the 111 service to consider whether new or existing barriers should be addressed.

NHS 24 and NHS Boards to

- offer quick access to interpretation and translation services to those who require this support.

Promote person-centred care

Scottish Government, in partnership with NHS boards and NHS 24:

- to work together to ensure the principles of person-centred care are embedded throughout the urgent care service, for example, consider further training and staff induction opportunities.

Provide support to people receiving care when accessing urgent care through the 111 service

NHS Boards, NHS 24 and Scottish Government to consider:

- the need for people to have carer support with them, if required, throughout the redesign of urgent care pathway.
- detail prompt questions within the relevant guidance/initial assessment that allows the need for support for the caller to be identified and provided.

Reduce barriers in accessing technology

Scottish Government to:

- identify ways through the Connecting Scotland initiative to remove challenges about using technology to allow people to access urgent care through 111.

Section 1: Background

1.1 The purpose of Healthcare Improvement Scotland is to enable the people of Scotland to experience the best quality of health and social care. *Healthcare Improvement Scotland – Community Engagement* is committed to supporting the engagement of people and communities in the development of health and social care services.

In early 2021, the Scottish Government commissioned *Community Engagement* to undertake a Gathering Views exercise. This was to support the development of the system redesign of urgent care, with a specific focus on accessing the newly designed urgent care service (Appendix 2). The objective was to purposefully engage with people who are more likely to experience barriers or disadvantage when accessing this new service. This was to ensure that any future changes reduce rather than increase inequalities for people accessing this service. Findings from the engagement helped us to understand what is important to people when accessing urgent care, what the barriers might be, and what might make it easier to use.

The Redesign of Urgent Care - Aim and Objectives

1.2 The newly redesigned urgent care service was launched by the Scottish Government in December 2020 to ensure patient safety during the winter period, while the NHS continued to respond to the pandemic. The provision of an accessible service to ensure that the people of Scotland receive the right care in the right place is the strategic aim of the campaign set out by the Scottish Government. It changes how safe and effective urgent care is provided on a 24/7 basis. This report should be read alongside relevant information relating to this campaign.

What is urgent care?

1.3 Urgent health care services provide support for illness and injury, which requires urgent attention but is not regarded as life-threatening. In a life-threatening emergency, people should continue to go to A&E or dial 999. However if they need urgent medical attention that is not life-threatening, calling NHS 24 on 111 in the first instance ensures they will be able to be assessed over the telephone and referred to the right healthcare professional. This can avoid unnecessary trips to hospital and allow people to access care as close to home as possible. GP practices are also there for urgent care during opening hours.

Section 2: Approach

2.1 *Community Engagement* has developed a methodology called Gathering Views[2]. This aims to gather public views on specific subject areas to inform the development of policy and services.

2.2 Gathering Views exercises are not undertaken as formal research, nor as formal public consultation. The engagement is intended to supplement work undertaken by Scottish Government or other commissioners, consider new or different ideas, and make recommendations based on the findings.

2.3 This Gathering Views exercise obtained feedback through discussions with small groups of people or individuals, via phone or video call.

2.4 The Scottish Government produced a national equality impact assessment (EQIA) in line with the policy aim and objectives of the redesign of urgent care. This assessed potential impacts for people from each of the protected characteristics, socioeconomic factors, and remote and rural settings.

This information was fundamental to identify particular groups that may not receive the intended benefits of the new urgent care service in the same way as the wider population. From the national Equality Impact Assessment (EQIA), we identified that it would be most valuable to engage with people and groups who represented a number of areas and had the potential to be disproportionately affected by this service[3].

Our engagement offices, based within territorial NHS board areas, used this evidence to tailor their engagement activity. We engaged with all groups identified throughout the three-week engagement period.

The question set (Appendix 1) was developed to help us to understand people's views, insights and experiences in accessing this service.

2.5 We approached community groups aligned with the groups we wanted to hear from. Following the discussions, we provided the opportunity for all participants to complete equality monitoring information. This was then analysed and is reported in section 4.

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[2] There are several examples of our previous Gathering Views exercises available on our website www.hisengage.scot where this report has also been published.

[3] People/groups that represented these areas were: Addictions (substance misuse), Asylum seekers and refugees, Carers, Disability, Ethnic Minorities (including Gypsy/Travellers), Homelessness (Housing support and homelessness), LGBT+, Older people, Remote and rural.

2.6 We used a form of thematic analysis by examining the written notes from the participants' feedback. We reviewed the data and coded salient points to identify common themes.

2.7 We asked participants 13 questions about the redesign of urgent care covering the entire pathway from the initial call to 111 through to accessing care (Appendix 1). The questions covered the following areas:

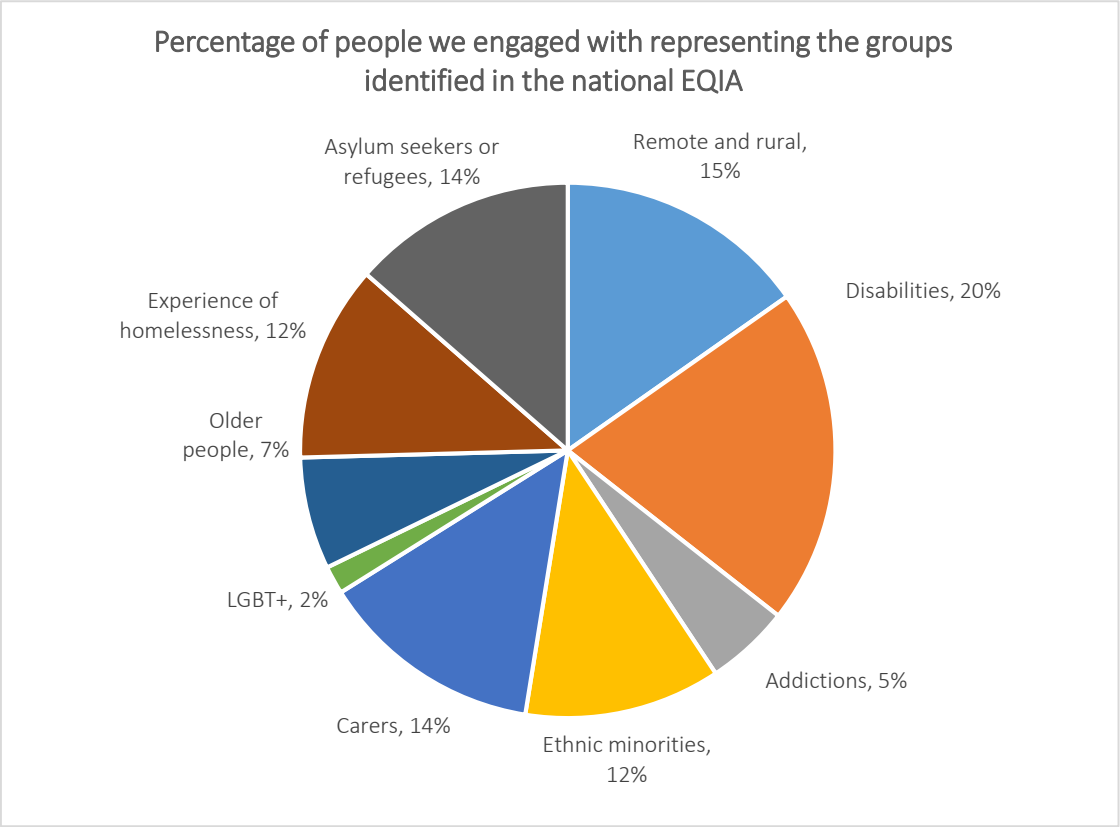
- The experience of people using the new urgent care service since December 2020, including whether they experienced any problems accessing the service and what these were.
- Participants' reflections on using the new urgent care service in the future – for example, when they might use it and how they would feel about potentially being directed to another care service.
- Barriers that may prevent people from using this service.
- What would make it easier to access urgent care through the 111 service.
- What matters to people about accessing urgent care in the future and what they would want the service to be like.
- How participants would prefer to receive information about this service.

2.8 Fifty-five people and one group of mental health practitioners took part in the Gathering Views exercise over a three-week period, through either group or individual discussions. Some discussions took place at existing meetings that an organisation or support group had already planned.

2.9 The detailed findings obtained from these questions can be found in the feedback and recommendations section of this report. During the analysis process, we also identified recommendations from the discussion. In addition, some people provided suggestions on how to help them access urgent care. Where appropriate, we have used anonymised quotes from people who participated in the Gathering Views exercise to illustrate what we have heard.

2.10 For this Gathering Views exercise we focused on engaging with people who are more likely to experience barriers or disadvantage when accessing the new service for urgent care. These groups, which were identified in the national EQIA, were:

- asylum seekers and refugees
- disabled people
- LGBT+ people
- older people
- people experiencing homelessness
- people from minority ethnic groups
- people living in remote and rural locations
- people with addictions
- unpaid carers.



2.11 A total of 55 people and one group of mental health practitioners took part in the Gathering Views exercise. These were based on the individual or group's preference of either telephone or video call (via Facebook Messenger, MS Teams or Zoom).

An information pack was shared with participants before the discussion. This pack included information about accessing urgent care via 111, and a consent form and information sheet (Appendix 3). Further information (Appendix 4) was shared with engagement offices relating to the patient journey when calling the redesigned service for urgent care. Engagement offices made reference to this information when carrying out the engagement activities. An equality monitoring form was made available to participants at the end of the discussion. In order to ensure the discussion was as accessible as possible, the questions were provided in advance to a number of groups and were also translated into seven different languages[4].

2.12 The contributions to the discussions were analysed by theming and categorising responses. This generated key themes that have been presented within this report.

[4] The questions were translated into seven languages: Arabic, Farsi, Mandarin, Polish, Portuguese, Spanish and Vietnamese.

The analysis was carried out with a focus on a qualitative approach. A number of key and overarching themes were identified from the question responses.

Limitations

2.13 Due to COVID-19 restrictions we were unable to engage face-to-face and had to speak to people by either telephone or using online platforms. This also resulted in the equality monitoring form having to be shared digitally, which could have impacted on the return rate. The questions were in English and the format may not have been accessible for some people.

Due to the timescales for this work, a smaller sampling of views than initially planned was gathered. We identified from the EQIA that the LGBT+ population could be potentially affected by the new urgent care service. We were able to engage with only one person during the engagement period. This particular group has not been well represented across the breadth of consultation so far.

Information taken from the EQIA also highlighted that people with living experience of poor mental health could be affected by the service. Again, due to the time constraints for this work, our engagement with this group was limited. We did however engage with a group of mental health practitioners supporting people with lived experience of poor mental health. This group provided input on one question in particular, which is included in section 4. Furthermore, this user group was specifically targeted as part of the discovery work undertaken by the Scottish Government Digital Transformation team in November 2020. This work included extensive interviews with people with anxiety and depression and highlighted the experiences, preferences and challenges of this particular user group in relation to accessing urgent care.

Section 3: Feedback and recommendations

3.1 A significant amount of feedback was received through this Gathering Views exercise. All of the comments have been analysed and are covered in the thematic reporting structure in this report. Most questions focused on people's views about using the urgent care service in the future, rather than their lived experience of the service, and these findings are based on people's speculative views and expectations. While people's concerns, views and expectations are influenced by past experiences of calling 111 or other phone services, and are discussed as such, these findings do not focus on user experience of the newly-designed urgent care pathway. The quotes that appear throughout the report are from people who took part.

Equalities monitoring

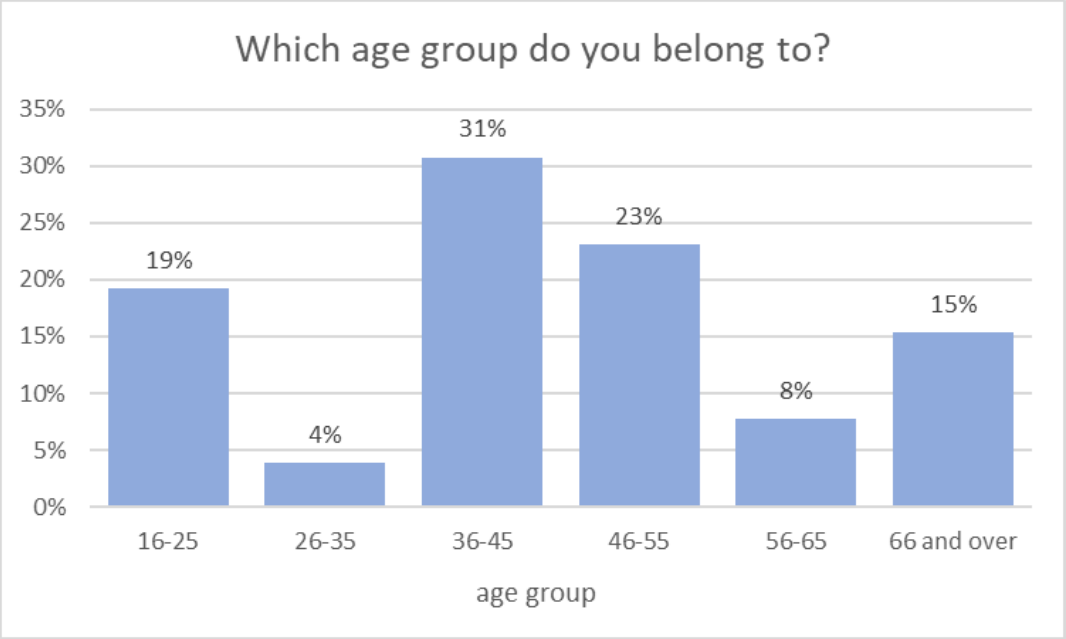
The following is a summary of the information gathered through the completed equality monitoring forms. Information is reported more fully in Appendix 5.

Please note that the headings highlighted in blue are the themes and the black bold headings are sub-themes.

3.2 Equality monitoring questions, in the form of an online survey, were shared with the participants, either before or during the discussion (Appendix 6). We received completed monitoring information for 49% of all participants who took part in this exercise.

3.3 The equalities monitoring information we obtained allowed us to establish the following:

- 70% of respondents were female.
- 26% of respondents considered themselves to be disabled according to the Equality Act (2010) definition, and 15% of respondents used British Sign Language.
- Almost half of respondents were unpaid carers.
- 66% of respondents identified as white, 11% were Gypsy/Travellers and four respondents identified with another minority white group. Only one respondent was from a mixed ethnic group.
- 48% of respondents had no religion, while 33% were Christian and a further two respondents followed other religions.
- 93% of respondents identified as heterosexual, with only one person reporting another sexual orientation.
- 3% of respondents were transgender.
- Participants were aged over 16, with the largest number of responses coming from the 36-45 year old age group. Over 50% of respondents were aged between 36 and 55.



3.4 It is important to highlight:

- The 49% response rate means we cannot offer a complete and accurate picture of the diversity of participants who took part. However, every group that was identified for discussion was self-selected from the list of protected characteristics.
- The Scottish Government's EQIA for its redesign of urgent care policy noted evidence of gaps in relation to the potential impact on the following protected characteristics groups: gender reassignment, sexual orientation, race and religion or belief. The Gathering Views work managed to engage one transgender person, one pansexual person and two people with minority religions. Furthermore, we held specific events with a transgender group, a group learning English as a second language and representatives of the Gypsy/Traveller community.

Factors influencing feedback

The following influencing factors emerged as important when analysing participants' responses to the questions asked.

The influence of past experiences and existing conditions

Participants' views about the new urgent care service, how it might work and whether they would use it, were informed by their own and others' past experiences of using NHS 24 or other phone services prior to December 2020, as well as their existing health conditions. Experiences in communities were transferred through word of mouth to others, particularly in the ethnic minorities group and the remote and rural group, "***putting off***" people from using the service. Negative experiences were linked to people being concerned about how the service would work and whether they would get the help they were expecting. People in the remote and rural group recounted past experiences that have made them not want to use

a service they perceived to be centralised. On the other hand, participants who had a positive experience were more open to using the service in the future. Participants with no previous experience expressed uncertainty. This may suggest that a positive experience can overwrite previous negative experiences, but also highlights the need to minimise negative experiences as much as possible.

Participants with existing conditions were concerned about whether the new urgent care service would contradict existing medical advice, and if the service could provide them with the specialised support they needed.

Learning from pre-interview materials and during Gathering Views discussions

Many participants explained their views were informed by the information circulated before and during the discussions. As a result, some explained their concerns were overcome. They also became more positive about using it in the future when they obtained more clarity about the service from the information provided.

Challenge when thinking of others

Many people discussed how using this service to access urgent care could be a challenge for others, for example older people or people with learning difficulties. Some people highlighted the importance of thinking about who might be "*left behind*" when developing the service further.

Key themes from feedback

Experience of using 111 for accessing urgent care

We asked people whether they had used the new urgent care service since it started in December 2020. Of the 55 people we engaged with, 14 said that they had experience of calling 111 to access the redesigned service since December 2020; however, they may or may not have been referred through the urgent care pathway because callers select the pathway from the menu provided when they called 111. We cannot say for certain that their experiences related to the new urgent care pathway.

Most had a positive experience, although eight stated they had some problems accessing the service. Of those who specifically stated they had a positive experience, most also mentioned that they were able to access the service quickly.

Some participants mentioned the number of questions they had to answer and the amount of time this took. Some felt the questions were unnecessary and one participant stated they were "*passed onto a different member of staff three times and had to answer the same questions*". Some participants, for whom English is not their first language, found the automated service confusing and required interpretation support at the start of the call to 111.

Problems when accessing the new urgent care service, as well as delays in receiving a response, was mentioned by half of those who had a negative experience (four participants). One participant felt they should have dialed 999 instead of 111 because of the delay they experienced. The participant's point was a perceived difference in delay and promptness of response rather than needs required through 999.

Participants, particularly people in the older people group, highlighted difficulty understanding the automated service. They said the automated menu at the start of the call to 111 was not clear and the options didn't cover all of the actions, leading to confusion on what option they should choose. They wanted to select something that wasn't clearly related to a specific option in the automated message, so weren't sure what button to select.

The service was also described by some participants as too long, both getting through to 111 as the initial call, as well as accessing next steps of care after they have called 111. Participants from the asylum seeker and refugee group discussed requiring an interpreter from the start of the call and throughout the next steps of their care.

Using 111 for urgent care in the future

When and why they would call 111

Many participants discussed making the call on behalf of another, for example elderly parents, children or others in their community.

Type of needs - Participants discussed using the new urgent care service for something serious, which needed to be dealt with and could not wait, but was not life-threatening. They described, for example, incidents or accidents, or when symptoms of chronic conditions were aggravated beyond normal levels. Some people also mentioned using this service when in a mental health crisis.

Context - Participants explained they would use the service at specific times, such as out-of-hours or on weekends, when other services are not available. Some discussed calling the urgent care service if they were finding it difficult to access other services, such as GP appointments. Some would also use the service if they were unsure what was wrong and what to do, if they had no one else to ask, and if usual treatments had not worked. Some explained they might use the service when unsure whether they needed emergency care, expecting this to be assessed by the call handlers. People mentioned they would be feeling concerned, uncertain what to do and desperate before they would call for urgent care. Some participants also made it clear that using this service to access urgent care would be a last resort and only used if they had no other options, for example if it was out of hours, if their health was "***in a terrible state***", and if calling 111 "***couldn't possibly be avoided***" as "***all other care options aren't available***". This was mentioned specifically by people from ethnic minorities, people living in remote and rural areas, older people and LGBT+ people.

What they would be looking for when calling 111 to access urgent care

When deciding to call 111 to access the new urgent care service, participants mentioned seeking medical and practical support, and psychological and interpersonal support.

Participants discussed seeking medical advice and guidance on what to do next, for help and intervention, and/or to address a specific issue, such as stopping bleeding. Some explained they may need access to medication, and they may also need to check something and ask questions. They would be looking for a resolution according to their expectations and perceived level of need (rather than actual clinical need), for example, they may be expecting to speak to a clinician rather than be advised on self-care options, such as to take paracetamol and rest.

In terms of psychological and interpersonal support, participants mentioned using the service to access support. They would be looking for reassurance and to speak to someone else if on their own.

Participants highlighted they would be seeking immediate support beyond what they could provide themselves.

Uncertainties and concerns

Most participants were uncertain about the distinction between urgent and emergency care, and were not confident in judging their needs based on their understanding of the service and their symptoms. For example, older people may be more likely to downplay the severity of their symptoms and "***don't want to bother***" health services, while the same symptoms in children may need to be addressed more urgently.

People were also unsure about the difference between services such as 111, NHS 24 and local GP practices, not knowing when to use which. They were also uncertain about what the 111 service can do for them, for example if call handlers assess whether they need emergency care, and the difference between the normal 111 line and the urgent care pathway. Some participants recognised that accessing urgent care through 111 is different to how things were done before, but others did not see this as a change.

Many people were concerned about practical issues, such as long waiting times. This was in terms of getting through to a call handler, as well as a potential delay in accessing further care and treatment.

Some people were concerned about whether this new urgent care service would replace existing services and become compulsory to use. For some, it was not clear why this service is needed and why they should not go straight to A&E.

How people feel about using the urgent care service in the future

Many participants were positive about using the new urgent care service; they understood why the service was needed, and have already been using it or said they would use it in the

future. Some described the service as a "*brilliant system*" that would work well for most things, with a good triage process.

Participants understood this new service for urgent care as having a range of benefits. For example, some highlighted this would help get the care needed quickly, with less waiting. Some people described this process as more comfortable, less stressful, and more helpful. An individual who had experienced homelessness said using the service for urgent care would offer increased privacy, rather than having to explain their situation in A&E where others may overhear. People understood this as an improvement that would make A&E less busy and could potentially help with delays for GP appointments. Some thought calling 111 might allow access to a wider pool of trained staff. This service was also seen as a 24-hour route to care and a safer way to access care during COVID-19.

Many participants also described negative feelings when thinking about using 111 for accessing urgent care. People said they might feel anxious and nervous, scared and frustrated, saying they would be reluctant to use this service, which they found confusing. For some, this was due to long waiting times or the outcomes not fulfilling their expectations. Some mentioned having additional needs and disabilities, and they were not confident their needs would be understood and accommodated when using the service. Others mentioned it would be challenging to use this service, for example listen carefully, answer multiple questions and wait in the queue, while unwell and in crisis, or attending to someone else who was unwell. Some were concerned about bias and unfair treatment, for example due to having a foreign accent or being a recovering addict.

How they would feel about potentially being directed to another care service rather than going straight to A&E when using the new urgent care service

Most of the feedback to this question chimes with the response to the question above.

Positive

Most participants felt positive when answering this question. Some participants stated this may allow them to be treated more quickly, it would be more efficient and they could access relevant healthcare. Some participants felt speaking to someone on the phone would be more reassuring than waiting in A&E and some felt there would be more privacy than in A&E.

However, some of those who were positive about being directed to another care service said it would only be positive as long they could access the services quickly and some questioned whether it would work well consistently.

Neutral

Participants felt for some occasions it may be fine to be directed to another care service rather than going to A&E for urgent care but in other situations people will need face-to-face contact. Participants felt people need assurance they are getting the appropriate treatment quickly as well as knowing how long they have to wait and are kept informed.

Negative

Some participants talked about the potential for repeatedly answering the same questions every time they are passed onto another care service saying it is time consuming and frustrating, particularly if the person is unwell. These comments were from people with experience of the service.

Participants felt, because clinicians cannot physically see the people they are giving advice to, this may result in poor diagnosis or treatment.

There were a few concerns about waiting for a call back, stating knowing the response time is important.

Participants from the asylum seeker and refugee group stated no matter what the service was some people whose first language is not English would require an interpreter from the start of the call and to follow that through the entire urgent care pathway for the person.

Communication

Participants highlighted the need for good communication, particularly about the next steps after the initial call. The need to make it easy to understand and to keep the language simple, describing how the service works and how to use it was mentioned. There were a few points about the need to make sure people understand the difference between urgent care and emergency care, when to phone 111 for urgent care, and when to call 999.

Access and Transport

Some participants said there is a need to think about the "*geography*" when referring people to other services, particularly in remote and rural areas.

Barriers

Many participants said there would be nothing stopping them from using the service for urgent care in the future; some also noted the importance of having options to access urgent care.

Technology, access and practicalities

Many participants discussed concerns to do with technology and access, as well as other practical aspects of using this service for urgent care. Participants pointed out the need to have access to broadband and a phone with reliable signal and sufficient charge and credit. Other software and hardware, for example a headset, may also be necessary when consultation is via video. People would also need to know how to use these devices and applications.

Participants were also concerned about the time needed to access urgent care through this service, especially if travel and transport were needed. If people are referred to a hospital, distance and poor weather could further delay access to care. Transportation limitations and

cost would have to be taken into account, as well as people potentially depending on others "*for a lift*" to access the service.

Other practical concerns were whether translators would be available for those who are unable to understand the call handlers and answer questions. Some people also discussed the potential costs of using the service or accessing next steps of care after they have called 111.

The 111 service

For many of the participants, barriers were around the service itself. Participants were concerned about long waiting times and delays, both in getting through to a call handler and accessing next steps of care. Many highlighted what was described as a "*barrage*" of questions at the start of the call, which some saw as irrelevant and a waste of time, with callers having to repeat themselves many times to multiple people. A further barrier for some was the lack of precise and clear information about the service beforehand.

The process was described as complicated, long and difficult, comprised of multiple steps with a large number of options that you could get wrong and need to start from the beginning. Some people highlighted the automated rather than person-centred approach of the service, with many questions not relevant to the individual's situation or needs. A person-centred approach was also discussed in terms of having options to choose from, such as preferring a face-to-face consultation.

The new urgent care service was also seen as very general and unable to deal with specialised needs or support. Participants from the remote and rural group questioned the service's local relevance and whether it would understand local needs and difficulties and be able to connect to local services.

Other barriers had to do with the call handlers' potential approach. For example, someone from the asylum seeker and refugee group noted that "*some speak too fast to understand and with a Scottish accent, difficult* (to understand)". A participant from the ethnic minorities group said that if they "*made a call and the handler was too abrupt*" that would get in the way of them using 111 to access urgent care in the future.

There were also concerns from some people about what the outcome of the call could be, for example, if calling 111 for urgent care does not result in the outcome they had hoped for.

People's own attitude, understanding and knowledge

Barriers to using the service were also around people's own attitudes, understanding and knowledge. Many noted their own lack of awareness of the service, not having enough information on when to use it or how it works. This meant they felt it could be a challenge and increase their concerns.

People's attitudes towards receiving a diagnosis remotely could also be a barrier. If you were not clear on the next steps, using this service could be seen as just "*hanging around*" (not receiving any action towards getting care) and an "*extra discussion*".

Some discussed using this service for urgent care as a risk due to potential long waiting times, and going to A&E was discussed as a faster and more straightforward route to receiving care. Participants were concerned about needing to understand and know things in order to access urgent care through the new service, for example, which option to choose when they call 111, and the information needed to answer the questions.

Some participants saw this service as a waste of resources and irrelevant locally, as existing services work well. One participant said, "***those who use it will use it, those who don't will go to A&E***". Others highlighted they would not call 111 for urgent care, not wanting to bother or waste the call handlers' time.

People's situation

Participants also discussed concerns related to the situation they might find themselves in and their ability to make the call depending on other circumstances. Having to balance listening and answering questions on the call, while being unwell or in crisis, or taking care of someone who is unwell was seen as very difficult. For some, when chronic conditions are aggravated, using the new urgent care service would be even more difficult. Using this service could be more difficult for specific groups due to their circumstances, for example if people from the Gypsy/Traveller transient community[5] had to wait for a call back while waiting in a layby.

People's needs and abilities

Some people discussed having specialised needs due to existing health conditions and the need to follow existing clinical advice, which call handlers may not understand and be able to help with. Some people were concerned about their language and understanding needs. Participants thought that, due to themselves not understanding or, for example, needing slow explanations, that calling 111 wouldn't be helpful.

This was particularly important for the asylum seekers and refugees group, as well as the disability group. They would need access to a translator and for the call handlers to explain things slowly and clearly. Some also found it difficult to listen while also trying to understand the guidance provided, leading to being dependent on others to call.

What would make it easier to access the next steps in their care

A number of common themes were identified by participants that would help them access the next steps in their care following the call to 111, for example a phone or video consultation or referral to a face-to-face service.

[5] People who have a more nomadic lifestyle and are non-settled tend to be on route most of the time.

Communications

Communications was one of the dominant themes to be mentioned in response to what would help people access the next steps in their care.

The need to make access easy and for there to be a clear route to the new urgent care service was mentioned by some. Participants said there needs to be an explanation of why people were being referred to a particular service rather than A&E. People's expectations need to be understood and managed to ensure individuals understand they are receiving the right care in the right place.

Participants said clear information was required about what will happen next after the initial call to ensure the person fully understands the instructions and advice on what to do. Clear directions and guidance around where to go physically for the referral were also highlighted.

Participants mentioned they would want to know how long the next steps would take and it would help if they were kept informed with any progress. Some people said a quick response would help people to stay calm and one person offered a solution of a text service, which could let people know how long you needed to wait.

Technology

Participants picked up issues about technology. Roughly the same number of people said they would prefer to use the phone as they would video calls. Some people considered barriers for other people saying that not everyone has a phone or access to video calls and that some people do not know how to use technology.

Transport and travel

In terms of accessing next steps in the urgent care pathway, for example, if they were instructed to attend hospital, access to transport was important to some people. Some people had no access to a car and the local bus service may prove difficult to use or may not be available. Participants mentioned the cost of transport would make things difficult for those who cannot afford it. There was also a comment that it may be difficult to use public transport if someone was feeling ill. The approach to accessing these services digitally should reduce the need for travel.

Carer support

Some participants highlighted that carer support would help access the next steps in people's care, with a point made in the learning disabilities group that a lack of carer support could make the next steps difficult. It was also noted that the carer who was there at the time of the initial call may not be there for the person needing care at the time of the referral. This is not necessarily a paid carer, but could be whether a member of the family could be there to support them to connect to a video consultation for example. This carer support may also be provided by charities and through volunteers.

Person-centred

There were a few comments around the need for the care to be person-centred and that there is a need for staff to have patience and understanding of people's circumstances, to be non-judgmental and to have good listening skills.

What people want the urgent care service to be like

The service

Clarity and simplicity - The service should be clear and simple to use, aiming to provide immediate support. Participants said they need clarity about what the potential outcomes could be and what the service can do for them, including what other services they can access through calling the new urgent care service. They highlighted that communication about this service should be clear for all and be available in different languages. Call handlers at 111 should ask what the issue is right away to check early in the process if the caller needs specialised support, such as mental health support and ensure that the person has chosen the correct pathway. There should not be a large amount of questions or options to choose from at the start of the call to 111, or a **"barrage"** of questions and options as described by one participant. There should only be essential questions based on the individual's needs and situation, without people being "***passed on***" and needing to explain things multiple times to different people.

Person-centred – Participants stated the service should be efficient, reliable and accessible to all. It should have a person-centred approach, with support being customised depending on who is needing care and what their level of needs are, this would also require the service to be connected with local and specialised services as required by patients.

Access - The service should provide a quick response. People should have access to an interpreter as early as possible in the call and through the urgent care pathway. Automated messages need to be clear and less complex, with fewer options to choose from. If the call was to drop out or if the caller cannot wait in the queue due to their needs or situation, they should receive a call back. People should be able to use other facilities, for example, Out of Hours services if they don't have access to a telephone to call 111. This was particularly important to people who have experienced homelessness.

Outcomes – Participants said they wanted positive and clear outcomes from the service, according to their needs and expectations. For example, one may seek access to medication, while another may prefer to speak to a clinician. The group of people who have experienced homelessness explained how using the out-of-hours service should ensure other services they are referred onto are made aware of their needs and can prepare. Next steps also need to be clear and followed up as promised.

The staff

Staff having a caring and helpful attitude was deemed very important. People would expect staff to be understanding, friendly and nice, while also being reassuring and empathetic. Staff must try to understand how people might feel when seeking urgent care, for example feeling anxious and confused, but also not wanting to be a "***bother***" to the service. Some also highlighted the importance of staff being unbiased, respectful and non-judgmental, for example, if someone isn't registered with the GP or is an ex-addict, and without making assumptions about gender, for instance, based on someone's voice.

The staff would also have to be thorough in their approach, speaking clearly and slowly, and repeating themselves if needed. Participants explained it is important to be taken seriously and to be trusted. Participants added that call handlers would need to listen carefully to understand people's needs and situations.

People highlighted they expect staff, both call handlers and throughout the urgent care pathway, to have medical knowledge in order to understand their needs and situations, and have access to relevant information including their medical records. Having clinical training was seen as helpful for staff to understand how to make the process easier for some callers, for example those with learning disabilities. Staff would also need to understand local difficulties, needs, languages, and accents.

How people would like to receive information about the service

Communications

Participants highlighted many different ways they would like to receive information about the new urgent care service. However, a dominant theme when asking this question was around clear communications describing the service. Many people mentioned 'easy read' information, plain and simple language with the use of graphics, diagrams or pictures to help convey the message. People in the older people group explained they would like to know in advance what they might need while on the call, for example their Community Health Index[6] (CHI) number, a pen and a piece of paper. Some other specific points made about communicating the service included:

- The need for any communication to be in different languages.
- The need to define urgent care compared to emergency care as they can mean different things to different people.

[6] Everyone registered with a Scottish GP practice is allocated their own unique Community Health Index (CHI) number. It helps make sure information about their healthcare is not mixed up with someone else's. The CHI number also helps NHS staff access the information they need to provide people with the best possible and relevant care. It should reduce the need to ask people the same questions repeatedly.

- The timing of the communication about the service – should be throughout the year, rather than a one off campaign, regular ongoing communication to get the message through.

Participants had a variety of preferences about receiving information about the 111 service for urgent care. The main methods were email, leaflets or letters, social media/online and posters. Other methods mentioned less often were film, tv advert, animation, in person, and local media.

Recommendations

This section of the report sets out recommendations based on what participants have told us during the Gathering Views exercise. These recommendations are not ranked in order.

Access to transport and travel

People's ability to access the care and treatment they need through the redesigned urgent care service may be limited if they need to travel to a treatment centre. However, this is not a new issue for people and should have been considered by those delivering services.

Transport and travel to services will remain an issue when delivering health and care services and this underpins the need for good engagement and involvement of people and communities in the design and delivery of services.

With the redesign of urgent care services consideration should be given to additional travel that may be required to access any treatment centres which is more than people would have had to travel if using A&E.

Recommendation

NHS Boards to:

- engage and involve people and communities in the design and delivery of redesigned urgent care services to ensure that they mitigate against creating further inequalities to accessing services, and
- consider additional cost and access issues for who may need to travel further to treatment centres, particularly people living in remote and rural areas and develop plans for mitigating against these issues.

Data sharing between organisations

Some people who participated highlighted the need for their personal data to be shared across services to reduce the need for staff to ask the same questions.

Many people spoke about their reluctance to use this service. Some people who had experience of using the service highlighted their frustration that outcomes did not fulfil their expectations.

Recommendation

Scottish Government, in partnership with all health and care services to:

- promote data sharing between organisations and services to ensure people receive positive and clear outcomes from accessing the redesign of urgent care pathway through 111.

Define urgent and emergency health care services

It is clear from the findings that people have a limited understanding of the definition of urgent and emergency care, which resulted in confusion around when to access the new service for accessing urgent care.

Recommendation

NHS Boards and Scottish Government to look at how to:

- clarify definitions of urgent and emergency care, and
- liaise with relevant national organisations and community groups, to provide targeted information to support people to understand when to access urgent care, including next steps in the pathway.

Describe the pathway for accessing urgent care through the 111 service

People raised some concerns that derived from them feeling they did not have a full understanding of the pathway and whether this new urgent care service would replace existing services.

People also said they experienced difficulty understanding the automated service and felt the options did not cover their specific need.

Recommendation

NHS 24 and NHS Boards to ensure that people have:

- clarity regarding where they are in their care pathway
- a clear explanation about the next steps in their treatment
- an understanding of the call handler role in terms of knowledge base, and
- an awareness of the timescales involved.

NHS 24, NHS Boards and Scottish Government to:

- explore ways in which the automated processes can be improved, including the offering of translation services.

Equality and Diversity

People said they were not confident their needs would be understood and accommodated when using the urgent care service. In particular, people who participated highlighted the need for translators and for call handlers to explain things slowly and clearly.

Recommendation

NHS Boards and Scottish Government should:

- further explore and understand the process from the perspective of specific protected characteristic groups.
- inform clear guidance on the process in line with NHSScotland Interpreting, Communication Support and Translation National Policy, and
- consider developing guidance with the support of the participants from the Gathering Views exercise.

Public Health Scotland and Scottish Government should:

- monitor potential inequalities in usage of the 111 service to consider whether new or existing barriers should be addressed.

NHS 24 and NHS Boards to:

- offer quick access to interpretation and translation services to those who require this support.

Provide support to people receiving care when accessing urgent care through the 111 service

Many people told us that carer support, both paid and unpaid status, would help them access the urgent care pathway in its entirety. Almost half of those who completed an equality monitoring form termed themselves as an unpaid carer. Although the actual number of unpaid carers living in Scotland is not known, recent polling suggests that number could have since grown to over a million during COVID-19, representing approximately a fifth of the population of Scotland.

People also told us they would find it supportive if they were asked if they required specialist support in the initial call and this support was provided throughout their consultation.

Recommendation

NHS Boards, NHS 24 and Scottish Government to consider:

- the need for people to have carer support with them, if required, throughout the redesign of urgent care pathway, and
- detail prompt questions within the relevant guidance/initial assessment that allows the need for support for the caller to be identified and provided.

Promote person-centred care

Many people reported the positive difference it makes to them when healthcare professionals connect with a compassionate approach.

Recommendation

Scottish Government, in partnership with NHS Boards and NHS 24 to:

- work together to ensure the principles of person-centred care are embedded throughout the urgent care service, for example, consider further training and staff induction opportunities.

Reduce barriers in accessing technology

People told us about barriers they may have in accessing the new service for urgent care as they have no/limited access to broadband services or the knowledge and understanding to use the devices required.

Recommendation

Scottish Government to:

- identify ways through the Connecting Scotland initiative to remove challenges about using technology to allow people to access urgent care through 111.

Section 4: Conclusions, next steps and acknowledgements

4.1 We welcomed the opportunity to engage with the groups identified in the national EQIA and previous discovery work. We have worked to fill some of the evidence gaps to ensure the new urgent care service considers the recommendations to work towards meeting the needs of as many people as possible. While some recommendations are mentioned in specific reference to one characteristic group, they may also be relevant for others in the general population.

4.2 This report has been shared with the Scottish Government. The findings will be used to help inform an evidence base, with a view to the improvement of the new urgent care service for as many people as possible.

4.3 *Community Engagement* will liaise with the Scottish Government to provide feedback to participants about how the views expressed in this report have been used.

4.4 We will use the learning and experience of this exercise including the equalities monitoring information within our work to inform future methods of Gathering Views.

4.5 *Community Engagement* thanks everyone who took part and shared their experiences, thoughts, insights, comments and suggestions. We are very grateful to the organisations who supported us to link with groups and individuals and for the time they gave us to discuss the issues covered in this report.

Appendices

Appendix 1 – The questions used in the Gathering Views exercise

- Have you called 111 for urgent care since December 2020?
- Please tell us about that experience.
- Did you experience any problems accessing the service?
- If yes, what were they and why was this a problem for you?
- When do you think you would call the 111 for Urgent Care service?
- How would you feel about using this service?
- Would there be anything stopping you from using the 111 for Urgent Care service?
- What might get in the way for you to use this service?
- What would make it easier for you to call 111 for urgent health and care services?
- When you speak to a clinician, dependent upon the clinical decision about what care you need, you may be directed to another care service rather than going straight to A&E. How would that feel?
- What would help you access the next steps in your care?
- How would you like to receive information about calling the 111 for urgent care service?
- What matters to you about calling 111 for urgent care in the future?

Appendix 2 – Further information relating to the system redesign of urgent care

This approach has committed to four objectives:

1. Introduce new clinical pathways that will see patients spending less time waiting to be seen.
2. Provide alternative, accessible and innovative solutions to Accident and Emergency (A&E) for urgent care needs using technology, including a telephone and digital first approach via NHS 24 on 111. Access to care will not change in emergency situations.
3. Deliver a safe and robust process for scheduling attendances to our A&E and Acute Assessment Units reflecting the multiple ways these services can be accessed and ensuring attendance is accessible to everyone across multiple entry points.
4. Provide equitable access by delivering effective, accessible and inclusive communication and public messaging to improve access to urgent care services with a particular focus on seldom-heard groups.

The Scottish Government recognised the importance of delivering a service that meets the needs of everyone; particularly those most in need. The purpose of the Gathering Views exercise sought to identify equalities-related engagement gaps, with a particular focus on engaging with communities who are traditionally seldom asked and have historically faced discrimination. The national Equality Impact Assessment (EQIA) was fundamental in identifying the groups we wished to actively work with.

A number of changes relating to access to urgent care have been introduced:

- For non-life threatening conditions, help is firstly available through calling NHS 24 on 111 instead of direct access to A&E departments.
- NHS 24 will assess the individual and advise on next steps.
- If, following this initial assessment, the individual needs to attend an A&E department they will either be directed to A&E or receive a virtual consultation with a senior clinician. This will involve technology, such as a telephone or video call in the first instance.
- NHS 24 may arrange for the individual to attend an A&E department at a specific time as a result of the consultation.
- If the assessment shows the individual does not need to attend A&E, NHS 24 will help them get the care they need as quickly, safely, and as close to home as possible. This could include self-care and support; direction to a local pharmacy who can prescribe treatments and offer advice or make an appointment with a local GP.

Appendix 3 – Materials circulated to participants before the Gathering Views discussions

Healthcare Improvement Scotland

Redesign of urgent care

Gathering Views Consent Form

By ticking the options below you are giving your consent to take part in a Gathering Views discussion between 3rd and 21st May 2021:

1 I have read and understood the information sheet ☐

2 I have been able to ask questions about the project and am happy with the answers. ☐

3 I understand that I can choose whether or not I will take part in this discussion and that I can choose not to answer any question or stop taking part at any time, without having to give a reason. ☐

4 I agree for what I say to be used in reports and publications about this work, but that my name will not be used. I give permission for Healthcare Improvement Scotland to hold relevant personal data about me and I understand that my comments are anonymous and confidential. ☐

5 I agree to take part in this project. ☐

Name _____

Signature _____

Date _____

Healthcare Improvement Scotland

Gathering Views Information Sheet

What is Redesign of urgent care?

The Redesign of urgent care is a new approach, introduced from December 2020, which looks to support the public to access the *Right Care in the Right Place at the Right Time*.

This has changed the way in which people access A&E departments. Instead of direct access to A&E departments for non-life threatening conditions, help will be firstly available through NHS 24 – 111. The 111 service will be available 24/7 for urgent care need - where conditions cannot wait to be seen at the GP practice.

The Redesign of urgent care will not alter the way emergency care is accessed. If you have an immediate or life threatening condition please call 999 or go straight to A&E. Neither has access to GP surgeries for all urgent care needs who remain your default provider of care.

This new approach presents a unique opportunity to improve access and remove barriers to healthcare. As a result of this change, Healthcare Improvement Scotland – Community Engagement have been asked by the Scottish Government to speak to groups or people who may be affected by the new 111 urgent healthcare service.

The role of the Community Engagement Directorate is to help improve the way that people are involved in decisions about health services.

Why do you want to talk to me?

We want to speak to a range of people who may have different experiences or opinions. We want to make sure we have a good range of people in terms of age, gender, ethnicity, and where people live, as well as some people who may have a long-term health condition. Your views are as important as everyone else so we want to speak to *you.*

People in a similar position in the future will benefit from you sharing your opinion.

The conversation

You will be invited to an individual or group discussion sometime between 3rd and 21st May for about 45 minutes. The conversation will be by telephone or through an online platform.

We will ask you what you think about urgent care and what matters to you when needing urgent care. We can share the planned questions with you beforehand if you would like, please just let us know.

During the conversation, we will be taking notes. Your responses will be analysed and captured in a summary report, which will be shared with the Scottish Government. Quotes may be used to illustrate the main things that we've talked about. Quotes will not contain name or job title, however, they will be associated with a particular group. Text may be edited to enable use in a variety of formats.

Equality Monitoring

Equality monitoring information is also being captured, including data relating to sex, sexual orientation, disability, age, religion and ethnic group. Providing this information is optional. This information is required to ensure we gather feedback from people from a range of backgrounds and contexts.

Do I need to take part?

Taking part is completely voluntary but we hope you will take the time to do so. This is a way of working with members of the public to help inform our decisions – it really will make a difference to how we aim to deliver health and social care services in Scotland.

You don't have to take part and, even if you decide to take part, you can change your mind at any time without giving a reason. When talking about your experiences or when thinking about the interview afterwards, please tell us if you do not want us to include certain information.

Data Protection

Healthcare Improvement Scotland comply with the Data Protection Act 2018 and GDPR 2018 when handling your personal information.

Any personal information about you will be treated as private and confidential and any identifying information you provide will be made anonymous in any published reports. Your information will only be used in this Gathering Views exercise and the resulting report. Your details will not be used for general marketing activities, nor shared with anyone outside Healthcare Improvement Scotland unless we have your permission or are required to do so by law. All personal information, written notes and related information, including this consent form, will be stored safely and in compliance with the Data Protection Act 2018. If you wish to see a copy of the notes taken during the discussion, please submit a sharing request to his.informationgovernance@nhs.scot. Please note that these notes will not be shared with you as a matter of course.

This discussion may be held over an online platform. Although we do not plan to gather personal information from participants, if you register to take part you must be aware that some companies transfer data to servers based in the USA and that any personal information you choose to share will be transferred to a country that does not provide the same data protection safeguards as the UK and EU.

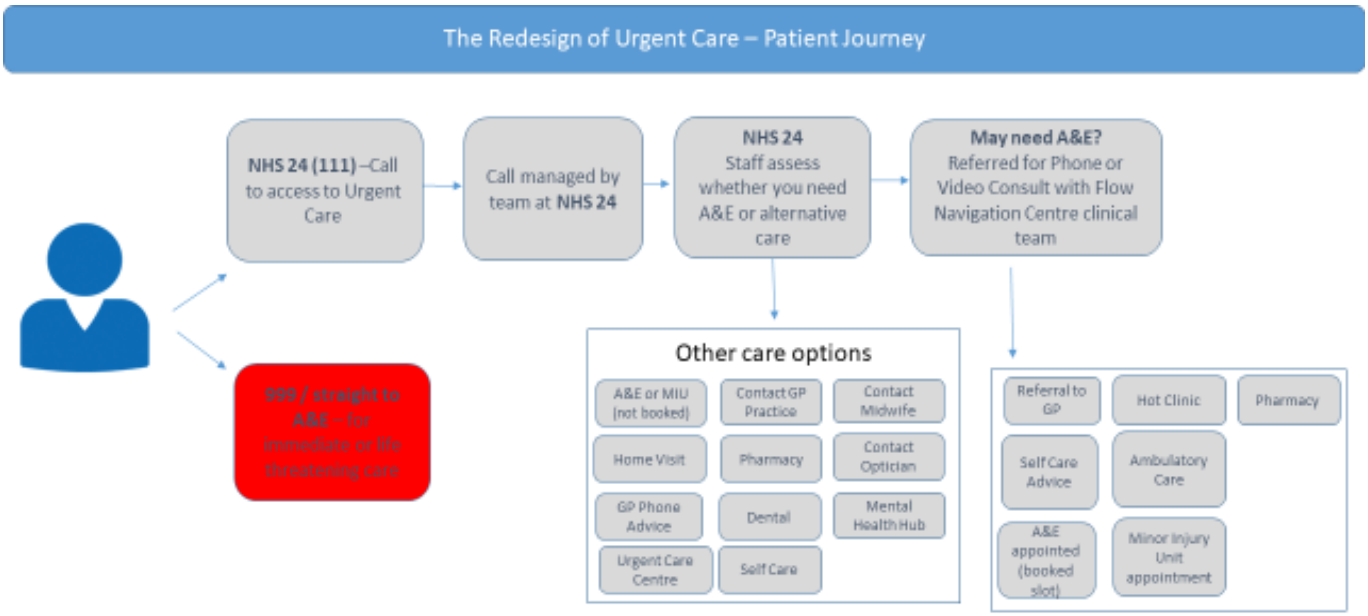
For our full privacy policy, please go to www.hisengage.scot/privacy.

For more information about how we process your personal data, or if you have a concern, contact our Data Protection Officer at his.informationgovernance@nhs.scot. Alternatively, you have the right to complain to the ICO https://ico.org.uk/concerns/.

Get in touch

If you have any more questions, please get in touch with Wendy McDougall, Area Manager (Community Engagement - West Region), Healthcare Improvement Scotland by telephone 07866 130794 or by email wendy.mcdougall@nhs.scot.

Appendix 4 – Patient journey when calling the new 111 service for urgent care.



Appendix 5 – Equality monitoring data

Gathering Views equality monitoring results

Response rate

We received completed monitoring information for around 49% of all participants who took part in this Gathering Views exercise.

Characteristics of respondents

Out of the 27 participants who completed a monitoring form:

- 70% were female and 26% were male.
- 3% were transgender.
- People aged 36-45 made up the highest proportion of respondents at 30%. A further 22% were aged 46-55, while 18% were aged 16-25, 15% were 66+ and 2% were aged 56-65. 3% declined to answer.
- 3% had experience of being in care.
- 26% were disabled people. This included people with brain injury, mobility issues, Multiple Sclerosis and learning disability. The majority of respondents (70%) said they were not disabled and 3% declined.
- 15% used British Sign Language.
- 48% were unpaid carers. Another 48% were not and 3% declined.
- 93% were heterosexual / straight, with 3% identifying as pansexual and another 3% declining.
- A majority (48%) had no religion, while 33% were Christian, 3% were Pagan, 3% followed Spiritism, 3% declined and 3% preferred not to say.
- The majority (66%) had a white Scottish or British Ethnicity, while 3% each were White Irish, White Portuguese, White Polish or another white ethnicity. A further 11% were Gypsies/Travellers and 3% had a mixed ethnic group.
- 15% reported a current experience of socio-economic disadvantage, while 7% preferred not to say and 3% declined.
- 3% were pregnant. However, we did not specifically monitor for this characteristic.

Messages

- The 49% response rate means we cannot offer a complete and accurate picture of the diversity of participants who took part.
- The form was provided to all participants electronically either during or following their participation. In some cases, the offices helped people to fill out the online form, i.e. asking the equality monitoring questions over the phone and filling in the form on their behalf.
- The Scottish Government's EQIA for its Redesign of Urgent Care policy noted evidence gaps in relation to the potential impact on the following protected characteristics groups: gender reassignment, sexual orientation, race and religion or belief. The Gathering Views work managed to engage one transgender person, one pansexual person, two people with minority religions and four people with minority ethnic backgrounds. However, we held specific events with a transgender group and a group learning English as a second language (Asylum seeker and refugee group).

Appendix 6 - Equality monitoring form

About the Redesign of Urgent Care

The Redesign of Urgent Care is a new approach, introduced from December 2020, which looks to support the public access the Right Care in the Right Place at the Right Time. This has changed the way in which people access A&E departments. Instead of direct access to A&E departments for non-life threatening conditions, help will be firstly available through NHS 24 – 111. The 111 service will be available 24/7 for urgent care need - where conditions cannot wait to be seen at the GP practice.
This new approach presents a unique opportunity to improve access and remove barriers to healthcare. As a result of this change, Healthcare Improvement Scotland – Community Engagement have been asked by the Scottish Government to speak to groups or individuals who may be affected by the new 111 urgent healthcare service.

About this Equalities Monitoring form

We are capturing equality monitoring information, including data relating to sex, sexual orientation, disability, age, religion and ethnic group to ensure we gather feedback from people from a range of backgrounds and contexts. We want to understand how representative the people we talk to are.

You are not required to answer any questions you do not wish to answer. The information you provide is not linked to your name or any other personal details, and will be kept anonymous.

1. What is your sex?
   - ☐ Female
   - ☐ Male
   - ☐ In another way
   - ☐ Prefer not to say
2. Do you consider yourself to be a trans person or have a trans history?

   Trans is an umbrella term to describe people whose gender does not correspond with the sex they were registered at birth
   - ☐ Yes
   - ☐ No
   - ☐ Prefer not to say

   If you answered yes, please tell us your preferred terms - e.g. non-binary, trans man, trans woman (optional).

3. Which age group do you belong to?
   - ☐ Under 16
   - ☐ 16-25
   - ☐ 26-35
   - ☐ 36-45

- ☐ 46-55
- ☐ 56-65
- ☐ 66 and over
- ☐ 60+
- ☐ Prefer not to say

4. If you are under the age of 26, please can you tell us whether you have ever had any experience of being in care? This can include foster care/supported care, kinship care, residential care, looked after at home (supervision order).
   - ☐ Yes, I have had experience of being in care
   - ☐ No, I have not had experience of being in care
   - ☐ Prefer not to say
   - ☐ Not applicable

5. Do you consider yourself to be disabled?

   (The Equality Act 2010 defines a disability as a physical or mental impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities. Substantial means the effect is more than minor or trivial and long-term means the condition has lasted or is likely to last 12 months or more)
   - ☐ Yes
   - ☐ No
   - ☐ Prefer not to say

   If yes, please include any more information you are happy to share:

6. Can you use British Sign Language (BSL)?
   - ☐ Yes
   - ☐ No
   - ☐ Prefer not to say

7. Do you look after, or give any help or support to family members, friends, neighbours or others because of either:

   • long-term physical / mental ill-health / disability; or
   • problems related to old age?
   - ☐ Yes
   - ☐ No
   - ☐ Prefer not to say

8. Which of the following best describes your sexual orientation?

- ☐ Bi/Bisexual
- ☐ Gay/Lesbian
- ☐ Heterosexual/straight
- ☐ Prefer not to say
- ☐ Something else. Please write in:

9. How would you describe your religion, religious denomination or belief?
   - ☐ Buddhist
   - ☐ Christian - Church of Scotland
   - ☐ Christian - Roman Catholic
   - ☐ Christian - another denomination
   - ☐ Hindu
   - ☐ Jewish
   - ☐ Muslim
   - ☐ Sikh
   - ☐ Pagan
   - ☐ None
   - ☐ Prefer not to say
   - ☐ Other, please write in:

10. What is your ethnicity?
    - ☐ African, African Scottish or African British
    - ☐ Arab, Arab Scottish or Arab British
    - ☐ Bangladeshi, Bangladeshi Scottish or Bangladeshi British
    - ☐ Black, Black Scottish, Black British
    - ☐ Caribbean, Caribbean Scottish or Caribbean British
    - ☐ Chinese, Chinese Scottish or Chinese British
    - ☐ Indian, Indian Scottish or Indian British
    - ☐ Mixed or multiple ethnic groups
    - ☐ Pakistani, Pakistani Scottish or Pakistani British
    - ☐ Roma
    - ☐ Showman/Showwoman
    - ☐ White Gypsy/Traveller
    - ☐ White Irish
    - ☐ White British
    - ☐ White Polish
    - ☐ White Scottish

- ☐ Prefer not to say
- ☐ Other, please write in:

11. Do you usually have enough money each month to pay bills, buy the food, clothing and essentials you need and participate in your community?
    - ☐ Yes
    - ☐ No
    - ☐ Prefer not to say

12. Please use this space to tell us anything else you would like us to know about how you identify in relation to any of the above questions.

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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