Healthcare Improvement Scotland | Community Engagement

Citizens' Panel for health and social care

Public views on public engagement in health and social care, COVID-19 vaccination programme inclusion, and COVID Status Certification

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Contents

Foreword

Welcome to the ninth survey report of the Citizens' Panel for health and social care in Scotland. This recent survey asked Panel members' their views on the topics of:

- Public Engagement in health and social care service design and change
- COVID-19 vaccination programme inclusion, and
- COVID Status Certification.

The Citizens' Panel is one way that policymakers and health and social care services in Scotland can listen to the views of the Scottish public – and, having listened, make improvements to the policies they develop and services they provide. It has never been more important to seek people's views about services and the Citizens' Panel is a critical tool to ensure services are person-centred for the recovery of the NHS.

The Citizens' Panel has allowed us to seek the views of a cross-section of the Scottish public using electronic, postal and telephone methods to capture the Panel's views. This has enabled us to engage in a safe and person-centred way during the pandemic providing us with robust results to help improve NHS services. This survey was commissioned by the Scottish Government.

The questions around public engagement in health and social care will inform the review of 'Planning with People – Community Engagement and participation guidance for health and social care' published by Scottish Government and COSLA. The COVID-19 vaccination programme questions aimed to understand how accessible the programme was and gain further insights into the impact of the programme's policies and shape future planning. The findings around COVID Status Certification will help Scottish Government to assess the impacts and efficacy of COVID Status Certification and inform future policy.

This survey was conducted during January through to April 2022. We acknowledge that this report captures people's experiences and views at this moment in time.

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 Scottish Government for their contribution as well as all staff involved from Healthcare Improvement Scotland – Community Engagement.

I hope you enjoy reading this report.

Suzanne Dawson
Chair, the Scottish Health Council

Citizens' Panel for health and social care

This infographic summarises the key findings from the ninth survey undertaken with the Citizens' Panel for health and social care. We asked questions about:

- Public engagement in health and social care service design and change
- COVID-19 vaccination programme inclusion
- COVID Status Certification, also known as COVID passports or vaccine passports

In total 507 panel members responded to the survey by post, email or telephone, which represents a 53% response rate.

Public engagement in health and social care service design and change

Awareness about right to be involved

23%

Only 23% were aware that they have a right to be involved in the design and delivery of new health or social care services, and to comment on changes to existing services.

Engagement in last three years

11% have been asked to give feedback or opinion on service design or change in the last three years.

On a range of services such as:

- GP services
- Mental Health
- support and care services

Methods of engagement

66% Online surveys

28% Postal surveys

13% In person discussion or focus group

Experience of engagement

45%

45% said their experience of engagement was positive or very positive

Positive experiences of engagement were due to:

Getting a chance to give views and make a difference

The engagement went well and was easy to take part in

Negative experiences of engagement were due to:

Not having seen any changes as a result or not knowing the impact of their input

What matters about engagement

Being able to improve local services

Knowing that their feedback could lead to changes and inform decision making

Having a say on health and social care issues that matter to them

COVID-19 vaccination programme inclusion

Sources of information around getting vaccinated

Most used formal information sources

55% advice from senior health officials

25% NHS Inform website

20% COVID-19 vaccination leaflet

Most used informal information sources

52% discussions on media, e.g. TV, radio, online news

45% discussions with family & friends

15% social media posts & discussions

Accessibility and ease of use

Most accessible aspects of vaccination

Booking vaccination

85% Online booking system was easy to use

57% National Vaccination Helpline was easy to use

Getting vaccinated

94% venue accessibility features

93% information on vaccination

91% location of venue

91% getting to venue

Least accessible aspects of vaccination

8% said that the least accessible aspects are:

- the process of vaccination, e.g. queuing, length of wait
- getting to the venue

COVID Status Certification (COVID passports)

Feelings around COVID Status Certification

70% COVID Status Certification made places, spaces and events **safer** to visit

79% COVID Status Certification did **not influence** decision to take up the vaccine

56% **Not concerned** about using COVID Status Certification

56% Do **not think** that COVID Status Certification unfairly prevents people from doing what they want

COVID Status Certification access and use

78% inclusion of negative test results in the scheme did **not** make a difference

33% have **not** used COVID Status Certification

68% of those who have used it said it was **easy to use**

54% **nothing** would make them not use COVID Status Certification

49% **nothing** would make them not visit venues where COVID Status Certification was required

27% **no concerns** about COVID Status Certification potentially excluding people

What difference do we make? Citizens' Panel 8 impact

Dentistry

- Deepened insight into patient experience of dentistry services in Scotland

In response, the following have been publicly promoted:
- The local resolution of complaints, and
- Commitment to evidence-based policy.

Urgent care

- Recommendations already built into national and local workplans
- Report being considered and reviewed by a team of service designers to inform a multi-year programme of work
- Findings will be used to support any Scottish Government policy decisions for urgent and unscheduled care.

Planned care

Findings will be used to support:
- Scottish Government policy decisions on planned care
- A fundamental review of Waiting Times Guidance, led by the Scottish Government in collaboration with Health Boards.

Being a member of the Citizens' Panel for Health and Social Care: what you said

As part of Citizens' Panel 9 we also asked Citizens' Panel members about their views and experiences of the Citizens' Panel.

- The majority of the Citizens' Panel members that provided feedback said there was nothing we can do to improve their participation.
- Some highlighted optimising how the surveys work on mobile phones as an area for improvement.

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 a representative Panel was created.

The Panel was refreshed in 2021. This replaced Panel members who either did not want to continue being members or who had not responded to previous surveys. The refresh also ensured the Panel was more representative of the population at large. At the time of this survey in early 2022, there were 949 Panel members from across all 32 local authority areas.

This report details the findings from the ninth Panel survey which collected feedback between January and April 2022. The questions were on three different topics:

- Public engagement in health and social care service design and change
- COVID-19 vaccination programme inclusion, and
- COVID-19 Status Certification.

A total of 507 responses (53% response rate) were received, either by post, email or by telephone. This level of return provides data accurate to +/-4.8%[1] at the overall Panel level. In this report we do not report results broken down into sub-categories, for example, gender or age, as they are not statistically significant. All comparisons 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.

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

Key findings

Public engagement in health and social care service design and change

Findings

Just under one quarter of respondents said that 'yes' they were aware that people across Scotland have the right to get involved in the design and delivery of new health or social care services, and to comment on changes to existing services, beyond giving feedback through the Citizens' Panel.

Over the last three years, 11% of respondents have been asked to give feedback or opinion on service design or change in local health or social care. The service that respondents were asked to provide feedback or opinion on varied from GP services to mental health and support and care. The most common form of engagement was by taking part in an online survey (66%).

All who had been involved in engagement were asked how they would rate their experience in this engagement. Overall, 45% said that their experience was either very positive or positive, 34% said it was neither positive nor negative and 19% said that their experience was negative. The most common reasons for having a positive experience were the fact that they got a chance to give their views/ felt they could make a difference (38%) or that the consultation or engagement process went well/ was easy to respond to/ take part in (25%). Where respondents were neutral or not as positive about their experience, the most common response was that they haven't seen any changes as a result or don't know the impact of their input (20%).

The aspects that matter most to respondents about being involved in the design of new health or social care services or changing existing services were: being able to improve local services (65%), knowing that feedback could lead to changes and inform decision making (56%) and having a say on health and social care issues that matter to them (45%).

Recommendations

We make the following recommendations to the Scottish Government, NHS boards, Health and Social Care Partnerships and Local Authorities:

1. Incorporate the findings of the above survey into the review of 'Planning with People – Community Engagement and participation guidance for health and social care' (published March 2021 by Scottish Government and COSLA).

2. Continue to develop existing strategies for public engagement to encourage all communities to participate in health and social care service design, including:

    - raising awareness of the public's right to get involved in the design and delivery of new health and social care services

- informing the public about proposed changes to health and social care services throughout an engagement process, and
- providing feedback on the results and/or impact of the engagement to those who took part.

3. Healthcare Improvement Scotland – Community Engagement to work collaboratively with partners to develop training opportunities for staff to increase confidence when involving people.

COVID-19 vaccination programme inclusion

Findings

94% of respondents said that they have received at least one vaccination, with 85% having received their first, second and booster/ third vaccinations, which was the maximum available at that point in time. Just 4% of respondents had not received any COVID-19 vaccinations.

The most common method of being informed about their COVID-19 vaccine was by being notified about the appointment through a blue letter in the post. This was the case for all three vaccines, with 57% of respondents noting this was how they were informed about their first vaccine, 54% for the second vaccine and 40% for the third vaccine.

Where respondents had used either the online booking system or the National Vaccination Helpline to either book or change their vaccine appointment, they were asked how easy or difficult they found using these. The experience of using the online booking system was largely positive, with 85% stating they found this either very easy or somewhat easy to use. A total of 57% of the respondents who had used the National Vaccination Helpline said they found this very or somewhat easy to use.

When respondents were asked what sources of information they used to help decide whether to get the COVID-19 vaccine or not, the most used sources were: advice from senior health officials (55%), discussions in the media (TV, radio, online news websites) (52%) and discussions with family and friends (45%). With respect to formal NHS information sources, 25% had used the NHS Inform website and 20% a COVID-19 vaccination leaflet.

Overall, 89% of respondents stated that they think the COVID-19 vaccination programme in Scotland was either very accessible or somewhat accessible, compared to just 3% who stated that they believed it to be either somewhat inaccessible or not accessible at all.

Those who had been vaccinated were asked how accessible they found different aspects of their COVID-19 vaccination process. Most respondents found all aspects around COVID-19 vaccination accessible. Aspects that were most likely to be accessible were vaccination venue accessibility features (such as wheelchair access, quiet rooms etc.) (94%), information on the vaccination (93%), location of the vaccination venue (91%) and getting to the vaccination appointment (91%).

A small percentage of respondents noted aspects of COVID-19 vaccination as somewhat inaccessible or not accessible at all: 5% found the process of vaccination itself, for example queuing and length of wait, somewhat inaccessible and 2% said it was not accessible at all. 4% found travel to the vaccination venue to be somewhat inaccessible, and 3% found it not accessible at all.

Respondents were then asked, in their experience, if there was anything that would make their COVID-19 vaccinations easier and more accessible for them. The most common response was that nothing could have been done to make their COVID-19 vaccination easier and more accessible for them (39%). Where suggestions for improvement were made, they were around providing vaccinations at more local centres/ at GP practices (19%), improved organisation at the venue, for example signage, seating, checking in (11%) and an improved online booking system (6%).

Participants were also asked their views on equalities data collection at their COVID-19 vaccination appointment, specifically around the collection of ethnicity information. Information around ethnicity is currently being collected through the vaccination programme to help the NHS, Scottish Government and partners to understand health inequalities, and through the survey we sought insight into how the public feel about this.

When asked if they would be comfortable to be asked about their ethnicity at their COVID-19 vaccination appointment or on the online booking portal, 79% said 'yes' they would be comfortable if asked about their ethnicity. 11% said 'no' and 10% said 'I'm not sure', with some saying that ethnicity is not relevant to COVID-19 vaccination or healthcare in general, that it's no one's business or a duplication, since it's already collected via the census.

Recommendations

We make the following recommendations for the Scottish Government and delivery partners for future vaccination programmes:

1. Continue to provide clear and valued public information, offer diverse and flexible delivery processes and work with the third sector to facilitate vaccination uptake.
2. Ensure that people are offered appointments at the most convenient site for their vaccine. Maintaining the person-centred approach in the COVID-19 vaccination programme, people should continue to be able to reschedule appointments and choose different venues to receive the vaccine. People should also be offered the flexibility to have their vaccine in a different NHS board area. This should also be considered in the context of wider vaccination programmes, not just COVID-19.
3. Ensure that vaccination clinics are fully accessible to all and suit the needs of the individuals attending. Ensure that support needs are met in line with recorded requirements, for example providing a quiet room, short queue for those who can't stand, wheelchair access, an interpreter or sight guide, or accompaniment by a carer.

4. Provide accessible localised information on how to get to vaccination locations, liaising with local authorities, services and third sector organisations. This should also include details on free and subsidised travel. Ensure that specialised services are provided where there is no provision of public transport.
5. Involve local communities and third sector partners in decisions about venue use, auditing accessibility of venues and supporting people to attend.
6. Ensure there is a simple, well publicised and accessible route for individuals to request support if they have specific requirements to access all aspects of vaccination, including information.
7. Continue to seek and respond to feedback of service users using the National Vaccination Helpline.
8. Continue to utilise the significant influence of advice from senior health officials in further major health interventions, as well as continuing to develop information to be shared more informally, becoming part of informal conversations with family and friends.
9. Continue collecting ethnicity data at point of vaccination, and communicate further the purpose and benefits to support the public's understanding.
10. Ensure learning around accessibility from the COVID-19 vaccination programme is collected, consolidated and shared with all relevant bodies and organisations, as well as with the public, in order to shape future policy around vaccination and major health interventions.

COVID Status Certification

Findings

When asked the extent to which they agreed or disagreed with several statements about COVID Status Certification, respondents were most likely to state that they agreed that:

- COVID Status Certification makes places, spaces and events safer to visit (70% strongly agree or agree).
- I trust how the COVID Status Certification scheme uses my data and information (50% strongly agree or agree).

Respondents were more likely to either disagree or strongly disagree with the following statements:

- I am concerned about using COVID Status Certification (56% disagree or strongly disagree)
- Certification unfairly prevents people from doing things they want to do (56% disagree or strongly disagree).

Most respondents (79%) said COVID Status Certification has not had any influence on their decision to get vaccinated.

Over three quarters of respondents (78%) said the ability to use a negative test result (Lateral Flow Test (LFT) or PCR) instead of proof of COVID-19 vaccination did not make a difference in terms of their likely use of COVID Status Certification. 7% said they would be more likely to use COVID Status Certification after introducing the possibility of testing whereas 9% said they would be less likely.

When asked about the ease of obtaining and using COVID Status Certification, 33% of respondents said they had not used it. Of those who had used COVID Status Certification, 68% said they found this either very easy or somewhat easy to use, 19% said it was neither easy nor difficult and 14% said they found it difficult to use.

When asked what would make them decide not to use COVID Status Certification, the most common response was that 'nothing' would make them not use COVID Status Certification (54%). 9% expressed concerns over data security, 8% said that they do not go to the sort of places where it was required, 7% do not support Certification and 7% said they have not needed to use Certification. However, as 33% had not used COVID Status Certification, as mentioned above, these concerns may be perceptions rather than based on their experience.

When asked what would make them not visit venues that required COVID Status Certification, again, the most common response was that nothing would make respondents not visit venues where they would be asked for COVID Status Certification (49%).

When asked about potential concerns around COVID Status Certification excluding people, just over one quarter of respondents (27%) said that they did not have any concerns. The most common concern was about people not being able to access the necessary technology, for example internet, computer or smartphone (20%). This was followed by unvaccinated people being excluded (10%). It is worth noting that many of these comments were made with specific reference to those who are medically exempt and cannot be vaccinated. It is important to note that these are public perceptions and not necessarily based on people's experiences or the policies and practices in place. For example, while non-digital and alternative routes to obtain COVID Status Certification were available, 20% of the respondents continued to have concerns around potential exclusion around digital access or unvaccinated people. These findings may suggest that the Panel members do not feel that the mitigations put in place were enough to resolve their concerns, or they may have not been aware of the steps taken to minimise potential exclusion, requiring more extensive communication around these options.

Recommendations

We make the following recommendations to Scottish Government, in the eventuality that COVID Status Certification was under consideration to be reintroduced or a similar scheme developed:

1. Continue to use a digital-first approach, as digital tools are mostly well received and seen as easy to use. However, continue to provide equal access via non-digital routes and support to users when they face challenges with technology.
2. Ensure the public has up-to-date and accessible information about COVID Status Certification, including:
    - the importance and need for COVID Status Certification, to increase understanding for those that may not support certification in general, if certification was under consideration to be reintroduced or a similar scheme to be developed.
    - the different routes to COVID Status Certification and how those eligible can access exemptions.
    - the scope of COVID Status Certification and its distinction from non-domestic certification to reinforce understanding, as there was some remaining confusion around domestic COVID Status Certification versus COVID Status Certification for international travel.
    - the use of personal data and data protection.
3. Ensure strong engagement with those most likely to be affected by COVID Status Certification, prior to activating it, as highlighted in 'Planning with People – Community Engagement and participation guidance for health and social care'.
4. Continue to explore the public's experiences and views around COVID Status Certification in terms of the positive impacts and the range of challenges and potential barriers to access highlighted in this report.
5. Consider the impact and efficacy of COVID Status Certification to inform future planning and policy decisions, for example whether there may be influence on vaccine uptake.
6. Ensure learning from COVID Status Certification is collected, consolidated and shared with all relevant bodies and organisations, as well as with the public, in order to shape future policy and major health interventions.

Chapter 1: Introduction and context

Questionnaire design

The questions for this survey were designed by Healthcare Improvement Scotland's Community Engagement Directorate in partnership with Scottish Government. Draft 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 949 members. The ninth Citizens' Panel for health and social care survey was sent by email on 11 January 2022 to all 846 Panel members who we have email addresses for. A reminder email was sent to those who had not yet responded by email on the 20 January. On 11 February survey packs were sent to all Panel members who we have no email addresses and those for who a bounce back email message was received, in addition to those who had not responded to the email surveys sent. This was sent to 710 Panel members. A final email reminder was sent on 10 March. Postal responses continued to be accepted up until the 15 April 2022.

A detailed analysis of the response profile identified the survey was under-represented in terms of younger Panel members (defined as younger members aged 54 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. Minority ethnic respondents were also a focus of this activity. A total of 31 telephone interviews were completed between the 4 and 15 April.

This took the final response up to 507, a 53% response rate[2]. This level of return provides data accurate to +/-4.8% (based upon a 50% estimate at the 95% level of confidence) at the overall Panel level.

To address the underrepresentation of specific groups, targeted telephone interviews were conducted. Despite this, younger respondents and females were still under-represented. Furthermore, the response also remained under-represented 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.

[2] The average response rate for the Citizens' Panel up to the eighth report is 50%.

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' past some questions if they are not applicable or chose not to respond.

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 can be undertaken on 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.

The following chapters present the findings on each topic, followed by conclusions and recommendations at the end of each chapter. Recommendations are also pulled together in Chapter 5.

Chapter 2: Public engagement in health and social care service design and change

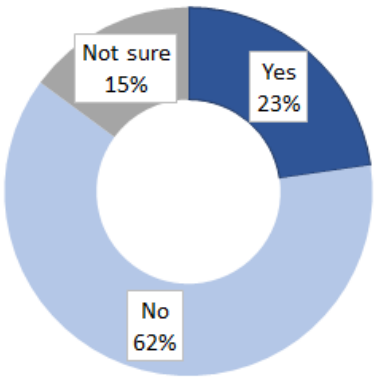
Introduction

When it comes to designing or making changes to health and social care services it is important that NHS boards, Health and Social Care Partnerships and local authorities listen to the views of people who might use these services. The process of finding out these views is called public engagement. Panel members were asked about their experience of giving their views and what matters to them most about being involved in the design of new health or social care services or changing existing services.

Awareness of the right to get involved

The survey began by asking respondents if they were aware that people across Scotland have the right to get involved in the design and delivery of new health or social care services, and to comment on changes to existing services, beyond giving feedback through the Citizens' Panel. Just under one quarter of respondents said that 'yes' they were aware of this (23%), whereas 62% said they were not aware and 15% were not sure.

Are you aware that people across Scotland have the right to get involved in the design and delivery of new health or social care services, and to comment on changes to existing services, beyond giving us feedback through the Citizens' Panel?



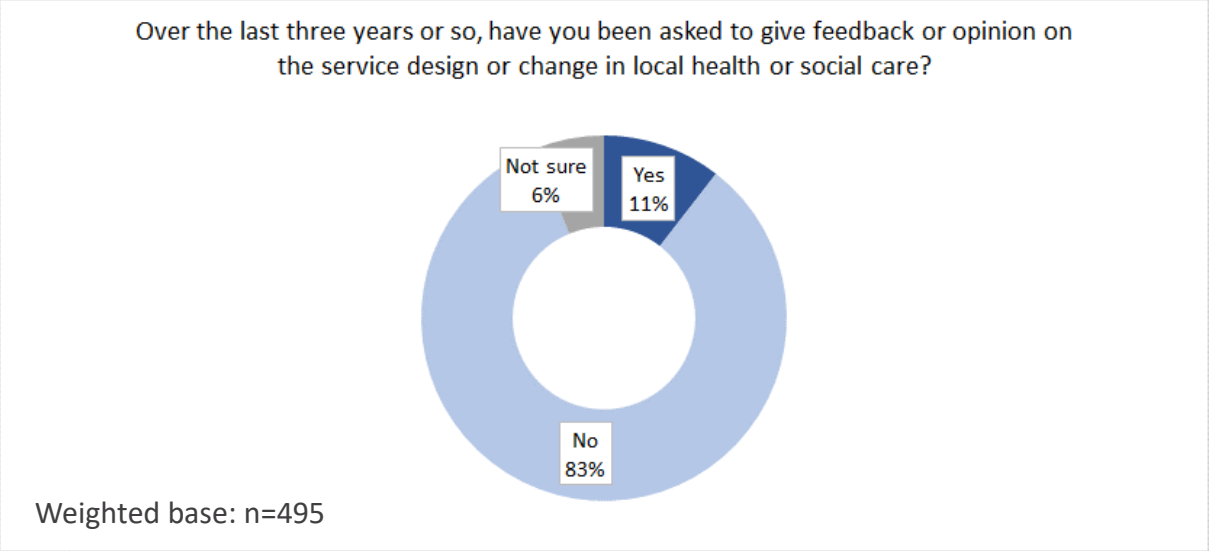
Weighted base: n=494

Where they were aware, respondents were asked how they found this out. This shows respondents who were aware of this opportunity found out from a range of different sources as opposed to one common source. These included online (17%), through work (14%), through the press/ media (13%), through the Citizens' Panel (13%), poster/ awareness raising event (12%), have been invited or involved in consultation (12%) and word of mouth (11%).

If yes, how did you find this out?		
Base: aware of opportunity, Wn=95	**No**	**%**
Online	16	17%
Through work	13	14%
Through the press/ media	12	13%
Through the Citizens' Panel	12	13%
Poster/ awareness raising event for example at library or doctors surgery	11	12%
I am/ have been involved or invited to be involved in consultation	11	12%
Word of mouth	11	11%
Can't remember	5	6%
Letter	2	2%
Social media	2	2%

Involvement in service design or change

Over the last three years, 11% of all respondents had been asked to give feedback or opinion on the service design or change in local health or social care.



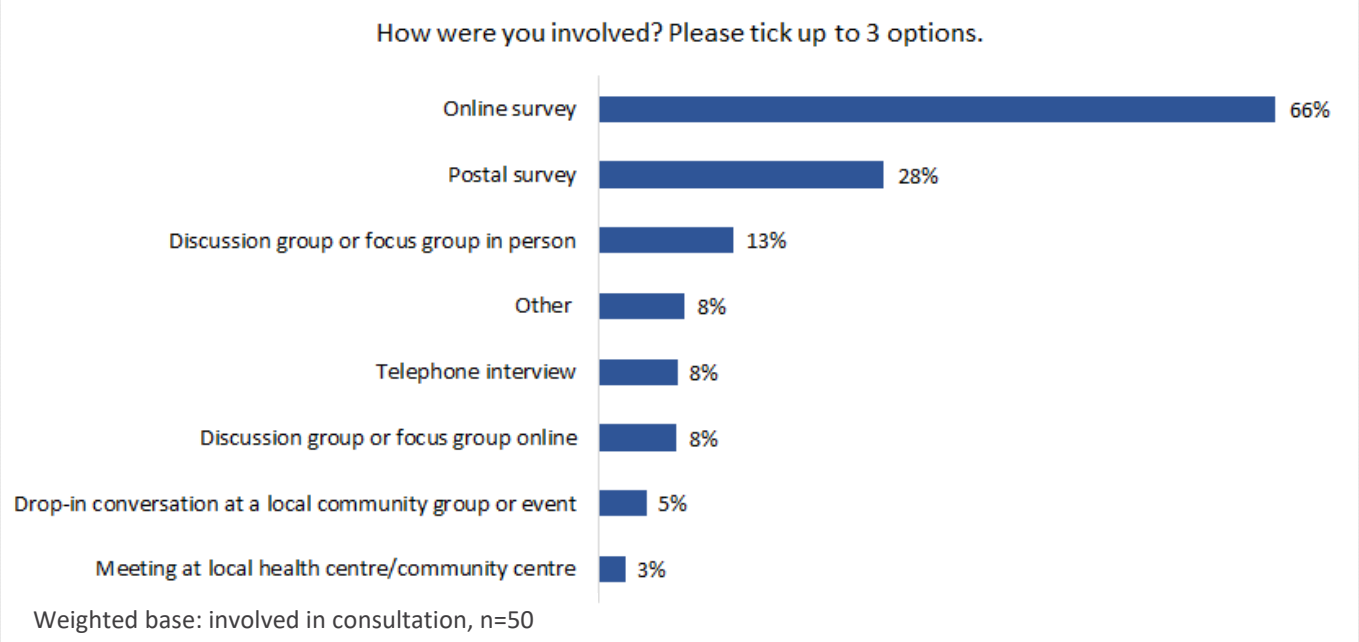
The service that respondents were asked to provide feedback or opinion on varied. Of the 46 respondents the most common service respondents had been asked to give their views on were GP services (15%), followed by care and support services (9%).

If yes, can you remember what service this was?		
Base: have been asked for views, Wn=46	**No**	**%**
GP Services for example changes, putting service out to tender	7	15%
Care and support services	4	9%
Citizens' Panel surveys	4	9%
Hospital planning for example community hospital, Monklands, Ninewells	4	9%
Don't know/ can't remember	4	8%
Dental	4	8%
Pharmacy services	3	7%
Mental health	2	4%
Other	14	30%

Panel members had also been asked to provide feedback on a range of 'other' services, including:

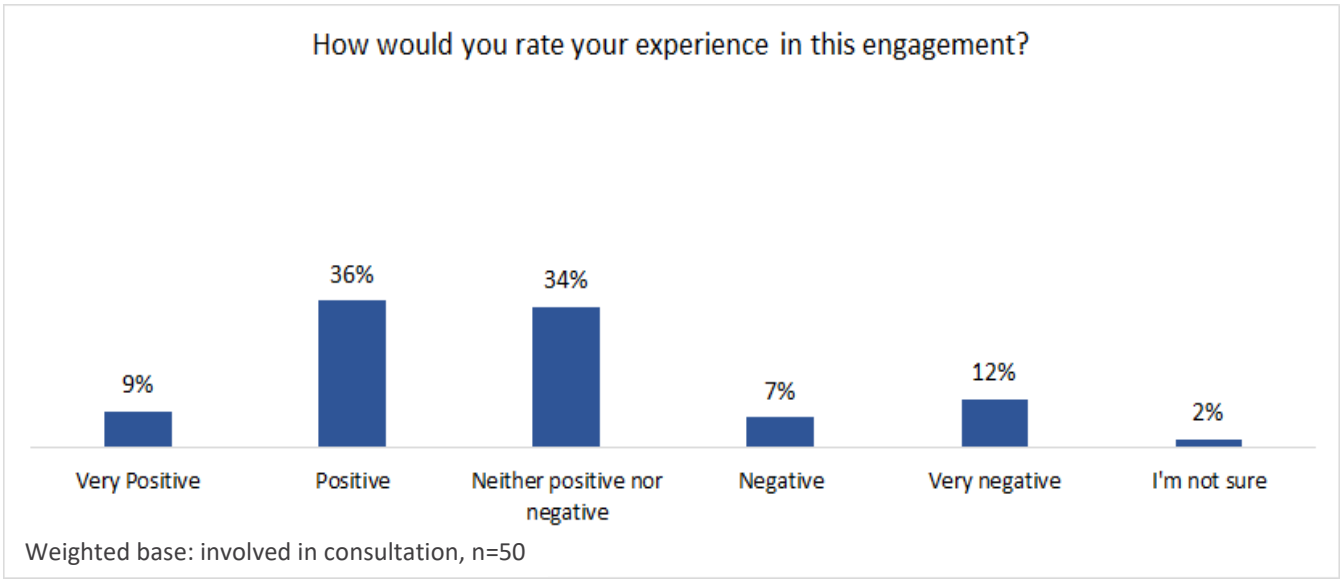
- Patient travel - rights for escorts to be funded
- Maternity nursing
- The Feeley report
- Small community care units
- Steve Retson project (through Sandyford sexual health clinic) for men who have sex with men
- Online and telephone rheumatology consultations to become main interaction
- Macmillan Cancer Information & Support Drop-In at Vale Centre
- As a lay member of a Managed Clinical Network on coronary heart disease regarding optimal reperfusion
- Move from scattered Care Home Services to centralised in new facility in Stirling - access problems for visitors not listened to
- Physiotherapy
- NHS Highland's health survey via Facebook

In terms of the method of involvement, the most common way of being involved was by responding to an online survey (66%), followed by a postal survey (28%) and then a discussion group or focus group in person (13%).



Experience of engagement

All who had been involved in engagement were asked how they would rate their experience in this engagement. It should be noted that there were only 50 responses to this question. Overall, 45% said that their experience was either very positive or positive, 34% said it was neither positive nor negative and 19% said that their experience was negative.



All respondents were asked why they gave this response about their engagement. The responses given have been grouped thematically to allow for analysis. As shown below, the most common reasons for having a positive experience were the fact that they got a chance to give their views/ felt they could make a difference (38%) or that the consultation or engagement process went well/ was easy to respond to/ take part in (25%).

Where respondents were not as positive about their experience, the most common response was that they haven't seen any changes as a result or don't know the impact of their input (20%) and 16% noted they had difficulties or felt it could be easier to take part (16%).

Why did you say this?		
Base: involved in consultation and gave a response, Wn=38	**No**	**%**
I got a chance to give my views/ felt I could make a difference	14	38%
It went well/ was fine/ was easy to respond to/ take part in	9	25%
I haven't seen any changes as a result/ don't know the impact of my input	7	20%
Difficulties in/ could be easier to take part	6	17%
The decision is made already/ it's a tick box exercise	4	11%
Can't remember	1	3%

Some examples of the comments made in relation to their experience of engagement are shown below:

The survey seemed geared only to people who already had a full knowledge the services, the questions were poorly worded, and the survey structure prevented getting any useful responses.

There seemed genuine engagement

I felt it was a tick box exercise

Actively involved in the process from start to finish. Awareness of the many considerations to be taken into account to arrive at a final decision.

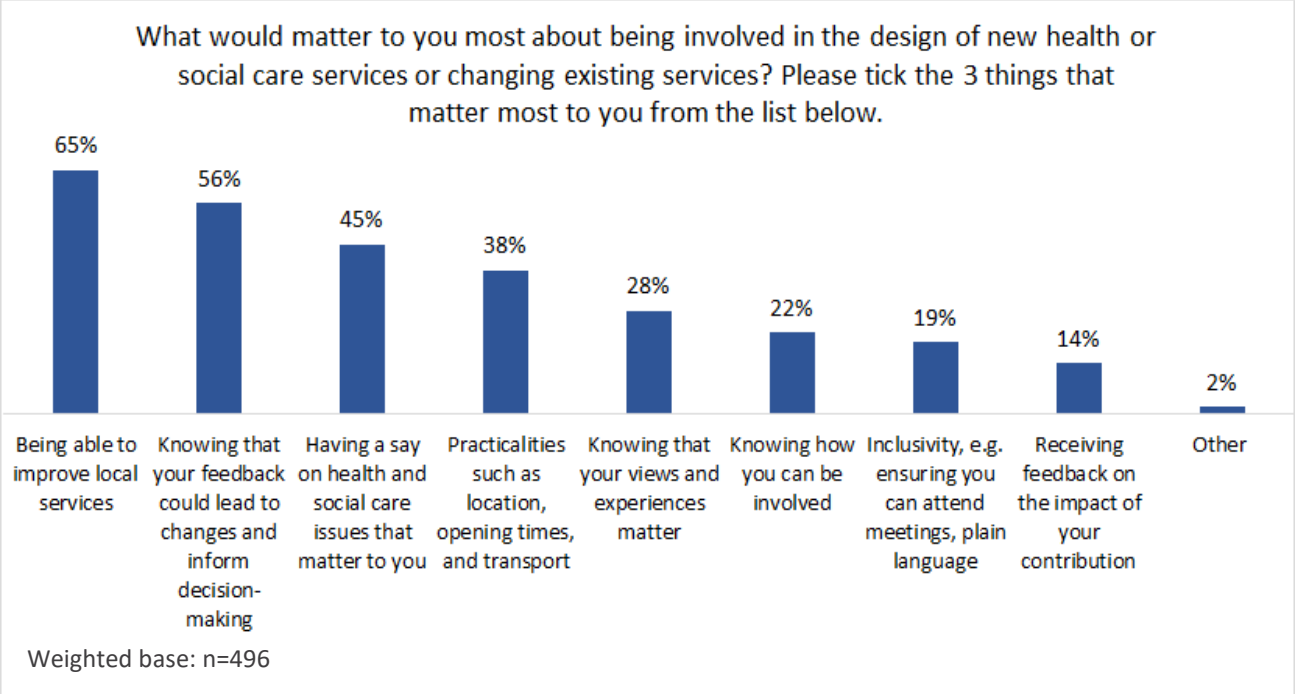
Having taken part in the reviews the resultant action is not very well reported back. Sometimes no feedback received.

Would have liked to receive feedback of results more quickly and also a clear indication of how the survey would be used to make a positive difference.

From the start, it had been decided to allow the chemist to open.

What matters most about being involved?

With respect to being involved in the design of new health or social care service or changing existing services, the aspects that matter most to respondents are being able to improve local services (65%), knowing that their feedback could lead to changes and inform decision making (56%) and then having a say on health and social care issues that matter to you (45%).



Conclusions and recommendations on public engagement in health and social care service design and change

The Citizens' Panel survey 9 results on community engagement offer health and social care service providers a unique dataset from which to build further knowledge and understanding on the value of community engagement.

Listening to the views of people who use services and actively involving them throughout the process of planning care delivery is a key recommendation of the Independent Review of Adult Social Care in Scotland.

The Scottish Government is about to embark on the review of the draft document, 'Planning with People – Community Engagement and participation guidance for health and social care'[3]. The results of survey 9, together with further planned community engagement research, will

[3] 'Planning with People – Community Engagement and participation guidance for health and social care' provides community engagement and participation guidance for NHS Boards, Integration Joint Boards and Local Authorities that are planning and commissioning care services in Scotland. The guidance was published March 2021 and is co-owned by Scottish Government and COSLA. You can find further information on the Planning with People Scottish Government webpage.

help to evidence examples of 'good engagement'. It is important that guidance on community engagement evolves with experience. This survey's findings will help underpin all further evidence gathering and learning.

The results of this survey show that more than six in ten people are unaware that they have the right to get involved in the design and delivery of new health or social care services and comment on changes to existing services. In addition, over the last three years only around one in ten Panel members had been asked to give feedback or opinion on service design or change in local health or social care.

More work, therefore, needs to be done by health and social care bodies to promote public involvement in their services and encourage and support people to actively participate in engagement.

For those who had been involved in engagement, reasons for positive experiences included having an opportunity to give their views and make a difference, as well as reporting that the engagement process had gone well and it was easy to take part in. Those respondents that were neutral or not as positive about their experience reported that they hadn't seen any change, don't know the impact of their involvement, or that it was difficult to take part.

There is a need to emphasise to care providers that engagement cannot be tokenistic – in order to engage meaningfully, engagers must be prepared to listen and reflect, act on the engagement as well as feedback to participants. It can also be concluded that those who lead engagement should pay particular attention to how they engage, for example reflecting on whether the chosen method is most appropriate for the audience. Investment in engagement, whether time, staff resources, or financial must be properly planned and targeted to achieve meaningful results.

In terms of the method of involvement, the most common way of being involved was by responding to an online survey (66%), followed by a postal survey (28%) and then an in person discussion or focus group (13%). This may well reflect engagement during the pandemic with a high response from online surveys, however, health and social care bodies should use multiple methods of engagement to ensure a cross-section of the population can participate.

Asking about 'what matters to you' with respect to being involved in the design of new health or social care services or changing existing services revealed that aspects that matter most to respondents are positive reasons for undertaking engagement:

- being able to improve local services (65%),
- knowing that your feedback could lead to changes and inform decision making (56%), and
- having a say on health and social care issues that matter to you (45%).

This gets right to the heart of good engagement. People are prepared to engage because they value the opportunities that arise – improve local services, having a say and informing decision making. Ultimately, by involving communities meaningfully and at an early stage can

have significant benefits for all involved – potential cost savings, new and innovative ideas not previously considered, fit for purpose design, empowered community and mutual trust.

The review of 'Planning with People – Community Engagement and participation guidance for health and social care' intends to report on this important feedback within draft conclusions and as well stating clearly the value of early engagement to all concerned.

As a result of the findings on Public Engagement in Health and Social Care Service and Design, we make the following recommendations to the Scottish Government, NHS boards, Health and Social Care Partnerships and Local Authorities:

1. Incorporate the findings of the above survey into the review of 'Planning with People – Community Engagement and participation guidance for health and social care' (published March 2021 by Scottish Government and COSLA).
2. Continue to develop existing strategies for public engagement to encourage all communities to participate in health and social care service design, including:
    - raising awareness of the public's right to get involved in the design and delivery of new health and social care services
    - informing the public about proposed changes to health and social care services throughout an engagement process, and
    - providing feedback on the results and/or impact of the engagement to those who took part.
3. Healthcare Improvement Scotland – Community Engagement to work collaboratively with partners to develop training opportunities for staff to increase confidence when involving people.

Chapter 3: COVID-19 vaccination programme inclusion

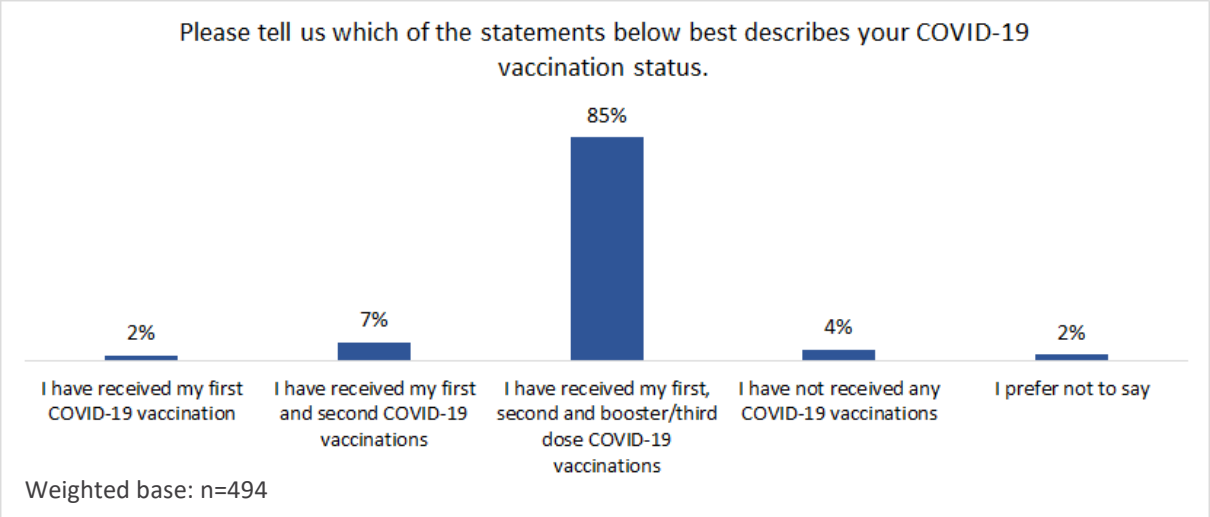
Introduction

The Scottish COVID-19 vaccination programme has been a significant part of Scotland's response to the pandemic, aiming to provide as much protection as possible from the virus and support the country to go back to a more normal way of life.

It is vital for vaccination programmes to reach everyone and ensure no one is left behind, both for individual health and our public health. Ensuring vaccinations are accessible is therefore crucial to an inclusive vaccination programme. These questions aimed to understand how accessible the programme was, including relevant information, booking systems and venues. We also sought to find out where things have worked well and what could be improved, to better understand the impact of the COVID-19 vaccination programme's policies and shape future planning.

Vaccination status

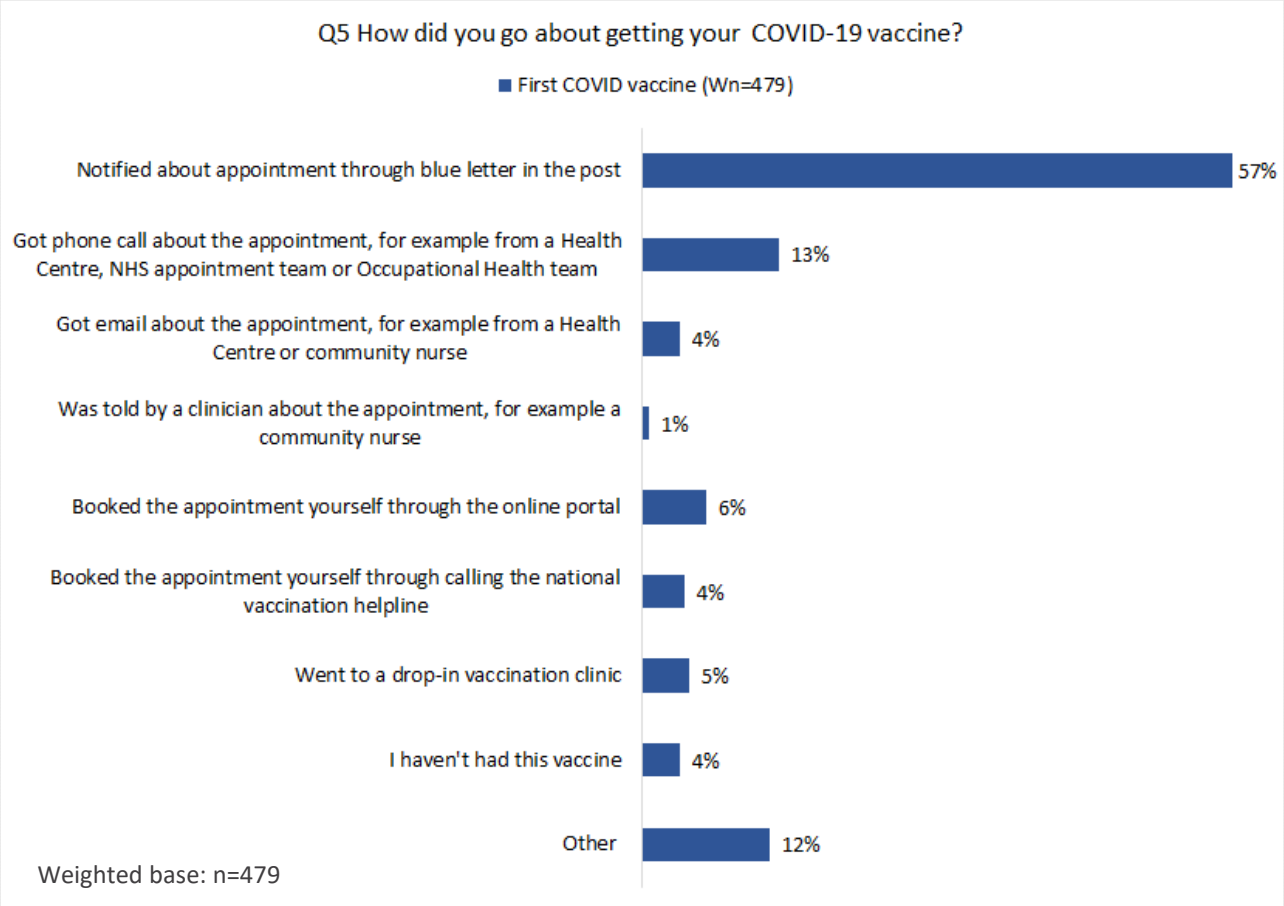
In order to ensure we could understand respondents' experience of COVID-19 vaccination programme, we began by asking respondents their vaccination status. As shown, the vast majority had received at least one vaccination, with 85% having received their first, second and booster/ third vaccinations. Just 4% of respondents had not received any COVID-19 vaccinations.

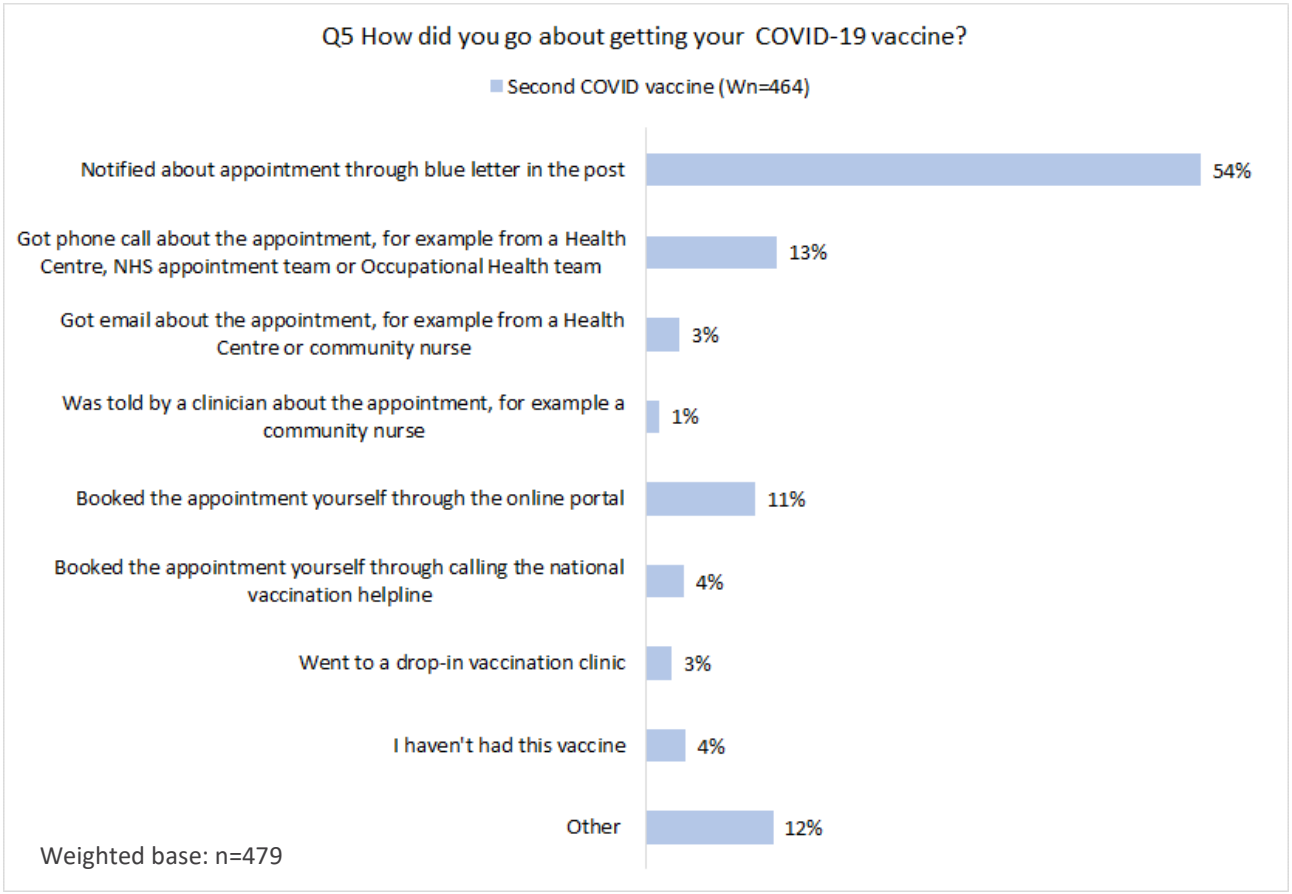


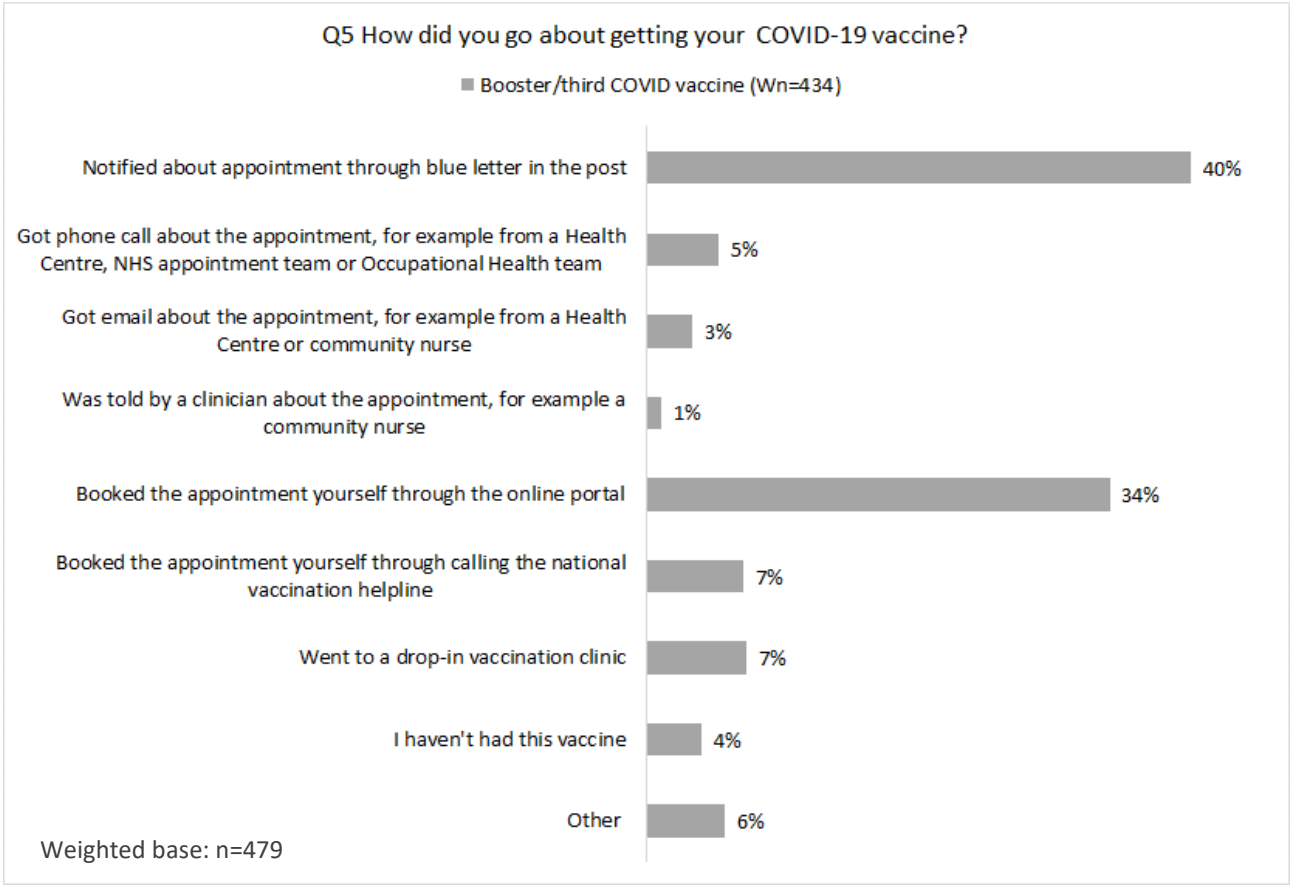
Mode of getting COVID-19 vaccinations

Respondents were asked how they went about getting their COVID-19 vaccine(s). The most common method of being informed about their COVID-19 vaccine was by being notified about the appointment through blue letter in the post. This was the case for all three vaccines, with 57% of respondents noting this was how they were informed about their first vaccine, 54% for the second vaccine and 40% for the third vaccine.

It is interesting to note that the prevalence of booking through the online portal rose significantly for the third or booster vaccine, rising from 6% for the first vaccine and 11% for the second up to 34% for the third vaccine. However, for context, it is important to note that younger age groups were not notified via blue letter for their booster/third vaccination and were encouraged to book their vaccination appointments themselves.




Q5 How did you go about getting your COVID-19 vaccine?
Second COVID vaccine (Wn=464)
Notified about appointment through blue letter in the post
54%
Got phone call about the appointment, for example from a Health Centre, NHS appointment team or Occupational Health team
13%
Got email about the appointment, for example from a Health Centre or community nurse
3%
Was told by a clinician about the appointment, for example a community nurse
1%
Booked the appointment yourself through the online portal
11%
Booked the appointment yourself through calling the national vaccination helpline
4%
Went to a drop-in vaccination clinic
3%
I haven't had this vaccine
4%
Other
12%
Weighted base: n=479


Q5 How did you go about getting your COVID-19 vaccine?
Booster/third COVID vaccine (Wn=434)
Notified about appointment through blue letter in the post
40%
Got phone call about the appointment, for example from a Health Centre, NHS appointment team or Occupational Health team
5%
Got email about the appointment, for example from a Health Centre or community nurse
3%
Was told by a clinician about the appointment, for example a community nurse
1%
Booked the appointment yourself through the online portal
34%
Booked the appointment yourself through calling the national vaccination helpline
7%
Went to a drop-in vaccination clinic
7%
I haven't had this vaccine
4%
Other
6%
Weighted base: n=479

Some examples of 'other' methods included:

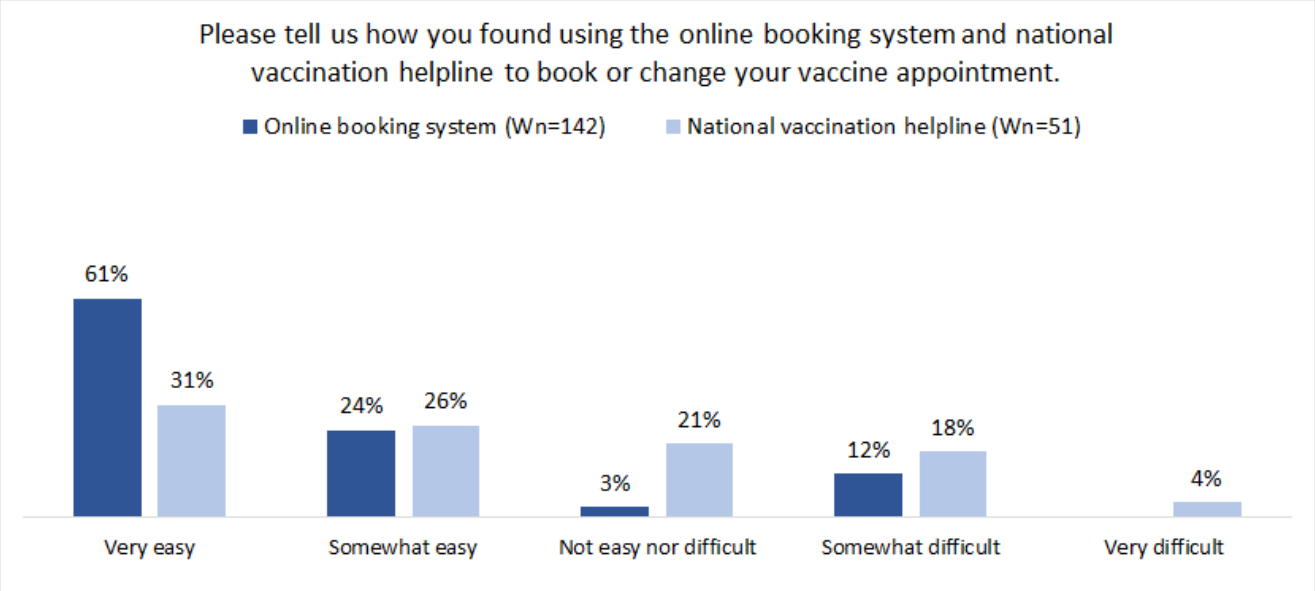
- Offered through work and given a link to book online.
- Text message from GP surgery.
- As I was totally isolating my medical practice sent a nurse with both doses.
- Spare vaccines at work one day so I took the opportunity to take the vaccine that day (NHS staff).
- In Oxford trial in Glasgow.
- Phoned local surgery and made an appointment.

Experience of online booking system and National Vaccination Helpline

Where respondents had used either the online booking system or the National Vaccination Helpline to either book or change their vaccine appointment, they were asked how easy or difficult they found using these.

As shown, the experience of using the online booking system was largely positive with 85% stating they found this either very easy or somewhat easy to use. 12% said they found this somewhat difficult to use, and no respondents said they found this very difficult to use.

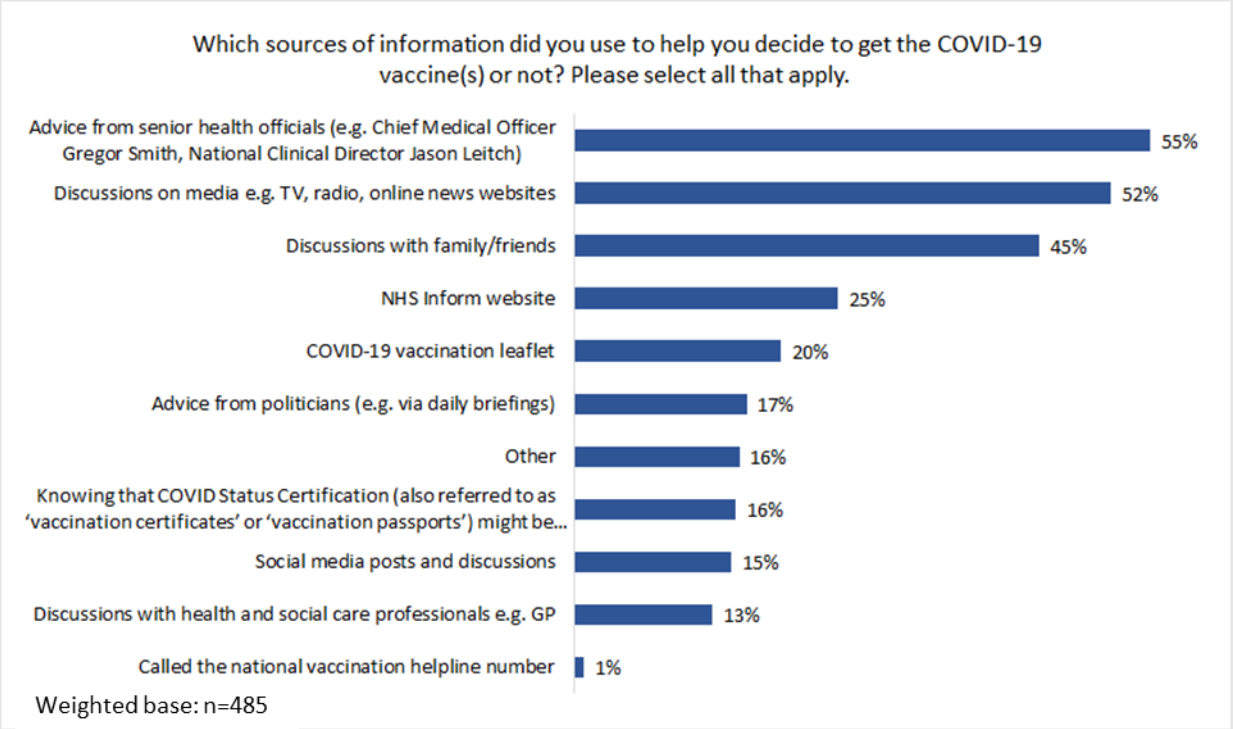
For those calling the National Vaccination Helpline, 57% of respondents said they found this very or somewhat easy to use, 21% said this was neither easy nor difficult to use and 23% said they found this somewhat difficult or very difficult to use.



Sources of information on the COVID-19 vaccine

When asked what sources of information they used to help them decide whether to get the COVID-19 vaccine or not, the most commonly used sources were: advice from senior health officials (55%), discussions in the media (TV, radio, online news websites) (52%) and discussions with family and friends (45%).

With respect to NHS information sources, 25% had used the NHS Inform website and 20% a COVID-19 vaccination leaflet.

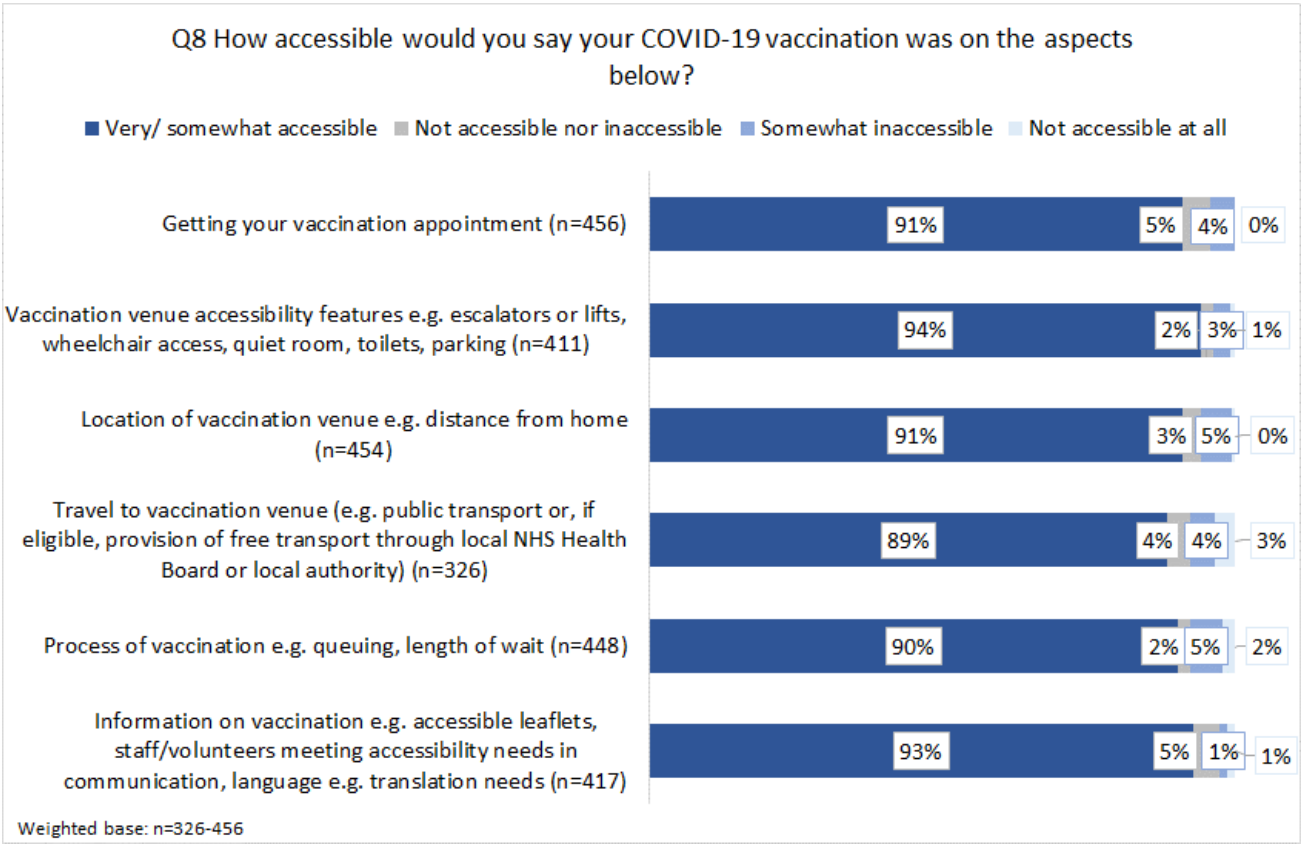


Accessibility of COVID-19 vaccination

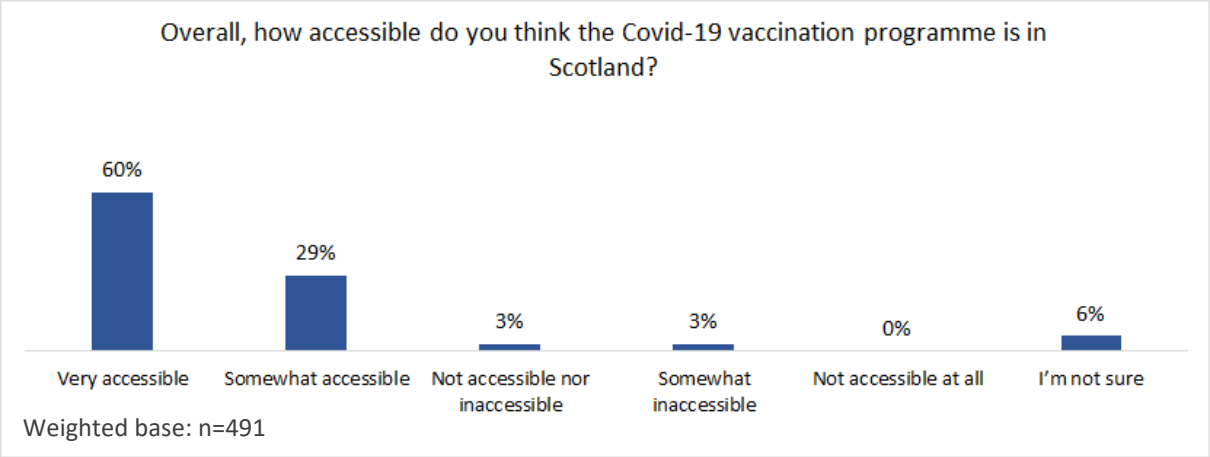
Those who had been vaccinated were asked how accessible they found different aspects of their COVID-19 vaccination process. If respondents said they had not used any aspect mentioned in the survey then they have been excluded from this analysis.

This shows that the vast majority of respondents found all aspects of the vaccination process accessible. Most likely to be described as accessible were the vaccination venue accessibility features (94%), information on the vaccination (93%), location of the vaccination venue (91%) and getting to the vaccination appointment (91%).

According to the respondents, the aspects of COVID-19 vaccination that were less accessible or inaccessible were the process of vaccination and travel to the vaccination venue. 5% found the process of vaccination itself for example queuing, length of wait somewhat inaccessible and 2% said it was not accessible at all. 4% found travel to vaccination venue to be somewhat inaccessible, and 3% found it not accessible at all.



Overall, 89% of respondents stated they thought the COVID-19 vaccination programme in Scotland was either very accessible or somewhat accessible compared to just 3% who stated they believed it to be either somewhat inaccessible or not accessible at all.



All respondents were then asked why they gave this response. Where respondents noted differences between vaccination dose experiences, the reasons that contributed to the difference in experience are highlighted, for example if the difference is described focusing on a different venue or a difference in waiting time. It is worth noting that this difference between dose experiences does not indicate that one experience was better than another, rather, many simply indicated that there was a difference in an aspect, such as the venue, without saying whether this was a positive or negative aspect of their experience.

The most common comment relating to the general accessibility of the vaccination programme was that participants had no problems: it was easy, it was accessible (42%).

The next most common comment noted that participants had different experiences between vaccinations, noting that they had travelled to different venues which were different distances away (8%). The next two most common comments related to aspects which were not as accessible. These were most commonly noted as difficulty in arranging appointments or availability of other appointments (7%) and had to travel/ too far/ difficult to get to without a car (7%). It is important to note that not all these respondents said they believed the programme to be inaccessible, but made suggestions for how accessibility could be improved.

Our analysis of the responses given is shown in the following table.

Why do you say this?		
Weighted base: n=379	**No**	**%**
Accessible		
had no problems/ was easy/ accessible	158	42%
local, not too far to travel, easy to travel to	24	6%
no delays/ quick process	17	5%
good communication/ information provided	17	5%
could get appointment at time that suited/ easy to book	14	4%
staff friendly/ helpful/ excellent	9	2%
many venues to choose from	7	2%
drop-in was convenient	4	1%
needs were accommodated for example elderly/ disability	3	1%
good parking	3	1%
Less accessible		
difficult to arrange appointments/ availability of other appointments	27	7%
had to travel/ too far/ difficult to get to without a car	26	7%
big delays/ had to queue	18	5%
poor communication	14	4%
needs were not accommodated for example elderly/ disability	13	3%
online booking system	7	2%
no parking	3	1%
family members going at different times/ locations	3	1%
Different experience between vaccinations, difference around:		
distance travelled	31	8%
waiting time	17	5%
different locations	16	4%
getting appointments at time that suited/ ease of booking	10	3%
information provided	5	1%
Other	25	7%

Some examples of the comments where things were accessible are shown below:

Personally all covid jabs were local to where I was and quickly delivered with no excessive delays.

All vaccinations were programmed and kept to days and times and locations.

My overall experience of the process has been very positive.

Various options of booking vaccinations.

Given the scale of the task the service delivered and the customer experience was always positive.

It is very accessible with COVID programme in every community. Some may be better than others, overall my experience has been very straight forward and accessible.

I was able to access online portal for the NHS staff and book an appointment.

Vaccination centre took me on date and time even with no appointment.

Plenty venues and opportunities and appointments for people to get vaccinated.

The health centre in [place] is within walking distance.

Examples of comments around the less accessible aspects are shown below:

My experience was no problem. And was all local some people I know had to travel right across [city], others had to travel across [same city] and out to [area further away from city].

Booster was at [area] which was not accessible.

My second vaccination was 1 month later than it should have been and the booster system was a shambles.

Some family had to travel out the area for their vacations.

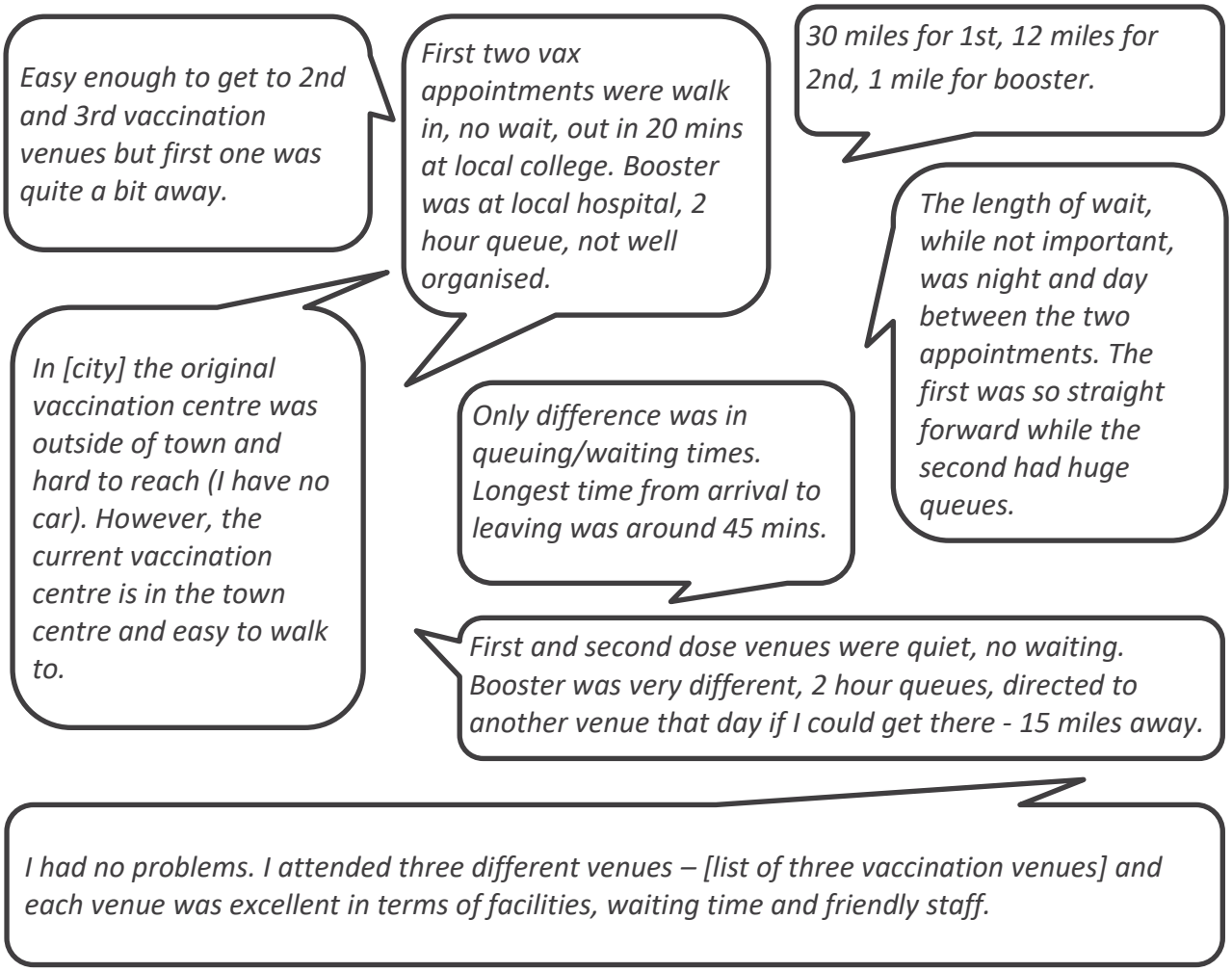
There are plenty of places it is available but little things like my husband was to go to one place and me another on the same day a few hours apart was not great.

It was rather difficult securing a booking for the booster shot compared to the previous two vaccines. Apparently the walk-in policy at the vaccination centre would change from one day to the next.

I had some difficulty in booking vaccinations appointments because that was to do with the technological side of the process. Booking system going live and the sheer amount of people trying to make an appointment.

First appointment was local; second was not local; booster was local again. Without a car I would have had major issues getting the second vaccine.

Finally, examples of comments around differences in experience are shown below:



Respondents were then asked, in their experience, if there was anything that would make their COVID-19 vaccinations easier and more accessible for them. Positively, the most common response was that nothing could have been done to make their COVID-19 vaccination easier and more accessible for them (39%).

However, common suggestions for improvement were providing vaccination at more local centres/ at GP practices (19%), improved organisation at the venue, for example signage, seating, checking in (11%) and an improved online booking system (6%).

In your experience, is there anything that would make your COVID-19 vaccination easier and more accessible for you?		
Weighted base: n=284	**No**	**%**
Nothing	110	39%
More local centres/ at GP Practice	55	19%
Improved organisation at venue for example signage, seating, check in	31	11%
Improved online booking system	18	6%
A centre that was more accessible with parking/ public transport	13	5%
Other	13	5%
No/ smaller queues	9	3%
Experience was very good/ no need to improve	9	3%
Vaccinations at closest geographical venue	9	3%
Improved notification system by post/ email/ phone/ via GP	9	3%
Offering vaccinations at home for those who need it	5	2%
Evening/ weekend appointments for those in employment	5	2%
Transport provided to/ from vaccination centre	4	1%
Ability to get vaccinated with family	2	1%
Vaccinations all at the same venue	2	1%

Some examples of the comments are shown below:

Having appointment closer to home, which was the case with booster.

More intuitive website. A wider range of appointments available.

Nothing the whole experience was simple and well organised.

Very good service. Easy and accessible for me.

Offer seats to people if there is a long wait. Or prioritise people with mobility problems

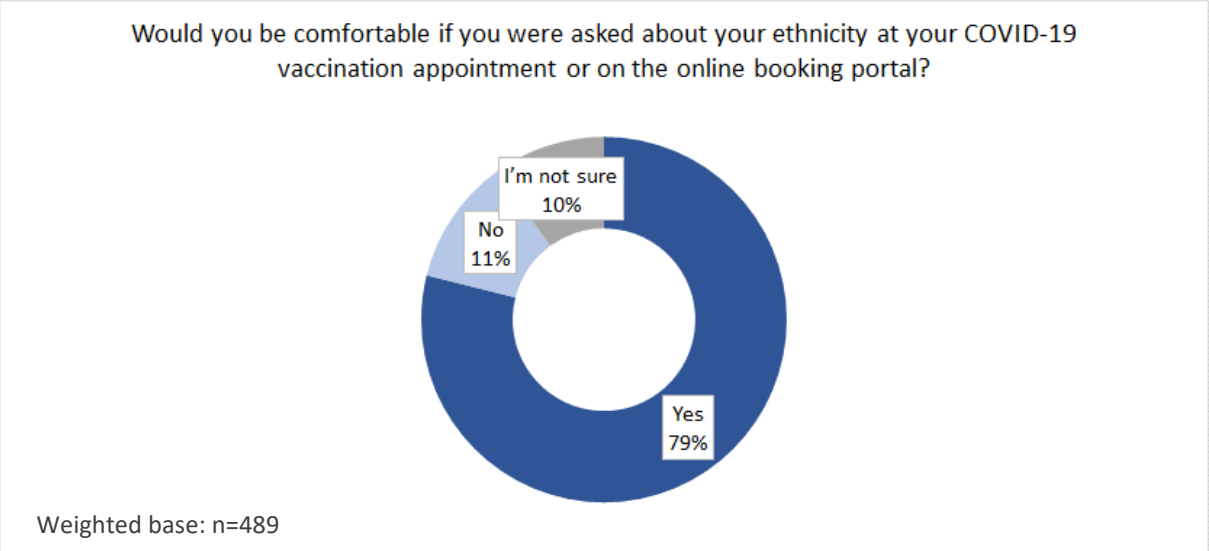
In my experience the process was very professional throughout. Distances were maintained, verbal information and leaflets on the vaccine used were readily supplied and the nurses were excellent.

Plenty appointments in smaller towns and villages or offers of transport if needed.

No, apart from the length of having to wait. Some people seem to be able to attend appointment and walk through which was my experience on one occasion but not the last.

Attitudes towards asking for ethnicity equalities data at vaccination

It was explained to respondents that information about their ethnicity is now being collected at vaccination appointments to help the Scottish Government understand health inequalities, and that they may have been asked about their ethnicity at their vaccine appointment. Respondents were then asked if they would be comfortable if they were asked about their ethnicity at their COVID-19 vaccination appointment or on the online booking portal. Almost eight out of ten respondents (79%) said that 'yes' they would be comfortable if asked about their ethnicity. 11% said 'no' and 10% said 'I'm not sure'.



When asked why they said this, the most common response was that they have no problems disclosing this information (50%). A further 29% said it would collect statistics which will be used to improve inclusion/services and to better understand COVID-19.

Where respondents were neutral or not positive about being asked this information, the most common reasons given for this were that ethnicity is not relevant to COVID-19 vaccination or healthcare in general (6%) or that it should only be asked for valid reasons (4%).

Why do you say this?		
Weighted base: n=324	**No**	**%**
Positive or neutral about collecting ethnicity information		
I have no problems disclosing this information	161	50%
It will collect statistics which will be used to improve inclusion/ services/ understand COVID	95	29%
Should only be asked for valid reasons	14	4%
Ethnicity is relevant to COVID-19 vaccination or healthcare in general	11	3%
Negative about collecting ethnicity information		
Ethnicity is not relevant to COVID-19 vaccination or healthcare in general	20	6%
Information is already asked by GP/ census – it's duplication	4	1%
Should not be asked/nobody's business	4	1%
My ethnicity is clear to see	3	1%
Other	12	4%

Some examples of the comments made are shown below:

No difficulties with question - useful information.

If answering this question helps build a better service for all, then why would you not be comfortable.

It would depend on relevance.

Not appropriate as it assumes people are different.

It is the only way to know and gather information, although that detail should already be in our medical records.

Understand need to shape services to reduce inequalities.

I was uncertain why it was required and I am always unhappy that we require stats of this nature as it appears to divide. If used to better allocate vaccine based on ethnicity then that would be OK.

Multicultural society. Useful for research and ensuring equity

I'm not really sure whether this question really helps understand health inequalities or enforces the idea that some ethnicities are more or less inclined to get vaccinated and therefore, helps enforce some stereotypes.

Vulnerability to Covid-19 is influenced by ethnicity, so ethnicity is important when prioritising vaccination.

Conclusions and recommendations on COVID-19 vaccination programme inclusion

The Scottish COVID-19 vaccination programme has been a significant part of Scotland's response to the pandemic, aiming to provide as much protection as possible from serious outcomes of the virus and support the country to go back to a more normal way of life. These findings will help better understand the impact of the COVID-19 vaccination programme and shape future planning.

The vast majority of the respondents were vaccinated, with only 4% saying they had not had any COVID-19 vaccines. This suggests most people were able to access the vaccination programme and successfully get their vaccine.

Respondents got their vaccination appointment in a range of ways, for example through a blue letter in the post or by going to a drop-in vaccination clinic. Use of the online portal to book a vaccination appointment increased for the third or booster vaccine. This may be due to people becoming more aware of the online portal, but may also be due to younger age groups being encouraged to use the portal, as they were not notified by blue letter for this dose.

There were positive findings around COVID-19 vaccination accessibility, with a large majority of the sample saying it was accessible (89%) and 39% saying nothing could be done to make their COVID-19 vaccination more accessible. The most accessible aspects were venue accessibility features (94%), information on vaccination (93%), location of the vaccination venue (91%), and getting to the appointment (91%). The National Vaccination Helpline and online portal were both seen as easy to use by most respondents who had used them (57% and 85% respectively). However, 22% of those who had used the National Vaccination Helpline (Wn=51) found it somewhat difficult or very difficult to use, suggesting that it would be helpful to further explore challenges around this and provide improved support. Difference in experience between vaccination doses was noted by some participants, and for some this was due to having to travel further or less far for their vaccination (8%).

Respondents used a diverse range of information sources to help them decide whether or not to get the COVID-19 vaccine. Advice from senior health officials was most commonly used for this (55%), however, more informal sources of information were also commonly used, such as discussions with family and friends (45%).

The vast majority of respondents were comfortable about being asked their ethnicity at the point of vaccination (79%) and 29% understood that this would help improve accessibility and services.

An area for improvement highlighted by these findings is around the locality of vaccination clinics, with 7% of respondents mentioning challenges due to the distance of the vaccination clinic from their home and 19% suggesting improvement should focus on providing vaccination more locally. Concerns were also raised about the length of wait at vaccination

appointments, especially for those with mobility issues, and 11% suggested improved organisation around accessibility at vaccination venues, such as improved seating and check in.

As a result of the findings on COVID-19 vaccination programme inclusion, we make the following recommendations for the Scottish Government and delivery partners for future vaccination programmes:

1. Continue to provide clear and valued public information, offer diverse and flexible delivery processes and work with the third sector to facilitate vaccination uptake.
2. Ensure that people are offered appointments at the most convenient site for their vaccine. Maintaining the person-centred approach in the COVID-19 vaccination programme, people should continue to be able to reschedule appointments and choose different venues to receive the vaccine. People should also be offered the flexibility to have their vaccine in a different NHS board area. This should also be considered in the context of wider vaccination programmes, not just COVID-19.
3. Ensure that vaccination clinics are fully accessible to all and suit the needs of the individuals attending. Ensure that support needs are met in line with recorded requirements, for example providing a quiet room, short queue for those who can't stand, wheelchair access, an interpreter or sight guide, or accompaniment by a carer.
4. Provide accessible localised information on how to get to vaccination locations, liaising with local authorities, services and third sector organisations. This should also include details on free and subsidised travel. Ensure that specialised services are provided where there is no provision of public transport.
5. Involve local communities and third sector partners in decisions about venue use, auditing accessibility of venues and supporting people to attend.
6. Ensure there is a simple, well publicised and accessible route for individuals to request support if they have specific requirements to access all aspects of vaccination, including information.
7. Continue to seek and respond to feedback of service users using the National Vaccination Helpline.
8. Continue to utilise the significant influence of advice from senior health officials in further major health interventions, as well as continuing to develop information to be shared more informally, becoming part of informal conversations with family and friends.
9. Continue collecting ethnicity data at point of vaccination, and communicate further the purpose and benefits to support the public's understanding.
10. Ensure learning around accessibility from the COVID-19 vaccination programme is collected, consolidated and shared with all relevant bodies and organisations, as well as with the public, in order to shape future policy around vaccination and major health interventions.

Chapter 4: COVID Status Certification

Introduction

COVID Status Certification (sometimes known as the COVID passport or vaccine passport) was part of the Scottish Government package of protective measures aimed at delivering its strategic intent to 'suppress the virus to a level consistent with alleviating its harms while we recover and rebuild for a better future'[4]. It was a proportionate measure that sought to make contacts safer by requiring checks that customers of the settings in scope (subject to certain exemptions) were fully vaccinated or had a recent negative test. Mandatory domestic COVID Status Certification operated between 1 October 2021 and 28 February 2022. As part of COVID Status Certification, the public were required to show proof of COVID vaccination or a record of a negative test, either a Lateral Flow Test (LFT) at home test or a PCR lab test in the previous 24 hours, in order to access certain high risk settings in Scotland, such as nightclubs or large sporting events. Proof of vaccine or a negative test may have also been required in other settings such as for international travel. International COVID Status Certification was not considered as part of this work. The questions in this survey, asked between January and April 2022, relate to the use of COVID Status Certification within Scotland only (as opposed to COVID Status Certification for international travel).

It is important to note that when restrictions were relaxed in Scotland on 28 February 28 2022, mandatory domestic COVID Status Certification was no longer required. As this took place during the Citizens' Panel 9 fieldwork, some of the findings below may be influenced by the fact that mandatory COVID Status Certification was no longer in operation, and some respondents will have answered the questions after mandatory use ceased.

The findings from this Citizens' Panel survey will help Scottish Government to assess the impacts and efficacy of COVID Status Certification and inform future policy. It will support greater understanding of people's attitudes and behaviours towards certification and how it may have interacted with vaccine take-up. The findings highlight where people were finding COVID Status Certification difficult to use, and will help make improvements to any similar interventions in the future.

Agreement with statements about COVID Status Certification

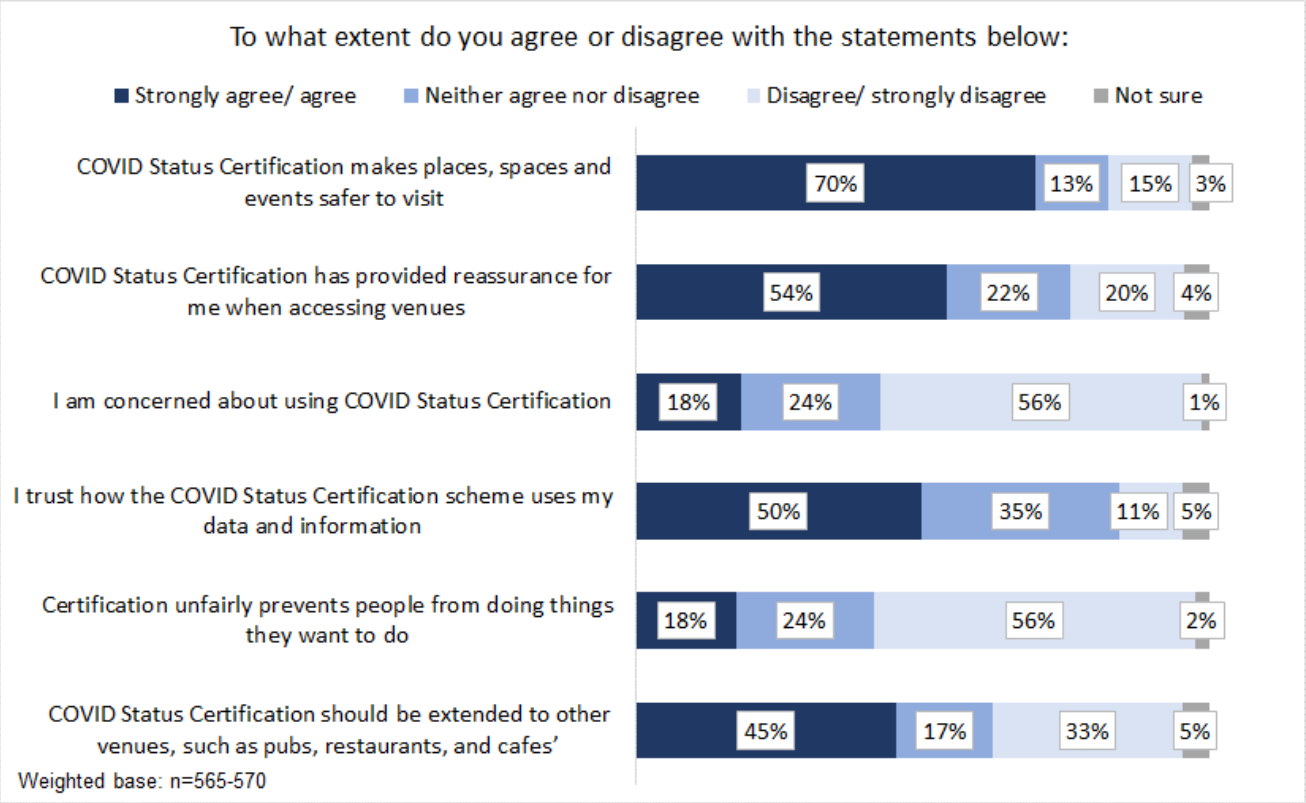
When asked the extent to which they agreed or disagreed with a number of statements about COVID Status Certification, respondents were most likely to state that they strongly agreed or agreed that:

[4] As outlined in *Coronavirus (COVID-19): Scotland's Strategic Framework update - June 2021* found on the Scottish Government website.

- COVID Status Certification makes places, spaces and events safer to visit (70% strongly agree or agree).
- I trust how the COVID Status Certification scheme uses my data and information (50% strongly agree or agree).

Respondents were more likely to either disagree or strongly disagree with the following statements:

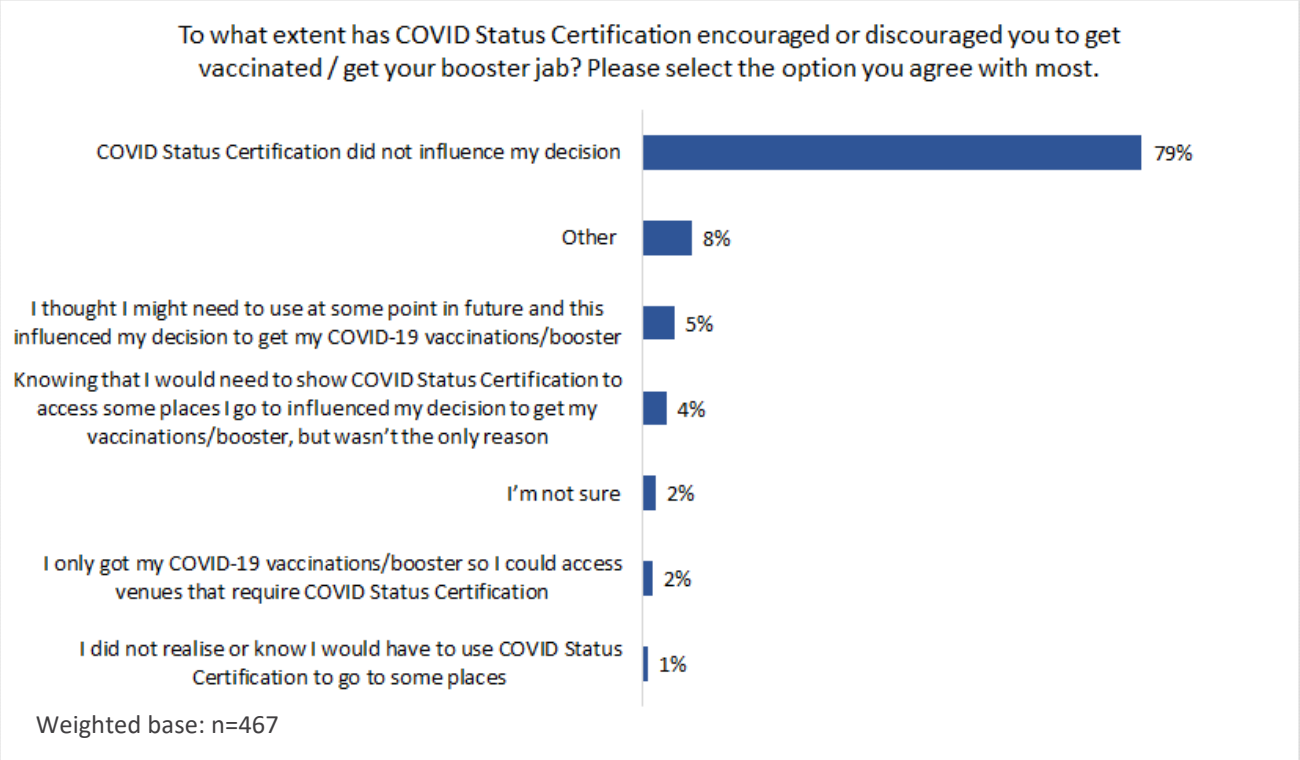
- I am concerned about using COVID Status Certification (56% disagree or strongly disagree)
- Certification unfairly prevents people from doing things they want to do (56% disagree or strongly disagree).



Impact of COVID Status Certification on getting vaccinated

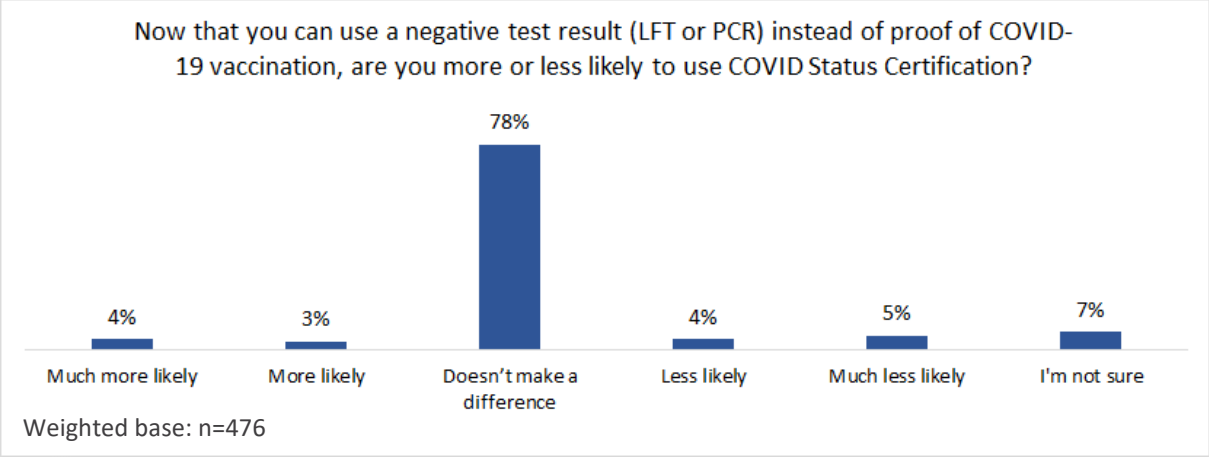
When asked if COVID Status Certification encouraged or discouraged participants to get vaccinated, it was clear that COVID Status Certification did not influence the decision of the majority (79%).

Just 2% of respondents said that they only got their COVID-19 vaccinations/ booster so that they could access venues that require COVID Status Certification.



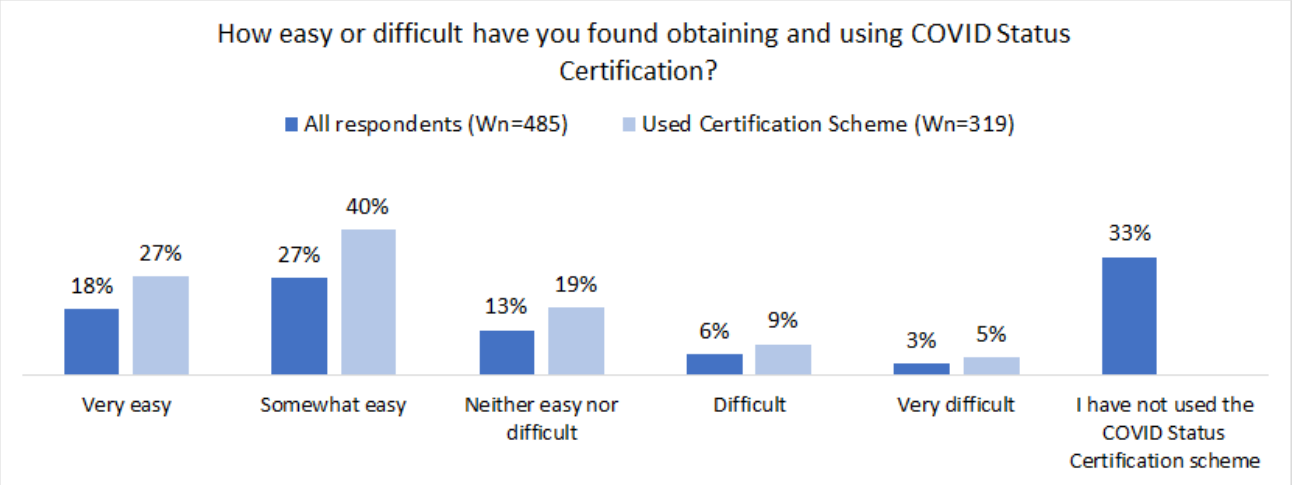
Use of negative test results

Over three quarters of respondents (78%) said that being able to provide a negative test result (LFT or PCR) instead of proof of COVID vaccination, an option that was available from 6 December 2021, did not make a difference in terms of their likely use of COVID Status Certification. 7% said they would be more likely to use COVID Status Certification when that option was available, whereas 9% said they would be less likely.



Ease of obtaining and using COVID Status Certification

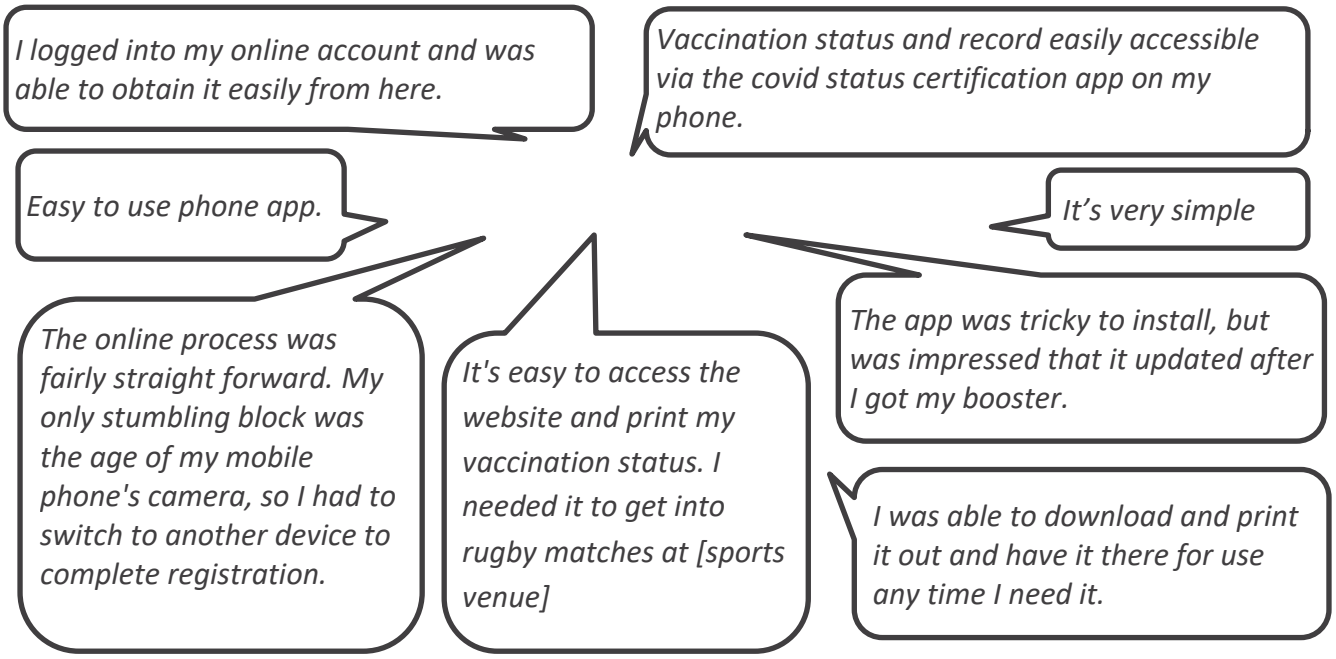
When asked about the ease of obtaining and using COVID Status Certification, 33% of respondents said they have not used this, which is important to keep in mind when considering further findings below. Of those that had used COVID Status Certification, 68% said they found this either very easy or somewhat easy to use, 19% said it was neither easy nor difficult and 14% said they found it difficult to use.



Respondents that had used COVID Status Certification were then asked what made obtaining and using COVID Status Certification either easy or difficult for them. Where it was found to be easy, the most common reasons were that it was easy to download online (34%), using the app (18%), and that it was easy to download on a mobile phone (13%). 10% said that they had a slight difficulty with initial set up or identification but it is now easy. Despite highlighting that the survey questions were around domestic COVID Status Certification, a small number of respondents stated they had used COVID Status Certification for travelling, suggesting that the distinction between domestic and international COVID certification may not have been clear for everyone.

What has made obtaining and using COVID Status Certification easy for you?		
Weighted base: found obtaining Certification easy, n=144	**No**	**%**
Easy to download online	49	34%
Using the App	26	18%
Easy to download on mobile phone	18	13%
Slight difficulty with initial set up/ identification but now easy	15	10%
Simple process/ it was easy	13	9%
Quick and easy telephone call	9	7%
Other	6	4%
Gives me access to places/ I can go where I want to	4	3%
Used it for travelling	3	2%
Someone else arranged it for me	2	2%
Speedy delivery through post	1	1%

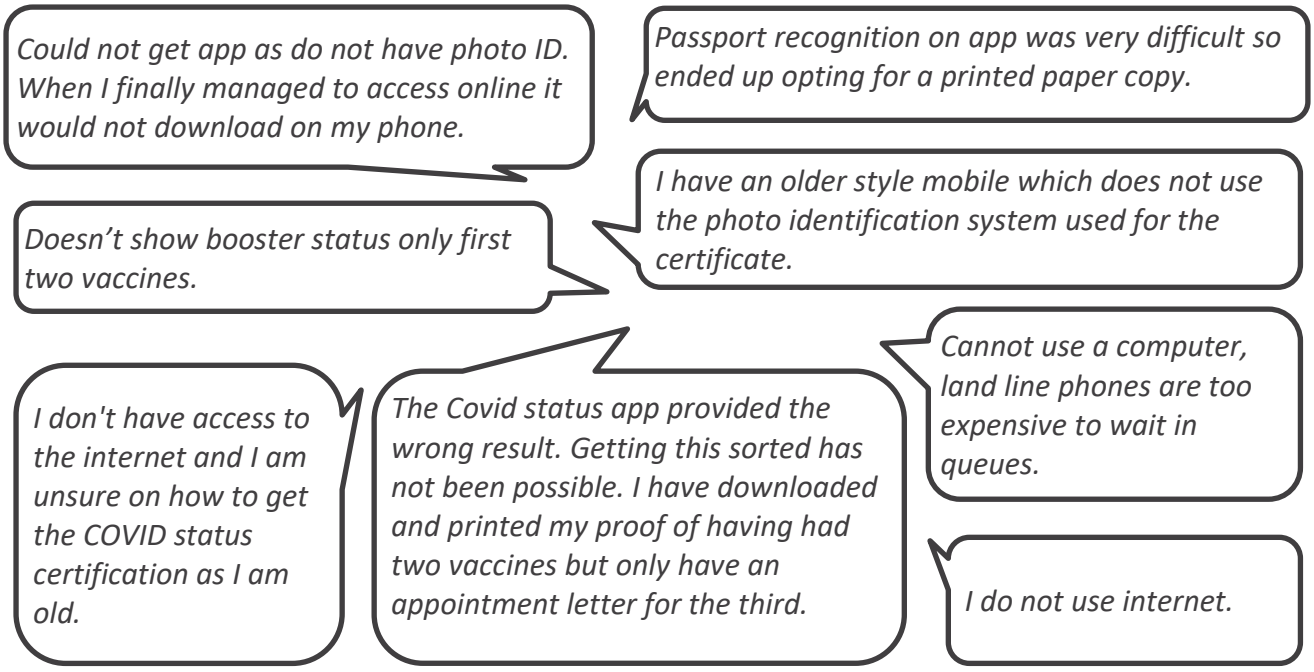
Some examples of the comments are shown below:



Those who had found obtaining and using COVID Status Certification difficult were asked what made it difficult. The most common difficulty was with respect to using the app (35%) followed by having difficulties providing the information needed such as dates, ID or pictures (20%) and then difficulties accessing the website (11%).

What has made obtaining and using COVID Status Certification difficult for you?		
Weighted base: found obtaining Certification difficult, n=39	**No**	**%**
Could not use the app/ had problems with the app	14	35%
Difficulties providing information needed for example dates, ID, pictures	8	20%
Difficulties accessing the website	4	11%
Do not use the internet/ computers/ smartphone	3	7%
The process was complicated	2	6%
Other	8	22%

Some examples of the comments are shown below:



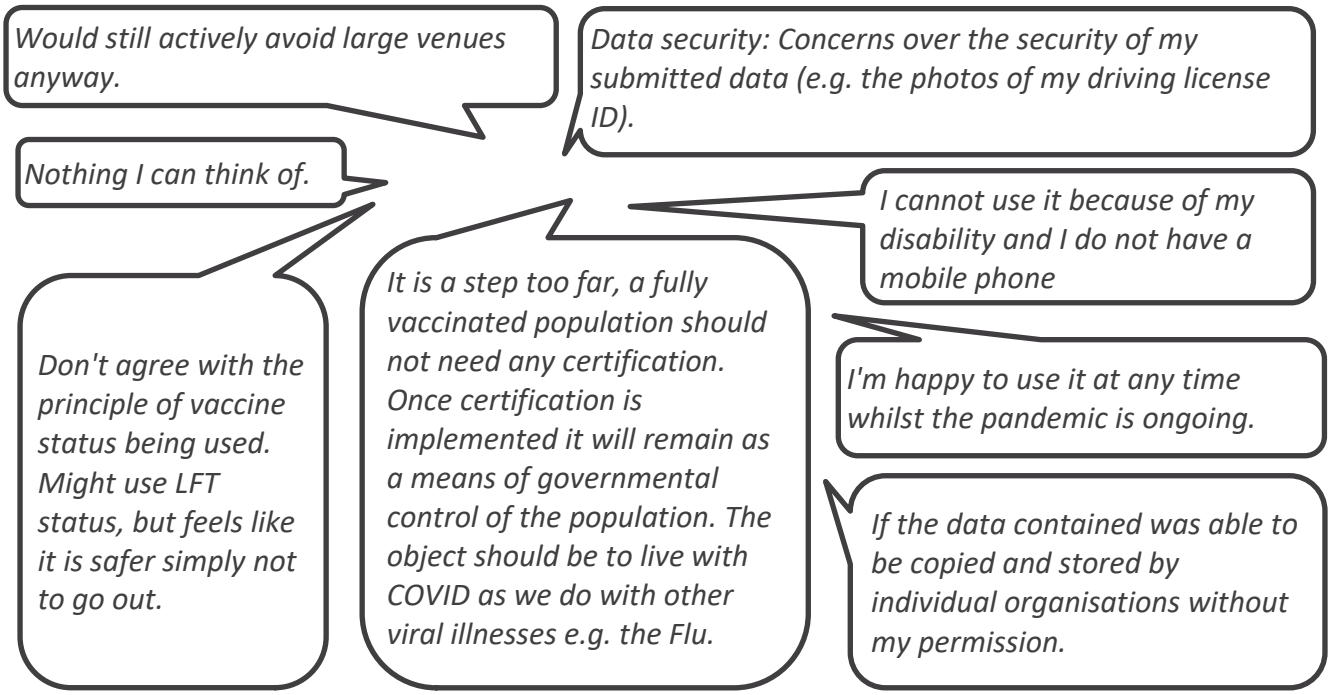
Barriers to using COVID Status Certification

Two open questions were asked of all respondents, whether or not they had used COVID Status Certification, in order to establish barriers to using Certification.

Firstly, respondents were asked if there was anything that would make them choose not to use COVID Status Certification. The most common response was that 'nothing' would make them not use COVID Status Certification (54%). 9% expressed concerns over data security, 8% said that they do not go to the sort of places that it is required, 7% do not support Certification and 7% said that they have not needed to use Certification. However, as 33% had not used COVID Status Certification, as mentioned above, these concerns may be their perception rather than based on their experience.

What would make you not use COVID Status Certification?		
Weighted base: n=279	**No**	**%**
Nothing	150	54%
Concern over data security	26	9%
I don't go to the sort of places it is required	21	8%
I don't support/ am opposed to COVID Certification	20	7%
No need to/ if it is not needed	19	7%
Difficulty accessing my certificate	18	6%
Don't know	9	3%
Certification does not stop COVID-19 being passed	6	2%
Other	5	2%
If it was inconvenient to use for example queuing, needed a paper version	4	1%
I don't have it	3	1%

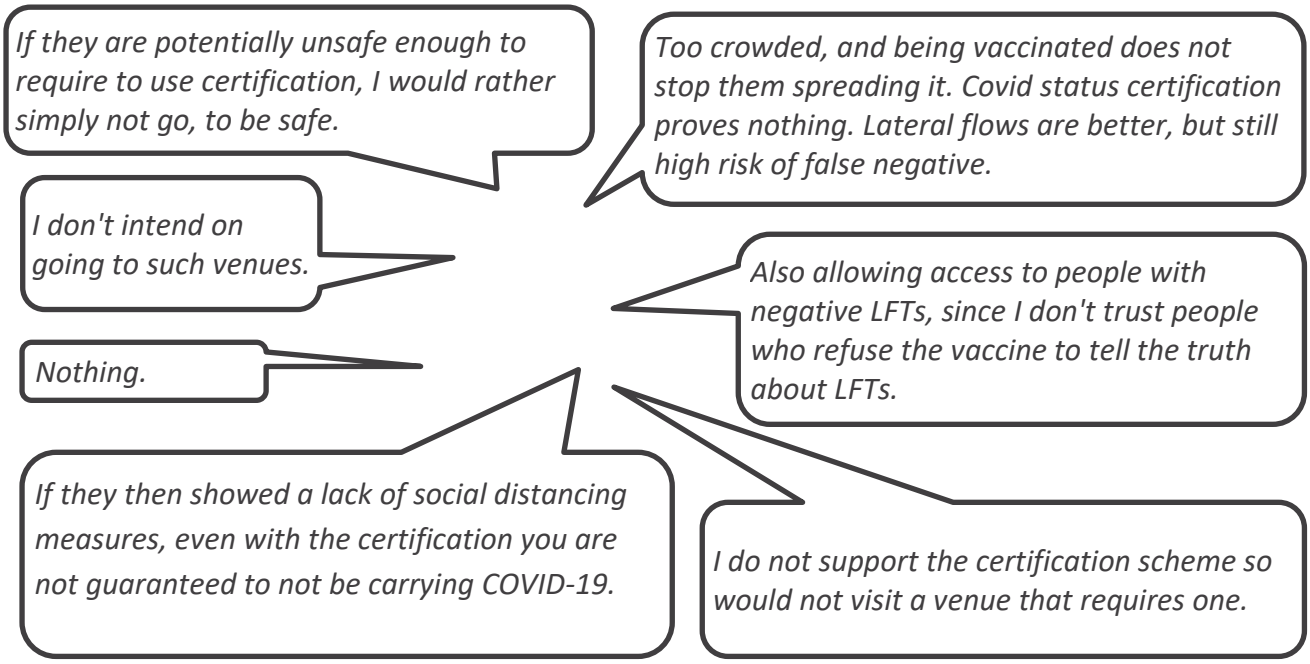
Some examples of the comments are shown below:



When asked what would make them not visit venues where they will be asked to show COVID Status Certification, again, the most common response was that nothing would make respondents not visit venues where they will be asked for Certification (49%). Once again, for context, it is important to note that 33% stated that they had not used COVID Status Certification.

What would make you not visit venues where you will be asked to show your COVID Status Certification?		
Weighted base: n=266	**No**	**%**
Nothing	129	49%
I am keeping myself safe/ avoiding crowded venues	34	13%
I do not go to such venues	16	6%
I don't support COVID Status Certification so would not visit a venue where it was needed	16	6%
I don't have it	16	6%
Lack of trust in the venue checking/ people being honest about their status	14	5%
Other	14	5%
Don't know	8	3%
If it was inconvenient/ a hassle for example had to queue	8	3%
If it was difficult to get online	6	2%
If there were no other measures in place for example distancing/ masks	4	2%

Some examples of the comments are shown below:



Concerns about COVID Status Certification excluding certain individuals or groups

Finally, respondents were asked if they had any concerns or worries about COVID Status Certification excluding themselves, some individuals or groups in any way, and to explain any potential concerns.

Just over one quarter of respondents (27%) said that they did not have any concerns about COVID Status Certification excluding people.

The most common concern was about people not being able to access the technology that is required, for example internet, computer or smartphone (20%). This was followed by unvaccinated people being excluded (10%). It is worth noting that the majority of these comments were made with specific reference to those who are medically exempt and cannot be vaccinated. It is important, however, to note that these are public perceptions and not necessarily based on people's experiences or the policies and practices in place. For example, while non-digital and alternative routes to obtain COVID Status Certification were indeed established, 20% of the respondents continued to have concerns around potential exclusion around digital access or unvaccinated people. These findings may suggest that the Panel members do not feel that the mitigations put in place were enough to resolve their concerns, or they may have not been aware of the steps taken to minimise potential exclusion.

Do you have any concerns or worries about the scheme excluding yourself, some individuals or groups (for example from using the scheme itself or accessing venues)?		
Weighted base: n=329	**No**	**%**
No concerns	90	27%
People not able to access technology for example internet, computer, smartphone	65	20%
That unvaccinated people are excluded	33	10%
Other	31	9%
Not happy with the scheme/ shouldn't be mandatory/ should be personal choice	18	6%
Difficulty accessing certificate	17	5%
Concern over fraudulent usage of scheme	15	5%
Everyone should have to use this	12	4%
Lack of knowledge about the scheme/ how to obtain Certification	12	4%
I don't need it/ won't visit such venues	12	4%
Certification does not prevent spread of COVID	8	2%
Checking of Certification at venues	6	2%
Not everyone has ID for example passport, driving licence	4	1%
Privacy concerns	4	1%
People don't feel it is necessary/ it's a nuisance	2	1%

Some examples of the comments made are noted below:

May be tricky for the older generation to have their COVID status certs and the same for vulnerable groups with no support.

Everyone should have it and must show when going everywhere.

I am not aware of the covid status certification scheme. If it is something that has to be implemented, there should be more information about it, like leaflets sent out, or TV adverts.

Using the app is impossible if you don't have a passport or photographic driving license.

Can be difficult for some people who are not computer literate.

Age issues. Some people find it hard to use smartphones let alone anything else.

People who are unable to be vaccinated due to health risks may be discriminated against if they don't have health exemption included in their covid status certificate.

It is open to fraud. I think where people need to use certification, then an additional piece of ID should also be requested.

I feel patient safety should be considered in all aspects of care.

Conclusions and recommendations on COVID Status Certification

COVID Status Certification (sometimes known as the COVID passport or vaccine passport) was a proportionate measure that sought to make contacts safer by requiring checks that customers of the settings in scope (subject to certain exemptions) were fully vaccinated or had a recent negative test. Mandatory domestic COVID Status Certification operated between 1 October 2021 and 28 February 2022. Mandatory, domestic COVID Status Certification ended as a legal requirement during the Citizens' Panel fieldwork, which means that some respondents will have completed the questions after mandatory COVID Status Certification had ended and some of the findings may be influenced by this. Despite COVID Status Certification no longer being operational, these findings will help assess the impacts and efficacy of the policy and inform future planning and policy around major health interventions.

The findings highlight significant positive impact. Respondents were overall happy with COVID Status Certification as was, with the majority saying that it made them feel safer and provided reassurance when accessing venues (70%).

While COVID Status Certification had a positive impact by helping most people feel safe when accessing venues, it did not influence most people's decision whether or not to get vaccinated (79%), suggesting that mandatory COVID Status Certification may not support higher vaccination rates or compliance. Inclusion of negative tests – as an alternative to vaccination – did not change most people's views on whether they would use COVID Status Certification (78%), though slightly more said they would be less likely to use it, than more likely with the option to include a negative test (9% and 7% respectively). This suggests that the inclusion of a negative test led to loss of trust in COVID Status Certification for some.

It is important to note, however, that a third of the sample (33%) had not used COVID Status Certification. This may have had an impact on how respondents answered these questions, as, for those who had not used COVID Status Certification, responses may be based on perception rather than actual use.

The majority of those who had used COVID Status Certification said they found it easy to use (68%) and that nothing would prevent them from using it (54%). Ease of use was most commonly linked to digital and online aspects, such as downloading it easily online (34%) or using the app (18%). This highlights the importance of continuing the use of digital tools in similar interventions.

In contrast, for the few people that found it difficult to use (15%) this was mostly due to challenges with technology, which highlights the importance of also continuing to provide non-digital routes to COVID Status Certification.

Despite COVID Status Certification positive impact highlighted in these findings, only half of the respondents (50%) said they trusted COVID Status Certification's use of their personal

data and only just over one quarter of respondents (27%) said that they did not have any concerns about COVID Status Certification excluding people. The most common concern was about potentially excluding people due to challenges around technology (20%) or excluding unvaccinated people (10%), with many mentioning specifically those who have medical conditions that mean they can't be vaccinated. It is important to note that exemption processes were put in place for those who could not be vaccinated, for example inclusion of negative testing, and alternative routes were available to access COVID Status Certification, aiming to mitigate any challenges related to the use of technology. Despite this, these concerns, based on people's experiences in practice or perceptions, may suggest that the mitigations put in place and the alternative routes provided to use COVID Status Certification either were not seen as adequate or that participants were unaware of them. This could indicate need for wider and accessible communication about COVID Status Certification, alternative routes to use it, and information around data usage and protection.

As a result of the findings on COVID Status Certification, and in the eventuality that COVID Status Certification was under consideration to be reintroduced or a similar scheme developed, we make the following recommendations to Scottish Government:

1. Continue to use a digital-first approach, as digital tools are mostly well received and seen as easy to use. However, continue to provide equal access via non-digital routes and support to users when they face challenges with technology.
2. Ensure the public has up-to-date and accessible information about COVID Status Certification, including:
    - the importance and need for COVID Status Certification, to increase understanding for those that may not support certification in general, if certification was under consideration to be reintroduced or a similar scheme to be developed.
    - the different routes to COVID Status Certification and how those eligible can access exemptions.
    - the scope of COVID Status Certification and its distinction from non-domestic certification to reinforce understanding, as there was some remaining confusion around domestic COVID Status Certification versus COVID Status Certification for international travel.
    - the use of personal data and data protection.
3. Ensure strong engagement with those most likely to be affected by COVID Status Certification, prior to activating it, as highlighted in 'Planning with People – Community Engagement and participation guidance for health and social care'.
4. Continue to explore the public's experiences and views around COVID Status Certification in terms of the positive impacts and the range of challenges and potential barriers to access highlighted in this report.
5. Consider the impact and efficacy of COVID Status Certification to inform future planning and policy decisions, for example whether there may be influence on vaccine uptake.
6. Ensure learning from COVID Status Certification is collected, consolidated and shared with all relevant bodies and organisations, as well as with the public, in order to shape future policy and major health interventions.

Chapter 5: Recommendations

This survey explored Panel members' experiences and views around public engagement in health and social care, COVID-19 vaccination programme inclusion, and COVID Status Certification. This section pulls together recommendations by Healthcare Improvement Scotland - Community Engagement based on the findings of the Citizens' Panel survey.

Recommendations on public engagement in health and social care service design and change

As a result of the findings on Public Engagement in Health and Social Care Service and Design, we make the following recommendations to the Scottish Government, NHS boards, Health and Social Care Partnerships and Local Authorities:

1. Incorporate the findings of the above survey into the review of 'Planning with People – Community Engagement and participation guidance for health and social care' (published March 2021 by Scottish Government and COSLA).
2. Continue to develop existing strategies for public engagement to encourage all communities to participate in health and social care service design, including:
    - raising awareness of the public's right to get involved in the design and delivery of new health and social care services
    - informing the public about proposed changes to health and social care services throughout an engagement process, and
    - providing feedback on the results and/or impact of the engagement to those who took part.
3. Healthcare Improvement Scotland – Community Engagement to work collaboratively with partners to develop training opportunities for staff to increase confidence when involving people.

Recommendations on COVID-19 vaccination programme inclusion

As a result of the findings on COVID-19 vaccination programme inclusion, we make the following recommendations for the Scottish Government and delivery partners for future vaccination programmes:

1. Continue to provide clear and valued public information, offer diverse and flexible delivery processes and work with the third sector to facilitate vaccination uptake.

2. Ensure that people are offered appointments at the most convenient site for their vaccine. Maintaining the person-centred approach in the COVID-19 vaccination programme, people should continue to be able to reschedule appointments and choose different venues to receive the vaccine. People should also be offered the flexibility to have their vaccine in a different NHS board area. This should also be considered in the context of wider vaccination programmes, not just COVID-19.
3. Ensure that vaccination clinics are fully accessible to all and suit the needs of the individuals attending. Ensure that support needs are met in line with recorded requirements, for example providing a quiet room, short queue for those who can't stand, wheelchair access, an interpreter or sight guide, or accompaniment by a carer.
4. Provide accessible localised information on how to get to vaccination locations, liaising with local authorities, services and third sector organisations. This should also include details on free and subsidised travel. Ensure that specialised services are provided where there is no provision of public transport.
5. Involve local communities and third sector partners in decisions about venue use, auditing accessibility of venues and supporting people to attend.
6. Ensure there is a simple, well publicised and accessible route for individuals to request support if they have specific requirements to access all aspects of vaccination, including information.
7. Continue to seek and respond to feedback of service users using the National Vaccination Helpline.
8. Continue to utilise the significant influence of advice from senior health officials in further major health interventions, as well as continuing to develop information to be shared more informally, becoming part of informal conversations with family and friends.
9. Continue collecting ethnicity data at point of vaccination, and communicate further the purpose and benefits to support the public's understanding.
10. Ensure learning around accessibility from the COVID-19 vaccination programme is collected, consolidated and shared with all relevant bodies and organisations, as well as with the public, in order to shape future policy around vaccination and major health interventions.

Recommendations on COVID Status Certification

As a result of the findings on COVID Status Certification, and in the eventuality that COVID Status Certification was under consideration to be reintroduced or a similar scheme developed, we make the following recommendations to Scottish Government:

1. Continue to use a digital-first approach, as digital tools are mostly well received and seen as easy to use. However, continue to provide equal access via non-digital routes and support to users when they face challenges with technology.

2. Ensure the public has up-to-date and accessible information about COVID Status Certification, including:
    - the importance and need for COVID Status Certification, to increase understanding for those that may not support certification in general, if certification was under consideration to be reintroduced or a similar scheme to be developed.
    - the different routes to COVID Status Certification and how those eligible can access exemptions.
    - the scope of COVID Status Certification and its distinction from non-domestic certification to reinforce understanding, as there was some remaining confusion around domestic COVID Status Certification versus COVID Status Certification for international travel.
    - the use of personal data and data protection.
3. Ensure strong engagement with those most likely to be affected by COVID Status Certification, prior to activating it, as highlighted in 'Planning with People – Community Engagement and participation guidance for health and social care'.
4. Continue to explore the public's experiences and views around COVID Status Certification in terms of the positive impacts and the range of challenges and potential barriers to access highlighted in this report.
5. Consider the impact and efficacy of COVID Status Certification to inform future planning and policy decisions, for example whether there may be influence on vaccine uptake.
6. Ensure learning from COVID Status Certification is collected, consolidated and shared with all relevant bodies and organisations, as well as with the public, in order to shape future policy and major health interventions.

Appendix 1: Questionnaire

Healthcare Improvement Scotland | Community engagement

Citizens' Panel for health and social care

Citizens' Panel Questionnaire

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

- Public Engagement in health and social care service design and change
- COVID-19 vaccination, and
- COVID Status Certification.

We will also ask you a question at the end of the survey around your experience of being a member of the Citizens' Panel.

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 to. If there is anything you do not wish to answer please just move on to the next question.

If you would prefer to complete the survey online, please visit the following link. You will need your ID above to access the survey:

www.researchresource.co.uk/CitizensPanelSurvey.html

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 Panel surveys online, please provide your email address:

1. Public Engagement in health and social care service design and change

When it comes to designing or making changes to health and social care services it is important that NHS Boards, Health and Social Care Partnerships and local authorities listen to the views of people who might use these services. The process of finding out your views is called public engagement.

Q1 a) Are you aware that people across Scotland have the right to get involved in the design and delivery of new health or social care services, and to comment on changes to existing services, beyond giving us feedback through the Citizens' Panel?

- ☐ Yes – Go to Q1b
- ☐ No – Go to Q2a
- ☐ Not Sure – Go to Q2a

Q1b) If yes, how did you find this out?

Q2a) Over the last three years or so, have you been asked to give feedback or opinion on the service design or change in local health or social care? Please do not include Citizens' Panel surveys.

For example, this could be a decision to change cancer treatments at one location, bring a local doctor's surgery and dental practice under one roof, or to increase care provision for older people with dementia where you live.

- ☐ Yes – Go to Q2b
- ☐ No – Go to Q3
- ☐ Not Sure – Go to Q3

Q2b) If yes, can you remember what service this was?

Q2c) How were you involved? Please tick up to 3 options.

- [ ] Online survey
- [ ] Postal survey
- [ ] Telephone interview
- [ ] Discussion group or focus group in person
- [ ] Discussion group or focus group online
- [ ] Drop-in conversation at a local community group or event
- [ ] Meeting at local health centre/community centre
- [ ] Other (please specify):

Q2d) How would you rate your experience in this engagement?

- [ ] Very Positive
- [ ] Positive
- [ ] Neither positive nor negative
- [ ] Negative
- [ ] Very negative
- [ ] I'm not sure

Q2e) Why do you say this?

Q3 What would matter to you most about being involved in the design of new health or social care services or changing existing services? Please tick the 3 things that matter most to you from the list below.

- [ ] Having a say on health and social care issues that matter to you
- [ ] Knowing how you can be involved
- [ ] Practicalities such as location, opening times, and transport
- [ ] Knowing that your feedback could lead to changes and inform decision-making
- [ ] Receiving feedback on the impact of your contribution
- [ ] Knowing that your views and experiences matter
- [ ] Being able to improve local services
- [ ] Inclusivity, such as ensuring you can attend meetings, use of plain language and avoidance of jargon and acronyms
- [ ] Other (please specify)

2. COVID-19 vaccination

The Scottish COVID-19 vaccination programme has been a significant part of Scotland's response to the pandemic, aiming to provide as much protection as possible from serious outcomes of the virus and support the country to go back to a more normal way of life.

We are asking questions below on how inclusive the vaccine programme has been to date and the introduction of COVID-19 Status Certification (COVID Passport). Your responses will help us understand your views on these major public health interventions. We are particularly interested in finding out where things have worked and what could be improved, to better understand the impact of the COVID-19 vaccination programme's policies and shape future planning.

Q4 In order to ensure we understand your experience of COVID-19 vaccination, we would like to know your vaccination status. Your responses to this question will not be used for any other purpose beyond this survey. Please tell us which of the statements below best describes your COVID-19 vaccination status.

- ☐ I have received my first COVID-19 vaccination
- ☐ I have received my first and second COVID-19 vaccinations
- ☐ I have received my first, second and booster/third dose COVID-19 vaccinations
- ☐ I have not received any COVID-19 vaccinations
- ☐ I'm not sure
- ☐ I prefer not to say

3. Inclusive vaccination

It is vital for vaccination programmes to reach everyone and ensure no one is left behind, both for individual health and our public health. These questions aim to understand how accessible the programme is, including in terms of relevant information, booking system and venues.

Q5 How did you go about getting your COVID-19 vaccine(s)? Please tick all that apply. If you have chosen not to take up the vaccine, please still tell us how you were informed about your appointment(s) and also select 'I haven't had this vaccine'.

	First COVID vaccine	Second COVID vaccine	Booster/third COVID vaccine
Notified about appointment through blue letter in the post	☐	☐	☐
Got phone call about the appointment, for example from a Health Centre, NHS appointment team or Occupational Health team	☐	☐	☐
Got email about the appointment, for example from a Health Centre or community nurse	☐	☐	☐
Was told by a clinician about the appointment, for example a community nurse	☐	☐	☐
Booked the appointment yourself through the online portal	☐	☐	☐
Booked the appointment yourself through calling the National Vaccination Helpline	☐	☐	☐
Went to a drop-in vaccination clinic	☐	☐	☐
I haven't had this vaccine	☐	☐	☐
Other (please specify below)	☐	☐	☐

Q6 Please tell us how you found using the online booking system and National Vaccination Helpline to book or change your vaccine appointment. If you didn't use these systems then please choose the "did not use" option.

	Very easy	Somewhat easy	Not easy nor difficult	Somewhat difficult	Very difficult	Did not use
Online booking system	☐	☐	☐	☐	☐	☐
National Vaccination Helpline	☐	☐	☐	☐	☐	☐

Q7 Which sources of information did you use to help you decide to get the COVID-19 vaccine(s) or not? Please select all that apply.

- ☐ Discussions on media e.g. TV, radio, online news websites
- ☐ Social media posts and discussions
- ☐ Discussions with family/friends
- ☐ Advice from politicians (e.g. via daily briefings)
- ☐ Advice from senior health officials (e.g. Chief Medical Officer Gregor Smith, National Clinical Director Jason Leitch)
- ☐ Discussions with health and social care professionals e.g. GP
- ☐ NHS Inform website
- ☐ Called the National Vaccination Helpline number
- ☐ COVID-19 vaccination leaflet
- ☐ Knowing that COVID Status Certification (also referred to as 'vaccination certificates' or 'vaccination passports') might be required to access certain events and venues
- ☐ Other (please specify):

Q8 How accessible would you say your COVID-19 vaccination was on the aspects below? If you have not been vaccinated, please go to the next question.

	Very accessible	Somewhat accessible	Not accessible nor inaccessible	Somewhat inaccessible	Not accessible at all	Have not used this
Getting your vaccination appointment	☐	☐	☐	☐	☐	☐
Vaccination venue accessibility features e.g. escalators or lifts, wheelchair access, quiet room, toilets, parking	☐	☐	☐	☐	☐	☐
Location of vaccination venue e.g. distance from home	☐	☐	☐	☐	☐	☐
Travel to vaccination venue (e.g. public transport or, if eligible, provision of free transport through local NHS Health Board or local authority)	☐	☐	☐	☐	☐	☐
Process of vaccination e.g. queuing, length of wait	☐	☐	☐	☐	☐	☐
Information on vaccination e.g. accessible leaflets, staff/volunteers meeting accessibility needs in	☐	☐	☐	☐	☐	☐

	Very accessible	Somewhat accessible	Not accessible nor inaccessible	Somewhat inaccessible	Not accessible at all	Have not used this
communication, language e.g. translation needs						

Q9a) Overall, how accessible do you think the COVID-19 vaccination programme is in Scotland?

- [ ] Very accessible
- [ ] Somewhat accessible
- [ ] Not accessible nor inaccessible
- [ ] Somewhat inaccessible
- [ ] Not accessible at all
- [ ] I'm not sure

9b) Why do you say this? If your experience was different between vaccinations, then please tell us your thoughts.

Q10 In your experience, is there anything that would make your COVID vaccination easier and more accessible for you? Please tell us below.

Q11 A question about your ethnicity is now being collected at vaccination appointments to help the Scottish Government understand health inequalities, and you may have been asked about your ethnicity at your vaccine appointment. Based on this work, action will be taken to ensure services are delivered fairly.

11a) Would you be comfortable if you were asked about your ethnicity at your COVID-19 vaccination appointment or on the online booking portal?

- [ ] Yes
- [ ] No
- [ ] I'm not sure

11b) Why do you say this?

4. COVID Status Certification

The COVID Status Certification scheme

COVID Status Certification (sometimes known as the COVID or vaccine passport) is a scheme across Scotland which aims to suppress COVID-19 and save lives. As part of this scheme, the public are required to show proof of COVID vaccination or a record of a negative test (Lateral Flow Test (LFT) at home test or PCR lab test) in the past 24 hours in order to access certain high risk settings in Scotland, such as nightclubs or large sporting events. If using an at home LFT test you will need to register the result on the GOV.UK website. Once you have registered the negative test, you will receive an email and a text, which you can use to enter the spaces where Certification is in place.

Proof of vaccine or a negative test may also be required in other settings such as international travel, but this is a different scheme. The questions we are asking you today have to do with the use of COVID Status Certification within Scotland.

Scottish Ministers have made clear that the Scottish Government will not make COVID Status Certification mandatory for public services or other settings that many people have no option but to attend, such as public transport, health services and education.

Why we are asking questions as part of the Citizens' Panel

The findings from this Citizens' Panel survey will help us to assess the impacts and effectiveness of the COVID Status Certification scheme and inform future policy. It will help us understand people's attitudes and behaviours in relation to it and how it interacts with vaccine take-up. Your responses will also show us where people are finding it difficult to use the scheme, and help us make it better for people.

Q12 To what extent do you agree or disagree with the statements below:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not sure
COVID Status Certification makes places, spaces and events safer to visit	☐	☐	☐	☐	☐	☐
COVID Status Certification has provided reassurance for me when accessing venues	☐	☐	☐	☐	☐	☐
I am concerned about using COVID Status Certification	☐	☐	☐	☐	☐	☐
I trust how the COVID Status Certification scheme uses my data and information	☐	☐	☐	☐	☐	☐
Certification unfairly prevents people from doing things they want to do	☐	☐	☐	☐	☐	☐
COVID Status Certification should be extended to other venues, such as pubs, restaurants, and cafes'	☐	☐	☐	☐	☐	☐

Q13 To what extent has COVID Status Certification encouraged or discouraged you to get vaccinated / get your booster jab?
Please select the option you agree with most.

- [ ] I only got my COVID-19 vaccinations/booster so I could access venues that require COVID Status Certification
- [ ] Knowing that I would need to show COVID Status Certification to access some places I go to influenced my decision to get my vaccinations/booster, but wasn't the only reason
- [ ] I thought I might need to use at some point in future and this influenced my decision to get my COVID-19 vaccinations/booster
- [ ] COVID Status Certification did not influence my decision
- [ ] I did not realise or know I would have to use COVID Status Certification to go to some places
- [ ] I'm not sure
- [ ] Other (please specify)

Q14 Now that you can use a negative test result (LFT or PCR) instead of proof of COVID-19 vaccination, are you more or less likely to use COVID Status Certification?

- [ ] Much more likely
- [ ] More likely
- [ ] Doesn't make a difference
- [ ] Less likely
- [ ] Much less likely
- [ ] I'm not sure

Q15 How easy or difficult have you found obtaining and using COVID Status Certification?

- [ ] Very easy (Go to Q16a)
- [ ] Somewhat easy (Go to Q16a)
- [ ] Neither easy nor difficult (Go to Q17)
- [ ] Difficult (Go to Q16b)
- [ ] Very difficult (Go to Q16b)
- [ ] I have not used the COVID Status Certification scheme (Go to Q17)

Q16a) What has made obtaining and using COVID Status Certification easy for you?

Q16b) What has made obtaining and using COVID Status Certification difficult for you?

Q17 Is there anything that would make you not use COVID Status Certification or not visit venues where you will be asked to show your COVID Status Certification?

a) What would make you not use COVID Status Certification?

b) What would make you not visit venues where you will be asked to show your COVID Status Certification?

Q18 We want to make sure that everyone in Scotland can use the COVID Status Certification scheme. Do you have any concerns or worries about the scheme excluding yourself, some individuals or groups (e.g. from using the scheme itself or accessing venues)? Please tell us what you think below.

Appendix 2: Response profile

Response profile

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

Emails sent	846
Number of email responses	286
Email response rate	34%
Number of postal sent	710
Number of postal returned	189
Postal response rate	27%
Telephone surveys	31
OVERALL RESPONSE RATE	
Response	507
Current number on Panel	949
Overall response rate	53%

Gender	Scottish Popn. %	No on Panel	% of Panel	No of respondents	% of respondents	Response rate
Male	49%	511	54%	293	58%	57%
Female	51%	435	46%	212	42%	49%
Other		1	0%	0	0%	0%
Prefer not to answer		2	0%	2	0%	100%
Total	**100%**	**949**	**100%**	**507**	**100%**	**53%**

[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	No of respondents	% of respondents	Response rate
Own	62%	707	75%	407	81%	58%
Rent from Council/ HA	22%	132	14%	52	10%	39%
Private Rent	15%	58	6%	25	5%	43%
Other	1%	44	5%	20	4%	45%
Total	**100%**	**941**	**100%**	**504**	**100%**	**54%**

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	No of respondents	% of respondents	Response rate
16-24	13%	18	2%	5	1%	28%
25-44	31%	181	19%	61	12%	34%
45-64	33%	311	33%	154	31%	50%
65+	23%	432	46%	281	56%	65%
Total	**100%**	**942**	**100%**	**501**	**100%**	**53%**

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	No of respondents	% of respondents	Response rate
White British/ Irish	89%	908	96%	490	97%	54%
Other	11%	33	4%	14	3%	42%
Total	**100%**	**941**	**100%**	**504**	**100%**	**54%**

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	No of respondents	% of respondents	Response rate
1	20%	154	16%	67	13%	44%
2	20%	172	18%	87	17%	51%
3	20%	211	22%	103	20%	49%
4	20%	203	21%	121	24%	60%
5	20%	205	22%	127	25%	62%
Total	**100%**	**945**	**100%**	**505**	**100%**	**53%**

Physical or mental health condition or illness	Scottish Popn. %	No on Panel	% of Panel	No of respondents	% of respondents	Response rate
Yes	45%	368	39%	203	40%	55%
No	55%	550	58%	290	57%	53%
Prefer not to say/ Don't know	0	31	3%	14	3%	45%
Total	**100%**	**949**	**100%**	**507**	**100%**	**53%**

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

Urban Rural Classification	Scottish Popn. %	No on Panel	% of Panel	No of respondents	% of respondents	Response rate
Accessible Rural	11%	105	11%	62	12%	59%
Accessible Small Towns	9%	88	9%	48	9%	55%
Large Urban Areas	35%	301	32%	171	34%	57%
Other Urban Areas	36%	294	31%	137	27%	47%
Remote Rural	6%	103	11%	53	10%	51%
Remote Small Towns	4%	55	6%	35	7%	64%
Total	**100%**	**946**	**100%**	**506**	**100%**	**53%**

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/

Sexual orientation	Scottish Popn. %	No on Panel	% of Panel	No of respondents	% of respondents	Response rate
Heterosexual or straight	95%	748	93%	443	93%	59%
Gay or lesbian	1%	25	3%	18	4%	72%
Bisexual	0.60%	10	1.24%	2	0%	20%
Other	0.40%	2	0.25%	2	0%	100%
Prefer not to say	3%	19	2%	11	2%	58%
Total	**100%**	**804**	**100%**	**476**	**100%**	**59%**

Source: Scottish Government. Sexual orientation in Scotland 2017: summary of evidence base. Figure 4: Sexual Identity in the UK compared with Scotland -2015. Retrieved from: https://www.gov.scot/publications/sexual-orientation-scotland-2017-summary-evidence-base/pages/3/

Religion	Scottish Popn. %	No on Panel	% of Panel	No of respondents	% of respondents	Response rate
Church of Scotland	32%	280	35%	178	38%	64%
Roman Catholic	16%	90	11%	48	10%	53%
Other Christian	6%	75	9%	44	9%	59%
Buddhist	0.2%	5	1%	3	1%	60%
Hindu	0.3%	1	0%	0	0%	0%
Jewish	0.1%	0	0%	0	0%	
Muslim	1.4%	9	1%	4	1%	44%
Sikh	0.2%	0	0%	0	0%	
Other religion	0.3%	20	3%	9	2%	45%
None	37%	300	38%	176	37%	59%
Prefer not to answer	7%	19	2%	10	2%	53%
Total	**100%**	**799**	**100%**	**472**	**100%**	**59%**

Source: Scotland's Census 2011 - National Records of Scotland. Table KS209SCb - Religion. Retrieved from: https://www.scotlandscensus.gov.uk/ods-analyser/jsf/tableView/tableView.xhtml NB - No data for 340 Panel members

Local Authority	Scottish Popn. %	No on Panel	% of Panel	No of respondents	% of respondents	Response rate
Aberdeen City	4%	28	3%	17	3%	61%
Aberdeenshire	5%	52	5%	25	5%	48%
Angus	2%	39	4%	19	4%	49%
Argyll and Bute	2%	17	2%	11	2%	65%
City of Edinburgh	10%	78	8%	56	11%	72%
Clackmannanshire	1%	9	1%	6	1%	67%
Dumfries and Galloway	3%	37	4%	18	4%	49%
Dundee City	3%	24	3%	14	3%	58%
East Ayrshire	2%	22	2%	11	2%	50%
East Dunbartonshire	2%	18	2%	10	2%	56%
East Lothian	2%	21	2%	12	2%	57%
East Renfrewshire	2%	20	2%	9	2%	45%
Falkirk	3%	27	3%	20	4%	74%
Fife	7%	18	2%	7	1%	39%
Glasgow City	12%	96	10%	50	10%	52%
Highland	4%	57	6%	29	6%	51%
Inverclyde	1%	13	1%	3	1%	23%
Midlothian	2%	23	2%	11	2%	48%
Moray	2%	18	2%	10	2%	56%
Na h-Eileanan Siar	1%	13	1%	7	1%	54%
North Ayrshire	2%	18	2%	6	1%	33%
North Lanarkshire	6%	47	5%	20	4%	43%
Orkney Islands	0%	8	1%	6	1%	75%
Perth and Kinross	3%	35	4%	17	1%	49%
Renfrewshire	3%	27	3%	12	3%	44%
Scottish Borders	2%	24	3%	12	2%	50%
Shetland Islands	0%	21	2%	14	2%	67%
South Ayrshire	2%	14	1%	9	3%	64%
South Lanarkshire	6%	61	6%	29	2%	48%
Stirling	2%	19	2%	13	6%	68%
West Dunbartonshire	2%	13	1%	7	3%	54%
West Lothian	3%	29	3%	16	1%	55%
Total	**100%**	**946**	**100%**	**506**	**100%**	**53%**

Source: National Records Scotland - Population Estimates 2019. Table 9: Land area and population density by administrative area, mid-2019. Retrieved from https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2019

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