# Our Voice Citizens' Panel 

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

## First Survey Report, March 2017



## 5 <br> Healthcare Improvement Scotland

© Healthcare Improvement Scotland 2017
Published March 2017
This document is licensed under the Creative Commons Attribution-Non commercialNo Derivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit https://creativecommons.org/licenses/by-nc$\underline{n d / 4.0 /}$
www.scottishhealthcouncil.org

## Contents

Foreword ..... 4
Acknowledgements ..... 5
Executive summary ..... 6
Chapter 1: Introduction and context ..... 11
Chapter 2: Social care support ..... 15
Chapter 3: Using our medicines better ..... 21
Chapter 4: Improving oral health ..... 36
Chapter 5: Opinions on the survey and suggestions for future topics ..... 37
Chapter 5: Next steps ..... 39
Appendix 1: Questionnaire ..... 40
Appendix 2: Infographic newsletter ..... 48
Appendix 3: Response profile ..... 49
Appendix 4: Interpreting results ..... 54
Table 1: Sources of information and assistance about social care support ..... 15
Table 2: Reasons for not considering a career in social care support ..... 17
Table 3: What Panel members would find attractive about working in social care support ..... 19
Table 4: Multiple medications ..... 21
Table 5: Awareness of pharmacy services ..... 22
Table 6: Awareness of pharmacy services analysed by number of regularly taken prescribed medicines ..... 23
Table 7: Use of pharmacy services ..... 24
Table 8: Use of pharmacy services analysed by number of regularly taken prescribed medicines ..... 25
Table 9: Frequency of seeking advice from various medical sources ..... 26
Table 10: Reasons for seeking advice from a pharmacist ..... 27
Table 11: Reasons for not seeking advice from a pharmacist ..... 29
Table 12: Preferred sources to find out more information on medicines ..... 31
Table 13: Experience and reporting of side effects with medicines and reporting ..... 32
Table 14: Returning unused medicines ..... 33
Table 15: Ways of encouraging people to return unused medicines ..... 34
Table 16: Top three priorities for improving oral health ..... 36
Table 17: Perceptions on the ease of completing the questionnaire ..... 37
Table 18: Suggestions made for future research topics ..... 38

## Foreword

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

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


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

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

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

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

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

I hope you enjoy reading this report.
Pam Whittle, CBE
Chair, Scottish Health Council

## Acknowledgements

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

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

Best wishes
Helen McFarlane
Our Voice Programme Director

## Executive summary

## What is a Citizens' Panel?

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

## Background and context

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

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

A total of 617 responses were achieved to the survey either by post, email or by telephone. This level of return provides data accurate to $+/-4 \%{ }^{1}$ at the overall Panel level. All comparisons that are made in this report are statistically significant, unless otherwise stated.

This executive summary details the key findings from the research. More detailed information on the profile of responses can be found in Appendix 3.

## Key findings

## Social care support

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

[^0]- awareness of Care Information Scotland ${ }^{2}$
- reasons for considering (or not) a career in social care support
- The survey opened by asking Panel members about where they would go for information and assistance about social care support. The most popular sources were GPs ( $59 \%$ ), the internet ( $56 \%$ ) and local council social care department (56\%).
- Just over one in ten respondents to the survey (13\%) were aware that if they provide social care support to someone, need social care support themselves or are planning for their future social care support needs, they can get information and advice at Care Information Scotland.
- The majority of respondents (73\%) had never considered working in social care support. The main reasons given for this were that Panel members felt they were too old or health issues prevented them from working in this area ( $25 \%$ ) or that respondents were currently interested in or working in other sectors (21\%).
- Being able to help others and to make a difference or give something back were the main things that would attract Panel members to work in social care support (26\%).


## Using our medicines better

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

[^1]- returning unused medicines
- the regularity of taking medicines for ailments and illnesses
- Respondents were asked whether they were aware or not of various services that can be provided when visiting a pharmacy. Respondents were most aware of the following pharmacy services:
- supplying medicines prescribed for me (96\%)
- a query on a minor problem (84\%)
- Minor Ailment Service (77\%)

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

- a review of my medicines (23\%)
- Chronic Medication Service (24\%)
- Using this same list of pharmacy services, respondents were asked which of these they had used. The top three responses were consistent with the services Panel members were most likely to be aware of, with $93 \%$ stating they had been supplied with medicines prescribed for them, $56 \%$ receiving advice regarding a minor problem and $50 \%$ using the Minor Ailment Service. Services that were accessed the least by Panel members were the supervised use of methadone (2\%) and the Needle Exchange Service (3\%).
- Respondents were asked how frequently they seek advice about medicines from a range of sources. Respondents were most likely to seek advice from their GP (93\%). Respondents also stated they would seek advice about medicines from family or friends (61\%), a nurse (63\%) or online (63\%).
- Those who sought advice about medicines from a pharmacist (80\%) were asked why they would do so. The most common comments have been coded thematically. The most common reasons for seeking advice about medicines from a pharmacist were:
- for minor ailments/ don't want to waste GP time (30\%)
- GP appointment takes too long/ pharmacist more convenient (29\%)
- pharmacist more qualified/ knowledgeable about medication/ they are experts (17\%)
- pharmacists know about side effects/ medication interactions (15\%)
- Those who were not likely to seek advice from a pharmacist about medicines were asked what would encourage them to do so. The most common responses were:
- I would seek advice if I require it/ hasn't been required/ don't take medication (19\%)
- if I knew more about what they do/ could prescribe (15\%)
- knowing they were qualified/ trust in pharmacist/ if they were recommended (13\%)
- would want to discuss with GP first (12\%)
- Over half of respondents (53\%) were aware that some pharmacists (with the right qualifications) can prescribe medicines.
- Face to face was the preferred way of finding out more information on medicines with $64 \%$ stating they would prefer to find out in this way. This was followed by information leaflets (56\%) and online (53\%).
- $13 \%$ of respondents were aware of the Yellow Card Scheme, which allows people and professionals to report side effects from medicines through online forms, telephone, email and the Yellow Card app for smart phones.
- More than half of Panel members who responded to the survey (53\%) have experienced side effects with medicines. And of these individuals, the majority (80\%) reported this to their GP. Only 1\% of survey respondents reported this through the Yellow Card Scheme.
- Over half of respondents (53\%) said if they had any old or unused medicines in their cupboard they would take them to a pharmacist and over a third would put them in the bin with the rest of the household waste (34\%).
- All respondents were asked what would encourage them to return unused medicines to their GP surgery or local pharmacy. The top response was for improved information and advertising on where and how to do this (26\%). A further $17 \%$ said they already do this and $15 \%$ suggested easy access points where they can drop medicines off.
- Over six in ten respondents (61\%) take medicines regularly for an ailment or illness and of these individuals $75 \%$ said they took multiple medicines.


## Improving oral health

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


## Opinions on the survey and suggestions for future topics

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


## Chapter 1: Introduction and context

## Background and context

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

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

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

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

## Questionnaire design

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

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

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

The second section of the questionnaire focused on pharmacy services and the use of medicines. Focus on the theme of access within a "responsive and seamless journey of care" from the Healthier Scotland national conversation included a recognition of the importance of GP services and the inconsistent levels of understanding that the first point of contact does not always need to be with a GP. The role of the pharmacist, in particular, has a contribution to make to improve access to health services and advice. Pharmacy colleagues at Scottish Government
and Healthcare Improvement Scotland also expressed an interest in obtaining a public view on their work "Valuing Medicines". The objectives of this section of the questionnaire were to gather views on:

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

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

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

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

## Response rates and profile

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

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

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

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

## Interpreting results

The results of the research are based upon a sample survey therefore all figures quoted are estimates rather than precise percentages. The reader should interpret the data with statistical significance in mind. It should be noted that analysis is statistically robust at the overall Panel level to $+/-4 \%$. All comparisons that are made in this report are statistically significant, unless otherwise stated.
Analyses of sub groups of the survey population will be less robust and should be treated with caution. Information on the data accuracy of the sub group analysis undertaken throughout the report can be found in Appendix 4.

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

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

## Report structure

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

- Chapter 2: Social care support
- Chapter 3: Using our medicines better
- Chapter 4: Improving oral health
- Chapter 5: Opinions on the survey and suggestions for future topics
- Appendix 1: Questionnaire
- Appendix 2: Infographic newsletter
- Appendix 3: Response profile
- Appendix 4: Interpreting results


## Chapter 2: Social care support

## Introduction

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

## Sources of information and assistance about social care support

The survey opened by asking Panel members about where they would go for information and assistance about social care support. The most popular sources were GPs ( $59 \%$ ), the internet ( $56 \%$ ) and local council social care department ( $56 \%$ ).
Table 1: Sources of information and assistance about social care support (multiple response)


Base: Unweighted $\mathrm{n}=597$; Weighted, $\mathrm{n}=597$
Analysis of those who responded to this question by age reveals that the biggest differences can be seen amongst those who would use the internet for information and assistance about social care, which was least popular amongst older Panel members aged 65 and over (33\%). These respondents indicated that they were more likely to turn to their local council social care department (70\%) for information.

These results were also analysed by Scottish Index of Multiple Deprivation (SIMD). Although these results aren't statistically significant, they indicate that respondents to the survey who lived in the $15 \%$ most deprived data zones were less likely to go to
their GP (42\%) than those who lived in all other areas (63\%). They were also less likely to turn to their local council social care department (45\%) than respondents who lived elsewhere (59\%).

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

## Awareness of Care Information Scotland

Just over one in ten respondents to the survey (13\%) were aware that, should they already provide social care support to someone, need social care support themselves or are planning for their future social care support needs, they can get information and advice at Care Information Scotland ${ }^{3}$.

## Consideration of working in social care support

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

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

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

[^2]Table 2: Reasons for not considering a career in social care support (open ended response)
Q4 If no, why not?
Base: Unweighted, $n=374$; Weighted, $n=375$

## \%

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

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


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

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

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

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


## Chapter 3: Using our medicines better

## Introduction

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

## Prescribed medicines

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

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

Table 4: Multiple medications


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

## Awareness of pharmacy services

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

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

Table 5: Awareness of pharmacy services (multiple response)


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

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

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

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

Q6a Are you aware that you can visit a pharmacy for the following?

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

## Use of pharmacy services

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

Table 7: Use of pharmacy services (multiple response)


Base: Unweighted $\mathrm{n}=574$; Weighted, $\mathrm{n}=569$

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

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

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

## Frequency of seeking advice about medicines from various sources

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

Table 9: Frequency of seeking advice from various medical sources


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

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

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


## Reasons for seeking advice from a pharmacist

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


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

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

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


## Reasons for not seeking advice from a pharmacist

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

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


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


## Awareness that some pharmacists can now prescribe medicines

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

## Preferred sources to find out more information on medicines

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

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


Base: Unweighted, $\mathrm{n}=598$; Weighted, $\mathrm{n}=596$
Analysis of this question by age indicates that Panel members aged $25-44$ were most likely to seek advice about medicines online (68\%) and those aged 65 and over were least likely ( $32 \%$ ). Respondents aged 65 and over preferred to seek advice on a face to face basis (78\%)

## Awareness of the Yellow Card Scheme

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

## Experience and reporting of side effects with medicines

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

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


## Returning unused medicines

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

Table 14: Returning unused medicines (multiple response)


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

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

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

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

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

Table 15: Ways of encouraging people to return unused medicines (open ended response)
Q16 We would like more people to return unused medicines. What would encourage you to return unused medicines to your GP surgery or local pharmacy?
Base: Unweighted, $\mathrm{n}=467$; Weighted, $\mathrm{n}=466$
Improved information and advertising e.g. posters, information on prescription, medication etc. 26\%

| Already do | $17 \%$ |
| :--- | :--- |
| A drop off point/ easy access point/ open late at nights and at weekends | $15 \%$ |


| I wasn't aware/ I will now I am aware/ knowing that I could | $10 \%$ |
| :--- | :---: |
| If knew what happens them/ the benefits | $5 \%$ |


| If knew what happens to them/ the benefits | $5 \%$ |
| :--- | :---: |
| Don't know/ never thought of it/ not applicable | $5 \%$ |
| Info on dangers of putting drugs in the bin/ safety issues | $4 \%$ |
| Reminders when collecting prescription/ text reminder | $3 \%$ |
| A reward/ discount token/ points system | $3 \%$ |
| Collection service | $2 \%$ |
| Always take complete course/ never have any left | $2 \%$ |
| Nothing happens to them/ not worth doing/ they get destroyed | $2 \%$ |
| If people knew the cost of unused medication to the NHS | $2 \%$ |
| Methods to avoid over prescribing | $2 \%$ |
| For staff at GP surgery/ pharmacy to be more willing to take unused medication/ to be <br> better informed | $2 \%$ |
| If reused by poorer countries | $1 \%$ |
| Other | $11 \%$ |

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

Maybe a collection service would help or a drop off area within the community 24 hrs .

Knowing that they should be returned is a good start. I would be happy to pop them back if I was reminded when the prescription was issued. More information about the circumstances under which they should be returned e.g. condition resolved, course

If there was a drop off point for unused medicines at the health centre or pharmacy. It would also give me more encouragement to hand items back if I thought unopened packs would be taken back into stock and reused. The attitude of receiving centres, in my experience, can be unenthusiastic when you present with unused medicines. I assume this is the case because you are just giving them more work to do which they don't really need. finished etc. More advice on where they can be returned to.

Since have to be thrown away on return needs to ideally encourage unnecessary prescribing, ensure compliance and give recognition where all else fails of patient returns. Perhaps also better publicity of potential risks and waste of unwanted medicines.

A reminder when I collect other medicine or a reminder text or email.

Drop off box in pharmacy, no fuss.

GP surgery or local pharmacy?


Greater awareness i.e. adverts on bus shelters, TV ads or simply on medicine packets - this would need to stand out/be eye-catching to ensure it is noticed.

The cost of unused medicines to the NHS.

## Perhaps if I

 understood what pharmacies do with the unused medicine and why it's better not to put it in the general waste. That would incentivise me.Clear information on how to do this and perhaps information concerning the risks of having unused or out of date medicines in the home.

The knowledge that if they were not past their expiry date and unopened they could be used for someone else or sent abroad to be used in war torn, impoverished countries.

## Chapter 4: Improving oral health

## Introduction

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

## Priorities for improving oral health

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

Table 16: Top three priorities for improving oral health (selected from list of options)
Q19 When thinking about improving oral health across Scotland, which of the following would you regard as the most important? Please rank your top three, 1-3, in order of importance, writing 1 beside the aspect you think is most important and so on).

|  | Top priority | 2nd priority | 3rd priority | Overall priority |
| :---: | :---: | :---: | :---: | :---: |
| Unweighted | 598 | 588 | 578 |  |
| Weighted | 598 | 589 | 579 |  |
| Access to NHS dental services | 50\% | 19\% | 12\% | 81\% |
| Cost of NHS dental services | 18\% | 25\% | 19\% | 62\% |
| Quality of NHS dental care | 12\% | 22\% | 20\% | 54\% |
| Child dental services | 8\% | 9\% | 16\% | 33\% |
| Oral health inequalities (e.g. people in more deprived areas typically have poorer oral health outcomes) | 6\% | 9\% | 12\% | 27\% |
| Services closer to your home address | 3\% | 10\% | 12\% | 25\% |
| Ageing population/ domiciliary dental care (dental services in the home) | 1\% | 6\% | 9\% | 16\% |
| Other | 3\% | 1\% | 1\% | 5\% |

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

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

## Introduction

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

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

## Ease of completing the questionnaire

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

Table 17: Perceptions on the ease of completing the questionnaire


[^3]
## Suggestions for future topics for consultation

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

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

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

## Chapter 5: Next steps

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

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

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

## Appendix 1: Questionnaire

## Welcome to Our Voice!

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

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

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

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


If you need help to answer the questions please call Research
Resource on FREEPHONE 08001218987

## Social Care Support

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

Social care support helps with things like:

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

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

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

| Family and friends |  |
| :--- | :--- |
| GP |  |
| Internet |  |
| Local council social care department |  |
| Voluntary organisation or charity (e.g. Age Scotland or Macmillan) |  |
| Disabled Peoples Organisations (e.g. Centre for Inclusive Living) |  |
| Local or community group |  |
| Other (please write in below) |  |

2. If you give social care support to someone, need social care support yourself or are planning for your future social care support needs, you can get information and advice at Care Information Scotland, (www.careinfoscotland.scot or telephone: 08000113200 ). Did you know about this source of information and advice?

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

| Yes |  | Go to Q5 |
| :--- | :--- | :--- |
| No |  | Go to Q4 |

4. If no, why not? [write in below]
$\square$
5. What would attract you to work in social care support? [write in below]

## Using Our Medicines Better

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

The NHS in Scotland would like to know Citizens' Panel members' views on some issues relating to medicines and use of pharmacy services in the high street or in GP surgeries. The information you provide will be used to create a plan to raise awareness of the role of pharmacists and pharmacy services, and to provide people with information to improve their use of medicines.
6. We are interested to know Panel members' awareness and use of pharmacy services. [please tick all that apply in each column below]

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

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

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

If you seek advice from a pharmacist, please go to Q8, if you never seek advice from a pharmacist go to Q9.
8. If you seek advice from a pharmacist about medicines, why do you do so? [write in below]
$\square$
Now go to Q10
9. If you are not likely to seek advice from a pharmacist about medicines, what would encourage you to do so? [write in below]
$\square$
10. There have been changes to legislation so that it is no longer just your GP or doctor that can prescribe medicines. With the right qualifications a number of different healthcare professionals can now prescribe medicines including pharmacists. Which of the following is closest to your understanding?

| I didn't know that some pharmacists can prescribe medicines |  |
| :--- | :--- |
| I know that some pharmacists can prescribe medicines |  |

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

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

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

| Yes |  |
| :--- | :--- |
| No |  |

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

| Yes |  | Go to Q14 |
| :--- | :--- | :--- |
| No |  | Go to Q15 |

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

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

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

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

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

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

| Yes |  | Go to Q18 |
| :--- | :--- | :--- |
| No |  | Go to Q19 |

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

| 1 |  |
| :--- | :--- |
| Between 2 and 4 medicines |  |
| 5 or more medicines |  |

## Improving Oral Health

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

The first question in the consultation questionnaire is below. If you would like to provide a response to the full consultation please go to https://consult.scotland.qov.uk/dentistry-division/oral-health-plan The consultation will be open for responses until 8 December 2016
19. When thinking about improving oral health across Scotland, which of the following would you regard as the most important? [Please rank your top three, 1-3, in order of importance, writing 1 beside the aspect you think is most important and so on]

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

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

| I could answer these questions easily |  |
| :--- | :--- |
| I found these questions fairly easy to answer |  |
| I could answer these questions but with some difficulty |  |
| I found these questions difficult to answer |  |
| Please make any comments below |  |
|  |  |
|  |  |

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


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

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

Thank you for your time.

## Appendix 2: Infographic newsletter



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

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

## 1,301 Pane Members

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


To discuss your Panel membership please contact Research Resource on 01416416410 or info@researchresource.co.uk If you want more information on Our Voice or to see the full report on Panel recruitment please visit www .ourvoice.scot

## Appendix 3: Response profile

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

## $5^{\text {th }}$ January 2017

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

SURVEY OUTCOMES AS AT 05/01/2017

| Emails sent | 911 |
| :--- | ---: |
| Number of email responses | $306^{4}$ |
| Email response rate | $\mathbf{3 4 \%}$ |
|  |  |
| Number of postal sent | 1025 |
| Number of postal returned | 261 |
| Postal response rate | $\mathbf{2 6 \%}$ |
|  |  |
| Telephone surveys | $\mathbf{5 0}$ |
|  |  |
| OVERALL RESPONSE RATE |  |
| Current response | $617^{5}$ |
| Current number on Panel | $1291^{6}$ |
| Overall response rate | $\mathbf{4 8 \%}$ |

[^4]|  | First Survey |  |  |  |  |  | Original Panel |  |  |  |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Gender | No on <br> Panel | Response | Response <br> rate | \% of <br> response | Scottish <br> popn. | Difference | Panel | \% of <br> Panel | cottish <br> popn. | Difference |
| Male | 413 | 200 | $48 \%$ | $32 \%$ | $49 \%$ | $-17 \%$ | 414 | $32 \%$ | $49 \%$ | $-17 \%$ |
| Female | 872 | 415 | $48 \%$ | $67 \%$ | $51 \%$ | $16 \%$ | 877 | $68 \%$ | $51 \%$ | $17 \%$ |
| Prefer not to | 6 | 1 | $17 \%$ | $0 \%$ |  |  | 5 | $0 \%$ |  |  |
| answer | 6 | $120 \%$ |  |  | $\mathbf{1 2 9 6}$ | $\mathbf{1 0 0 \%}$ |  |  |  |  |
| Total | $\mathbf{1 2 9 1}$ | $\mathbf{6 1 6}$ | $\mathbf{4 8 \%}$ | $\mathbf{1 0 0 \%}$ |  |  |  |  |  |  |

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

|  | First Survey |  |  |  |  |  | Original Panel |  |  |  |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Physical or <br> mental <br> health <br> condition <br> or illness | No on <br> Panel | Response | Response <br> rate | \% of <br> response | Scottish <br> popn. | Difference | Panel | $\%$ of <br> Panel | Scottish <br> popn. | Difference |
| Yes | 460 | 236 | $51 \%$ | $38 \%$ | $40 \%$ | $-2 \%$ | 462 | $36 \%$ | $40 \%$ | $-4 \%$ |
| No | 775 | 349 | $45 \%$ | $57 \%$ | $60 \%$ | $-3 \%$ | 782 | $60 \%$ | $60 \%$ | $0 \%$ |
| Prefer not to <br> say | 50 | 31 | $62 \%$ | $5 \%$ |  |  | 50 | $4 \%$ |  |  |
| Total | $\mathbf{1 2 8 5}$ | $\mathbf{6 1 6}$ | $\mathbf{4 8 \%}$ | $\mathbf{1 0 0} \%$ |  |  | $\mathbf{1 2 9 4}$ | $\mathbf{1 0 0 \%}$ |  |  |


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

${ }^{7}$ National Records Scotland - Population Estimates 2014. Table 1
Retrieved from: http://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-
theme/population/population-estimates/mid-year-population-estimates/mid-2014/list-of-tables 07/11/2016
${ }^{8}$ Long term conditions. (December 23, 2015). The Scottish Government. Retrieved from
http://www.gov.scot/Topics/Health/Services/Long-Term-Conditions 26/10/2016
${ }^{9}$ 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-
analyser/jsf/tableView/tableView.xhtml 26/10/2016

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


|  | First survey |  |  |  |  |  | Original Panel |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Ethnic group | No on Panel | Response | Response rate | $\begin{gathered} \text { \% of } \\ \text { response } \end{gathered}$ | Scottish popn. ${ }^{11}$ | Difference | Panel | \% of Panel | Scottish popn. | Difference |
| White British | 1230 | 585 | 48\% | 95\% | 96\% | -1\% | 1240 | 97\% | 96\% | 1\% |
| Other | 43 | 31 | 72\% | 5\% | 4\% | 1\% | 43 | 3\% | 4\% | -1\% |
| Total | 1273 | 616 | 48\% |  |  | 0\% | 1283 | 100\% |  |  |

[^5]Local authority

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

NHS Board

|  | No on Panel | Response | Response Rate |
| :--- | :---: | :---: | :---: |
| Ayrshire \& Arran | 104 | 56 | $54 \%$ |
| Borders | 32 | 16 | $50 \%$ |
| Dumfries \& Galloway | 39 | 16 | $41 \%$ |
| Fife | 71 | 20 | $28 \%$ |
| Forth Valley | 59 | 34 | $58 \%$ |
| Grampian | 127 | 58 | $46 \%$ |
| Greater Glasgow \& Clyde | 285 | 120 | $42 \%$ |
| Highland | 91 | 50 | $55 \%$ |
| Lanarkshire | 123 | 52 | $42 \%$ |
| Lothian | 191 | 88 | $46 \%$ |
| Orkney | 18 | 13 | $72 \%$ |
| Shetland | 34 | 23 | $68 \%$ |
| Tayside | 93 | 48 | $52 \%$ |
| Western Isles | 1 | 15 | $65 \%$ |
| \#N/A | $\mathbf{1 2 9 1}$ | $\mathbf{6 0 9}$ | $0 \%$ |
| Total |  | $47 \%$ |  |

## Appendix 4：Interpreting results

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

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

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

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

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

|  |  | Sub－group Size |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | 50 | 75 | 100 | 150 | 200 | 250 | 300 | 400 | 500 | 617 |
| 4 | 5\％ | 6．9\％ | 5．7\％ | 4．9\％ | 4．0\％ | 3．5\％ | 3．1\％ | 2．8\％ | 2．1\％ | 2．2\％ | 1.7 |
| － | 10\％ | 9．6\％ | 7．8\％ | 6．8\％ | 5．5\％ | 4．8\％ | 4．3\％ | 3．9\％ | 2．9\％ | 3．0\％ | 2.4 |
| 은 | 15\％ | 11．4\％ | 9．3\％ | 8．0\％ | 6．6\％ | 5．7\％ | 5．1\％ | 4．6\％ | 3．5\％ | 3．6\％ | 2.8 |
| I | 20\％ | 12．8\％ | 10．4\％ | 9．0\％ | 7．4\％ | 6．4\％ | 5．7\％ | 5．2\％ | 3．9\％ | 4．0\％ | 3.2 |
| $\underset{+}{\square}$ | 25\％ | 13．8\％ | 11．3\％ | 9．8\％ | 8．0\％ | 6．9\％ | 6．2\％ | 5．6\％ | 4．2\％ | 4．4\％ | 3.4 |
| ¢ | 30\％ | 14．6\％ | 11．9\％ | 10．3\％ | 8．4\％ | 7．3\％ | 6．5\％ | 6．0\％ | 4．5\％ | 4．6\％ | 3.6 |
| ¢ | 35\％ | 15．2\％ | 12．4\％ | 10．8\％ | 8．8\％ | 7．6\％ | 6．8\％ | 6．2\％ | 4．7\％ | 4．8\％ | 3.8 |
| $\underset{ }{5}$ | 40\％ | 15．6\％ | 12．8\％ | 11．0\％ | 9．0\％ | 7．8\％ | 7．0\％ | 6．4\％ | 4．8\％ | 4．9\％ | 3.9 |
| $\bigcirc$ | 45\％ | 15．9\％ | 12．9\％ | 11．2\％ | 9．2\％ | 7．9\％ | 7．1\％ | 6．5\％ | 4．9\％ | 5．0\％ | 3.9 |
| 을 용 | 50\％ | 15．9\％ | 13．0\％ | 11．3\％ | 9．2\％ | 8．0\％ | 7．1\％ | 6．5\％ | 4．9\％ | 5．0\％ | 4．0\％ |
| － | 55\％ | 15．9\％ | 12．9\％ | 11．2\％ | 9．2\％ | 7．9\％ | 7．1\％ | 6．5\％ | 4．9\％ | 5．0\％ | 3.9 |
| 응 | 60\％ | 15．6\％ | 12．8\％ | 11．0\％ | 9．0\％ | 7．8\％ | 7．0\％ | 6．4\％ | 4．8\％ | 4．9\％ | 3.9 |
| $\underset{ \pm}{*}$ | 65\％ | 15．2\％ | 12．4\％ | 10．8\％ | 8．8\％ | 7．6\％ | 6．8\％ | 6．2\％ | 4．7\％ | 4．8\％ | 3.8 |
| ह゙ | 70\％ | 14．6\％ | 11．9\％ | 10．3\％ | 8．4\％ | 7．3\％ | 6．5\％ | 6．0\％ | 4．5\％ | 4．6\％ | 3.6 |
| 云 | 75\％ | 13．8\％ | 11．3\％ | 9．8\％ | 8．0\％ | 6．9\％ | 6．2\％ | 5．6\％ | 4．2\％ | 4．4\％ | 3.4 |
| 山 | 80\％ | 12．8\％ | 10．4\％ | 9．0\％ | 7．4\％ | 6．4\％ | 5．7\％ | 5．2\％ | 3．4\％ | 4．0\％ | 3.2 |
| 응 | 85\％ | 11．4\％ | 9．3\％ | 8．0\％ | 6．6\％ | 5．7\％ | 5．1\％ | 4．6\％ | 3．5\％ | 3．6\％ | 2.8 |
| E | 90\％ | 9．6\％ | 7．8\％ | 6．8\％ | 5．5\％ | 4．8\％ | 4．3\％ | 3．9\％ | 2．9\％ | 3．0\％ | 2.4 |
| の | 95\％ | 6．9\％ | 5．7\％ | 4．9\％ | 4．0\％ | 3．5\％ | 3．1\％ | 2．8\％ | 2．1\％ | 2．2\％ | 1.7 |

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

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

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

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

You can read and download this document from our website. We can also provide this information:

- by email
- in large print
- on audio tape or cd
- in Braille, and
- in other languages

$$
\begin{aligned}
& \text { يمكنك قراءة وتنزيل هذا المستثند من موقعنا الإكتروني. ويمكنتا أيضاً أن نقلم لك هذه المعلومـات: } \\
& \text { • } \\
& \text { • } \\
& \text { (Cd ) علي شريط صوتي أو قرص مدمـج } \\
& \text { • } \\
& \text { • }
\end{aligned}
$$



- ইমেলে
- বড় হরাকে
- অড়ি টেপ বা সিডি-তে
- ब্রেইハে, অयर
- जन्यान्ग ভাयাডেও জানাতে भाরি

Vous pouvez lire et télécharger ce document sur notre site web. Nous pouvons également vous fournir ces informations:

- par courrier électronique
- en gros caractères
- sur cassette ou CD audio
- en Braille
- et dans d'autres langues

Faodaidh tu am pàipear seo a leughadh agus a luchdachadh a-nuas bhon làrach-lìn againn. Bheir sinn an fhiosrachadh seo seachad cuideachd:

- Ann am post-dealain
- Ann an sgrìobhadh mòr
- Air teap claisneachd no cd
- Ann am Braille, agus
- Ann an cànanan eile

आप इस दस्तावेत्ज को हमारी वेषसार्ईट से पढ़ और डाठनलोड कर सकते हैं। हम इस जानकारी को निम्न माध्यम से भी प्रदान कर सकते है:

- ई-मेल द्वारा
- बड़े प्रिंट में
- ऑडियो टेप अथवा सीडी में
- ब्रेल लिपि में, और
- अन्य भाषाओं में

Šị dokumentą galite skaityti ir atsisiųsti iš mūsų tinklavietės. Šią informaciją taip pat teikiame:

- el. paštu;
- stambiu šriftu;
- garsajuoste arba kompaktiniu disku;
- Brailio raštu ir
- kitomis kalbomis.

Dostęp do tego dokumentu, a także możliwość jego pobrania, można uzyskać na naszej witrynie internetowej. Informacje można również otrzymać w następujących postaciach:

- wiadomość e-mail
- wydruk z dużą czcionką
- kaseta audio lub płyta CD
- zapis alfabetem Braille'a
- zapis w innym języku

Вы можете прочитать и загрузить этот документ с нашего веб－сайта． Информация также предоставляется следующим образом：
－по электронной почте
－крупным шрифтом
－на аудиокассете и компакт－диске
－шрифтом Брайля и
－на других языках

## 您可從我們的網站䦎旗及下載本文件。我們亦透過以下方式提供此資訊：

## －冥子郵件

- 大版面印刷
- 語音磁帶或 cd
- 亩文，以及
- 其他語旁版本

ذريعِ بهى فرابم كرسكتـْ بين:

بذريع إى ميل


－
－ديحرل زبانون ميـ


The Scottish Health Council has a national office in Glasgow and a local office in each NHS Board area. To find details of your nearest local office, visit our website at: www.scottishhealthcouncil.org/contact/local_offices.aspx


Scottish Government Riaghaltas na h-Alba gov.scot

Scottish Health Council National Office: Delta House | 50 West Nile Street | Glasgow | G1 2NP Telephone: 01412416308 Email: enquiries@scottishhealthcouncil.org


[^0]:    ${ }^{1}$ based upon a $50 \%$ estimate at the $95 \%$ level of confidence

[^1]:    ${ }^{2}$ http://www.careinfoscotland.scot - Care Information Scotland provides access to quality assured information on care and social care services in Scotland. It is managed by NHS24 and supported by the Scottish Government.

[^2]:    ${ }^{3}$ http://www.careinfoscotland.scot - Care Information Scotland provides access to quality assured information on care and social care services in Scotland. It is managed by NHS24 and supported by the Scottish Government.

[^3]:    Base: Unweighted, $n=588$; Weighted, $n=587$

[^4]:    ${ }^{4}$ This includes 15 partial email responses.
    ${ }^{5} 1$ respondent has replied to the survey but scored off their ID so unable to mark up. 1 respondent completed the first survey and requested to be removed from the Panel
    ${ }^{6} 10$ Panel members have requested to be removed from the Panel ( 5 via email opt out and 5 contacting Research Resource directly)

[^5]:    ${ }^{10}$ National Records Scotland - Population Estimates 2014. Table 2.
    Retrieved from: http://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-
    theme/population/population-estimates/mid-year-population-estimates/mid-2014/list-of-tables
    07/11/2016
    ${ }^{11}$ 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

