# Our Voice Citizens' Panel

## Developing a Scottish citizens' panel for health and social care

### Panel Recruitment Report

November 2016

# Contents

## Figures and Tables

## Executive Summary

### Background and context

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

A Citizens' Panel is a large, demographically representative group of citizens who help to regularly assess public preferences and opinions. The Our Voice Citizens' Panel has been established to provide the opportunity for people, across Scotland, to participate in national policy development relating to health and social care. It will gather intelligence on issues of concern to people, some of whom but not all will be people who use services, to provide feedback on services, testing opinion on new policies/ services and to allow a profile of public opinion to be developed. The feedback captured will be used to influence national policy on health and social care support issues.

### Our Voice Citizens' Panel

Through a mixed method approach to recruitment, the Our Voice Citizens' Panel now has a total of 1,301 members. Recruitment encompassed the following activities:

- large scale postal recruitment from the Electoral Register – 435 recruits
- recruitment through Scottish Health Council local offices – 654 recruits
- face to face recruitment by Research Resource interviewers – 212 recruits.

Panel members are spread across each and every Integration Authority and NHS territorial Board across Scotland.  Moreover, the Panel is aimed to be broadly representative of the Scottish population in terms of:

- age
- deprivation
- ethnicity
- gender
- housing tenure
- physical or mental health condition or long term illness
- urban rural classification.

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 the Scotland wide level. In designing the Panel, it was also considered that there should be a sufficient number of Panel members at a local level in order to allow for more localised deliberative research, such as focus groups, to be undertaken with Panel members. However, the Panel is not designed to be representative at a local level and analysis should only be carried out at a national level.

## Chapter 1: Introduction and Context

### Introduction

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

This report outlines the recruitment process of the Our Voice Citizens' Panel in addition to providing an overview of the demographic profile of the Panel.

### Background and context

Healthcare in Scotland is working towards a 2020 vision that: "By 2020 everyone is able to live longer, healthier lives at home, or in a homely setting. We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self-management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people will get back into their home or community environment as soon as appropriate, with minimal risk of re-admission."[1]

The integration of health and social care is key to achieving this vision and is focused on person-centred planning and delivery so that people get the right care, in the right place at the right time.

In the implementation of health and social care integration, hearing the voices of those who use services will be key. There has already been extensive engagement with individuals and groups to develop a framework for ensuring that the voices of citizens are heard. The outcome of this has been the Our Voice framework.

Our Voice is based on a vision where people who use health and social care services and support, carers, and the public will be enabled to engage purposefully with health and social care providers to continuously improve and transform services. People will be provided with feedback on the impact of their engagement, or a demonstration of how their views have been considered.

Our Voice will operate at an individual, local and national level. At local and individual level, Our Voice includes a range of ways to engage people who use services, family carers and other people whose voices are not as often or easily heard by policy makers to get involved. At a national level, the Our Voice Citizens' Panel has been established to provide the opportunity for people, across Scotland, to participate in national policy development relating to health and social care support. The Panel will gather intelligence on issues of concern to people and healthcare providers, allowing

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[1] NHS Scotland. (2013). *A route map to the 2020 vision for health and social care.* Edinburgh: The Scottish Government. Retrieved from http://www.gov.scot/Resource/0042/00423188.pdf  26/10/2016

public opinion to inform feedback on services and provide the opportunity to test opinion on new policies/ services. Our Voice Citizens' Panel activities, in combination with local and individual public engagement activities, are central to the Our Voice framework and will enable a profile of public opinion to be developed. The feedback captured will be used to influence national policy on health and social care issues.

## Report structure

This report outlines the methods used to recruit the Our Voice Citizens' Panel and provides an overview of the Panel membership profile.

This report is structured as follows:

- Chapter 2: Design of Our Voice Citizens' Panel
- Chapter 3: Panel recruitment
- Chapter 4: Profile of Our Voice Citizens' Panel
- Chapter 5: Attitudes towards health and social care
- Chapter 6: Conclusions and next steps

- Appendix 1: Recruitment questionnaire
- Appendix 2: Information leaflet and covering letter
- Appendix 3: Abbreviated recruitment questionnaire

## Chapter 2: Design of Our Voice Citizens' Panel

### 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 citizens. They are typically used by statutory agencies, particularly local authorities and their partners, to identify local priorities and to consult members of the public, some of whom may use services, on specific issues.

Recruitment is typically done by post via the Electoral Register, using a random sampling approach, given its wide reach and relatively low cost. Once citizens agree to participate, they will be invited to a rolling programme of research and consultation. This typically involves regular surveys (usually three to four per year) and, where appropriate, deliberative methods such as focus groups and workshops. Not all members will be invited to take part in all Panel activities. This is why it is important to be clear at the recruitment stage about what is expected of each volunteer Panel member, and what their membership is likely to entail in terms of type of contact and frequency of involvement.

Citizens' Panels currently operate in 24 local authority areas in Scotland. Generally facilitated and managed by local authorities or Community Planning Partnerships the Panels are made up of a broadly representative sample of citizens from the local population who have agreed to participate in consultation activity, through postal, on-line or telephone surveys, sometimes even to attend focus groups. They are used by local authorities and their partners to gauge/track opinion on local issues, test opinion on new policies/services, and develop a profile of public opinion. The benefits of such an approach are that the individuals are not connected to any organisation nor steeped in sector knowledge and are therefore a good test of the wider public. The Panels are representative of all segments of the community; something that is difficult to achieve when recruiting volunteers or forum members.

### Design of the Citizens' Panel

The Our Voice programme is at an early phase and will be 'testing' various approaches to elicit citizens' feedback on issues within the context of health and social care. The national Our Voice Citizens' Panel for health and social care should also be seen as a test and therefore is deliberately pitched around a minimum sample size for a national panel, with the aim of recruiting in the region of 1,200 citizens.

This sample size was agreed based upon an assumption that most Panel surveys have a c.50-60% response rate and that this should be factored in when aiming for a robust level of feedback. In addition, over the course of 12-18 months there could be up to a 20% drop out rate. A Citizens' Panel of around 1,000 would therefore ensure a response of c.480 people, when factoring in drop out and response rates. At a national level, the minimum requirement would be for 385 responses from a broadly representative cross section of people in order to ensure a confidence level (or

sampling error) of +/-5% (based upon a 50% estimate at the 95% level of confidence).[2]

When considering the pro rata spread of a Panel of 1,000 members, it was clear that at smaller Integration Authority area level, the numbers would be very small. For example, in the Western Isles, a pro rata spread of the 1,000 Panel members would mean only having five members. It was therefore agreed that the numbers in smaller Integration Authority areas would be boosted, targeting 30 members in each area. It is hoped that this will allow recruitment for focus groups or local events in smaller authorities. Findings will, as a consequence, be more heavily emphasised towards rural experience as a proportion of the population. This will be accounted for in survey analysis by weighting survey data. Taking this into account, the total target Panel membership was agreed as being 1,229 members. The tables below illustrate the number of Panel members, per geographical area, that were targeted through Panel recruitment.

**Table 1: Target Panel membership at NHS Board Area**

| NHS Board Area | Population[3] | Panel membership boosted at local level (1,229 members) |
|---|---|---|
| Ayrshire & Arran | 371,140 | 90 |
| Borders | 114,040 | 30 |
| Dumfries & Galloway | 149,960 | 30 |
| Fife | 367,250 | 69 |
| Forth Valley | 300,400 | 60 |
| Grampian | 584,220 | 92 |
| Greater Glasgow & Clyde | 1,142,590 | 265 |
| Highland | 320,730 | 74 |
| Lanarkshire | 653,300 | 123 |
| Orkney | 21,580 | 30 |
| Lothian | 858,120 | 186 |
| Shetland | 23,220 | 30 |
| Tayside | 413,800 | 90 |
| Western isles | 27,250 | 30 |
| **Total** | **5,347,600** | **1,229** |

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[2] The **confidence level** tells you how sure you can be. It is expressed as a percentage and represents how often the true percentage of the population who would pick an answer lies within the confidence interval. So in other words, if say, 65% of panel respondents were satisfied with a service we can be sure that 95 times out of 100 the answers will be +-5% of the result.

[3] *Land area and population density by administrative area, mid-2014.* (2016). National Records of Scotland, Edinburgh. *Crown Copyright,* Retrieved from http://www.nrscotland.gov.uk/files//statistics/population-estimates/mid-15-cor-12-13-14/2014/14mype-cahb-tab9.pdf 26/10/2016

**Table 2: Target Panel membership at Integration Authority Area**

| Integration Authority Area | Population[4] | Panel membership boosted at local level (1,229 members) |
|---|---|---|
| Aberdeen City | 228,920 | 43 |
| Aberdeenshire | 260,530 | 49 |
| Angus | 116,740 | 30 |
| Argyll & Bute | 87,650 | 30 |
| Clackmannanshire & Stirling | 142,710 | 30 |
| Dumfries & Galloway | 149,960 | 30 |
| Dundee City | 148,130 | 30 |
| East Ayrshire | 122,130 | 30 |
| East Dunbartonshire | 106,710 | 30 |
| East Lothian | 102,090 | 30 |
| East Renfrewshire | 92,410 | 30 |
| Edinburgh, City of | 492,610 | 93 |
| Eilean Siar | 27,250 | 30 |
| Falkirk | 157,690 | 30 |
| Fife | 367,250 | 69 |
| Glasgow City | 599,640 | 112 |
| Highland | 233,080 | 44 |
| Inverclyde | 79,890 | 30 |
| Midlothian | 86,220 | 30 |
| Moray | 94,770 | 30 |
| North Ayrshire | 136,480 | 30 |
| North Lanarkshire | 338,000 | 64 |
| Orkney Islands | 21,580 | 30 |
| Perth & Kinross | 148,930 | 30 |
| Renfrewshire | 174,230 | 33 |
| Scottish Borders | 114,040 | 30 |
| Shetland Islands | 23,220 | 30 |
| South Ayrshire | 112,530 | 30 |
| South Lanarkshire | 315,300 | 59 |
| West Dunbartonshire | 89,710 | 30 |
| West Lothian | 177,200 | 33 |
| **Total** | **5,347,600** | **1,229** |

It is important to understand that whilst the Our Voice Citizens' Panel aims to be a nationally representative panel of Scottish citizens who have agreed to participate in regular consultation exercises and that Panel members are spread across Scotland, the Panel has not been established to be representative at a local level.

Whole Panel surveys will be conducted, mainly electronically, relatively quickly and can focus on prioritising health and social care opinions, perceptions and priorities with a broadly representative sample of the Scottish public. At this national level, analysis of whole Panel surveys should provide robust data on the views of Scottish citizens on health and social care. The feedback from national surveys could be broken down to NHS Board and Integration Authority level. Whilst this would not be a

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[4] *Land area and population density by administrative area, mid-2014.* (2016). National Records of Scotland, Edinburgh. *Crown Copyright,* Retrieved from http://www.nrscotland.gov.uk/files//statistics/population-estimates/mid-15-cor-12-13-14/2014/14mype-cahb-tab9.pdf  26/10/2016

representative sample at these local levels the feedback could be valuable nonetheless, if viewed within the context of providing an indicative understanding of local views.

The Panel may also be used locally if the geographic building blocks of the Panel are based at Integration Authority level. By doing so, Healthcare Improvement Scotland local offices could engage with the Panel members for local juries, focus groups or as a general sounding board of local public opinion.

## Chapter 3: Panel Recruitment

## Design of recruitment materials

The first stage in the recruitment process was to design the recruitment materials. This comprised a recruitment questionnaire which collected:

- contact details: name, address, telephone number, email address, any healthcare related needs
- profiling information: age, gender, employment status, housing tenure, physical or mental health condition or long term illness, and ethnicity
- attitudinal information: relating to health and social care.

The initial questionnaire developed is available in Appendix 1 of this report.

The recruitment process was designed with the aim of being inclusive of the widest possible range of citizens across Scotland. A freephone telephone support line was available, if required, to assist interested participants to complete the survey. In addition, the invitation to join the Panel was also provided in other languages and was offered in additional accessible formats.
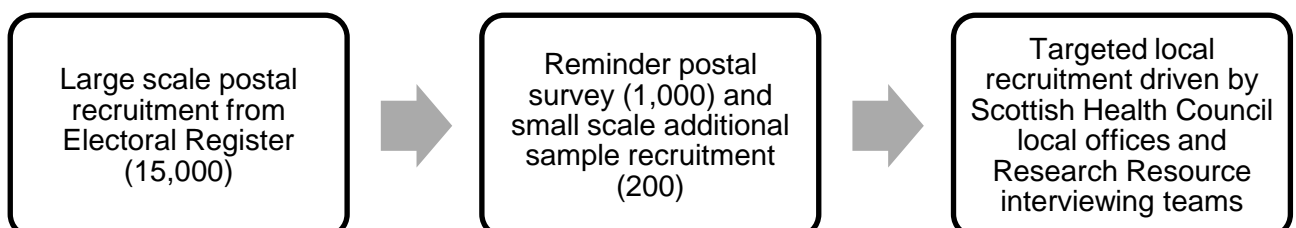
This was supported by an information leaflet which sought to provide potential recruits with an overview of the Our Voice Citizens' Panel and its role and purpose. It was also of critical importance to ensure that respondents were aware how the data they provided would be used and who would have access to the information. This was vital to ensure compliance with the Data Protection Act. This leaflet is available in Appendix 2. This information was offered in accessible or other language formats, upon request. No Panel members made this request at the time of recruitment.

## Recruitment methods

One of the key attractions of a Citizens' Panel is that it provides the opportunity to engage with people from all sections of the community and not simply community activists or people that are already engaged in the sector, which is what is often achieved by engaging with forum members or representative groups. Each member of the Panel is there to represent only their own views, not the views (or their perception of the views) of the wider population. It is therefore important to ensure that recruitment is random and widespread, moving beyond the often heard voices of community activists and forums.

A range of recruitment methods were used to recruit the Citizens' Panel in order to secure the volume and spread of Panel recruits desired. The process used is summarised below:

**Figure 1: Summary of recruitment process**



| Large scale postal recruitment from Electoral Register (15,000) | → | Reminder postal survey (1,000) and small scale additional sample recruitment (200) | → | Targeted local recruitment driven by Scottish Health Council local offices and Research Resource interviewing teams |

## Large scale recruitment from the Electoral Register

The decision was taken to use a postal survey methodology, using the Electoral Register as a sample frame, as the main form of recruitment. The Electoral Register has the advantage of covering all of Scotland geographically and of providing a sample frame of named individuals, as opposed to simply addresses, as would be the case if the Postcode Address File was used.  Additionally, given the relatively recent referendum, the Electoral Register is more comprehensive than was the case in previous years.

A random sample of 15,000 individuals was drawn from the Electoral Register.  This was stratified geographically, by local authority area, based upon the target numbers it was sought to achieve. Moreover, in recognition that the response rate in more deprived areas is typically lower, the sample was boosted based upon the Scottish Index of Multiple Deprivation[5], with a 5% response rate to the invitation to join the Panel assumed in the most deprived areas and a response rate of 9% assumed in the less deprived areas.

Invitations packs were collated and sent to the 15,000 sampled individuals containing:

- a covering letter
- a 'Frequently Asked Questions' information leaflet about the Panel
- a recruitment questionnaire
- a reply paid envelope for return to Research Resource.

This was sent out during the week commencing 6 June 2016.  Individuals interested in joining the Panel were asked to complete the enclosed recruitment questionnaire and return this by post directly to Research Resource, the independent research organisation employed to recruit the Panel. They were also provided with a web link which would allow them to complete the recruitment questionnaire online and submit this electronically to Research Resource.

Overall, a total of 395 responses were received from this original mailing. This is a 3% response rate.

This is significantly lower than the anticipated response rate which was in the region of 7 to 8%. There may be a number of possible factors for the lower than anticipated recruitment via the electoral roll:

- lack of awareness of Our Voice brand compared to, say, awareness of local authorities
- a longer than normal recruitment questionnaire asking sensitive questions (equalities monitoring)
- timing
  - in between two elections (Scottish Parliament and European Union referendum) and associated unsolicited mail through the letter box
  - crossed over into holiday period.

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[5] O'Brien, O., Cheshire, J., & UCL Geography. (2016). Scottish Index of Multiple Deprivation 2016. Edinburgh: Crown copyright & database right 2012-6.
Retrieved from http://simd.scot/2016/  26/10/2016

## Reminder mailing and additional boost activity

It was always proposed to carry out some face to face targeted recruitment to boost response rates to this initial recruitment mailing and to ensure that groups that are typically underrepresented in this type of activity were given the opportunity join the Panel. However, given the significantly lower level of response achieved from this initial survey, a variety of further recruitment methods were implemented.

Given the length and depth of the initial recruitment questionnaire, it was decided to abbreviate it in order to make the process of completing easier, quicker and more attractive. The decision was taken to focus on the key contact information and also basic demographic profiling as opposed to asking attitudinal questions about health and social care and also a full set of equalities questions. A copy of the abbreviated questionnaire is available in Appendix 3. Moreover, the branding of the questionnaire was changed slightly to include the NHSScotland and COSLA logos, in order to increase recognition and support for the partner agencies.  It should be noted that there is a commitment to collect a full set of equalities data from all Panel members during a future Panel survey.

In order to test the extent to which questionnaire length may have been a barrier to recruitment, a random sample of 1,000 individuals who had been invited, but had not responded, to the first invitation to join the Panel were sent a further invitation to join, this time with the abbreviated questionnaire.  In addition, a fresh sample of 200 randomly selected Scottish citizens were selected from the Electoral Register and sent an invitation pack inviting them to join the Our Voice Citizen's Panel. These were sent on 25 July 2016.

Unfortunately, the response rate achieved from these was not significantly different from the original mailing with 32 responses received from the reminder mailing (a 3% response rate) and eight responses received from the fresh sample of 200 (a 4% response rate).

## Local office recruitment

In order to further increase the response rate, Scottish Health Council staff across local offices in Scotland were asked to assist with recruitment for the Citizens' Panel. Staff were briefed in a teleconference on Friday, 22 July by Lorna Shaw from Research Resource, Gary McGrow from the Scottish Health Council and Sandra McDougall from the Scottish Health Council.

Thereafter, local staff were tasked with recruiting Panel members, using their local knowledge. The importance of ensuring that recruits were from the general population as opposed to drawn from their own local consultation networks was stressed.

Staff used a range of methods, locations and venues in order to recruit members of the local population to the Panel. This included recruitment at town centre locations in addition to particular events (for example, an agricultural show and a play day event were used to recruit) and at public facilities such as health care facilities, local libraries and community centres. Contact was also made with known support groups, community councils and volunteer organisations.

A total of 654 individuals joined the Our Voice Citizens' Panel as a result of Scottish Health Council local office recruitment activity.

## Targeted face to face recruitment

In order to further boost the recruitment numbers in targeted areas where the Panel was still under represented, Research Resource's trained interviewers carried out face to face recruitment with members of the general public.

Recruitment was carried out in the following locations:

- Aberdeen – 25 recruits
- Edinburgh – 47 recruits
- East Kilbride – 55 recruits
- Kirkcaldy – 40 recruits
- Helensburgh – 12 recruits
- Elgin – 13 recruits
- Inverclyde – 20 recruits.

A total of 212 Panel members were recruited by Research Resource interviewers at a variety of shopping centre or high street locations across Scotland. These were targeted where there were a greater number of recruits required.

## Summary of recruitment methods

A total of 1,301 individuals were recruited to Our Voice Citizens' Panel. These were recruited by the following methods:

- postal recruitment from Electoral Register – 435 recruits
- recruitment through Scottish Health Council local offices – 654 recruits
- face to face recruitment by Research Resource interviewers – 212 recruits.

On the basis of this experience, face to face recruitment proved to be a more effective method than postal recruitment from the electoral register. This will be taken into account for future recrtuitment.

## Chapter 4: Profile of Our Voice Citizens' Panel

### Overview

Our Voice Citizens' Panel has a total of 1,301 members.

The original ambition was to have an overall spread of Panel recruits in order that Integration Authority and NHS Board areas were sufficiently represented. As shown in Table 3 below, at NHS Board area each area has sufficient numbers to allow for targeted local consultation activity. Whilst Orkney and Western Isles have not met the targeted boosted number of 30, the number of recruits are greater than the pro rata spread of Panel members which would be four for Orkney and five for Western Isles.

**Table 3: Our Voice Citizens' Panel Profile by NHS Board Area**

| NHS Board Area | Target Panel | Panel Profile |
|---|---|---|
| Ayrshire & Arran | 90 | 104 |
| Borders | 30 | 32 |
| Dumfries & Galloway | 30 | 39 |
| Fife | 69 | 71 |
| Forth Valley | 60 | 60 |
| Grampian | 122 | 129 |
| Greater Glasgow & Clyde | 265 | 287 |
| Highland | 74 | 92 |
| Lanarkshire | 123 | 125 |
| Orkney | 30 | 18 |
| Lothian | 186 | 191 |
| Shetland | 30 | 35 |
| Tayside | 90 | 94 |
| Western isles | 30 | 23 |
| **Total** | **1,229** | **1,300**[6] |

[6] Please note that one Panel recruit did not provide an address so we are unable to classify this member by geographical area.

**Table 4: Our Voice Citizens' Panel Profile by Integration Authority Area**

| Integration Authority Area | Target Panel | Panel Profile |
|---|---|---|
| Aberdeen City | 43 | 49 |
| Aberdeenshire | 49 | 49 |
| Angus | 30 | 31 |
| Argyll & Bute | 30 | 31 |
| Clackmannanshire & Stirling | 30 | 31 |
| Dumfries & Galloway | 30 | 39 |
| Dundee City | 30 | 32 |
| East Ayrshire | 30 | 35 |
| East Dunbartonshire | 30 | 29 |
| East Lothian | 30 | 26 |
| East Renfrewshire | 30 | 45 |
| Edinburgh, City of | 93 | 94 |
| Eilean Siar | 30 | 23 |
| Falkirk | 30 | 30 |
| Fife | 69 | 71 |
| Glasgow City | 112 | 114 |
| Highland | 44 | 61 |
| Inverclyde | 30 | 30 |
| Midlothian | 30 | 28 |
| Moray | 30 | 31 |
| North Ayrshire | 30 | 34 |
| North Lanarkshire | 64 | 76 |
| Orkney Islands | 30 | 18 |
| Perth & Kinross | 30 | 31 |
| Renfrewshire | 33 | 28 |
| Scottish Borders | 30 | 32 |
| Shetland Islands | 30 | 35 |
| South Ayrshire | 30 | 35 |
| South Lanarkshire | 59 | 61 |
| West Dunbartonshire | 30 | 28 |
| West Lothian | 33 | 43 |
| **Total** | **1,229** | **1,300**[7] |

In order to fulfil the commitment to hearing a wide range of citizen voices, the recruitment questionnaire also asked Panel members if they had any additional requirements that would need to be met in order to assist them to participate in Panel surveys. Just 14 Panel members noted additional needs. 11 of these require large print questionnaires and documentation, two require coloured paper for dyslexia and one requires Punjabi translation.

Of the 1,301 Panel members, 1,018 provided a contact email address. It is intended, therefore, that the majority of Panel correspondence will be done electronically.

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[7] Please note that one Panel recruit did not provide an address so we are unable to classify this member by geographical area.

## Socio-economic profile of the Our Voice Citizens' Panel

The Our Voice Citizens' Panel sought to be broadly representative of the socio-economic characteristics of the Scottish population. It sought to achieve this at a national level for the Panel overall. However, when undertaking sampling and recruitment, cognizance was taken of the local population profile. Additional consideration to ensure people with literacy or support needs has been made.

People at risk of exclusion such as those living in care homes, people in prison, and people not able to be in public spaces (housebound) were inadvertently excluded from some recruitment methods, as were homeless populations.

The key characteristics which were considered when recruiting the panel were:

- age
- ethnicity
- gender
- housing tenure
- physical or mental health condition or long term illness.

The following tables outline the socio-economic profile of the Our Voice Citizens' Panel, compared to the Scottish population. It should be noted that due to the self-completion nature of the Panel recruitment questionnaire not all recruits responded to all questions therefore the total in tables does not always sum to 1,301, the total number of Panel members.

As shown below in relation to age and gender, the age profile of the Panel is slightly older than the overall population of Scotland, with those aged 45-64 and 65 and over marginally over represented and those aged under 44, under represented.

**Table 5: Age profile**

| Age | Panel | % of Panel | Scottish population[8] | Difference |
|---|---|---|---|---|
| 16-24 | 113 | 9% | 14% | -5% |
| 25-44 | 357 | 28% | 31% | -3% |
| 45-64 | 486 | 38% | 33% | 5% |
| 65+ | 330 | 26% | 22% | 4% |
| **Total** | **1286** | **100%** | **100%** | **0%** |

In terms of gender, the male population of Scotland is under represented. This will be taken into account in analysis of all future Panel surveys with weighting applied to address this imbalance.

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[8] 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

**Table 6: Gender profile**

| Gender | Panel | % of Panel | Scottish population[9] | Difference |
|---|---|---|---|---|
| Male | 414 | 32% | 49% | -17% |
| Female | 877 | 68% | 51% | 17% |
| **Total** | **1291** | **100%** | **100%** | |

In terms of housing tenure, private rented tenants and social rented tenants (rented from a council or housing association) are marginally under represented.

**Table 7: Housing tenure profile**

| Tenure | Panel | % of Panel | Scottish population[10] | Difference |
|---|---|---|---|---|
| Own | 793 | 62% | 62% | 0% |
| Rent from council/ HA | 297 | 23% | 24% | -1% |
| Private rent | 129 | 10% | 14% | **-4**% |
| Other | 68 | 5% | | |
| **Total** | **1287** | **100%** | **100%** | |

The ethnic profile of the Panel is only marginally different from the profile of the Scottish population with 97% of the Our Voice Citizens' Panel of White British ethnic origin compared to 96% of the Scottish population.

**Table 8: Ethnic profile**

| Ethnic group | Panel | % of Panel | Scottish population[11] | Difference |
|---|---|---|---|---|
| White British | 1240 | 97% | 96% | 1% |
| Other | 43 | 3% | 4% | -1% |
| **Total** | **1283** | **100%** | **100%** | |

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[9] 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
[10] 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
[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

Finally, in relation to health profile, 36% of Panel members stated that they have a physical or mental health condition or illness which has lasted, or is expected to last, 12 months or more. This is comparable to the Scottish Government estimate of 40% of the Scottish population living with a long term health condition.

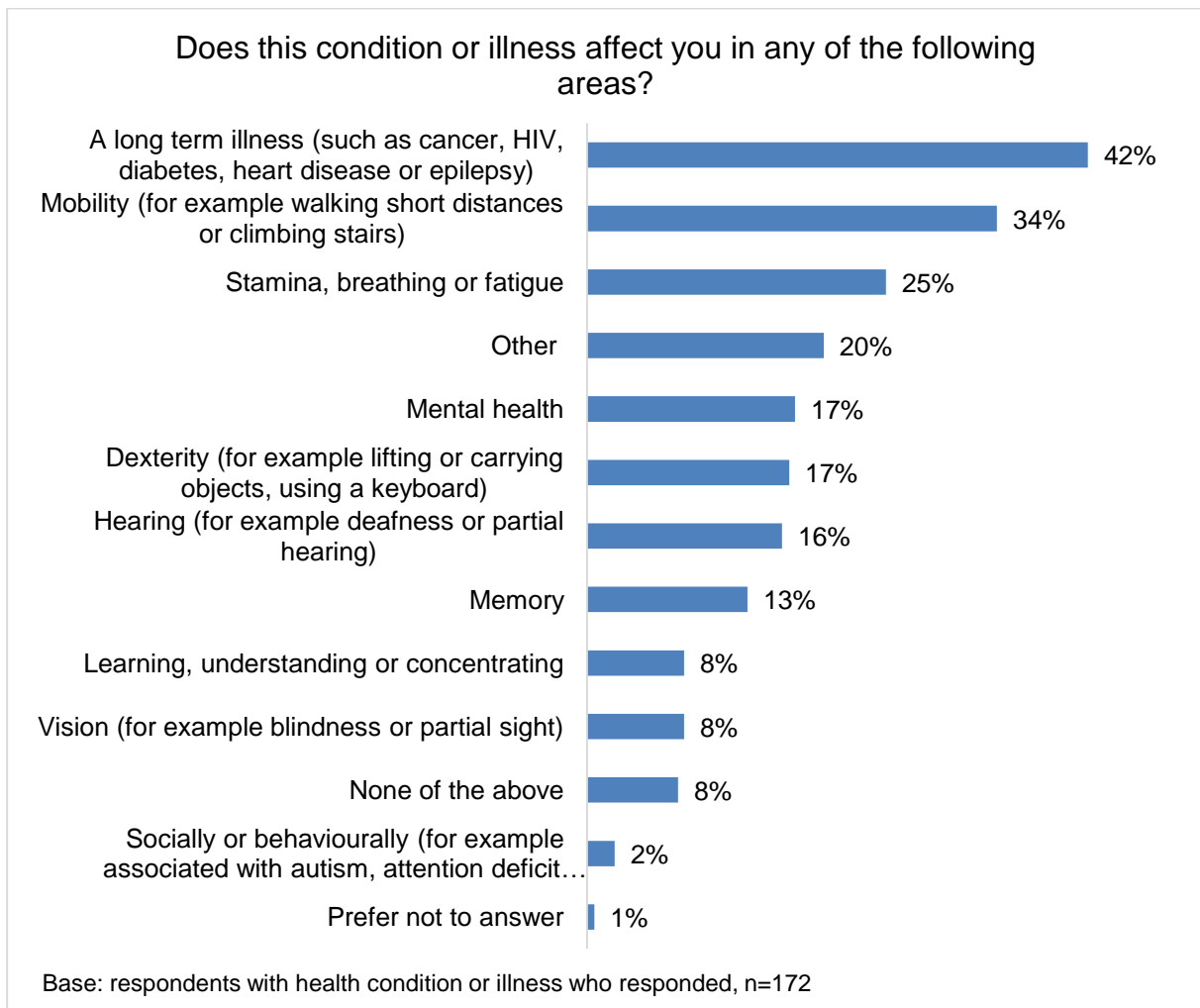**Table 9: Physical or mental health condition or illness profile**

| Experiencing physical or mental health condition or illness lasting or expected to last 12 months or more | Panel | % of Panel | Scottish population[12] | Difference |
|---|---|---|---|---|
| Yes | 462 | 36% | 40% | -4% |
| No | 782 | 60% | 60% | 0% |
| Don't know/ prefer not to say | 50 | 4% | | |
| **Total** | **1294** | **100%** | **100%** | |

The initial Panel recruitment questionnaire asked respondents who identified with having a physical or mental health condition or illness lasting, or expected to last, 12 months or more to indicate in which way or ways their condition or illness affects them. This showed that, for the 172 Panel members who answered, the most common affect of their health condition or illness were:

- a long term illness (such as cancer, HIV, diabetes, heart disease or epilepsy (42%)
- mobility (for example walking short distances or climbing stairs (34%)
- stamina, breathing or fatigue (25%).

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[12]Long term conditions. (December 23, 2015).  The Scottish Government. Retrieved from http://www.gov.scot/Topics/Health/Services/Long-Term-Conditions  26/10/2016
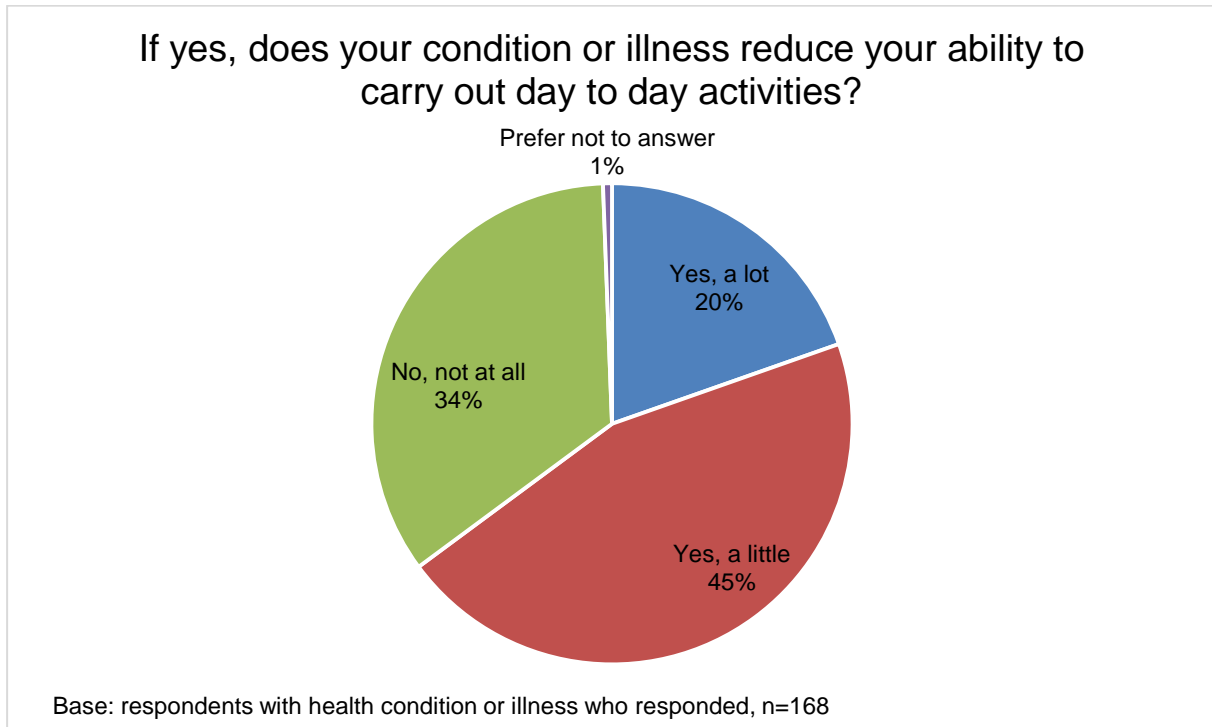
**Figure 2: Effect of health condition or illness**

## Does this condition or illness affect you in any of the following areas?

| Area | Percentage |
|------|-----------|
| A long term illness (such as cancer, HIV, diabetes, heart disease or epilepsy) | 42% |
| Mobility (for example walking short distances or climbing stairs) | 34% |
| Stamina, breathing or fatigue | 25% |
| Other | 20% |
| Mental health | 17% |
| Dexterity (for example lifting or carrying objects, using a keyboard) | 17% |
| Hearing (for example deafness or partial hearing) | 16% |
| Memory | 13% |
| Learning, understanding or concentrating | 8% |
| Vision (for example blindness or partial sight) | 8% |
| None of the above | 8% |
| Socially or behaviourally (for example associated with autism, attention deficit… | 2% |
| Prefer not to answer | 1% |

Base: respondents with health condition or illness who responded, n=172

These respondents were also asked if their condition or illness reduced their ability to carry out day to day activities. As shown below, almost two thirds of those who stated that they had a health condition or illness indicated that their ability to carry out day to day activities is reduced with 45% saying a little and 20% saying a lot.

**Figure 3: Impact of illness or condition on ability to carry out day to day activities**



If yes, does your condition or illness reduce your ability to carry out day to day activities?

Prefer not to answer 1%
Yes, a lot 20%
Yes, a little 45%
No, not at all 34%

Base: respondents with health condition or illness who responded, n=168

Nearly one in five respondents consider themselves to be a 'carer', defined as providing unpaid care to somebody with a disability, health problem or other support needs. This is only slightly higher than the Scottish Government Health and Care Experience Survey 2015/16 where 15% of respondents stated that they look after or provide regular help or support to others.[13]

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[13] Experiences of Carers. (2016). *Health and Care Experience Survey 2015/16 - National Results.* Edinburgh: A National Statistics Publication for Scotland. Retrieved from: http://www.gov.scot/Publications/2016/05/9045/12  26/10/2016

## Scottish Index of Multiple Deprivation (SIMD)

In addition to these socio economic characteristics, attempts were made to recruit a Panel that reflects Scotland's urban/ rural landscape and our more complex relative experiences of deprivation. These characteristics have been mapped using postcode look up tables. Given the potential for health inequalities based upon these characteristics, it is believed that these will be important analysis variables moving forward.

The Scottish Index of Multiple Deprivation (2012) (SIMD)[14] is a relative measure of deprivation across small areas in Scotland. It is the Scottish Government's official tool for identifying those places in Scotland suffering from deprivation. It looks at multiple deprivation, not just low income but also access to services, employment, education, health, crime and housing in local areas. These multiple aspects of deprivation are noted as 'indicators of deprivations'. The Index splits Scotland into 6,976 small areas called 'data zones,' and using the indicators of deprivations, ranks these areas from 1 which is the most deprived to 6,976 which is the least deprived area.

During recruitment for the Our Voice Citizens' Panel, consideration was given to the SIMD, with aims to recruit an equal spread of participants across levels of deprivation. For ease of analysis, the spread of panel members by SIMD 'quintile' has been considered. Quintiles simplify use of this data by organising datazones into 5 groups, each containing 20% of Scotland's datazones in order of deprivation. Quintile 1 contains the most deprived datazones in Scotland, quintile 2 contains the next most deprived 20%, through to quintile 5, which contains the least deprived 20% of Scotland's population according to SIMD measures.

As shown in the table below, 20% of the Our Voice Citizens' Panel live within areas ranked in quintile 1, the most deprived areas in Scotland. The Panel provides good representation of the Scottish population by deprivation.

**Table 10: Scottish Index of Multiple Deprivation (SIMD) Profile**

| SIMD Quintile | Number of Panel members | % of Panel members |
|---|---|---|
| 1 | 254 | 20% |
| 2 | 271 | 21% |
| 3 | 249 | 19% |
| 4 | 284 | 22% |
| 5 | 210 | 16% |
| Unknown | 33 | 2% |
| **Total** | **1301** | **100%** |

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[14] *Scottish Index of Multiple Deprivation 2012. A National Statistics Publication for Scotland.* (2012). Edinburgh. Retrieved from: http://simd.scotland.gov.uk/publication-2012/ 26/10/2016

## Urban Rural Classification

Finally, consideration has been given to the geographical spread of Panel members in relation to the Scottish Government's Urban Rural Classification[15]. The Scottish Government Urban Rural Classification provides a consistent way of defining urban and rural areas across Scotland. The Classification is based upon two main criteria: (i) population as defined by the National Records of Scotland, and (ii) accessibility based on drive time analysis to differentiate between accessible and remote areas in Scotland. The classification used for the Panel profile is the Government's 6 fold Urban Rural Classification, which is defined below.

**Table 11: Scottish Government 6 Fold Urban Rural Classification**

|  | Scottish Government 6 fold Urban Rural Classification |
|---|---|
| 1 Large Urban Areas | Settlements of 125,000 or more people. |
| 2 Other Urban Areas | Settlements of 10,000 to 124,999 people. |
| 3 Accessible Small Towns | Settlements of 3,000 to 9,999 people and within 30 minutes drive of a settlement of 10,000 or more. |
| 4 Remote Small Towns | Settlements of 3,000 to 9,999 people and with a drive time of over 30 minutes to a settlement of 10,000 or more. |
| 5 Accessible Rural | Areas with a population of less than 3,000 people, and within a 30 minute drive time of a settlement of 10,000 or more. |
| 6 Remote Rural | Areas with a population of less than 3,000 people, and with a drive time of over 30 minutes to a settlement of 10,000 or more. |

| Urban Rural Classification | Number of Panel members | % of Panel members | Scottish Population | Difference |
|---|---|---|---|---|
| 1 - Large Urban Areas | 448 | 34% | 35% | 1% |
| 2 - Other Urban Areas | 394 | 30% | 35% | -5% |
| 3 - Accessible Small Towns | 89 | 7% | 9% | -2% |
| 4 - Remote Small Towns | 60 | 5% | 3% | 2% |
| 5 - Accessible Rural | 141 | 11% | 12% | -1% |
| 6 - Remote Rural | 136 | 10% | 6% | 4% |
| Unknown | 33 | 3% |  |  |
| **Grand Total** | **1301** | **100%** |  |  |

As shown, the Panel has a good spread of citizens from across the country from large urban areas to remote rural. Analysis of the Panel urban rural spread compared to the spread of the Scottish population shows that there is an under representation of 5% in other urban areas and an over representation in remote rural areas. However, this is likely to be due to the fact that in designing the Panel profile, smaller areas which are remote rural such as the Western Isles were over represented in the Panel design.

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[15] *Scottish Government Urban Rural Classification.* (2014). The Scottish Government. Retrieved from: http://www.gov.scot/Topics/Statistics/About/Methodology/UrbanRuralClassification  26/10/2016

## Chapter 5: Attitudes Towards Health and Social Care

### Introduction

The initial recruitment questionnaire was more in depth and covered a series of questions that related to Panel members' perception of their own health, the use of health and social care services, satisfaction with these and comments in relation to what is good and what could be improved about these services. Whilst these questions were not asked of all Panel members as the recruitment process progressed with an abbreviated questionnaire, a total of 395 Panel members responded to this initial longer recruitment questionnaire. This section of the report summarizes the key findings of these questions relating to Panel members attitudes towards health and social care.

### Self-reported health profile

Overall, almost three quarters of respondents considered their health to be either very good or good. This was compared to 18% who considered their health to be fair and 8% who considered their health to be poor.

**Figure 4: Self-reported health profile of Panel members**
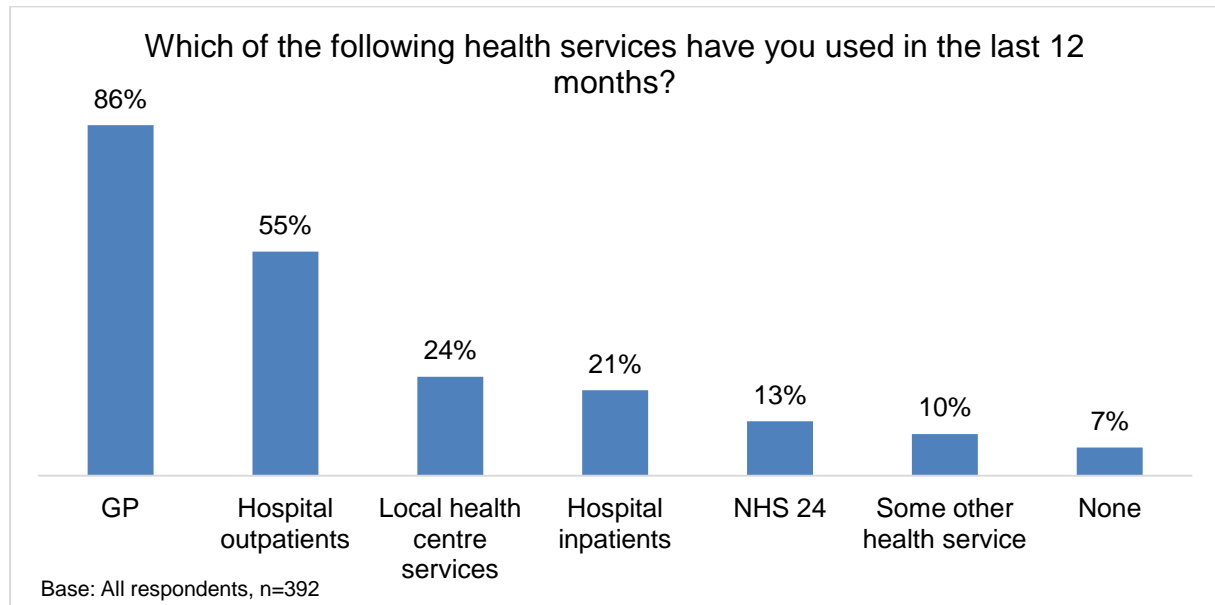


Base: All respondents, n=391
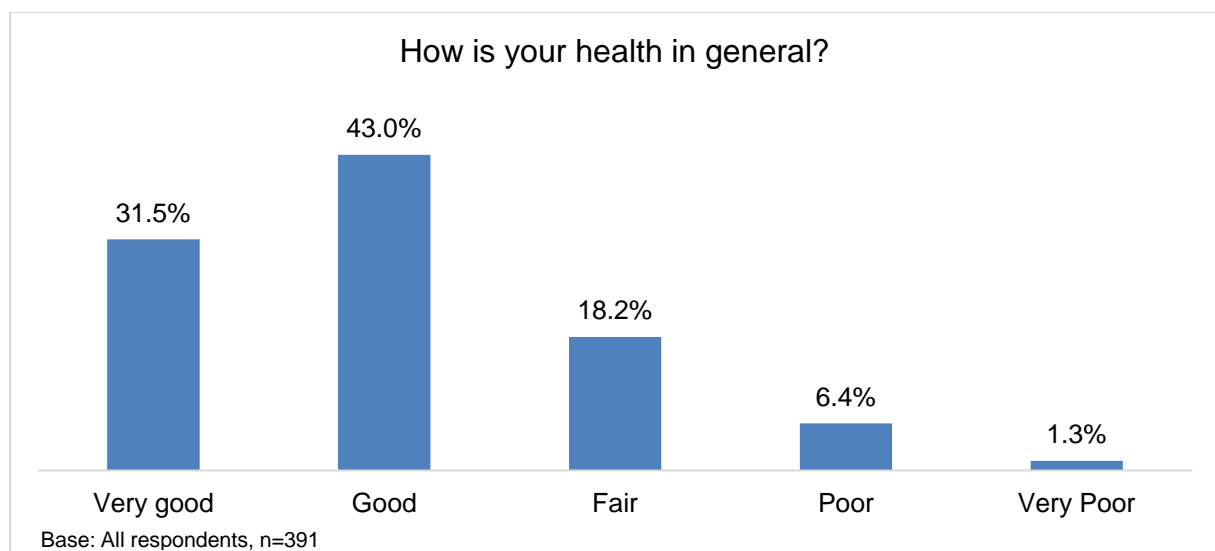
Respondents who reported that they had a physical or mental health condition or illness lasting, or expected to last, 12 months or more were more likely to report that they were in poor health. 14% of this group state that their health was poor or very poor. 2% of those who stated that they did not have a health condition or illness state that their health was poor or very poor.

## Attitudes towards health services

In terms of the use of health services, just 7% of Panel members stated that they had not used any health services in the last 12 months. The GP service was the most commonly used health service, which had been used by 86% of Panel members in the last 12 months. This was followed by hospital outpatients (55%), local health centre services (24%) and hospital inpatients (21%).
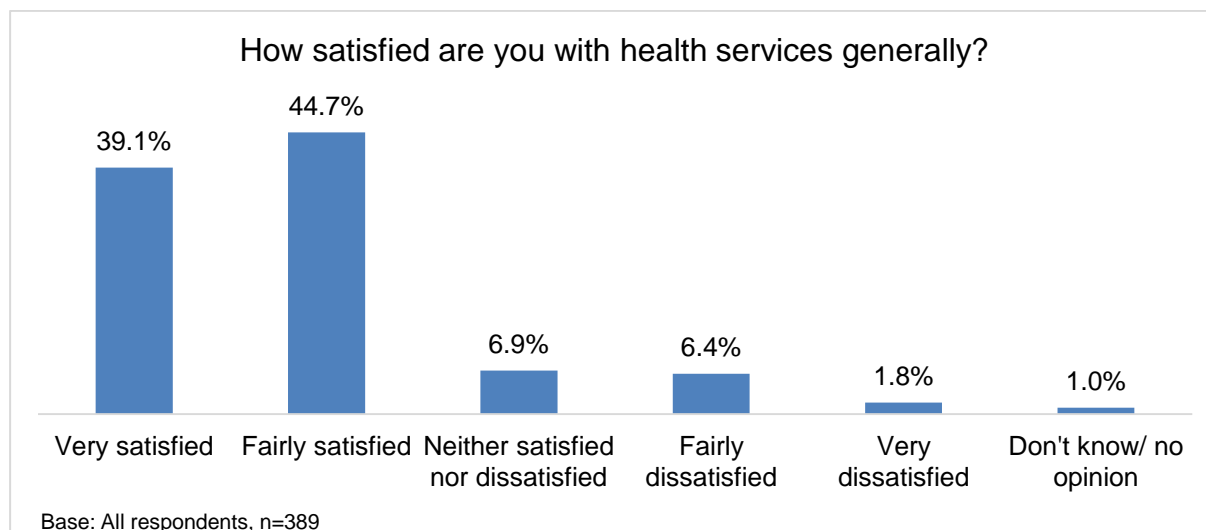
**Figure 5: Use of health services**



Which of the following health services have you used in the last 12 months?

- GP: 86%
- Hospital outpatients: 55%
- Local health centre services: 24%
- Hospital inpatients: 21%
- NHS 24: 13%
- Some other health service: 10%
- None: 7%

Base: All respondents, n=392

Those who reported a health condition or illness were more likely to have used health services in the last 12 months. Indeed, all respondents reporting ill health had used some form of health service in the last 12 months. By comparison, 13% of those who did not report a health condition or illness stated that they had not used any health services in the last 12 months.

The most significant differences were also reported with respect to the following:

- 95% of those who reported a health condition have used GP services compared to 79% of those who reported no health conditions
- 76% of those who reported a health condition have used hospital outpatients compared to 38% of those who reported no health conditions
- 30% of those who reported a health condition have used local health centre services compared to 19% of those who reported no health conditions.

Satisfaction with health services was generally high with 326 out of 389 Panel members who answered this question (84%) stating that they were either very or fairly satisfied with health services.

**Figure 6: Satisfaction with health services**



How satisfied are you with health services generally?

| | |
|---|---|
| Very satisfied | 39.1% |
| Fairly satisfied | 44.7% |
| Neither satisfied nor dissatisfied | 6.9% |
| Fairly dissatisfied | 6.4% |
| Very dissatisfied | 1.8% |
| Don't know/ no opinion | 1.0% |

Base: All respondents, n=389

Again, those panel members who reported a health condition or illness were less likely to be satisfied with health services. 12% of those who reported a health condition stated that they were very or fairly dissatisfied with health services generally compared to 5% of those who reported experiencing no health conditions or illnesses.

Respondents were then asked, based upon their experience of health services, what they believe is good about these services and then how they thought  health services could be improved. These questions were asked as open questions which respondents could answer freely in their own words. For ease of analysis, these have been grouped into common themes and summarized below.

**Table 12: What is good about health services?**

| Based upon your experience of health services, what do you think is good about these services? Coded | |
|---|---|
| *Base: n=357* | *% of respondents* |
| NHS services are free to use/easy to access/available to all | 23% |
| Friendly/helpful/caring/professional/knowledgeable staff | 23% |
| Good GPs/nurses/hospital staff | 17% |
| Good/efficient/professional/prompt/reliable services | 17% |
| Good availability of appointments/low waiting times | 13% |
| Patients are well looked after/good levels of care/good treatments | 10% |
| I have no issues with the services/the services are good | 8% |
| Good facilities e.g. hospitals/surgeries/clinics etc. | 5% |
| Good supply of information/advice/questions answered | 4% |
| Good variety of services available | 2% |
| Other | 9% |
| I don't know | 1% |
| None | 3% |

As shown, respondents were most likely to comment that what they considered to be good about health services is the fact that health services are free, easy to access or available to all (23%). Similarly, 23% of respondents commented that staff are what they think is good about health services, with comments such as friendly, helpful, caring, professional or knowledgeable used in this respect. Furthermore, 17% mentioned specific staff as being a strength such as GPs, nurses or hospital staff.

When asked how they believed health services could be improved, respondents were most likely to comment on the time taken to access services, with comments made in relation to providing a quicker service/ shorter waiting times or quicker referrals (31%). This was followed by comment on the requirement for investment in terms of more front line staff, resources or training (22%) and then improving appointment systems (10%).

**Table 13: How could health services be improved?**

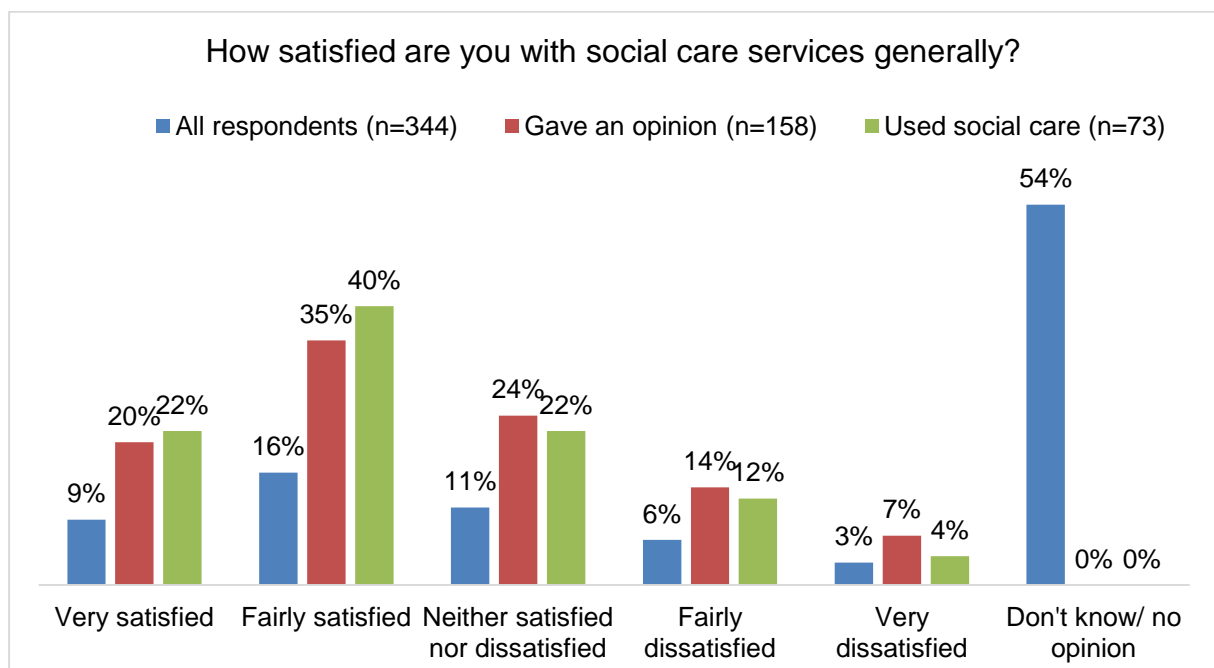| And how do you think health services could be improved? Coded. | |
|---|---|
| *Base: n=351* | *% of respondents* |
| Quicker service/shorter waiting times/quicker referrals/easier access | 31% |
| More front line staff/resources/investment/training | 22% |
| Better appointment system | 10% |
| Improve communication/provide more information | 9% |
| Better/less administration/management/more efficiency | 7% |
| More integration of services i.e. health care and social services | 5% |
| More awareness/better treatment of certain conditions e.g. dementia | 3% |
| Listen to people/patients/provide opportunities to give feedback | 3% |
| More availability of services/facilities locally | 3% |
| Improved customer care | 3% |
| More evening/weekend/out of hours services | 3% |
| More compassion and support/less target driven | 2% |
| Longer appointments/more time for staff | 2% |
| Consistent service/availability/access across all regions | 2% |
| Less privatization | 1% |
| Greater focus on prevention | 1% |
| More staff continuity | 1% |
| Take action on missed appointments e.g. charge for them | 1% |
| Improved staff conditions e.g. better wages for staff/ more of a say given to staff | 1% |
| Other | 19% |
| I don't know | 3% |
| None | 4% |

## Attitude towards social care

In terms of the use of social care services, fewer Panel respondents have used social care than was the case for health services, with 81% of respondents stating that they have not used social care services in the last 12 months. The social services most likely to have been used was support for disabled people (8%) and home care (8%).

**Figure 7: Social care services used in last 12 months**



Which of the following social care services have you used in the last 12 months?

- Residential care home: 4%
- Housing support: 2%
- Support for carers: 4%
- Support for those with a disability: 8%
- Home care: 8%
- None: 81%
- Some other social care service: 6%

Base: All respondents, n=384
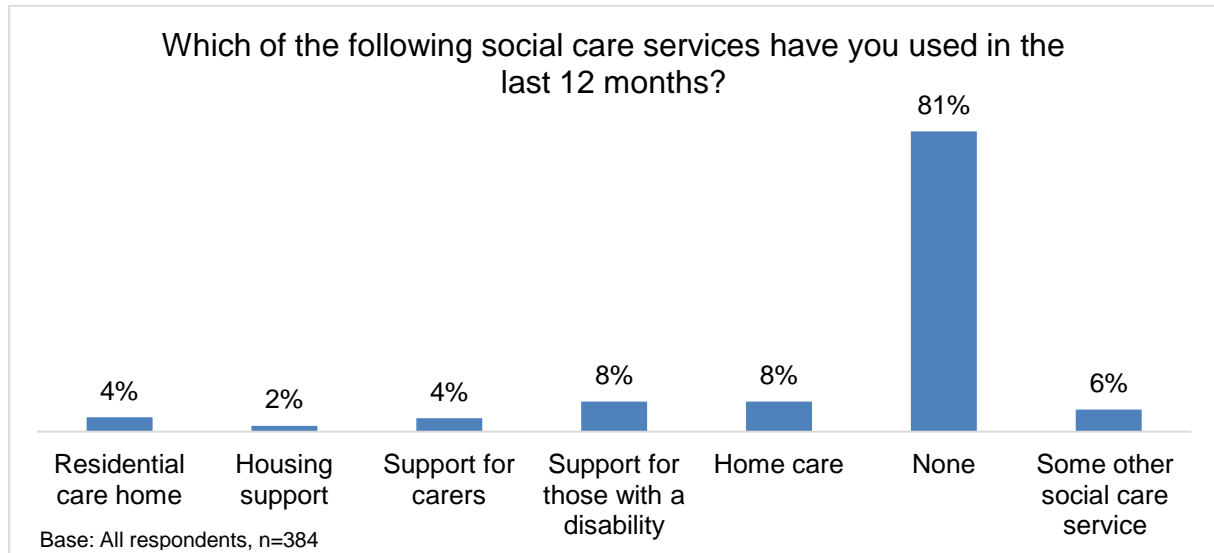
All respondents were then asked how satisfied they are with social care services generally. Overall, just over half of respondents stated don't know/ no opinion (54%). If these 54% are excluded, from all respondents who gave an opinion, the level of satisfaction with social care was 55%. However, if this is again filtered for those that have used social care services in the last 12 months, satisfaction rises to 62% where respondents have direct experience of this service.

**Figure 8: Satisfaction with social care services**



How satisfied are you with social care services generally?

Legend: ■ All respondents (n=344) ■ Gave an opinion (n=158) ■ Used social care (n=73)

- Very satisfied: 9%, 20%, 22%
- Fairly satisfied: 16%, 35%, 40%
- Neither satisfied nor dissatisfied: 11%, 24%, 22%
- Fairly dissatisfied: 6%, 14%, 12%
- Very dissatisfied: 3%, 7%, 4%
- Don't know/ no opinion: 54%, 0%, 0%

Respondents were then asked, based upon their experience, what do they think is good about social care services and how they thought social care services could be improved. As was the case with health services, respondents were asked an open question where they could answer freely in their own words. For both these questions there were a high number of responses that have been categorized as 'other'. This is due to the highly individual nature of comment that has been made about the service and insufficient numbers of comments under specific issues to code under a common theme.

In terms of what respondents felt was good about these services, the most common responses related to the staff, with mention of them being good, helpful or efficient (37%). The next most common theme of response concerned the good quality of care or support (19%) followed by availability of support (11%). Almost one quarter of respondents (24%) gave some 'other' response. These have not been coded thematically due to the diverse and personal nature of many of these comments.

**Table 14: What is good about social care?**

| Based upon your experience of social care services, what do you think is good about these services? coded | |
|---|---|
| *Base: gave an opinion, n=115* | *% of respondents* |
| Good/helpful/efficient staff | 37% |
| Good care/support | 19% |
| It's good that social care is available if/when required | 11% |
| Enables patients to stay at home | 5% |
| Good/quick responses | 4% |
| Free service | 3% |
| Easy to contact | 2% |
| Carers listen | 2% |
| Provide human contact | 2% |
| Good communication | 1% |
| Other | 24% |

Respondents were then asked how social care services could be improved. The most common theme related to more or improved staff/ resources or training (36%) followed by spending more time with clients (16%) and then increasing funding (10%). Just over one quarter (26%) gave some 'other' response which has not been coded due to the diverse and personal nature of the comments made.

**Table 15: How could social care services be improved?**

| And how do you think social care services could be improved? coded | |
|---|---|
| *Base: all who made a comment, n=148* | *% of respondents* |
| More/Improved staff/resources/training | 36% |
| Spend more time with each client | 16% |
| Increase funding | 10% |
| More communication/information given | 7% |
| Improve service integration | 7% |
| Quicker/more flexible services | 5% |
| Provide more consistent services/staff continuity | 5% |
| Listen more | 3% |
| Improve access to services/provide more out of hours services | 3% |
| Improved management/less bureaucracy | 3% |
| Improve home care | 3% |
| Improve mental health services | 2% |
| Improve staff morale | 1% |
| Other | 26% |

## Chapter 6: Conclusions and Next Steps

The Our Voice Citizens' Panel will be the first national citizens' panel of its kind in Scotland focused on using public views to influence health and social care policy and services.

The Panel has been designed to be large enough in order to provide statistically robust feedback at the Scotland wide level. This has been achieved with a total of 1,301 Panel members recruited across Scotland, covering all 32 local authority areas. The Panel also has good coverage of the Scottish population across both urban and rural areas and also when considering the Scottish Index of Multiple Deprivation.

The Panel was designed to be broadly representative of the socio-economic characteristics of the Scottish population at national level. This has been achieved across a range of different characteristics including age, housing tenure, ethnicity and physical and mental health. However, the gender profile of Panel members is skewed towards the female population. This will be taken into account in the analysis of future Panel surveys with weighting applied to address this imbalance.

In terms of recruitment methods, face to face recruitment proved to be more effective than postal recruitment through the electoral register, and this will inform future recrtuitment activity.

The first full Panel survey is currently being finalised and will be issued in November 2016. Responses will be analysed and reported through the Our Voice website, with results being fed back to Panel members so they can see how their views are helping to shape health and social care in Scotland.

## Appendix 1: Recruitment Questionnaire

www.ourvoice.scot

### Our Voice Citizens' Panel

To become part of the Panel we will have to contact you from time to time. Please complete your contact details below.

All your personal details will be treated in confidence and stored securely in line with the Data Protection Act. Your details will not be shared with any other organisations without your permission. Your individual responses to the questions below will be kept anonymous and not reported.

| Q1 | What is your name? | |
| Q2 | Please tell us your full postal address | |
| Q3 | Please tell us your full post code (e.g. G72 2YT) | |
| Q4 | Please provide a phone number where we can contact you, this can be a mobile or a landline number | |
| Q5 | Please tell us your email address | |
| Q6 | Do you need us to provide information in any other formats? e.g. large print | |

We would like to know how you feel about your health and your usage of health and social care services. We are interested in the views and experiences of <u>all</u> people. It does not matter if you have experience of using services or not.

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| Q7 | **How is your health in general? TICK ONE ONLY** |
|---|---|

Very good ......  ☐ Good ...... ☐ Fair......... ☐ Poor ...... ☐ Very Poor ...... ☐

| Q8 | **Which of the following health services have you used in the last 12 months? PLEASE TICK ALL THAT APPLY** |
|---|---|

GP ................................................. ☐  Local health centre services ............. ☐

Hospital inpatients ............................ ☐  **None**........................................... ☐

Hospital outpatients .......................... ☐  Some other health service (please write in) .......................................... ☐

NHS 24 ............................................. ☐

| Q9 | **How satisfied are you with health services generally? TICK ONE ONLY** |
|---|---|

Very satisfied .................................... ☐  Fairly dissatisfied ............................. ☐

Fairly satisfied................................... ☐  Very dissatisfied................................ ☐

Neither satisfied nor dissatisfied........ ☐  Don't know/ no opinion ...................... ☐

| Q10 | **Based upon your experience of health services, what do you think is good about these services?** |  |
|---|---|---|

| Q11 | **And how do you think health services could be improved?** |  |
|---|---|---|

| Q12 | **Which of the following social care services have you used in the last 12 months? PLEASE TICK ALL THAT APPLY** |
|---|---|

Residential care home........................ ☐  Home care ...................................... ☐

Housing support................................. ☐  **None**........................................... ☐

Support for carers ............................. ☐  Some other social care service (please write in) .................................. ☐

Support for those with a disability ...... ☐

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**Q13** How satisfied are you with social care services generally? TICK ONE ONLY

Very satisfied .................................. ☐     Fairly dissatisfied ............................ ☐

Fairly satisfied ............................... ☐     Very dissatisfied ............................. ☐

Neither satisfied nor dissatisfied ........ ☐     Don't know/ no opinion ...................... ☐

**Q14** Based upon your experience of social care services, what do you think is good about these services?

**Q15** And how do you think social care services could be improved?

**Q16** Do you consider yourself a 'carer' i.e. providing unpaid care to somebody with a disability, health problem or other support needs?

Yes ............................................ ☐     No ............................................. ☐

> To ensure you receive relevant invitations to participate we need to know a little about you. This information also helps ensure we speak to all types of people currently living in Scotland. Please complete as fully as you are willing or able.

**Q17** What is your date of birth? (Please use the following format: DD/MM/YYYY)

**Q18** Which of the following best describes how you think of yourself? PLEASE TICK ONE ONLY

Male ........................................... ☐     Prefer not to answer ......................... ☐

Female ........................................ ☐

**Q19** Do you have a physical or mental health condition or illness lasting, or expected to last, 12 months or more?

Yes ............................................ ☐     Don't know .................................... ☐

No ............................................. ☐     Prefer not to answer ......................... ☐

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**Q20** Does this condition or illness affect you in any of the following areas? PLEASE TICK ALL THAT APPLY

Vision (for example blindness or partial sight) .................................... ☐

Learning, understanding or concentrating ...................................... ☐

Mental health ...................................... ☐

Memory...................................... ☐

A long term illness (such as cancer, HIV, diabetes, heart disease or epilepsy) ...................................... ☐

Stamina, breathing or fatigue............. ☐

Socially or behaviourally (for example associated with autism, attention deficit disorder) .................... ☐

Hearing (for example deafness or partial hearing)...................................... ☐

None of the above ........................... ☐

Mobility (for example walking short distances or climbing stairs) ............. ☐

Prefer not to answer ........................ ☐

Dexterity (for example lifting or carrying objects, using a keyboard) .. ☐

Other (please write in) ..................... ☐

**Q21** If yes, does your condition or illness reduce your ability to carry out day-to-day activities? PLEASE TICK ONE ONLY

Yes, a lot............................................ ☐

No, not at all ..................................... ☐

Yes, a little ...................................... ☐

Prefer not to answer .......................... ☐

**Q22** Which of the following apply to your household status?

Own ................................................. ☐

Rent privately ................................... ☐

Rent from a council or housing association................................... ☐

Other................................................ ☐

**Q23** How many people live in this household? PLEASE WRITE IN THE NUMBER

Number of adults

Number of children

**Q24** How would you describe yourself in terms of religion, faith or belief?

None .................................................. ☐

Muslim .............................................. ☐

Buddhist............................................ ☐

Jewish............................................... ☐

Church of Scotland ........................... ☐

Sikh................................................... ☐

Other Christian................................. ☐

Pagan ............................................... ☐

Roman Catholic ................................ ☐

Prefer not to answer .......................... ☐

Hindu ................................................ ☐

Other, please write in below ............. ☐

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**Q25** **How do you describe your sexual orientation? PLEASE TICK ONE BOX ONLY**

| | | | |
|---|---|---|---|
| Heterosexual / Straight ................... ☐ | | Prefer not to answer ......................... ☐ | |
| Gay / Lesbian................................... ☐ | | Other, please write in below ............. ☐ | |
| Bisexual ........................................... ☐ | | | |

**Q26** **What is your ethnic group?** Choose ONE section from A to E, then tick ONE box which best describes your ethnic group or background

**A WHITE**

| | | | |
|---|---|---|---|
| Scottish................................................. ☐ | | Irish....................................................... ☐ | |
| English................................................... ☐ | | Gypsy/ Traveller................................... ☐ | |
| Welsh..................................................... ☐ | | Polish.................................................... ☐ | |
| Northern Irish ....................................... ☐ | | Other, please write in below ............. ☐ | |
| British.................................................... ☐ | | | |

**B Mixed or Multiple ethnic groups**

Any mixed or multiple ethnic groups, please write in below ........................................ ☐

**C Asian, Asian Scottish or Asian British**

Pakistani, Pakistani Scottish or Pakistani British ............................................ ☐

Indian, Indian Scottish or Indian British ...................................................... ☐

Bangladeshi, Bangladeshi Scottish or Bangladeshi British ............................... ☐

Chinese, Chinese Scottish or Chinese British ............................................... ☐

Other, please write in below ...................................................................... ☐

**D African, Caribbean or Black**

African, African Scottish or African British .................................................. ☐

Black, Black Scottish or Black British ......................................................... ☐

Caribbean, Caribbean Scottish or Caribbean British ...................................... ☐

Other, please write in below ...................................................................... ☐

**E Other ethnic group**

Arab, Arab Scottish or Arab British.............................................................. ☐

Other, please write in below ...................................................................... ☐

**Thank you for your interest in becoming a member of the Our Voice Citizens' Panel.**

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## Appendix 2: Covering Letter and FAQ Information Sheet

# OUR VOICE CITIZENS' PANEL
# FREQUENTLY ASKED QUESTIONS

### WHAT IS OUR VOICE?

Our Voice is a framework which will make it easier for people and communities to get involved in shaping and improving the health and social care services that they use, and the policies that affect how those services are run. It has been developed by a partnership involving the Scottish Health Council, Healthcare Improvement Scotland, Health and Social Care Alliance Scotland (The ALLIANCE), the Convention of Scottish Local Authorities (COSLA) and the Scottish Government. The new Our Voice Citizens' Panel is one way in which people can give feedback on health and social care.

### WHAT IS A CITIZENS' PANEL?

A Citizens' Panel is a group of people who are representative of the wider population and who are consulted on a regular basis on a range of issues. The Our Voice Citizens' Panel will make it easier for people to have their say on important questions about health and social care in Scotland.

### WHY IS A PANEL NEEDED?

Everyone in Scotland is likely to use health and social care services at some point in their lives, and these services play an important role in supporting people's health and wellbeing. Feedback from the Our Voice Citizens' Panel will provide an opportunity for people to get involved in a range of questions about health and social care policy and service improvement. Being a panel member will give you the chance to have your say on important questions about health and social care. Your feedback will help to make services better for everyone.

### WHO IS ON THE PANEL?

The Our Voice Citizens' Panel will involve over 1,200 members of the public who live in all parts of Scotland. It will aim to be as representative as possible of the whole population, so that it reflects the views and opinions of a wide range of people.

### WHAT WILL PANEL MEMBERS DO?

Panel members will take part in up to four surveys a year by email or post. They will be able to express their views and opinions on a number of issues relating to health and social care. There will also be other opportunities to get involved which may include attending a meeting (to discuss some questions in more detail). Participation in the Panel is completely voluntary and you can opt out at any time.

### CONFIDENTIALITY

Panel members' names, addresses, telephone numbers and email addresses are stored securely in line with the Data Protection Act and will not be used for any other purpose except for the running and the management of the Panel. Your data will be stored by Healthcare Improvement Scotland and Research Resource (acting on their behalf) and will not be shared with other organisations without your permission. All responses to questionnaires will be kept anonymous and it will not be possible to identify individual respondents when reporting survey results.

# OUR VOICE CITIZENS' PANEL
# FREQUENTLY ASKED QUESTIONS

## WHAT FEEDBACK WILL PANEL MEMBERS GET?

Panel members will receive feedback, not just on the results of surveys in which they have taken part, but also about what impact or influence their participation has had.

## HOW TO JOIN

We are currently recruiting Panel members. If you are interested in joining the Panel please complete the recruitment questionnaire and return it to Research Resource in the reply paid envelope provided. We will use the information you give us about your personal circumstances to help us to choose Panel members who reflect the overall population of Scotland. We cannot guarantee that everyone who expresses an interest in joining the Panel will be chosen. Your personal details will be kept confidential and will help us analyse your responses to future questionnaires. This will ensure you do not have to repeat giving us your personal details for every questionnaire.

If you have any questions about joining the Panel, or to request this information in another language please contact Research Resource on **0800 121 8987** or info@researchresource.co.uk .

Wszelkie pytania dotyczące dołączenia do grupy badawczej oraz prośby o informacje w innym języku prosimy kierować do Ośrodka Badawczego (Research Resource) pod numerem telefonu **0800 121 8987** lub adresem e-mail info@researchresource.co.uk.

Ma tha ceist sam bith agaibh a thaobh a bhith dol nur ball den Phannal, no nam b' fheàrr leibh am fiosrachadh seo fhaighinn ann an cànan eile, cuiribh fios chun a' Ghoireis Rannsachaidh (Research Resource) air **0800 121 8987** no aig info@researchresource.co.uk.

ਜੇਕਰ ਪੈਨਲ ਦੇ ਨਾਲ ਜੁੜਨ ਬਾਰੇ ਤੁਹਾਡੇ ਕੋਈ ਸੁਆਲ ਹੈ, ਜਾਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ, ਕਿਰਪਾ ਕਰਕੇ **0800 121 8987** ਜਾਂ info@researchresource.co.uk ਤੇ ਰਿਸਰਚ ਰਿਸੋਰਸ (Research Resource) ਦੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

如果您對參加專門小組存有任何疑問，或希望索取本資料的另一種語言的版本，請聯絡研究資源機構 （Research Resource），請致電**0800 121 8987**或發送電郵至 info@researchresource.co.uk.

زیہ ان اورت کسی معلومات ہوں چاہ ہیں چاہ تے ہ وجہ نا سوالات کوئی آپ ہ تعلق کے سے ہوتے ہے شامل ہ ہیں ہ ہ ہنل اگ ر ہ ہ **0800 121 8987** ہرد یہ لی رائے وپ ہیں چاہ تے ک رذا حاصل ہ ہیں ک ہ رہ ہ راب طہ سے) Research Resource ( ہ رہ سورس ہ رہ سرچ ہ ر info@researchresource.co.uk

For more information about Our Voice, and other ways to get involved, visit: **www.ourvoice.scot**

## Appendix 3: Abbreviated Recruitment Questionnaire

**NHS Scotland**     **OUR VOICE**     **COSLA**

**Our Voice Citizens' Panel**

To become part of the Panel we will have to contact you from time to time.
Please complete your contact details below.
You do not need to provide us with email or phone number to be a member of the panel
but it would be useful to have an alternate way of contacting you other than just by post.

🔒 All your personal details will be treated in confidence and stored securely in line
with the Data Protection Act. Your details will not be shared with any other
organisations without your permission.
Your individual responses to the questions below will be kept anonymous and not reported.

**Q1** What is your name?

**Q2** Please tell us your full postal address

**Q3** Please tell us your full post code (e.g. G72 2YT)

**Q4** Please provide a phone number where we can contact you, this can be a mobile or a landline

**Q5** Please tell us your email address

**Q6** Do you need us to provide information in any other formats? e.g. large print

**Q7** What is your date of birth? (Please use the following format: DD/MM/YYYY)

**Q8** Which of the following best describes how you think of yourself?

Male ............................................ ☐     Prefer not to answer ........................ ☐

Female .......................................... ☐

**Q9** Which of the following apply to your household status?

Own ................................................ ☐    Rent privately ................................................ ☐

Rent from a council or housing association ................... ☐    Other ................................................ ☐

**Q10** How many people live in this household? PLEASE WRITE IN THE NUMBER

Number of adults

Number of children

**Q11** What is your ethnic group? Choose ONE answer from the list below:

White ................................................................................ ☐
Mixed or Multiple ethnic groups ................................................ ☐
Asian, Asian Scottish or Asian British ....................................... ☐
African, Caribbean or Black ...................................................... ☐
Other ethnic group ................................................................. ☐

**Q12** Do you have a physical or mental health condition or illness lasting, or expected to last, 12 months or more?

Yes ................................................ ☐    Don't know ................................................ ☐

No ................................................ ☐    Prefer not to answer ................................................ ☐

**Q13** Which of the following health services have you used in the last 12 months? PLEASE TICK ALL THAT APPLY

GP ................................................ ☐    Local health centre services ............. ☐

Hospital inpatients ................................................ ☐    **None** ................................................ ☐

Hospital outpatients ................................................ ☐    Some other health service (please write in) ................................................ ☐

NHS 24 ................................................ ☐

**Q14** Which of the following social care services have you used in the last 12 months? PLEASE TICK ALL THAT APPLY

Residential care home ................... ☐    Home care ................................................ ☐

Housing support ................................................ ☐    **None** ................................................ ☐

Support for carers ................................................ ☐    Some other social care service (please write in) ................................................ ☐

Support for those with a disability ..... ☐

**Q15** Do you consider yourself a 'carer' i.e. providing unpaid care to somebody with a disability, health problem or other support needs?

Yes ................................................ ☐    No ................................................ ☐

**Thank you for your interest in becoming a member of the Our Voice Citizens' Panel.**

**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**

يمكنك قراءة وتنزيل هذا المستند من موقعنا الإلكتروني. ويمكننا أيضاً أن نقدم لك هذه المعلومات:

- بالبريد الإلكتروني
- بخط كبير
- على شريط صوتي أو قرص مدمج ( cd)
- بلغة بريل
- بلغات أخرى

আপনি আমাদের ওয়েবসাইট থেকে এই দলিল পড়তে ও ডাউনলোড করতে পারেন, তাছাড়া আমরা এই তথ্য ঃ

- ইমেলে
- বড় হরফে
- অডিও টেপ বা সিডিতে
- ব্রেইলে, এবং
- অন্যান্য ভাষাতেও জানাতে পারি

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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 दस्तावेज़ को हमारी वेबसाईट से पढ़ और डाठनलोड कर सकते हैं। हम इस जानकारी को निम्न माध्यम से भी प्रदान कर सकते हैं:

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

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

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- на других языках

您可從我們的網站閱讀及下載本文件。我們亦透過以下方式提供此資訊：

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- 其他語言版本

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- بذریعہ ای میل
- چھاپے کے بڑے حروف میں
- آڈیو ٹیپ یا سی ڈی کی شکل میں
- بریل میں ، اور
- دیگر زبانوں میں
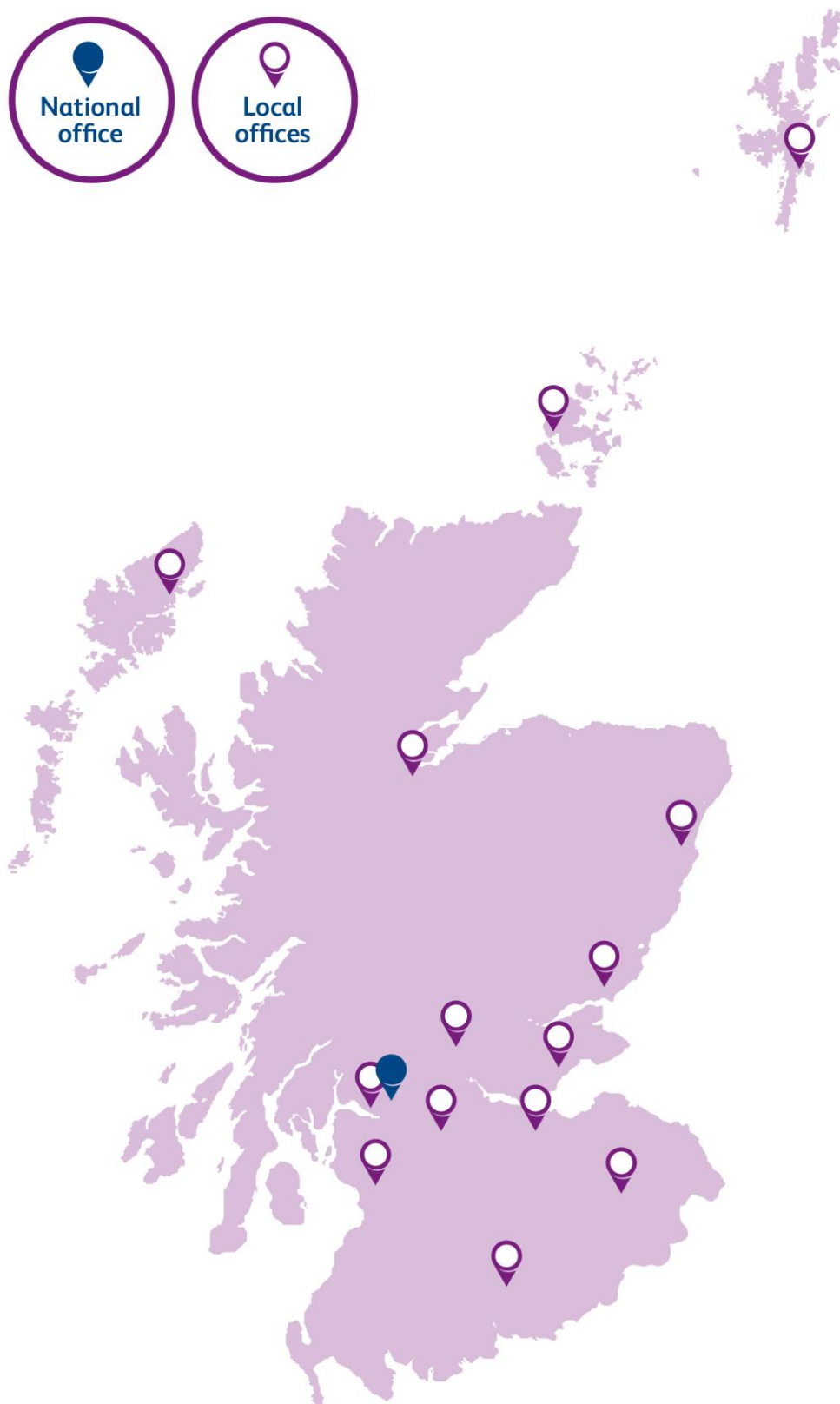
The Scottish Health Council has a national office in Glasgow and a local office in each NHS Board area. To find details of your nearest local office, visit our website at: www.scottishhealthcouncil.org/contact/local_offices.aspx