Citizens' Panel for health and social care

Survey on Realistic Medicine and Value Based Health and Care, and NHS Reform

Report, November 2024

Contents

Foreword

Welcome to the fourteenth Citizens' Panel report for health and social care in Scotland. This report details the findings from the full Panel survey, which collected feedback between June and September 2024. The Citizens' Panel continues to focus on important topics in healthcare in NHSScotland with the fourteenth survey focusing on questions relating to Realistic Medicine and Value Based Health and Care, as well as NHS Reform.

Realistic Medicine and Value Based Health and Care

Realistic Medicine comprises a set of principles for the delivery of health and care and seeks to deliver personalised care while reducing inequalities, waste and harm in our system. Using the principles of Realistic Medicine, Value Based Health and Care focuses on people and delivering a positive experience and healthcare outcome which really matters to them, while using our healthcare resources wisely. If we all use our healthcare resources well, we will build a more sustainable health and care system that can provide better value care for the people of Scotland. The results will help to shape these pieces of work.

Questions relating to NHS Reform

Scottish Government has asked us to include questions on this topic in this Citizens' Panel to ensure public voices, preferences and needs are heard. Answers to these questions will inform early discussions of transformation work and the initial phase of the public engagement strategy. This will be further developed over the course of the recovery and reform programme.

The Citizens' Panel has allowed us to seek the views of a cross-section of the Scottish public and topics are determined from priority areas in the Scottish Government Health and Social Care Directorate.

I would like to thank the individuals who have volunteered to be part of the Panel, who together make up a representative section of the population of Scotland. In addition, I would like to thank our People's Experience Volunteers and members of the public who contributed to user testing of the survey questions. I would also like to thank our research partners, Research Resource, who conducted the survey and our partners in Scottish Government for their contribution, as well as all staff involved from Healthcare Improvement Scotland.
I hope you enjoy reading this report.

Suzanne Dawson
Chair, the Scottish Health Council

Citizens' Panel for health and social care

This infographic summarises the key findings from the fourteenth survey. We asked questions about:

· **Realistic Medicine and Value Based Health and Care**
· **NHS Reform**

In total **545** panel members responded to the survey by post, email or telephone, which represents a **50%** response rate.

Realistic Medicine and Value Based Health and Care

42% are aware of the need to deliver better outcomes for people while making best use of healthcare resources

1 in 5 have heard about Realistic Medicine (19%)

Opinions on Health and Care conversations

94% said they understood the information they were given

84% said they were treated with compassion & understanding

83% said they were listened to, and the healthcare professional understood what mattered to them

63% said they were given the opportunity to involve the people that matter to them in discussions

62% said they were involved in discussing what they can do to promote good health and prevent ill health in future

9 in 10 support discussing the outcomes that matter to them with their healthcare team and have them recorded to focus on achieving their goals (90%)

97% support/strongly support being involved in shared decision making with their healthcare professionals

88% would like healthcare providers to explain their condition and summarise the discussion and next steps in writing via letter or email after a hospital appointment

BRAN questions (B - what are the Benefits of this test or procedure? R - what are the Risks of this test or procedure? A - are there any Alternatives? N - what if I do Nothing?)

93% agreed that people should be encouraged to ask the BRAN questions to help them choose the treatment and care that is right for them

80% would use the BRAN questions with health and care professionals in future

1 in 5 were aware of the 'It's OK to ask' campaign (21%)

NHS Resources

98% think it is very important/somewhat important that NHS Scotland makes better use of its resources and reduces waste and potential harm

NHS Reform

Priority of services

When choosing two health services that are top priorities from the list provided:

8 in 10 said primary care services such as GPs, Dentistry, Pharmacy and community nurses (81%)

53% said A&E and other urgent care

Willingness to travel to receive services

locally
- 89% Primary Care
- 82% A&E
- 81% Urgent Care

regionally
- 62% Outpatient Hospital Services
- 55% Routine Inpatient Hospital Care
- 54% Rehab Inpatient Hospital Care
- 43% Specialist Hospital Services

84% strongly agree/agree they were willing to travel further for specialist services if it will result in better outcomes

Workforce shortages - how access to services should be maintained

90% Expanding the range of NHS healthcare professionals who provide services, while ensuring appropriate training and clinical support

60% Providing services in the same locations but for reduced hours

31% Reduce the number of locations providing services

How to involve the public when planning where to provide specialist services

26% Surveys or questionnaires

24% Public consultations or meetings

15% Ensure everyone can take part, for example meetings at various times and available transport

How best to reach people

The best way to reach you when we want to raise awareness about delivering the care that matters to people and make best use of healthcare resources

- **51%** Social media campaign
- **48%** TV campaign
- **33%** Adverts in NHS premises

Executive Summary

What is a Citizens' Panel?

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

Background and context

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

The Panel was refreshed in spring 2024. The 2024 refresh sought to add additional recruits and was targeted at areas or demographics that were underrepresented in the Panel. At the time of this survey in the summer 2024, there are 1,081 Panel members from across all 32 local authority areas.

This report details the findings from the fourteenth Panel survey which collected feedback between June 2024 and September 2024. The questions were on two different topics:

- Realistic Medicine and Value Based Health and Care, and
- NHS Reform

A total of 545 responses (50% response rate) were received, either by post, email or by telephone. This level of return provides data accurate to +/-4.2%[1] at the overall Panel level. In this report we do not report results broken down into sub-categories (for example, sex or age) as they are not statistically significant. All comparisons that are made in this report are statistically significant, unless otherwise stated. Further explanation on the robustness of the survey is given in Chapter1, response rates and profile section, p12.

This executive summary details the key findings from this work. More detailed information on the profile of respondents can be found in Appendix 2.

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

Key findings

Realistic Medicine and Value Based Health and Care

Findings

It was explained to Panel members that Realistic Medicine and Value Based Health and Care focus on the need to deliver better outcomes for people while making best use of healthcare resources. This could be, for example, by trying to reduce waste from medicines that are prescribed but not used. Just under half (42%) of respondents said they were aware of this need and 19% had heard about Realistic Medicine before receiving this survey.

Further key findings include:

- 87% of respondents thought it is very important that NHSScotland makes better use of its resources and reduces waste and potential harm, 11% said it was somewhat important and 2% had a neutral opinion on this. All respondents were asked to explain the reason for their response to this question. In response to this open question 38% of respondents who commented said that making better use of resources and reducing waste will positively impact service delivery and allow money to be spent elsewhere. A further 31% commented more generally on saving through waste reduction and 28% spoke about reducing costs and saving money. This demonstrates the public's understanding around the impact of poor use of resources in the NHS.
- Just over four in ten said that the last time they used NHSScotland services, they received most of their treatment or advice from a GP (44%), 23% said it was from a hospital doctor and 17% said it was from a nurse.
- Respondents were most likely to say that they most recently saw their health professional at a GP surgery (48%), 24% said it was in a hospital and 11% said they had contact with the health professional at home by telephone.
- 88% of respondents agreed that following a hospital appointment with a healthcare professional they would like them to write to them to explain their condition, summarise what they discussed and agreed, and potential next steps. They would like this to be done by letter and/or email.

Respondents were asked to think about the last healthcare professional they saw within NHSScotland and how much they agreed or disagreed with various statements. Respondents were highly likely to agree that:

- they understood the information they received (94%)
- they were treated with compassion and understanding (84%)
- they were listened to, and the healthcare professional understood what mattered to them (83%).

However, they were less likely to agree that:

- they were given the opportunity to involve the people that matter to them in their discussions about their care (62%)
- they were involved in discussing what they can do to promote good health and prevent ill health in the future (63%).

Panel members were asked for their opinions on the BRAN questions. These are questions which can help people to make an informed decision about the treatment and care that is right for them. The BRAN questions are:

B – What are the Benefits of this test or procedure?

R – What are the Risks of this test or procedure?

A – Are there any Alternatives?

N – What if I do Nothing?

Panel members were told that health and care professionals are asked to encourage the people they care for to use the BRAN questions. In return:

- Only 12% of respondents said that before answering the survey they had heard of the BRAN questions (86% had not heard of these questions and 2% were unsure).
- Despite low levels of awareness, 80% of respondents said they would use the BRAN questions with health and care professionals in future. Of those who said they would use the BRAN questions (n=380) just under 4 in 10 said the questions would make them feel better informed (37%) and a further 22% said the BRAN questions were straightforward and in a simple format. Where respondents said they would not use the question set (n=65), this tended to be where they felt it would depend on circumstances (38%) or where they felt they would forget them (20%).
- Just over 1 in 5 respondents (21%) were aware of the NHS campaign "It's OK to ask".
- 84% said including a reminder of the BRAN questions on appointment letters and in waiting rooms would encourage them to ask them during their appointment.
- Respondents said the best ways of promoting the need to focus on delivering the care that matters to people and make best use of healthcare resources was via a social media campaign (51%). This was followed by a TV campaign (48%) and adverts in NHS premises (33%).

Panel members were asked to what extent they agreed or disagreed with various statements about the BRAN questions and about making the best use of resources and reducing waste:

- 93% agreed or strongly agreed people should be encouraged to ask the BRAN questions to help them choose the treatment and care that is right for them
- 99% agreed or strongly agreed the NHS has a responsibility to make best use of resources and reduce waste
- 97% agreed or strongly agreed people have a responsibility to help the NHS to make best use of resources and reduce waste
- 96% agreed or strongly agreed the NHS should prioritise making best use of its resources to deliver care that matters

Following on from this, respondents were asked how strongly they support or oppose doing each of a variety of things to help NHSScotland make best use of its resources, reduce waste and deliver better value care.

- Almost all respondents (97%) supported or strongly supported getting involved in shared decision-making with their healthcare professionals.

- Nine in ten respondents supported or strongly supported discussing the outcomes that matter to them with their healthcare team and have them written down or recorded, so they can focus on achieving their goals (90%).

- When asked about what matters most to them about what NHSScotland could do to reduce waste, 23% spoke about making best use of resources to ensure effective care and minimise waste, 20% mentioned the need to reduce waste and costs and 18% mentioned the need to tackle unnecessary prescriptions and overprescribing.

Recommendations

Several recommendations can be made for consideration by the Chief Medical Office/ NHSScotland:

- **Increase Awareness:** The public supports involving people in decisions about care and making best use of NHS resources, but awareness of NHSScotland's commitment to this approach is limited. Much more needs to be done to increase public awareness through methods like social media (51%) and TV campaigns (48%).

- **Encourage Shared Decision Making**: Although the Panel found that many health professionals do enable shared decision making, this was far from universal. NHSScotland needs to take action to ensure every health professional in NHSScotland is committed to shared decision making. Alongside this, there is a need to improve public awareness that shared decision making is normal practice, for example by doing more to promote the "It's OK to Ask" message.

- **Utilisation of BRAN Questions**: Since 80% of respondents expressed willingness to use the BRAN questions in future interactions with healthcare professionals, NHSScotland should commit to incorporate reminders about these questions into appointment letters and waiting rooms. A focus on accessible formats would help to ensure access for all.

- **Focus on Resource Management**: NHSScotland should prioritise initiatives aimed at resource optimisation and waste reduction, capitalising on the public's support for this and desire to be involved. Reducing wasted prescriptions was highlighted by Panel members.

- **Improve Communication**: Many respondents emphasised the need for better communication and listening from healthcare professionals. NHSScotland must commit to improving communication skills, asking patients for their preferences on how to receive information, and providing patients with clear documentation of decisions and next steps following health care appointments.

These recommendations aim to enhance patient engagement, optimise resource use, and ensure that healthcare delivery aligns with the values of Realistic Medicine and Value Based Health Care.

NHS Reform

Findings

The second section of the survey began by asking respondents for their opinions on **NHS Reform**:

- Panel members were asked to choose 2 health services that are top priorities for them from a list provided. Over 8 in 10 respondents said that primary care services such as GPs, dentistry, pharmacy and nurses working in the community was their top or second priority (81%). This was followed by A&E and other urgent care (53%).
- It was explained to Panel members that sometimes it is safer to provide services in a specialist unit to ensure a patient receives the highest quality care with the best outcomes. This could be, for example, cancer services, surgery, or dermatology. 84% of respondents strongly agreed or agreed they were willing to travel further for specialist services if it will result in better outcomes for them.
- Sometimes it is safer to provide specialised services, such as cancer services, surgery or dermatology, regionally or nationally instead of locally, to ensure patients receive the highest quality care with the best outcomes. When planning for this, NHSScotland will need to involve the public and listen to their views. An open question was included in the survey which asked Panel members how NHSScotland should best involve the public in this. Over one in four respondents (26%) said that surveys or questionnaires should be used to involve the public, 24% suggested more public consultations or meetings and 15% suggested making sure everyone has the opportunity to participate by ensuring that meetings are arranged for various times and transport is available.
- Panel members were asked how long they are prepared to travel to receive a range of services. Citizens' Panel members were most likely to say they would be prepared to travel locally (45 minutes from home on public transport or in what they consider their local area) for primary care services (89%), A&E (82%) and to receive urgent care such as minor injuries or similar (81%). Respondents were most likely to be willing to travel regionally (within 1.5 hours from home) for rehabilitation inpatient hospital care (54%), routine impatient hospital care where a stay in hospital is needed for immediate care (55%) and to access outpatient hospital services (62%). With regards to specialised outpatient and inpatient hospital services, respondents were most likely to say they would be willing to travel regionally (43%), while 33% said they would be willing to travel nationally anywhere in Scotland and 24% said they would only be willing to travel locally to access this type of service.
- Finally, respondents were asked about how they think access to services should be maintained when the NHS faces workforce shortages. Respondents were provided with a list of options and asked for their top two preferences. For nine in ten respondents (90%) expanding the range of NHS health and care professionals who provide services,

while ensuring they have appropriate training and clinical support, was a top or second top priority. This was followed by providing services in the same locations but for reduced hours (60%) and reducing the number of locations at which services are provided.

Recommendations

Based on the conclusions drawn from the analysis of public views several recommendations for NHSScotland can be inferred:

- **Ensure Local Access to Primary Care Services and Urgent Care**: A reformed NHSScotland should ensure that the public has access to primary care services such as GPs, dentistry, pharmacy and community nursing at a local level. In addition, urgent care including Accident & Emergency services should be available locally.
- **Understand Travel Willingness**: The majority of the public is willing to travel regionally for most hospital services and nationally for some specialised services, where this will result in better outcomes for them. NHSScotland needs to engage with the public to explore in detail how different models of regional and national services could best deliver care.
- **Public Involvement in NHS Reform:** Respondents were enthusiastic about public involvement in NHS service planning. NHSScotland should commit to putting public engagement at the heart of reform. This should include a variety of options to maximise opportunities for public involvement, including a national survey, public meetings across Scotland and reaching people through social media and traditional media campaigns.
- **Expand the Range of Health Professionals**: NHS Reform should continue to build on existing progress to expand the range of health professionals' roles in multidisciplinary teams. This was supported by 90% of respondents to help alleviate workforce shortages while maximising access to services.
- **Address Rural Healthcare Needs**: Some respondents highlighted concerns about the impact of centralising services on rural communities. NHS Reform must consider the needs of remote, rural and island populations, including the use of relevant impact assessments.

These recommendations aim to enhance the effectiveness and accessibility of NHSScotland's services while addressing the concerns raised by the public in the survey.

Chapter 1: Introduction and context

Questionnaire design

The questions for this survey were designed by Healthcare Improvement Scotland in partnership with the Scottish Government. Draft questions were tested with members of the public, which influenced the final question set. A copy of the final questionnaire is available in Appendix 1.

Response rates and profile

At the time of writing this report, the Citizens' Panel for Health and Social Care has a total of 1,081 members. The fourteenth Citizens' Panel for health and social care survey was sent by email on the 24th of June 2024 to all 998 Panel members for whom we have email addresses. Reminder emails were sent to those who had not yet responded by email on the 1st July 2024. During the w/c 8th of July 2024 survey packs were sent to all Panel members for whom we did not have email addresses, those from whom a bounce back email message was received, and in addition to those who had not responded to the email surveys sent. This was sent to 807 Panel members. Postal and email responses continued to be accepted up until the 10th of September 2024. A total of 7 respondents completed the survey online from a QR code in the postal survey. A total of 51 telephone interviews were completed between the 3rd and the 18th of September 2024.

This survey ensures that the data collected is reliable, representative, and meaningful, providing valuable insights into public opinion. This is illustrated by the following information on this Panel survey.

Sample Size and Response Rate

The survey received a total of **545 responses**, which represents a **50% response rate**. This is a solid response rate, indicating a good level of engagement from Citizens' Panel members.

Data Collection Methods:

Responses were collected through multiple channels: **post, email, and telephone**. Using diverse methods helps to reach a broader audience and can improve the representativeness of the sample.

Accuracy and Margin of Error:

We typically aim for the survey to be accurate to +/-5%. The data for this survey is accurate to **+/- 4.2%** at the overall Panel level. This margin of error indicates the range within which the true values in the population are expected to fall, providing confidence in the survey results.

Statistical Significance:

Results are not broken down into sub-categories (like sex or age) because these breakdowns are not statistically significant. This means that the sample sizes for these sub-categories are likely too small to draw reliable conclusions.

All comparisons made in the report are statistically significant unless otherwise stated. This ensures that the differences observed are likely due to actual differences in opinions rather than random chance.

Despite the attempts of the telephone boost, younger respondents were still underrepresented. Furthermore, the response was underrepresented in terms of those living in social housing and private rented accommodation. To ensure the data was representative by age and tenure, survey data was weighted to adjust for this imbalance.

Full information on the response profile achieved and weighting can be found in Appendix 2.

Interpreting results

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

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

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

The following chapters present the findings on each topic, followed by conclusions and recommendations at the end of each chapter.

Chapter 2: Realistic Medicine and Value Based Health and Care

Introduction

The aim of this section of the questionnaire was to understand awareness of and opinions on Realistic Medicine and Value Based Health and Care. The following statements were given for context.

It is estimated that up to 20% of the healthcare the NHS provides is of no value to the people receiving it. This means that up to one fifth of our healthcare resource could be being wasted. One example of this is prescribing a medicine which is given to people, but never taken. Another example is performing a blood test where the result will not influence decisions around care provided for that person. Value Based Health and Care focuses on people and delivering a positive experience and healthcare outcome which really matters to them, while using our healthcare resources wisely. If we all use our healthcare resources well, we will build a more sustainable health and care system that can provide better value care for the people of Scotland. When providing Value Based Health and Care we want to:

- Empower people to make choices about the treatment and care that is right for them by ensuring they have all the information they need.
- Ensure healthcare is delivered fairly and equitably for everyone, no matter where they live or who they are.

Realistic Medicine puts people at the centre of decisions about their care. It supports people to share decisions about their care. This is done by encouraging good conversations with people's health and care practitioner, providing them with access to all the information needed for decision making, and encouraging them to ask questions. Realistic Medicine also aims to reduce waste and improve the safety of care, supporting improvement in our health and care systems while ensuring people can access the care that they need. By ensuring we practice Realistic Medicine, the NHS will deliver better value health and care for people.

Awareness of Realistic Medicine and Value Based Health and Care

It was explained to Panel Members that Realistic Medicine and Value Based Health and Care focus on the need to deliver better outcomes for people while making best use of healthcare resources. This could be, for example, by trying to reduce waste from medicines that are prescribed but not used. Just over half of respondents (52%) said they were not aware of this need compared to 42% who said they were aware and 6% who were unsure.

Q1. Realistic Medicine and Value Based Health and Care focus on the need to deliver better outcomes for people while making best use of healthcare resources. Before today, were you aware of this need?

42% Yes
52% No
6% Unsure
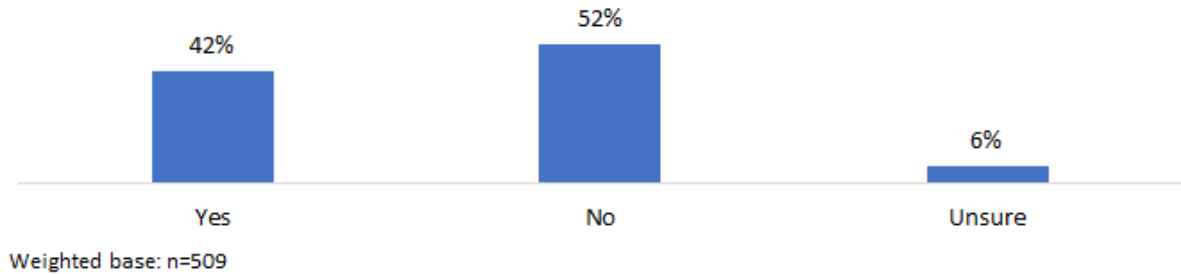
Weighted base: n=509

Over 3 in 4 respondents (76%) said they had not heard about Realistic Medicine before receiving this survey, 19% said they had heard about it and 5% were unsure.

Q2. Have you heard about Realistic Medicine before receiving this survey?

19% Yes
76% No
5% Unsure
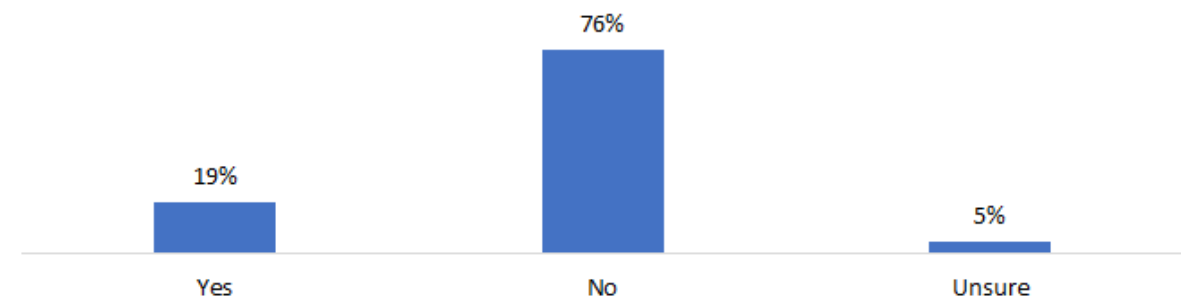
Weighted base: n=540

Importance of NHSScotland making better use of its resources and reducing waste and potential harm

Most respondents were of the opinion that it is very important that NHSScotland makes better use of its resources and reduces waste and potential harm (87%), and a further 11% said it is somewhat important. Just 2% had a neutral opinion.

Q3 How important to you is it that NHS Scotland makes better use of its resources and reduces waste and potential harm?

Weighted base: n=542
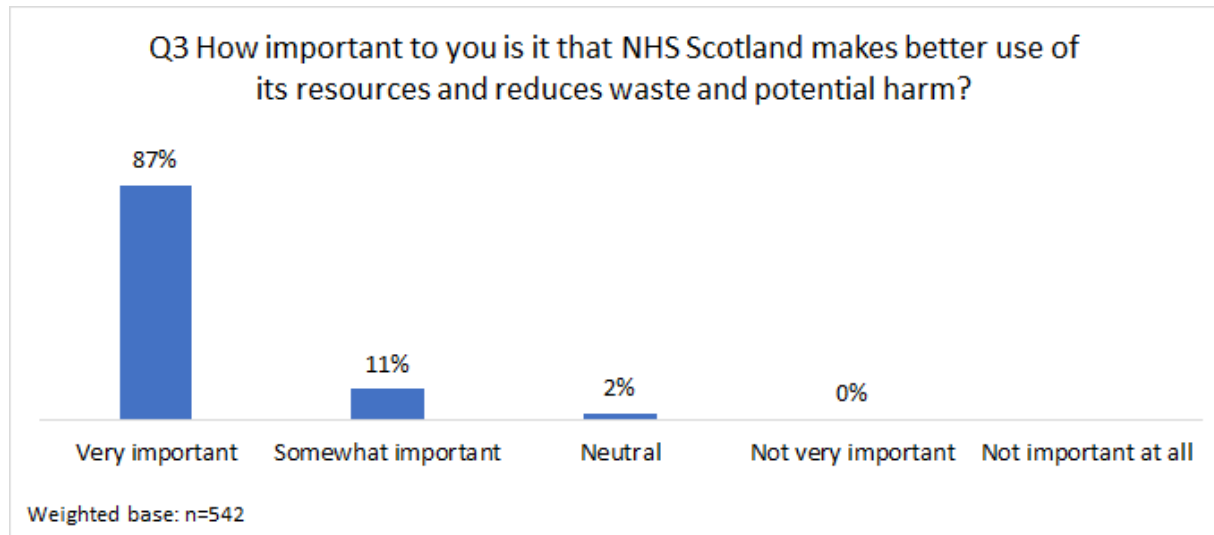
All respondents were asked to explain the reason for their response to this question. This question was asked as an open-ended response question. The open-ended responses have been reviewed and grouped thematically in the table below. This analysis reveals that 38% of respondents who commented said that making better use of resources and reducing waste will positively impact service delivery and allow money to be spent elsewhere. A further 31% commented more generally on saving through waste reduction and 28% spoke about reducing costs and saving money.

Q3a Why do you say this?	
Weighted base: n=437	**%**
Will impact service delivery/allows money to be spent elsewhere/ better use of resources	38%
Save through waste reduction	31%
Reduce costs/save money	28%
Help environment	9%
I have experienced waste in NHSScotland eg Medicines unused/missed appointments/ equipment	8%
Important to save/don't want to lose NHSScotland	7%
Common sense/essential	3%
Never thought about it	1%
Other	1%

Some examples of the comments made by respondents regarding the importance of NHSScotland making better use of its resources and reducing waste and potential harm are illustrated below:

I have experience of unused medicines left unopened particularly in elderly or chronically ill patients.

It's common sense. NHS move towards providing the most effective service possible, within budgetary constraints. Value for money is very important.

Reduced waste should allow resources to be used more effectively especially when there are financial constraints. Reducing potential harm is self-evidently desirable.

NHSScotland is vastly over extended and needs to cut back on spending and resources. Patients have a part to play in this and should not waste resources.

Money needs to be saved where possible and used appropriately to ensure people get the best care possible. We are also facing a climate emergency, and I am aware that the NHS will use a lot of products that aren't recyclable. Where possible, items should be reused.

The NHS is invaluable to the people who genuinely need it. Making the service run better is imperative to ensure the service runs effectively and efficiently.

Waste management is imperative going forward, as we look to achieve net zero as a country. The environment and climate change are the most pressing issue for us as a species, it cannot just be left to a few to try and make things better - it needs to be a collective effort.

Healthcare professional and location used on last occasion

Respondents were asked to think about the last time they used NHSScotland services and identify the healthcare professional who provided most of their treatment or advice. Over four in ten respondents (44%) said this was a GP, 23% said it was a hospital doctor and 17% said it was a nurse.

Q4. The last time you used NHS Scotland services, which type of healthcare professional provided most of your treatment or advice?

Healthcare professional	Percentage
GP	44%
Hospital Doctor	23%
Nurse	17%
Pharmacist or Chemist	7%
Dentist	6%
Other	3%

Weighted base: n=543
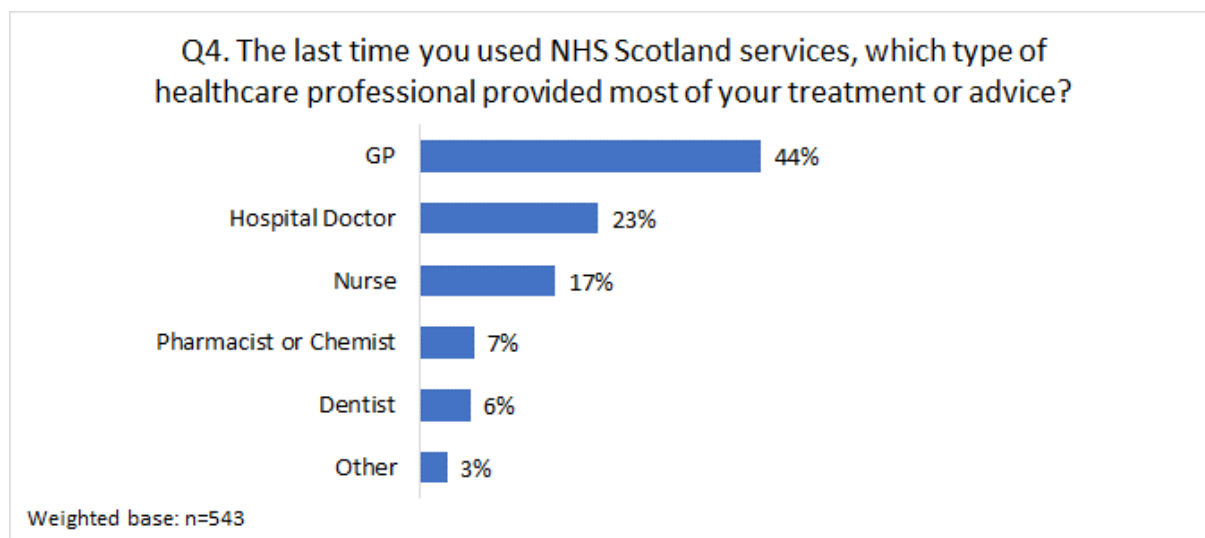
Just under half of respondents (48%) said they saw the health professional on the most recent occasion at a GP surgery, 24% said it was in a hospital and 11% said they had contact with the health professional at home by telephone. Where respondents said they saw a healthcare professional in some other way than those in the list provided, this generally was where they had visited a pharmacy or dental practice.

Q5. Where did you see them?

Location	Percentage
GP surgery	48%
Hospital	24%
At home - by telephone	11%
Community setting that is not NHS nor medical premises, e.g. a community centre or leisure centre	3%
At home - face to face with healthcare professional	2%
At home - online	1%
NHS Community Treatment and Care (CTAC) services	1%
Other	10%

Weighted base: n=541
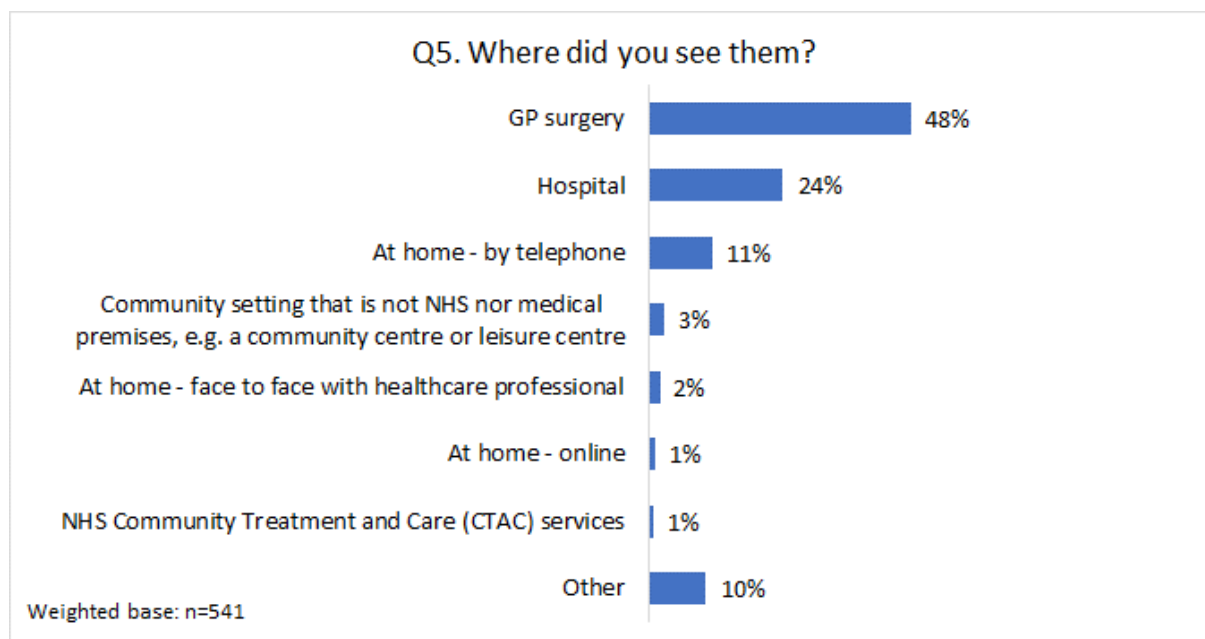
Opinions on following up on hospital appointments with written action plan

Most respondents would like health professionals to write to them to explain their condition and summarise the discussion and potential next steps (88%). Just 9% of respondents said they would not like this. Where respondents would like to receive follow-up information this was most likely to be in the form or letter and/or email (34%).

Q6. Following a hospital appointment with a healthcare professional, would you like them to write to you to explain your condition and summarise what you discussed and agreed, and potential next steps?

Yes - by letter	Yes - by email	Yes - by letter and/or email	No	Unsure
26%	29%	34%	9%	3%

Weighted base: n=543
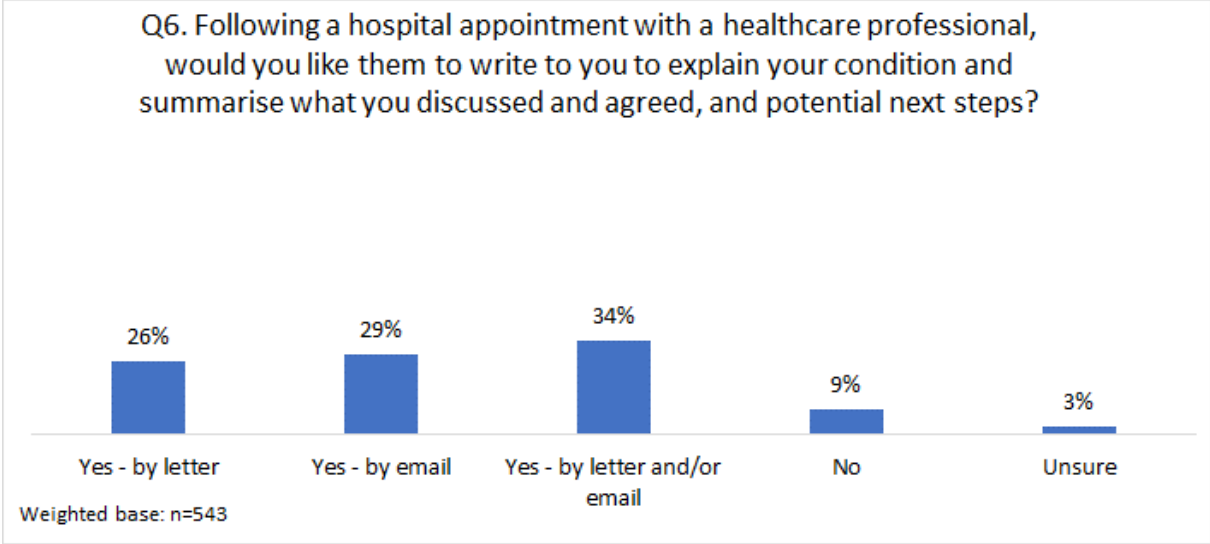
Opinions on health and care conversations

Respondents were asked to think about the last healthcare professional they saw within NHSScotland and answer how much they agree or disagree with various statements regarding the contact they had with the healthcare professional and the discussions that they had. Respondents were most likely to agree they understood the information they received (94%), that they were treated with compassion and understanding (84%) and that they were listened to, and the healthcare professional understood what mattered to them (83%).

Respondents were a bit less likely to agree they were given the opportunity to involve the people that matter to them in their discussions about their care (62%) and that they were involved in discussing what they can do to promote good health and prevent ill health in the future (63%). However, these statements were still relatively high.

Q7. Thinking about the last healthcare professional you saw within NHS Scotland, how much do you agree or disagree with the following statements?

■ % agree/ strongly agree   ■ % neither/ nor   ■ % disagree/ strongly disagree

Statement	% agree/ strongly agree	% neither/ nor	% disagree/ strongly disagree
I understood the information I was given (Wn=531)	94%	4%	2%
I was treated with compassion and understanding (Wn=531)	84%	8%	8%
I was listened to, for example they understood what mattered to me (Wn=531)	83%	11%	7%
I was able to ask other questions important to me, if I wanted to (Wn=520)	81%	10%	9%
I felt able to make an informed choice about my care and treatment (Wn=489)	78%	11%	11%
I was involved in decisions about my care and treatment (Wn=498)	78%	14%	8%
I had a chance to ask about the benefits and risks of the treatment (Wn=462)	77%	11%	12%
I was supported to manage my health and live as independently as possible (Wn=414)	75%	17%	8%
The health professional checked I understood what I had been told (Wn=517)	73%	17%	10%
I was involved in discussing what I can do to promote good health and prevent ill health in the future (Wn=443)	63%	21%	16%
I was given the opportunity to involve the people that matter to me in discussions about my care (Wn=368)	62%	24%	14%

BRAN questions and the "It's OK to ask" campaign

For people to reach the right decision for them about their care, they need to be able to weigh up the potential benefits, harms, and limitations of the available care options. To help people be more involved in decisions, they are encouraged to ask the BRAN questions below. By considering the answers to these questions, people will be able to make an informed decision about the treatment and care that is right for them:

B – What are the Benefits of this test or procedure?
R – What are the Risks of this test or procedure?
A – Are there any Alternatives?
N – What if I do Nothing?

Health and care professionals are asked to encourage the people they care for to use the BRAN questions. This can be through inclusion in patient appointment letters, during Near Me online consultations or as part of a national campaign, such as "It's OK to Ask."

Most respondents (86%) said that before this survey they had not heard of the BRAN questions. Just 12% said they were aware of the BRAN questions and 2% were unsure.

Q8. Before today, had you heard of the BRAN questions?

Weighted base: n=543
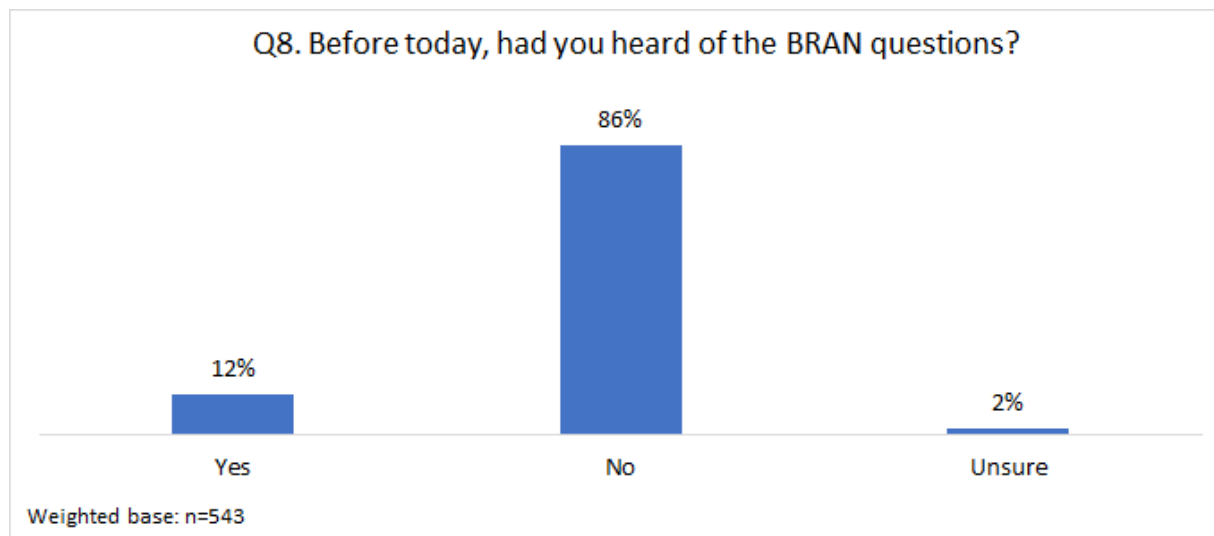
Eight in ten respondents would use the BRAN questions with health and care professionals in future (80%), just 3% said they would not and 17% were unsure.

Q9. Would you use the BRAN questions with health and care professionals in future?

80%   3%   17%
Yes   No   Unsure

Weighted base: n=543
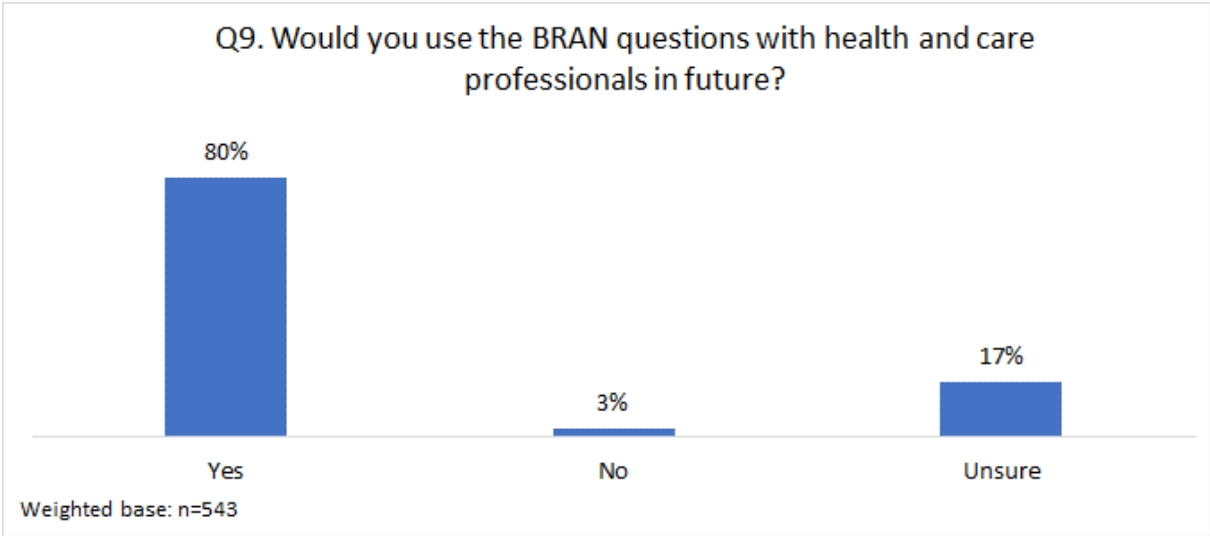
Where respondents said they would not use the BRAN Questions they were asked what would making asking the questions easier for them. The open-ended comments have been coded thematically and are shown in the table below. Just over a third of respondents commented that it would depend on their circumstances (38%), 20% said they would need to remember the questions or had concerns they would forget them, and 16% said they do not need to ask the questions as they would already know to ask these.

Q10. If not, why not? What would make asking these questions easier for you?	
Weighted base: n=65	%
Depends on circumstances	38%
If I remember/might forget	20%
I don't need this/would already ask the right questions	16%
Trust health care professionals	8%
Staff need to take the time to answer these questions/dependent on staff	7%
Due to time/pressure	7%
Don't know	6%
Other	1%

Examples of suggestions as to what would make asking these questions easier for Panel members are shown below:

Appointments are short and can be stressful. There is not always time to think and ask questions. For some routine matters, it might not be necessary to ask these questions.

I feel sometimes that the care professionals are more experienced than myself & trust they are doing due diligence about each patient's requirements.

GPS and practice nurses tend to brush off questions and just tell you what will happen whether you agree or not.

Never have enough time during appointments for this.

Sometimes this is inapplicable. Sometimes also, it's inefficient - much easier to read about side effects than have to listen and remember.

Need reminder to these questions on sheet of paper!

I feel I ask the right question already and do not need an acronym to help me.

Needs to be tailored and used according to context, circumstances and relevance.

The healthcare professional should lay it out to the patient in BRAN without the patient asking.

Where respondents said they would use the BRAN questions, they were asked what makes them feel able to use the questions or how they might find them helpful. Again, this has been asked as an open-ended question with the comments coded thematically. Just under 4 in 10 respondents commented that the questions provide them with a framework to ask questions which will allow them to be more informed or have a better understanding of the options and issues (37%), 22% felt the BRAN questions were straightforward and 18% said these would help them to make the right decisions in terms of their health and care requirements.

Q11 If yes, what makes you feel able to use these questions and how has this helped you?	
Weighted base: n=380	%
Better understanding of condition/more informed	37%
BRAN is straightforward/simple format	22%
Help make the right choice	18%
Always ask questions	11%
Get information needed	9%
Easy to remember	9%
Confidence in consultant	4%
Never had to use	1%
Other	1%

Some examples of comments made by respondents who said they would use the BRAN questions are shown below:

The questions give a framework to answer the important issues concerning your health, they get straight to the point and save wasting time on superfluous discussion.

Easy acronym to remember. Encouragement to ask and understand would also help me have the courage to use these questions.

These are questions I would normally ask anyway. I now know they are known as BRAN questions.

They seem simple but structured and effective.

Gives me more confidence with the treatment for the procedure.

Long term awareness of illness and familiar with options. Technology moves on so I am able to ask if there have been any updates on how to deal with my Illness.

Made me realise there may be alternatives available.

The answers to these questions should provide a clear set of treatment options and identify any risks allowing me to make an informed choice of treatment.

Awareness of the "It's OK to ask" campaign was low, with just over one in five respondents being aware (21%) and the vast majority (70%) stating they had not heard of the campaign prior to this survey. The remaining 9% of respondents were unsure.

Q12. Before today, were you aware of the NHS "It's OK to ask" campaign?

- Yes: 21%
- No: 70%
- Unsure: 9%

Weighted base: n=541
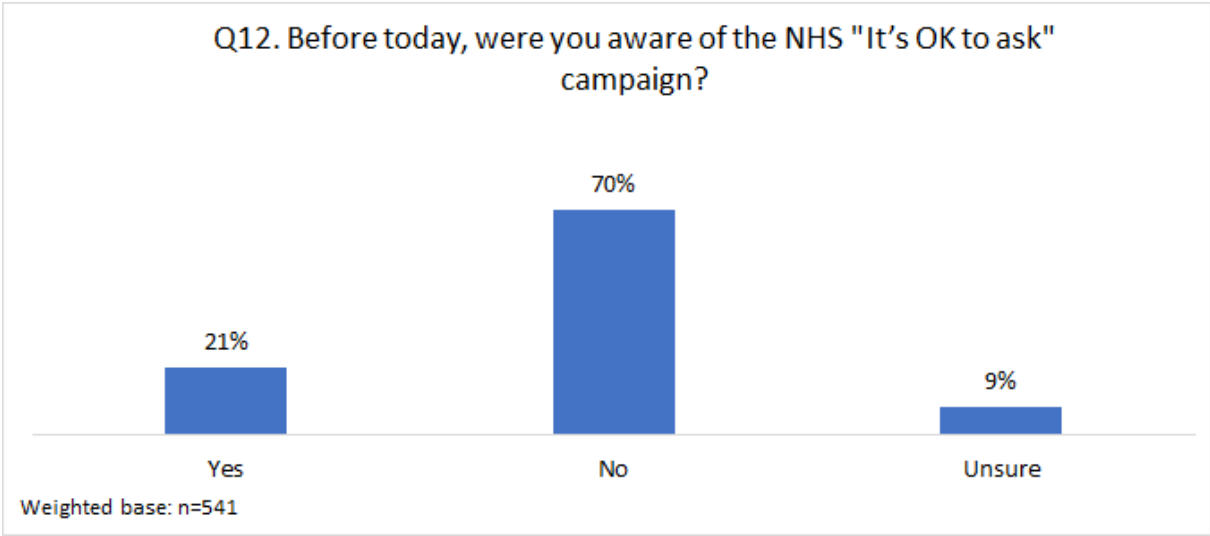
Most respondents (84%) agreed that including a reminder of the BRAN questions on appointment letters and in waiting rooms would encourage them to ask them during their appointment.

Q13. Would including a reminder of the BRAN questions on appointment letters and in waiting rooms encourage you to ask them during your appointment?

- Yes: 84%
- No: 7%
- Unsure: 9%

Weighted base: n=540
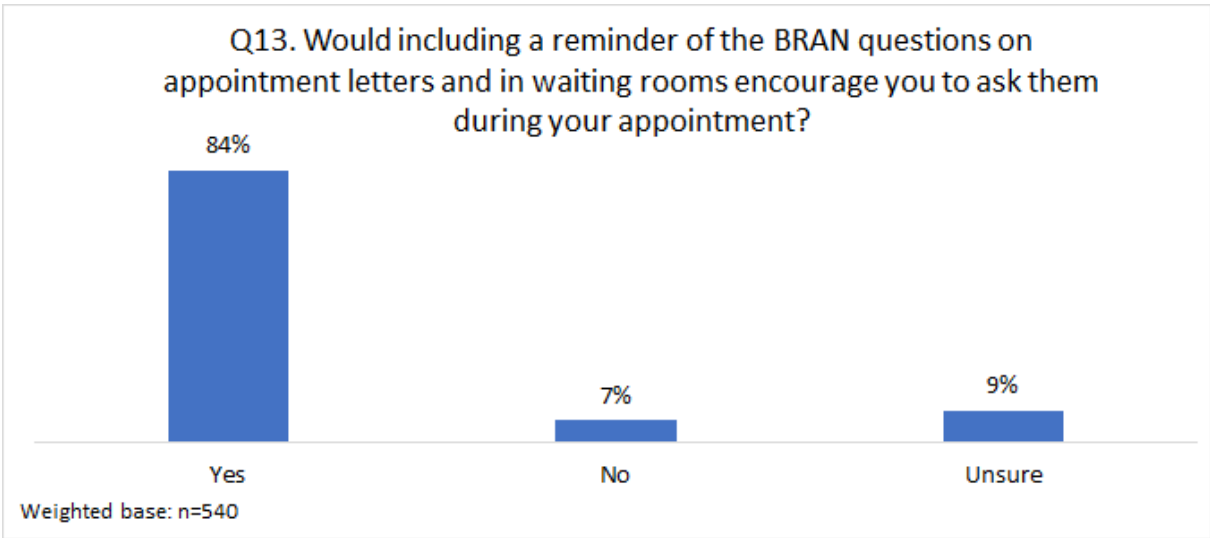
Raising awareness about the need to focus on delivering the care that matters to people and making the best use of healthcare resources

Panel members were asked for their opinions on how best to raise awareness about the need to discuss delivering the care that matters to people and make best use of healthcare resources. Just over half of respondents (51%) said social media campaigns would be the best way to reach them, and 48% said TV campaigns would be best.

Q14. We want to raise awareness about the need to focus on delivering the care that matters to people and make best use of healthcare resources. How can we best reach you? Please select up to two options only

Option	Percentage
Social Media campaign	51%
TV campaign	48%
Adverts in NHS premises, such as pharmacies and social care buildings	33%
Adverts in NHS letters, webpages and other communication	15%
NHS websites	13%
Radio campaigns	11%
Adverts in newspapers	8%
Other	3%

Weighted base: n=538

Summary of opinions on responsibilities and priorities in relation to Realistic Medicine and Value Based Health Care

Following on from this, respondents were asked for their opinions on various statements about Realistic Medicine and Value Based Health Care. Over 9 in 10 respondents agreed with all statements (see visual below).

Q15. To what extent do you agree or disagree with the following statements:

■ Strongly agree ■ Agree ■ Neither agree nor disagree □ Disagree □ Strongly disagree

Statement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
People should be encouraged to ask the BRAN questions to help them choose the treatment and care that is right for them (Wn=536)	57%	36%	6%	1%	1%
The NHS has a responsibility to make best use of resources and reduce waste (Wn=538)	79%	20%	1%	0.2%	
People have a responsibility to help the NHS to make best use of resources and reduce waste (Wn=537)	74%	23%	2%	1%	
The NHS should prioritise making best use of its resources to deliver care that matters (Wn=532)	70%	26%	3%	0.2%	1%

Supporting NHSScotland to make best use of resources, reduce waste and delivering better value care

Almost all respondents supported or strongly supported getting involved in shared decision-making with their healthcare professionals to help them choose treatment and care that is right for them (97%). Just 1% of respondents opposed this option. Nine in ten respondents (90%) were in support of discussing the outcomes that matter to them with their healthcare team and have them written down or recorded so they can focus on achieving their goals compared to 3% who were opposed to this.

The survey included an open-ended question which asked respondents to specify what matters most to them about what NHSScotland could do to reduce waste. Just under 1 in 4 respondents said that making best use of resources to ensure effective care and minimise waste (23%) was most important, 20% said awareness and reduction of waste and costs was most important, 18% cited unnecessary prescriptions and overprescribing and 18% also cited recycling.

Q17. What matters most to you about what NHSScotland could do to reduce waste?	
Weighted base: n=404	%
Making best use of resources to ensure effective care and minimise waste	23%
Awareness/reduction of waste/cost	20%
Unnecessary prescriptions/overprescribing	18%
Recycling	18%
Communication/listen to people	14%
Financial implications of reducing waste are important	7%
Appointment reminders/fewer missed appointments	4%
Charges eg prescriptions/missed appointments	3%
Make more use of digital media eg emails instead of letters	2%
Employing the right staff in the right places	1%
Other	2%
Don't know	7%

Examples of the responses provided by Panel members about what matters most to them in terms of how NHSScotland could reduce waste are shown below:

Efficient use of procurement to reduce waste and achieve best value. Efficient adequate staffing levels to reduce agency costs and improve training and services.

They need to review medications as many people stockpile things they don't use properly and stop issuing prescription for things they can buy cheaply such as paracetamol and Gaviscon.

Spend time up front helping people prevent illness e.g. support breastfeeding to help from day 1.

Have a refundable deposit for GP appointments, refunded after you attend the appointment.

What matters most to you about what NHS Scotland could do to reduce waste?

A working effective care system which provides continuous care at home after a hospital discharge to avoid bed blocking.

Cut down on patients not turning up for appointments. Text message reminders etc. should be sent. If a patient doesn't turn up and does not provide a good reason why then they should be moved to the bottom of the queue again.

Being listened to. Feeling cared for as an individual. Holistic care. Being involved in decision making. Honesty and transparency re options available.

1. Longer GP appointment times: I know my GP has limited slots and I don't want to waste their time. So, I tend to rush through and afterwards often realise I forgot to discuss something/didn't understand something. And/or 2. Possibility of contacting GP to ask follow-up questions arising from appointment if need be.

Reduction in top. Middle management who are in no way involved with clinical care.

It will save money and make sure the right treatment gets to the people who most need it.

A culture change is needed among staff to reduce waste.

Conclusions and recommendations for Realistic Medicine and Value Based Health and Care

Conclusions

Several conclusions can be drawn from the results of the survey:

Importance of Resource Utilisation: Respondents overwhelmingly agree on the importance of NHSScotland making better use of its resources and reducing waste. Almost all respondents (98%) believe this is very important or important, indicating a strong public sentiment towards improving efficiency within the healthcare system. In addition, 96% agreed or strongly agreed the NHS should prioritise making best use of its resources to deliver care that matters.

However, there was also very strong sentiment about people's commitment to being part of the solution for reducing waste with 97% of respondents agreeing or strongly agreeing that people have a responsibility to help the NHS to make best use of resources and reduce waste.

In addition, 93% agreed or strongly agreed people should be encouraged to ask their healthcare professionals the BRAN questions to help them choose the treatment and care that is right for them – this will ensure people receive care that they value and reduce waste.

Lack of Awareness of Realistic Medicine: There is a lack of awareness regarding Realistic Medicine and Value Based Health and Care among respondents. A majority (76%) had not heard of Realistic Medicine before the survey, and 52% were unaware of the need to deliver better outcomes while making efficient use of healthcare resources. There was also little awareness of the BRAN questions or 'it's OK to ask' campaign'

Perception of Waste in Healthcare: Many respondents expressed concerns about wasted resources in the NHS, particularly regarding unused medicines and missed appointments.

Respondents identified that poor use of resources impacted service delivery and that tackling this would reduce waste management, deliver financial savings, support best use of resources and help the environment.

Value of Communication: Effective communication and shared decision making in healthcare are highly valued. Most respondents (97%) support getting involved in discussions about their care and treatment options, suggesting a desire for more collaborative healthcare experiences.

Desire for Clear Communication: There is a strong preference (88%) for receiving written follow-up communication from healthcare professionals regarding their condition and next steps, indicating that patients value clarity and documentation in their healthcare interactions.

Need for Information and Support Tools: The BRAN questions (Benefits, Risks, Alternatives, Nothing) were unknown to 86% of respondents before the survey, yet 80% expressed willingness to use them in future healthcare discussions. This indicates a potential gap in awareness about information tools that could empower patients in decision making.

Engagement in Health Decisions: Respondents feel that they understand the information provided by healthcare professionals (94%) and that they are treated with compassion (84%). However, there is room for improvement in involving patients and their carers in discussions about their care (62% felt involved).

Support for Shared Decision-Making: All respondents (97%) support getting involved in shared decision making with healthcare professionals, reflecting a strong interest in being active participants in their care.

Overall, the results highlight a strong public interest in improving healthcare efficiency, enhancing patient involvement in care decisions, and addressing waste within NHSScotland.

Recommendations

Several recommendations can be made for consideration by the Chief Medical Office/ NHSScotland:

- **Increase Awareness:** The public supports involving people in decisions about care and making best use of NHS resources, but awareness of NHSScotland's commitment to this approach is limited. Much more needs to be done to increase public awareness through methods like social media (51%) and TV campaigns (48%).
- **Encourage Shared Decision Making**: Although the Panel found that many health professionals do enable shared decision making, this was far from universal. NHSScotland needs to take action to ensure every health professional in NHSScotland is committed to shared decision making. Alongside this, there is a need to improve public awareness that shared decision making is normal practice, for example by doing more to promote the "It's OK to Ask" message.
- **Utilisation of BRAN Questions**: Since 80% of respondents expressed willingness to use the BRAN questions in future interactions with healthcare professionals, NHSScotland should commit to incorporate reminders about these questions into appointment letters and waiting rooms. A focus on accessible formats would help to ensure access for all.
- **Focus on Resource Management**: NHSScotland should prioritise initiatives aimed at resource optimisation and waste reduction, capitalising on the public's support for this and desire to be involved. Reducing wasted prescriptions was highlighted by Panel members.
- **Improve Communication**: Many respondents emphasised the need for better communication and listening from healthcare professionals. NHSScotland must commit to improving communication skills, asking patients for their preferences on how to receive information, and providing patients with clear documentation of decisions and next steps following health care appointments.

These recommendations aim to enhance patient engagement, optimise resource use, and ensure that healthcare delivery aligns with the values of Realistic Medicine and Value Based Health Care.

Chapter 3: NHS Reform

Introduction

The survey went on to ask a series of questions regarding NHS Reform.

In June 2024, the Scottish Government set out its vision for reform of NHSScotland. Alongside this, NHSScotland is currently reviewing both short and longer-term plans for how healthcare services are delivered in Scotland.

The recovery and reform of current NHSScotland structures is crucial to ensure that we can meet changing demands while remaining a health service free at the point of need. This will also help us deliver sustainable services which provide the people of Scotland with the right care, at the right time and in the right place, as discussed here.

Scottish Government requested questions on this topic to be included in this Citizens' Panel to ensure public voices, preferences and needs are heard. The answers to these questions will inform early discussions of transformation work and the initial phase of the public engagement strategy which will be further developed over the course of the programme.

Health service priorities

Panel members were provided with a list of health services and asked to identify their top and second top priorities. Over 8 in 10 respondents said that primary care services such as GPs, dentistry, pharmacy and nurses working in the community was their top or second priority (81%). This was followed by A&E and other urgent care (53%).

Q18. Please choose the 2 health services that are top priorities for you.			
	Top priority	2nd priority	Overall priority
Weighted base	533	518	533
Primary care services, for example, GPs, dentistry, pharmacy, nurses working in the community	69%	12%	81%
A&E and other urgent care	11%	41%	53%
Outpatient hospital services, where you might have an appointment in a hospital or clinic but do not need to stay overnight. This could be for treatment, diagnosis or a procedure, for example diabetes care, eye clinics, x-rays	4%	22%	26%
Specialised inpatient and outpatient hospital services, for example cancer services, dermatology, or surgery such as joint replacements	10%	16%	25%
Routine inpatient hospital care, where you need to stay in hospital overnight for immediate care, for example for coronary or heart care, or for childbirth	1%	4%	6%
Rehabilitation inpatient hospital care, where you need to stay in hospital overnight for rehabilitation support, for example physical therapy following an accident, or occupational therapy to regain ability to perform daily activities after a stroke	1%	2%	3%
Other	4%	2%	7%

Following on from this, respondents were asked to specify why the services they selected were their priority. Just under half of respondents who made comments said that primary care services were usually their first port of call (47%), 24% said their opinions were based on their own or their friends' circumstances (24%), and 17% felt that A&E is important for saving lives.

Q18 Why do you say this?	
Weighted base: n=371	%
Primary care services usually first port of call	47%
Due to my/friends' circumstances	24%
A&E is important for saving lives	17%
Services that a large number of people/the majority need to access/are most frequently needed should be most important	10%
All of them important	8%
Need to reduce waiting lists/ times	8%
Difficult to get GP appointment	4%
Depends on where you are/what is needed	2%
Other	0%
Don't know	2%

A sample of some of the comments provided to this question are illustrated below.

It is inevitable that choices made in selecting priorities here will be based on first-hand (personal) or direct experience of healthcare, as well as the experience of which services are of most value to other family members.

Support for chronic problems is poor. Support for acute problems is first rate.

It's important to have access to primary care and to have an A&E and urgent care that is accessible to everyone.

It is not always possible to have a GP appointment out with Surgery hours and you may need urgent treatment, therefore A&E would be the next port of call.

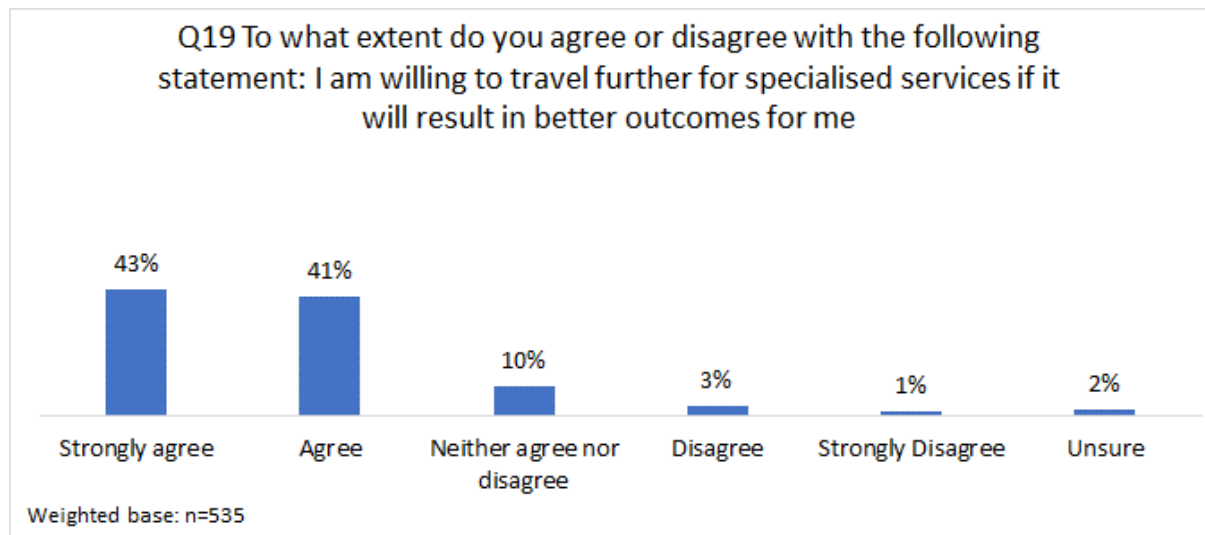*It's important to have access to fast diagnosis as well as treatment.*

If only one is made priority it causes a backlog further down the chain which means waiting lists longer.

A personal belief that if you can get issues sorted at the local level within the community it can save time and resources and increase the patient recovery time.

It is troubling the options listed are mainline healthcare services and do not include children's services, mental health, psychology, psychiatry, neurodiversity, palliative care, geriatric care, etc. Provision of services in rural communities is increasingly being centralised, forcing patients to travel to centres of service provision. Maintaining and expanding primary care and outpatient services for rural communities should be a major consideration in any proposed reform of service provision.

Willingness to travel to access specialised services

Over 8 in 10 respondents (84%) agreed or strongly agreed they are willing to travel further for specialised services if it will result in better outcomes for them, 10% neither agreed nor disagreed and 4% disagreed. The remaining 2% were unsure.
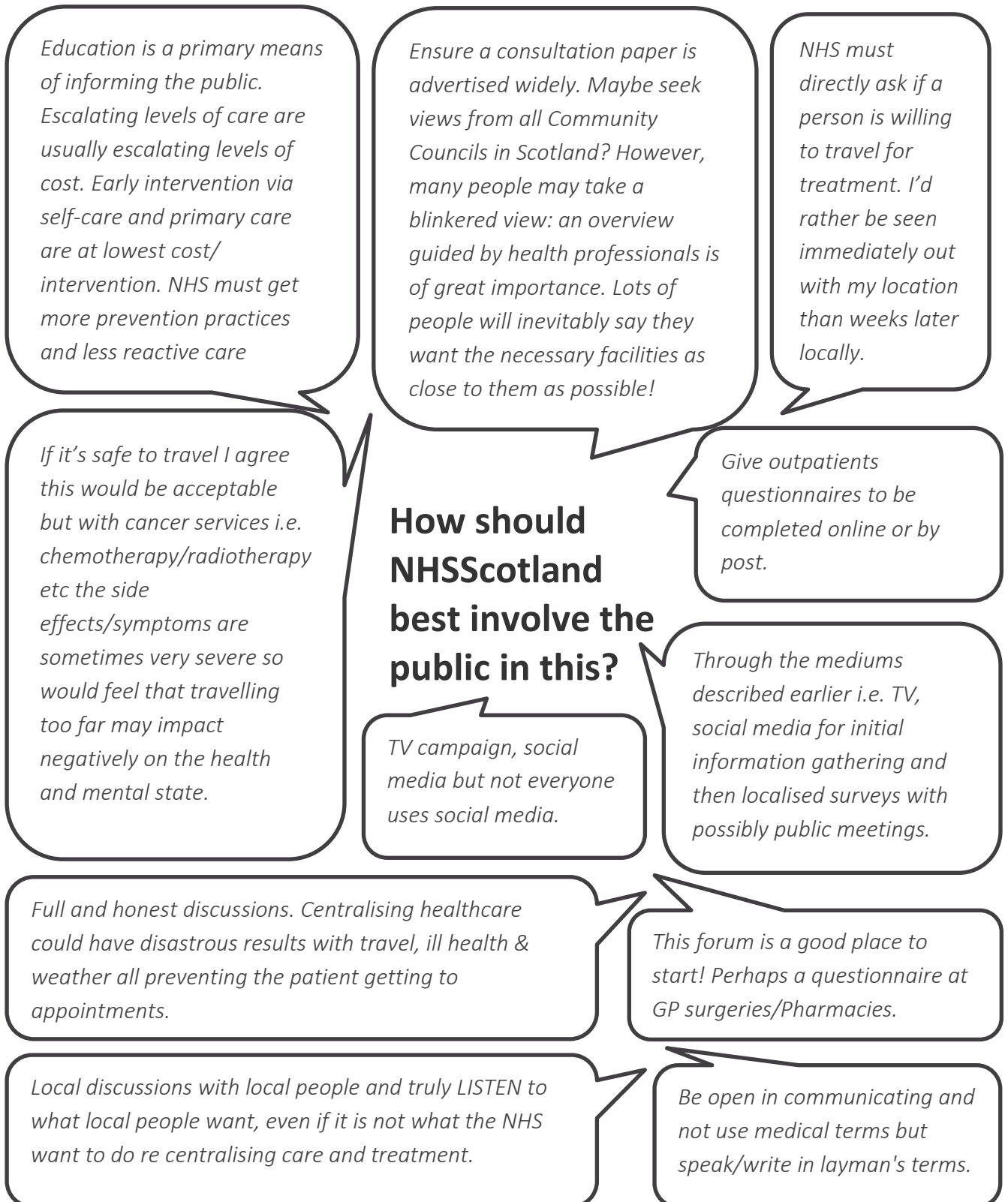

Q19 To what extent do you agree or disagree with the following statement: I am willing to travel further for specialised services if it will result in better outcomes for me

Weighted base: n=535

How best to involve the public in decisions relating to location of specialised services

It was explained to Panel members that sometimes it is safer to provide specialised services, such as cancer services, surgery or dermatology, regionally or nationally instead of locally, to ensure patients receive the highest quality care with the best outcomes. When planning for this, NHSScotland will need to involve the public and listen to their views. Respondents were asked how they believe NHSScotland should best involve the public in this respect. Thematic analysis of the open-ended responses provided to this question revealed that over one in four respondents (26%) said that surveys or questionnaires should be used to involve the public, 24% suggested more public consultations or meetings. 15% of respondents suggested making sure everyone has the opportunity to participate by ensuring that meetings are arranged for various times and transport is available and 14% suggested social media and online communication methods.

Q20. How should NHSScotland best involve the public in this?	
Weighted base: n=449	%
A survey/questionnaire	26%
More public consultation/meetings	24%
Everyone has the opportunity to participate eg by providing transport, meetings at various times	15%
Social media/online communication	14%
Advertising/media campaigns	8%
TV/radio	8%

Listen to patients and take their views on board	7%
Consultation should take place via GPs/hospitals etc	7%
By letter	4%
Send out emails	4%
Focus groups	3%
Other	1.9%
Don't know	3.3%

Some examples of the suggestions made by Panel members on how NHSScotland can best involve the public in the planning of specialist service provision are illustrated below:
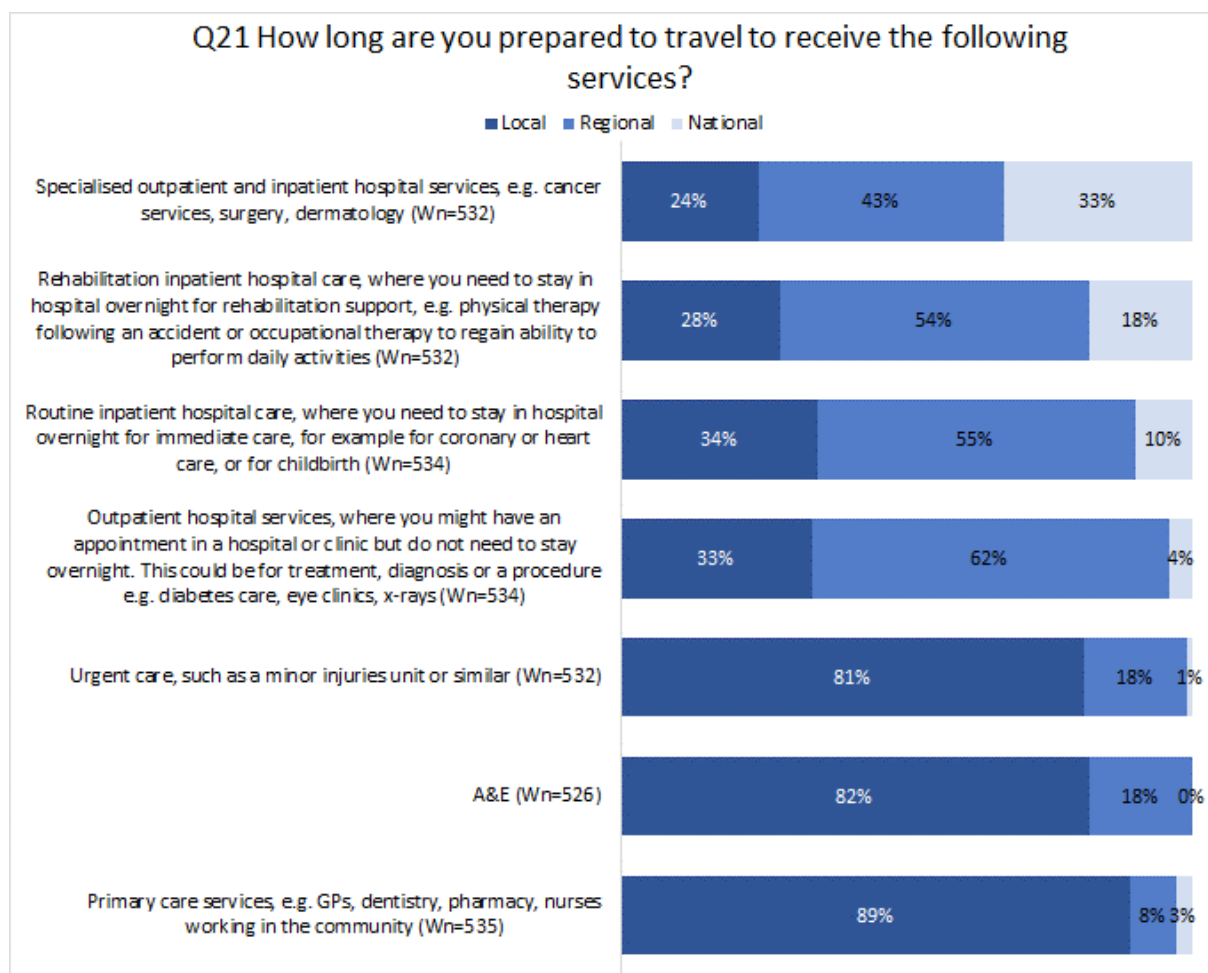
Education is a primary means of informing the public. Escalating levels of care are usually escalating levels of cost. Early intervention via self-care and primary care are at lowest cost/ intervention. NHS must get more prevention practices and less reactive care

Ensure a consultation paper is advertised widely. Maybe seek views from all Community Councils in Scotland? However, many people may take a blinkered view: an overview guided by health professionals is of great importance. Lots of people will inevitably say they want the necessary facilities as close to them as possible!

NHS must directly ask if a person is willing to travel for treatment. I'd rather be seen immediately out with my location than weeks later locally.

If it's safe to travel I agree this would be acceptable but with cancer services i.e. chemotherapy/radiotherapy etc the side effects/symptoms are sometimes very severe so would feel that travelling too far may impact negatively on the health and mental state.

How should NHSScotland best involve the public in this?

Give outpatients questionnaires to be completed online or by post.

TV campaign, social media but not everyone uses social media.

Through the mediums described earlier i.e. TV, social media for initial information gathering and then localised surveys with possibly public meetings.

Full and honest discussions. Centralising healthcare could have disastrous results with travel, ill health & weather all preventing the patient getting to appointments.

This forum is a good place to start! Perhaps a questionnaire at GP surgeries/Pharmacies.

Local discussions with local people and truly LISTEN to what local people want, even if it is not what the NHS want to do re centralising care and treatment.

Be open in communicating and not use medical terms but speak/write in layman's terms.

How far Panel members are willing to travel to access various health and care services

Respondents were provided with a list of health and care services and asked how long they would be prepared to travel to receive each of these services. The descriptions of travel time were outlined as below:

- Local – within 45 minutes from home on public transport or in what you consider your local area
- Regional – within 1.5 hours from home on public transport or in your broader region
- National – anywhere in Scotland

Most respondents said they would be willing to travel locally for primary care services (89%), A&E (82%) and to receive urgent care such as minor injuries or similar (81%). The majority of respondents said they would be willing to travel regionally to access rehabilitation inpatient hospital care (54%), routine inpatient hospital care where a stay in hospital is needed for immediate care (55%) and to access outpatient hospital services (62%). With regards to specialised outpatient and inpatient hospital services respondents were most likely to say they would be willing to travel regionally (43%), while 33% said they would be willing to travel nationally anywhere in Scotland and 24% said they would only be willing to travel locally to access this type of service.
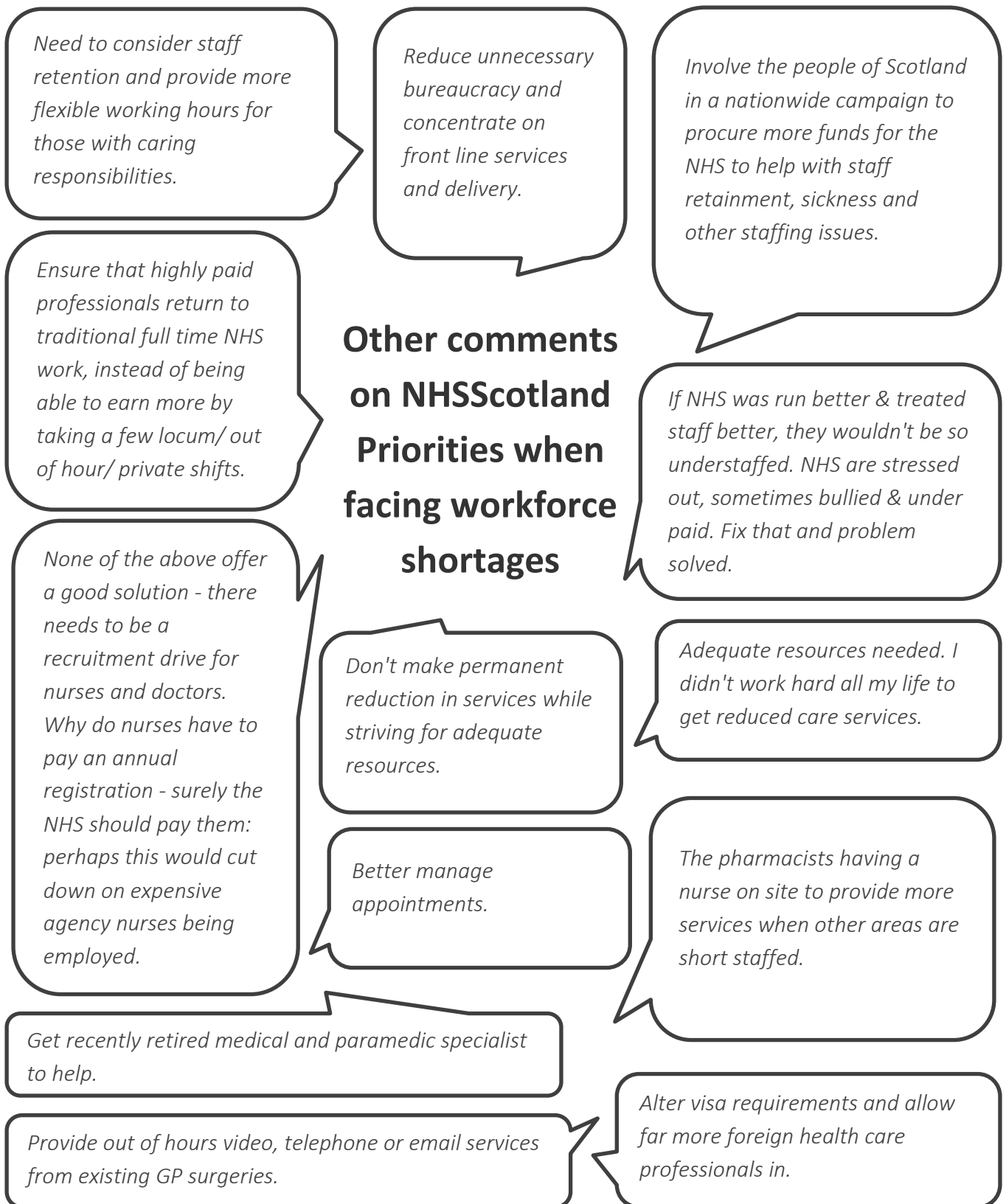

Q21 How long are you prepared to travel to receive the following services?

■Local ■Regional ■National

Service	Local	Regional	National
Specialised outpatient and inpatient hospital services, e.g. cancer services, surgery, dermatology (Wn=532)	24%	43%	33%
Rehabilitation inpatient hospital care, where you need to stay in hospital overnight for rehabilitation support, e.g. physical therapy following an accident or occupational therapy to regain ability to perform daily activities (Wn=532)	28%	54%	18%
Routine inpatient hospital care, where you need to stay in hospital overnight for immediate care, for example for coronary or heart care, or for childbirth (Wn=534)	34%	55%	10%
Outpatient hospital services, where you might have an appointment in a hospital or clinic but do not need to stay overnight. This could be for treatment, diagnosis or a procedure e.g. diabetes care, eye clinics, x-rays (Wn=534)	33%	62%	4%
Urgent care, such as a minor injuries unit or similar (Wn=532)	81%	18%	1%
A&E (Wn=526)	82%	18%	0%
Primary care services, e.g. GPs, dentistry, pharmacy, nurses working in the community (Wn=535)	89%	8%	3%

Priorities for NHSScotland when facing workforce shortages

Respondents were asked for their opinion on how access to service should be maintained when the NHS faced workforce shortages. It was explained to Panel members that this question is about how NHSScotland can continue to provide services while workforce shortages are ongoing. Appropriate actions would still be taken to address workforce shortages, but these are not the focus of this question. Respondents were asked to select their top two preferences from a list of four options. Nine in ten respondents (90%) said that expanding the range of NHS health and care professionals who provide a service, while ensuring they have appropriate training and clinical support was a top or second top priority. This was followed by providing services in the same locations but for reduced hours (60%) and reducing the number of locations at which services are provided (31%). A number of other suggestions were made by respondents and these were largely where they commented that NHSScotland should look at staff retention for example offering flexible working hours, treating staff fairly and increasing wages.

Q22 When the NHS faces workforce shortages, how should access to services be maintained? Please choose your top 2 preferences			
	Top preference	2nd preference	Overall preference
Weighted base	533	513	533
Expand the range of NHS health and care professionals who provide services, while ensuring they have appropriate training and clinical support. For example, this could mean services being provided by different professionals, such as nurse practitioners, physiotherapists and pharmacists, or more use of support roles like technicians and health care assistants.	76%	15%	90%
Provide services in the same locations but for reduced hours (for example, limited hours per day or a visiting service twice a week)	12%	50%	60%
Reduce the number of locations at which services are provided	8%	23%	31%
Other	4%	12%	15%

Examples of the other comments provided by respondents relating to priorities for the NHS when facing workforce shortages are shown below.

Need to consider staff retention and provide more flexible working hours for those with caring responsibilities.

Reduce unnecessary bureaucracy and concentrate on front line services and delivery.

Involve the people of Scotland in a nationwide campaign to procure more funds for the NHS to help with staff retainment, sickness and other staffing issues.

Ensure that highly paid professionals return to traditional full time NHS work, instead of being able to earn more by taking a few locum/ out of hour/ private shifts.

Other comments on NHSScotland Priorities when facing workforce shortages

If NHS was run better & treated staff better, they wouldn't be so understaffed. NHS are stressed out, sometimes bullied & under paid. Fix that and problem solved.

None of the above offer a good solution - there needs to be a recruitment drive for nurses and doctors. Why do nurses have to pay an annual registration - surely the NHS should pay them: perhaps this would cut down on expensive agency nurses being employed.

Don't make permanent reduction in services while striving for adequate resources.

Adequate resources needed. I didn't work hard all my life to get reduced care services.

Better manage appointments.

The pharmacists having a nurse on site to provide more services when other areas are short staffed.

Get recently retired medical and paramedic specialist to help.

Alter visa requirements and allow far more foreign health care professionals in.

Provide out of hours video, telephone or email services from existing GP surgeries.

Conclusions and recommendations on NHS Reform topic

Conclusions

Several conclusions can be drawn from the analysis of public views regarding NHS Reform based on the feedback from the Citizens' Panel:

Prioritisation of Primary Care: A significant majority (81%) of respondents prioritise primary care services, such as GPs and community nursing, indicating a strong public preference for accessible and comprehensive primary healthcare at a local level.

Importance of A&E Services: A considerable number of respondents (53%) also regard A&E and urgent care as critical services, suggesting that immediate healthcare access is a major priority for the public at the local level.

Public Willingness to Travel for Specialised Services: The analysis shows that a substantial majority (84%) of respondents are willing to travel further for specialised services if it ensures better health outcomes. This highlights a public understanding of the need for specialised care.

Involvement in Decision Making: The analysis reveals a desire for greater public involvement in decisions regarding the location of specialised services. Many respondents suggested using surveys, public consultations, and ensuring accessibility to participation as methods to engage the public.

Addressing Workforce Shortages: There is a strong consensus (90%) on the need to expand the range of healthcare professionals providing services to maintain access during workforce shortages, whilst providing appropriate training.

Overall, the analysis indicates a clear public prioritisation of primary, and emergency and urgent care services to be provided at a local level, a willingness to travel for specialised care, and a strong desire for active public engagement in healthcare decision making.

Recommendations

Based on the conclusions drawn from the analysis of public views several recommendations for NHSScotland can be inferred:

- **Ensure Local Access to Primary Care Services and Urgent Care**: A reformed NHSScotland should ensure that the public has access to primary care services such as GPs, dentistry, pharmacy and community nursing at a local level. In addition, urgent care including Accident & Emergency services should be available locally.
- **Understand Travel Willingness**: The majority of the public is willing to travel regionally for most hospital services and nationally for some specialised services, where this will result in better outcomes for them. NHSScotland needs to engage with the public to explore in detail how different models of regional and national services could best deliver care.

- **Public Involvement in NHS Reform:** Respondents were enthusiastic about public involvement in NHS service planning. NHSScotland should commit to putting public engagement at the heart of reform. This should include a variety of options to maximise opportunities for public involvement, including a national survey, public meetings across Scotland and reaching people through social media and traditional media campaigns.
- **Expand the Range of Health Professionals**: NHS Reform should continue to build on existing progress to expand the range of health professionals' roles in multidisciplinary teams. This was supported by 90% of respondents to help alleviate workforce shortages while maximising access to services.
- **Address Rural Healthcare Needs:** Some respondents highlighted concerns about the impact of centralising services on rural communities. NHS Reform must consider the needs of remote, rural and island populations, including the use of relevant impact assessments.

These recommendations aim to enhance the effectiveness and accessibility of NHSScotland's services while addressing the concerns raised by the public in the survey.

Appendix 1: Questionnaire

Citizens' Panel 14

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

- Realistic Medicine and Value Based Health and Care, and

- NHS Reform

There are no wrong answers to these questions - this is not a test. We are interested in your personal responses, thoughts and experiences of these issues and how they apply to you. Your answers are confidential, and all views will be made anonymous. If you wish to find out more about how we use your data, please visit www.researchresource.co.uk/privacy-notice

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

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

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

If you would prefer to complete the survey online, please visit the following link or the QR code. You will need your respondent identification number noted at the top of the page to access the survey.

www.researchresource.co.uk/citizenspanel14.html

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

1. Realistic Medicine and Value Based Health and Care

Background

It is estimated that up to 20% of the healthcare we provide is of no value to the people receiving it. This means that up to one fifth of our healthcare resource could be being wasted. One example of this is prescribing a medicine which is given to people, but never taken. Another example is performing a blood test where the result will not influence decisions around care provided for that person.

Value Based Health and Care focuses on people, and delivering a positive experience and healthcare outcome which really matters to them, while using our healthcare resources wisely. If we all use our healthcare resources well, we will build a more sustainable health and care system that can provide better value care for the people of Scotland.

When providing value based health and care we want to:

- Empower people to make choices about the treatment and care that is right for them by ensuring they have all the information they need.
- Ensure healthcare is delivered fairly and equitably for everyone, no matter where they live or who they are.

Realistic Medicine puts you at the centre of decisions about your care. It supports you to share decisions about your care. This is done by encouraging good conversations with your health and care practitioner, providing you with access to all the information needed for decision making, and encouraging you to ask questions. Realistic Medicine also aims to reduce waste and improve the safety of care, supporting improvement in our health and care systems while ensuring people can access the care that they need. By ensuring we practice Realistic Medicine, we will deliver better value health and care for people.

1. Realistic Medicine and Value Based Health and Care focus on the need to deliver better outcomes for people while making best use of healthcare resources. This could be, for example, by trying to reduce waste from medicines that are prescribed but not used. Before today, were you aware of this need?

☐ Yes

☐ No

☐ Unsure

2. Have you heard about Realistic Medicine before receiving this survey?

☐ Yes

☐ No

☐ Unsure

3. How important to you is it that NHSScotland makes better use of its resources and reduces waste and potential harm?

☐ Very important

☐ Somewhat important

☐ Neutral

☐ Not very important

☐ Not important at all

Why do you say this?

[ ]

4. The last time you used NHSScotland services, which type of healthcare professional provided most of your treatment or advice?

☐ Hospital Doctor

☐ GP

☐ Nurse

☐ Pharmacist or Chemist

☐ Dentist

☐ Carer

Other (please specify):

[ ]

5. Where did you see them?

☐ GP surgery

☐ Hospital

☐ Community setting that is <u>not</u> NHS nor medical premises, for example a community centre or leisure centre

☐ At home - face to face with healthcare professional

☐ At home - online

☐ At home - by telephone

☐ NHS Community Treatment and Care (CTAC) services: these are run by the NHS and are often located in community hospitals

☐ Other (please specify):

_____

6. Following a hospital appointment with a healthcare professional, would you like them to write to you to explain your condition and summarise what you discussed and agreed, and potential next steps? This would be to help you understand and consider next steps.

☐ Yes - by letter

☐ Yes - by email

☐ Yes - by letter and/or email

☐ No

☐ Unsure

In a health and care conversation, there are two experts: the professional who has technical knowledge and skill, and the person receiving care who is an expert in their life and what matters to them. That is why sharing decisions between professionals and patients is one of the key principles of Realistic Medicine.

7. Thinking about the last healthcare professional you saw within NHSScotland (same as in question 11), how much do you agree or disagree with the following statements?

Please tick one box on each line.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
I was listened to, for example they understood what mattered to me	☐	☐	☐	☐	☐	☐
I was given the opportunity to involve the people that matter to me in discussions about my care	☐	☐	☐	☐	☐	☐
I was treated with compassion and understanding	☐	☐	☐	☐	☐	☐
I had a chance to ask about the benefits and risks of the treatment	☐	☐	☐	☐	☐	☐
I was able to ask other questions important to me, if I wanted to	☐	☐	☐	☐	☐	☐
I understood the information I was given	☐	☐	☐	☐	☐	☐

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
The health professional checked I understood what I had been told	☐	☐	☐	☐	☐	☐
I was involved in decisions about my care and treatment	☐	☐	☐	☐	☐	☐
I felt able to make an informed choice about my care and treatment	☐	☐	☐	☐	☐	☐
I was supported to manage my health and live as independently as possible	☐	☐	☐	☐	☐	☐
I was involved in discussing what I can do to promote good health and prevent ill health in the future	☐	☐	☐	☐	☐	☐

BRAN questions

In order for people to reach the right decision for them about their care, they need to be able to weigh up the potential benefits, harms and limitations of the available care options. To help people be more involved in decisions, we encourage them to ask the BRAN questions below. By considering the answers to these questions, people will be able to make an informed decision about the treatment and care that is right for them:

B - What are the Benefits of this test or procedure?
R – What are the Risks of this test or procedure?
A – Are there any Alternatives?
N – What if I do Nothing?

We are asking health and care professionals to encourage the people they care for to use the BRAN questions. This can be through inclusion in patient appointment letters, during Near Me online consultations or as part of a national campaign, such as "It's OK to Ask."

8. Before today, had you heard of the BRAN questions?

☐ Yes

☐ No

☐ Unsure

9. Would you use the BRAN questions with health and care professionals in future?

☐ Yes

☐ No

☐ Unsure

10. If not, why not? What would make asking these questions easier for you?

[ ]

11. If yes, what makes you feel able to use these questions and how has this helped you?

[ ]

12. Before today, were you aware of the NHS "It's OK to ask" campaign?

☐ Yes

☐ No

☐ Unsure

13. Would including a reminder of the BRAN questions on appointment letters and in waiting rooms encourage you to ask them during your appointment?

☐ Yes

☐ No

☐ Unsure

14. We want to raise awareness about the need to focus on delivering the care that matters to people and make best use of healthcare resources. How can we best reach you? Please tick up to two options only

☐ TV campaign

☐ Social Media campaign

☐ NHS websites

☐ Adverts in newspapers

☐ Adverts in NHS premises, such as pharmacies and social care buildings

☐ Adverts in NHS letters, webpages and other communication

☐ Radio campaigns

Other (please specify):

☐

15. To what extent do you agree or disagree with the following statements:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not sure
People should be encouraged to ask the BRAN questions to help them choose the treatment and care that is right for them	☐	☐	☐	☐	☐	☐
The NHS has a responsibility to make best use of resources and reduce waste	☐	☐	☐	☐	☐	☐
People have a responsibility to help the NHS to make best use of resources and reduce waste	☐	☐	☐	☐	☐	☐
The NHS should prioritise making best use of its resources to deliver care that matters	☐	☐	☐	☐	☐	☐

16.

How strongly do you support or oppose personally doing each of the following things, to help NHSScotland make best use of its resources, reduce waste and deliver better value care?

	Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Unsure
Getting involved in shared decision-making with your healthcare professionals to help you choose treatment and care that is right for you. This will reduce wasted treatments and care that you do not want or benefit from	☐	☐	☐	☐	☐	☐
Discussing the outcomes that matter to you with your health care team and have them written down or recorded, so you can focus on achieving your goals	☐	☐	☐	☐	☐	☐

17. What matters most to you about what NHSScotland could do to reduce waste?

2. NHS Reform

In June 2024, the Scottish Government set out its vision for reform of NHSScotland. Alongside this, NHSScotland is currently reviewing both short and longer-term plans for how healthcare services are delivered in Scotland.

The recovery and reform of current NHSScotland structures is crucial to ensure that we can meet changing demands while remaining a health service free at the point of need. This will also help us deliver sustainable services which provide the people of Scotland with the right care, at the right time and in the right place, as discussed here.

Scottish Government have asked us to include questions on this topic in this Citizens' Panel to ensure public voices, preferences and needs are heard. Your answers to these questions will inform early discussions of transformation work and the initial phase of the public engagement strategy which will be further developed over the course of the programme.

18. Please choose the 2 health services that are top priorities for you, where 1 is your top priority and 2 is your second priority.
We know that all healthcare services are important. We are asking which services are a priority for you.

Primary care services, for example, GPs, dentistry, pharmacy, nurses working in the community

A&E and other urgent care

Outpatient hospital services, where you might have an appointment in a hospital or clinic but do not need to stay overnight. This could be for treatment, diagnosis or a procedure, for example diabetes care, eye clinics, x-rays

Routine inpatient hospital care, where you need to stay in hospital overnight for immediate care, for example for coronary or heart care, or for childbirth

Rehabilitation inpatient hospital care, where you need to stay in hospital overnight for rehabilitation support, for example physical therapy following an accident, or occupational therapy to regain ability to perform daily activities after a stroke

Specialised inpatient and outpatient hospital services, for example cancer services, dermatology, or surgery such as joint replacements

Other, please explain below

Comment:

Why do you say this?

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19. Sometimes it is safer to provide services in a specialist unit to ensure a patient receives the highest quality care with the best outcomes. This could be, for example, cancer services, surgery, or dermatology.

    To what extent do you agree or disagree with the following statement:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not sure
I am willing to travel further for specialised services if it will result in better outcomes for me	☐	☐	☐	☐	☐	☐

20. Sometimes it is safer to provide specialised services, such as cancer services, surgery or dermatology, regionally or nationally instead of locally, to ensure patients receive the highest quality care with the best outcomes. When planning for this, NHSScotland will need to involve the public and listen to their views.

    How should NHSScotland best involve the public in this?

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21. How long are you prepared to travel to receive the following services? To answer this, please assume that travel practicalities are considered and supported as needed. Please also consider that some services may offer higher quality care with better outcomes if provided nationally or regionally.

Descriptions of travel time:
o **Local – within 45 minutes from home on public transport or in what you consider your local area**
o **Regional – within 1.5 hours from home on public transport or in your broader region**
o **National – anywhere in Scotland**

	Local	Regional	National
Primary care services, for example, GPs, dentistry, pharmacy, nurses working in the community	☐	☐	☐
A&E	☐	☐	☐
Urgent care, such as a minor injuries unit or similar	☐	☐	☐
Outpatient hospital services, where you might have an appointment in a hospital or clinic but do not need to stay overnight. This could be for treatment, diagnosis or a procedure, for example diabetes care, eye clinics, x-rays	☐	☐	☐
Routine inpatient hospital care, where you need to stay in hospital overnight for immediate care, for example for coronary or heart care, or for childbirth	☐	☐	☐
Rehabilitation inpatient hospital care, where you need to stay in hospital overnight for rehabilitation support, for example physical therapy following an accident or occupational therapy to regain ability to perform daily activities	☐	☐	☐

	Local	Regional	National
Specialised outpatient and inpatient hospital services, for example cancer services, surgery, dermatology	☐	☐	☐

22. When the NHS faces workforce shortages, how should access to services be maintained? Please choose your top 2 preferences, where 1 is your first preference and 2 is your second preference.

This question is about how NHSScotland can continue to provide services while workforce shortages are ongoing. Appropriate actions would still be taken to address workforce shortages, but these are not the focus of this question.

Expand the range of NHS health and care professionals who provide services, while ensuring they have appropriate training and clinical support. For example, this could mean services being provided by different professionals, such as nurse practitioners, physiotherapists and pharmacists, or more use of support roles like technicians and health care assistants.

Provide services in the same locations but for reduced hours (for example, limited hours per day or a visiting service twice a week)

Reduce the number of locations at which services are provided

Other, please explain below

Comment:

Appendix 2: Response profile

Response profile

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

Emails sent	996
Number of email responses	287
Email response rate	29%

Number of postal sent	805
Number of postal returned	200
Postal response rate	25%

Telephone surveys	51
Online survey	7

OVERALL RESPONSE RATE	
Response	545
Current number on Panel	1,081
Overall response rate	50%

Age	Scottish Popn. %	Panel	% of panel	Response	% response	Response rate
16-24	13%	65	6%	13	2%	20%
25-44	30%	229	21%	88	16%	38%
45-64	33%	390	36%	201	37%	52%
65+	24%	387	36%	237	44%	61%
Unknown/ prefer not to say		10	1%	5	1%	50%
Total	**100%**	**1,081**	**100%**	**544**	**100%**	

Source: Scotland's Census 2022 - National Records of Scotland Table UV103 - Age by single year
All people

Sex	Scottish Popn. %	Panel	% of panel	Response	% response	Response rate
Male	49%	488	45%	269	50%	55%
Female	51%	588	54%	272	50%	46%
Other		1	0%		0%	0%
Prefer not to answer		2	0%	2	0%	100%
Total	**100%**	**1,079**	**100%**	**543**	**100%**	

[1] Panel members could also describe their sex using any other terms. No Panel members took the opportunity to do so.
Source: Scotland's Census 2022 - rounded population estimates by age and sex at the national and council area level.

Tenure	Scottish Popn. %	Panel	% of panel	Response	% response	Response rate
Own	63%	743	69%	422	78%	57%
Rent from Council/ HA	23%	178	17%	67	12%	38%
Private Rent	13%	73	7%	25	5%	34%
Other	1%	78	7%	27	5%	35%
No response		6	1%	2	0%	33%
Total	**100%**	**1,078**	**100%**	**543**	**100%**	**0%**

Source: Scotland's Census: Scotland's Census 2022 - Housing - Chart data

Physical or mental health condition or illness	Scottish Popn. %	Panel	% of panel	Response	% response	Response rate
Yes	47%	417	39%	213	39%	51%
No	53%	632	59%	315	58%	50%
Prefer not to say/ don't know		31	3%	16	3%	52%
Total	**100%**	**1,080**	**100%**	**544**	**100%**	

Source: Scottish Health Survey – telephone survey – August/September 2020: main report: Chapter 1 General Health, Long Term Conditions and Caring.

Ethnic group	Scottish Popn. %	Panel	% of panel	Response	% response	Response rate
White British/ Scottish	87%	995	93%	512	95%	51%
Other	13%	78	7%	29	5%	37%
Total	**100%**	**1,073**	**100%**	**541**	**100%**	

Source: Scotland's Census 2022 - Ethnic group, national identity, language and religion - Chart data - figure 4

Please note that since the refresh this has been reclassified as Irish is categorised in minority ethnic background in the Census

Religion	Scottish Popn. %	Panel	% of panel	Response	% response	Response rate
Church of Scotland	20%	310	31%	183	35%	59%
Roman Catholic	13%	110	11%	54	10%	49%
Other Christian	5%	73	7%	37	7%	51%
Buddhist	0.28%	9	1%	6	1%	67%
Hindu	0.55%	3	0%	0	0%	0%
Jewish	0.11%	2	0%	1	0%	50%
Muslim	2.20%	27	3%	10	2%	37%
Sikh	0.20%	3	0%	2	0%	67%
Other religion	0.23%	26	3%	11	2%	42%
None	51%	420	42%	203	39%	48%
Prefer not to answer	6%	17	2%	12	2%	71%
Total	**100%**	**1,000**	**100%**	**519**	**100%**	

Source: Scotland's Census 2022 - Ethnic group, national identity, language and religion - Chart data - figure 2

Sexual orientation	Scottish Popn. %	Panel	% of panel	Response	% response	Response rate
Heterosexual or straight	88%	902	90%	470	90%	52%
Gay or lesbian	2%	43	4%	21	4%	49%
Bisexual	2%	27	3%	11	2%	41%
Other	1%	9	1%	4	1%	44%
Prefer not to say	8%	24	2%	15	3%	63%
Total	**100%**	**1,005**	**100%**	**521**	**100%**	

Source: Scotland's Census 2022 - Sexual Orientation and trans status or history - Table UV904

SIMD Quintile (2020)	Scottish Popn. %	Panel	% of panel	Response	% response	Response rate
1	20%	216	20%	73	14%	34%
2	20%	215	20%	100	19%	47%
3	20%	212	20%	109	20%	51%
4	20%	213	20%	126	23%	59%
5	20%	214	20%	131	24%	61%
Total	**100%**	**1,070**	**100%**	**539**	**100%**	

Local Authority	Scottish Popn. %	Panel	% of panel	Response	% response	Response rate
Aberdeen City	4%	38	4%	24	4%	63%
Aberdeenshire	5%	51	5%	27	5%	53%
Angus	2%	40	4%	18	3%	45%
Argyll and Bute	2%	16	1%	12	2%	75%
City of Edinburgh	9%	106	10%	64	12%	60%
Clackmannanshire	1%	12	1%	9	2%	75%
Dumfries and Galloway	3%	35	3%	20	4%	57%
Dundee City	3%	29	3%	15	3%	52%
East Ayrshire	2%	26	2%	11	2%	42%
East Dunbartonshire	2%	18	2%	9	2%	50%
East Lothian	2%	18	2%	14	3%	78%
East Renfrewshire	2%	15	1%	11	2%	73%
Falkirk	3%	26	2%	16	3%	62%
Fife	7%	30	3%	16	3%	53%
Glasgow City	11%	106	10%	52	10%	49%
Highland	4%	47	4%	21	4%	45%
Inverclyde	1%	10	1%	2	0%	20%
Midlothian	2%	27	3%	11	2%	41%
Moray	2%	20	2%	12	2%	60%
Na h-Eileanan Siar	0%	13	1%	9	2%	69%
North Ayrshire	2%	31	3%	9	2%	29%
North Lanarkshire	6%	82	8%	20	4%	24%
Orkney Islands	0%	8	1%	6	1%	75%
Perth and Kinross	3%	32	3%	19	4%	59%
Renfrewshire	3%	30	3%	13	2%	43%
Scottish Borders	2%	21	2%	11	2%	52%
Shetland Islands	0%	17	2%	9	2%	53%
South Ayrshire	2%	22	2%	8	1%	36%
South Lanarkshire	6%	80	7%	34	6%	43%
Stirling	2%	18	2%	11	2%	61%
West Dunbartonshire	2%	23	2%	12	2%	52%
West Lothian	3%	29	3%	17	3%	59%
Total	**100%**	**1,076**	**100%**	**542**	**100%**	

Source: National Records Scotland - Mid-year population estimates for Scotland in 2022 | National Records of Scotland

Urban Rural Classification	Scottish Popn. %	Panel	% of panel	Response	% response	Response rate

Accessible Rural	11%	111	10%	55	10%	50%
Accessible Small Towns	8%	99	9%	61	11%	62%
Large Urban Areas	39%	352	33%	195	36%	55%
Other Urban Areas	33%	369	34%	150	28%	41%
Remote Rural	6%	87	8%	45	8%	52%
Remote Small Towns	3%	54	5%	34	6%	63%
Total	**100%**	**1,072**	**100%**	**540**	**100%**	

Source: National Records Scotland - Household Estimates 2022 17/4/2024